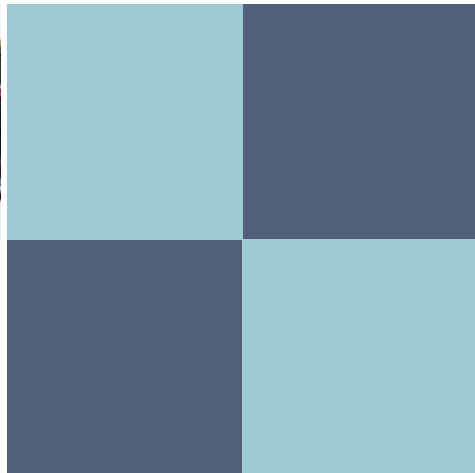


# **Regional Consultations on MDGs in Europe**

## **17 March 2010, Geneva**



World Health Organization  
Regional Office for Europe

## **Progress towards the Health-Related Millennium Development Goals in the WHO European Region**

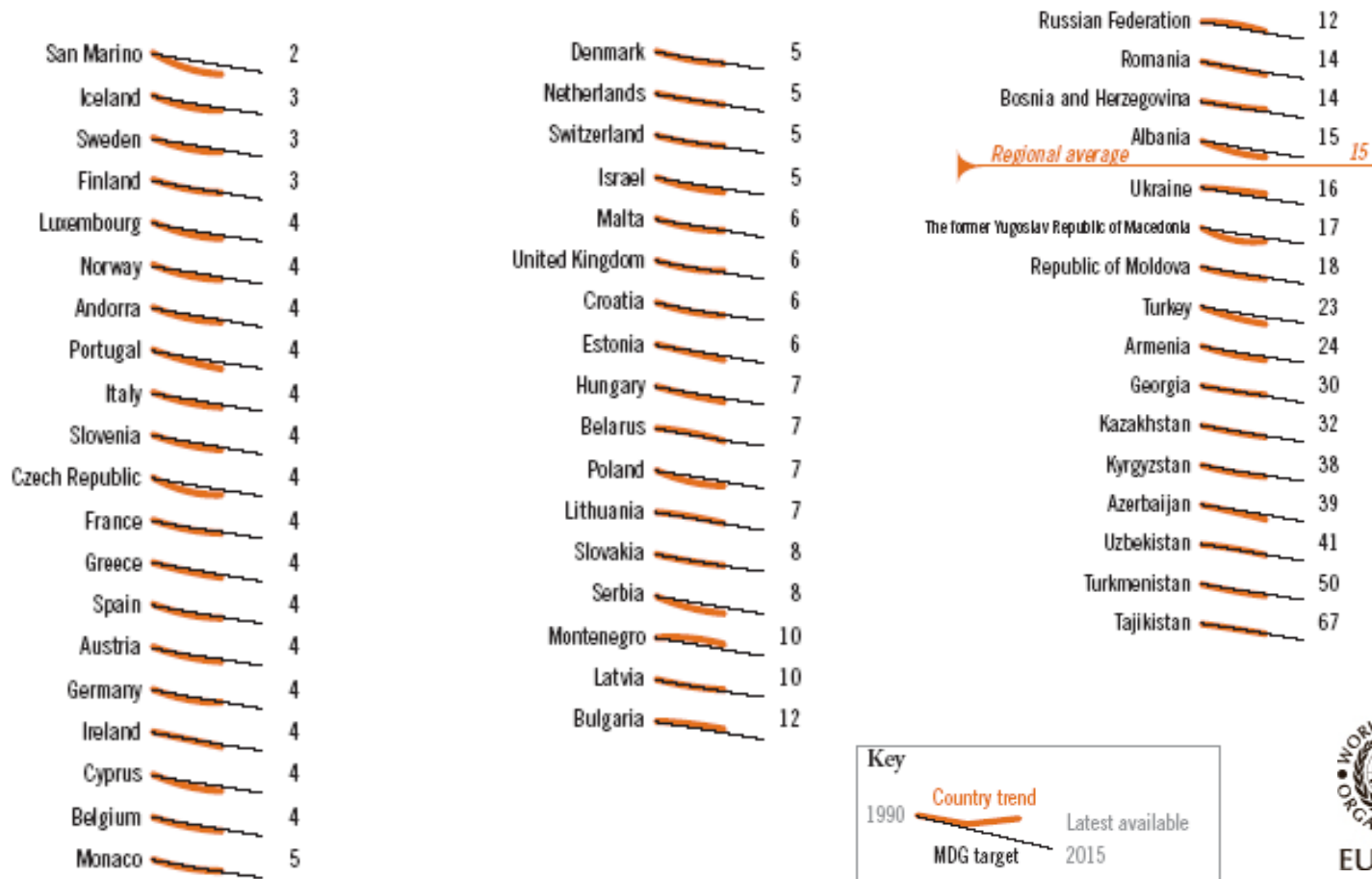
**Enis Barış**

**Director, Division of Country Health Systems  
WHO Regional Office for Europe**

# MDG 4: Reduce Child Mortality

Under-5 mortality rate (probability of dying by age 5 per 1000 live births)

