Farma Mundi & Medicus Mundi

Jornades '*La Salut en el Mil-lenni*'

Barcelona 26 i 27 de maig

Taula Rodona sobre Objectius 4 i 5:

"Reduir la mortalitat infantil i millorar la salut materna"

Ponent: Ignasi de Juan
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(coordinador de relacions institucionals '**Fundació Cassía Just**', conseller delegat '**Tu Patrocinio**')
(ex-consultor: OPS-OMS, BID, MSF, FSJD, i Pla Estratègic de Cooperació i Immigració DSiSS Generalitat)

BCN, 26 de maig.
Barcelona, 18 de Mayo de 2004

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0 Nicaragua en els 80's: una revolució en salut materno infantil [vivesa personal]

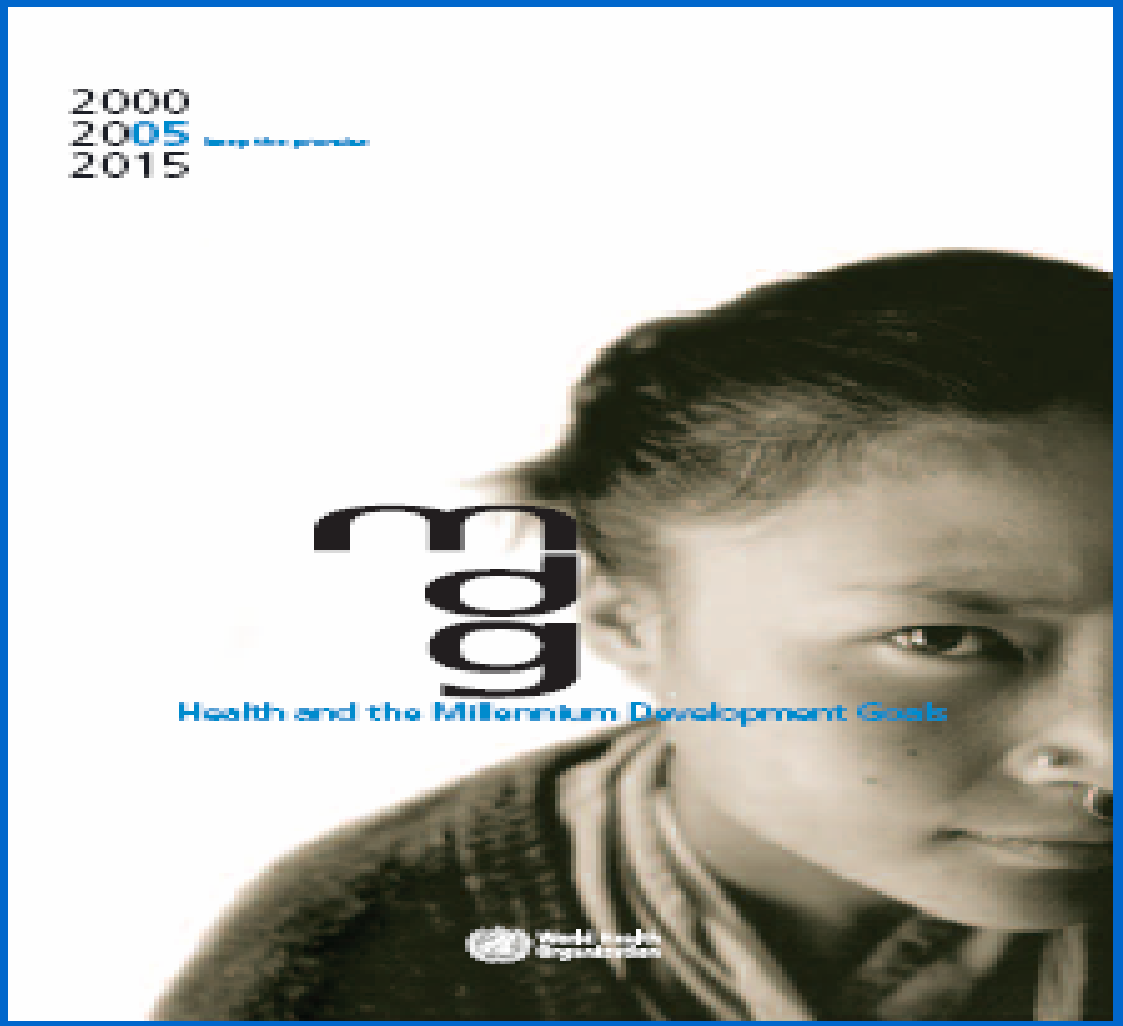
- **Revolució en els 80's**

- **Creació SNUS; Regionalització; Programa SMI**
- **Campanya de Alfabetització i Campanya de Salut –brigadistes de salut, la campanyes massives de vacunació**
- **OMS & UNICEF treballant conjuntament**
- **Ajuda Internacional & complicitat internacional (revolució / 'David contra Goliat'; programes de promoció de la salut (holístic, amplis transversals; sinergies, xarxes...)**
- **IO & grup Oxfam: educació (de les mares, crea desenvolupament i millor salut dels nens)**

- **Indicadors molt baixos –Premis: UNESCO (educació) & UNICEF/OMS (salut infantil y salut materna)**

- **90's nova crisi (en govern democràtic) però el indicadors (tots) augmenten –es perd una gran oportunitat d'un esforç i CAUSA COMUNA (participació de la comunitat)**

Objectiu 4 i 5



Objectiu 4 i 5

Els Objectius de Desenvolupament del Mil·lenni

Objectiu 1: Eradicar la pobresa extrema i la fam

Fita 1: Reduir a la meitat el percentatge de persones amb ingressos inferiors a un dòlar al dia.

Fita 2: Reduir a la meitat el percentatge de persones que pateixen fam.

Objectiu 2: Aconseguir l'ensenyament primari universal

Fita 3: Vetllar perquè tots els nens i nenes puguin acabar el cicle complet d'ensenyament primari.

Objectiu 3: Promoure la igualtat entre els gèneres i l'autonomia de les dones

Fita 4: Eliminar les desigualtats entre els gèneres en l'ensenyament primari i secundari, preferiblement per a l'any 2005, i a tots els àmbits de l'ensenyament per a l'any 2015.

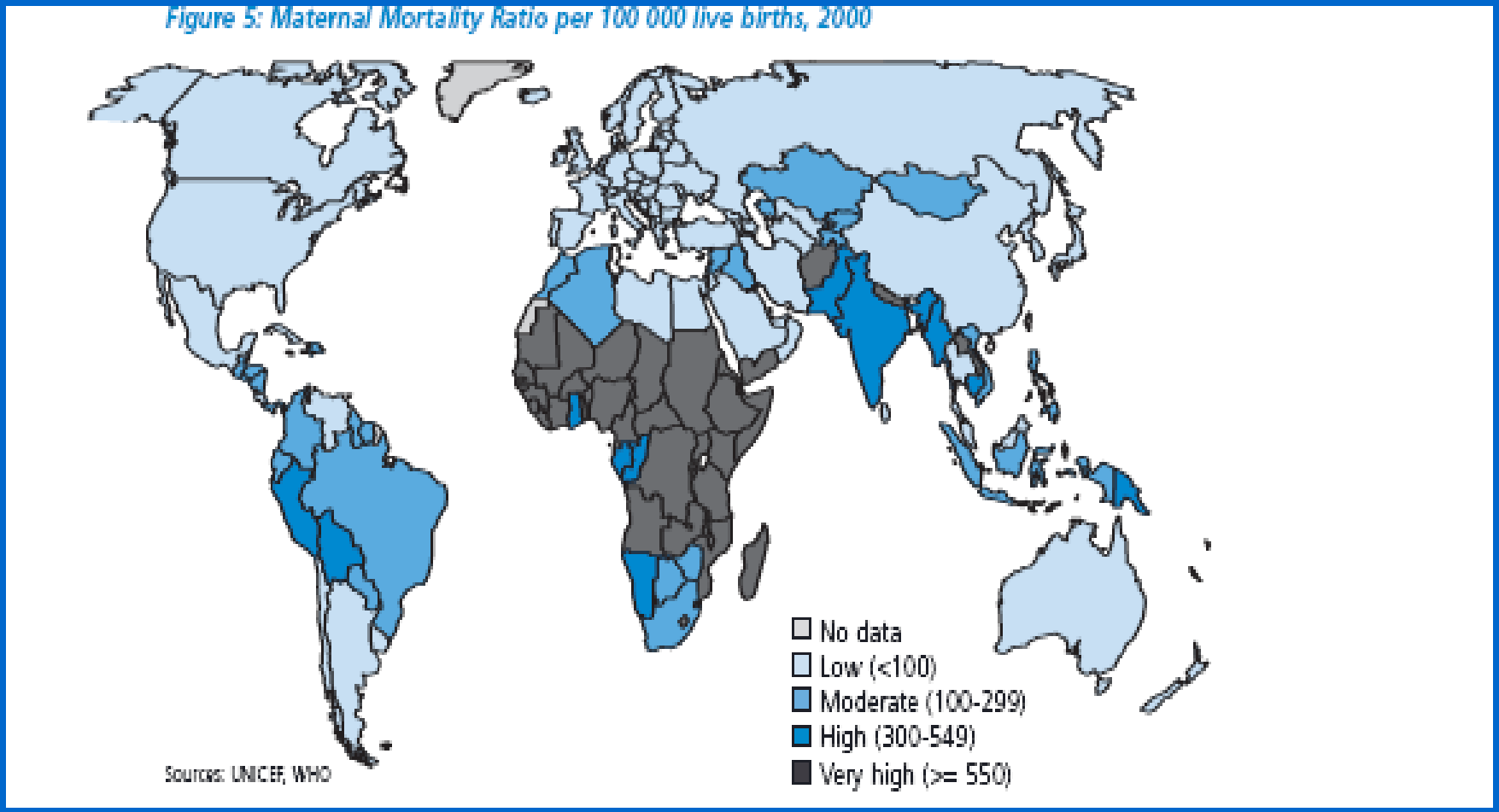
Objectiu 4: Reduir la mortalitat infantil

Fita 5: Reduir en dues terceres parts, entre el 1990 i el 2015, la mortalitat dels nens i nenes menors de 5 anys.

