



# **EUROPEAN COMMISSION PRIORITIES AND ACTIONS FOR THE HEALTH MDGs**

**Presentation  
to Civil Society Forum**

**15 October 2008**

# Presentation outline

- **The Health MDGs**
- **EC priorities and action on MDG Goals 4,5 and 6**
- **Main EC actions to date in South Africa**
- **SA progress**
- **Objectives of Panel discussion**
- **Introduction of Civil Society speaker**

# The Health MDGs

## Goal 4: REDUCE CHILD MORTALITY

- Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality

# The Health MDGs

## Goal 5: Improve maternal health

- Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate

# **The Health MDGs**

## **Goal 6: Combat HIV/AIDS, malaria and other diseases:**

- **Target 7: Have halted by 2015, and begin to reverse the spread of HIV and AIDS**
- **Target 8: Have halted by 2015, and begin to reverse the incidence of malaria and other major diseases**

## **EC priorities and action on the way toward 2015 – goal 4, Reduction of Child Mortality:**

- Strengthen basic health systems
- Increase equitable access and coverage of essential and effective prevention and treatment services
- Accelerate implementation and integration of efforts regarding the Cairo agenda and the communicable disease agenda.
- Mobilise leadership to focus on primary health care in PRSP
- Strengthen synergies between various disease-oriented interventions which deal with child health
- Prevent disease by reducing pollution loads in water and urban air.
- Increase research on prevention of the main childhood killers

## **EC priorities and action on the way toward 2015 – goal 5, Improvement of Maternal Health:**

- Maintain the international consensus and commitment to the ICPD and the Cairo Plan of Action
- Strengthen pro-poor health systems and equitable access, coverage and quality of essential antenatal delivery and postnatal care services.
- Promote local ownership, participation and empowerment in family health and education programmes --- women and adolescents.
- Increase research on improved tools, intervention and service delivery in reproductive health.

# EC priorities and action on the way toward 2015 – goal 6, Combating HIV/AIDS, malaria and other diseases:

- Increase and sustain affordability of essential combination effective therapies for HIV/AIDS, malaria and other diseases
- Integrate them in national pharmaceutical policies and comprehensive prevention/treatment strategies.
- Increase the investment in R&D of essential preventive, diagnostic and therapeutic tools to control these diseases.
- Pursue effective global partnerships and innovative initiatives to combat HIV/AIDS, malaria and tuberculosis
- Pursue existing programmes and service delivery that are particularly targeted at poor communities and groups worst affected by poverty diseases
- Improve the use of existing instruments to support the fight against HIV/AIDS
- Strengthen pro-poor and pro-equity health systems and equitable access, coverage and quality of care including treatment for HIV/AIDS, TB and malaria.

# **Main EC actions to date in South Africa**

- **Support to the Expanded Programme of Partnerships for the Delivery of Primary Health Care including HIV and AIDS Services**
- **Support to the South African Government's Comprehensive Plan for HIV&AIDS Care, Management and Treatment Programme**
- **Thematic budget lines – HIV/AIDS, home based care services**

# SA progress – Target 5

Target 5: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

## Immunisation Coverage:

- National immunisation coverage increased to 83% at the end of 2006.
- SA was declared as being Polio Free by the Africa Regional Certification Commission in October 2006.

## Decreasing Infant and Child Mortality ( target = reduce to 20/1000 live births by 2015)

- SADHS data: under five mortality was 57.6/1000 live births in 2003 , as opposed to 60/1000 in 2002...

## Health Interventions to reduce Child Mortality:

- By March 2007, 71% of South African health facilities in which children are seen had more than 60% of health workers trained in the IMCI
- 70% of health districts implement the Household and Community Component of IMCI.
- By March 2007, 94% of health districts were implementing Phase One of school health services,

## **SA progress – Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio**

- MMR has dropped from 150/100 000 in 1998 to 124/100 000 in 2002, but it is still high MMR for a middle income country such as SA.

### **Health Interventions to reduce Maternal Mortality:**

- By March 2007, 85% of health institutions were implementing the recommendations from the Saving Mothers Report.
- Figures show that assistance at delivery by a nurse, midwife or a doctor increased from 84.4% in 1998 to 92.0% in 2003.

## **SA progress – Target 7: Have halted by 2015, and begin to reverse the spread of HIV and AIDS**

### **Have halted by 2015, and begin to reverse the spread of HIV and AIDS**

- HIV prevalence in the age group less than 20-years old decreased from 15.9% in 2005 to 13.7% in 2006.
- HIV prevalence in women in the 20 to 24 year age group declined from 30.6% in 2005 to 28.0% in 2006.
- HIV prevalence in the older age groups (30-34 years; 35-39 years; 40+) remained at levels similar to 2005, and in some instances reflected increases, although not statistically significant.
- SA produced the Comprehensive Plan for HIV and AIDS, as well as the intersectorial Strategic Plan for HIV and AIDS for 2007 to 2011
- Presently 90% of the public health facilities provide Voluntary Counselling Treatment (VCT) and PMTCT.
- By May 2007, 300,000 patients had been put on antiretroviral treatment
- Nutritional supplementation is provided to people living with HIV and AIDS, TB and other debilitating conditions.
- The proportion of eligible people living with these conditions who received nutrition supplements increased from 56% in 2005/06 to 81.8% in 2006/07.



**SA progress – Target 8: Have halted by 2015, and begin to reverse the incidence of malaria and other major diseases**

- The management and control of malaria is one of the key areas of success of the public health sector in SA.
- The number of malaria cases declined over a five year period, from 51 444 cases in 1999 to 12 098 cases in 2006.
- South Africa has worked with three neighbouring states, Mozambique, Swaziland and Zimbabwe, in two separate cross-border malaria control initiatives.

# Objectives of Panel discussion (1)

- CSO views on SAG policies and actions to reach MDGs
- Role of CSOs in achieving MDGs
- Role of donors can play to achieve MDGs, including improving aid effectiveness

# Objectives of Panel discussion (2)

- What is your view on the AAA (Accra Agenda for Action) and aid effectiveness?
- Do civil society organisations consider they are in a position to influence policy regarding MDGs?
- Are there effective civil society mechanisms for coordination and engagement with Government?
- Are there examples good partnerships between Government and civil society in support of MDGs?
- What is your view on EC cooperation with Civil Society in South Africa?
- How do you see South African civil society's role and current cooperation in the region?

# **Introduction of Civil Society speaker**

**Mrs. Maleshoane Mohlakoana**

**Position: Inland Programme Director,  
Marie Stopes SA.**

**Studies: MBA in marketing.**

**Focus areas: reproductive health**