

# Oxfam's Health and Education For All campaign

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Oxfam's Health and Education For All campaign priorities in the UK in 2010/11 are:

- **The UK government should remain on track to spend 0.7% of national income on aid by 2013**
- **The UK government should implement a Robin Hood Tax for 'good causes'**
- **The UK government should promote free public healthcare in poor countries, especially for maternal health and malaria initiatives**
- **The UK government should retain a high level of aid quality.**

## Why does Oxfam campaign on health and education?

Essential services, such as healthcare and education, are fundamental rights at the heart of the Millennium Development Goals ([www.oxfam.org.uk/mdgs](http://www.oxfam.org.uk/mdgs)), and are critical for ending poverty and gender inequality. Millions of people still can't access essential services, and there are six million too few teachers, doctors and nurses in schools, hospitals and clinics around the world. Today, 72 million children, most of them girls, will not go to school. 1,000 women will die needlessly in childbirth or pregnancy. 4,000 children will be killed by diarrhoea, a disease of dirty water.

The aim of Oxfam's campaign is to increase investment in, and access to, equitable, efficient and accountable education and health services.

## What are the major blockages to achieving health and education for all?

**1. Money.** Rich country governments and international finance institutions are failing to fulfil their promises to provide more and better aid for developing countries. Aid to developing countries can be of poor quality, and not enough of it goes directly to poor countries' budgets to support national plans to provide essential services for all. In addition, donors and rich country governments often use their aid money to promote private-sector solutions to healthcare, which may exclude the most vulnerable people. This is undermining developing countries' efforts to scale up public provision of healthcare and education. Finally, there is a lack of research and development of appropriate affordable medicines for the poorest people.

**2. Developing country governments** often don't fulfil their responsibility to ensure universal access to services, and domestic resources may not be effectively mobilised. National budget allocations to the health and education sector are not sufficient to cater for free services for all, and often money is not dedicated to priority areas that will have the most impact on poverty reduction (e.g. focusing on primary education). International and regional targets on health and education provision are crucial to support national change and hold leaders to account. Furthermore, developing country governments are not taking the necessary steps to secure affordable access to medicines, including better procurement and delivery of medicines, using existing ways of reducing medicine prices, or investing in new medicines for illnesses that disproportionately affect poor people.

## Maternal mortality

In 2000, world leaders promised to reduce the number of mothers dying in pregnancy and childbirth in poor countries by three quarters by 2015 (Millennium Development Goal number five). We have seen virtually no progress towards this goal. And in some countries the situation is getting even worse. World leaders must act now to get back on track and deliver on their promises.

700,000 more midwives are needed globally. When a trained midwife is in attendance, a woman's chances of surviving childbirth dramatically increase. Midwives create a clean environment for the delivery and deal with complications during birth. Midwives must be supported with decent, well-equipped hospitals nearby for emergency care.

In some countries, discrimination and injustice can mean that women can't always choose the terms of their own healthcare, and women are often the last to seek medical attention when cost is involved. Alongside better hospitals and midwives, the status of women must improve. Women must have access to family planning services and education so that they can choose when to have children.

User-fees plunge 100 million people into poverty each year. Women are the least able to pay for care, or the 'extras' such as medicines, so they are forced to give birth in their homes without any help from a trained health professional. Developing country governments must provide free healthcare for all pregnant women. Rich country donors must ensure they do not fail because of lack of funds.

Some poor countries have already made dramatic progress. Sri Lanka, Egypt, Thailand and Honduras all took less than ten years to dramatically improve women's chances of surviving pregnancy.

### **Nepal: a maternal health case study**

In Nepal the number of women dying from pregnancy has fallen dramatically because the government and aid donors have invested in access to sex education and family planning, through legalising abortion and providing health services for the poorest people free of charge. The percentage of deliveries attended by a midwife or doctor has risen from 9 to 19, and 600,000 more women are now able to give birth in a health facility.