Objectiu 5: Millorar la salut materna

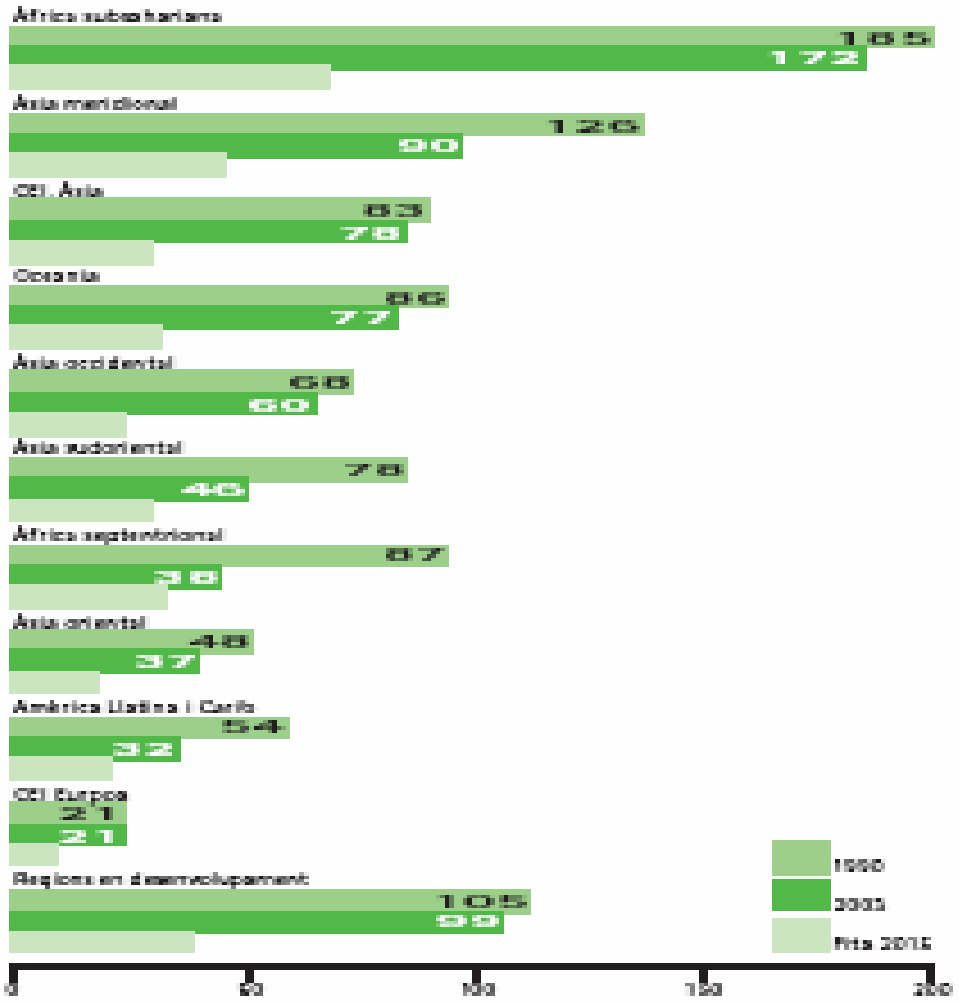
Fita 6: Reduir en tres quartes parts, entre el 1990 i el 2015, la mortalitat materna.

Objectiu 4 i 5



Objectiu 4: Reduir la Mortalitat Infantil

Taxa de mortalitat infantil (menors de 5 anys) per cada mil nascuts vius (1990 i 2003).



Font: Nacions Unides

Objectiu 4 i 5

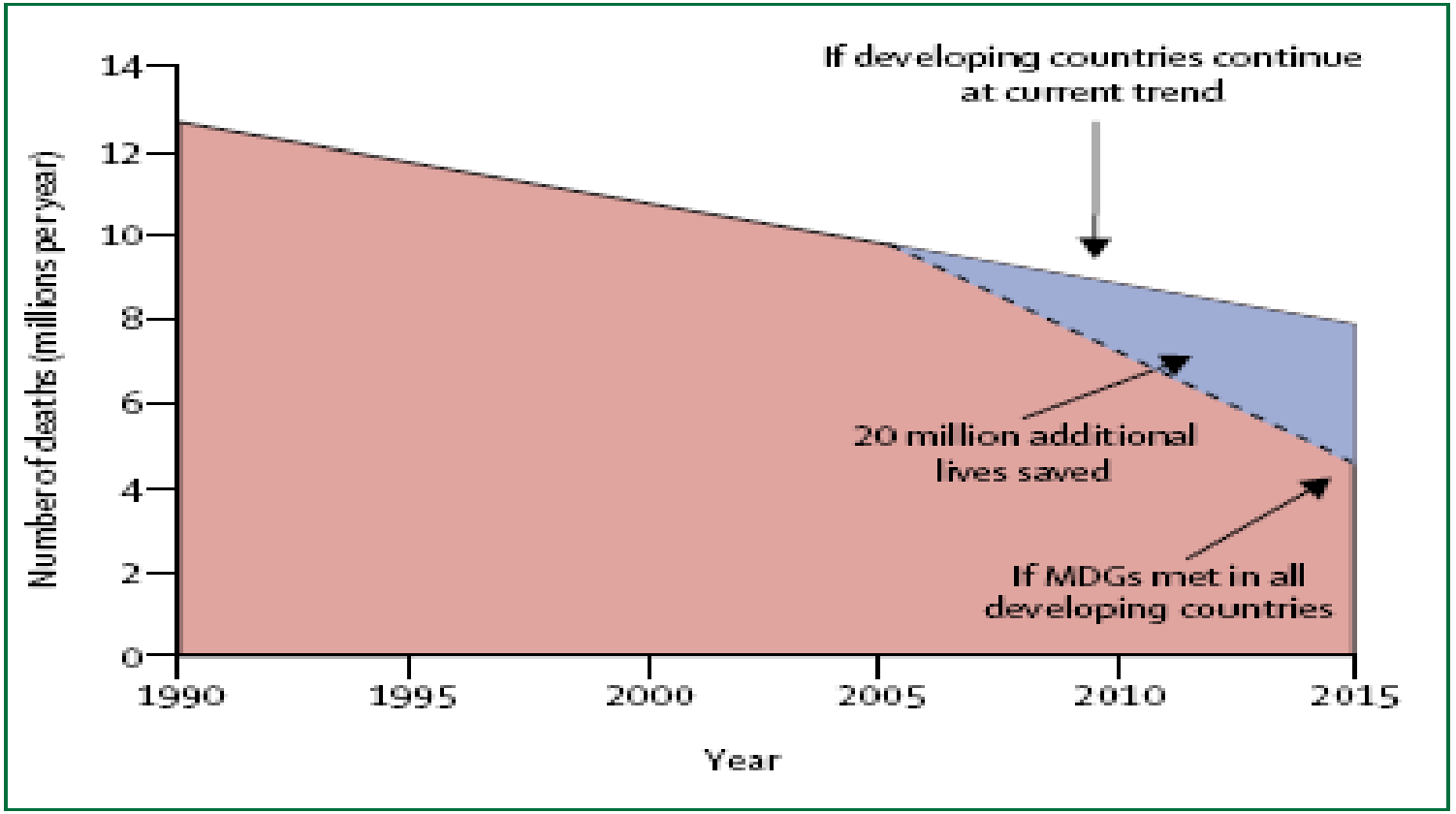


Figure 2: Global mortality of children under 5 years of age
Source: UN Millennium Project (2005).

Objectiu 4 o 5:

- La ‘Task force’ (grup de treball) del MIL·LENNI

Transformació sistemes de salut

(per) les dones i els nens/nenes (la millora)

- *Accions globals (holístiques)*
- *Millorar els processos de gestió (management)*
- *Accés universal a cura d’emergència obstètrica*
- *Cura i salut reproductiva*

Objectiu 4 i 5

La Salut Infantil i Materna estan

inter-connectades

Although child health and maternal health present very different challenges – indeed, often pull in different directions – they are also inextricably linked. The task force made a clear decision from the start that it would stay together as one task force and build connections between the two fields. And there is common ground: all task force members were convinced that the fundamental recommendation of the joint task force must be that widespread, equitable access to any health intervention – whether primarily for children or for adults

