

## **Annex 2            Examples of global goals, targets and indicators relevant to health**

Annex 1 highlights three examples of global goals, targets and indicators that can be relevant for monitoring implementation of the right to health. The examples include:

- I      Millennium Development goals (MDGs), targets and indicators;**
- II     World Health Organization (WHO) reproductive health indicators for global monitoring;**
- III    International Conference on Population and Development (ICPD) Programme of Action (PoA) 20-year goals; and Key Actions for the Further Implementation of the Programme of Action of the ICPD (ICPD+5).**

### **I                    Millennium Development goals, targets and indicators <sup>1</sup>**

#### **Goal 1            Eradicate extreme poverty and hunger**

##### **Target 1**

Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

##### **Indicators**

- 1      Proportion of population below \$1 (PPP) per day (World Bank) <sup>2</sup>
- 2      Poverty gap ratio [incidence x depth of poverty] (World Bank)
- 3      Share of poorest quintile in national consumption (World Bank)

##### **Target 2**

Halve, between 1990 and 2015, the proportion of people who suffer from hunger

##### **Indicators**

- 4      Prevalence of underweight children under five years of age (UNICEF-WHO)
- 5      Proportion of population below minimum level of dietary energy consumption (FAO)

#### **Goal 2            Achieve universal primary education**

##### **Target 3**

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

##### **Indicators**

- 6      Net enrolment ratio in primary education (UNESCO)
- 7      Proportion of pupils starting grade 1 who reach grade 5 (UNESCO) <sup>3</sup>
- 8      Literacy rate of 15-24 year-olds (UNESCO)

#### **Goal 3            Promote gender equality and empower women**

##### **Target 4**

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

### **Indicators**

- 9 Ratio of girls to boys in primary, secondary and tertiary education (UNESCO)
- 10 Ratio of literate women to men, 15-24 years old (UNESCO)
- 11 Share of women in wage employment in the non-agricultural sector (ILO)
- 12 Proportion of seats held by women in national parliament (IPU)

## **Goal 4 Reduce child mortality**

### **Target 5**

Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

### **Indicators**

- 13 Under-five mortality rate (UNICEF-WHO)
- 14 Infant mortality rate (UNICEF-WHO)
- 15 Proportion of 1 year-old children immunized against measles (UNICEF-WHO)

## **Goal 5 Improve maternal health**

### **Target 6**

Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

### **Indicators**

- 16 Maternal mortality ratio (UNICEF-WHO)
- 17 Proportion of births attended by skilled health personnel (UNICEF-WHO)

## **Goal 6 Combat HIV/AIDS, malaria and other diseases**

### **Target 7**

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

### **Indicators**

- 18 HIV prevalence among pregnant women aged 15-24 years (UNAIDS-WHO-UNICEF)
- 19 Condom use rate of the contraceptive prevalence rate (UN Population Division) <sup>4</sup>
- 19a Condom use at last high-risk sex (UNICEF-WHO)
- 19b Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS (UNICEF-WHO) <sup>5</sup>
- 19c Contraceptive prevalence rate (UN Population Division)
- 20 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years (UNICEF-UNAIDS-WHO)

### **Target 8**

Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

### **Indicators**

- 21 Prevalence and death rates associated with malaria (WHO)
- 22 Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures (UNICEF-WHO) <sup>6</sup>
- 23 Prevalence and death rates associated with tuberculosis (WHO)

- 24 Proportion of tuberculosis cases detected and cured under DOTS (internationally recommended TB control strategy) (WHO)

## **Goal 7 Ensure environmental sustainability**

### **Target 9**

Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

#### **Indicators**

- 25 Proportion of land area covered by forest (FAO)
- 26 Ratio of area protected to maintain biological diversity to surface area (UNEP-WCMC)
- 27 Energy use (kg oil equivalent) per \$1 GDP (PPP) (IEA, World Bank)
- 28 Carbon dioxide emissions per capita (UNFCCC, UNSD) and consumption of ozone-depleting CFCs (ODP tons) (UNEP-Ozone Secretariat)
- 29 Proportion of population using solid fuels (WHO)

### **Target 10**

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and sanitation

#### **Indicators**

- 30 Proportion of population with sustainable access to an improved water source, urban and rural (UNICEF-WHO)
- 31 Proportion of population with access to improved sanitation, urban and rural (UNICEF-WHO)

### **Target 11**

By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

#### **Indicators**

- 32 Proportion of households with access to secure tenure (UN-HABITAT)

## **Goal 8 Develop a global partnership for development**

Indicators for targets 12-15 are given below in a combined list.

