

POLICY BRIEF

Basic Health and HIV

What are the challenges?

There are five Millennium Development Goals (MDGs) dedicated directly to health, and although there has been significant progress towards the achievement of these goals, much more needs to be done if many of our neighbours are to achieve their MDGs. In Southeast Asia and the Pacific alone we are still facing just under half a million preventable child deaths each year.

MDG 4 to reduce child mortality ratios by two thirds is the target most at risk of not being achieved in our region. Countries of particular concern are: Cambodia, Myanmar, and Papua New Guinea (PNG). According to current international data, reductions in maternal mortality ratios by three quarters (MDG5) are unlikely to be achieved in Timor Leste, the Philippines and Laos unless significant attempts are made to resolve the problem.

MDG 7 aims for an increase in access to clean water and adequate sanitation. Successfully achieving this MDG will have considerable impact on health related outcomes, particularly those related to child and maternal health and the transmission of communicable diseases. However, current data shows that the aim to halve the proportion of people without access to clean water will not be achieved in Fiji, Laos and PNG. Halving the proportion of people without access to basic sanitation will not be achieved in Cambodia, Laos, Kiribati, Micronesia, PNG, Solomon Islands, and Timor-Leste.

HIV continues to place an enormous burden on families, communities and health systems in our region and across the world. Australia has committed to a UN General Assembly resolution to achieve universal access to HIV care, treatment and prevention services by 2010.

The Australian Government has commenced significant expansion of aid funding for health and is strongly emphasising the development of sustainable health systems and focussing on maternal and child health and HIV programs. World Vision supports the direction of the Government's health policy but believes that funding levels will need to be expanded if the health policy's goals are to be achieved.

1. Child mortality

Child mortality rates, for children under five, are an area of immense concern with almost 10 million children dying annually worldwide. Seventy percent of deaths can be attributed to a small number of preventable conditions including: Acute Respiratory Infections (ARIs), diarrhoea, malaria, measles, and neonatal deaths¹.

UNICEF estimates that in 2005 around 460,000 children under the age of five died from preventable illnesses in our region. Countries with the highest mortality rates include Cambodia, Myanmar, Laos, PNG and Timor Leste. However, countries with the greatest number of child deaths, due to their populations, include Indonesia, Myanmar, the Philippines, Cambodia, and Vietnam.

The main causes of death in our region were: neonatal (38%), diarrhoea (17%), and pneumonia (16%). Currently only a small proportion of child deaths in our region are caused by measles, malaria and AIDS². However, in high HIV-prevalence contexts with low coverage of interventions to prevent mother-to-child transmission, HIV is also a major contributor to infant mortality.

Two major factors that underpin most of these deaths are poor nutrition and unhygienic conditions. The core solutions to malnutrition include exclusive breast feeding for the first six months of life, adequate nutrition during the transition to solid foods, adequate sanitation and hygiene practices, and the provision of essential micronutrients. The core solutions to unhygienic conditions are access to clean water and safe sanitation and hygiene education.



¹ UNICEF, [Childinfo database](#), accessed April 2007

² Luke G, *How is the neighbours' health?*, World Vision Australia, May 2007

We know how to prevent most child deaths – effective maternal and child health programs, breast feeding, basic nutrition, access to clean water and adequate hygiene. Effective interventions have been proven in a range of environments and at low cost³.

2. Maternal Health

Maternal health and access to basic health services during pregnancy are essential not only for the health of mothers, but also the health and survival of new born babies. Neonatal child deaths (deaths within the first month of life) account for approximately 40% of all child deaths under the age of five. This year around 4 million babies will die in their first month mostly from preterm delivery, congenital birth defects, asphyxia, sepsis/pneumonia, tetanus and diarrhoea.

A World Bank study estimates that around three-quarters of maternal deaths could be averted if all women had access to basic health interventions that dramatically reduce maternal mortality including: good nutrition, family planning, care during pregnancy, delivery and the post partum period, and strong referral services for complications.