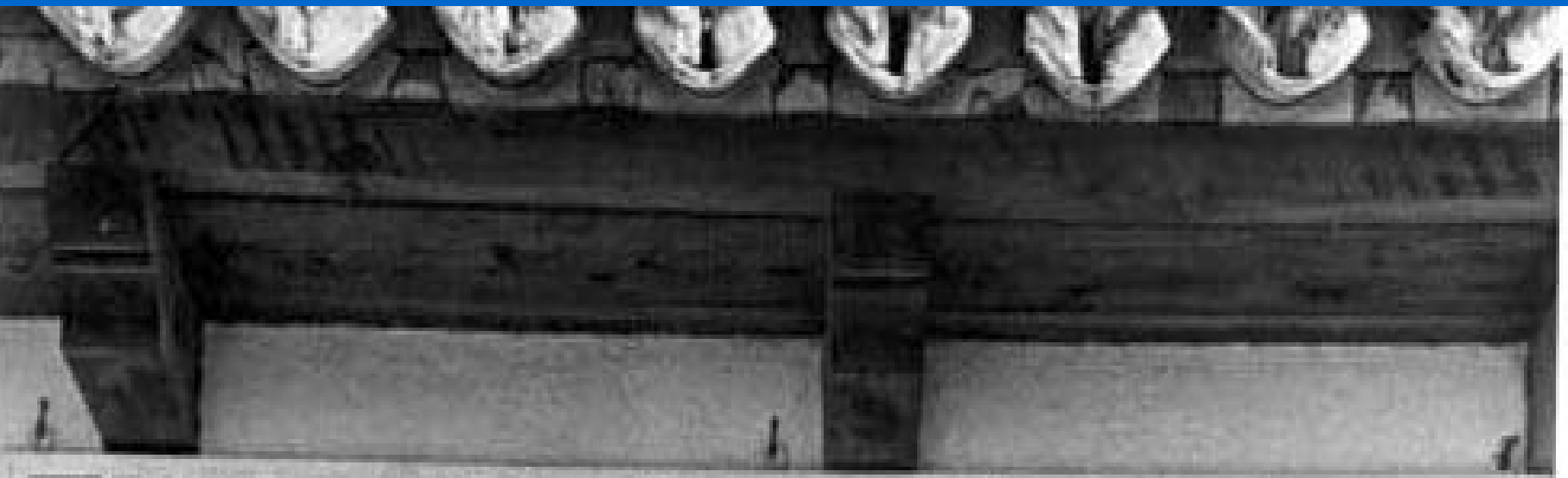
Objectiu 4 i 5

Recomancions principals del Grup de Treball
The principal recommendations of the Task Force on Child Health and Maternal Health

1. Sitemes de SALUT:
reforçament / focus / APS/ PS/integrals)

Health systems: Health systems, particularly at the district level, must be strengthened, with priority given to strategies for reaching the child health and maternal health Goals.

- **• Health systems are key to the sustainable and equitable delivery of technical interventions.**
- **• Health systems should be understood as core social institutions that are indispensable for reducing poverty and advancing democratic development and human rights.**
- **• To increase equity, policies should strengthen legitimacy of well governed states, prevent excessive segmentation of the health system, and enhance the power of the poor and marginalized to make claims for care.**



FUNDACION BEHRHORST

CLINICA-HOSPITAL-RAYOS X-LABORATORIO-EXTENSION AGRICOLA
NUTRICION-PROMOTORES DE SALUD-ORIENTACION FAMILIAR

HORAS DE CONSULTA

DIA	MAÑANA	TARDE
LUNES, MIERCOLES, VIERNES	8:00 A 12:00	14:00 A 17:00
MARTES, JUEVES, SABADO	8:00 A 12:00	

EMERGENCIAS: SE ATIENDEN TODOS LOS DIAS

With beds inside and outside the one-story building, the hospital accommodates about sixty patients and their families who attend them.

Objectiu 4 i 5

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2. Fiançament: Fons Addicional

Financing: Strengthening health systems will require considerable additional funding.

• Bilateral donors and international financial institutions should substantially increase aid.

Objectiu 4 i 5

Misión

Médicos sin Fronteras es una organización internacional no gubernamental, sin ánimo de lucro, que aporta ayuda humanitaria a poblaciones en situación precaria y a víctimas de catástrofes de origen natural o humano, sin discriminación de raza, sexo, religión, filosofía o política.

Fue creada en 1971 para actuar en cualquier lugar donde hubiera emergencia, o limitado acceso a la salud.
Sus acciones se rigen según la ética médica universal, y el derecho a la asistencia, que protégé a toda población vulnerable. La neutralidad, imparcialidad e independencia son sus principios fundamentales.

En el norte de Colombia, Médicos sin Fronteras desarrolla proyectos en las regiones del Magdalena Medio, Costa Atlántica y Urabá.

Fotografía: James Fraser

Este evento lo dedicamos a todas aquellas personas que han sufrido la violencia y aquellas que se han sentido solidarias con la población vulnerable de Colombia.

se propone el encuentro, en uno de sus escenarios centrales, de las artes plásticas y de las letras en un diálogo creativo. El escenario de este diálogo se amplía en cinco espacios de reflexión pública... Médicos sin Fronteras abre un espacio en medio de sus actividades, poco dedicado a la reflexión y a la expresión en torno a la acción humanitaria, el conflicto y la paz... Este evento lo dedicamos a todas aquellas personas que han sufrido la violencia, y aquellas que se han sentido solidarias con la población vulnerable de Colombia

MEDICOS SIN FRONTERAS
MEDECINS SANS FRONTIERES

Este evento ha sido organizado con la entrañable
Colaboración de:
Francisco Olano, Oscar Collazos, Juliana Abello y Alvaro Restrepo

Gracias a los aportes de:

Y los donadores de nuestros proyectos en Colombia
NORAD (Noruega)
CIDA (Canadá)
ECHO (Unión Europea)
FONDOS PROPIOS (Holanda)

AGRADECIMIENTOS A LA COLABORACION Y APOYO DE:
Museo Naval del Caribe, Hotel Santa Clara Sofitel y Teatro Heredia

Calle de los 7 Infantes N. 9 - 94
Tels 095 6642781 6601741
Cartagena de Indias

MEDICOS SIN FRONTERAS
MEDECINS SANS FRONTIERES

ACCIÓN HUMANITARIA EN EL CONFLICTO: SALUD PARA LA

ENCUENTRO EN CARTAGENA, ABRIL 9 Y 10

Acción humanitaria en el conflicto: salud para la paz, se pro
encuentro, en uno de sus escenarios centrales, de las artes plásti
letras en un diálogo creativo. El escenario de este diálogo se amplía
escenarios: la reflexión pública, que diversos actores y mediador
conflicto colombiano harán durante estas jornadas, promovidas por
sin Fronteras, organización humanitaria internacional que ha que
promover diálogos de convivencia en medio de los inocultables y
"Desastres de la Guerra", expresión con que el gran Francisco
plasmó en su época el horror de la contienda que enfrentó a Fra
Españoles.
Nuestro evento contiene el germen esperanzador de la creatividad
y la reflexión, así como la promoción de una conciencia crítica que
de manera creativa, ofrezca respuestas a la encrucijada de la
"Confío en la creatividad para encontrar la solución" escribió el nob
Shimon Peres. Y es esta la creatividad que proponemos en medio de
radicalizados y a menudo sordos a esa "tercera opción" civiliz
donde habrá de surgir un futuro de paz.

Colaboraciones de:
Francisco Ollala, Oscar Collazos, Jaime Ubilla y Mauro Restrepo

Gracias a las siguientes de:

Y los donadores de nuestros proyectos en Colombia
NORAD (Noruega)
CIDA (Canadá)
ECHO (Unión Europea)
FONDOS PROPIOS (Holanda)

AGRADECIMIENTOS A LA COLABORACION Y APOYO DE:
Museo Naval del Caribe, Hotel Santa Clara Suites y Teatro Heredia

Coordinadoras de la Sociedad Civil de las Regiones
Autónomas de la Costa Caribe Nicaragüense

Karihbi Kus trabilka bara mipika nani asla dauki ul banka

Agenda Regional Costa Caribe

ipade · MS América Central · KEPA Finlandia · Oxfam Gran Bretaña · Cooperación Austriaca para el Desarrollo

Objectiu 4 i 5

Recomancions principals del Grup de Treball

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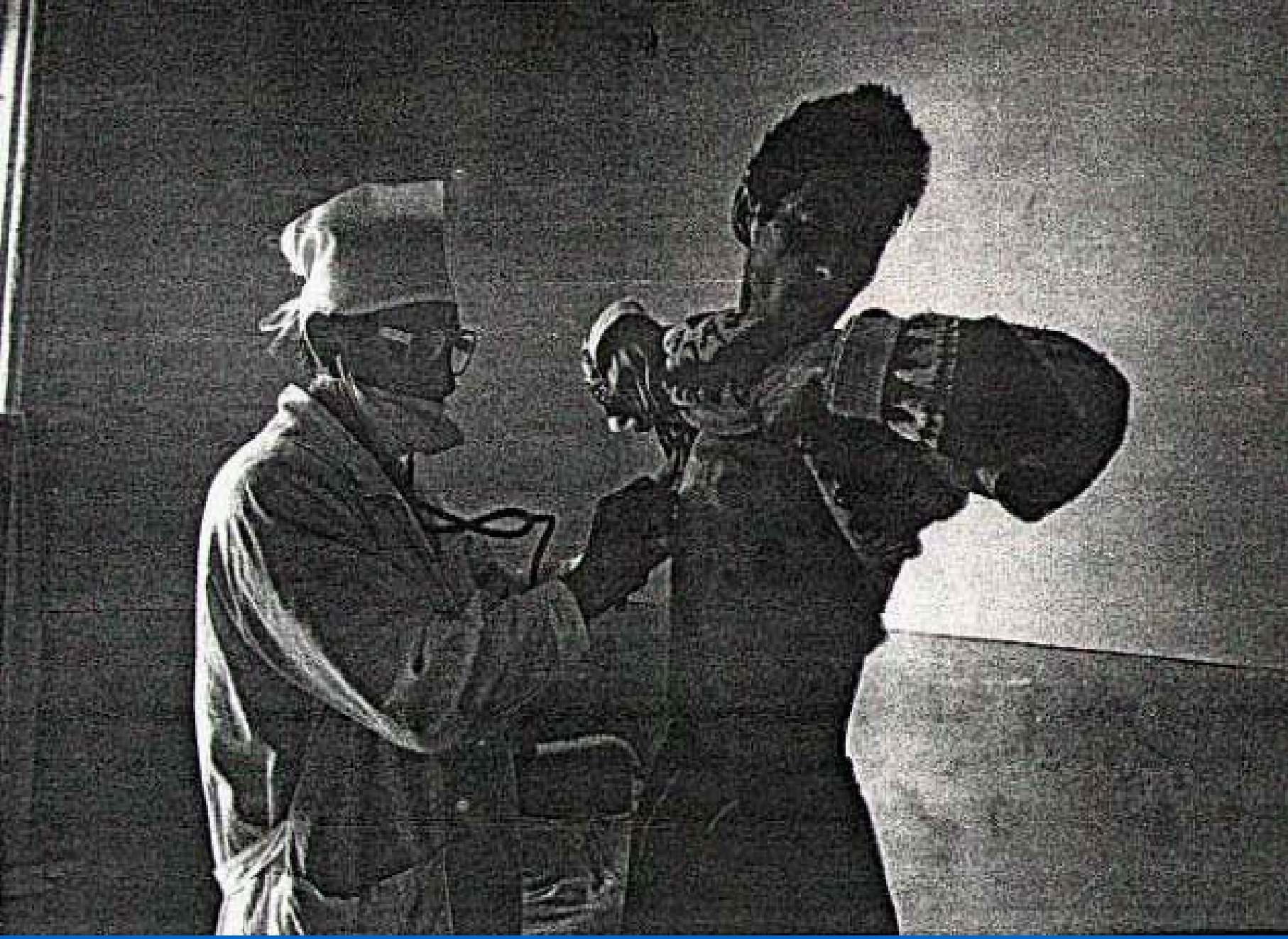
3. Recursos Humans : d'acord OBJECTIUS SS