## **HIV and AIDS**

Currently only one in three of the 33 million people living with HIV get the anti-retroviral drugs that they need. As a result, 6,000 people die every day, mostly in the world's poorest countries. The simple reason is cost. This global killer is fuelled by poverty – and in turn is a major threat to development, devastating family and community efforts to build better lives. Three-quarters of infected people go without the drug treatments that could help them. Oxfam's Health and Education For All campaign presses governments and other donors to provide the \$10 billion a year needed for universal HIV and AIDS prevention work, treatment and care.

The campaign also pushes for a 'Patent Pool'. When a company creates a new drug they can apply for a patent protecting them from competition for 20 years. The costs of these patented drugs are too high for people in developing countries – up to \$5,000 per person per year. A Patent Pool acts as a one-stop shop where companies place all their patents. Researchers and manufacturers can then pay a royalty to the inventors to access the patents, with a view to creating and selling cheaper, simpler-to-use or child-friendly versions. This ensures more people have access to the right life-saving drugs.

### **Malawi: HIV and AIDS case study**

Nearly a million people in Malawi are living with the HIV virus. It costs just £200 to keep someone alive for a year, but in Malawi the average wage is only about £8 a month, so life-saving drugs are often out of people's reach. Over the last five years however, the number of people who have been able to access free anti-retroviral drugs has gone from virtually zero to over 130,000, thanks to a combination of overseas aid and government action.

Grace Ligomba (pictured below) tested positive for HIV in March 2007. She has benefited from free, life-saving drugs. "I became so sick and that compelled me to go for an HIV test. I had continuous fever, was vomiting, lost my appetite for food and I didn't have the strength to do any work. I didn't harvest anything last year because I didn't have any strength to work in my field. I was very sick. But I hope I can harvest enough this year because I am now strong."

Despite these amazing improvements in Malawi, distribution of drugs is on a first-come, first-served basis. There are long waiting lists and too many Malawians have seen people they love die because drugs were not available. Grace's husband was one of the unlucky ones: "My husband didn't test for HIV because at that time testing facilities were far apart and anti-retroviral drugs were not available in the community like they are now. My husband would not have died if he had access to these drugs. I am saying this from the experience that I have with taking them. I would also have died if this opportunity to access free medicine was not there."

Malawi still has a long way to go and one of the main obstacles to everyone having free access to good quality healthcare is a health-worker crisis. In the whole country, with 14 million residents, there are only 266 doctors. Only three per cent of the population lives in a village with a health centre. This situation is repeated right across Africa, where poorly equipped health systems struggle to cope not just with the HIV virus, but with malaria and other diseases.

**What Malawi and other African countries need is the money to recruit and retain more doctors and health workers and to provide more facilities that are easy to reach and accessible to everyone.**



## Education

More than 72 million children in the developing world – the majority of them girls – are going without an education. These children may never learn the skills that represent their own best chance of escaping poverty. Oxfam believes every child has the right to a free, good-quality primary education.

- 72 million children are out of school. 54% are girls.
- 759 million adults worldwide are illiterate (two thirds are women).
- 1.9 million new teachers are needed by 2015 to provide kids with a decent education

Source:

[www.unesco.org/en/efareport/reports/2010-marginalization](http://www.unesco.org/en/efareport/reports/2010-marginalization)

The reasons children miss school vary, but the main one is poverty. School fees, uniforms and books cost more than many parents can afford. Communities may not have the money to run a school – or children may simply live too far from one.

Girls are losing out the most. The explanation for girls' exclusion isn't simple, but different cultural values often mean boys get priority when it comes to education. Girls may also be kept home to help with childcare, may be working, or may not have the same freedom of movement as boys.

Oxfam wants world leaders to deliver aid to train two million new teachers for poor countries – a move that would help a whole generation learn the skills they need to beat poverty. We campaign as part of the Health and Education For All campaign and the Global Campaign for Education.