Another study on child survival has estimated that near universal coverage of 16 essential newborn health interventions, including skilled attendants at birth, immunisation, treatment of infections, and access to emergency obstetrics care, could potentially avert 72% of neonatal deaths⁴. While there have been improvements in maternal care in our region and elsewhere, six countries in our region are unlikely to achieve the MDG maternal mortality goal on current trends.

3. HIV and AIDS

UNAIDS estimated that at the end of 2007, 33.2 million people were living with HIV globally, with 4.9 million in Asia and 75,000 living in the Pacific.⁵ Of these cases around 70% reside in Oceania⁶. Around 75,000 people from our region died of AIDS in 2005 and this is likely to increase rapidly without a scale-up of prevention programs.

Responses to HIV have been mixed and success often hinges on leadership and available resources. Thailand and Cambodia have made substantial gains in scaling up access to HIV prevention and treatment services and achieved reductions in HIV prevalence. Myanmar, Papua New Guinea and Indonesia have complex and diverse HIV epidemics, and rising HIV incidence rates.⁷

HIV epidemics have broad societal impacts, undermine economic growth and food security and result in very high rates of orphaning. They place enormous pressure on under-resourced health systems, a problem exacerbated by the ongoing 'brain drain' of health professionals to other countries and professions.

In June 2006, Australia joined other members of the UN General Assembly in committing to pursue all necessary efforts to achieve "universal access to comprehensive prevention programmes, treatment, care and support by 2010", building on the World Summit declaration of 2005.⁸ Achieving universal access will require long-term predictable funding for multi-sectoral,

World Vision supports health sector development in Aceh

The global community responded to the 2004 Asia tsunami with unprecedented levels of funding and support. The Indonesian province of Aceh was devastated by the disaster with significant impacts on the health sector including loss of infrastructure, health records and a serious depletion in personnel. Entering the Aceh context was challenging for donors due to the scale of the disaster, and few agencies had established links to the province due to decades of civil conflict.

In 2006, World Vision Australia, the Australian International Health Institute and Burnet Institute jointly launched Aceh Partnerships in Health (APiH) in response to analysis of the worst gaps and to support existing donor programs in areas such as HIV, disability, research and health policy, mental health and adolescent health.

APiH provides technical and financial resources to support and strengthen existing systems and governance structures by partnering with local government, non-government and education institutions.

The program used a 'facility' model, which takes a flexible approach to planning and funding activities – the best option in a rapidly changing social, political and economic environment. Rather than requiring upfront detailed analysis, design and implementation schedules, the facility set broad guidelines for development partners to quickly initiate action. Examples of small, discrete activities funded through this program include Provincial mental health planning, workshops, staff training, the development of new mental health legislation, and support for World Aids Day activities.

³ UNICEF Accelerated Child Survival and Development Program in West Africa (www.fasid.or.jp/oda/pdf/handout_ban2_15.pdf)

⁴ Darmstadt L et al, "Evidence based cost effective interventions: how many new born babies can we save?". *Lancet*, 365, 2463, 2005, 977-88

⁵ WHO/UNAIDS, (AIDS epidemic Update, December 2007, http://data.unaids.org/pub/EPIslides/2007/2007_epiupdate_en.pdf) ?", *Lancet*, 365, 2463, 2005, 977-88

⁶ WHO/UNAIDS, (AIDS epidemic Update, December 2007, http://www.unaids.org/en/HIV_data/epi2006/default.asp)

⁷ UNAIDS, Report on the Global AIDS Epidemic, 2006, (http://www.unaids.org/en/HIV_data/2006GlobalReport/default.asp)

