

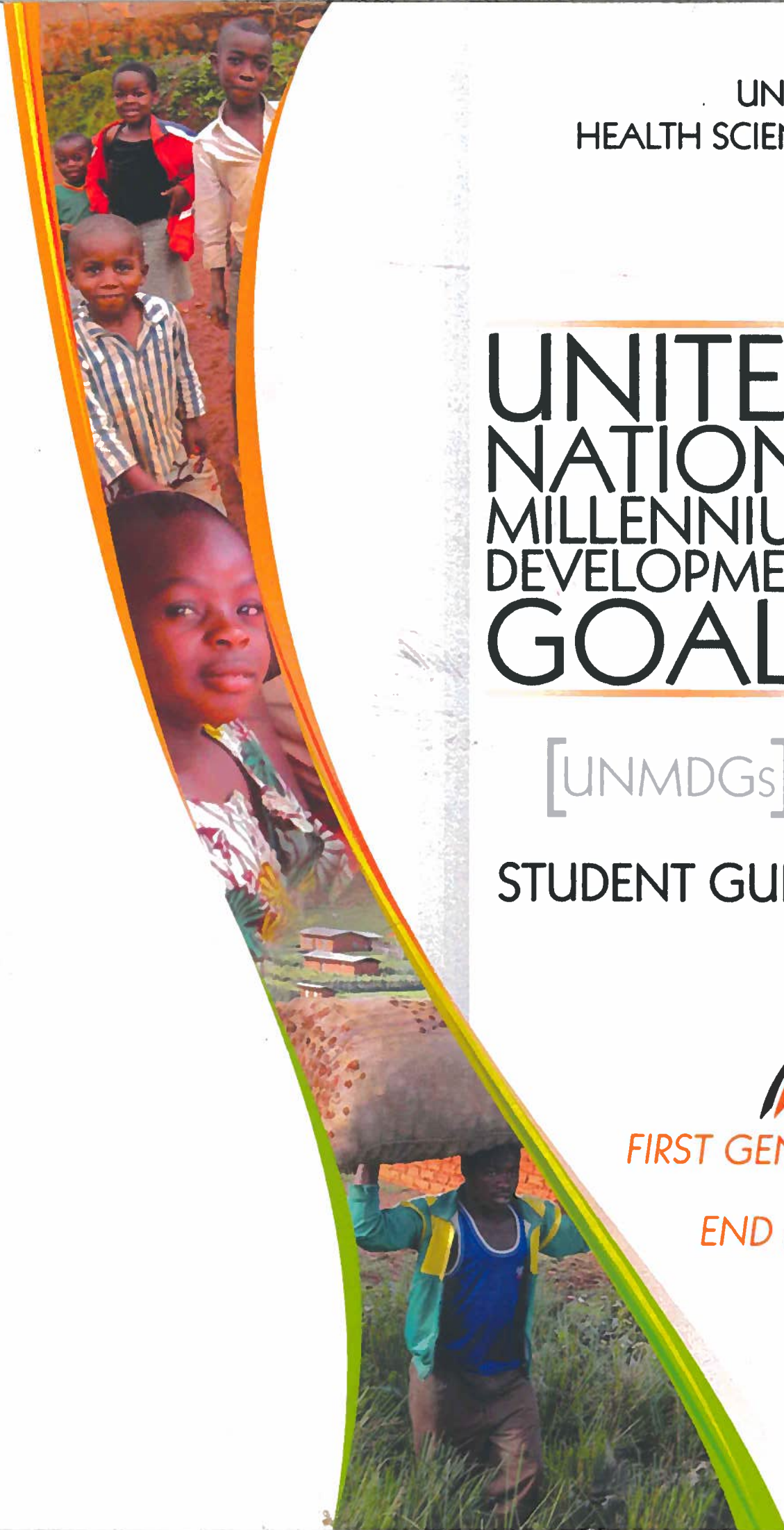
UNIVERSITAS 21
HEALTH SCIENCES GROUP

UNITED NATIONS MILLENNIUM DEVELOPMENT GOALS

[UNMDGs]

