



# Achievement of the Health-related Millennium Development Goals in the Western Pacific Region 2016:

## Transitioning to the Sustainable Development Goals



WPR/2016/DHS/011

© **World Health Organization 2016**

All rights reserved. Publications of the World Health Organization are available on the WHO website ([www.who.int](http://www.who.int)) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: [bookorders@who.int](mailto:bookorders@who.int)).

Requests for permission to reproduce or translate WHO publications – whether for sale or for non-commercial distribution – should be addressed to WHO Press through the WHO website ([www.who.int/about/licensing/copyright\\_form/en/index.html](http://www.who.int/about/licensing/copyright_form/en/index.html)). For WHO Western Pacific Regional Publications, request for permission to reproduce should be addressed to Publications Office, World Health Organization, Regional Office for the Western Pacific, P.O. Box 2932, 1000, Manila, Philippines, fax: +632 521 1036, e-mail: [wpropub@who.int](mailto:wpropub@who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

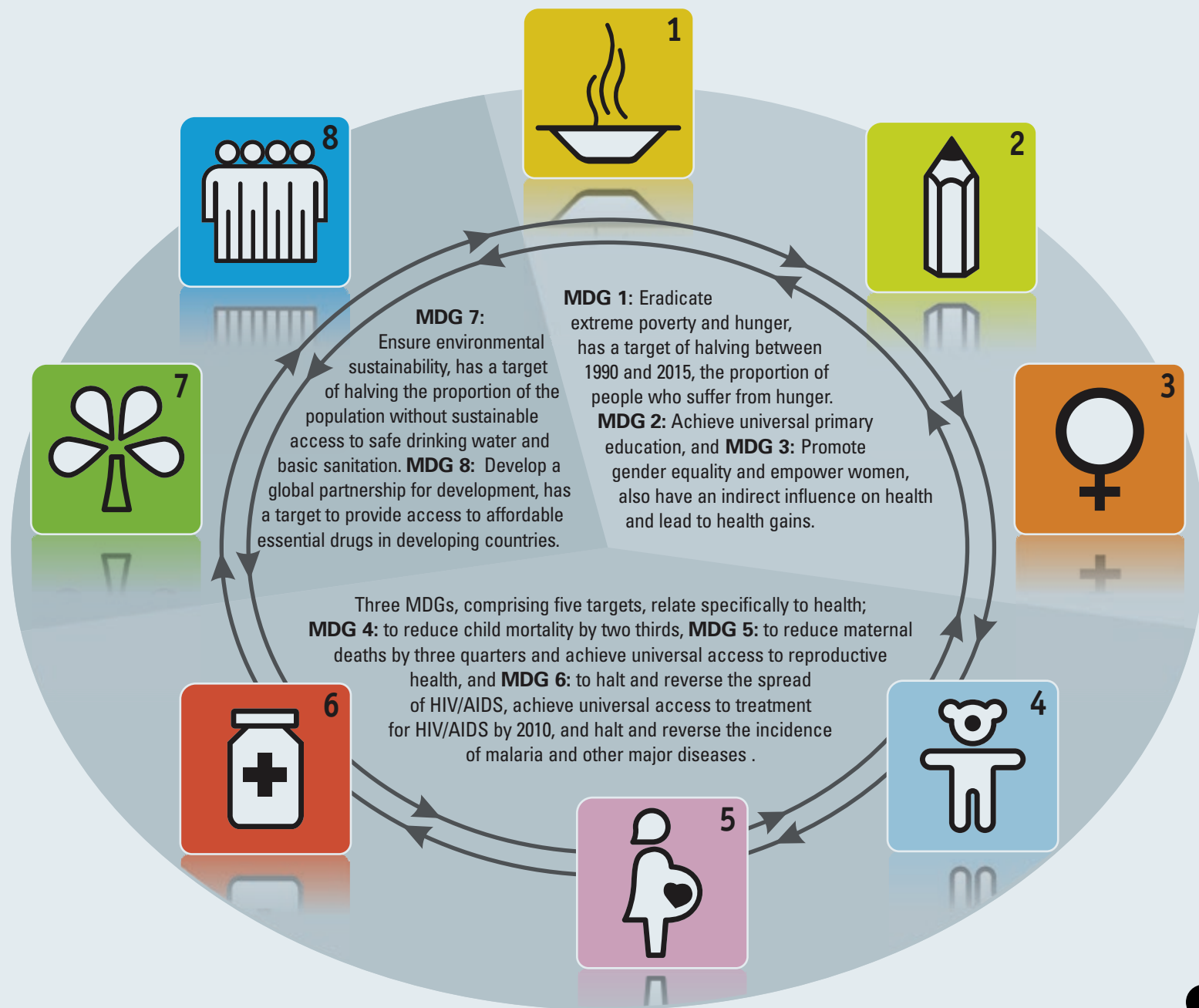
The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

**Photo credits:** All photos ©WHO/Y.Shimizu

# The Millennium Development Goals

- In 2000, eight Millennium Development Goals (MDGs) were established and adopted by 189 heads of state in the United Nations Millennium Declaration.
- The target year for achievement of the MDGs was 2015. The MDGs led to important progress, but the initiative has been criticized for ignoring many aspects of development and focusing on aggregated rather than equitable achievement.
- The WHO Western Pacific Region achieved all but two of the health-related MDG targets, and made significant progress on the two that were not achieved.
- Clear disparities still remain among and between countries in the Region on health-related MDG indicators.
- Efforts will continue to achieve the unfinished MDG agenda and to address new or previously neglected health priorities included in the Sustainable Development Goals (SDGs) by 2030.



# Global and WHO regional status of the health-related MDGs

	Global health MDG indicators for comparison across WHO regions	Target	Global	WHO regions						
				Africa	Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
	<b>Target 1.C:</b> Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Per cent reduction in proportion of underweight children under five years of age, 1990–2015	50	44	35	63	49	85	39	82
	<b>Target 4.A:</b> Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	Per cent reduction in under-five mortality rate, 1990–2015	67	53	54	65	64	65	48	74
		Measles immunization coverage among one-year-olds (%), 2014	90	85	73	92	84	94	77	97
	<b>Target 5.A:</b> Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	Per cent reduction in maternal mortality ratio, 1990–2015	75	44	44	49	69	63	54	64
		Births attended by skilled health personnel (%), 2013	90	73	54	96	59	99	67	95
	<b>Target 5.B:</b> Achieve, by 2015, universal access to reproductive health	Antenatal care coverage (%): at least one visit, 2013	100	88	81	99	84	99	79	95
		Unmet need for family planning (%), 2015*	0	24	55	19	27	28	42	10
	<b>Target 6.A:</b> Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Per cent reduction in HIV incidence, 2000–2014	>0	45	59	28	50	-16	< -50	27
		<b>Target 6.C:</b> Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Per cent reduction in incidence of malaria, 2000–2015	>0	37	42	78	49	100	70
	Per cent reduction in incidence of tuberculosis, 1990–2014		>0	17	1	49	17	14	12	48
	<b>Target 7.C:</b> Halve, by 2015, the proportion of people without sustainable access to safe drinking-water	Per cent reduction in proportion of population without access to improved drinking-water sources, 1990–2015**	50	62	38	62	74	67	39	84
		Per cent reduction in proportion of population without access to improved sanitation, 1990–2015***	50	31	7	47	32	28	54	54

Met or on track
  Half way
  Insufficient progress

\* As measured by contraceptive use; \*\*As measured by proportion of population using improved drinking-water sources;

\*\*\*As measured by proportion of population using improved sanitation facilities





Note: Adapted from [http://apps.who.int/iris/bitstream/10665/200009/1/9789241565110\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/200009/1/9789241565110_eng.pdf). Copyright 2015 by World Health Organization.

# The scorecards reveal clear results

- The Western Pacific Region has achieved all but two of the health-related MDG targets, and made significant progress in the two that were not achieved.
- Many countries in the Region reached most health-related MDG targets.
- There are still a few countries left behind including Papua New Guinea, the Philippines and Solomon Islands. More than half of the health-related MDGs in these countries were not reached by the end of 2015.
- Clear disparities still remain among and between countries in the Region on health-related MDG targets.
- In countries with smaller populations, the maternal mortality and, malaria and TB incidence rates are unstable due to small population size. Service coverage indicators such as immunization, presence of skilled birth attendants, and water and sanitation are relatively higher.
- Within health-related targets, child and maternal health and access to improved sanitation are areas with the slowest progress in the Region.
- Strong health systems and universal health coverage (UHC) are important to further strengthen the progress of health-related MDG targets to continue the unfinished agenda of MDGs in the next 15 years.