## EUR



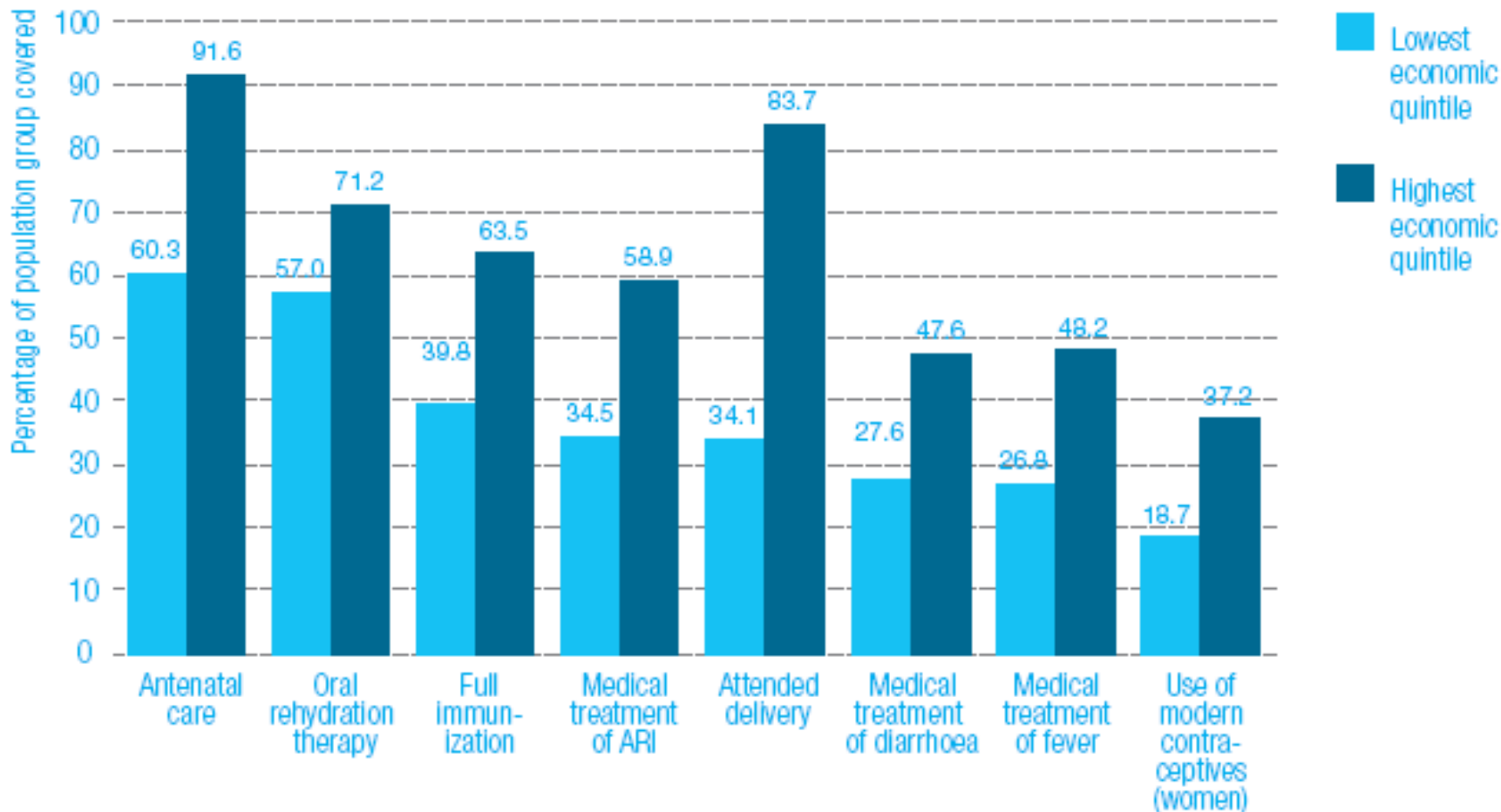
# MDG 5: Improve Maternal Health

- Estimated average maternal mortality ratio for the European Region went from:
  - 39 deaths per 100,000 live births in 1990 to
  - 27 deaths per 100,000 live births in 2005.
- Maternal mortality is regularly underreported.