STUDENT GUIDE

*WE ARE THE
FIRST GENERATION
THAT CAN
END POVERTY.*



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Foreword

The United Nations Millennium Declaration in 2000 laid the foundation for the ground breaking 189 countries' consensus on the 8 Millennium Development Goals (MDGs) with 18 subsidiary targets and 48 indicators. Attention towards dissemination, education and training of the MDGs is importantly needed as a 2005 survey of NGOs indicated less than optimal awareness and uptake of MDGs amongst academic institutions.



In order to meet the 2015 MDG targets and enlist the academic institutions that provide health professional training to participate in the education and training of MDGs, and also use this opportunity to imbue global values of professionalism, ethics, and social responsibility in the health professionals of tomorrow, we

propose to develop an educational strategy on MDG training for adoption and flexible implementation into the curriculum of the health professional training programme. This strategy not only highlights the MDGs and their corresponding targets and indicators and how they came to be, but also engages the students to envision how their own global and local endeavours contribute to the ethos and attainment of the MDGs for the benefit of all global citizens. In turn, this educational strategy will also help document the efforts and activities amongst the global academic institutions towards the 2015 MDG targets through an UN MDG oriented evaluation framework.

On behalf of Universitas 21 Health Sciences Group, we initiate a one-year pilot to develop and implement this educational strategy through a partnership of United Nations Department of Economic and Social Affairs, International Association for Training in the UN Millennium Development Goals (AIFOMD), and three universities: The University of British Columbia in North America, The University of Hong Kong in Asia, and Monterrey Institute of Technology and Higher Education (Tecnológico de Monterrey) in Central America. In this pilot, the curriculum of the UN MDG course will be fully developed together with its evaluation framework. Working with medical students, this course will be piloted in these universities over the next year. Furthermore, an engagement strategy to involve additional health professional training organizations around the world through both UN connections and those of the three universities will take place to accelerate the academic institutions' uptake, education and training of UN MDGs. We hope that this endeavour will ultimately lead to the entrenchment of MDG training into the core curriculum of every health professional programme, and also the understanding and commitment of all health professional trainees – the future of our health system professionals – towards the realization of MDGs for the betterment of our global community.

Prof. Kendall Ho

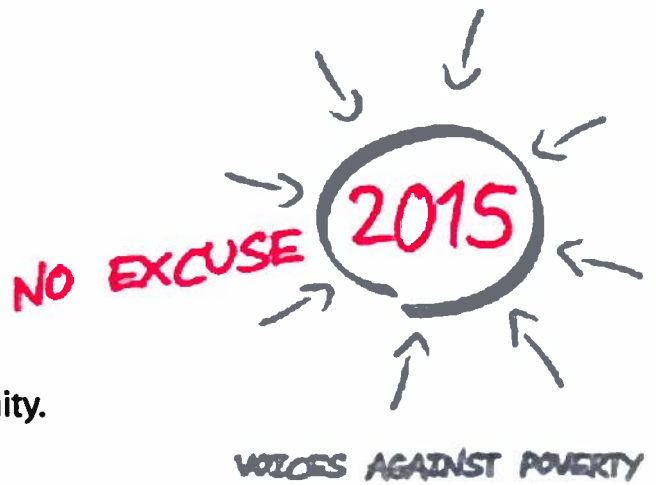
Prof. NG Patil

Prof. Martin Hernandez



The Millennium Goals

We are the FIRST GENERATION
that can END POVERTY
and we refuse to miss this historic opportunity.
But ONLY WITH YOUR VOICE



In 2000, 189 Heads of Government pledged their support for ending extreme poverty in the world by signing the Millennium Declaration. The Declaration set 2015 as the target date for achieving most of the Millennium Development Goals (MDGs).