### **Target 12**

Develop further an open, rule-based, predictable, non-discriminatory trading and financial system.

Includes a commitment to good governance, development and poverty reduction - both nationally and internationally

### **Target 13**

Address the special needs of the least developed countries.

Includes: tariff and quota-free access for least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction

### **Target 14**

Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)

## Target 15

Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries (LLDCs) and small island developing States (SIDS)

### *Indicators*

#### *Official development assistance (ODA)*

- 33 Net ODA, total and to LDCs, as percentage of OECD/Development Assistance Committee (DAC) donors' gross national income (GNI)(OECD)
- 34 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation) (OECD)
- 35 Proportion of bilateral ODA of OECD/DAC donors that is untied (OECD)
- 36 ODA received in landlocked developing countries as a proportion of their GNIs (OECD)
- 37 ODA received in small island developing States as proportion of their GNIs (OECD)

#### *Market access*

- 38 Proportion of total developed country imports (by value and excluding arms) from developing countries and from LDCs, admitted free of duty (UNCTAD, WTO, WB)
- 39 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries (UNCTAD, WTO, WB)
- 40 Agricultural support estimate for OECD countries as percentage of their GDP (OECD)
- 41 Proportion of ODA provided to help build trade capacity (OECD, WTO)

#### *Debt sustainability*

- 42 Total number of countries that have reached their Heavily Indebted Poor Countries Initiative (HIPC) decision points and number that have reached their HIPC completion points (cumulative) (IMF - World Bank)
- 43 Debt relief committed under HIPC initiative (IMF-World Bank)
- 44 Debt service as a percentage of exports of goods and services (IMF-World Bank)

## Target 16

In cooperation with developing countries, develop and implement strategies for decent and productive work for youth

### *Indicators*

- 45 Unemployment rate of young people aged 15-24 years, each sex and total (ILO)<sup>7</sup>

## Target 17

In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

### *Indicators*

- 46 Proportion of population with access to affordable essential drugs on a sustainable basis (WHO)

## Target 18

In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

### *Indicators*

- 47 Telephone lines and cellular subscribers per 100 population (ITU)
- 48 Personal computers in use per 100 population and Internet users per 100 population (ITU)

## II WHO reproductive health indicators for global monitoring

ICPD and ICPD+5 reproductive health goals and the 17 indicators <sup>8</sup>

**Table: ICPD and ICPD+5 benchmarks and the relevant reproductive health indicator from the interagency's short list which can be used (some as a proxy) to measure progress towards the global target**

<i>Global Indicator</i>	<i>ICPD goal</i>
1. Total fertility rate	While the Programme of Action does not quantify goals for population growth, structure and distribution, it reflects the view that an early stabilisation of world population would make a crucial contribution to realizing the overarching objective of sustainable development <i>ICPD+5 ,21st Special Session, Agenda item 8, §7</i>
2. Contraceptive prevalence	Assist couples and individuals to achieve their reproductive goals and give them the full opportunity to exercise the right to have children by choice <i>ICPD Principle 8, 7.12, 7.14(c), 7.16</i>  Provide universal access to a full range of safe and effective family planning methods, as part of comprehensive sexual and reproductive health care <i>ICPD 7.2, 7.4, 7.6, 7.14 (a)</i>  By 2005, 60 percent of primary health care and family planning facilities should offer the widest achievable range of safe and effective family planning methods <i>ICPD+5 ,21st Special Session, Agenda item 8, §53</i>
3. Maternal Mortality Ratio	Countries should strive to effect significant reductions in maternal morbidity and mortality by the year 2015: a reduction in maternal mortality by one half of the 1990 levels by the year 2000 and a further one half by 2015. Disparities in maternal mortality within and between countries, socio-economic and ethnic groups should be narrowed <i>ICPD 8.21</i>
4. Antenatal care coverage	Expand the provision of maternal health services in the context of primary health care. These services should offer prenatal care and counselling, with special emphasis on detecting and managing high-risk pregnancies <i>ICPD 8.17, 8.22</i>
5 Births attended by skilled health personnel	All births should be attended by trained persons <i>ICPD 8.22</i>  All countries should continue their efforts so that globally, by 2005 at least 80 percent of all births should be assisted by skilled attendants, by 2010, 85 percent, and by 2015, 90 percent <i>ICPD+5 ,21st Special Session, Agenda item 8, §64</i>
6. Availability of basic essential obstetric care	Expand the provision of maternal health services in the context of primary health care. These services should offer adequate delivery assistance and provision for obstetric emergencies <i>ICPD 8.22</i>