- In many countries, there is a lack of data to monitor achievement towards the target on universal access to reproductive health.



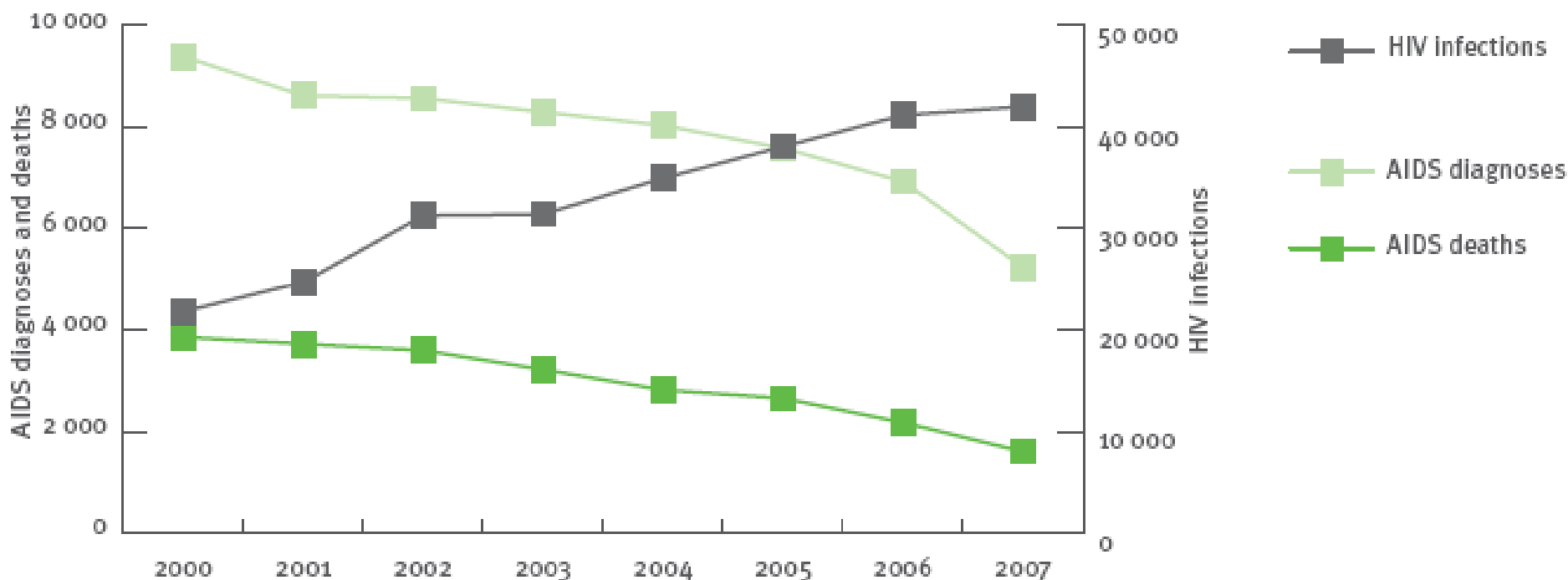
# MDGs 4 + 5: Reduce Child Mortality and Improve Maternal Health

Use of basic maternal and child health services by lowest and highest economic quintiles, 50+ countries