As of 2007, midway towards the target date, widespread progress has already been made, even in regions where the challenges are greatest; testifying to the concerted efforts of developed and developing countries alike and the success in developing the global partnership embodied in the Declaration.

The encouraging results serve to highlight how much remains to be done and how much more could be accomplished if all concerned parties

live up fully to the commitments they have made. The unfortunate problem behind the shortfalls is simple: a lack of political determination and commitment to translate these goals into reality.

As today's youth, we are calling upon you to join the United Nations Millennium Campaign and become part of a worldwide movement of people like you who are striving to make our world a better place to live in. We need your voice and support to raise awareness on our government's promises to eliminate poverty for the first time in history!

This is your chance to truly make a difference.

Take action now!

Visit <http://www.millenniumcampaign.org>

- | | | |
|--------|---|--|
| GOAL 1 | – | ERADICATE EXTREME POVERTY AND HUNGER |
| GOAL 2 | – | ACHIEVE UNIVERSAL PRIMARY EDUCATION |
| GOAL 3 | – | PROMOTE GENDER EQUALITY AND EMPOWER WOMEN |
| GOAL 4 | – | REDUCE CHILD MORTALITY |
| GOAL 5 | – | IMPROVE MATERNAL HEALTH |
| GOAL 6 | – | COMBAT HIV/ AIDS, MALARIA AND OTHER DISEASES |
| GOAL 7 | – | ENSURE ENVIRONMENTAL SUSTAINABILITY |
| GOAL 8 | – | DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT |

1



GOAL 1 – ERADICATE EXTREME POVERTY AND HUNGER

Halve the proportion of people whose income is less than \$1 a day

Halve the proportion of people who suffer from hunger

Did you know?

- Worldwide, 980 million people live on less than \$1 a day.
- Every day, 800 million people go to bed hungry.
- Every day, 28,000 children die from poverty-related causes.
- Poverty reduction has been accompanied by rising inequality between the rich and poor.

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GOAL 2 – ACHIEVE UNIVERSAL PRIMARY EDUCATION

Ensure that all children, boys and girls alike, complete a full course of primary education

Did you know?

- 72 million children of primary school age are not in school—57% are girls and over 90% live in developing countries.
- 133 million young people cannot read or write.
- Only 37 of 155 developing countries have achieved universal primary school completion.

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GOAL 3 – PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015

Did you know?

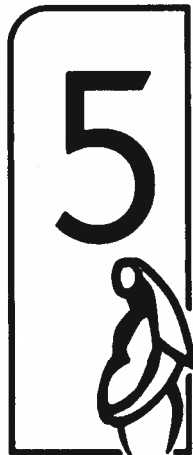
- Two-thirds of the world's illiterate people are female.
- The employment rate for women is 30% lower than the rate for men.
- Over 60% of unpaid family workers worldwide are women.
- Women only held 17% of seats in national parliaments in 2007.

**GOAL 4 – REDUCE CHILD MORTALITY**

Reduce by two-thirds the under-five mortality rate

Did you know?

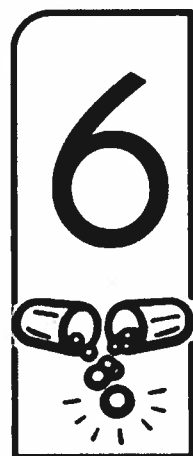
- As of 2005, 10.1 million children die each year before their fifth birthday, mostly from preventable causes. 70% of deaths before age five are caused by disease, or a combination of disease and malnutrition, that would be preventable in developed countries.
- 48 countries had mortality rates greater than 1 in 10 childbirths, compared to 1 in 143 in developed countries.
- Among vaccine-preventable diseases, measles is the leading cause of child mortality, with 345,000 deaths in 2005.

**GOAL 5 – IMPROVE MATERNAL HEALTH**

Reduce by three-quarters the maternal mortality ratio

Did you know?

