

Breaking barriers

Working together to achieve a healthy, hunger-free world

Headline recommendations

Heads of State attending the UN High-Level Plenary on the MDGs, 20-22 September 2010, should deliver a comprehensive package of actions to keep their promises:

- 1. Agree a Global Action Plan to meet the MDGs**, with more and better finances, robust accountability mechanisms and a greater role for the involvement of civil society.
- 2. Enhance integrated and holistic approaches** at a national and global level to achieve key development outcomes in a more effective and equitable way.
- 3. Provide a renewed focus on the most off-track targets and countries:** more and better finance for interlinked targets like nutrition, health, sanitation and water, comprehensively delivered, with additional focus on the poorest countries.

Summary

A decade of global efforts to meet the Millennium Development Goals (MDGs) has shown us the best and worst of the international community, and their commitments to support developing countries to eradicate poverty, hunger and ill-health.

On the one hand, the MDGs have helped to galvanise a decade of activism in which extreme poverty has been reduced, levels of child deaths have steadily declined, and enrolment in primary education has steadily risen. On the other, there has been a collective failure to keep in full our promises to the world's poor, exacerbated by recent global crises.

With just five years left to meet the MDG targets, we cannot ignore the nine million children¹ who still die every year before their fifth birthday, many from preventable causes, the 129 million children² under five who are underweight, or the 2.6 billion people facing a public health crisis because they have no access to something as simple as safe sanitation.³ For these people global promises have so far been nothing more than empty rhetoric.

Progress has not only been insufficient, it has also been deeply uneven, with many targets, countries, and people left behind. These inequities have undermined progress across the board. It is clear, for example, that sufficient gains in child health cannot be made without reducing maternal mortality, tackling undernutrition, and addressing the environmental determinants of poor health, such as ensuring access to safe sanitation, clean water and hygiene promotion.

The UN Secretary-General is correct in his plea to treat the MDGs holistically, arguing that since "the synergies across the Goals are clear and indisputable... taking advantage of these will reduce costs, increase effectiveness and catalyse local action".⁴

As civil society networks working across a number of development 'sectors', we support this approach and call on leaders attending the UN High-Level Plenary on the MDGs to not only scale up efforts to meet all the MDG targets by 2015, but to do so in a smarter, more holistic, and more equitable way that can truly catalyse progress towards a healthy and hunger-free world.

Scaling up to meet the MDGs requires a smarter, more holistic approach

Realising the rights of the poorest and most marginalised communities will require not only doing more, but doing better. It will require a renewed focus on the groups, regions and targets that have fallen most behind, without diluting attention on others. It will require a smarter way of doing development that recognises the inherent interconnectedness of all the MDG targets.

Focusing on off-track outcomes and neglected interventions

It is clear that progress is needed across *all* the MDG targets. Yet a number of key development outcomes are particularly far from being achieved, and require greater attention.

- ◆ **Despite a target to reduce maternal mortality by three quarters by 2015, one mother dies in childbirth every minute, and the rate has reduced by less than 10% since 1990.⁵**
- ◆ **On current trends, child deaths will have fallen by just over one third between 1990 and 2015,⁶ far short of the target of reducing it by two thirds.**
- ◆ **Progress towards the target of halving the proportion of people suffering hunger has shown a reversing trend since the advent of the food crisis in 2008.⁷**

Investment in primary prevention and health promotion, including sanitation, water, hygiene and nutrition, would prevent up to 70% of the disease burden in developing countries.

(World Health Report, 2008)

Such weak progress belies a failure to scale up a sufficiently comprehensive range of interventions to tackle the multiple determinants of ill-health, hunger and undernutrition.

Many effective interventions such as safe sanitation and drinking water, comprehensive approaches to tackle undernutrition and strong primary health care systems have been neglected – denied both the political priority and financial resources required to scale up. All must be delivered as part of a broader and comprehensive package to catalyse progress towards a healthy and hunger-free world.