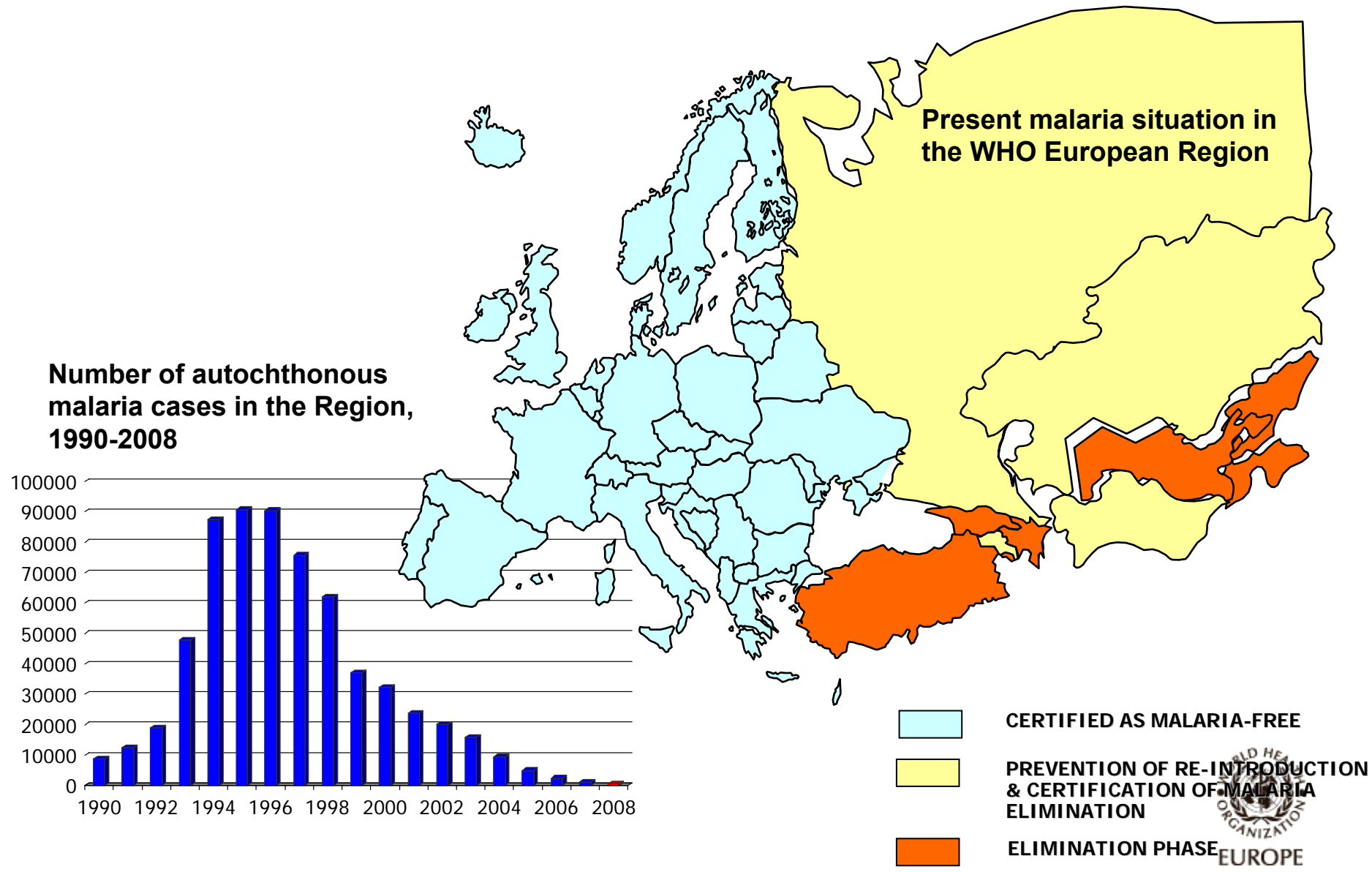


# MDG 6: Combat HIV/AIDS, Malaria & other diseases

Number of HIV infections newly diagnosed (right axis), AIDS cases diagnosed and AIDS deaths (left axis) in the WHO European Region (2000–2007)