- Half a million women die from complications of pregnancy and childbirth every year, almost all of them in sub-Saharan Africa and Asia.
- 99% of maternal deaths from childbirth occur in the developing world.
- Pregnancy is the leading cause of death for girls aged 15-19 in developing countries.

**GOAL 6 – COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES**

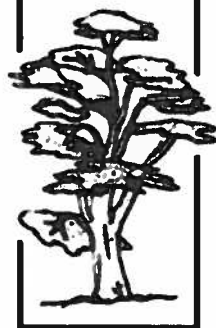
Halt and begin to reverse the spread of HIV/AIDS

Halt and begin to reverse the incidence of malaria and other major diseases

Did you know?

- 4.3 million people became newly infected with HIV in 2006; that's 11,000 a day!
- The number of people dying from AIDS rose to 2.9 million in 2006.
- Malaria causes more than one million deaths each year.
- There were 8.8 million new tuberculosis cases and 1.6 million deaths from tuberculosis in 2005.

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GOAL 7 – ENSURE ENVIRONMENTAL SUSTAINABILITY

- ◆ Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources
- ◆ Halve the proportion of people without sustainable access to safe drinking water and basic sanitation
- ◆ Improve the lives of at least 100 million slum dwellers by 2020

Did you know?

- 1.5 million children die every year from infections spread by dirty water or the lack of toilets.
- 1.2 billion people lack access to safe drinking water and 2.4 billion people lack access to proper sanitation facilities.
- In 2005, 1 out of 3 urban dwellers was living in slum conditions, i.e. lacking at least one of the basic conditions of decent housing: sanitation, water supply, housing or adequate living space.
- The collapse of fisheries around the world threatens to increase hunger and poverty among poor coastal communities throughout the developing world.

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GOAL 8 – DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

- ◆ Develop further an open, rule-based, predictable, non-discriminatory trading and financial system
- ◆ Address the special needs of the least developed countries, landlocked countries and small island developing states
- ◆ Deal comprehensively with developing countries' debt
- ◆ In cooperation with developing countries, develop and implement strategies for decent and productive work for youth
- ◆ In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries
- ◆ In cooperation with the private sector, make available the benefits of new technologies, especially information and communications technologies

Did you know?

- Europe's cows receive \$2 a day in subsidies, more than the income of half the world's population.
- Development aid falls, despite renewed commitments by donor countries to give 0.7% of their national income in aid.
- Only 5 countries are living up to the commitment; USA is giving less than 0.2%.
- It is estimated that were developed countries to break down trade barriers, this could help lift 300 million people out of poverty by 2015.
- Worldwide, the number of jobless youth rose to 86 million in 2006.
- In 2005, only 1% of the population in the 50 least developed regions was using the Internet, compared to 9% in developing regions and over 50% in developed regions.



MY EXPERIENCE IN CAMEROON

by Lau Chiu Fan, MBBS IV, The University of Hong Kong

Cameroon - a relatively small West African country with a reputation of being the "miniature of Africa" - is the place where I encountered my life-changing experience.

Going to Cameroon was not an easy decision. My family was reluctant to approve. It was risky to go to a developing country in Africa which even I myself knew little about. With much courage, I decided to sojourn into this unknown land to start my one-year exploration.

I first worked as a developmental volunteer at NAVTI Foundation, a local NGO located in the rural mountains of Cameroon.

I mainly worked in the domain of orphan sponsorship and HIV/AIDS education in local secondary schools. Sub-Saharan Africa, including Cameroon, has the most serious HIV/AIDS problem in the world. Many of the orphans in my programme lost their parents to AIDS.

To break this vicious cycle, one must start from education. However, this was not an easy task, given the marked cultural differences and feelings of animosity. I recall vividly one old man saying in a seminar: "HIV is indeed a biological weapon that the white man invented to exterminate the black people!". I was criticized at times for promoting the use of condoms as a means of preventing HIV infections. This was evidently quite stressful but I trusted that I was doing the right thing.