Reaching marginalised and excluded communities

Getting the right mix of interventions is critical, as is reaching those most in need. In all efforts to meet the MDG targets there is an urgent need to increase the focus on groups most affected by poverty but often most excluded from key interventions or decision-making processes. In particular this includes a greater focus on tackling gender inequality, as well as reaching the poorest of the poor and other groups experiencing political, social and economic marginalisation.

Scaling up critical interventions

Key interventions with cross-cutting effects needing greater political priority and financial resources include the following:

Safe sanitation and drinking water: 2.2 million child deaths could be prevented by realising the right to water and sanitation at all levels,⁸ yet on current trends the MDG target will not be met until the 23rd Century in Sub-Saharan Africa.⁹ Plans to provide sanitation and water are often neglected in national development planning, whilst aid levels have been in relative decline in comparison to many other social sectors. Investments in this sector can produce an eight-fold economic return.

Strong public primary health care systems, free at the point of use: The WHO'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. Realising the right to health for all will only be achieved through building strong systems for primary health care and addressing the social determinants of health through intersectoral action.

A comprehensive package to tackle undernutrition: Adequate nutrition is a foundation for development. Every year, 3.5 million child deaths are directly related to undernutrition¹⁰ – one million of these from severe acute malnutrition¹¹ – yet it remains a largely neglected and unrecognised cause of mortality. A comprehensive package to tackle undernutrition, including scaling up community based management of acute malnutrition programmes (CMAM), alongside a range of other interventions,¹² can significantly accelerate progress towards meeting the MDGs.

The synergies across the Goals are clear and indisputable... taking advantage of these will reduce costs, increase effectiveness and catalyse local action.

UN Secretary-General Ban Ki Moon, 'Keeping the Promise', 2010.

Recommendations to achieve a healthy and hunger-free world

1: Agree a global action plan to meet *all* of the MDGs, with more and better finance, robust accountability mechanisms, and a renewed focus on areas most off-track

a. The UN High-Level Plenary on the MDGs must deliver an ambitious global action plan to achieve all of the MDG targets that provides:

- ◆ Detailed country-level commitments from both donor and recipient countries
- ◆ Specific, additional financial commitments from all partners
- ◆ Robust monitoring and accountability mechanisms to ensure delivery at all levels.
- ◆ Meaningful involvement of civil society at all stages of planning and implementation.

b. A Global Action Plan to meet the MDGs should be financed by:

- ◆ Donors meeting existing aid commitments, investing 0.7% of GNI in aid, and implementing innovative financing mechanisms, in particular a Financial Transaction Tax, which could provide additional long-term and predictable resources for development.
- ◆ Developing countries investing more in essential services, including by meeting existing sector commitments like the Abuja Declaration target for African governments to spend 15% of their national budget on health, and the 2008 *eThekwin* Declaration promise to spend 0.5% of GDP on sanitation.
- ◆ As part of these investments, there should be sufficient spending for key social sectors such as nutrition, health, sanitation and water. Specific commitments are outlined in section 3, and include donors spending 0.1% of GNI on health, an annual investment of \$4.5 – 9 billion to tackle acute malnutrition, and a doubling of aid for sanitation and water.

c. Additional financing for development must also be spent effectively, including:

- ◆ Full implementation of the Paris Declaration and Accra Agenda for Action on Aid Effectiveness, including operationalising the key principles of alignment, harmonisation, mutual accountability and managing for results.
- ◆ An added emphasis on targeting funds at low-income countries and marginalised communities, and disaggregating monitoring by wealth and gender.¹¹

2: Enhance integrated and holistic approaches at national and global level

Promoting a more integrated approach to development requires action from developing country governments, donors and 'Global Partnerships' to most effectively tackle poverty, ill-health and undernutrition at national level.

a. Developing countries should ensure national development policies use the best available evidence to match desired outcomes with the most effective interventions