Human resources: The health workforce must be developed according to the goals of the health system with the rights and livelihoods of the workers addressed.

- *• Any health workforce strategy should include plans for building a cadre of skilled birth attendants.*
- *• Regulations and practices, including those related to 'scope of profession,' should be changed to empower a wider range of health workers to perform life-saving procedures safely and effectively*.



Niños huérfanos a causa del sida se lavan antes de comer en la Casa de la Esperanza, en Pelapye (Botsuana). / M. P. O.

Si los azoto y sangran...

JAIME E. OLLÉ GOIG

Han transcurrido más de dos décadas, pero todavía recuerdo perfectamente la tarde que pasé en

que otras 15.000 se sigan infectando diariamente para que, ¡por fin!, el mundo se haya empezado

sarcoma, el chófer de un político en la capital que me asegura que ya se ha curado del sida y pide

Me viene a la memoria un sinnúmero de imágenes que pasan ante mis ojos cansados: la peque-

Objectiu 4 i 5

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4. Salut Sexual i Reproductiva

Sexual and reproductive health and rights: Sexual and reproductive health and rights are essential to meeting all the MDGs, including those on child health and maternal health.

- • HIV/AIDS initiatives should be integrated with programs on sexual and reproductive health and rights.
- • Universal access to reproductive health services should be ensured.
- • Adolescents should receive explicit attention with services that are sensitive to their increased vulnerabilities and designed to meet their needs.
- • In circumstances where abortion is not against the law, abortion services should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion.
- • Governments and other relevant actors should review and revise laws, regulations, and practices – including those on abortion – that jeopardize women's health.


entro del consejo regional de salud
ogo con las Autoridades Nacionales del Minsa
Encuentro del consejo regional de sa

Objectiu 4 i 5

ecomancions principals del Grup de Treball

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5. Mortalitat Infantil: Accés

Child mortality: Child health interventions should be scaled up to 100 percent coverage.

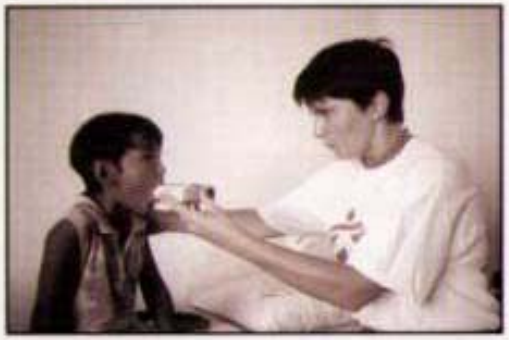
- *• Child health interventions should be increasingly offered within the community, backed up by the facility-based health system.*
- *• Child nutrition should receive additional attention.*
- *• Interventions to prevent neonatal deaths should receive increased investment.*

El modelo de salud de la Región Autónoma del Atlántico Norte

UNIVERSIDAD DE LAS REGIONES AUTONOMAS
DE LA COSTA CARIBE NICARAGUENSE (URACCAN)

Operational Research

In addition to delivering medical assistance, MSF has launched an Operational Research Programme into the links between the environmental disaster and the public health crisis in the Aral Sea Area. In that framework, MSF has engaged in a number of projects with local and international researchers, including a study on the links between dust and respiratory diseases. Other studies explore the links between water salinity, hypertension and kidney diseases. The overall objective of this programme is to provide policy-makers with sound environmental and health data, thus providing a basis for positive change in favour of the Aral Sea population.



Ferghana, Uzbekistan

In May 2000, MSF established an office in the Ferghana valley, the goal of which is to carry out community health education and develop educational materials and training seminars. This will be done in cooperation with the newly revived traditional social structure of *makhalla* and through publications and the mass media.
From selected *makhallas* in Namangan, Andijan and Ferghana *oblasts*, MSF plans to expand this educational programme and will ultimately transfer the programme to local health care workers.

Access to Essential Drugs Campaign

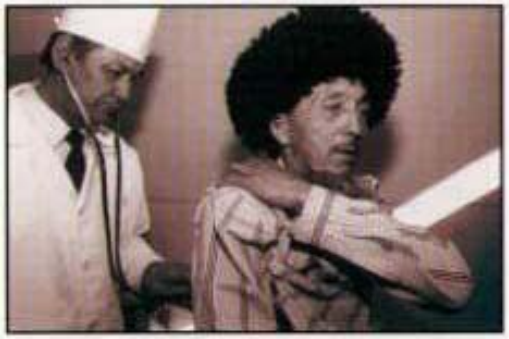
The MSF Aral Sea Area medical programme is linked to the MSF international "Access to Essential Drugs Campaign", which is financed with the Nobel Prize award. The objective of this campaign is to advocate for improved access to medicines for victims of infectious diseases. Based on 2 years of experience with DOTS TB treatment in the region, the MSF Aral Sea Area programme will provide input for this campaign from the field.

Médecins Sans Frontières
Aral Sea Area Programme
Konstitutsiya 4, Tashkent 700031
Tel : 998 - (71) 152 40 32/31
Fax : 998 - (71) 120 70 72
info@msfh-tashkent.uz
Visit our web page on : www.msf.org/aralsea

MEDECINS SANS FRONTIERES
ВРАЧИ БЕЗ ГРАНИЦ

UP-DATE

ARAL SEA AREA PROGRAMME



Tashkent - September 2000

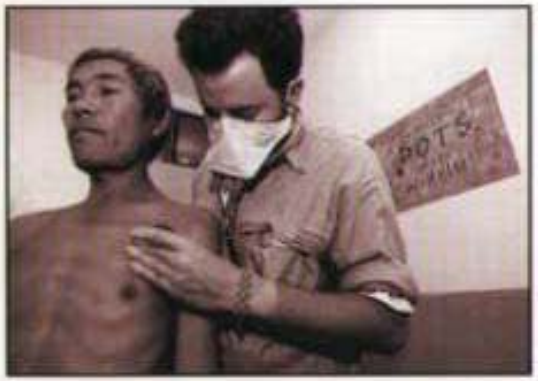
MSF - GENERAL INFORMATION

Médecins Sans Frontières (MSF) is the world's largest humanitarian, non-governmental medical organisation, active in over 85 countries.
MSF aims to provide medical and humanitarian aid for people in crisis situations. MSF programmes are intended to help victims of conflicts, disasters, epidemics and refugee situations. This is done through the provision of direct medical care.
In addition, MSF endeavours to bring the humanitarian situation of populations in danger to the attention of the world community.
MSF is a programme-implementing organisation, not a funding organisation.

MSF IN THE ARAL SEA AREA

MSF established a presence in the Aral Sea area in 1997, and is still the only international medical NGO based in the area. Operations are supported from MSF regional offices in Tashkent and Ashgabat.

Medical aid is focused on tuberculosis (TB) control, respiratory infections and diarrhoeal diseases. To combat TB, MSF implements the WHO developed tuberculosis control strategy DOTS (*Directly Observed Treatment, Short-course*).



DOTS FOR ALL

Pilot programmes in Muynak and Kungrad in Karakalpakstan, and in Kunya-Urgench and Turkmenbashi in Turkmenistan have been expanded into a full-scale "DOTS for ALL" strategy strategy, designed for all patients newly infected with TB.
In order to support the implementation of "DOTS for ALL", MSF focuses on training, implementation support, policy development and drugs supply, along with water and sanitation and hygiene improvements.

MSF has established a Regional Training Centre in Nukus to train local health care workers in the Aral Sea area on DOTS. In addition, MSF is carrying out a separate training programme for health care workers on acute respiratory infections and the control of diarrhoeal diseases.

RECENT DEVELOPMENTS

Turkmenistan

In July 2000, the implementation of the 'DOTS for ALL' strategy was officially launched in Dashoguz city, in Turkmenistan.
This followed DOTS training undertaken in the Dashoguz central TB hospital for the main categories of health care workers. Through comprehensive teaching methods including videos and practical exercises, 35 doctors, 105 nurses and 7 laboratory technicians were trained in DOTS.

Khorezm

In the first week of October, a DOTS programme will open in three *rayons* (Gurlen, Yangibazar and Shavat) of the Khorezm *oblast* (region). To prepare for this programme, 26 doctors and laboratory technicians, as well as 42 nurses and feldshers have received DOTS training from MSF in September.

