



INAUGURAL PRE-CHMM CIVIL SOCIETY DEBATE

The health MDGs by 2015: possible or impossible for Commonwealth countries

hosted by the Commonwealth Health Professions Alliance

On Saturday 15 May, the Commonwealth Health Professions Alliance hosted an inaugural pre-Commonwealth Health Ministers' meeting civil society debate on the theme for the Commonwealth Health Ministers' meeting: *The Commonwealth and the health MDGs by 2015*. The Millennium Development Goals (MDGs) are a set of comprehensive and specific development goals. There are eight time limited goals which provide concrete numerical benchmarks for addressing extreme poverty and improving health. Adopted by world leaders in 2000, the MDGs are set to be achieved by 2015. The health MDGs are Goals 4, 5 and 6.

The MDGs provide a framework for the entire international community to work together toward a common goal - making sure that human development reaches everyone, everywhere. The eight goals are to:

1. Eradicate extreme poverty and hunger,
2. Achieve universal primary education,
3. Promote gender equality and empower women,
4. Reduce child mortality,
5. Improve maternal health,
6. Combat HIV and AIDS, malaria and other diseases,
7. Ensure environmental stability, and
8. Develop a global partnership for development.

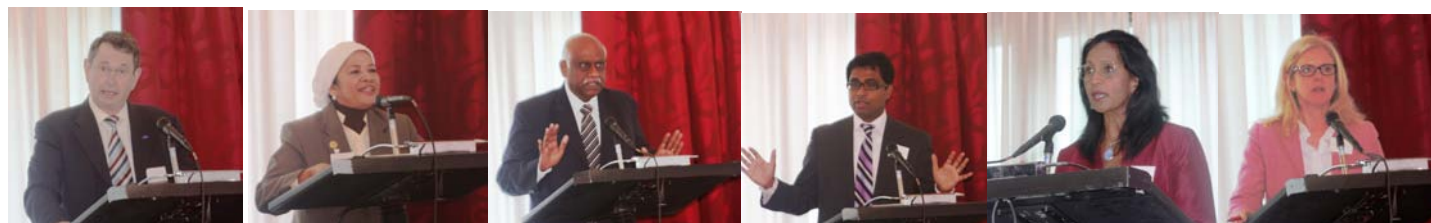


Dr Mark Collins, Director of the Commonwealth Foundation led the 'possible' team with Dr Danny Sriskandarajah, Director of the Royal Commonwealth Society leading the 'impossible' team. Other 'possible' team members were: Ms Ramziah Binti Ahmad, President of the Malaysian Nurses Association and Commonwealth Nurses Federation Board Member for the Pacific Region; and Dr Sundaram Arulhraj, President of the Commonwealth Medical Association. Other members of the 'impossible' team were: Dr Bhupinder Sandhu, President of the Commonwealth Association for Paediatric Gastroenterology and Nutrition; and Ms Janet Davies, Director of Nursing and Health Services, Royal College of Nursing United Kingdom. The debate was chaired by Ms Jill Iliffe, Executive Secretary Commonwealth Nurses Federation. The Commonwealth Foundation provided funding support for the debate.

The 'possible' team argued that for Commonwealth countries to fail to achieve the health MDGs would be a betrayal of trust and hope. They outlined the milestones that had already been met by many countries in reducing child mortality and combating HIV and AIDS, malaria and tuberculosis. They shared recent research which demonstrated that maternal mortality was also decreasing gradually. They maintained that:

- the MDGs can be achieved if the international community makes resources available in line with the 0.7% of GDP agreed under the Monterrey Consensus,
- donor money alone is not going to solve the problem and that development assistance must be a partnership and, as the Paris Declaration on Aid Effectiveness says, recipient countries must themselves strive harder for economic growth and good governance, and
- civil society and professional networks must keep up the unrelenting pressure for success - people power can make the MDGs happen.

The 'impossible' team suggested a reality check and that despite some progress the chances that the health MDGs will be achieved by 2015 are extremely unlikely. They demonstrated for example, that on the current trajectory, the MDG target for the reduction of maternal mortality would not be met until 2045. They pointed out the significant gaps in donor aid and in-country investment in health and argued that the evidence from the past ten years did not, unfortunately, bode well for a dramatic change in the next five years to 2015. The 'impossible' team also argued that the Commonwealth countries have even more of a challenge in meeting the health MDGs among their membership than other parts of the world and that the Commonwealth itself has not played the leadership role it could in this area, with an under investment in Commonwealth institutions, and a virtual absence from the international development stage.



