

RIGHTING HEALTH: A call for UK action to improve health in developing countries

“Improving the health and longevity of the poor is an end in itself, a fundamental goal of economic development. But it is also a means to achieving the other development goals relating to poverty reduction.”¹

The UK has demonstrated consistent leadership on international development and global health. In 2010, with just five years left to meet the Millennium Development Goals (MDGs), urgent action is still needed.

National health care provision will be a major issue in the UK general election. It is also a critical global problem: inadequate access to healthcare means that almost half a million women every year die of preventable pregnancy-related illnesses. In the joint NGO Vote Global Manifesto², health is highlighted as a key human right for everyone and a public service that UK aid needs to support.

Action for Global Health³, in collaboration with the health and development NGOs listed below, calls on the next UK Government to take action to fulfil long-held UK commitments and ensure the health MDGs can be met.

Endorsed By:



1 Commission on Macroeconomics and Health; WHO; 2001.

2 http://www.bond.org.uk/data/files/bond_manifesto.pdf

3 Action for Global Health is a network of European NGOs based in Brussels, France, Germany, Italy Spain, and the UK advocating for greater progress towards the achievement of the health Millennium Development Goals, by ensuring full funding for health in developing countries is available; strong systems are in place to support the delivery of health care; and that fair access to health care means everyone that needs access to health services can access them.



The health MDGs: Signs of success, but still a long way to go

The primary health MDG targets are:

- MDG4: Reduce child mortality by two-thirds by 2015
- MDG5: (a) reduce by three-quarters the maternal mortality ratio and (b) achieve universal access to reproductive health
- MDG6: (a) have halted by 2015 and begun to reverse the spread of HIV/AIDS; (b) achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it; and (c) have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Some progress has been made, but there is still a long way to go to meet these targets:

- The number of infant deaths has declined steadily since 1990, but in 2007 there were still almost 9 million children who died before their 5th birthday – many of these deaths were preventable.
- Progress in improving maternal health is most off-track - in 2005 there were 450 maternal deaths per 100,000 live births in developing countries, equivalent to one woman every minute. This compares to just 9 deaths per 100,000 live births in the developed world and represents a reduction of just 30 deaths per 100,000 live births since 1990.
- Good progress has been seen in reaching MDG6, with the number of people newly infected with HIV now in decline, and almost 4 million people receiving anti-retroviral treatment (ARVs) in 2008. Despite this progress there are still 33 million people living with HIV and less than half of those who need ARVs have access to them.
- Malaria kills approximately 1 million people a year, disproportionately affecting children under 5 and pregnant women. Although 24% of children under 5 are now using a mosquito net, this is still far below the global target of 80%. In addition less than 15% of children who are sick with fever receive effective anti-malarial medicine.
- 2.3 million people were cured of TB in 2008, yet in the same year millions of patients were unable to access suitable diagnosis and care and 1.8 million people died of TB despite it being a curable disease. The 2009 Global TB Control report also revealed that 1 in 4 TB deaths is HIV related, twice as many as previously recognised.

The targets are inseparable:

- Access to clean water and sanitation can reduce child deaths from pneumonia and diarrhoea, leading causes of child mortality which account for 3.5 million child deaths a year.
- Malaria, another leading cause of child mortality in Africa accounting for 20% of all childhood deaths, is four times more likely to strike pregnant women than other adults and has life-threatening implications for both mother and child.
- Children who lose their mothers after childbirth are up to ten times more likely to die before their second birthday than children whose mothers are alive. Provision of HIV/AIDS prevention and treatment services for pregnant women not only reduces the risk of complications in pregnancy, but also creates opportunities to increase the provision of antenatal care and other critical sexual and reproductive health services.
- TB is the leading killer of people with HIV. People who are HIV Positive and infected with TB are up to 50 times more likely to develop active TB in their lifetime than people who are HIV Negative. Half a million people with HIV died of TB in 2008, many of them because they did not have access to ART.
- Neglected tropical diseases, which result in approximately 57 million disability-adjusted life years (DALYs) annually, increase susceptibility to HIV, TB and malaria, making action to control NTDs a powerful tool in reaching the health MDGs.