1 Objectiu 4 i 5

ecomancions principals del Grup de Treball

he principal recommendations of the Task Force on Child Health and Maternal Health

. Mortalitat Materna: APS & PS

Maternal mortality: Maternal mortality strategies should focus on building a functioning primary healthcare system, from first referral-level facilities to the community level.

- • Emergency obstetric care must be accessible for all women who experience complications in pregnancy and childbirth.
- • Skilled birth attendants, whether based in facilities or communities, should be the backbone of the system.
- • Skilled attendants for all deliveries must be integrated with a functioning district health system that supplies, supports and supervises them adequately.

Objectiu 4 i 5

Objectiu 4 i 5

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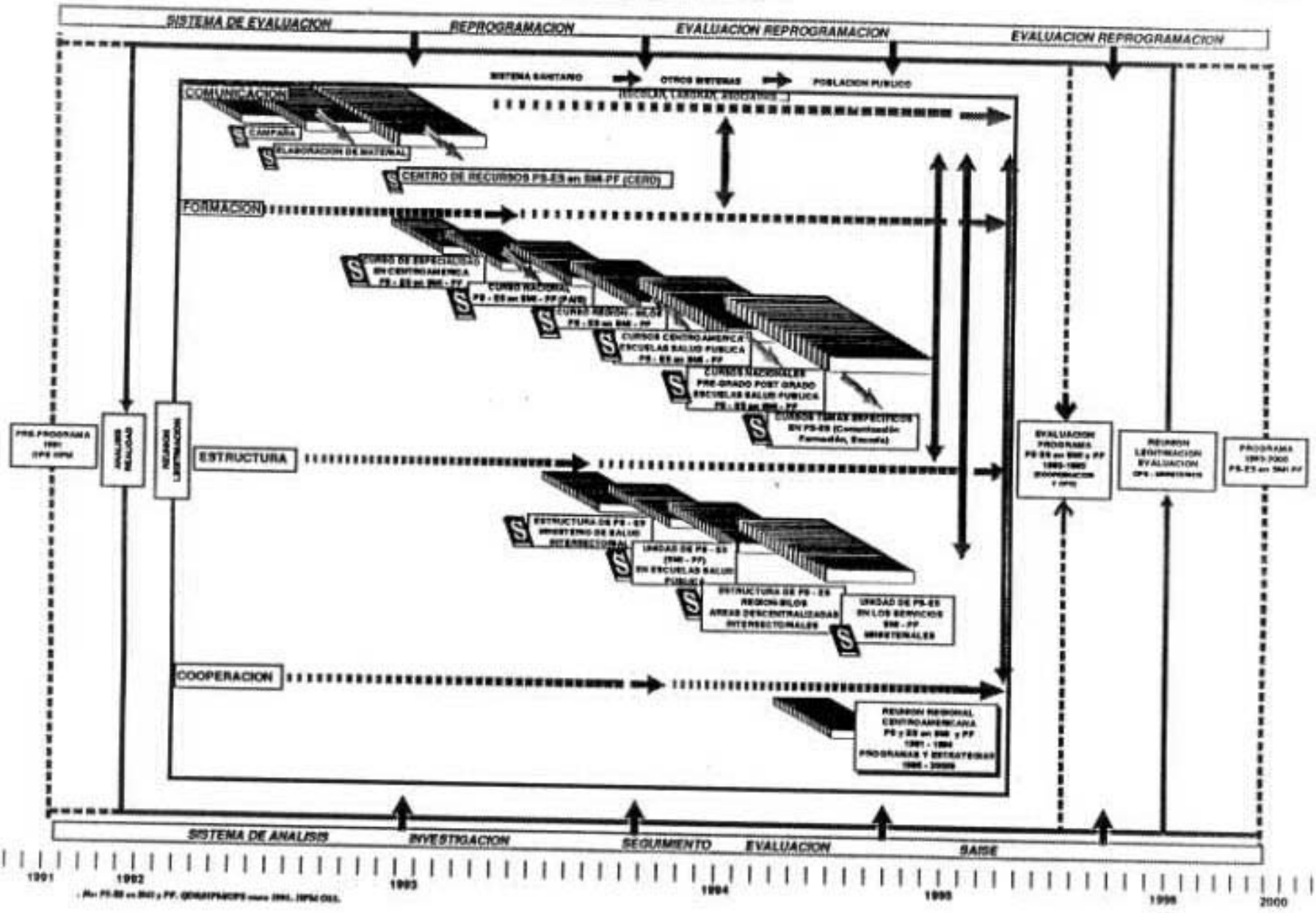
7 Mecanismes globals

Global mechanisms: Poverty-reduction strategies and funding mechanisms should support and promote actions that strengthen equitable access to quality healthcare and do not undermine it.

- *• Global institutions should commit to long-term investments.*
- *• Restrictions to funding of salaries and recurrent costs should be removed.*
- *• Donor funding should be aligned with national health programs.*
- *• Health stakeholders should participate fully in policy development and funding plans.*

PROYECTO DE PROGRAMA DE PROMOCION DE LA SALUD Y EDUCACION PARA LA SALUD EN MATERNO INFANTIL Y PLANIFICACION FAMILIAR (PS - ES en SMI - PF) PARA LAS AMERICAS, 1991 - 2000
FASE CENTROAMERICA 1992 - 1995