# Health MDGs scorecard for LMICs\* in the Western Pacific Region

(with population ≥ 500 000)

Regional health MDG indicators for comparison across countries		Cambodia	China	Fiji	Lao People's Democratic Republic	Malaysia	Mongolia	Papua New Guinea	The Philippines	Solomon Islands	Viet Nam
 4	<b>Under-five mortality rate</b> <i>per 1000 live births (2015)</i>	29	11	22	67	7	22	57	28	28	22
	<b>Measles immunization</b> <i>% coverage (2014)</i>	94	99	94	87	94	98	65	88	93	97
 5	<b>Maternal mortality</b> <i>per 100 000 live births (2015)</i>	161	27	30	197	40	44	215	114	114	54
	<b>Skilled birth attendant</b> <i>% births (2007–2014)</i>	89 (2014)	99.9 (2014)	98.8 (2013)	40.1 (2011–2012)	99 (2014)	98.9 (2013)	43 (2013)	72.8 (2013)	70.1 (2007)	93.8 (2014)
	<b>Contraceptive use</b> <i>% married women aged 15–49 (2004–2014)</i>	56.3 (2014)	84.6 (2006)	–	49.8 (2011–2012)	49 (2004)	54.6 (2013)	32.4 (2007)	55.1 (2013)	34.6 (2007)	75.7 (2014)
 6	<b>HIV/AIDS incidence</b> <i>% adults aged 15–49 (2014)</i>	<0.01	–	–	–	0.03	0.01	0.05	0.01	–	0.03
	<b>Malaria incidence</b> <i>per 100 000 population (2014)</i>	169.5	0.2	–	734.7	13.0	–	3756.1	4.9	3093.1	17.2
	<b>Malaria mortality</b> <i>per 100 000 population (2014)</i>	0.12	0	–	0.06	0.01	–	2.71	0.01	3.9	0.01
	<b>TB incidence</b> <i>per 100 000 population (2014)</i>	390	68	67	189	103	170	417	288	86	140
	<b>TB treatment</b> <i>(2013)</i>	93	95	77	87	76	89	67	90	94	89
	<b>Water</b> <i>% using improved sources (2015)</i>	76	96	96	76	98	64	40	92	81	98
 7	<b>Sanitation</b> <i>% using improved facilities (2015)</i>	42	77	91	71	96	60	19	74	30	78

\* LMICs – low- and middle-income countries





Refer to page 21 for health MDG scorecard colour code criteria

Source: United Nations Children's Fund, World Health Organization, The World Bank, United Nations. Levels and trends in child mortality report 2015: estimates developed by the UN inter-agency group for child mortality estimation. New York: United Nation Children's Fund; 2015.

 Achieved  Insufficient progress

# Health MDGs scorecard for LMICs\* in the Western Pacific Region

(with population < 500 000)

	Cook Islands	Kiribati	Marshall Islands	Federated States of Micronesia	Nauru	Niue	Palau	Samoa	Tonga	Tuvalu	Vanuatu	
 <sup>4</sup>	<b>Under-five mortality</b> <i>per 1000 live births (2015)</i>	8	56	36	35	35	23	16	18	17	27	28
	<b>Measles immunization</b> <i>% coverage (2014)</i>	98	91	79	91	98	99	83	91	67	96	53
 <sup>5</sup>	<b>Maternal mortality</b> <i>per 100 000 live births (2015)</i>	–	90	–	100	–	–	–	51	124	–	78
	<b>Skilled birth attendant</b> <i>% births (2007–2014)</i>	100 (2009)	79.8 (2009)	90.1 (2011)	100 (2009)	97.4 (2007)	100 (2010)	99 (2014)	82.5 (2014)	95.5 (2012)	93.1 (2007)	73.2 (2013)
	<b>Contraceptive use</b> <i>% married women aged 15–49 (2007–2014)</i>	–	22.3 (2009)	44.6 (2007)	–	35.6 (2007)	–	–	26.9 (2014)	34.1 (2012)	30.5 (2007)	49 (2013)
 <sup>6</sup>	<b>HIV/AIDS incidence</b> <i>% adults aged 15–49 (2014)</i>	–	–	–	–	–	–	–	–	–	–	–
	<b>Malaria incidence</b> <i>per 100 000 population (2014)</i>	–	–	–	–	–	–	–	–	–	–	372.0
	<b>Malaria mortality</b> <i>per 100 000 population (2014)</i>	–	–	–	–	–	–	–	–	–	–	0
	<b>TB incidence</b> <i>per 100 000 population (2014)</i>	12	497	335	195	73	0	42	19	14	190	63
	<b>TB treatment</b> <i>(2013)</i>	50	86	89	91	67	–	88	83	90	78	85
 <sup>7</sup>	<b>Water</b> <i>% using improved sources (2015)</i>	100	67	95	89	97	99	–	99	100	98	94
	<b>Sanitation</b> <i>% using improved facilities (2015)</i>	98	40	77	57	66	100	100	91	91	–	58

**Notes:** Due to very small population size and low incidence and prevalence of some diseases, there are no estimates for some indicators. Small population size also makes classification of progress towards MDG targets infeasible.

\* LMICs – Low- and middle-income countries

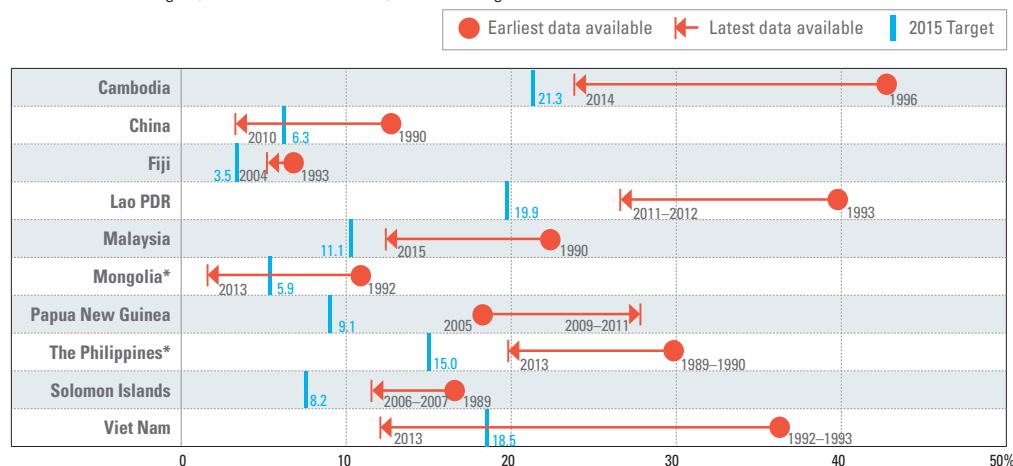


# 1 MDG 1 Eradicate extreme poverty and hunger

**MDG target 1.C:** Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

**While there were still 3 million underweight children in 2014, countries have made considerable progress to reduce undernutrition.** The prevalence of underweight among children under 5 years decreased from 13.5% in 1990 to 2.6% in 2014.

**Fig. 1.1** Prevalence of underweight children under 5 years of age (%) in selected low- and middle-income countries in the Western Pacific Region, earliest and latest data, and 2015 target.



Lao PDR = Lao People's Democratic Republic

\* United Nations Children's Fund, World Health Organization, The World Bank. Levels and trends in child malnutrition UNICEF-WHO-World Bank Group joint child malnutrition estimates Key findings of the 2015 edition. New York: United Nations Children's Fund; 2015.

Source: Global health observatory (website). Geneva: World Health Organization; 2016 (<http://apps.who.int/gho/data/node.home>).

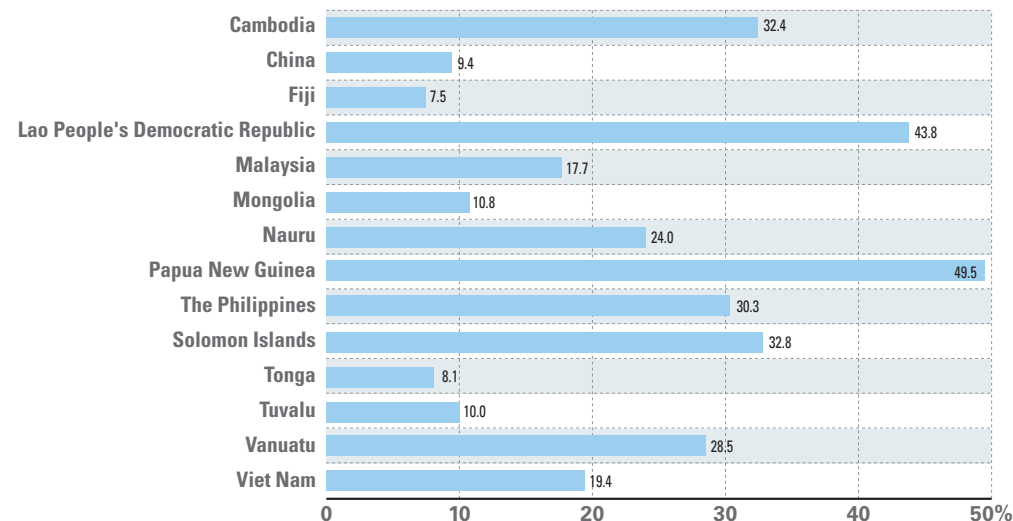
## National action plans, multisectoral coordination and linkages helped improve nutrition in the Region.

- All countries in the Region have implemented national nutrition action plans, although implementation varies across countries.
- More countries are now realizing the importance of multisectoral action to improve nutrition, especially between health, agriculture and education, and collaborative planning processes have been initiated.
- Strengthened linkages with other programmes, e.g. water, sanitation and hygiene, and neglected tropical disease programmes, are contributing to nutrition improvement.