Achieving further progress on the health MDGs will require the underlying shortfalls of weak health systems to be addressed – this means taking urgent action to increase the provision of primary care and prevention services, and addressing the weaknesses in health service delivery caused by huge shortages of human resources, drug stock-outs and inadequate funding.

Delivering a comprehensive response to the health MDGs:

The right to health should underpin the UK's response to health in developing countries and the health MDGs present an important stepping stone towards realising this right. But ***success in meeting the health MDGs, and realising the right to health, will only be achieved if the MDGs are addressed in a comprehensive way, building strong systems for primary health care and addressing the social determinants of health through intersectoral action.*** The World Health Organisation's call in 2009 to reaffirm the Alma Ata Declaration on primary health care highlighted the urgent need for a comprehensive response to the health needs of people in low and middle-income countries.

The UK Government and all political parties must urgently recognise that the achievement of the health MDGs requires resources for BOTH disease-specific problems and health systems strengthening. Evidence from the TB response has shown that a drastic shift from one approach to the other can result in longer-term problems. It is critical therefore to ensure continued attention for priority diseases AND for building the strong foundations that make progress possible.



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ACHIEVING THE HEALTH MDGs – A CALL TO ACTION FOR 2010:

2010 represents a critical year for demonstrating commitment to achieving the health MDGs. As the aftermath of the financial crisis begins to be clearly seen, the UN will be hosting its MDG Review Summit to agree how to ensure the MDGs, including the health MDGs, are to be met by the target date of 2015. **Health activists in the UK call on the next UK Government to commit to the following actions for 2010:**

Ensure Universal Access to Health Care

We ask the next UK Government to strongly support the World Health Organisation's 2009 call for a reaffirmation of the Alma Ata Declaration on primary health care and to take the following actions:

- 1) Develop a clear action plan to support the acceleration of action towards universal access to primary health care which puts people at the centre of health care and develops comprehensive health services.
- 2) Clearly state the actions it will take to ensure the two additional MDG targets – to achieve universal access to HIV prevention, treatment, care and support by 2010 and universal access to reproductive health by 2015 – are met.
- 3) Establish the Centre for Progressive Finance to ensure at least six developing countries (Sierra Leone, Liberia, Nepal, Malawi, Burundi and Ghana) are properly funded and provided with technical support to remove public sector user fees.

Build Strong Systems that Deliver Good Quality Healthcare

We ask the next UK Government to support health system strengthening in developing countries and to take the following actions:

- 1) Urgently demonstrate how the £6 billion allocated for health systems strengthening by DFID in 2008 is being disbursed.
- 2) Support the production and implementation of fully costed health worker plans and address fiscal constraints and donor policies that prevent developing countries from investing in their workforce.
- 3) Support the expansion of the international patent pool for life-saving drugs and develop a clear plan to support non-profit based innovation and distribution models for life saving medicine.

Allocate More and Better Aid for Health

Despite dramatic increases in the amount of aid for health in developing countries in the last decade from the UK Government and other donors a large funding gap remains: recent estimates show that by 2015 an additional US\$36-45 billion will be needed annually to meet the health MDGs and strengthen health systems⁴. To play its part in both meeting this shortfall and ensuring existing ODA is used as effectively as possible, the next UK Government needs to:

- 1) Ensure the UK remains on track to reach its commitment to spend 0.7% of GDP on overseas development aid by 2013, and enshrine this commitment in law.
- 2) Support the development and expansion of innovative financing mechanisms, including immediately implementing a currency transaction levy for health as proof of concept for a broader financial transaction tax.
- 3) Demonstrate its continued commitment to the Global Fund to Fight AIDS, TB and Malaria by showing leadership in the Global Fund replenishment process.
- 4) Continue to support the International Health Partnership and Related Initiatives (IHP+) and take more concrete actions to ensure the IHP country compacts are fully funded and deliver concrete improvements in access to health care for those in greatest need.