I did expect to experience a cultural shock, but not that it would stem from the fact that there was no washing machine in sub-Saharan Africa! Funny it may seem to you but I was helpless and depressed for almost half a month before I learned how to do laundry with my own hands.

The real shock came from the difficulty adapting to the huge discrepancy between the living standards in Hong Kong and Cameroon. Other foreign volunteers, like me, also felt "guilty" of themselves, for being born in affluent conditions without any worries about food or education. Soon we realized that instead of feeling guilty, we should be grateful that since we were from richer countries we could come here to GIVE and CONTRIBUTE.

After this internship, I realize that my future career goal will be directed towards assisting the development of third-world countries. With my background as a student doctor, I wish I can, one day, go back to Cameroon or other African countries, to help them develop in the domains of health care and education. Much is still needed to eradicate poverty. No matter how small one's efforts may be, I firmly believe that every little bit will count towards making a huge difference.

"A journey of a thousand miles starts with a single step."

INDIA SPITI VALLEY HEALTH PROJECT

Jennifer Smitten (Med II) and Dr. Videsh Kapoor, The University of British Columbia

The Spiti Valley is an isolated region in the Indian Himalayas inhabited by about 10,000 people. It is largely inaccessible due to environmental conditions, and the community is highly underserved with especially poor access to sustainable health care. A non-governmental organization (NGO) for local development in the Spiti Valley has been working to improve community health and education. Through a Vancouver NGO with ties to the organization in India, a group of UBC medical students travelled there in 2006 to learn more about the community and their needs.

We began an informal survey in the Spiti Valley. We found that the commonest health problems in the valley were the lack of access to clean water, hygiene, nutritional deficiencies, skin and parasitic infections, and dental caries. Children were provided with unsatisfactory health care. Those with highly contagious infections such as tuberculosis stayed in regular hostel rooms. Scabies and lice were rampant. There were no toilet facilities, except for a hole cut into the floor of the hostel rooms, used by the children during winter. Anaemia was also highly prevalent.

After our trip in 2006, we began to understand the challenges they faced. Having done extensive research, we felt ready to send a group to India to address some of the health needs of the community in the Spiti Valley. Over the summer of 2007, when the roads into the valley were passable, a group of 8 medical students and 2 newly graduated dentists, travelled to Spiti. While conducting the health screen programme, we worked with the school principal, teachers, the government doctor, and

housewives, creating quite a dynamic team. Our dentists provided urgently needed tooth extractions while doing dental screening. To address the problem of anaemia, we began a screening programme based on WHO guidelines and we brought enough medication to initiate iron therapy. We also started a biannual deworming program and treatment for scabies.

Another component of our project was to initiate personal health booklets for each child. Aimed to track health from kindergarten to grade 10, these booklets were designed for use by any health worker. Health education was also important to sustain the improvement of health in the community. The children and school staff were taught how to manage common problems as well as oral and basic hygiene, such as promoting the use of toothbrush. Various educational tools were used including puppet shows and posters. We also initiated a dietary intake survey, vaccination programs, tuberculosis diagnosis and treatment. In addition, we funded the building of a much-needed toilet block.

Reflecting on the experience we have had working in the Spiti Valley thus far, we feel very encouraged by the partnerships we have developed with both the local community and organizations throughout the world to achieve such progress in a short period of time. As medical students, this project has been an inspiring and humbling opportunity that allowed us to develop personally and professionally in ways that cannot be taught in a classroom. Most of all, we look forward to returning to the Spiti Valley to improve the overall health of the residents.