7. Availability of comprehensive essential obstetric care  
By 2005, 60 percent of primary health care and family planning facilities should offer, directly or through referral, essential obstetric care  
*ICPD+5 ,21st Special Session, Agenda item 8, §53*
8. Perinatal mortality rate  
Within the framework of primary health care, extend integrated reproductive health care and child health services, including safe motherhood, child survival programmes and family planing services, particularly to the most vulnerable and under-served groups  
*ICPD 8.17*
- 9 Low birth weight prevalence  
To improve the health and nutritional status of women, especially of pregnant women, and of infants and children  
  
Interventions to reduce low birth-weight should include the promotion of maternal nutrition and the promotion of longer intervals between births  
*ICPD 8.15(b), 8.17, 8.20 (b)*
- 10 Positive syphilis serology prevalence in pregnant women  
Prevent and reduce the incidence of, and provide treatment for, sexually transmitted diseases, including HIV/AIDS  
*ICPD 7.29*  
  
By 2005, 60 percent of primary health care and family planning facilities should offer prevention and management of reproductive tract infections, including STDs and barrier methods to prevent infection  
*ICPD+5 ,21st Special Session, Agenda item 8, §53*
- 11 Prevalence of anaemia in women  
Countries should implement special programmes on the nutritional needs of women of childbearing age, and give particular attention to the prevention and management of nutritional anaemia  
*ICPD 8.24*
- 12 Percentage of obstetric and gynaecological admissions owing to abortion  
Women should have access to quality services for the management of complications arising from abortions  
*ICPD 8.25*
- 13 Reported prevalence of women with FGM  
Countries should take steps to eliminate violence against women  
  
Governments should prohibit female genital mutilation/cutting wherever it exists and give vigorous support to efforts among non-governmental organizations and religious institutions to eliminate such practices  
*ICPD 4.4(e), 4.22*
- 14 Prevalence of infertility in women  
Prevent and reduce the incidence of, and provide treatment for, sexually transmitted diseases, including HIV/AIDS, and the complications of sexually transmitted diseases such as infertility, with special attention to girls and women  
*ICPD 7.29*  
  
By 2005, 60 percent of primary health care and family planning facilities should offer prevention and management of reproductive tract infections, including STDs and barrier methods to prevent infection  
*ICPD+5 ,21st Special Session, Agenda item 8, §53*

15 Reported incidence of urethritis in men	Prevent and reduce the incidence of, and provide treatment for, sexually transmitted diseases, including HIV/AIDS <i>ICPD 7.29</i>
	By 2005, 60 percent of primary health care and family planning facilities should offer prevention and management of reproductive tract infections, including STDs and barrier methods to prevent infection <i>ICPD+5 ,21st Special Session, Agenda item 8, §53</i>
16 HIV prevalence in pregnant women	HIV infection rates in persons 15-24 years of age should be reduced by 25 percent in the most affected countries by 2005 and by 25 percent globally by 2010 <i>ICPD+5 ,21st Special Session, Agenda item 8, §70</i>
17 Knowledge of HIV-related prevention practices	By 2005 at least 90 percent of young men and women, aged 15-24, should have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection <i>ICPD+5 ,21st Special Session, Agenda item 8, §70</i>

## Definitions

### 1 *Total fertility rate*

Total number of children a woman would have by the end of her reproductive period if she experienced the currently prevailing age-specific fertility rates throughout her childbearing life.

