ON HEALTH: THE POST-2015 CHALLENGES

Shuchita Sharmin
Department of Development Studies, University of Dhaka, Bangladesh.
Corresponding author: shuchitas@gmail.com

 ISSN 1923-6654 (print)
ISSN 1923-6662 (online). Available at http://www.ssrn.com/link/OIDA-Intl-Journal-Sustainable-Dev.html

Abstract: Health is an essential development concern. Planned interventionist development identified health as one of the primary and major sector from the beginning. Among other groups, the concern for health of children and women has got momentum as they constitute the majority of the vulnerable groups. United Nations Convention on the Rights of the Child (UNCRC) is the instruction to compel the states parties and obliges them to comply with child rights standards. Additionally, in the Millennium Development Goals (MDGs), special attention is given to child and maternal health. While the signatories of the United Nations Convention on the Rights of the Child (UNCRC) recognizes the right of the child to the enjoyment of the highest attainable standard of health and to the enjoyment of facilities for the treatment of illness and rehabilitation of health; the health of women, girls and children had been among the top priorities within the UN system reflected through the concerns of UNFPA and WHO. In the global arena, Millennium development goals reflect the importance of health. Out of the eight Millennium Development Goals, the importance of health related priority for development is reflected through three goals, Goal 4 'reduce child mortality'; Goal 5 'improve maternal health'; and Goal 6 'combat HIV/AIDS, malaria, and other diseases'. Again, one of the indicators for Goal 1, 'eradicate extreme poverty and hunger' is – 'Prevalence of underweight children under five years of age'. Other Goals, such as, Goal 2 'achieve universal education' essentially leads to the understanding that through equal access to education and with special focus on education for health and nutrition, required health outcomes may be achieved. Goal 3 focuses on promoting gender equality through eliminating gender disparity in primary and secondary education for empowering women to a greater extent. Such focuses are also momentous progresses toward ensuring health for mother and child. For Goal 7, 'ensure environmental sustainability', health related target is 'by 2015, halve the proportion of people without sustainable access to safe drinking water and basic sanitation' and the indicators specified are 'proportion of population with sustainable access to an improved water source, urban and rural; and proportion of population with access to improved sanitation, urban and rural'. Even for Goal 8, 'develop a global partnership for development', one of the targets is 'in cooperation with pharmaceutical companies, provide access to affordable essential medicines in developing countries'. Hence, all the MDGs exclusively focus on health as a development concern. In such a setting, as the closing year of MDGs is approaching, this paper, aims 1) to revisit the achievements of the health-related MDGs and 2) to identify the Post-2015 Challenges. The study relies on literature review as source of information to deduce the Post-2015 challenges. The major challenges identified for a comprehensive and sustainable health and nutrition service for all, include- (a) Mental and social well-being; while the challenges are post-disaster trauma, lack of access to health facilities, taboo, discrimination, etc. (b) Adolescent reproductive health (c) Children with disabilities (d) Differences in health outcomes: Regional and socio-economic i.e. disparity in terms of rich and poor ; Urban and rural conditioning (e) Quality health care service (f) Effective health education and required material support (g) Protection against abuse, exploitation and violence

This article is based on literature review. While analyzing the relevant literature, it was revealed that various research had estimated the possible challenges to be encountered in the projected years. However, a bottom up approach is required for identifying the challenges and successful implementation of the new agenda. Such bottom up approach helps to unveil stakeholders' points of view. The practical implication of the present study lies on the fact that it points to the gap that exists due to 'not hearing what the children, adolescents, mothers and health service providers say'. Even then, the question remains as to 'who listens to whom?'

Keywords: Millennium Development Goals (MDGs), Priority health agenda after 2015, United

Nations Convention on the Rights of the Child (UNCRC).

Introduction

Human development is a process of enlarging people's choices. Enlarging people's choices is achieved by expanding human capabilities and functionings. At all levels of development the three essential capabilities for human development are for people to lead long and healthy lives, to be knowledgeable and to have a decent standard of living. If these basic capabilities are not achieved, many choices are simply not available and many opportunities remain inaccessible. (UNDP, n.d.)

Planned interventionist development identified health as one of the primary and major sector from the very inception. World Health Organization (WHO, 1948) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Although the definition is more than half a century old, the concern is not only about physical wellbeing but also about mental and social wellbeing from then on. Again, discussion on health gets momentum with the integration of women and child as they constitute the majority of the vulnerable groups. Internationally, United Nations Convention on the Rights of the Child (UNCRC) is the measure through which state parties are provided with precise guideline to follow for ensuring child rights. Additionally, in the Millennium Development Goals (MDGs), special attention is given to child and maternal health. However, all the MDGs influence issues of health, and health influences all the MDGs, as the MDGs are inter-dependent (WHO, n.d.a).