Mark Collins

Ramziah bt Ahmad

Sundaram Arulraj

Danny Sriskandarajah

Bhupinder Sandhu

Janet Davies

MDG 4: Reduce child mortality

'Possible'	'Impossible'
Funding for maternal, newborn and child health from donor countries increased by almost 100 percent between 2003 and 2007 to US\$4 billion a year. Overall, development aid to developing countries has increased from US\$52.7 billion in 1990 to US\$119.8 billion in 2008.	<i>Funding for maternal, newborn and child health from donor countries increased between 2003 and 2007 to US\$4 billion a year; however the funding gap to achieve the health MDGs will be about US\$ 20 billion each year between 2011 and 2015. If this gap were met it would mean the lives of 1 million women, 4.5 million newborns and 6.5 million children aged 1 month to five years could be saved.</i>
In 135 countries, the infant mortality rate has declined to less than 40 per 1,000 live births and is on track to reach the two thirds reduction required for the MDGs.	<i>Despite the fact that in 135 countries infant mortality rates are less than 40 per 1,000 live births and are on track to reach the two thirds reduction required for the MDGs, 39 countries have made insufficient progress and 18 countries have made no progress or have worsening rates of child mortality.</i>
The percentage of underweight children under the age of five years dropped from 25% in 1990 to 16% in 2010. The number of children immunised against measles rose to 83% in 2008, up from 73% in 1990.	<i>Nearly 9 million children died in 2008 from preventable illnesses before their 5th birthday, more than two thirds in their first year of life.</i>
Deaths of children under the age of five years in 2008 were estimated at 65 per 1,000 live births which is a 27% reduction from 90 per 1,000 live births in 1990 (WHO World Health Statistics Report 2010)	<i>While there was a reduction in the deaths of children under the age of five years of 27% between 1990 and 2008 it falls well short of the MDG target of a 67% reduction by 2015 (WHO World Health Statistics 2010).</i>

MDG 5: Improve maternal health

'Possible'	'Impossible'
The proportion of births attended by a skilled health worker increased globally from 58% in 1990 to 64% in 2007.	<i>Fewer than 50% of births in Africa and South Asia are attended by a skilled health worker; 82% of all maternal, newborn and child deaths occur in Africa and South Asia.</i>
New research conducted by the Institute for Health Metrics and Evaluation at the University of Washington in Seattle, USA shows that globally, the number of maternal deaths dropped 35%, from more than 500,000 a year in 1980 to 343,000 a year in 2008; from 422 deaths per 100,000 women in 1980 to 251 deaths per 100,000 women in 2008.	<i>One woman dies every minute from pregnancy or childbirth complications; that is half a million women every year with 99% of those deaths in developing countries. The risk of death is highest in the WHO African Region, where there were 900 maternal deaths per 100 000 live births; compared with only 27 per 100 000 in the WHO European Region. For every woman who dies, twenty more develop infections or other severe disabling problems, adding up to more than ten million women affected each year.</i>
The number of births to women 15-19 years of age declined from 61% in 1990 to 48.7% in 2006.	<i>Maternal death was the leading cause of death for girls aged 15-19 years in developing countries (WHO World Health Statistics 2010).</i>
The proportion of women in developing countries who report using contraception increased to 62% in 2000 from 50% in 1990 (WHO World Health Statistics Report 2010).	<i>Globally the decline in maternal mortality was 1.3% per annum instead of the 5.5% per annum required to achieve the MDG. The chance of suffering a maternal death is 1:6 in Sierra Leone compared with 1:3,800 in the United Kingdom. Between 2000 and 2008 fewer than half of all pregnant women made the WHO recommended minimum of four antenatal visits.</i>



'Impossible' Team: Danny Sriskandarajah, Bhupinder Sandhu, Janet Davies



'Possible' Team: Sundaram Arulraj, Ramziah bt Ahmad, Mark Collins

MDG 6: Combat HIV and AIDS, malaria and other diseases

'Possible' HIV and AIDS	'Impossible' HIV and AIDS
The number of people newly infected with HIV declined from 3 million in 2001 to 2.7 million in 2007. Between 2001 and 2008, new HIV infections declined by 16% globally.	<i>While the Commonwealth comprises of over 30% of the world's population it contains over 60% of people living with HIV and AIDS.</i>
With the expansion of antiretroviral treatment (ART), the number of people who die from AIDS has declined, from 2.2 million in 2005 to 2.0 million in 2007. By the end of 2008 more than 4 million people in low and middle income countries were receiving ART.	<i>Over 5 million people living with AIDS who need treatment go without it. Only 42% of those in need were on treatment in 2008. Nearly 80% of the 4 million people on treatment live in Africa.</i>
The number of people living with HIV rose from an estimated 29.5 million in 2001 to 33 million in 2007 which is a positive outcome because newly infected people survive longer.	<i>In forty one of the fifty three Commonwealth countries, criminal laws that discriminate against people on the basis of their sexual orientation remain in place.</i>
'Possible' Malaria	'Impossible' Malaria
Overall funding for malaria control increased from US\$0.3 billion in 2003 to US\$1.7 billion in 2009.	<i>Total funding for malaria control in 2009 was only US\$1.7 billion far short of the US\$5.3 billion required.</i>
The number of countries receiving external assistance for malaria control increased from 29 in 2000 to 76 in 2007 and the number of agencies providing funding increased from 14 in 2000 to 22 in 2007.	<i>Only 31% of African households own at least one ITN (insecticide treated net). Only 24% of children under the age of 5 years used an ITN in 2008; the World Health Assembly target was 80%.</i>
The number of people protected by indoor residual spraying increased between 2006 and 2008 from 19 million to 59 million.	<i>While the number of people protected by indoor residual spraying more than doubled between 2006 and 2008 from 19 million to 59 million this represented only 9% of the at risk population in Africa.</i>

