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**Millennium Villages Project:
A strategy for improving health and well-being in neighbouring countries**

Introduction

Thank you for the opportunity to address this Committee regarding health issues jointly affecting Australia and some Pacific nations.

The final report¹ from the Commission on Social Determinants of Health set up by the World Health Organization reminds us that today's health inequalities, global and within nations, are avoidable. The report states that "These inequalities in health . . . arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces." (p. ii). Thus, the global community can change the current situation by adopting policies that promote equity in health and by taking sustained action to implement those policies. Dramatic improvements in health have occurred in the past 30 years and those positive gains can be multiplied.

Attaining the health goals within the Millennium Development Goals would be a giant step in the right direction. In order to achieve those goals health systems must be strengthened (including surveillance activities), health worker skills must be improved, adequate health services must be delivered within communities, and community well-being must be increased. Improved health and well-being for the populations of our near neighbours in conjunction with strengthened government institutions in those countries would reduce the risk of cross border transmission of disease to Australia.

Millennium Development Goals – Pacific Region is Off Track

The Pacific is one of the regions that is seriously off track to meet the Millennium Development Goals (MDGs) by the target date of 2015. A recent report prepared by AusAID for the Fortieth Pacific Islands Forum, *Tracking development and governance in the Pacific*², details Pacific Island Countries progress toward meeting the MDGs. That report states that, "... no country is on track to achieve all MDGs, and no MDG is on track to being achieved by all countries." (p. 56). However, the poor quality of regional statistics and country level MDG-related data plus the lack of regular reporting makes it difficult to monitor progress toward achieving the MDGs in the Pacific.

The situation for some of Australia's nearest neighbours is that Papua New Guinea and Timor-Leste are unlikely to meet any of the MDGs and the Solomon Islands will meet few. Reducing poverty and hunger (MDG 1) is of great concern as the proportion of the population living below the basic needs poverty line has increased since 1990 in PNG and Timor-Leste. The situation in the Solomon Islands is of concern as the limited data makes tracking progress toward this goal difficult.

Progress toward achievement of the health goals (MDGs 4-6) is also of concern. The under-five mortality rate has declined in both PNG and Timor-Leste but not nearly quickly enough to meet MDG 4 (two-thirds reduction) by 2015. Solomon Islands is on track to meet MDG 4. MDG 5 (Improve maternal health, three-fourths reduction in maternal mortality ratio) will not be met by PNG as the decline in maternal deaths is too slow. Timor-Leste's data is currently insufficient to monitor progress but it is very unlikely to be on track. Solomon Islands is on track to meet MDG 5. Neither PNG nor Timor-Leste will meet MDG 6 (Combat HIV/AIDS and other diseases). HIV/AIDS is continuing to spread in both countries. The incidence of malaria is declining in PNG but increasing in Timor-Leste. Tuberculosis prevalence is declining in both countries, but again not fast enough. Solomon Islands has made good progress in reducing the incidence of malaria and the prevalence of Tuberculosis. It may be able to meet MDG 6.

AusAID has identified a number of areas in which improvements could help accelerate progress toward achieving the MDGs including: (1) improving the quality of public services and capacity of public servants; (2) assisting communities to be better informed and engage with government to demand effective and accountable government; and (3) linking capacity building for public employees with improvements in systems for service delivery. The Millennium Villages approach incorporates the above strategies.

Overview of the Millennium Villages Project Approach

The Millennium Villages Project (MVP) was conceived by the Earth Institute at Columbia University, USA and is based on the findings from the UN Millennium Project³. Under the leadership of Professor Jeffrey Sachs MVPs were initially implemented in 12 villages located across 10 sub-Saharan African countries. The initial projects were launched in 2005 and 2006 in an effort to establish *proof of concept* for broad-based, community-led rural development strategies to achieve the Millennium Development Goals at the community level in Africa.

The Millennium Villages are based on a single powerful idea: impoverished communities can transform themselves by 2015 if they are empowered with proven, powerful, practical interventions. The initiative builds on the best science available and the experience of the Earth Institute, United Nations Development Programme (UNDP), and many other organisations that have been working in rural sub-Saharan Africa. It is based on multi-sectoral approaches and inter-institutional partnerships that pivot around community-based, bottom-up empowerment of villages and local institutions. The initiative actively promotes partnerships with civil society groups, NGOs, local governments, educational institutions, and other entities. It encourages shared implementation of activities with those groups. By investing simultaneously in interventions across a multitude of sectors, including access to business development skills, clean water, education, food production, health, and essential infrastructure, poor villages are able to

get a foothold on the bottom rung of the development ladder and begin to experience self-sustaining economic growth.