⁸ World Summit Outcome, UN General Assembly, A/RES/262/1, ([http://daccessdds.un.org/doc/UNDOC/GEN/N05/487/60/PDF/N0548760.pdf?](http://daccessdds.un.org/doc/UNDOC/GEN/N05/487/60/PDF/N0548760.pdf?OpenElement)) Open Element: Political Declaration on HIV and AIDS, UN General Assembly, A/RES/60/262 (http://data.unaids.org/pub/Report/2006/20060615_HLM_PoliticalDeclaration_ARES60262_en.pdf)

coordinated HIV responses. Australia's White Paper on Overseas Aid endorses this commitment to universal access and outlines a strategy to take leadership on this issue in the Asia Pacific region. However resources committed by Australia are failing to keep pace with global resourcing requirements. The Global Fund provides an accountable, low-overhead mechanism for donors such as Australia to contribute to the global goal of universal access. Australia has supported the Global Fund since 2004. In September 2007 Australia announced it would contribute A\$93million to the Global Fund for the period 2008-09. This is a welcome contribution but with 75,000 people dying from AIDS in our region, much more needs to be done. Australia's fair share of the Global Fund's funding requirements for this period is around A\$330 million⁹.

4. Tuberculosis

While Tuberculosis (TB) is a major killer in the region, causing over 190,000 deaths annually, the number of people infected and the number of people dying from the disease has decreased in recent years. However, the rates for TB prevalence and deaths vary considerably from country to country, with remaining countries of particular concern including Cambodia, Timor-Leste, PNG and the Philippines.

There are two main challenges to reducing the impact of TB - the development of multi drug resistant TB, and the greatly increased likelihood of TB mortality for people infected with HIV. Providing competent TB prevention and care programs requires strong health systems and treatment strategies which are adequately funded, supplied and monitored to minimise drug resistance and improve program effectiveness, and also adequate support for research into treating new strains. Both health systems and research need greater support.

5. Health Systems

In order to ensure health services reach those most at need, developing countries need significant assistance to develop and support their own domestic health management and service delivery systems. In recent years a large part of global health funding has been going to programs that focus on specific diseases. These so called 'vertical funds' have had success in combating a number of serious diseases such as measles, polio, TB, malaria and HIV, however sustainable healthcare requires effective local health systems. The Australian Government's new health aid policy rightly focuses on support for health systems as the foundation for better health outcomes and this reflects a new interest internationally in supporting local health system development. However there are a number of barriers to the development of better health systems, including a lack of funding and health management capacity constraints.

Most critically perhaps, health systems in neighbouring countries in our region suffer from extreme staff shortages. WHO classifies 57 countries globally as having critical shortages in health workers. These include Cambodia, Indonesia, Laos, Myanmar, PNG, and the Solomon Islands. Research indicates that countries with less than 2.3 health workers (e.g. doctors, nurses, midwives) per 1000 people are unlikely to be able to achieve adequate health coverage for key health services. While Australia enjoys on average 10 nurses for every 1000 people and 2.5 doctors for every 1000 people, countries such as PNG have one nurse for every 1900 people and one doctor for every 19,000. If Australia is going to effectively support the development of health systems in developing countries we will need to resolve the problem of 'brain drain' to rich countries, to provide greater levels of funding than is currently planned and work to ensure more coordinated assistance from all donors.

World Vision Recommends

1. A government commitment to our fair share of reliable long term funding for health initiatives

Australia's commitment to health as part of our official development assistance (ODA) has increased. WVA applauds the government for this commitment and estimates that total funding for basic health will rise to A\$580 million by 2010 (inclusive of new health initiatives announced in the 2007-08 budget). However our fair share of global health aid, based on our share of donor country income, should be approximately A\$1000 million by 2010. It is necessary for this

HIV and AIDS Prevention and Control, Tashkent City

World Vision is delivering a two-year HIV and AIDS prevention and control project aimed at reducing the HIV infection rate in Tashkent City, Uzbekistan. The program aimed to promote behavioural change among youth and most at risk populations (MARPs). MARPs include injecting drug users, sex workers and men who have sex with men.

The program covered a wide range of activities including: needle exchange, condom distribution, health education, counselling, HIV/STI health referrals, outreach work, staff training, and the establishment of an information website. There were also advocacy initiatives focussed around World Aids Day (2004).