In more than 100 countries of the world, most of which are developing countries, the governments have adopted the age of a child to be below the age of 18. Nevertheless, research indicates that more than 50% of the adolescents get married (UNFPA, 2012) and become mothers. As projected by UNICEF (2012), within the low and middle-income countries (excluding China) one in three girls will marry before the age of 18 and one in nine girls will marry before their fifteenth birthday. In the least-developed countries, the prevalence of child marriage will be even higher. If present trends continue, the number of child marriages each year, 14.2 million in 2010, will be over 14 per cent higher by 2030, nearly 15.1 million. In South Asia alone, 130 million girls are likely to marry as children between 2010 and 2030 (UNFPA, p. 10.). Premature pregnancy and motherhood are an inevitable consequence of child marriage. Girls below the age of 15 are five times more likely to die during pregnancy and childbirth than women in their twenties as documented by UNICEF in their publication 'State of the World's Children 2007'.

Thus, recognizing child and maternal health as essential for development, the Convention on the Rights of the Child (CRC) sets out the human rights of children i.e. the right to survive; the right to develop to their fullest; the right to protection from harmful practices, abuse and exploitation, and the right to participate fully in family, cultural and social life. Governments who signed the Convention, also committed to take "all effective and appropriate measures with a view to abolish traditional practices prejudicial to the health of the children". Hence, the issue of child health is not an aloof case and no discussion on child health is complete with maternal health excluded. As the planned duration of MDGs is coming to an end, time has come to revisit the lessons learned from the health-related MDGs to identify the 'priority health agenda' for the following 15-20 years. This paper, aims 1. to revisit the achievements of the health-related MDGs and 2. to identify the Post-2015 Challenges.

Method

The study relies on literature review as source of information to deduce the Post-2015 challenges. The following parts of the paper includes a discussion on the child health related issues in the UNCRC; health related issues in the MDGs with reference to the global realities; child and maternal health related realities in Bangladesh, and finally proposes the priority health agenda after 2015 with possible targets.

Results

Article 24 includes not only the health right of the children but also concern about the parents and especially the mothers for ensuring health related rights.

Health related issues in the MDGs with reference to global realities

Under Goal 1, 'eradicate extreme poverty and hunger', one of the targets is 'halve, between 1990 and 2015, the proportion of people who suffer from hunger' and one of the indicators for this target is 'prevalence of underweight children under five years of age'.

In the developing regions, the proportion of children under age five who are underweight declined from 29 per cent in 1990 to 18 per cent in 2010. Nevertheless, there is still a predominance of the incident as reported by UN (2012). Even today nearly one in five children under age five in the developing world is underweight.

Child health related right as presented in the UNCRC is given in the box 1

Box 1 *UNCRC Article 24 (related to health right)*

Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(a) To diminish infant and child mortality;

(b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;

(c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;

(d) To ensure appropriate pre-natal and post-natal health care for mothers;

(e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;

(f) To develop preventive health care, guidance for parents and family planning education and services.

3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

4. States Parties undertake to promote and encourage international co-operation with a view to achieving progressively the full realization of the right recognized in the present article. In this regard, particular account shall be taken of the needs of developing countries.

Poorer children are almost three times likely to be underweight compared to the wealthiest 20 per cent of the households. The disparity is to it's peak in Southern Asia, where the prevalence of underweight children in the poorest quintile of households is 2.8 times that of children from the richest 20 per cent (UN 2012). As number of refugees and displaced households are increasing in number, they require attention in terms of health and nutritional needs to ensure betterment of their children.

Continued efforts are needed to reduce disparities related to urban–rural differences and poverty, among other factors….. stunting also more accurately reflects nutritional deficiencies and illnesses that occur during the early-life period and will hamper growth and development. Although the prevalence of stunting fell from an estimated 44 per cent in 1990 to 29 per cent in 2010, millions of children remain at risk for diminished cognitive and physical development resulting from long-term undernutrition…. It is time for nutrition to be placed higher on the development agenda. (UN, 2012)

Goal 2 essentially brings about the understanding that equal access to necessary education of health and nutrition may contribute toward achievements of required health outcomes.

Goal 3 that focus on promoting gender equality and eliminating gender disparity in primary and secondary education and empowering women, essentially are significant steps to ensure health for mother and child.
Both the Goals 2 and 3 are essential to ensure UNCRC Article 24.

For Goal 4, 'reduce child mortality', the target is to 'reduce by two-thirds, between 1990 and 2015, the under-five mortality rate". The indicators are **'**Under-five mortality rate; Infant mortality rate and Proportion of 1 year-old children immunized against measles'.
WHO (n.d.b) reported that 6.9 million children below the age five died in 2011. Almost 75% of the casualties are attributable principally to six conditions: neonatal causes, pneumonia, diarrhoea, malaria, measles, and HIV/AIDS.