RURAL MEMOIRS OF A MEDICAL STUDENT

Carolina López and Claudia Hernández, Tecnológico de Monterrey

My name is Carolina, I am a sixth year medical student. For many reasons, but mainly the scarcity of adequate health care services in rural areas, I had to allot a year of my professional formation to work in conjunction with my medical school and the federal ministry of health. Most of the communities assigned to this year of social service are located in rural areas plagued by extreme poverty and hunger. When I first arrived, I was surprised to find that most of the homes did not have running water or adequate sewage. But what truly caught my attention was that most of the members of this beautiful desert community did not know how to read or write, especially the women. I was for the first time alone and I was basically their doctor for whatever needs they had.

One cold night while trying to fall asleep, there was a knock on my door. I was concerned that the person behind the door would want to harm or rob me as it happened to the last doctor who worked here. After briefly hesitating, I summoned up the courage to open the door. It was Maria, a 15-year-old girl whom I knew well. She was temperate and undernourished. She was breathing rapidly. Her eyes were wide open and her skin was pale. I knew she had to walk at least 10 kilometres to get to my clinic. I immediately invited her to come in and asked if she had come with someone else. She denied any company.



Adolescent pregnancy. A new health crisis in Mexico. Milenio Newspaper. August 24, 2006

It was a matter of seconds before I noticed blood trickling down her legs. As she was undressing for examination, I asked if she could be pregnant. She confided in me that she had non-consensual sex with a man she did not know well. Her vital signs were heart rate 140, blood pressure 85/50 mmHg, respiratory rate 24 and temperature 36°C. On abdominal examination, she was obviously in her second trimester of pregnancy. I tried without luck to listen for fetal heart sounds. As I performed a vaginal examination, my fears were confirmed, she was having a spontaneous abortion!

I realized with dismay that the nearest hospital was 2 hours away and that I needed to find immediate transportation. What should I do?

Students' Reflections

It is a meaningful and inspiring experience to travel to a foreign country to aid the underprivileged people in the promotion of health care and living conditions. The three case studies demonstrated how we can put the MDGs into action. There is much we can learn from their experiences.

Please select ONE of the case studies and answer the following questions:

Name of the case study:

Which of the 8 MDGs were directly applicable to this case?

In what ways did the student participants in the case study help achieve the specific MDG targets through their participation and mutual engagement with the people/community involved?



In what additional ways can the student participants optimally assist the people and the communities in attaining wellness and health?

Achieving the Millennium Development Goals is not the responsibility of politicians and governments alone. The world needs everyone – young and old, men and women, people of all races and creed – everyone who is concerned about our future, to work together to translate these goals into reality.

What can I do to help achieve the Millennium Development Goals? (an example)