More than one third of the 108 malaria endemic countries documented reductions in malaria cases between 2000 and 2008 of greater than 50% (WHO World Malaria Report 2009).	<i>Fewer than 15% of children under 5 years of age with fever received an ACT in 2008 (artemisinin based combination therapy); the World Health Assembly target was 80%. Only 20% of pregnant women in Africa received intermittent preventative treatment against malaria (WHO World Malaria Report 2009).</i>
'Possible' Tuberculosis	'Impossible' Tuberculosis
Between 1995 and 2008, the implementation of the Stop TB strategy has averted the deaths of at least 2 million people but possibly as many as 6 million people. Funding for TB control measures is expected to reach US\$4.1 billion by 2010.	<i>Despite the increased funding for tuberculosis control measures, there are still major funding gaps with an anticipated gap of US\$2.1 billion in 2010. Only 22% of TB patients knew their HIV status in 2008 which indicates that the target of 85% of TB patients knowing their HIV status by 2010 is unlikely to be met.</i>
Globally, incidence rates appear to have peaked at 143 cases per 100,000 population in 2004 and have been falling since then. Prevalence rates are also falling globally.	<i>Globally, the TB incidence rate has only fallen from 143 per 100,000 persons in 2004 to 139 per 100,000 persons in 2008; in four years only 4 persons per 100,000 population.</i>
Globally, the rate of treatment success for new cases treated in the 2007 cohort was 86%, the first time that the treatment success rate has exceeded the global target of 85% set by the World Health Assembly in 1991 (WHO World TB Report 2009).	<i>The number of notified cases of TB in 2008 was estimated to be 61% which is 10% less than the Stop TB Global Plan target of 71%. Of the 22 high burden countries, 10 are Commonwealth countries; 7 in Africa and 3 in South Asia (WHO TB Control Report 2009).</i>



The 'possible' team maintained there was reason for optimism. The urgency of meeting the MDGs by 2015 has generated a paradigm shift, internationally and within Commonwealth countries, which is demonstrated by the recent substantial increase in donor aid and the high level meetings of world leaders scheduled for later this year. The MDGs must, can and will be met.

The 'impossible' team acknowledged that pursuit of the MDGs is critical and that there has been some progress, however the extent of the progress required makes achievement virtually impossible by 2015. Should we be optimistic or pessimistic the 'impossible' team asked and argued that it would be more strategic to be pessimistic because being so would avoid complacency and fuel the urgency that is needed if the goals of 2015 are to be met.

The audience was asked to vote on the outcome of the debate and votes were counted by a show of hands. The persuasiveness of the speakers and of the arguments both possible and impossible resulted in a tied vote.

A number of other issues were raised in the discussion following the debate.

- * A primary health care approach is essential, and vulnerable groups, particularly pregnant women and infants under five years of age, must have access to free health care and essential medicines (WHO 2010).
- * The collection of accurate, timely and comparable data across countries must be a critical priority.
- * Communities must have access to free and safe essential medicines.
- * Indirect costs need to be addressed such as the trade in and health and social consequences of illicit drug use; the cost to the health system of the consequences of illicit drug use; and diversion of funds from health to enforcement and combating crime.
- * There are health worker shortages in 57 countries. More than 4 million health workers are needed to bridge the gap with 1.5 million health workers needed just in Africa. The financial cost to bridge the health worker gap is substantial. It will take an additional US\$2.6 billion a year between 2008 and 2015 to educate and train the 1.5 million health workers needed for Africa alone.

The debate was considered to be a great success. The Commonwealth Health Professions Alliance plans to conduct similar debates at future Commonwealth Health Ministers' meetings linked to the CHMM theme.

The CHPA is an alliance of Commonwealth accredited health professional associations representing community health workers, dentists, doctors, nurses and pharmacists. To contact the CHPA: CHPA@commonwealthnurses.org.