As the rate of under-five deaths overall declines, the proportion that occurs during the neonatal period—the first month after birth—is increasing… In Southern Asia, neonatal deaths account for 50 percent of under-five deaths. Mortality is more likely to strike children in rural areas… Children born into poverty are almost twice as likely to die before the age of five as those from wealthier families. (UN, 2012)

The targets under Goal 5, 'improve maternal health' are 'reduce by three quarters, between 1990 and 2015, the maternal mortality ratio' and 'achieve, by 2015, universal access to reproductive health'. The indicators include 'maternal mortality ratio' and 'proportion of births attended by skilled health personnel'.
WHO (n.d.c) estimated in 2010 that, 287,000 women died globally during pregnancy and childbirth, a decline in 47% from levels of 1990. The central reason identified for their death is that they had no access to skilled routine care givers and emergency support or treatment.

Nearly two thirds of deliveries in the developing world are attended by skilled health personnel… The regions with the highest maternal mortality, sub-Saharan Africa and Southern Asia, are also those with the lowest coverage of births attended by skilled health personnel—less than half…. Antenatal care is also among the interventions that can reduce maternal mortality and morbidity. The antenatal period is critically important for reaching women with interventions and information that promote health, wellbeing and survival of mothers as well as their babies… Very early childbearing brings with it heightened health risks for mothers and their infants… In countries where marriage at a young age is relatively common, developing and implementing culturally sensitive programmes to delay the age at marriage and enacting and enforcing laws concerning a minimum age for marriage could assist in further reducing adolescent childbearing… The unmet need for family planning… Aid to reproductive health care and family planning remains low. (UN, 2012)

The targets for Goal 6, 'combat HIV/AIDS, malaria, and other diseases' are 'Have halted by 2015 and begun to reverse the spread of HIV/AIDS' and 'achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it'.

New HIV infections continue to decline in the severely affected regions. The incidence and prevalence of HIV is substantially lower in Asia than other parts of the world. Nonetheless, conferring to an absolute sense, somewhat half of the total HIV careers live in this region (UN, 2012).
Considering the combatant status of other diseases, significant and durable progress against malaria is underway. Again, more TB patients are being successfully treated these days (UN, 2012).

The health related target under Goal 7, 'ensure environmental sustainability' is 'by 2015, halve the proportion of people without sustainable access to safe drinking water and basic sanitation'. The functioning indicators specified are 'proportion of population with sustainable access to an improved water source, urban and rural' and 'proportion of population with access to improved sanitation, urban and rural'.
According to WHO (n.d.d), the percentage of the world's population using improved drinking-water sources increased from 77% to 87% between 1990 and 2008, a rate on track and if continues so, it will meet the global MDG drinking-water target. However, more and relatively substantive effort is needed to narrow the gap in coverage between urban and rural areas.

The world has met the MDG drinking water target, five years ahead of schedule. The work is not yet done. Eleven per cent of the global population—783 million people—remains without access to an improved source of drinking water and, at the current pace, 605 million people will still lack coverage in 2015… Continued efforts are required to promote global monitoring of drinking water safety, reliability and sustainability and to move beyond the MDG water target to universal coverage. (UN, 2012)
WHO's report concerning MDG 7 (WHO, n.d.e) says that the world is not living up to expectation in terms of achieving the sanitation related targets. In 2008, 2.6 billion people still had no access to any hygienic toilet or safe latrine. Approximately 1.1 billion people had no other option but open defecation which was resulting in high levels of environmental contamination and exposure to the risks of worm (such as hookworm and ascariasis) and microbial (such as cholera, shigellosis, salmonellosis, and hepatitis) contagion.

Despite improvement in most of the developing regions, the MDG sanitation target is still out of reach… At the current pace, and barring additional interventions, by 2015 the world will have reached only 67 per cent overage, well short of the 75 per cent needed to achieve the MDG target. (UN, 2012).

Health: Bangladesh realities

Table 1 an table 2 present the status of Bangladesh on health related goals and targets.