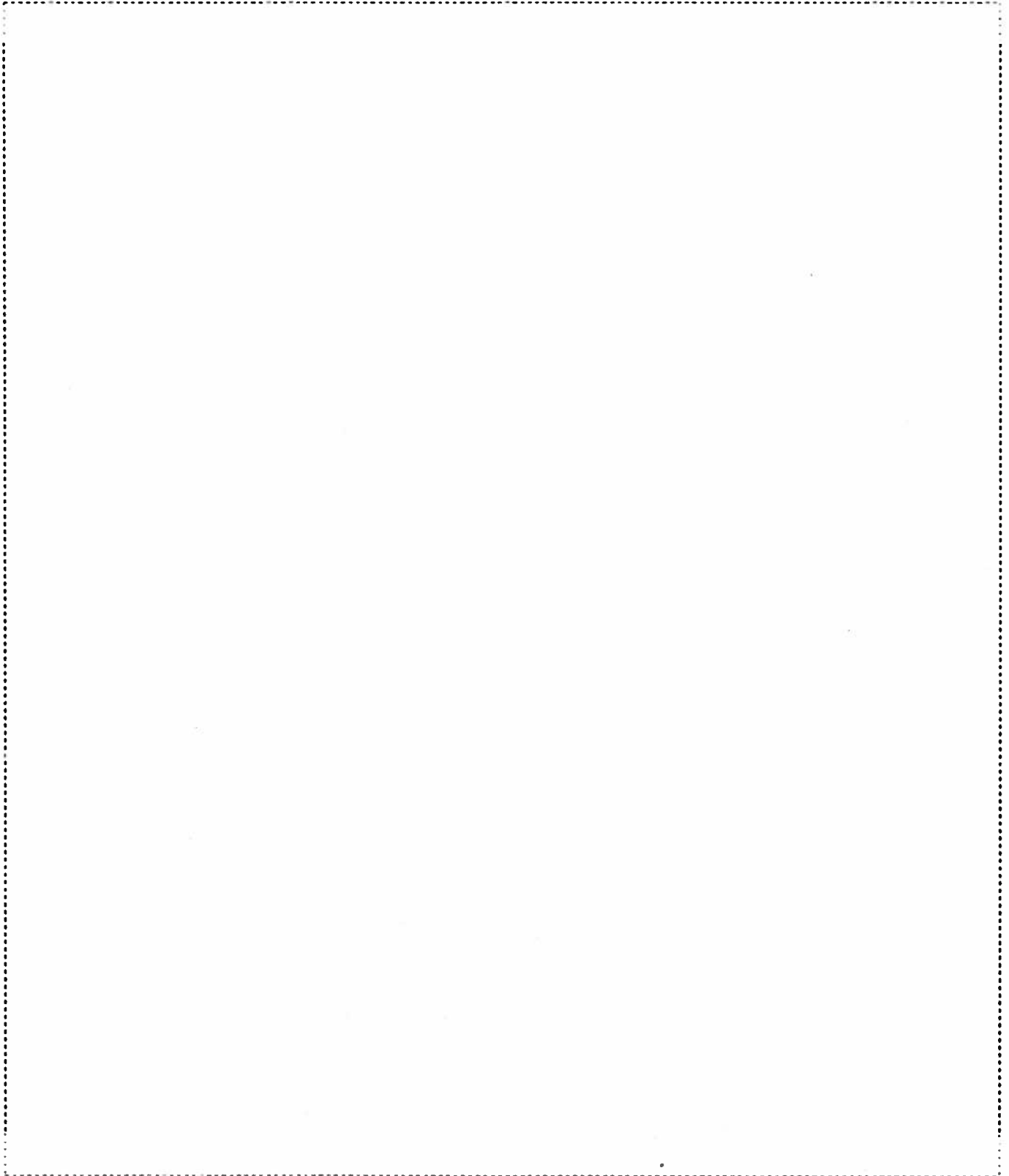
After reading the information on the Millennium Development Goals, I feel that wealth is not divided equally among countries. We live in Hong Kong, a developed city, while halfway across the globe there are millions of people starving to death. Even in richer societies, wealth is not evenly distributed.

The unfairness also applies to health care. Illnesses are not evenly distributed around the world as well. Developing countries have minimal facilities and equipment that provide quality health care services. That's why in poorer countries, diseases are much harder to prevent and eradicate.

As a medical student, I can form a student group with friends who share the same vision to raise awareness of the MDGs by producing pamphlets and websites. In concert with existing organizations, we can disseminate this message to the general public by lobbying politicians and legislators.....

Now it's your turn - show that you care by making your voice heard!

What can I do to help achieve the Millennium Development Goals?





Projects

Seven years have elapsed since the Millennium Declaration was signed but we still lag far behind in many aspects according to the MDG report 2007. This is the time to take action! We refuse to see another day where another person dies because of broken promises!

**What part have you contributed towards attaining the Millennium Development Goals?
e.g. Special Study Modules, electives**

A large rectangular area enclosed by a dotted line, intended for students to write their responses to the question above.



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DEVELOPMENT

GLOBAL PARTNERSHIP

MATERNAL HEALTH

MATERNAL HEALTH

POVERTY

HUNGER

ENVIRONMENT

ENVIRONMENT

GENDER EQUALITY

DER EQUALITY

HIV/AIDS

EDUCATION

MALARIA

HUNGER

CATION