SEMINARIO NACIONAL DE ATENCION PRIMARIA Y PROMOCION DE LA SALUD

Septiembre 4, 5 y 6 de 1991

Pereira

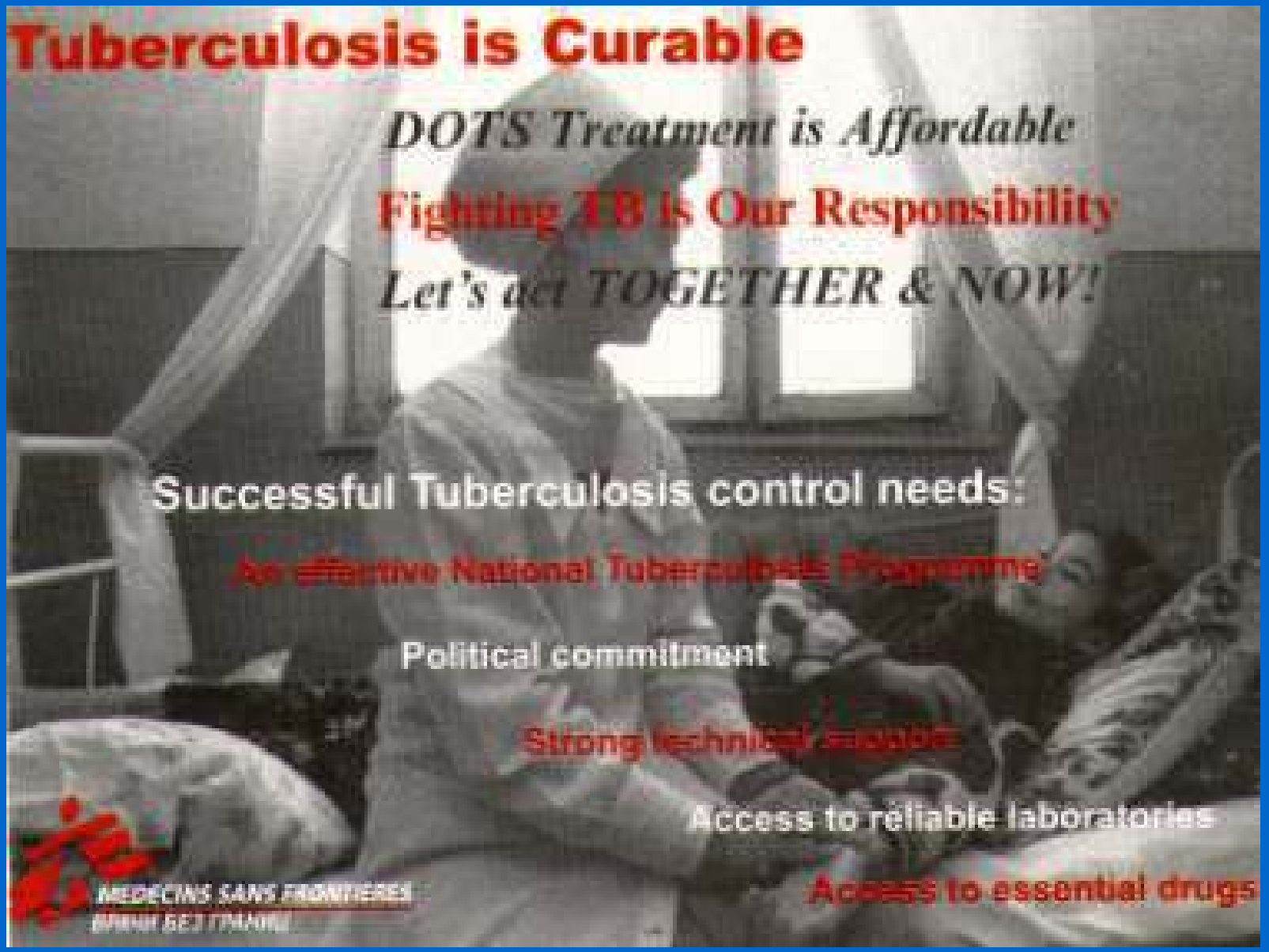
FUNDACION FES

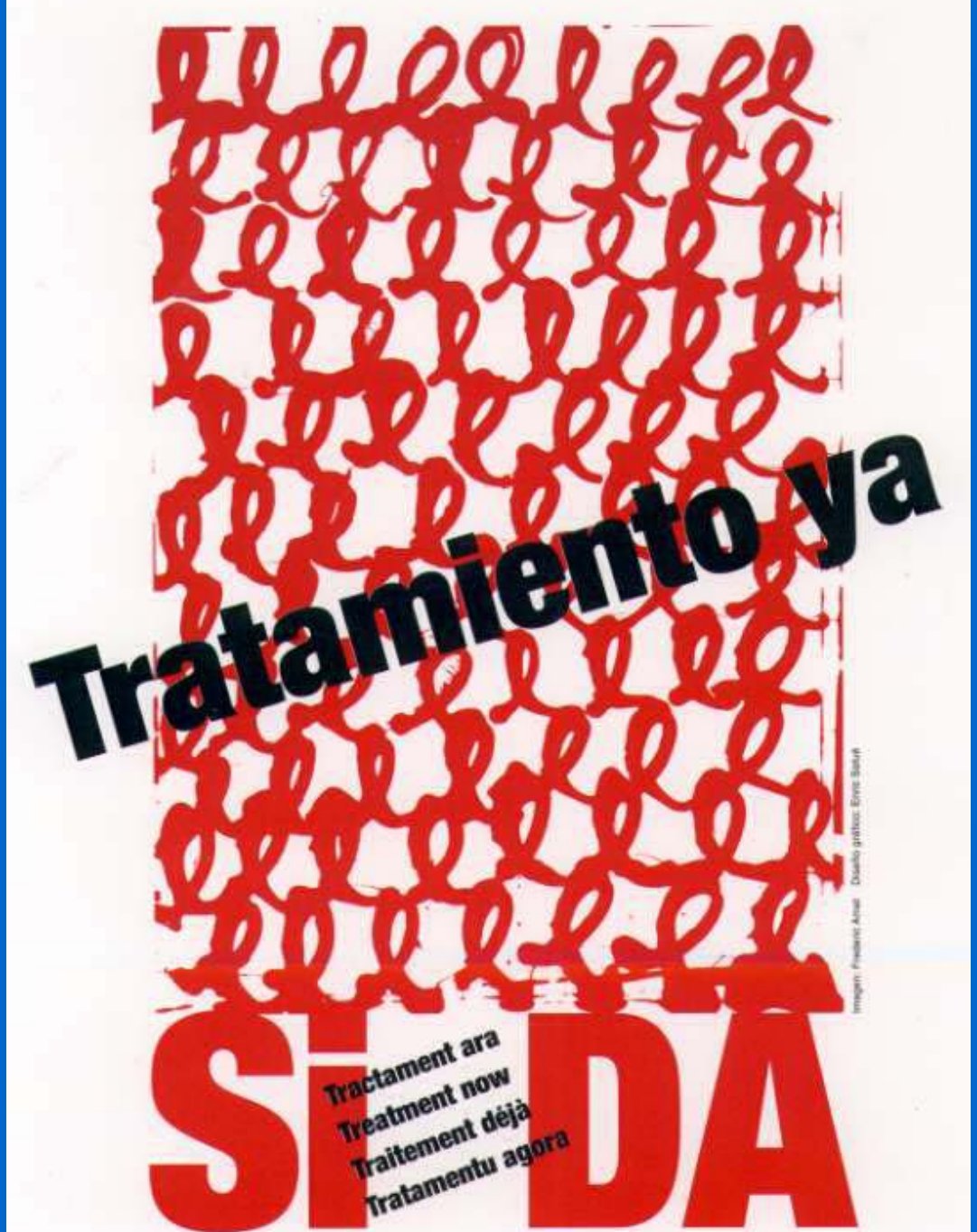
F·R·B

MINISTERIO DE SALUD

3:30 PM	RED NACIONAL DE ATENCION PRIMARIA DR. ALFREDO AGUIRRE
4:00 PM	CAFE
4:15 PM	LA UTILIZACION DE MEDIOS MASIVOS DE COMUNICACION PARA LA PROMOCION DE LA SALUD. DR. IGNASI JUAN DE CREIX
4:45 PM	TRABAJO EN GRUPOS.
6:00 PM	PLENARIA MODERADORA: DRA. HELENA RESTREPO
VIERNES. SEPTIEMBRE 6	
8:00 AM	EL ESTIMULO A LA PARTICIPACION SOCIAL. DR. GUSTAVO DE ROUX
8:30 AM	PRINCIPIO DE INTEGRACION FUNCIONAL COMO BASE DEL PROGRAMA DE ATENCION PRIMARIA – SILOS MANIZALES. DR. JOSE MIGUEL CARDENAS
9:00 AM	ESTRATEGIA ESCUELA DE MADRES. DRA. MARLENY MUÑOZ
9:30 AM	SANEAMIENTO BASICO CON PARTICIPACION COMUNITARIA. DR. JOHN RESTREPO
10:00 AM	CAFE
10:15 AM	EXPERIENCIA DE ATENCION PRIMARIA – POPAYAN DR. CARLOS ERAZO
10:35 AM	EXPERIENCIA DE ATENCION PRIMARIA – CUCUTA DRA. MARIELA DE SOLANO
10:55 AM	UN MODELO DE DESARROLLO INTEGRAL COMUNITARIO URBANO – CALI. DRA. PILAR URIBE DE BERNAL
11:15 AM	EXPERIENCIA DE ATENCION PRIMARIA – MEDELLIN DRA. MARIA CRISTINA CORDOBA

Fundación FES, División Social Area de Salud
Carrera 5 Nº 6-05 Apartado Aéreo 5744 Cali
Tel: 822524 - 845933 Fax: 834706


Tuberculosis is Curable
DOTS Treatment is Affordable
Fighting TB is Our Responsibility
Let's act TOGETHER & NOW!
Successful Tuberculosis control needs:
An effective National Tuberculosis Programme
Political commitment
Strong technical capable
Access to reliable laboratories
Access to essential drugs
MEDECINS SANS FRONTIERES


Tratamiento ya
SIDA
Tractament ara
Treatment now
Traitement déjà
Tratamentu agora

Encuentro reivindicativo

Plaza Catalunya, sábado 6, 19:00h

Ven y exige el acceso al tratamiento

Coalición internacional "Tratamiento ya":

MÉDICOS DEL MUNDO

EDUCACIÓN SIN FRONTERAS

RED2002

FARMA MUNDI

medicus mundi

Fundació UN SOL MÓN

PATASUS

S.O.S. RACISME

Intermón Oxfam

MÉDICOS SIN FRONTERAS

cuts African life expectancy to 26

IN BRIE

Man ki
trying t
stop fi

A man was killed
yesterday after he
break up a brawl
two women. Polic
revealed how the
Anthony Hall,
Hastings, was fou
the Spa Shop, in
St Leonards-on-s
Sussex. Detective
studying security
from the scene. D
Chief Inspector S
appealed for witn
team have viewed
and it is clear tha
a number of peop
scene at the time
woman is being c
by police.

M3 pile-u

Six people were
injured when a st
towing a caravan
on the M3, block
lanes and causing
vehicles to crash
driver of the car
up by an accomp
injured were take
Hampshire Hosp

Trophy au

A trophy present
Malcolm Campbe
breaking the lan
record in 1931 is
auctioned by Bo
week for an estim
£35,000. Campbe
Lord Wakefield

Lazos solidarios contra el sida

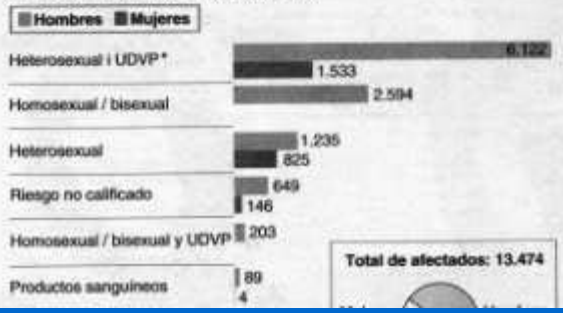
caso diagnosticado en Cataluña, en 1981, la epidemia se ha cobrado 8.277 vidas

Colectivos de lucha contra el sida despliegan ante la catedral de Barcelona, en mayo de 2000, un tapiz confeccionado en memoria de las víctimas. / SUSANNA SÁEZ

Transmisión del sida en Cataluña

Afectados mayores de 13 años según las vías de transmisión del virus

Datos de enero de 1981 hasta diciembre de 2001



xuales de riesgo, muy probablemente por la reducción de la mortalidad y el incremento de la calidad de vida de los enfermos que se ha logrado gracias a los fármacos antirretrovirales que incluyen inhibidores de la proteasa. El 16% de los casos diagnosticados en los últimos dos años en Cataluña se engloban en el grupo de transmisión homosexual.

Las cifras recogidas por el Ceescat son menos desalentadoras cuando se refieren al sida pediátrico —es decir, el que se diagnostica en menores de 13 años—; en la mayoría de estos casos el virus se ha adquirido por vía vertical (transmisión madre-hijo).

en los años 1994 y 1995 (1.571 y 1.557 casos, respectivamente). Desde entonces el número de casos notificados ha descendido año tras año gracias a la eficacia de los denominados *cócteles* de fármacos (terapias antirretrovirales combinadas que incluyen un inhibidor de la proteasa). Estos tratamientos han reducido también drásticamente la tasa de

Durante el año 2000 sólo se diagnosticaron en Cataluña dos casos de sida pediátrico

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3. Sistemes d'Informació

Information systems: Information systems are an essential element in building equitable health systems.

