The Millennium Development Goals
Rising to the Challenges

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Take-home messages
Challenges for all regions and countries

1. MDGs matter for poverty-reduction & equity
2. Mixed ½-time score; 2\textsuperscript{nd} half better?
3. Effective interventions exist; they’re used too little
4. For countries:
   - Extra govt. health necessary, not sufficient
   - Additional expend. needs to be targeted,
   - accompanied by broad strengthening of policies & institutions in health sector, and
   - supported by affordable & sustainable finance
5. For donors:
   - Integrating MDGs into assistance strategies & lending programs; intersectoral challenges
   - More aid, but needs to be timely, MDG-focused, coordinated, linked to PRSP & MTEF
Why the MDGs matter—i
It’s the world’s poor who die earlier
Its the poorest who die earlier – Underfive deaths (%) that would be prevented by improving equity

Assuming that every child has the same mortality level as the richest 20% in their own country

Victoria C: Analysys based on DHS data available at World Bank HNP website
Why the MDGs matter—ii
Ill health causes poverty

The MDGs matter for poverty-reduction

Households ranked by expend w/out hc payments

HH expenditure as multiple of PL

Pov line = VND 1.8m/year

Expend w/out hc payments
Out-of-pocket payments for health care pushed 2.6m Vietnamese into poverty in 1998.
Increased headcount by 23% and poverty gap by 25%
Why the MDGs matter for all – LAC & EURO too

- Progress can be quickened, irrespective of targets
- Progress needs to be for everyone, not just the better off
- Goals help focus on outcomes
Globally a mixed half-time score—i
The news isn’t all bad

The good news...
- Malnutrition: 80% of world’s population lives in on-track country
- U5MR: in 38% of countries, rate of decline increased in 1990s
- MMR: fast decline in 1990s in E Asia & Middle East & N Africa

... and the bad
- U5MR: slow progress; getting slower
- Africa: lagging badly
- Challenges for all regions:
  - Faster progress on some goals than others
  - Poorest countries making slowest progress
  - Poor people progressing more slowly?
The news isn’t all good

- The good news...
  - Malnutrition – most countries reducing malnutrition quickly
  - U5MR – the pace of annual percentage decline close to target of 4.3%

- ... and the bad
  - Malnutrition falling more slowly among the very poor – and in some countries it has increased
  - U5MR – the rate of decline of U5MR slowing off in 1990s, the poor are lagging behind
  - MMR – only 4% of countries on track
A mixed half-time score—ii

Annual rate of decline in malnutrition, LAC

<table>
<thead>
<tr>
<th>Country</th>
<th>Annual av. % change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexico</td>
<td>-5%</td>
</tr>
<tr>
<td>Guyana</td>
<td>-20%</td>
</tr>
<tr>
<td>Dom. Rep.</td>
<td>-30%</td>
</tr>
<tr>
<td>Chile</td>
<td>-15%</td>
</tr>
<tr>
<td>Jamaica</td>
<td>-10%</td>
</tr>
<tr>
<td>Peru</td>
<td>-25%</td>
</tr>
<tr>
<td>Bolivia</td>
<td>0%</td>
</tr>
<tr>
<td>Haiti</td>
<td>5%</td>
</tr>
<tr>
<td>Guatemala</td>
<td>10%</td>
</tr>
<tr>
<td>Colombia</td>
<td>15%</td>
</tr>
<tr>
<td>Venezuela</td>
<td>20%</td>
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<tr>
<td>Nicaragua</td>
<td>25%</td>
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<tr>
<td>El Salvador</td>
<td>30%</td>
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<tr>
<td>Panama</td>
<td>10%</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>5%</td>
</tr>
<tr>
<td>Honduras</td>
<td>0%</td>
</tr>
<tr>
<td>Uruguay</td>
<td>10%</td>
</tr>
</tbody>
</table>

Target rate of reduction: 0%

A mixed half-time score
Poor countries progressing slowest
Prospects for the second half
Swings & roundabouts

The good news...
- Additional downward pressure on mortality and malnutrition from
  - Anticipated faster economic growth in all regions except E Asia
  - Elimination of gender gaps in secondary education (MDG #3)
  - Expanding access to drinking water (MDG #7)

...and the bad
- Combined contributions of these stimuli appreciable but typically not enough
- They’ll be offset—at least in part—by slower changes within health sector (e.g. slower growth in attended deliveries)
Effective interventions exist
They need to reach more people

Maternal deaths would fall by 73%
if coverage of key interventions rose to 99%

### Cause of death

- Hemorrhage
- Puerperal Infection
- Eclampsia
- Obstructed Labour
- Abortion Complications
- Malaria
- Anemia
- Tetanus
Extra govt. health spending
Necessary, but not sufficient

- Government health expenditure has bigger impact
  - on MMR than on U5MR
  - in countries with good policies & institutions, as measured by the Bank’s Country Policies and Institutions Assessment (CPIA)

- Even in countries with high CPIA
  - relying on proportional scaling-up to get to MDGs would require much faster growth in share of GDP devoted to govt. health spending
Proportional scaling-up
Expensive way of reaching MDGs

Calculations assume CPIA of 4 and a proportional scaling-up of programs

share of GDP devoted to govt. health expend. (%)
Stronger policies & institutions
Throughout & beyond health sector

- Lowering barriers facing households
- Improving service delivery through stronger accountability
- Tackling HR & drugs constraints
- Strengthening core public health functions
- Securing affordable and sustainable health financing
HR recruitment & retention
Money isn’t everything

What health workers in Andra Pradesh want from their job, and whether they get it

- Good physical working conditions
- Good income
- Good employment benefits
- Training opportunities
- Challenging work
- Tools and materials to use skills fully on the job
- Desirable location
- Good opportunities to advance
- Good working relationship with colleagues

Rising to the challenges—countries
Intersectoral challenges
Infrastructure by itself isn’t enough

Impact of piped water on diarrhea prevalence among children by income quintile, India

Impact of piped water on diarrhea prevalence
among children by income quintile, India
Working with the private sector

Who Uses Public vs. Private Health Facilities?

ARI: Dominican Republic

<table>
<thead>
<tr>
<th>Socioeconomic Group</th>
<th>Public Facility</th>
<th>Private Facility</th>
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<tbody>
<tr>
<td>Poorest 20%</td>
<td>33.1</td>
<td>66.9</td>
</tr>
<tr>
<td>Second</td>
<td>37.9</td>
<td>62.1</td>
</tr>
<tr>
<td>Middle</td>
<td>35.8</td>
<td>64.2</td>
</tr>
<tr>
<td>Fourth</td>
<td>22.1</td>
<td>77.9</td>
</tr>
<tr>
<td>Richest 20%</td>
<td>13.6</td>
<td>86.4</td>
</tr>
</tbody>
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Spending what’s affordable
Who does it?  Who doesn’t?

Rising to the challenges—countries
Learning the lessons of DAH
Implications for MDGs

- Aid is too unpredictable, and the transaction costs are too high
- Aid works better the better the policy environment
- Aid can help foster good policies, and facilitate transition to them
- Aid is fungible; points towards enhanced coordination, aid pooling, and putting countries in the driver seat
- Global partnerships can add value, but contain risks
Take-home messages
Challenges for all

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