**The nutrition landscape has changed considerably, reflected in the emerging double burden of malnutrition.** The number of chronically undernourished (stunted) children has decreased from 54.4 million (1990) to 8 million (2014) children under 5 years of age.

Some countries have made no progress in reducing the prevalence of children under 5 years who are unable to grow and develop to their full potential due to lack of good nutrition. At the same time overweight and obesity and diet-related noncommunicable diseases (NCDs) among all population groups have been increasing in the Region.

**Fig. 1.2** Prevalence of stunted children under 5 years of age in selected low- and middle-income countries in the Western Pacific Region, 2004-2014.



Source: Global health observatory (website). Geneva: World Health Organization; 2016 (<http://apps.who.int/gho/data/node.home>).

**Inequities persist between income quintiles.** The prevalence of undernutrition in children under 5 years is highest in the poorest quintiles across countries. Overweight and obesity, on the other hand, are still highest in higher income quintiles, in low- and middle-income countries.

**Inappropriate infant and young child feeding practices remain a public health concern.** Only one in three children is being exclusively breastfed for six months in the Region. Only three countries in the Region (Palau, the Philippines and Viet Nam) have fully implemented the International Code of Marketing of Breast-Milk Substitutes.

**Health and agriculture policies should become more coherent,** creating sustainable food systems that provide nutritious and safe food for all.

**Essential nutrition services should be made accessible to all, particularly the most vulnerable,** through universal health coverage (UHC).





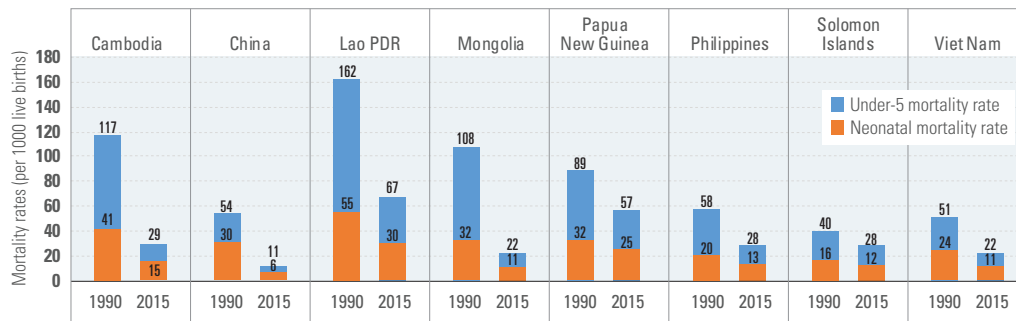
## MDG 4 Reduce child mortality

**MDG target 4.A:** Reduce by two thirds, between 1990 and 2015, the under-five mortality rate.

### The Western Pacific Region had the highest annual rate of reduction in the under-five mortality rate between 1990 and 2015 among all the WHO regions.

The under-five mortality rate decreased from 52 to 14 deaths per 1000 live births between 1990 and 2015. Significant reductions in neonatal mortality rates were achieved, particularly in Cambodia, China and the Philippines.

**Fig. 4.1.** Under-five mortality and neonatal mortality rates in selected LMICs in the Western Pacific Region, 1990 and 2015.



LMIC = low- and middle-income countries; Lao PDR = Lao People's Democratic Republic

**Source:** United Nations Children's Fund, World Health Organization, The World Bank, United Nations. Levels and trends in child mortality report 2015: estimates developed by the UN inter-agency group for child mortality estimation. New York: United Nations Children's Fund; 2015.

### Investments in both maternal and child health programmes, as well as overall socioeconomic development contributed to the achievement of MDG 4.

- Seven countries and areas in the Region – Australia, Brunei Darussalam, Cambodia, Hong Kong SAR (China), Japan, Macao SAR (China) and the Republic of Korea – have been verified as achieving measles elimination.\*
- Despite measles outbreaks in 2013 and 2014 (Australia, China, the Lao People's Democratic Republic, the Federated States of Micronesia, New Zealand, Papua New Guinea, the Philippines, Singapore, Solomon Islands, Vanuatu and Viet Nam) progress was made in 2015 towards regaining the historically low levels of measles virus circulation achieved in the Region in 2012.
- Eight priority countries in the Region (Cambodia, China, the Lao People's Democratic Republic, Mongolia, Papua New Guinea, the Philippines, Solomon Islands and Viet Nam) have taken steps to strengthen their national newborn programmes.

\* Measles elimination is defined as the interruption of endemic measles virus transmission for at least 36 months.

### Actions to improve child health: selected highlights from countries

China	Cambodia and Philippines	Viet Nam
<ul style="list-style-type: none"> <li>Adopted the 1994 Law on Maternal and Infant Health Care, as well as multisectoral National Plans of Action for Children and for Women</li> <li>Rolled out health insurance</li> <li>Improved education rates and water and sanitation</li> </ul>	<ul style="list-style-type: none"> <li>Conducted coaching or training in early essential newborn care (EENC) for health workers providing childbirth and newborn care to improve clinical practices</li> <li>Implemented quality-improvement mechanisms and conducted regular monitoring to assess quality of newborn care</li> </ul>	<p>Adopted two important laws in 2012 on:</p> <ul style="list-style-type: none"> <li>Extension of paid maternity leave from four to six months</li> <li>Limited promotion of breastmilk substitutes to support appropriate infant and young child feeding</li> </ul>

### Inequities, inappropriate clinical and feeding practices need to be addressed.

- Important inequities persist between income quintiles, with the majority of under-5 deaths occurring in the poorest quintiles across countries.
- The decline in newborn mortality has lagged that of child mortality, with newborn deaths now accounting for half of all under-5 deaths in the Region. Addressing inappropriate intrapartum and newborn care practices in health facilities is crucial to reducing newborn deaths.
- Exclusive breastfeeding for six months is below 50% in several countries, while the dangerous practice of prelacteal feeding is highly prevalent.



Immunization day in the Selima community, Port Vila, Vanuatu.



## 5 MDG 5 Improve maternal health

**MDG target 5.A:** Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.

**MDG target 5.B:** Achieve, by 2015, universal access to reproductive health.

The estimated maternal mortality ratio for the Western Pacific Region decreased by 64% between 1990 and 2015. Investments in increasing access to skilled birth attendance, such as subsidies to deliver in health facilities, were important to this progress.

- The skilled birth attendance (SBA) rate in the Region has increased to 95%, with 21 of 31 countries and areas having a rate of  $\geq 90\%$ .
- Facility delivery rates have significantly improved: in five of eight countries with the highest burden of maternal mortality, rates are now above 80%.

### Availability and use of information on maternal deaths and their causes is crucial to further reducing mortality.

Countries such as Cambodia, the Lao People's Democratic Republic, the Philippines, Solomon Islands and Viet Nam have taken steps to strengthen their maternal death surveillance and response (MDSR) systems. The focus is on ensuring that data on deaths and their causes are actively being collected and findings are applied to improve the quality of maternal care.

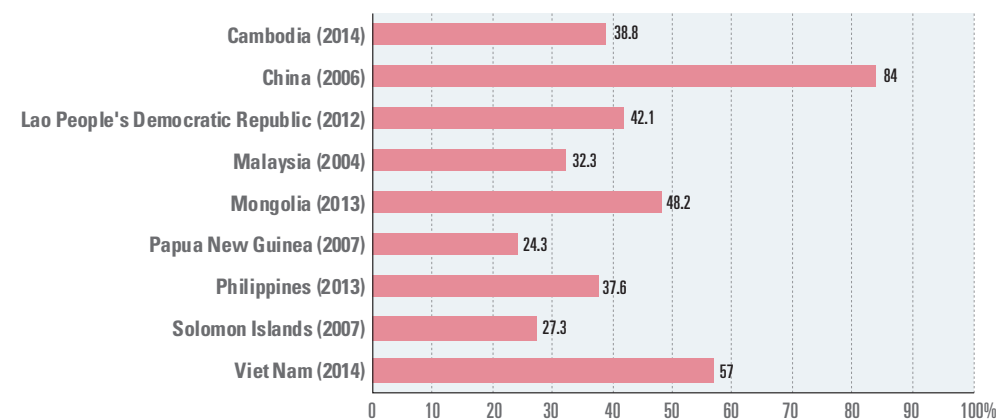
#### Actions to strengthen MDSR systems: country examples

Viet Nam	Solomon Islands	Cambodia	Lao People's Democratic Republic
<ul style="list-style-type: none"> <li>▪ Revised national MDSR guidelines</li> <li>▪ Released first-ever national report on maternal death reviews in 2014</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improved national maternal deaths reporting form</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reinitiated the National MDSR Committee</li> </ul>	<ul style="list-style-type: none"> <li>▪ Released first-ever national report on maternal death reviews in 2015</li> </ul>

### Improving access to reproductive health will be crucial to achievement of all Sustainable Development Goals (SDGs).

- With the exception of China, modern-method contraceptive prevalence rates are below 60% in countries with the highest burden of maternal mortality.
- National laws or policies hinder access to contraception and contribute to unsafe abortion and maternal mortality.
- Unmet need for family planning is higher among the poor compared to the rich, and adolescents face a much greater unmet need for contraception.