## Progress of the Health and Education for All campaign

Oxfam has been campaigning on health and education for a long time. Here are just a few of the campaigning milestones:

**2005** The iconic Make Poverty History campaign was a huge movement, helped by some famous names including Nelson Mandela. Campaigning on aid, trade and debt brought these issues to the attention of many people for the first time. Rich nations promised \$50 million and pledged to cancel most of the debts of 42 poor countries. To date, much of the money still hasn't been delivered. But where these promises have been met, lives have changed. In Zambia for instance, people no longer have to pay for healthcare. Campaigning made a real difference to millions of people.

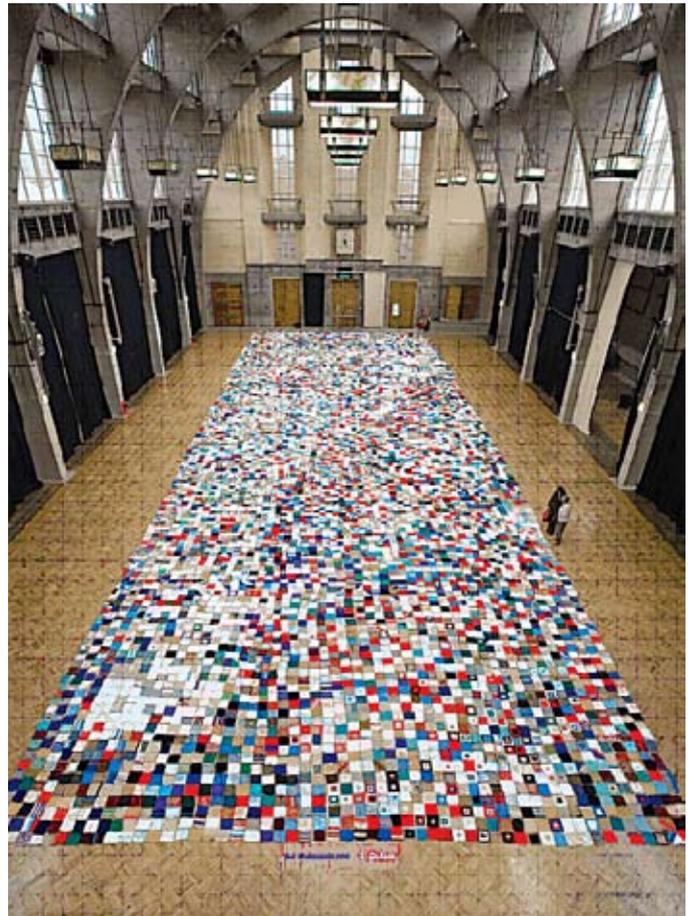


Campaigners form a band around the Radcliffe Camera in Oxford.  
Photo: Kim Rowe/Oxfam

**2006** Oxfam launched its '6 Million More' campaign, asking for six million more trained teachers and health workers around the world. During the Global Week of Action that year, 23.5 million people stood up against poverty and set a new Guinness World Record.

**2007** The government agreed that the UK would reach its historic commitment to spending 0.7% of GNI (Gross national income) by 2013. The additional resources would enable the Department for International Development (DfID) to lift around three million people out of poverty every year, and represented the largest development budget in the UK's history.

**2008** Oxfam invited people to knit thousands of squares for a giant baby blanket, to highlight the issue of maternal mortality. By September, a blanket made up of 14,000 squares from over 10,000 knitters was presented to Number 10 as a visual petition calling for action on maternal health.



Maternal mortality petition made up of 12,000 squares knitted by Oxfam activists. Credit: Chris Worrall/Oxfam

**2009** In April our campaign with Unison for the public provision of healthcare for all came to a conclusion with thousands of you saying 'yes' to free healthcare. A meeting between activists and then DfID undersecretary saw DfID re-commit to previous promises. July 2009 saw the launch of The Big Promise ([www.oxfam.org.uk/bigpromise](http://www.oxfam.org.uk/bigpromise)) asking world leaders to keep their promises to provide 0.7% of GNI in aid. In September, activists persuaded Gordon Brown to support free healthcare for mothers and babies in developing countries, leading to plans to support free healthcare in six countries.