### 2 *Contraceptive prevalence (any method)*

Percentage of women of reproductive age\* who are using (or whose partner is using) a contraceptive method\*\* at a particular point in time.

\* Women of reproductive age in this indicator refers to all women aged 15–49, who are at risk of pregnancy, i.e. sexually active women who are not infecund, pregnant or amenorrhoeic.

\*\* Contraceptive method includes female and male sterilisation, injectable and oral hormones, intrauterine devices, diaphragms, spermicides and condoms, natural family planning and lactational amenorrhoea where cited as a method.

### 3 *Maternal mortality ratio*

The number of maternal deaths per 100 000 live births.

### 4 *Antenatal care coverage*

Percentage of *women* attended, at least once during pregnancy, by skilled health personnel\* (excluding trained or untrained traditional birth attendants) for reasons relating to pregnancy.

\* Skilled health personnel refers to doctor (specialist or non-specialist), and/or persons with midwifery skills who can manage normal deliveries and diagnose or refer obstetric complications. Both trained and untrained traditional birth attendants are excluded.

### 5 *Births attended by skilled health personnel*

Percentage of *births* attended by skilled health personnel\* (excluding trained or untrained traditional birth attendants).

\* Skilled health personnel refers to doctor (specialist or non-specialist), and/or persons with midwifery skills who can manage normal deliveries and diagnose or refer obstetric complications. Both trained and untrained traditional birth attendants are excluded.

### 6 *Availability of basic essential obstetric care*

Number of facilities with functioning basic essential obstetric care\* per 500 000 population.

\* Basic essential obstetric care should include parenteral antibiotics, oxytocics and sedatives for eclampsia and the manual removal of placenta and retained products.

### **7 *Availability of comprehensive essential obstetric care***

Number of facilities with functioning comprehensive essential obstetric care\* per 500 000 population.

\* Comprehensive essential obstetric care should include basic essential obstetric care plus surgery, anaesthesia and blood transfusion.

### **8 *Perinatal mortality rate***

Number of perinatal deaths\* per 1000 total births.

\* Deaths occurring during late pregnancy (at 22 completed weeks gestation and over), during childbirth and up to seven completed days of life.

### **9 *Low birth weight prevalence***

Percentage of live births that weigh less than 2500 g.

### **10 *Positive syphilis serology prevalence in pregnant women***

Percentage of pregnant women (15–24) attending antenatal clinics, whose blood has been screened for syphilis, with positive serology for syphilis.

### **11 *Prevalence of anaemia in women***

Percentage of women of reproductive age (15–49) screened for haemoglobin levels with levels below 110 g/l for pregnant women and below 120 g/l for non-pregnant women.

### **12 *Percentage of obstetric and gynaecological admissions owing to abortion***

Percentage of all cases admitted to service delivery points providing in-patient obstetric and gynaecological services, which are due to abortion (spontaneous and induced, but excluding planned termination of pregnancy).

### **13 *Reported prevalence of women with FGM***

Percentage of women interviewed in a community survey, reporting to have undergone FGM.

### **14 *Prevalence of infertility in women***

Percentage of women of reproductive age (15–49) at risk of pregnancy (not pregnant, sexually active, non-contracepting and non-lactating) who report trying for a pregnancy for two years or more.

### **15 *Reported incidence of urethritis in men***

Percentage of men (15–49) interviewed in a community survey, reporting at least one episode of urethritis in the last 12 months.

### **16 *HIV prevalence in pregnant women***

Percentage of pregnant women (15–24) attending antenatal clinics, whose blood has been screened for HIV, who are sero-positive for HIV.

### **17 *Knowledge of HIV-related prevention practices***

The percentage of all respondents who correctly identify all three major ways of preventing the sexual transmission of HIV and who reject three major misconceptions about HIV transmission or prevention.