The financing model is built on the premise that, with modest support, Millennium Village economies can transition over a period from subsistence farming to self-sustaining commercial activity. Over time, household incomes will rise due to increased productivity, diversification into higher value crops and expanded off-farm employment. Higher incomes will raise household savings, accelerating economic diversification and household investments in human capital. As economic growth accelerates, the villages will assume the cost of many interventions that the Millennium Villages initiative and partners fund initially.

The Millennium Villages are providing convincing evidence that (i) the combination of regionally specific, science-based interventions and local ownership is an effective means of alleviating extreme poverty regardless of agro-ecological or political conditions, (ii) reaching the benchmarks proposed in the MDGs is achievable and within cost estimates, and (iii) international aid commitments can be translated into on-the-ground, concrete investments that enable communities to get out of extreme poverty. There are now 80 Millennium Village sites managed by 14 Millennium Village Projects reaching approximately 400,000 people across the ten countries that cover all the major agro-ecological zones on the continent.

African Millennium Villages Project Results

The recently published 2008 Annual Report⁴ for the Millennium Villages Project documents the benefits that are accruing to the African communities engaged in the project. By the end of 2008, most of the fourteen MVPs had completed 2.5 years of operation – half way through phase 1.

Agriculture

MVP communities have increased yields for staple crops (on average 250%) and diversified into new crops by using improved seeds, subsidised fertilisers, and intensive training in improved farming techniques. Household grain drying cribs have been promoted for improved storage and community cereal banks were constructed in three project areas. Farmers are being linked with markets to sell their surplus crops. The benefits of home consumption of newly introduced highly nutritious crops such as fruits, legumes, and vegetables are being promoted. Women are being assisted to grow and market income-generating crops.

Business Development

Communities within the MVP have identified local business development opportunities ranging from micro to macro (> \$2 million) projects. Three agro-business initiatives were undertaken in 2008; honey in Ethiopia, Shea butter in Mali, and sunflowers in Tanzania. Additional business development initiatives are being undertaken in 2009.

Community Development and Partnerships

The 2008 priorities for this sector were (1) enhance participatory planning processes, (2) develop participatory monitoring and evaluation systems, (3) improve community, organisational, and

institutional capacity building, and (4) begin refurbishment of at least one multipurpose community centre per site. In one project district assembly members were trained how to prepare community action plans while at other sites village planning structures were revitalised or local development plans were aligned to the MDGs. Many MVP sites have initiated quarterly and annual review meetings with stakeholders. Most sites have completed institutional mapping of all relevant development organisations working in their area. Five-year strategies for institutional development are being developed. Seven projects constructed new or upgraded existing multipurpose community centres in 2008.

The global network of partners supporting the MVP is expanding. It includes governments (at local, regional, and national level) hosting MVP sites, multi-lateral development organisations, donor governments, and the private sector.

Education

At the end of 2008 MVP reached over 300 schools with over 90,000 students. All but 1 MVP are providing school meal programs and most communities are using locally produced food. Access to education has been increased by improving school infrastructure including building (220 classrooms in 2008) or rehabilitating school buildings and making infrastructure improvements such as water points, electricity, and gender-sensitive pit latrines (> 200 infrastructure improvements).

MVP collaborates with local partners and Ministries of Education to provide functional literacy classes for school leavers and adult learners. Ten MVP sites have started non-formal education programs that have enrolled over 6,500 students. This program is being expanded to all MVP sites.

The MVP approach to improving the quality of education involves: (1) teacher development, (2) improving management by school administrators, parent teacher associations, and School Management Committees. Approximately 1,300 teachers have been trained in child-centred methodologies, refresher courses, and/or other topics identified by teachers. Other training activities in 2008 included school management training, implementation of school meals program, monitoring and evaluation, and community mobilisation.

Environmental Sustainability

Protection of environmental sustainability while achieving other goals is an aim of the MVP. Three main activities were undertaken in 2008. Tree nurseries were established in order to start reforestation activities. Most MVP sites are focusing on fruit trees or trees for fuel wood. Integrated soil fertility management practices are being introduced at many sites. These practices include the combination of mineral fertilisers with organic inputs, including leguminous trees and cover crops, composts and animal manures. Erosion control for at-risk crop areas has begun at sites with degraded, steep slopes. Terraces, trenches, and check dams have been constructed.

Health

Health sector achievements include: (1) increased access to services; (2) strengthening of maternal health services; (3) using community health workers to interface between households and the health system; (4) significantly decreasing the incidence of malaria through the distribution of long lasting insecticide treated bed nets and appropriate treatment of malaria

cases; (5) improving TB case detection rates (36% to 50% on average) and treatment success rates (77% to 85% on average); (6) expanded testing and treatment services of HIV/AIDS; and (7) training large numbers (> 700) of community health workers to provide prevention education and basic treatment services at the household level.