**Fig. 5.1.** Modern-method contraceptive prevalence rate (%) among women currently married or in a union (15–49 years) in selected low- and middle-income countries in the Western Pacific Region, 2006–2014.



**Source:** Demographic health surveys, Multiple indicator cluster surveys, Social indicator sample surveys, and World contraceptive use 2015.



Pregnant woman receiving antenatal care in a Cambodian health clinic.



6

## MDG 6 Combat HIV/AIDS, malaria and other diseases

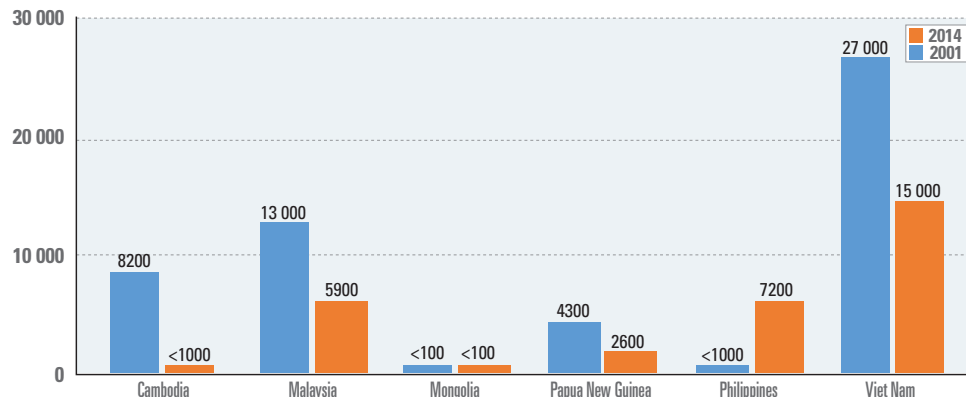
**MDG target 6.A:** Have halted by 2015 and begun to reverse the spread of HIV/AIDS.

**MDG target 6.B:** Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.

### The number of new HIV infections in the Western Pacific Region has decreased from 120 000 in 2001 to 97 000 in 2014.

- Scale-up of targeted interventions for key affected populations and antiretroviral therapy provision contributed to the decrease in new infections in most countries.
- Unofficial disease burden estimates in China, Fiji and the Lao People's Democratic Republic show stable incidence.
- The number of new infections has significantly increased in the Philippines. Community-based testing and immediate linkage to care will be required to curb the HIV epidemic.

**Fig 6.1** Number of new HIV infections in selected low- and middle-income countries in the Western Pacific Region, 2001 and 2014.



Source: AIDSInfo [website]. Geneva: UNAIDS; 2016 (<http://aidsinfo.unaids.org>, accessed 15 August 2016).

### Closing the HIV testing and treatment gaps: country examples

#### Cambodia

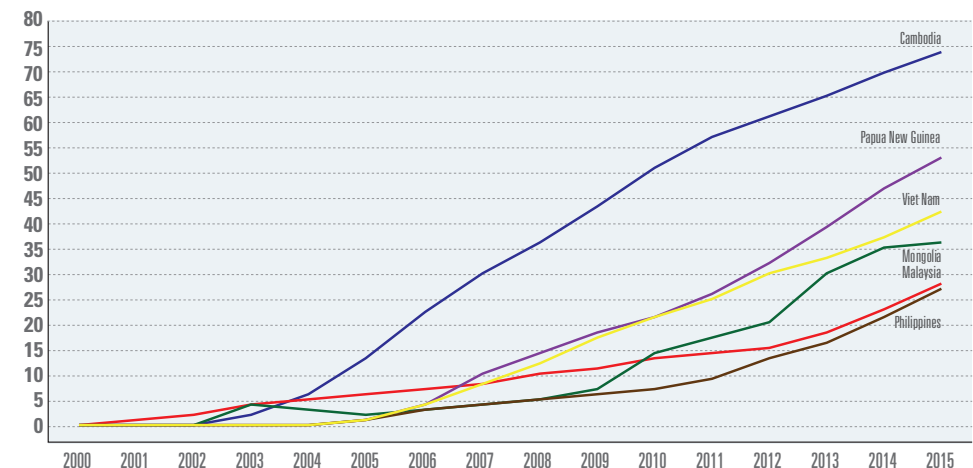
The national HIV response employs integrated case management and partner notification, tracing and HIV testing in high-burden HIV districts. This approach fully utilizes regular HIV testing initiated by health-care providers, community testing initiated by peers, and care and support provided by community-based organizations. Cambodia has achieved a 79% diagnosis rate of people living with HIV and an 88% treatment rate among those diagnosed.

#### Viet Nam

People who inject drugs (PWID) were trained to provide HIV screening tests to their peers in their communities and link them to care. This community-based testing pilot resulted in a high number of PWID living with HIV being identified and initiated with treatment.

### Only 37% of people living with HIV have accessed life-saving antiretroviral therapy in 2014.

**Fig. 6.2** Per cent of adults (15+ years) living with HIV receiving ART, 2000–2015.



Source: Joint United Nations Program on HIV/AIDS. UNAIDS/WHO estimates 2015. Geneva: UNAIDS; 2016.

### HIV intervention coverage, particularly HIV testing, needs to be increased among key populations. HIV infection in the Region is largely attributed to continued high-risk behaviors — unprotected sex and sharing of injecting equipment.

- In 2013 and 2014, the proportions of men who have sex with men who received an HIV test and knew their results in the past year ranged from 9% in the Philippines to 63% in Mongolia. Cambodia reached 87% HIV testing uptake.
- HIV testing uptake among sex workers ranged from 14% in the Philippines to 68% in Cambodia.
- For most countries, HIV testing was lowest among people who inject drugs. The percentage receiving an HIV test and knew their results was as low as 7% in the Philippines. The highest testing uptake achieved was 41% in China.



6

## MDG 6 Combat HIV/AIDS, malaria and other diseases

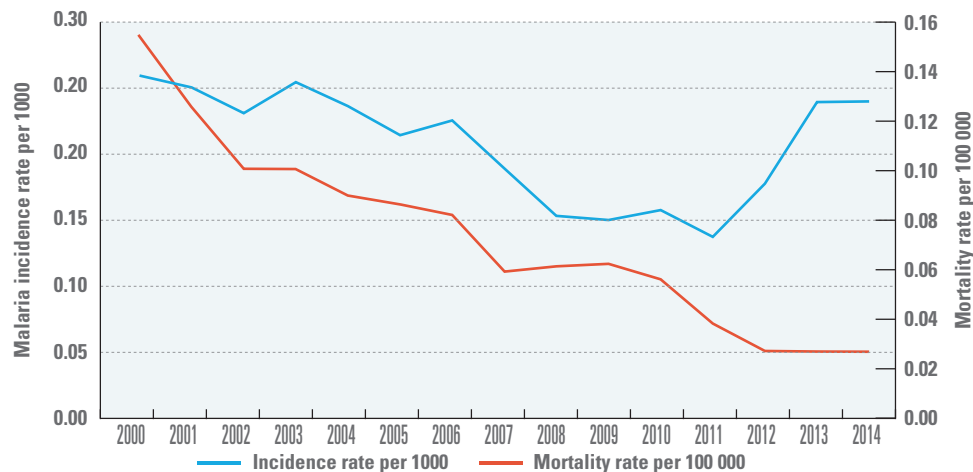
**MDG target 6.C:** Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

### All 10 malaria-endemic countries in the Western Pacific Region made significant progress towards achieving the 2015 targets

of the *Regional Action Plan for Malaria Control and Elimination in the Western Pacific (2010–2015)* and are now considering malaria elimination a feasible goal and have incorporated elimination into their national malaria strategic plans.

- Although the Lao People’s Democratic Republic has reduced malaria incidence by 50% since 2000, case incidence has increased since 2011, with more than 48 000 cases reported in 2014. This increase can likely be attributed to improved case reporting and to an increase in migrant and mobile populations working in forested areas in the south of the country.
- Papua New Guinea has also reported considerably more confirmed cases since 2012, due to an increase in diagnostic testing with rapid diagnostic tests (RDT).

**Fig. 6.3** Trends in malaria incidence rate (per 1000) and mortality rate (per 100 000 population) in the Western Pacific Region, 2000–2014.



Source: National malaria control programme reports. Manila: WHO Regional Office for the Western Pacific; 2015.

## Malaria

The widespread use of vector-control methods, improved access to accurate parasite-based diagnosis, effective treatment and sound programme management contributed to the achievement of malaria targets.

### Reaching special groups with malaria services is one of the biggest challenges for countries moving towards elimination.

- In the Western Pacific Region, the most important groups identified were ethnic minorities, mobile and migrant populations, and agriculture and forestry workers in remote forested areas. These are groups whose risk is due to occupational, socioeconomic and cultural factors rather than biological.
- Malaria-endemic countries in the Region, except the Republic of Korea, Solomon Islands and Vanuatu, are struggling to address malaria prevalence in these groups as they constantly move within and across borders, particularly in remote areas, and in many cases their occupation or presence in the country is illegal.
- Cultural and language barriers also often prevent them from accessing health services more broadly. A multisectoral and cross-border approach is needed to tackle the problem.