# MDG 6: Combat HIV/AIDS, Malaria & other diseases



Source: Country information: the current malaria trends - Autochthonous Malaria [web site]. (<http://www.euro.who.int/malaria/ctryinfo/ctryinfotop>)

## The Tashkent Declaration 2006

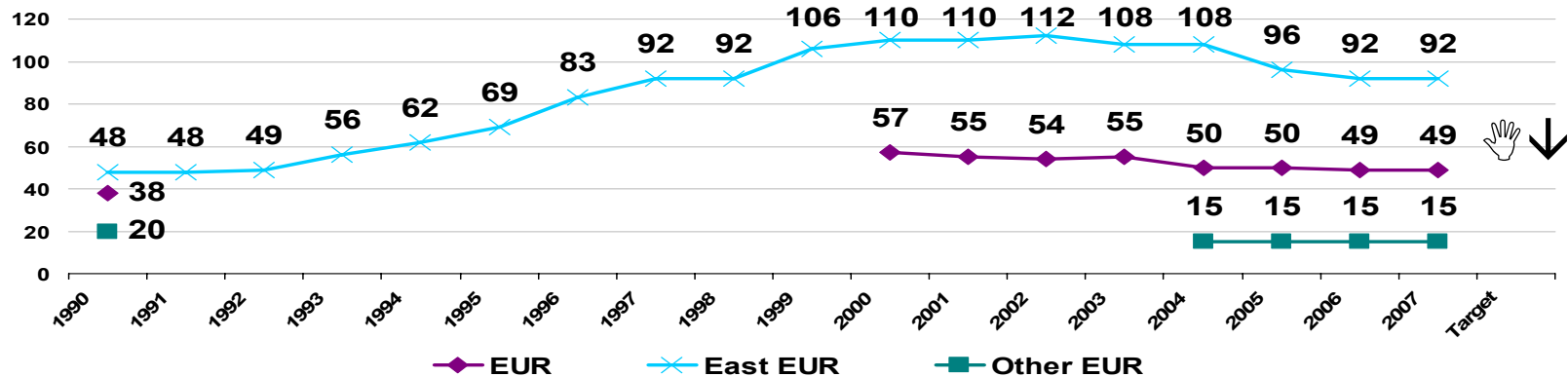
- **Recognize the need to consolidate the results achieved and to move further from malaria control to elimination at national level**
- **Call upon all member states to support the WHO Regional Office for Europe in its efforts towards promoting the new regional initiative with the goal of eliminating malaria in the region by 2015**
- **Underline the need to ensure that malaria-affected countries of the Region are fully supported in their endeavours to move forward with malaria elimination campaigns**
- **Stress the need to promote inter-regional collaboration on issues related to malaria elimination**



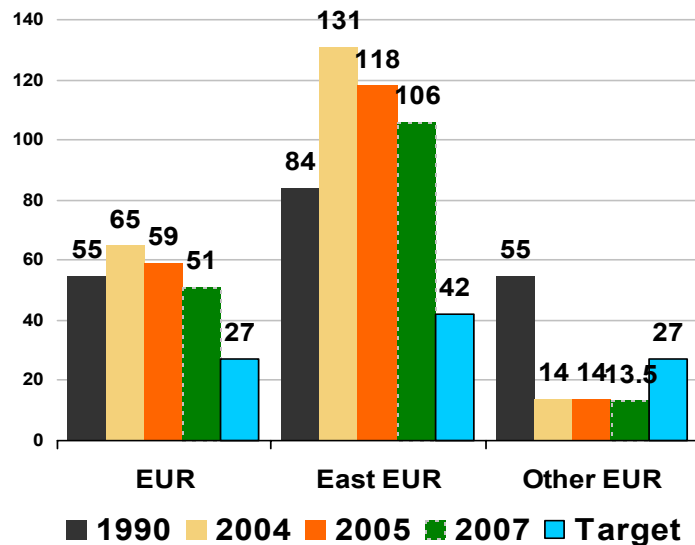
# MDG 6: Combat HIV/AIDS, Malaria & other diseases