- ◆ Sector plans and budgets should be based on comprehensive evidence of the causes of ill-health and undernutrition, and the effectiveness of interventions.
- ◆ Cross-sectoral progress indicators, disaggregated by wealth and gender, should be embedded in all national strategies – i.e. national water and sanitation plans should include indicators on nutrition and health, and vice-versa.
- ◆ All countries should have a mechanism for inter-ministry coordination around key outcomes such as reducing child mortality, to ensure a joined up approach.

b. Donors and Global Partnerships should support and promote country-led efforts to deliver integrated solutions to national challenges

- ◆ Donors should respect and support nationally-defined development priorities and plans in a well-coordinated manner at all levels, to ensure that the Aid Effectiveness Principles agreed in Paris and Accra are implemented in earnest.
- ◆ Sector-specific global partnerships – including *Sanitation and Water for All*, the *Comprehensive Framework for Action* on nutrition and food security, the *International Health Partnership* and related initiatives – should actively promote integrated approaches through national-level planning processes and international level coordination.

3: Provide a renewed focus on the most off-track targets, including nutrition, health and sanitation

Lagging progress in some MDG targets undermines progress on others. Of particular concern, therefore, are those areas such as nutrition, sanitation and health in which progress has been particularly slow. This is **not** to argue against investment in other areas, but to argue that reversing the neglect of these areas is essential in catalysing progress across the MDGs.

The following recommendations are specific to the sectors outlined, but they must:

- ◆ Be delivered in a comprehensive manner, aligned with aid effectiveness principles.
- ◆ Include targeted support for the capacity-building of civil society, especially community-based organisations representing marginalised and vulnerable groups, to enable meaningful engagement in decision-making processes.

a. A comprehensive approach to tackle undernutrition

Action on the prevention and treatment of undernutrition integrated into the health, food security and water and sanitation sectors provides the international community with a tool that can 'accelerate' progress to lagging MDGs.

Tackling undernutrition should be prioritised as an issue that cuts across many MDGs, and leaders should agree an '**MDG nutrition package**' for low-income and high burden countries that includes the following actions:

- ◆ **Address acute malnutrition as an urgent priority:** An annual investment of \$4.5 – 9 billion¹³ should be earmarked to treat acute malnutrition at scale through national health structures where possible, in addition to the \$20bn promised over three years for food security at the G8 L'Aquila Summit.
- ◆ **A budget and accountability mechanism** to monitor progress and ensure accountability on specific MDG targets to address undernutrition.
- ◆ **Cross-sector preventive programmes and direct nutrition treatment programmes:** Cross sector preventive programmes should include food security, health care and water and sanitation initiatives, with firm plans and indicators.
- ◆ **Integration with national child and maternal health initiatives:** Prioritise actions to prevent undernutrition from the point of conception to the second year of life, a key 'window of opportunity'.

b. Realising the right to health

Success in realising the right to health will only be achieved if health outcomes are pursued in a comprehensive way, recognising their interconnectedness and the social determinants of health. It is also critical to ensure continued attention for priority diseases, which will overwhelm a health system without targeted action, alongside the building of strong foundations that make long-term progress possible. The following actions must be taken:

- ◆ **Increase finance to strengthen primary healthcare systems:** Donor countries must ensure that at least 0.1% of their GNI is allocated to strengthening primary healthcare systems in developing countries, as recommended by the WHO's Commission on Macro-Economics and Health. In addition, domestic resources for health must increase, and in Africa governments should live up to the commitment made in the Abuja Declaration.
- ◆ **Support the elimination of user fees:** Donors must strongly support access to health care that is free at the point of use by providing appropriate financial and technical support to strengthen developing countries' policies on achieving health care for all through the removal of user fees.
- ◆ **Strengthen human resources for health:** Developing countries must be supported, through financial and technical means, to build their capacity to plan and implement programmes to train, retain and strengthen their health workforce. In addition, developed country governments need to address their reliance on developing country health workers in their national systems and should urgently implement the WHO code of ethical recruitment of health workers.