*Ethnic minority couple in high malaria risk area in Viet Nam.*



6

## MDG 6 Combat HIV/AIDS, malaria and other diseases

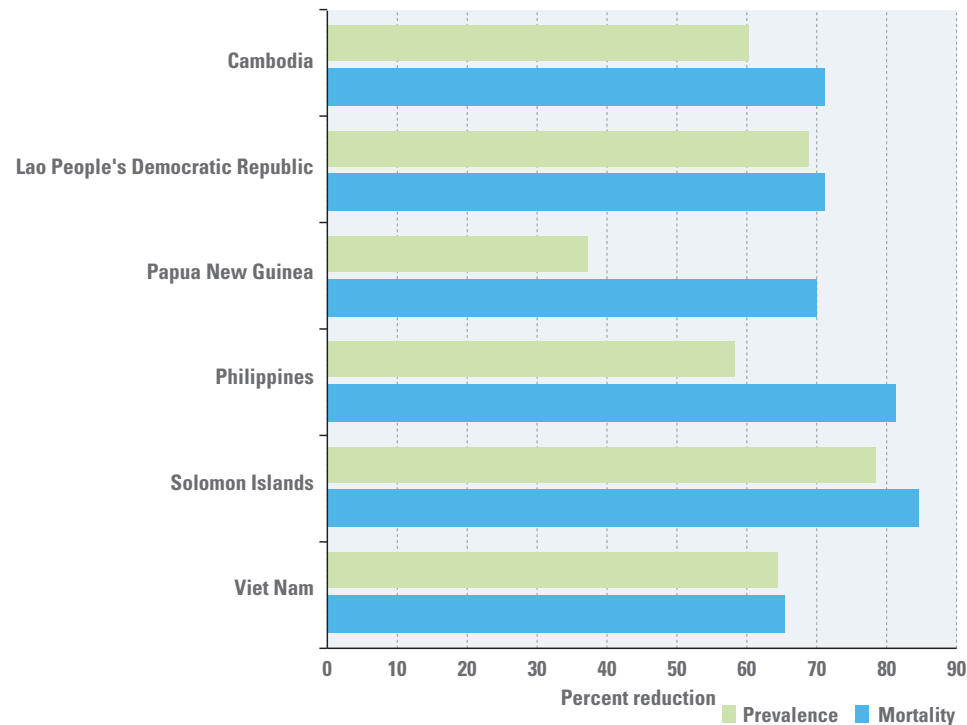
**MDG target 6.C:** Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

**Tuberculosis prevalence and mortality were reduced by more than 50% and 70%, respectively, since 1990 in most countries in the Region.**

Achievement of TB targets was made possible through the expansion of the **Directly Observed Treatment Short Course (DOTS) and Stop TB strategies** in all countries in the Region.

Through primary health care networks, **TB diagnosis and treatment were made available nationwide.**

**Fig. 6.4** Per cent reduction in prevalence and mortality per 100 000 population from 1990 to 2014.



Source: Global TB database (website). Geneva: World Health Organization; 2016 [<http://www.who.int/tb/country/en/>].

## Tuberculosis

**The problem of drug resistance poses a great threat to TB control and remains a major concern for regional health security.**

In 2014, there were an estimated 71 000 new cases of multidrug-resistant TB (MDR-TB), defined as resistance to at least isoniazid and rifampicin – two of the most important drugs used in the treatment of TB. Only 13 473 (19%) of these estimated MDR-TB cases were notified in 2014, and among those notified cases, only 8850 (66%) were enrolled in treatment. Only 51% of patients enrolled in treatment in 2012 were successfully treated.

**While the gains for TB control made under the MDGs are substantial, future efforts must evolve in order to succeed in the face of new challenges.**

- Innovative technologies such as new diagnostics and drugs should be rolled out and expanded rapidly.
- Equitable service provisions should be ensured, particularly focusing on vulnerable populations.
- Health system strengthening should be emphasized within the context of universal health coverage (UHC) and social protection.
- People-centred health care should be the focus of interventions in order to include the perspectives of individuals, families and communities, and treat them as participants as well as beneficiaries of trusted health systems.



*A health worker in Mongolia visits a TB patient in his home.*

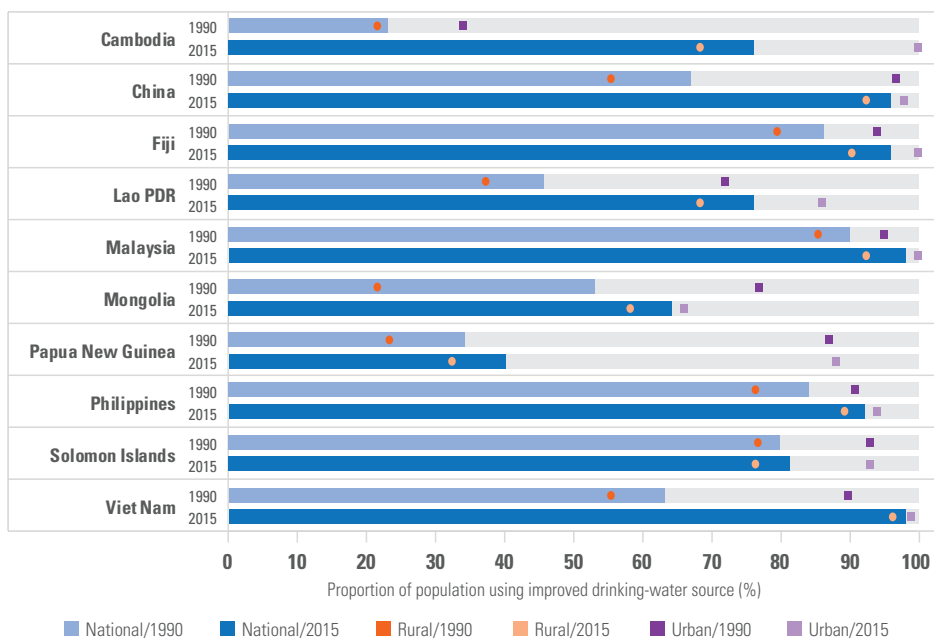


## MDG 7 Ensure environmental sustainability

**MDG target 7.C:** Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

**Over 95% of the population in the Region uses an improved drinking-water source, and only 5% of the population have no access, 9 percentage points higher than the MDG target.** In 1990, 71% of the population in the Western Pacific Region was using an improved drinking-water source. To halve the 29% of the population who had no access, at least 86% of the population should have access to improved drinking-water source by 2015.

**Fig. 7.1** Proportion of population using an improved drinking-water source in low- and middle-income countries in the Western Pacific Region, by residence type, 1990 and 2014.

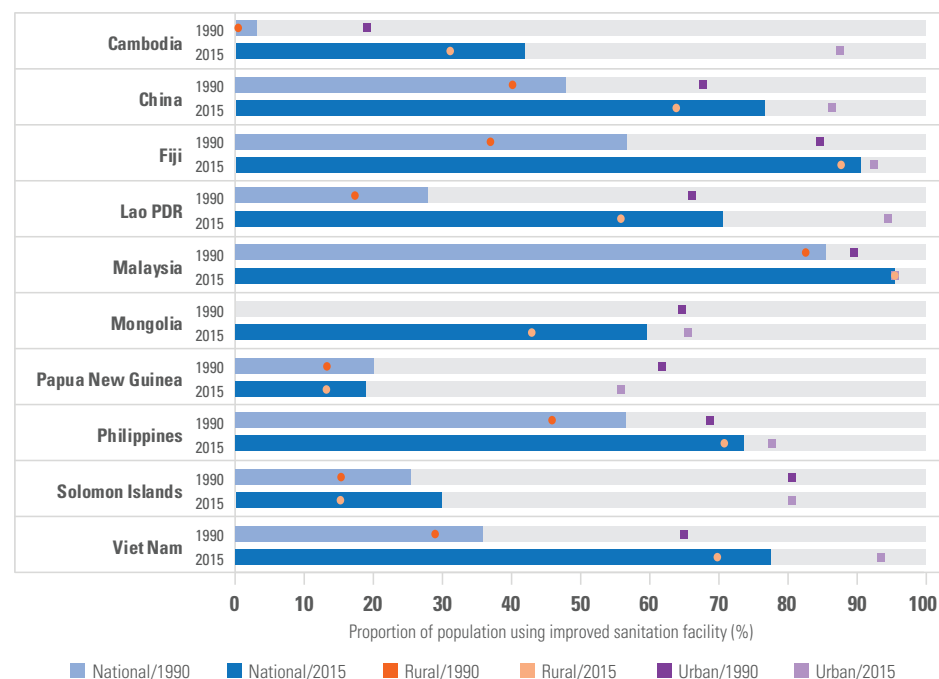


**Source:** United Nations Children's Fund, World Health Organization. Progress on sanitation and drinking water – 2015 update and MDG assessment, New York, Geneva 2015.

**Achievement of MDG 7 may be attributed to the national policies, sector financing plans, and human resource strategies for water, sanitation and hygiene that have largely been put in place in many countries in the Region.**

**About 79% of the Western Pacific Region population now uses an improved sanitation facility, 2 percentage points higher than the MDG target.** In 1990, 46% of the population in the Region had no access to an improved sanitation facility. To halve this, at least 77% of the population in the Region should have access to an improved sanitation facility by 2015.

