

Q: Under-five child mortality must be reduced by two thirds by 2015 to meet MDG 4. Was this target unrealistic when it was set?

A: It wasn't a deliberately unrealistic goal although, in retrospect, it was highly aspirational. From 1960 to 1990 there was wonderful progress in child survival. The goal was based on the trend observed up until then, but no one could have predicted the massive increase of HIV, particularly in southern Africa. In addition, during the 1990s many African countries also suffered through structural readjustment plans that reduced health funding and at the same time donor funding was reduced especially for regular maternal and child health programmes, even for immunization.

Q: Setting targets is a favoured public health communications strategy. But doesn't it result in failure if targets are not met?

A: If you don't set targets nothing happens. If it wasn't for a very strong MDG framework there would be a lot more dissonance among donors and there would be a lot less political will to bring change in many governments. Many African governments are very committed to the MDGs.

Q: What is necessary to bring about the integration of the policies and services and develop an understanding at community level that people have a right to good care?

A: Policy must be owned by national governments, but when it comes

down to providing services you need communities to be on board. There are countries in Africa where people live close to health facilities but they give birth at home. There has to be a feeling of trust and respect and an understanding of the benefits available, as well as removing practical barriers such as catastrophic costs for emergency caesarean sections.

Q: This month South Africa is hosting the second Countdown to 2015. What do you expect to come out of this conference?

A: The Countdown tracks progress [on the MDGs] in 68 priority countries, with a focus on the population coverage of a set of selected interventions – those most likely to save the lives of women, babies and children. There is great news for immunization and malaria coverage. Investment in these programmes has gone up and the results are there. But we need investment to go up more for maternal and newborn interventions and also for the care of sick children.

Q: Overseas donor aid for vertical programmes such as immunization, malarial bednets and HIV increased dramatically over the past two years – for example 200% for malaria bednets. Is extra money the only answer to child and maternal mortality?

A: It's not just about more money, it is also about where the money goes and how this affects the health system. You can't drop extra antenatal interventions on antenatal care if the system is al-

ready overloaded. You also need to invest in the vehicle, and this is starting to happen. There is a paradigm shift at the GAVI Alliance [formerly known as the Global Alliance for Vaccines and Immunisation] which has funnelled billions into immunization. They now have a health system strengthening fund that is starting to invest considerable amount of money. Ethiopia was the first country to benefit from this. New initiatives such as the International Health Partnership hold hope for such progress. The message to the upcoming G8 summit in Japan is that maternal newborn and child mortality are the litmus test of a functioning health system. A consistent focus to strengthen health systems will reduce those deaths.

Q: One aspect of the debate on global warming is population control. Shouldn't the focus be more on birth control than saving lives?

A: Use of modern contraceptives is one of the most cost-effective ways to reduce the numbers of maternal and child deaths. But the birth rate is also connected to education and gender equality. Bangladesh, for example, has had a big drop in maternal mortality and under-five mortality despite having a low number of skilled attendants. This may be explained by increased maternal literacy and a big rise in the use of contraceptives. ■

Recent news from WHO

- More than 1.27 million people have been vaccinated against yellow fever in Paraguay, after an outbreak that has so far claimed six lives, it was reported on 7 March. They were the first cases of the mosquito-borne disease in a Latin American urban area in 60 years.
- On 6 March, the first Global Forum on Human Resources for Health called for immediate action to resolve the critical global shortage of some 4 million health workers. WHO estimates that 57 countries have an acute shortage with sub-Saharan Africa alone requiring an additional 1 million health workers.
- Multidrug-resistant tuberculosis (MDR-TB) has reached the highest recorded level so far. There are half a million new cases of MDR-TB annually, about 5% of the estimated 9 million new TB cases worldwide. WHO's report, released on 26 February, was based on a survey of 90 000 patients in 81 countries from 2002 to 2006. Surveys in Latvia and Ukraine found nearly twice the level of MDR-TB among TB patients living with HIV compared with TB patients without HIV.
- WHO has published the third edition of the *International Medical Guide for Ships* on behalf of the International Maritime Organization and the International Labour Organization. The new edition is consistent with both the WHO Model List of Essential Medicines and the International Health Regulations.

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