- ◆ **Promote a comprehensive approach to health:** All national health plans should confirm clear links between country health information systems and the process of planning and budgeting, should have a mechanism for inter-ministry coordination, and should contain an adequate and costed strategy for environmental health.

c. Scaling up to achieve sanitation and water for all

Achieving the sanitation and water MDG targets will only be achieved with greater recognition and priority within health, nutrition and education strategies, and if coordination, targeting, resource mobilisation and political leadership are enhanced at national and international levels.

Following the launch of a new global partnership in April 2010 - '*Sanitation and Water for All: A Global Framework for Action*' (SWA) - donors and developing countries should make a commitment that '*no credible national sanitation and water plan will fail through lack of finance*'. To achieve this end, leaders attending the UN High-Level Plenary should:

- ◆ **Mobilise additional resources:** Donors and developing countries should increase resources dedicated to the sector, including meeting regional commitments such as the eThekweni Declaration in Africa to spend 0.5% of GDP on sanitation and the EU Agenda for Action on the MDGs to increase sector aid by €2bn. This should include support to a new mechanism to support off-track countries with weak sector plans.
- ◆ **Better target resources to those most in need:** Donors should commit to ensuring at least 70% of aid in the sector is targeted at low-income countries and 50% to basic services by 2015. Developing countries should ensure services reach the poorest and most marginalised communities.
- ◆ **Enhance integration of policy and programming:** Water, sanitation and hygiene (WASH) programmes should embed nutrition and child health indicators, and be integrated within horizontal and vertical health programming. WASH indicators should be incorporated into Health Management Information Systems and other sector plans.
- ◆ **Strengthen global partnerships through *Sanitation and Water for All*:** All partners should work to strengthen this new international platform to improve performance and accountability, and ensure it coordinates efforts with other global partnerships.

-
- 1 MDG Progress Report, 2009
 - 2 UN Secretary-General's Report, 'Keeping the Promise', March 2010.
 - 3 WHO/UNICEF Joint Monitoring Programme, 2010.
 - 4 UN Secretary-General's Report, 'Keeping the Promise', March 2010, p17.
 - 5 Research published in The Lancet in April 2010 does show progress, albeit varied, towards meeting Millennium Development Goal 5 on maternal health on a global level, with over 50% of all maternal deaths found to be in just six countries. For the purposes of this paper we have continued to use figures from the World Health Organisation as they are the most commonly cited and the authority in this area.
 - 6 Projection based on figures from the MDG Progress Report 2009.
 - 7 UNSG, 'Keeping the Promise', March 2010. Over 1 billion people now suffer hunger, 105 million more than in 2008.
 - 8 WHO, 'Safer Water Better Health', 2008
 - 9 WHO/UNICEF Joint Monitoring Programme, 2010
 - 10 The Lancet (2008). Series: Maternal and Child Undernutrition
 - 11 UN Standing Committee on Nutrition, UNICEF, WHO and WFP Joint Statement on Community-based Management of Acute Malnutrition 2007
 - 12 A comprehensive package to tackle undernutrition would include behaviour change interventions to improve infant and young child feeding and hygiene practices, micronutrient and deworming interventions, improving maternal nutrition and scaling up community-based programmes to tackle acute malnutrition
 - 13 Action Contre La Faim, *Taking Action: Nutrition for Survival, Growth and Development* (2010).

End Water Poverty is a global coalition of over 175 civil society organisations and networks in 45 countries campaigning to end the sanitation and water crisis. See more at www.endwaterpoverty.org.

Action for Global Health is a network of European health and development organisations advocating for the European Union and its Member States to play a stronger role to improve health in developing countries. See more at www.actionforglobalhealth.eu.

Action Contre La Faim International is a humanitarian organisation committed to saving lives and ending child hunger while providing communities with access to safe water with programmes in over 40 countries benefiting five million people each year. See more at www.actioncontrelafaim.org.

WaterAid is an international non governmental organisation focused on improving poor people's access to water, improved hygiene and sanitation, with programmes in 26 countries in Africa, Asia and the Pacific region. See more at www.wateraid.org.