**Fig. 7.2** Proportion of population using an improved sanitation facility in low- and middle-income countries in the Western Pacific Region, by residence type, 1990 and 2014.



**Source:** United Nations Children's Fund, World Health Organization. Progress on sanitation and drinking water – 2015 update and MDG assessment, New York, Geneva 2015.

**Leadership, an enabling environment, financing and cross-sectoral thinking are key to providing and sustaining access to water, sanitation and hygiene (WASH).** While development aid commitments for water and sanitation have increased, one important gap in financing is operations and maintenance, which is key to ensuring sustainable and safe service provision. In many schools and health establishments in rural areas, handwashing facilities are not available, and toilets are in disrepair. Too often, these settings are places where children become ill.

**There is a need to increase country capacity for monitoring to be able to track progress in extending sanitation and drinking-water services to the poor.**



## MDG 8 Develop a global partnership for development

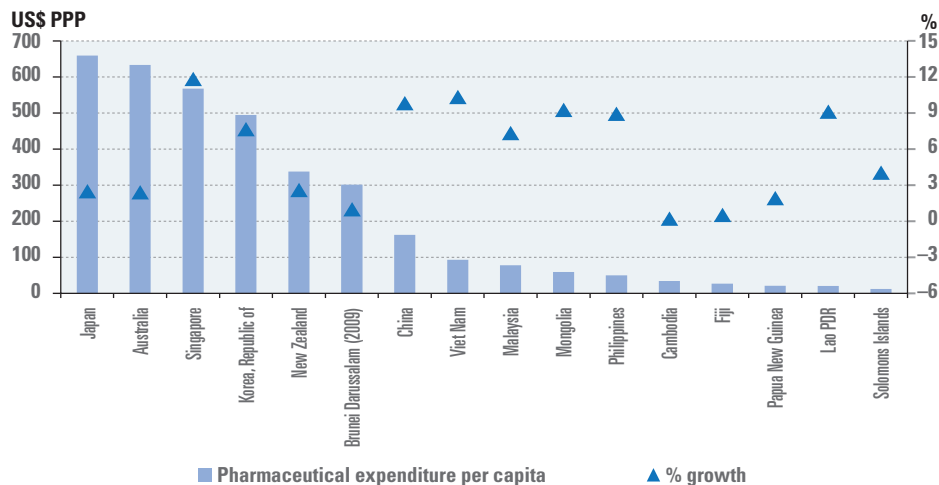
**MDG target 8.E:** In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.

### Monitoring the availability of affordable essential medicines remained a challenge due to a lack of global and regional data.

Given the complex definition of access, an overall picture of the degree of access to essential medicines can only be generated using a range of WHO medicine access indicators.<sup>1,2</sup>

Due to lack of data, the proxy indicator *per capita pharmaceutical expenditure* was used which indicates a widening gap between high-, low- and middle-income countries.

**Fig. 8.1** Pharmaceutical expenditure per capita 2010 (or nearest year), US\$ purchasing power parity (PPP) and average annual growth rate in real pharmaceutical spending per capita, 2000–2010.



Lao PDR = Lao People's Democratic Republic

**Source:** OECD/World Health Organization (2014), Health at a Glance: Asia/Pacific 2014: Measuring Progress towards Universal Health Coverage, OECD Publishing. ([http://dx.doi.org/10.1787/health\\_glance\\_ap-2014-en](http://dx.doi.org/10.1787/health_glance_ap-2014-en))

While high-income countries endeavour to contain pharmaceutical expenditure with the uptake of newer and high-cost medicines and health technologies, the pharmaceutical expenditure in low- and middle-income countries are inadequate to ensure access to life-saving treatments.

**National medicines policies** have been developed, reviewed and implemented in 21 out of 37 countries and areas in the Region.

**National lists of essential medicines** have been updated in eight countries in the Region.

**Regulatory system** capacity was strengthened in nine countries including Cambodia, China, Fiji, the Lao People's Democratic Republic, Malaysia, Mongolia, the Philippines, Papua New Guinea and Viet Nam.



*A pharmacist dispensing medicines at the state hospital in Pohnpei, Federated States of Micronesia.*

**Ensuring equitable access to essential medicines and other health technologies that are safe, effective and of assured quality is critical in achieving universal health coverage (UHC).**

### Unfinished MDG agenda and future priorities

**Quality:** Substandard, spurious, falsified, falsely labelled and counterfeit (SSFFC) medical products threaten public safety in many countries where national regulatory capacity is limited.

Strengthen the regulatory system to ensure safety, quality and efficacy of medical products.

**Efficiency:** Limited resources for essential medicines are often wasted on suboptimal allocation of funds, inefficient purchasing, and irrational prescribing and use.

Promote evidence-based selection of medicines, efficient procurement and reimbursement decisions, and rational use of medicines.

**Equity:** Essential medicines remain unavailable, unaffordable, and high in out-of-pocket payments for majority of patients in low- and middle-income countries.

Leverage resources for medicines and support countries to achieve better pricing through the exchange of information and negotiations.

1 United Nations Development Group. Indicators for Monitoring the Millennium Development Goals. New York: United Nations; 2003.

2 Indicators for Monitoring the Millennium Development Goals, Definitions, Rationale, Concepts and Sources. New York: United Nations; 2013. (<http://mdgs.un.org/unsd/mi/wiki/8-13-Proportion-of-population-with-access-to-affordable-essential-drugs-on-a-sustainable-basis.aspx>).

# From MDGs to SDGs

- The successes of the MDGs were achieved through strong efforts, backed by solid evidence and significant resources. Limitations included vertical health programmes, weak health systems and a focus on aggregate targets rather than equity.
- On 25 September 2015, countries adopted the Sustainable Development Goals (SDGs) to end poverty, protect the planet, and ensure prosperity for all by 2030.
- The SDGs have a broader scope than the MDGs, emphasizing sustainability and equity. Leaving no one behind is the overarching policy goal.
- The SDGs comprise 17 goals with 169 targets. Goal 3: “Ensure healthy lives and promote well-being for all at all ages” covers the unfinished MDGs agenda and newer challenges such as noncommunicable diseases, health security, tobacco and injuries.
- Universal health coverage (UHC), a specific target under Goal 3, is the platform that brings health and development efforts together.
- Many core health issues also reside in other goals, such as nutrition in SDG 2, water and sanitation in SDG 6 and civil registration in SDG 16. Other SDGs deal with a range of determinants of health such as poverty, inequality, gender, climate action and urbanization.
- Achieving health in the SDGs requires whole-of-government and whole-of-society approaches and a focus on leaving no one behind. They imply new roles and capabilities for the health sector to be able to lead and drive these approaches.





# Leaving no one behind

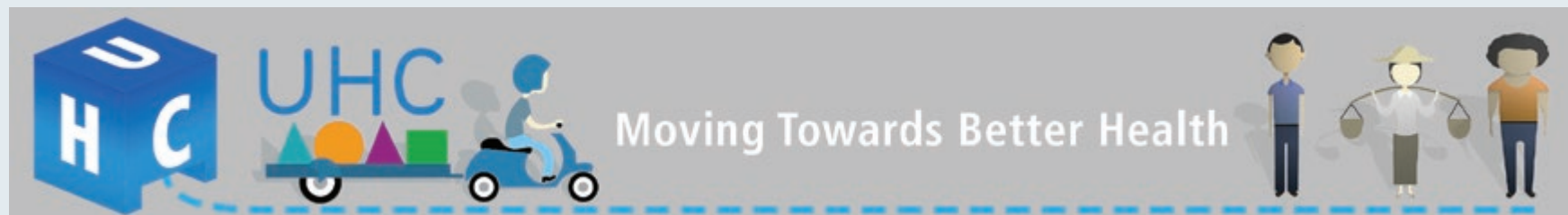


- Leaving no one behind is a core principle of UHC and the SDGs.
- Stark inequities persist in health and access to services in countries in the Region. For example, most deaths in children under 5 occur in the poorest households. Chronic rural–urban inequities persist in, for instance, access to safe drinking water and sanitation.
- Health and well-being are determined by the socioeconomic situation of individuals and families, including factors such as income, education, ethnicity, gender and political power, which are not distributed equitably across society.
- Reaching UHC entails tackling barriers to access to health services, whether financial, physical or geographic, or educational or cultural, especially those faced by socially excluded groups.
- Collaboration across health programmes can enable them to better reach disadvantaged communities and areas.
- Leaving no one behind requires joint action for equity across sectors and stakeholders.
- It also requires sustainable and equitable approaches to mobilizing and allocating resources.

# Universal Health Coverage (UHC)

In 2015, the Regional Committee for the Western Pacific adopted the resolution on Universal Health Coverage Moving Towards Better Health (WPR/RC66.R2).

- Recognized that UHC is an important foundation to support the achievement of SDGs and critical for realizing good health outcomes for everyone.
- Acknowledged that Member States at all levels of development are making efforts to achieve the five health system attributes for UHC: quality, efficiency, equity, accountability, and sustainability and resilience.
- Urged Member States to:
  - develop country-specific road maps to reach UHC;
  - exercise government leadership in multisectorial approaches and commit sufficient funding to implement national policies and plans to advance UHC; and
  - establish mechanisms to monitor the progress of UHC and evaluate the impact of policies to advance UHC.
- Requested WHO to provide technical support to develop and implement country-specific UHC road maps and monitor progress, facilitate high-level multisectorial policy dialogues to move the UHC policy agenda forward, and provide a regional platform for sharing experiences, joint learning and reviewing progress towards UHC.