Infrastructure

Infrastructure projects – roads, energy/electrification, information and communication technologies (ICT), water and sanitation – have been undertaken in partnership with government and private sector partners. MVPs have organised training sessions on labour-based road work techniques in order to improve the abilities of local communities to contribute to road maintenance. MVP staff has worked with electricity utilities and government to extend the grid to MVP sites and to connect key public institutions (i.e. clinics and schools). In several MVP sites solar photovoltaic power has been provided to clinics and schools. Fuel-saving institutional cook stoves have been provided to a number of schools as a pilot. A partnership with Ericsson has allowed MVP to extend mobile phone and internet connectivity to new sites.

Water and Sanitation

In 2008 the focus was on (1) rehabilitating existing and establishing new water points and distribution systems, (2) initiating water storage and treatment programs, (3) promoting small-scale agricultural and managements systems, and (4) improving sanitation and hygiene. The partnership with JM Eagle (donation of water pipes) has helped to extend piped water in several MVP sites. For example, 108 kilometres of pipes were installed in Potou, Senegal bringing clean water to 99 percent of the population and key public institutions. Water quality and monitoring took place at all sites through community assessment of causes and pathways of domestic water contamination. All MVP sites have created agricultural water management strategy plans. More than half of the sites have initiated pilot projects based on their plans. For example in Mayange, Rwanda, 50 farm ponds for micro-irrigation were constructed and fish ponds were constructed by three MVPs. Community based water and sanitation committees have been created at most MVP sites and they have received training. Community health workers also received sanitation and hygiene training at many sites. Improved and gender safe latrines have been constructed at household level and 30 percent coverage has been obtained at most sites.

Papua New Guinea Trial of the Millennium Villages Project

Papua New Guinea's (PNG) challenges are among the most complex in the world, given the critical needs for a wide-ranging scale-up of public investments and public services, in a context of extraordinarily weak infrastructure; extraordinarily high social diversity; low capacities in public administration, especially at district level; and the inherent complexity of challenges such as scaling up public health interventions, and addressing multiple urgent needs in a holistic manner (spanning agriculture, health, education, infrastructure, and business development).

At the request of the PNG Government, a consortium of universities, led by the Earth Institute at Columbia University and including James Cook University (JCU), the University of Sydney (USyd), Divine Word University (DWU), and the University of Papua New Guinea (UPNG), proposes to develop and implement a significant long-term program to support the Government of PNG in achieving the MDGs and long-term sustainable development. The program will be

led by Professor Jeffrey D. Sachs, together with a project team including the partner institutions, and in close collaboration with development partners of PNG. The PNG counterparts will be the Ministries of National Planning and District Development, and Community Development.

The Millennium Villages philosophy is aligned to PNG's development priorities as stated in the Medium-Term Development Strategy and in the newly released integrated community development policy of the Ministry for Community Development. Establishing Millennium Villages in PNG will demonstrate that multi-sectoral rural investments can deliver practical, measurable development outcomes on the ground and show that the MDGs can be achieved at the community level. The trial will provide practical lessons to the Government of PNG for scaling up community level interventions to district and provincial levels.

The Millennium Villages Project is based on a partnership model that leverages the unique strengths of NGOs, church groups and other organisations that have experience at the local level. Additionally, PNG universities including the University of PNG and Divine Word University are key partners in terms of management, technical support, provision of staff, monitoring & evaluation and research. Other PNG research institutions such as the National Agricultural Research Institution, the National Research Institution, and the Institute for Medical Research will also be important collaborators within this program. The program will actively engage a wide variety of partners and will ensure transfers of knowledge and expertise.

Millennium Villages will also build development capacity at the community and local government levels. The multi-sector interventions will provide communities training in agriculture, business development, community mobilisation, environmental sustainability, health, infrastructure development for clean water and sanitation, project management, and networking with government and non-government agencies. District government staff will have opportunities to increase their technical skills in areas such as financial management, program monitoring and evaluation, project management, and time management.

Conclusion

The Millennium Villages trial will assist the government of Papua New Guinea to meet its Millennium Development Goals at a cost that is affordable to the development community. The experience gained in Papua New Guinea will be able to guide the further expansion of Millennium Villages and the lessons learned to Timor-Leste, Solomon Islands, and other countries in the region. The strengthening of institutions and the delivery of public services along with improvements in population health and well-being for Australia's neighbours will decrease the risks for the cross border transmission of diseases such as HIV/AIDS and tuberculosis.

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