Over 24 months a total of 24,000 visitors used the facility: 32% for the needle exchange program, 26% for counselling activities, 21% for HIV and/or STI tests, 21% for other services.

⁹ Based on GFATM projected resource needs for 2008-2010 of US\$12-18 Billion, divided among donors as on the basis of their relative proportions of global GNP, assuming an exchange rate of A\$0.90 to US\$1. http://www.unaids.org/en/MediaCentre/PressMaterials/FeatureStory/20070926_Global_Fund_open_in_Berlin.asp

support to be predictable and long term if developing countries are to be able to effectively use this support to scale up their health systems.

2. Increasing support for water, sanitation and hygiene activities

Access to adequate clean water and appropriate sanitation is critical to improving basic health and reducing the number of children that die. Australia should provide greater support for water and sanitation services with the objective of increasing our commitment to A\$350 million by 2010. Australia should also support the Global Call to Action on Water and Sanitation to ensure there is effective coordinated action globally.

3. Universal access to HIV prevention, care and treatment throughout the region

HIV and AIDS is a serious regional problem. There needs to be an increased focus on achieving universal access throughout the region to HIV prevention, care and treatment. Australia's leadership on universal access is currently undermined by inadequate resourcing. Achieving this also requires a serious approach to combating the limitations inherent in regional healthcare systems. Australia needs to further increase support for HIV and AIDS programs in our region and lift annual support for the Global Fund to fight AIDS, Tuberculosis and Malaria from the current A\$50 million to around A\$200 million per year.

4. Strengthening international and regional coordination of health support

The Australian Government's health policy rightly emphasises support for the development of health systems and gives greatest priority to mother and child health and the major infectious diseases. If we are to maximise our impact in this area, Australia will need to also work closely with recipient countries and other donors to improve the coordination of health support. To this end World Vision recommends that Australia:

- actively contributes to the International Health Partnership and other efforts to improve international health coordination and adequate funding by donors and developing countries
- provides its fair share of funding to effective international health funding and implementation bodies such as the Global Fund, the Global Vaccines Alliance and UNICEF
- plays a lead role in identifying health service gaps in our region and in coordinating donor response
- works with other countries to ensure that health workforce issues are resolved.

Further Information

Recent WV Publications and Papers on health

Garth Luke, [How is the Neighbours' Health?](http://www.worldvision.com.au/learn/policyandreports/files/HowistheNeighboursHealth.pdf) May 2007, World Vision Australia, Luke Garth,

<http://www.worldvision.com.au/learn/policyandreports/files/HowistheNeighboursHealth.pdf>
The Approaching Storm: HIV/AIDS in Asia, September 2001, World Vision International, Brandt Don,

<http://www.wvi.org/imagine/pdf/AsiaAIDS.pdf>
False Economies: Why AIDS Affected Countries are a Special Case for Action, 2001, World Vision International, Currah K, Whaites A,

[http://www.global-poverty.org/PolicyAdvocacy/pahome2.5.nsf/gereports/7E3CA014B1F29C3988256E4600836251/\\$file/FalseEconomies.pdf](http://www.global-poverty.org/PolicyAdvocacy/pahome2.5.nsf/gereports/7E3CA014B1F29C3988256E4600836251/$file/FalseEconomies.pdf)

Other key resources on health

Lancet Series on Maternal and Child Health, International Health Partnership, Global Fund AIDS, Tuberculosis and Malaria, UNICEF, World Bank and World Health Organisation.

About World Vision

World Vision is a Christian humanitarian organisation working to create lasting change in the lives of children, families and communities living in poverty. In Australia, World Vision is the country's largest charitable group. With the support of more than 400,000 Australians, World Vision helps over 20 million people every year. The organisation implements humanitarian relief, long-term community development projects and advocacy that addresses the causes of poverty and helps people move towards self-sufficiency.

To discuss World Vision Australia's position on health, please contact policy@worldvision.com.au