**2010** In January, we started campaigning for a Robin Hood Tax, ([www.robinhoodtax.org.uk](http://www.robinhoodtax.org.uk)) calling on the government to tax financial transactions between banks at a rate of 0.05% in order to raise billions of pounds for good causes at home and abroad. In March, the European Parliament voted overwhelmingly in favour of the tax.

And we've now reached out to new audiences with messages on aid for essential services, launching the Don't Drop the Ball on Aid ([www.oxfam.org.uk/dontdropaid](http://www.oxfam.org.uk/dontdropaid)) campaign during the World Cup, and the Mums Matter ([www.oxfam.org.uk/mumsmatter](http://www.oxfam.org.uk/mumsmatter)) campaign in conjunction with the Women's Institute.

## Where next for health and education campaigning?

In 2010, public debate in the UK has been dominated by the cuts and deficit agenda. The government's Comprehensive Spending Review website, 'The Spending Challenge', incited a backlash against aid and reports leaked from DfID suggested that only eight of the 100 aid commitments made by the previous government would be honoured. Research also shows that public support for aid is dipping.

With this financial and social climate in mind, the Robin Hood Tax campaign provides opportunities to build a new public consensus on development, with a positive solution to a difficult situation faced by government. Robin Hood Tax has a dual purpose: ensuring the UK government keeps its promises on aid whilst also ensuring that a tax on banks goes to good causes. Recent government interest in a bank levy and taxing bank profits and bonuses creates real opportunities for funding global health and education priorities through a Robin Hood Tax.

### Key dates in 2010/11

- 17 October UN World Poverty Day
- 20 October UK government's Comprehensive Spending Review
- 1 December World Aids Day
- 8 March International Women's Day
- April UK Budget
- June G8, France

## What can you do?

**Aid** We must keep watching to ensure the government enacts its commitment to paying 0.7% of national income on aid by 2013, and keeps pushing other governments to meet the MDGs.

**Maternal Health** Promote the joint Oxfam and Women's Institute campaign Mums Matter ([www.oxfam.org.uk/mumsmatter](http://www.oxfam.org.uk/mumsmatter)). The action calls for urgent action on maternal health – the Millennium Development Goal most likely to be missed. It asks the UK government to keep its promises to reduce maternal deaths by:

- Ensuring that its aid spending on maternal health projects strongly and demonstrably promotes women's rights.
- Providing long-term support to poor country governments to help them increase access to free public healthcare.
- Increasing funding to train midwives and other health workers, and ensure they are supported with well-equipped facilities and medicines for emergency care.

**Create your own action** In addition to the actions generated by Oxfam, why not use the key dates, campaign targets and policy information in this Guide to create your own actions? Whether it's writing a blog, a press release or a letter to your MP, a pen can be a powerful influencing tool. Traditional group activities such as media stunts, events and campaign stalls are also very important for raising awareness of campaign issues in the public eye. See the range of handy 'How to' Guides ([www.oxfam.org.uk/activists/guides](http://www.oxfam.org.uk/activists/guides)) on the website to help you.

## Resources and further information

### Campaign partners

- The White Ribbon Alliance: [www.whiteribbonalliance.org](http://www.whiteribbonalliance.org)
- Mumsnet: [www.mumsnet.com](http://www.mumsnet.com)
- Women's Institute: [www.thewi.org.uk](http://www.thewi.org.uk)
- Global Campaign for Education: [www.campaignforeducation.org](http://www.campaignforeducation.org)

### Further information

- Oxfam policy papers: [www.oxfam.org.uk/resources/](http://www.oxfam.org.uk/resources/)

### Resources and materials

- Order or download materials online: [www.oxfam.org.uk/activists/materials](http://www.oxfam.org.uk/activists/materials)
- 'How to' guides: [www.oxfam.org.uk/activists/guides](http://www.oxfam.org.uk/activists/guides)