- *Indicators of health system functioning must be developed and integrated into policy and budget cycles.*
- *Health information systems should provide appropriate, accurate and timely information to inform management and policy decisions.*
- *Countries must take steps to strengthen vital registration systems.*

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Table 1
Major trends in the Goals, by region

	Africa		Asia				Oceania	Latin America & Caribbean	Commonwealth of Independent States	
	Northern	Sub-Saharan	Eastern	South-eastern	Southern	Western			Europe	Asia
Goal 1 Eradicate extreme poverty and hunger										
Reduce extreme poverty by half	on track	high, no change	met	on track	on track	increasing	no data	low, minimal improvement	increasing	increasing
Reduce hunger by half	high, no change	very high, little change	progress but lagging	progress but lagging	progress but lagging	increasing	moderate, no change	on track	low, no change	increasing
Goal 2 Achieve universal primary education										
Universal primary schooling[a]	on track	progress but lagging	on track	lagging	progress but lagging	high but no change	progress but lagging	on track	declining	on track
Goal 3 Promote gender equality and empower women										
Girls' equal enrollment in primary school	on track	progress but lagging	met	on track	progress but lagging	progress but lagging	on track	on track	met	on track
Girls' equal enrollment in secondary school	met	progress but lagging	no data	met	progress but lagging	little change	progress but lagging	on track	met	met
Literacy parity between young women and men	lagging	lagging	met	met	lagging	lagging	lagging	met	met	met
Women's equal representation in national parliaments	progress but lagging	progress but lagging	declining	progress but lagging	very low, some progress	very low, no change	progress but lagging	progress but lagging	recent progress	declining
Goal 4 Reduce child mortality										
Reduce mortality of under-five-year-olds by two-thirds	on track	very high, no change	progress but lagging	on track	progress but lagging	moderate, no change	moderate, no change	on track	low, no change	increasing
Measles immunization	met	low, no change	no data	on track	progress but lagging	on track	declining	met	met	met
Goal 5 Improve maternal health										
Reduce maternal mortality by three-quarters	moderate	very high	low	high	very high	moderate	high	moderate	low	low

met or on track | progress, but too slow | no or negative change | no data

COMISION DE SALUD DEL CONSEJO REGIONAL AUTONOMO ATLANTICO NORTE RAAN

INSTITUTO DE MEDICINA TRADICIONAL Y DESARROLLO COMUNAL

URACCAN

MINISTERIO DE SALUD SILAIS - RAAN

V SESION DEL CONSEJO REGIONAL DE SALUD

IMPLEMENTACION DEL MODELO DE SALUD DE LA RAAN

MARZO 2002

BILWI, PUERTO CABEZAS, NICARAGUA

HORIZONT 3000

MEDICOS

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9. Fites i Indicadors (modificables)

Targets and indicators: The MDG targets and indicators should be modified as follows:

- *• All targets should be framed in equity-sensitive terms.*
- *• Universal access to reproductive health services should be added as a target to MDG 5.*
- *• All targets should have an appropriate set of indicators as shown in (table 1)*

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Table 1.
Existing and proposed targets and indicators for the child health and maternal health MDGs
Proposed modifications appear in italics

Goal	Target	Indicators
Goal 4: Reduce child mortality	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate, *ensuring faster progress among the poor and other marginalized groups.*	• Under-five mortality rate • Infant mortality rate • Proportion of 1-year-old children immunized against measles • *Neonatal mortality rate* • *Prevalence of underweight children under 5 years of age* (see MDG 1 indicator)
Goal 5: Improve maternal health	Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio, *ensuring faster progress among the poor and other marginalized groups.* *Universal access to reproductive health services by 2015 through the primary healthcare system, ensuring faster progress among the poor and other marginalized groups.*	• Maternal mortality ratio • Proportion of births attended by skilled health personnel • *Coverage of emergency obstetric care* • *Proportion of desire for family planning satisfied* • *Adolescent fertility rate* • *Contraceptive prevalence rate* • *HIV prevalence among 15–24-year-old pregnant women* (see MDG 6 indicator)

Conclusions i sugeriments (o idees)

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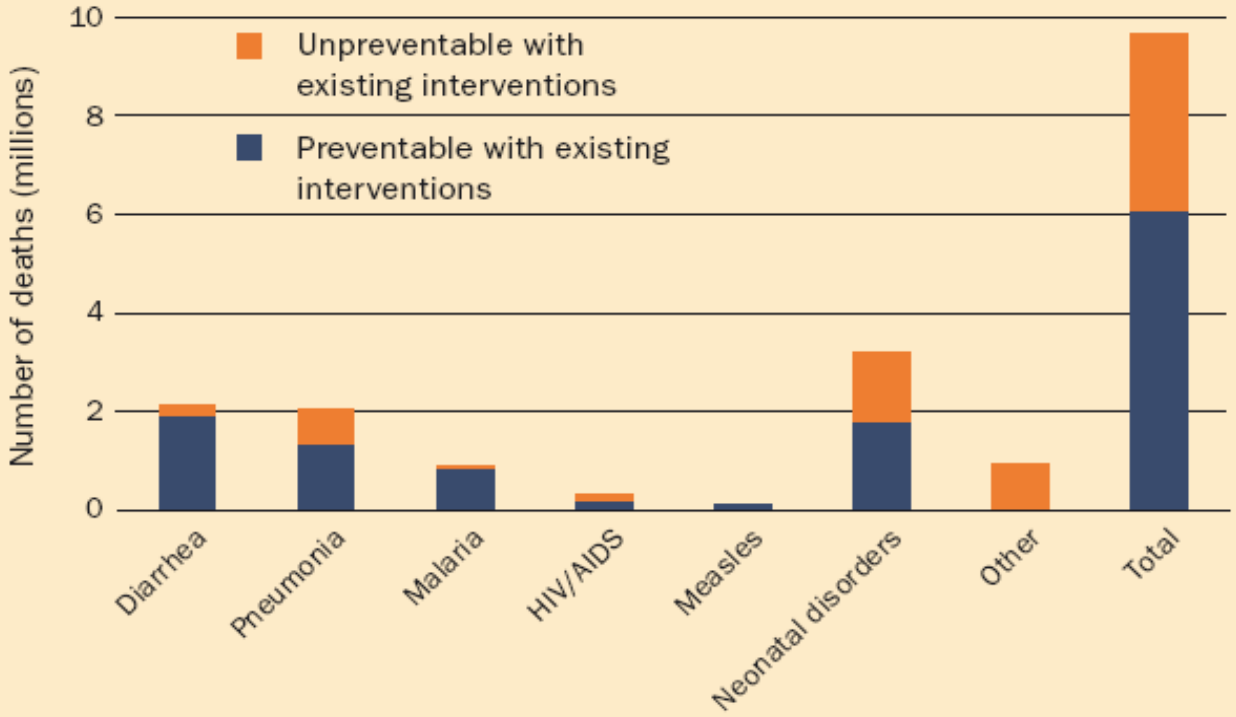
Figure 1.
Full use of existing interventions would dramatically cut child deaths

Source: Adapted from Jones et al. 2003; neonatal deaths based on Save the Children 2001.



Conclusions i sugeriments (o idees)

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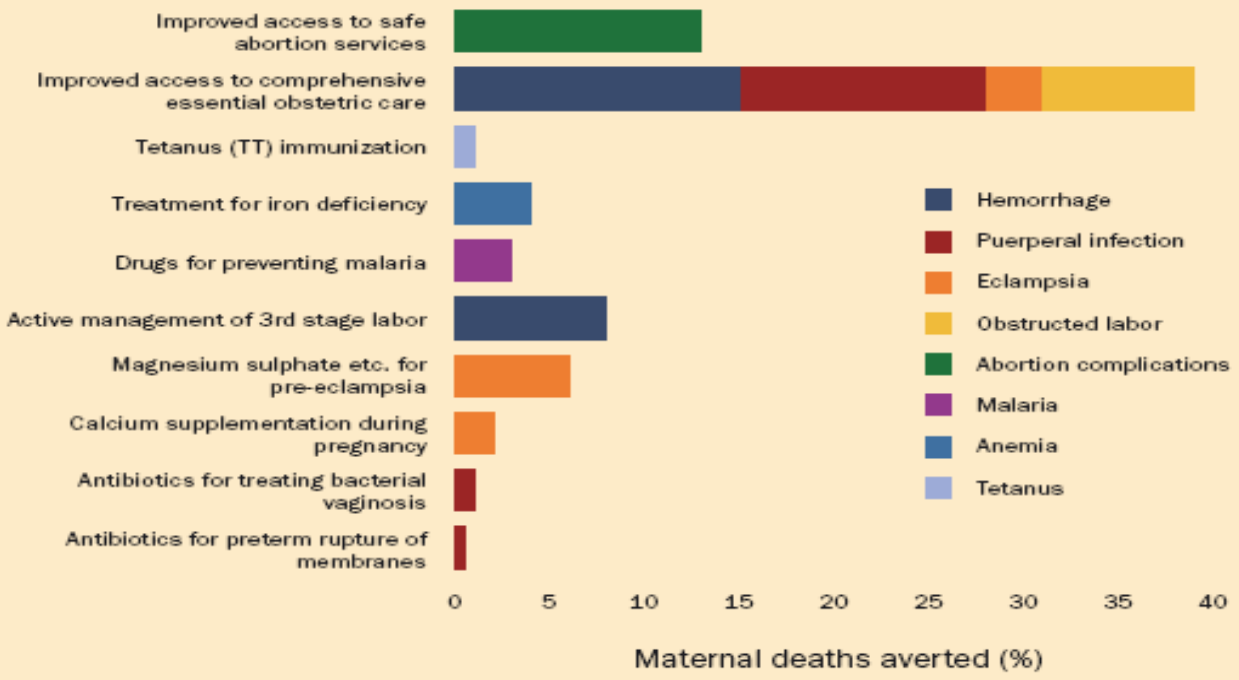
Figure 2.
Full use of existing services would dramatically reduce maternal deaths

Source: Adapted from Wagstaff and Claeson 2004.