## **III International Conference on Population and Development (ICPD) Programme of Action (PoA) 20-year goals <sup>9</sup>**

### **1 Universal Education**

"Beyond the achievement of the goal of universal primary education in all countries before the year 2015, all countries are urged to ensure the widest and earliest possible access by girls and women to secondary and higher levels of education, as well as to vocational education and technical training, bearing in mind the need to improve the quality and relevance of that education." [para. 4.18]

## 2 Reduction of Infant and Child Mortality

"... Countries should strive to reduce their infant and under-five mortality rates by one third, or to 50 and 70 per 1,000 live births, respectively, whichever is less, by the year 2000, with appropriate adaptation to the particular situation of each country. By 2005, countries with intermediate mortality levels should aim to achieve an infant mortality rate below 50 deaths per 1,000 live births and an under-five mortality rate below 60 deaths per 1,000 live births. By 2015, all countries should aim to achieve an infant mortality rate below 35 per 1,000 live births and an under-five mortality rate below 45 per 1,000. Countries that achieve these levels earlier should strive to lower them further." [para. 8.16]

## 3 Reduction of Maternal Mortality

"Countries should strive to effect significant reductions in maternal mortality by the year 2015: a reduction in maternal mortality by one half of the 1990 levels by the year 2000 and a further one half by 2015. The realization of these goals will have different implications for countries with different 1990 levels of maternal mortality. Countries with intermediate levels of mortality should aim to achieve by the year 2005 a maternal mortality rate below 100 per 100,000 live births and by the year 2015 a maternal mortality rate below 60 per 100,000 live births. Countries with the highest levels of maternal mortality should aim to achieve by 2005 a maternal mortality rate below 125 per 100,000 live births and by 2015 a maternal mortality rate below 75 per 100,000 live births. However, all countries should reduce maternal morbidity and mortality to levels where they no longer constitute a public health problem. Disparities in maternal mortality within countries and between geographical regions, socio-economic and ethnic groups should be narrowed." [para. 8.21]

## 4 Access to Reproductive and Sexual Health Services Including Family Planning

"All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015. Reproductive health care in the context of primary health care should, inter alia, include: family-planning counselling, information, education, communication and services; education and services for pre-natal care, safe delivery and post-natal care; prevention and appropriate treatment of infertility; abortion as specified in paragraph 8.25, including prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections; sexually transmitted diseases and other reproductive health conditions; and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood. Referral for family-planning services and further diagnosis and treatment for complications of pregnancy, delivery and abortion, infertility, reproductive tract infections, breast cancer and cancers of the reproductive system, sexually transmitted diseases, including HIV/AIDS should always be available, as required. Active discouragement of harmful practices, such as female genital mutilation, should also be an integral component of primary health care, including reproductive health-care programmes." [para. 7.6]

The United Nations Population Fund (UNFPA) and WHO are both committed to the achievement of the ICPD goal that "All countries should strive to make accessible through the primary health care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015". At a WHO/UNFPA technical consultation, held in December 2003 it was agreed that the following indicators be used to achieve this goal: <sup>10</sup>

- percentage of births attended by skilled health personnel;
- contraceptive prevalence;
- knowledge of HIV-related prevention practices; and
- percentage of men aged 15-49 reporting receipt of treatment for urethral discharge.

## Key Actions for the Further Implementation of the Programme of Action of the ICPD — ICPD+5 <sup>11</sup>

In 1999, the UN General Assembly convened a special session to review progress towards meeting the ICPD goals. After reviewing the topics highlighted in the ICPD PoA, the special session (known as ICPD+5) agreed on a new set of benchmarks in four areas:

## 1 Education and literacy

"Governments and civil society, with the assistance of the international community, should, as quickly as possible, and in any case before 2015, meet the Conference's goal of achieving universal access to primary education; eliminate the gender gap in primary and secondary education by 2005; and strive to ensure that by 2010 the net primary school enrolment ratio for children of both sexes will be at least 90 per cent, compared with an estimated 85 per cent in 2000." [para. 34]

"Governments, in particular of developing countries, with the assistance of the international community, should: ... Reduce the rate of illiteracy of women and men, at least halving it for women and girls by 2005, compared with the rate in 1990." [para. 35 (c)]