Table 1. *Progress in child health (MDG 4: Reduce child mortality)*

Indicator	Base year (1990-1991)	Status (2011)	Target 2015
Under 5 Mortality Rate (/1000 live births)	146	53*	48
Infant Mortality Rate (/1000 live births)	92	43*	31
Proportion of 1 year old children immunized against Measles (%)	54	84*	100

Source: Ullah 2012; *Bangladesh Demographic and Health Survey, 2011

Table 2. *Progress in women's health (MDG 5 Improve maternal health)*

Indicator	Base year (1990-91)	Current status (2011)	Target 2015
Maternal Mortality Ratio (/100,000 live births)	574	194*	143
Proportion of births attended by SHP (%)	5.0	31.7**	50.0
Contraceptive PR (%)	39.7	61.2**	72
Adolescent birth rate (/1000 women)	77	60.0***	-
ANC coverage (1 visit) %	27.5	71.2**	100
ANC coverage (4 visits) %	5.5	25.5**	100
Unmet Need for FP (%)	19.4	11.7**	7.6

Source: Ullah 2012, *Bangladesh Maternal Mortality Survey 2010
***SVRS 2009, **Bangladesh Demographic & Health Survey, 2011

For, Goal 8, 'develop a global partnership for development', one of the targets is 'in cooperation with pharmaceutical companies, provide access to affordable essential medicines in developing countries'. The indicator for this target is 'proportion of population with access to affordable essential drugs on a sustainable basis' (WHO, n.d.f).

Although nearly all countries publish an essential medicines list, the availability of medicines at public-health facilities is often poor. Surveys conducted in over 50 low- and middle-income countries indicate that the availability of selected generic medicines at health facilities was only 38% in the public sector and 64% in the private sector. Lack of medicines in the public sector forces patients to purchase medicines privately.

In the private sector, generic medicines cost on average six times more than their international reference price, while originator brands are generally even more expensive. High prices often make medicines unaffordable, with common treatments costing the lowest paid government worker several days' wages.

For, progress in MDG 6 'combat HIV/AIDS, malaria & other diseases', relative less data is available. In 2005, there were 7,500 affected by HIV/AIDS (ICDDR-B). Overall HIV/AIDS prevalence in Bangladesh is expected to be extremely low and insignificant considering her population mass.

A strong apprehension is that the actual figure would be far higher as the infected people are afraid to disclose their status because of the soci-cultural stigmatization and value attachment.

Conclusion: Priority health agenda for the Post-2015 years

This conclusion with the proposed goal and targets is drawn on the basis of econdary literature review. However, the specific observation of the author follows.

The proposed goal: A comprehensive and sustainable health and nutrition service for all.

Targets: (a) Mental and social well-being; while the challenges are post-disaster trauma, lack of access to health facilities, taboo, discrimination, etc. (b) Children with disabilities (c) Differences in health outcomes: Regional and socio-economic (Rich and poor disparity; Urban and rural disparity) (d) Quality health care service (e) Effective health education and required material support (f) Protection against abuse, exploitation and violence

Review of different research mainly says and estimates the possible challenges to be encountered in the projected years. However, in most cases, those projections and recommendations are derived from large scale national level data. Hence, a bottom up approach is missing which could identify the micro level challenges and could reveal micro level requirements and ways of successful implementation of a new agenda thus derived. It is time to consider – what the children, adolescents, mothers and health service providers say. However, the question remains as to 'who listens to whom'?

References

[1] Ullah, Z. (2012). Creating a shared vision for women's and children's health in the Asia-Pacific. Retrieved from

[2] http://www.who.int/pmnch/media/press_materials/pr/2012/8nov_financing_health.pdf

[3] UN, the Millennium Development Goals Report 2012. (2012). Retrieved from

http://www.undp.org/content/dam/undp/library/MDG/english/The_MDG_Report_2012.pdf

[4] UNDP, Human Development. (n.d). retrieved from http://hdr.undp.org/en/humandev/glossary/

[5] UNFPA. (2012). Marrying too young: End child marriage. UNFPA: NY.

[6] UNICEF. (2012). Progress for children: A report card on adolescents. No. 10, UNICEF: New York.

[7] WHO. (1948). Preamble of the Constitution of the World Health Organisation as adopted by the International Health Conference, (Official Records of the WHO, No. 2, p. 100).

[8] WHO (n.d.a). Retrieved from http://www.who.int/topics/millennium_development_goals/about/en/

[9] WHO (n.d.b). Retrieved from http://www.who.int/mediacentre/factsheets/fs178/en/

[10] WHO (n.d.c). Retrieved from http://www.who.int/mediacentre/factsheets/fs348/en/

[11] WHO (n.d.d). Retrieved from http://www.who.int/topics/millennium_development_goals/mdg7/en/

[12] WHO (n.d.e). Retrieved from http://www.who.int/topics/millennium_development_goals/mdg7/en/

[13] WHO (n.d.f). Retrieved from http://mdgs.un.org/unsd/mi/wiki/8-13-Proportion-of-population-with-access-to-affordable-essential-drugs-on-a-sustainable-basis.ashx

[14] WHO (n.d.g). Retrieved from http://www.who.int/topics/millennium_development_goals/medicines/en/