



The Millennium Development Goals (MDGs) and Health

Health is a Human Right under international law, yet all governments have failed to fulfil their obligations regarding this right. In Africa millions of people lack the most basic healthcare. The MDGs can contribute to strengthening the health services that underlie universal access to health and the fulfilment of this Right.

In September 2000, 189 governments of the world adopted the UN Millennium Declaration. Its aim is that countries and development partners will work together to reduce poverty and hunger and tackle ill-health, gender inequality, lack of education, lack of access to clean water and environmental degradation. Eight Millennium Development Goals (MDGs) were established and targets were set for 2015.

Whilst only three goals relate directly to health (to reduce child mortality, improve maternal health and combat HIV and AIDS, malaria and other diseases) health is central to achieving all eight goals, especially those relating to eradicating extreme poverty and hunger and promoting gender equality. Despite this, progress towards meeting the health-related MDGs remains the slowest. Yet, the top priority must be to look after the mothers and children, because only if children reach 5 years of age will they need schools. All the MDGs are linked and the delay in the advance on Health will affect other MDGs.

Though substantial progress has been made globally in achieving the MDGs, Africa as a whole is lagging behind on each Goal, despite the rise in the rate of economic growth in recent years and a great effort to improve the macro-economy. Yet the MDGs are very important in Africa where most of the vulnerable countries are found, but which currently receives very little aid. Investments in basic health-care systems remain insufficient. Most African countries remain off track in achieving health-related targets by 2015, on reducing child mortality, improving maternal health and combating infectious diseases. This means that numerous women will still die while giving birth. Part of the problem is that in most African countries the basic health infrastructure, human resources, equipment and supplies are inadequate to provide essential maternal, child and reproductive health services and to control and treat infectious diseases. Malaria and other infectious diseases that can be controlled and treated continue to take millions of lives throughout the continent and are spreading due to rising temperatures caused by climate change. Progress in child mortality in Africa has reached 50% of the total aim, yet still 9 million children under 5 die every year in

the world. The situation is very different regarding maternal mortality where only 9% of the goal has been met. This means that 91% of the goal has not been met yet. It is sad that of all of the MDG 5 - reducing maternal mortality is the slowest goal to be attained.

The countries making the least progress are those affected by high levels of HIV/AIDS, economic hardship or conflict. The lack of access to health services remains a key illustration of the social and economic inequities within and between countries. Progress towards achieving gender equality and environmental sustainability also remains inadequate. The MDGs need to be kept at the forefront of the global agenda to reduce the likelihood of slower increases or even reductions in the availability of finance for development on the continent.

The rise in food prices is putting great pressure on African economies and is threatening the progress in fighting hunger and malnutrition. The economic and social crises that Africa is suffering add to the challenge. However, the current crisis offers a window of opportunity to increase needed expenditures in agriculture and to remove obstacles to an open trading system in agricultural commodities to the benefit of African countries.

There is significant disparity in attaining the MDGs at the level of the countries, where the most vulnerable are furthest away from reaching the MDGs, and at the level of gender, where women have less access to health services. In Africa 75% of those infected by HIV between 16 and 24 years of age are women.

The MDGs and the strengthening of the national health systems

The fulfilment of the right to health and the health MDGs require sustainable funding to develop strong and sustainable health systems. But this is not enough! The MDGs must ensure that all developing countries have access to health care, and are able to strengthen its national health systems. For that to be achieved donor and receiving governments, civil society, global fund and non-profit organizations must work towards the delivery of health services. To achieve this, sound public policies, investments and aid, are central. Yet it is the receiving countries that decide on the policies and that need to be careful to accept or to refuse certain aid. The strengthening of health systems is essential in addressing MDG-5 (improving maternal health). Countries have to be attentive to the fact that aid is directed to strengthen the bases of health systems and to support the universal coverage of health systems. African countries need to discern which kind of aid benefits their national health systems and their population.

The Global Fund to Fight AIDS, TB and Malaria ('the Global Fund') has mobilized billions of dollars and produced remarkable results across Africa. Many organizations direct their aid to a limited number of diseases, and this weakens the national health systems by fragmenting them. The extreme case is Rwanda where 82% of the cooperation budget received focuses on three diseases, and only 1% of the cooperation budget is directed to the rest of the health system. The 600 donors, while believing to be helpful, are contributing to the fragmentation of the health system. The way aid is given has a great influence on whether or not the MDGs will be achieved. In Zambia, the EU directs its health aid to sector budget support, to strengthen the health system and human resources; this results in about 18.000 children's lives being saved every year.

Another factor that weakens the public health service is the presence of donor or service provider organizations working on their own, outside the system. In addition, the bad and difficult working conditions favour the brain-drain, and the export of health professionals weakens the national health services.

Privatisation is the other danger threatening the national health systems. The World Bank and many other donors and international bodies are pushing the privatisation of the health systems, presenting them as the salvation for health care on the continent. The reality is very different; the privatisation of hospitals and health centres is taking away the human resources from the public health system (professionals, doctors, nurses, health workers in general), thus weakening it. Without being aware of it, some NGOs act as "intermediaries" between the public and the private sector. The ministry of health accepts them as non-profit organizations, but when they leave, the services pass in most cases to the private sector, without their being conscious of the slip that has taken place from public to private.

Access to medicines and funding the health systems

Access to medicines is a pillar of any health system. One third of the overall health bill in Africa, public and private, goes on medicines which are more than 4 times the price of medicines in rich countries. If access to affordable medicines of quality is not improved, the national health systems will not be strengthened as they will have to allocate much of their resources to medicines.

The work of AEFJN towards "access to quality medicines" - trying to improve the quality and to make them affordable to ordinary people and health systems in Africa - contributes to strengthening the health systems.

One of the solutions being discussed for funding health systems in low-income countries could be a tax for health and development. One possibility is a Financial Transaction Tax (FTT) that would fund health systems. This tax would cost very little to those doing the currency transaction and would have a lot of benefit for those at the receiving end. The Tobin Tax and the Robin Hood Tax are an example. The UN proposal of a voluntary tax for air transport is not a real solution, as it will be addressed to a few sicknesses.

Begoña Iñarra