## 2 Reproductive health care and unmet need for contraception

"... Governments should strive to ensure that by 2015 all primary healthcare and family planning facilities are able to provide, directly or through referral, the widest achievable range of safe and effective family planning and contraceptive methods; essential obstetric care; prevention and management of reproductive tract infections, including sexually transmitted diseases, and barrier methods (such as male and female condoms and microbicides if available) to prevent infection. By 2005, 60 per cent of such facilities should be able to offer this range of services, and by 2010, 80 per cent of them should be able to offer such services." [para. 53]

"Where there is a gap between contraceptive use and the proportion of individuals expressing a desire to space or limit their families, countries should attempt to close this gap by at least 50 per cent by 2005, 75 per cent by 2010 and 100 per cent by 2050. In attempting to reach this benchmark, demographic goals, while legitimately the subject of government development strategies, should not be imposed on family planning providers in the form of targets or quotas for the recruitment of clients." [para. 58]

## 3 Maternal mortality reduction

"By 2005, where the maternal mortality rate is very high, at least 40 per cent of all births should be assisted by skilled attendants; by 2010 this figure should be at least 50 per cent and by 2015, at least 60 per cent. All countries should continue their efforts so that globally, by 2005, 80 per cent of all births should be assisted by skilled attendants, by 2010, 85 per cent, and by 2015, 90 per cent." [para. 64]

## 4 HIV/AIDS

"Governments, with assistance from UNAIDS and donors, should, by 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up. Governments should use, as a benchmark indicator, HIV infection rates in persons 15 to 24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 per cent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 per cent." [para. 70]

## Notes

- 1 United Nations Millennium Development Goals (MDGs). Available at <http://www.un.org/millenniumgoals/>.
- 2 For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.
- 3 An alternative indicator under development is "primary completion rate".
- 4 Among contraceptive methods, only condoms are effective in preventing HIV transmission. Since the condom use rate is only measured amongst women in union, it is supplemented by an indicator on condom use in high-risk situations (indicator 19a) and an indicator on HIV/AIDS knowledge (indicator 19b). Indicator 19c (contraceptive prevalence rate) is also useful in tracking progress in other health, gender and poverty goals.
- 5 This indicator is defined as the percentage of population aged 15-24 who correctly identify the two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy-looking person can transmit HIV. However, since there are currently not a sufficient number of surveys to be able to calculate the indicator as defined above, UNICEF, in collaboration with UNAIDS and WHO, produced two proxy indicators that represent two components of the actual indicator. They are the following: (a) percentage of women and men 15-24 who know that a person can protect herself from HIV infection by "consistent use of condom"; (b) percentage of women and men 15-24 who know a healthy-looking person can transmit HIV.

- 6 Prevention to be measured by the percentage of children under 5 sleeping under insecticide-treated bednets; treatment to be measured by percentage of children under 5 who are appropriately treated.
- 7 An improved measure of the target for future years is under development by the International Labour Organization (ILO).
- 8 World Health Organization. Reproductive health indicators for global monitoring. Report of the second interagency meeting. Geneva: 2001. WHO/RHR/0.1.19. Available at [http://www.who.int/reproductive-health/pages\\_resources/listing\\_global\\_mtg.en.html](http://www.who.int/reproductive-health/pages_resources/listing_global_mtg.en.html).
- 9 Programme of Action of the International Conference on Population and Development; Cairo, 1994. A/CONF.171/13. Available at <http://www.unfpa.org/icpd/docs/>.
- 10 World Health Organization. Measuring Access to Reproductive Health Services: Summary Report of a WHO/UNFPA Technical Consultation 2–3 December 2003. Geneva: 2004. WHO/RHR/04.07. Available at [http://www.who.int/reproductive-health/pages\\_resources/listing\\_global\\_mtg.en.html](http://www.who.int/reproductive-health/pages_resources/listing_global_mtg.en.html).
- 11 United Nations General Assembly. ICPD+5: Key Actions for the Further Implementation of the ICPD Programme of Action. New York: 1999. A/RES/S-21/2. Available at <http://www.unfpa.org/icpd/docs/>.

**HURIDOCS**

HUMAN RIGHTS INFORMATION AND DOCUMENTATION SYSTEMS, INTERNATIONAL

**Commat**  
commonwealth medical trust

 **AAAS**

ADVANCING SCIENCE, SERVING SOCIETY