# Annex 1. Health-related Millennium Development Goals 1, 4 and 5.

	MDG 1 Poverty			MDG 4 Child mortality								MDG 5 Maternal health				
	Prevalence of underweight children under 5 (%)			Under-five mortality rate per 1000 live births			Infant mortality rate per 1000 live births			Proportion of one-year-old children immunized against measles (%)		Maternal mortality ratio per 100 000 live births			Proportion of births attended by skilled health personnel (%)	Contraceptive prevalence rate (%)
WHO Regions	1990–1995	2007–2014	2015 Target	1990	2015	2015 Target	1990	2015	2015 Target	1990	2014	1990	2015	2015 Target	2007–2014	2007–2013
Africa	34	25	17	177	81	59	107	55	36	58	73	965	542	241	51	28
Americas	5	2	2	43	15	14	34	13	11	80	92	102	52	26	96	74
Eastern Mediterranean	22	14	11	100	52	33	74	41	25	67	77	362	166	91	67	48
Europe	10	1	5	32	11	11	26	10	9	83	94	44	16	11	98	68
South–East Asia	47	26	23	118	43	39	84	34	28	59	84	525	164	131	68	60
Western Pacific	17	4	9	52	14	17	40	11	13	94	97	114	41	29	96	80
World	25	15	12	91	43	30	63	32	21	73	85	385	216	96	74	64
Countries with ≥ 500 000 population	1989–1996	2004–2014	2015 Target	1990	2015	2015 Target	1990	2015	2015 Target	1990	2014	1990	2015	2015 Target	2007–2014	2004–2014
Cambodia	43	24	21	117	29	39	85	25	28	34	94	1020	161	255	89	56
China	13	3	6	54	11	18	42	9	14	98	99	97	27	24	100	85
Fiji	7	5	3	30	22	10	25	19	8	84	94	63	30	16	99	...
Lao People's Democratic Republic	40	27	20	162	67	54	111	51	37	32	87	905	197	226	40	50
Malaysia	22	13	11	17	7	6	14	6	5	70	94	79	40	20	99	49
Mongolia	12	2	6	108	22	36	77	19	26	92	98	186	44	47	99	55
Papua New Guinea	18	28	9	89	57	30	65	45	22	67	65	470	215	118	43	32
Philippines	30	20	15	58	28	19	41	22	14	85	88	152	114	38	73	55
Solomon Islands	16	12	8	40	28	13	32	24	11	70	93	364	114	91	70	35
Viet Nam	37	12	18	51	22	17	37	17	12	88	97	139	54	35	94	76
Countries with < 500 000 population	1985–1999	2007–2012	2015 Target	1990	2015	2015 Target	1990	2015	2015 Target	1990	2014	1990	2015	2015 Target	2007–2014	2007–2014
Cook Islands	...	...	...	24	8	8	21	7	7	67	98	...	...	...	100	...
Kiribati	11	14	...	96	56	32	69	44	23	75	91	234	90	59	80	22
Marshall Islands	...	...	...	50	36	17	40	30	13	52	79	...	...	...	90	45
Micronesia, Federated States of	...	...	...	56	35	19	43	29	14	81	91	183	100	46	100	...
Nauru	...	5	...	57	35	19	44	29	15	...	98	...	...	...	97	36
Niue	...	...	...	14	23	5	12	20	4	99	99	...	...	...	100	...
Palau	...	...	...	36	16	12	31	14	10	98	83	...	...	...	99	...
Samoa	2	...	...	31	18	10	26	15	9	89	91	156	51	39	82	27
Tonga	...	2	...	22	17	7	19	14	6	86	67	75	124	19	96	34
Tuvalu	...	2	...	57	27	19	44	23	15	95	96	...	...	...	93	31
Vanuatu	11	11	...	36	28	12	29	23	10	66	53	225	78	56	73.2	49

# Annex 2. Health-related Millennium Development Goals 6 and 7.

WHO Regions	MDG 6 HIV/AIDS, malaria and other diseases										MDG 7 Environmental sustainability											
	HIV incidence rate (per 100 000 population)		Malaria incidence rate (per 100 000 population)		Malaria mortality rate (per 100 000 population)		Tuberculosis incidence rate (per 100 000 population)		Tuberculosis treatment success rate (%)		Proportion of population using improved drinking-water source (%)					Proportion of population using improved sanitation facility (%)						
	2001	2014	2000	2014**	2000	2012	1990	2014	2000	2013	National	Urban	Rural	National	Urban	Rural						
Africa	...	...	...	13 150.12	...	63	283	281	71	79	49	68.3	84	87	35	57	27	32.1	44	44	20	25
Americas	...	...	...	66.66	...	0.1	55	28	76	75	90	96	97	98	74	89	80	89.2	88	92	58	76
Eastern Mediterranean	...	...	...	1316.89	...	4.2	133	117	81	91	85	91.2	95	96	77	86	52	78	81	90	30	65
Europe	...	...	...	0.20	...	...	43	37	75	76	96	99	99	99	89	96	90	93.1	94	95	83	89
South-East Asia	...	...	...	88.63	...	2.3	255	211	50	88	71	92	89	96	65	91	25	48.6	54	67	15	38
Western Pacific	...	...	...	48.35	...	0.2	162	85	90	92	71	95	97	98	58	92	54	79	77	89	42	65
World	0.08	0.05	...	2372.54	...	11	161	133	69	86	76	91	95	96	62	85	54	67.6	79	82	35	51
<b>Countries with ≥ 500 000 population</b>	2001	2014	2000	2014	2000	2014	1990	2014	2000	2013	1990	2015	1990	2015	1990	2015	1990	2015	1990	2015	1990	2015
Cambodia	0.11	<0.01	474.93	169.53	4.62	0.12	584	390	91	93	23	76	34	100	22	69	3	42	19	88	0	31
China	...	...	0.82	0.21	0.00	0.00	152	68	93	95	67	96	97	98	56	93	48	77	68	87	40	64
Fiji	...	...	...	...	...	...	84	67	85	77	86	96	94	100	80	91	57	91	85	93	37	88
Lao People's Democratic Republic	...	...	757.83	734.69	6.63	0.06	492	189	77	87	45.5*	76	72.2*	86	37.9*	69	28*	71	66.4*	95	172*	56
Malaysia	0.09	0.03	55.24	12.97	0.15	0.01	77	103	78	76	90	98	95	100	86	93	86	96	90	96	83	96
Mongolia	<0.01	0.01	...	...	...	...	403	170	87	89	53	64	77	66	22	59	...	60	65	66	...	43
Papua New Guinea	0.13	0.05	1522.16	3756.10	11.57	2.71	371	417	63	67	34	40	87	88	24	33	20	19	62	56	13	13
Philippines	<0.01	0.01	48.33	4.91	0.71	0.01	441	288	88	90	84	92	91	94	77	90	57	74	69	78	46	71
Solomon Islands	...	...	15534.10	3093.11	8.70	3.87	312	86	81	94	79.7*	81	93.2*	93	77.2*	77	25.5*	30	81	81	15	15
Viet Nam	0.06	0.03	95.11	17.20	0.19	0.01	251	140	92	89	63	98	90	99	56	97	36	78	65	94	29	70
<b>Countries with &lt; 500 000 population</b>	2001	2014	2000	2014	2000	2014	1990	2014	2000	2013	1990	2015	1990	2015	1990	2015	1990	2015	1990	2015	1990	2015
Cook Islands	...	...	...	...	...	...	0	12	...	50	100	100	100	100	100	100	92.1*	98	92.1*	98	92.1*	98
Kiribati	...	...	...	...	...	...	116	497	91	86	50	67	74	87	36	51	28	40	43	51	20	31
Marshall Islands	...	...	...	...	...	...	67	335	91	89	92	95	91	94	94	98	65	77	77	85	41	56
Micronesia, Federated States of	...	...	...	...	...	...	379	195	93	91	91	89	94	95	90	87	19	57	49	85	9	49
Nauru	...	...	...	...	...	...	88	73	25	67	93*	97	93*	97	...	...	66	66	66	66	...	...
Niue	...	...	...	...	...	...	0	0	...	...	99	99	99	98	99	99	79.3*	100	79.3*	100	79.2*	100
Palau	...	...	...	...	...	...	66	42	...	88	99	...	98	97	72	...	47	100	63	100	8	100
Samoa	...	...	...	...	...	...	36	19	92	83	89	99	97	97	87	99	93	91	94	93	92	91
Tonga	...	...	...	...	...	...	36	14	93	90	99	100	97	100	99	100	94	91	97	98	94	89
Tuvalu	...	...	...	...	...	...	536	190	86	78	90	98	92	98	89	97	73	...	75	86	71	...
Vanuatu	...	...	3435.53	371.97	1.52	0.00	127	63	88	85	62	94	94	99	55	93	...	58	...	65	...	55

\*Data for 2000 used as baseline \*\* Figures refer to presumed and confirmed malaria cases

# Bibliography

AIDSInfo [website]. Geneva: UNAIDS; 2016 (<http://aidsinfo.unaids.org>, accessed 15 August 2016).

