

## **63rd Annual UN DPI/ NGO Conference**

### **“Advance Global Health – Achieve the MDGs” (Millennium Development Goals)**

#### **Report from Anne Foale RSM**

I believe the final count was 1,717 participants in the 63<sup>rd</sup> UN Department of Public Information – NGO Conference held in Melbourne 29 August - 1 September 2010. The venue was very suitable with many workshop venues and too many choices to make. I focused on issues closely related to my work in the Anangu Bibi Birthing Programme for Aboriginal families in Port Augusta. So the Millennium Development Goals 4 and 5 about maternal and child health are certainly closest to my heart. There are eight Millennium Development Goals (MDGs) and if adequate attention was paid to goals 4 and 5 all the others would be addressed as well.

The workshops I attended were:

1. Workforce development strategies for indigenous workers;
2. Diabetes and poverty;
3. Equity, rights and progress towards the MDGs / Community Controlled Aboriginal Medical Services;
4. Improving global health through education of mothers and grandmothers.

There were four roundtable sessions in the main auditorium which gave good global perspectives on various health issues and the importance of data to help make decisions about where money needs to be spent. Tim Costello hit a very raw area stating that the floods in Pakistan had become a global blind spot and what were we going to say and do about that!

The most helpful sessions for me were about stress relief, for traumatised women particularly; the idea that it is not war that brings power and security, but peace; and information about the effects of the tobacco industry on education and health. The most shocking thing I heard was a quote from a tobacco company executive at a presentation about Child Welfare and Millennium Development Goal 4: “We don’t smoke that \*\*\*\*, we just reserve the right to sell it to the young, the poor, the black, the stupid” (R.J. Reynolds). I don’t need any convincing about the effects of smoking on a pregnant woman, her baby and the implications for birth and future care. It is rife here in Port Augusta. We have more money available here in Australia even if it is spent unwisely. In India, Vietnam and Indonesia a pack of 20 Marlboro cigarettes or equivalent costs more than 1kg of rice. In Bangladesh it costs over two times more. And due to the leaching effect of tobacco farming, food crops cannot be grown where tobacco has been grown. A tobacco crop takes nine months to bring to maturity and is very intensive work. The whole family is involved so schooling is interrupted for many children as they help with the family crop.

It was in the context of the epidemic of non-communicable diseases (NCDs) that is a global phenomenon and is a result from things like tobacco use – diabetes and kidney, vascular and heart diseases – that I realised how this impacts on Aboriginal families. Low income countries will be harder hit without the infrastructure required to prevent, detect, treat and cure these illnesses. For instance, the poorest households in 2003 in the Philippines were spending more on tobacco than on education, health and clothing combined.

So with many of these sobering thoughts I returned to Port Augusta wondering about the many comments I hear on the home front like: “What difference could you possibly be making?”; “They don’t want to change anyway” and so on. It always reminds me of the story about the thousands of stranded star fish washed up on the beach. One friend says to the other who starts throwing them back into the sea, “Why bother, what difference will it make to this many starfish?” The reply came back, “It will make a difference to the ones thrown back in.”

I am grateful for the opportunity to have heard this global perspective that is so relevant to my own situation despite being in this ‘lucky country’.