## Progress on MDG n° 6 TB targets, 1990-2007

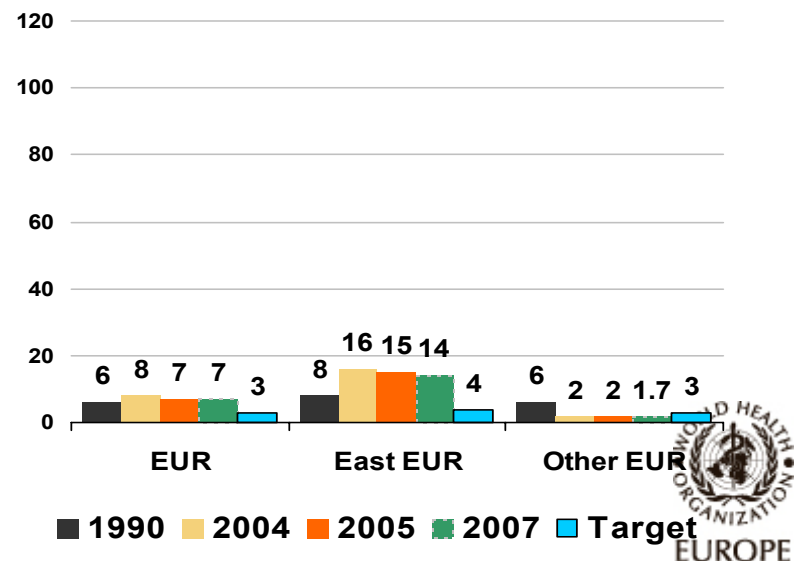
TB incidence rate per 100 000 population



TB prevalence rate per 100 000 population



TB death rate per 100 000 population

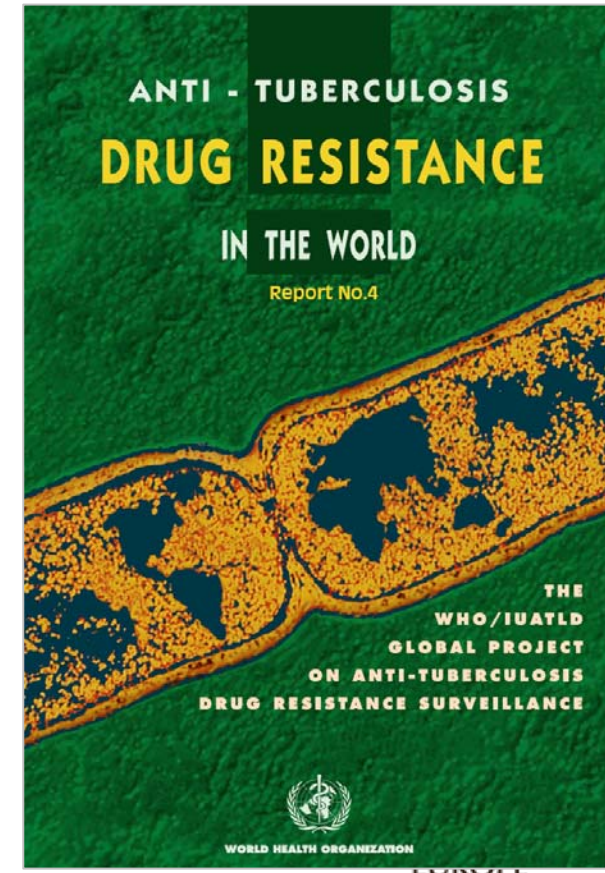




# MDR-TB high-burden countries in the world

27 high-burden countries accounting for 85% of the estimated MDR-TB cases globally

<i>EUR countries</i>	<i>Non-EUR countries</i>
<ul style="list-style-type: none"><li>• Russian Federation</li><li>• Ukraine</li><li>• Uzbekistan</li><li>• Kazakhstan</li><li>• Tajikistan</li><li>• Azerbaijan</li><li>• Republic of Moldova</li><li>• Kyrgyzstan</li><li>• Belarus</li><li>• Georgia</li><li>• Bulgaria</li><li>• Lithuania</li><li>• Armenia</li><li>• Latvia</li><li>• Estonia</li></ul>	<ul style="list-style-type: none"><li>• China</li><li>• India</li><li>• Pakistan</li><li>• Bangladesh</li><li>• South Africa</li><li>• Indonesia</li><li>• Philippines</li><li>• Nigeria</li><li>• DR of Congo</li><li>• Viet Nam</li><li>• Ethiopia</li><li>• Myanmar</li></ul>