Department of Health, Macro International Inc. National demographic and health survey 1998. Manila: National Statistics Office; 1999.

Department of Statistics and United Nations Children's Fund, 2008. Lao People's Democratic Republic, Multiple Indicator Cluster Survey 2006, Final report. Vientiane, Lao People's Democratic Republic: Department of Statistics and UNICEF.

General Statistics Office and United Nations Children's Fund, 2015. Viet Nam multiple indicator cluster survey 2014, final report. Hanoi, Viet Nam.

Global health observatory [website]. Geneva: World Health Organization; 2016 (<http://apps.who.int/gho/data/node.home>).

Global TB database (website). Geneva: World Health Organization; 2016 (<http://www.who.int/tb/country/en/>).

HIV/AIDS data and statistics [website]. Manila: World Health Organization Western Pacific Region; 2016 (<http://www.wpro.who.int/hiv/data/en/>, accessed 15 September 2016)

ICF International. Philippines: national demographic and health survey 2013. Manila: Philippine Statistics Authority; 2014.

Indicators for Monitoring the MDG, Definitions, Rationale, Concepts and Sources at <http://mdgs.un.org/unsd/mi/wiki/8-13-Proportion-of-population-with-access-to-affordable-essential-drugs-on-a-sustainable-basis.ashx>.

Institute for Public Health (IPH) 2015. National Health and Morbidity Survey 2015 (NHMS 2015). Kuala Lumpur: Ministry of Health; 2015.

Joint United Nations Programme on HIV/AIDS. UNAIDS/WHO estimates 2015. Geneva: UNAIDS; 2016.

Lao People's Democratic Republic 2011–2012 Lao social indicator survey. In: The demographic and health surveys program (website). Vientiane: Lao Ministry of Health and Lao Statistics Bureau; 2012 (<http://www.dhsprogram.com/publications/publication-FR268-Other-Final-Reports.cfm>, accessed 15 February 2016).

Ministry of Health, China annual health statistics.

Ministry of Health, China annual maternal and child health report.

National Institute of Public Health, National Institute of Statistics, Macro International. Cambodia demographic and health survey: 2005. Phnom Penh: National Institute of Public Health and National Institute of Statistics; 2006.

National Institute of Statistics, Directorate General for Health and ICF International, 2015. Cambodia demographic and health survey 2014. Phnom Penh, Cambodia, and Rockville, Maryland, USA: National Institute of Statistics, Directorate General for Health and ICF International.

National Institute of Statistics, Directorate General for Health, ORC Macro. Cambodia demographic and health survey: 2000. Phnom Penh: Directorate General for Health, Ministry of Health; 2001.

National Institute of Statistics. Cambodia demographic and health survey: 2010. Phnom Penh: Directorate General for Health, Ministry of Health; 2011.





National malaria control programme reports. Manila: WHO Regional Office for the Western Pacific; 2015.

National Statistical Office. Social indicator sample survey 2013, Key findings. Ulaanbaatar, Mongolia: National Statistical Office; 2014.

# Bibliography (cont'd)

- National Statistics Office of Mongolia, 2007. Mongolia Multiple Indicator Cluster Survey 2005-2006, Key Findings, Ulaanbaatar Mongolia.
- National Statistics Office, United Nations Children's Fund, 2011. Mongolia multiple indicator cluster survey 2010: Summary report. Ulaanbaatar, Mongolia; 2011.
- National Statistics Office. Philippines National demographic and health survey 2003. Calverton: ORC Macro; 2004.
- National Statistics Office. Philippines National demographic and health survey 2008. Calverton: ICF Macro; 2009.
- Nutrition Global Target Tracking Tool [website]. Geneva: World Health Organization; 2016 (<http://www.who.int/nutrition/trackingtool/en/>).
- OECD/World Health Organization (2014), Health at a Glance: Asia/ Pacific 2014: Measuring Progress towards Universal Health Coverage, OECD Publishing. ([http://dx.doi.org/10.1787/health\\_glance\\_ap-2014-en](http://dx.doi.org/10.1787/health_glance_ap-2014-en)).
- Philippine Statistics Authority (PSA) (Philippines), and ICF International. 2014. Philippines national demographic and health survey 2013. Manila, Philippines, and Rockville, Maryland, USA: PSA and ICF International; 2014.
- Tonga Ministry of Health, Secretariat of South Pacific, United Nations Population Fund. Tonga Demographic and Health Survey, 2012.
- Tuvalu Central Statistics Division Ministry of Health, Secretariat of South Pacific, Macro International Inc. Tuvalu Demographic and Health Survey, 2007.
- United Nations Children's Fund, United Nations Population Fund, The World Bank, United Nations. Trends in maternal mortality, 1990 to 2015: estimates developed by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division. Geneva: World Health Organization; 2015.
- United Nations Children's Fund, World Health Organization, The World Bank, United Nations. Levels and trends in child mortality report 2015: estimates developed by the UN inter-agency group for child mortality estimation. New York: United Nation Children's Fund; 2015.
- United Nations Children's Fund, World Health Organization, The World Bank. Levels and trends in child malnutrition UNICEF-WHO-World Bank Group joint child malnutrition estimates Key findings of the 2015 edition. New York: United Nation Children's Fund; 2015.
- United Nations Children's Fund, World Health Organization. 25 years progress on sanitation and drinking water – 2015 update and MDG Assessment. Geneva: World Health Organization; 2015.
- United Nations Children's Fund. WHO/UNICEF joint reporting form on immunization. Geneva: World Health Organization; 2016.
- United Nations, Department of Economics and Social Affairs, Population Division (2015). World Contraceptive Use 2015.
- United Nations Development Group, Indicators for Monitoring the Millennium Development Goals (United Nations, New York, 2003).
- Viet Nam demographic and health survey, 1997. Hanoi: National Committee for Population and Family Planning and The Population and Family Health Project; 1999.
- Viet Nam demographic and health survey, 2002. Hanoi: Committee for Population, Family and Children, General Statistical Office; 2003.
- World Health Organization. Health in 2015 from MDGs, Millennium Development Goals to SDGs, Sustainable Development Goals. Geneva: World Health Organization; 2015.
- World health statistics 2015. Geneva: World Health Organization; 2015.
- World malaria report 2015. Geneva: World Health Organization; 2015.

# Health MDGs scorecard colour code for LMICs\* in the Western Pacific Region

		Achieved	Insufficient progress
 4	<b>Under-five mortality rate</b> per 1000 live births	Reduced by two thirds or more ( $\geq 67\%$ ) between 1990 and 2015	Reduced by less than two thirds ( $< 67\%$ ) between 1990 and 2015
	<b>Measles immunization</b> % coverage	$\geq 90\%$ coverage	$< 90\%$ coverage
 5	<b>Maternal mortality</b> per 100 000 live births	Reduced by three quarters or more ( $\geq 75\%$ ) between 1990 and 2015	Reduced by less than three quarters ( $< 75\%$ ) between 1990 and 2015
	<b>Skilled birth attendant</b> % births	$\geq 90\%$	$< 90\%$
	<b>Contraceptive use</b> % married women aged 15–49	$\geq 80\%$	$< 80\%$
 6	<b>HIV/AIDS incidence</b> per 100 000 population	Significantly decreased incidence between 2001 and 2014	Stabilized or no significant increase, or significantly increased incidence (new infections) between 2001 and 2014
	<b>Malaria incidence</b> per 100 000 population	Reduced by $\geq 60\%$ between 2000 and 2014	Reduced by $< 60\%$ between 2000 and 2014
	<b>Malaria mortality</b> per 100 000 population	Reduced by $\geq 60\%$ between 2000 and 2014	Reduced by $< 60\%$ between 2000 and 2014
	<b>TB incidence</b> per 100 000 population	Decreased between 1990 and 2014	Increased between 1990 and 2014
	<b>TB treatment</b> % success rate	$\geq 85\%$	$< 85\%$
 7	<b>Water</b> % using improved sources	Reduced by $\geq 50\%$ between 1990 and 2015 those without sustainable access to safe drinking water	Reduced by $< 50\%$ between 1990 and 2015 those without sustainable access to safe drinking water
	<b>Sanitation</b> % using improved facilities	Reduced by $\geq 50\%$ between 1990 and 2015 those without sustainable access to sanitation facility	Reduced by $< 50\%$ between 1990 and 2015 those without sustainable access to sanitation facility

\* LMICs – Low- and middle-income countries

*“Today we are also taking a decision of great historic significance. We resolve to build a better future for all people, including the millions who have been denied the chance to lead decent, dignified and rewarding lives and to achieve their full human potential. We can be the first generation to succeed in ending poverty; just as we may be the last to have a chance of saving the planet. The world will be a better place in 2030 if we succeed in our objectives.”*

Transforming our world: the 2030 Agenda for Sustainable Development. New York: United Nations; 2015 (A/RES/70/1; [http://www.un.org/en/ga/search/view\\_doc.asp?symbol=A/RES/70/1](http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/70/1), accessed [7 September 2016].

