

BACKGROUND NOTE

Roundtable 2: Health and Education

Health and education are integral to the attainment of all the MDGs. Although significant progress has been made towards the attainment of the education and health-related MDGs, accelerated efforts are required if all targets are to be met by 2015.

1. How do we enhance access to public health care?

Ensuring that public health care systems deliver affordable, good quality services and respond to the needs of each community is necessary to achieve MDGs 4, 5 and 6. Strengthening health systems involves:

- Ensuring that the health system is well governed and regulated. Improving governance and stewardship including by seeking to ensure that the resources of local governments, civil society and the private sector contribute to the achievement of better health outcomes. An approach that puts the responsibility for health in all sectors and in all government agencies in order to address effectively the social determinants of health, including gender inequality, stigma and discrimination, poverty and unemployment. Setting priorities is a national responsibility.
- Maintaining and expanding infrastructure and services, especially in under-served areas such as rural areas or urban slums as well as for particularly vulnerable or marginalized populations. Attracting, training and retaining health workers is needed to address human resources gaps.
- Expanding access to health care services to ensure universal and equitable coverage, including through social protection and cash transfer programmes, and through reforms to extend health coverage to all. Enhancing the quality of the services delivered and tailoring them to the needs of specific groups to protect the health of communities and the right of everyone to the highest attainable standard of physical and mental health. Sponsoring a comprehensive approach to health maintenance and the treatment of disease, by fostering, for instance, a continuum of care from mothers to children.
- Sufficient allocation of domestic resources and donor assistance as well as innovative partnerships and sustained financing to scale-up successful interventions to strengthen health systems and to provide the technical support needed to train additional personnel and implement new technologies.

2. What cost-effective key interventions in health are needed, especially to improve maternal health? How can national policies and international partnerships overcome the current institutional and resource constraints?

Cost-effective interventions exist to achieve the health-related MDGs:

- Maternal health and accelerating the reduction of maternal mortality: ensuring skilled birth attendance and access to emergency obstetric care, expanding access to family planning and providing antenatal care and nutrition programmes to all pregnant women. The prevention and treatment of life-threatening infections, such as HIV, will also improve maternal health.
- Child mortality: immunization programmes, vitamin supplements, oral rehydration therapy, expanded access to safe water and sanitation, the mass distribution of insecticide-treated bed nets, mass drug administration for the prevention and treatment of neglected tropical diseases are all effective measures to reduce mortality among children and to improve health generally.
- Malaria, TB, HIV/AIDS: improving access to effective drug treatment for malaria and tuberculosis, promoting the prevention of HIV infection, voluntary testing for the disease and access to anti-retroviral therapy for people living with HIV/AIDS, and addressing stigma and discrimination.

Although effective interventions are known, obstacles remain. Ways to overcome these include:

- Partnerships with the private sector and non-governmental organizations and others, can reduce funding constraints and ensure that effective health interventions reach the communities with the greatest disease burdens, especially in conflict situations. Partnerships can also help in prioritizing specific regions or vulnerable and marginalized groups—such as the poor, rural populations, pregnant women and young people.
- A review of national policies can help ease institutional constraints, particularly those related to the expansion of access to health care and education. A national health policy and strategy can ensure complementarities between all the elements needed to improve health outcomes.

3. What are the best strategies to overcome institutional and resource deficiencies in achieving education for all?

Persisting inequalities are a major barrier to the achievement of universal primary education. Considerable obstacles in accessing good quality education are faced by poor children, especially those living in rural areas, slums and areas affected by conflict or emerging from it, as well as child labourers, children with disabilities and children from indigenous and minority groups. Such groups are most affected by a shortage of trained teachers and the lack of adequate learning environments. Key barriers to girls' education, especially for rural girls, need to be removed and investment in girls' enrolment in and continued attendance at secondary school must be scaled up.

- Generating and maintaining a strong political commitment to universal education is crucial. The root causes of disparities and marginalization are usually unrelated to the education system. Measures that expand entitlements and promote social cohesion related to education should be considered. Completion and attendance rates need to be tracked.
- Policy measures with a proven track record include abolishing school fees, providing subsidies for other school costs, using cash transfers conditional on school attendance, improving the nutritional status of school-age children through school feeding programmes, as well as providing key health interventions at school.
- Making progress towards universal education requires more resources, more equitable allocation and effective use of existing resources especially for marginalized groups. More equitable spending and targeted strategies to make quality education available, accessible and affordable can go a long way in furthering progress towards universal primary education. Strengthening the capacity of non-governmental organizations to reach marginalized children, especially those living in remote areas or in areas affected by conflict, merits consideration.

4. How can we ensure that new and existing commitments, by all stakeholders, are adequately monitored and met?

Slow progress towards achieving the MDGs is often due to unmet commitments, inadequate resources, lack of prioritization and a lack of recognition of rights and accountability. As a result, improvements in the lives of the poor have been slow and some hard-won gains are being eroded. Developing countries have committed to mobilizing and allocating more resources to health and education services.

In addition, it will be important to improve the quality, effectiveness and predictability of official development assistance. It is important to reduce the fragmentation of assistance, limit conditionalities and ensure that ODA supports national development strategies. Innovative financing mechanisms at the international level offer new opportunities to finance MDG-related investments. National-level capacity to track and report on progress, gaps and opportunities should be improved through adequate investment in the systems and institutions that generate, analyse and disseminate information on health and education outcomes. Better monitoring and disaggregation of data are vital for policy making, as well as for ensuring mutual accountability.