# “All against Tuberculosis” WHO European Ministerial Forum



All Against Tuberculosis  
WHO European Ministerial Forum  
Berlin, 22 October 2007

EUR/07/5061622/5  
74415  
22 October 2007  
ORIGINAL: ENGLISH

## The Berlin Declaration on Tuberculosis

1. We, the Ministers of Member States in the European Region of the World Health Organization (WHO), meeting with the WHO Regional Director for Europe and high-level partners at the WHO European Ministerial Forum on Tuberculosis, held in Berlin on 22 October 2007, **note with concern** that tuberculosis (TB) has re-emerged as an increasing threat to health security in the WHO European Region.

- In 2005, there were 445 000 new cases of TB and 66 000 TB-related deaths in the Region.
- There are high TB incidence rates within the Region.
- Even in countries with a relatively low burden, there has been a reversal of the previous decline.
- Throughout the Region, the presence of TB is often related to social and economic factors and migration.
- Poor adherence to accepted TB control practices has created high levels of man-made multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB).
- No new diagnostics, drugs or vaccines have been developed over the past several decades.
- Many countries in the Region face a shortage of competent and motivated human resources for TB control.
- In the Region, TB is the most prevalent cause of illness and mortality in people living with HIV/AIDS, and few countries address TB/HIV coinfection in a comprehensive manner.
- TB does not respect borders.

2. We **note that**, despite some achievements over the past decade, TB control and efforts towards elimination of the disease in the Region need to be improved.

- The Region has a high proportion of unfavourable treatment outcomes resulting from poor implementation of internationally accepted TB control strategies.
- The use of currently available quality-controlled diagnostics and appropriate evidence-based treatment strategies needs to be further strengthened.
- TB control in groups at high risk such as migrant populations, the homeless, prisoners and other socially vulnerable groups must be addressed.
- Focused action is needed to tackle MDR/XDR-TB and TB/HIV coinfection.
- Prevention, including infection control, is a factor of continued importance in TB control, especially among vulnerable groups.
- Timely collection, transmission, validation and analysis of quality TB surveillance data are essential for proper TB control and elimination interventions.

“We commit...to closely monitoring and evaluating the implementation of the actions outlined in this Declaration, and call upon the WHO Regional Office for Europe, in partnership with the European Union and other relevant regional institutions and organizations, to establish adequate fora and mechanisms, involving civil society, communities and the private sector, among others, to **assess progress at regional level every 2 years starting from 2009**”

Service Delivery

Stewardship

Resource Generation

Financing

## Examples of health system needs by function

**MDG 6**  
Combat  
HIV/AIDS,  
malaria  
and other  
diseases  
(TB)

Increased capacity at primary care level to address the social determinants of TB and deliver patient-focused TB services

Harmonized TB control planning processes with sector-wide planning frameworks and national health strategies

Streamlined TB surveillance in the national surveillance

Improved laboratory networks and drug supply management systems

Increased capacity-building of staff to address respiratory diseases, including TB and MDR and XDR TB

Further streamlined TB financing with national health strategy budgeting

Application of international TB funding to strengthening health systems



Photo source: WHO Web site:  
[http://www.who.int/features/2007/orel\\_tb\\_hospital/en/index.html](http://www.who.int/features/2007/orel_tb_hospital/en/index.html)



EUROPE

# Strategic priorities of the WHO Regional Office for Europe for the MDGs in the European Region

- World Health Assembly 2009
  - Renewed commitment to Primary Health Care, including health system strengthening for continued work on the MDGs.
    - universal coverage;
    - putting people at the centre of service delivery;
    - multi-sectoral action and health in all policies;
    - inclusive leadership and effective government for health.
  - Tackling Social Determinants of Health
- Health in All Policies
  - SDH in Europe; Marmot Review
- Tallinn Charter:
  - “Health systems should integrate targeted disease specific programmes into existing structures and services in order to achieve better and sustainable outcomes”
- Maximising synergies
  - Global health governance and architecture
- Follow through with Dublin, Tashkent and Berlin Declarations
- Human Resources for Health
- Intelligence

