

Labour Fringe – Financing the Health MDGs

Summary

International development organisations have urged the UK Government to take action in order to achieve the millennium development goals.

The following people attended a Labour Party fringe entitled 'Financing the Health MDGs', organised by the European Alliance Against Malaria, Action for Global Health and Results:

Dr Sylvia Meek - Malaria Consortium
Javier Hourcade Bellocq - Global Fund Board Member
Frazer Goodwin - Action for Global Health
Dr Mercy Ahun - GAVI Alliance

Opening the exchanges, Dr Mercy Ahun explained that GAVI Alliance had been established in 1999, explaining that it was focusing on millennium development goals (MDGs) numbers four and five.

It was supported by 18 donor governments and the UK was leading on GAVI, she further explained. It was important for donors to shift towards multi-year commitments, Dr Ahun said.

She explained that GAVI targets focused on the poorest countries. Work focused on a range of areas including immunisation services support, new and underused vaccines support, injection safety support, health system strengthening and civil society organisation support, Dr Ahun stated.

Immunisation rates for diphtheria, tetanus and pertussis (DTP) in GAVI countries had increased from 63 per cent. in 1999 to 77 per cent. in 2006, she highlighted.

Dr Ahun also explained that GAVI aid flows were aligned with national priorities and that financial sustainability was very important for GAVI.

She explained that certain vaccines were very expensive, though GAVI offered to them to countries at a lower rate of cost in order to encourage developing countries to contribute.

Dr Ahun summarised that GAVI was working towards achieving millennium development goals four and five through immunisation.

Frazer Goodwin explained that the three health MDGs focused on infant mortality, maternal mortality and infectious diseases.

The millennium development goals were 'off-track' in parts of the world, he pointed out, emphasising one in 50 women died in childbirth in Sierra Leone.

It was a scandal that this was allowed to continue, he maintained, highlighting the need for political will in order to implement the essential policies to stop it.

Referring to the role of the EU, Mr Goodwin explained that the Union was very significant in development assistance since it provided more than half of overseas aid.

He emphasised the importance of the UK achieving its pledge to increase overseas aid to 0.7 per cent. of GDP.

Moreover, he highlighted the important role of the European Commission in distributing aid, suggesting that MEPs and national governments should be lobbied to provide more money.

The idea of contracting MDGs had great potential, he also asserted. However, he noted that a lot of European Commission aid for health had been reduced in some respects since it had been bundled into 'investing in people'.

Mr Goodwin said that he would like to see European countries spending a lot more money on overseas aid for health.

He pointed out that there was a gap in funding between the recommendations of the Commission on Macroeconomics and Health and the actual spending on health. There needed to be an extra \$27 billion per year spent in this regard, he maintained.

Javier Hourcade Bellocq explained that he had been serving on the Global Fund for the last two years and had also been working in developing countries, focusing on HIV and AIDS.

He pointed out that many HIV and AIDS patients had only got access to medication due to the pressure put on governments in recent years.

Acknowledging the commitment of the UK Government to the Global Fund, he emphasised the need for the fund to continue. The UK had been one of its most important financial supporters, he noted.

He said that he was not prepared to wait ten years for governments to properly invest in the millennium development goals. Many lives would be lost in the mean time, he pointed out.

Calling on the UK Government to acknowledge its commitment to a three year pledge of £300 million, Mr Bellocq said that the announcement today from Gordon Brown had disappointed millions of people. He noted that only half of this money had been mentioned today.

It would slow down the process of providing people with life saving treatment, he emphasised.

Dr Sylvia Meek said that the case of malaria illustrated some of the dilemmas in financing health MDGs.

At the half way point to achieving the MDGs, the evidence suggested that the MDG targets in sub-Saharan Africa would not be met, she said. Unmet targets could lead to loss of trust and momentum, she warned.

Moreover, reducing the incidence of malaria would help to achieve other MDGs, she pointed out, explaining that 3.2 billion people were at risk of malaria.

Up to three million people were killed by malaria each year, she added, explaining that most of these were children under five-years-old.

Dr Meek further explained that the disease disproportionately affected the most vulnerable populations, adding that there were strong links between the risk of malaria and the risk of HIV/AIDS.

Preventing and treating malaria was very simple, she said, highlighting that for as little as £3, a mosquito net and insecticide could protect two or three people for up to five years.

New efficacious malaria drugs cost less than £1 to treat a child, she further explained, adding that if the disease was caught in its early stages it could be treated by local volunteers.

It was important to invest in health systems and in disease control, she maintained.

Calling for further investment in research and development, Dr Meek said that there was always a risk that resistance would develop to the current drugs and insecticides.

Moreover, there had been a tenfold increase in funding for malaria since 1994, though the funding gap was still too large, she insisted.

Approximately £2 billion per year needed to be provided up until 2015, Dr Meek said.

She called for action to be taken now, emphasising that more than 4,500 people died each day as a result of further delays in providing the funding.

There were also issues around making aid for malaria effective, avoiding duplication and ensuring a coherent approach, she noted.

During the question and answer session which followed, one member of the audience asked whether it was theoretically possible to eradicate malaria altogether.

In response, Dr Meek insisted that it was definitely possible in theory, noting that there had been a global drive in the 1950s and 1960s in order to achieve this aim.

Malaria cases had been reduced from 75 million to a few hundred thousand in India, she explained, though noted that the number of cases had increased to 2 million again more recently.

Closing the exchanges, the Chair, Action for Global Health's Gavin Bryce, called for the necessary political will and resources in order to achieve the millennium development goals.