Conclusions i sugeriments (o idees)

Millennium Project

The Millennium Project: a plan for meeting the Millennium Development Goals

J D Sachs, J W McArthur

This year marks a pivotal moment in international efforts to fight extreme poverty. During the United Nations (UN) Millennium Summit in 2000, 147 heads of state gathered and adopted the Millennium Development Goals (MDGs, panel 1) to address extreme poverty in its many dimensions—income poverty, hunger, disease, lack of adequate shelter, and exclusion—while promoting education, gender equality, and environmental sustainability, with financing needs to achieve the MDGs. On Jan 17, the UN Millennium Project delivered its reports to the UN Secretary-General.

Practical approaches to achieve the MDGs

This series of essays provides an overview of the practical approaches that UN Millennium Project has identified. The approaches are similar to, and in some cases built directly on, the series of five essays in *The*

Lancet 2005; 365: 347–53

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http://image.thelancet.com/extras/04art12121web.pdf

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Conclusions i sugeriments (o idees)

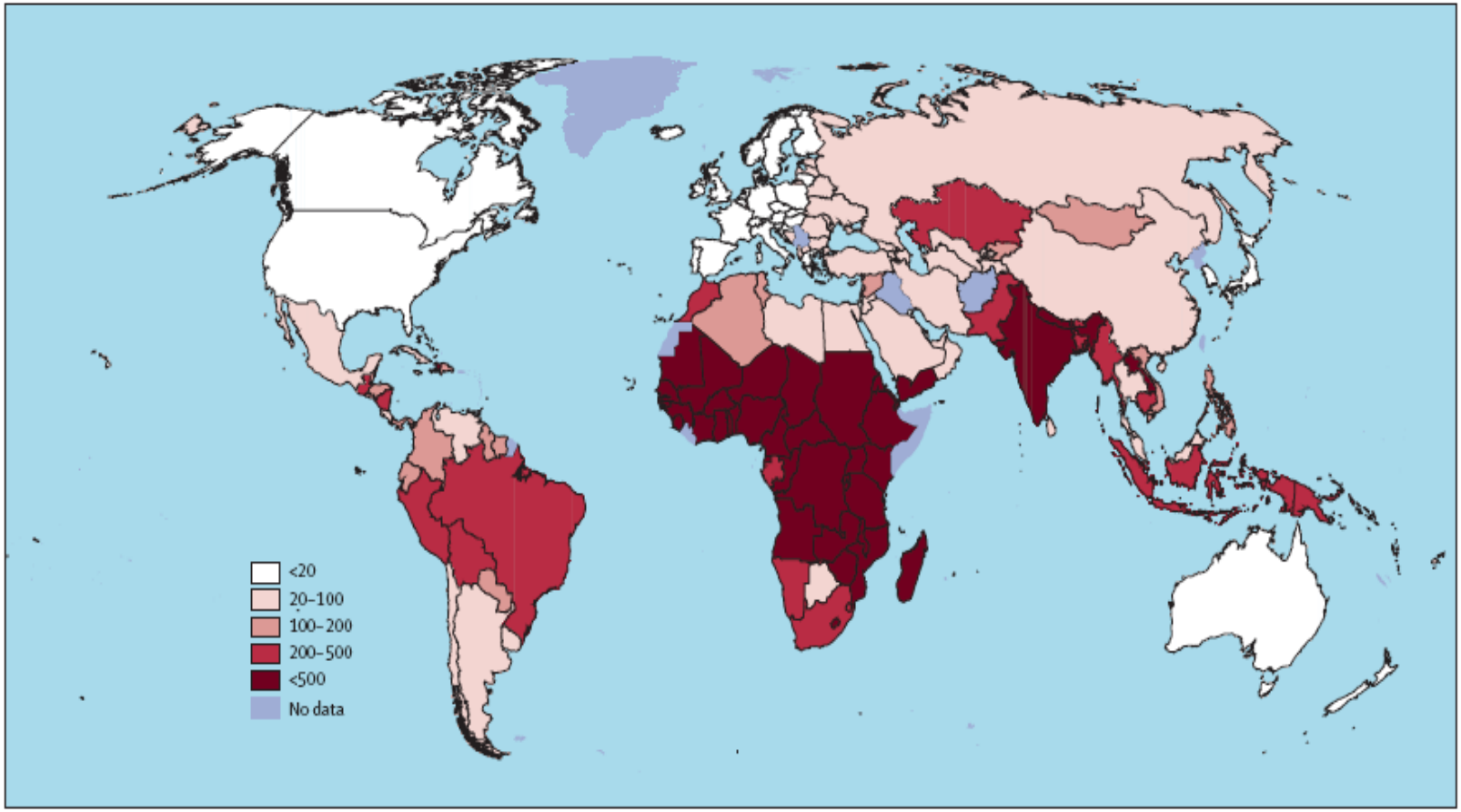

Figure 1: Maternal mortality ratio, 2000 (per 100 000 livebirths)
Source: UN Development Programme (2004).

Conclusions i sugeriments (o idees)

***Panel 3:* Examples of quick wins in the health sector**

- The training of large numbers of village workers in health, farming, and infrastructure (in 1-year programmes) to ensure basic expertise and services in rural communities
- Distribution of free, long-lasting, insecticide-treated bednets to all children in malaria-endemic zones to decisively cut the burden of malaria
- Elimination of user fees for basic health services in all developing countries, financed by increased domestic and donor resources for health
- Expansion of access to sexual and reproductive health, including family planning and contraceptive information and services, by closing existing funding gaps on contraceptive supplies, family planning, and logistics
- Expansion of the use of proven effective drug combinations for AIDS, tuberculosis, and malaria, especially in places where infrastructure already exists but finance is lacking

Conclusions i sugeriments (o idees)

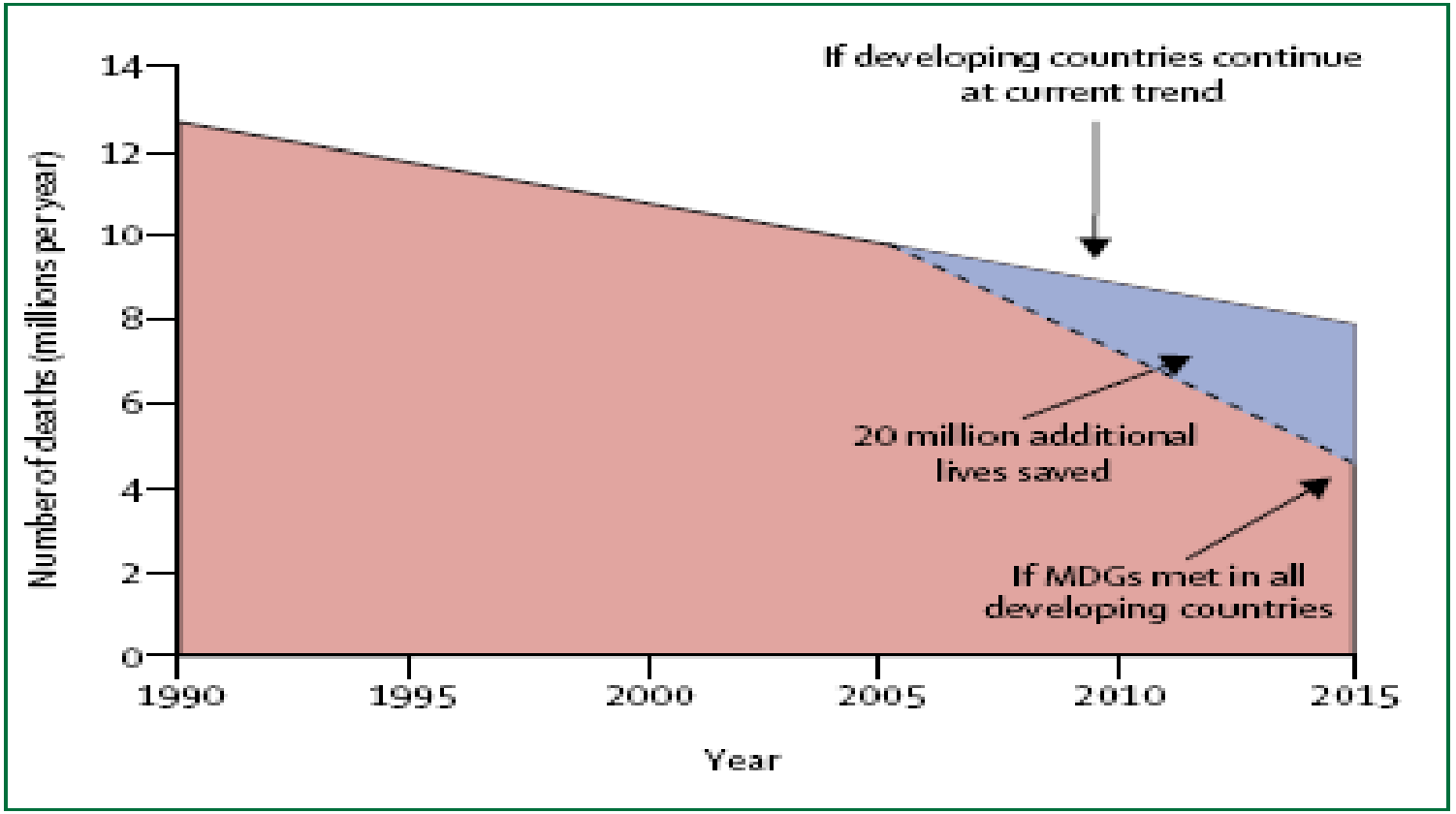

Figure 2: Global mortality of children under 5 years of age
Source: UN Millennium Project (2005).

Conclusions i sugeriments (o idees)

…international system is at stake. Without a breakthrough in 2005, well-governed, poor countries will not be effectively supported in pursuing an MDG-oriented strategy, and the already dwindling faith in international commitments to reduce poverty will probably vanish. ***If we do not act now,*** ***(Actuem Ja!)*** *the world will live without development goals, and it will be a very long way to the next Millennium Summit in the year 3000*

J D Sachs (2005).