



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



**THE SENATE**

**ADJOURNMENT**

**Millennium Development Goals**

**SPEECH**

**Thursday, 16 October 2008**

BY AUTHORITY OF THE SENATE

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## SPEECH

**Date** Thursday, 16 October 2008  
**Page** 6287  
**Questioner**  
**Speaker** Polley, Sen Helen

**Source** Senate  
**Proof** No  
**Responder**  
**Question No.**

**Senator POLLEY** (Tasmania) (6.56 pm)—I rise in the Senate this evening to speak on the issues of the Millennium Development Goals: health and, in particular, child mortality. The world is now past the halfway point to achieving the Millennium Development Goals, which set out an internationally agreed plan to halve global poverty by 2015. The Millennium Development Goals represent a global partnership that has grown from the commitments and targets established at the world summits during the 1990s.

The MDGs respond to the world's main development challenges, such as poverty, education, maternal health and gender equality and they aim at combating child mortality, AIDS and other diseases. It is certainly evident that something has to be done. Presently about 70 per cent of people living on less than US\$1 a day are women, and women own only one per cent of the world's assets; every minute around the world, a woman dies in childbirth and 20 are injured or disabled; every minute 40 teenage girls become pregnant; every 90 seconds a woman is raped; every minute four babies die because they are not adequately breastfed; a quarter of all deaths of children under five years of age are due to easily preventable diseases such as diarrhoea and malaria; every minute four infants under the age of two die because they have not been vaccinated against diseases like measles and tetanus; and every day 30,000 children die as a result of extreme poverty. These statistics shame us, especially when we think that the world's poorest nations are just a short plane ride from Australia.

The Millennium Development Goals have underlined the importance of improving health, particularly the health of mothers and children. Millennium development goal 4 aims to cut the under-five mortality rate by two-thirds from year 2000 levels by 2015.

The statistics are telling. The number of children who died in the developing world before their fifth birthday was 10.1 million in 2005. In Cambodia, one in every 12 children will not reach their fifth birthday. An estimated 148 million children in the developing world remain undernourished. To ensure these children have the opportunity to survive, efforts to address the nutritional needs of women, infants, and children must be accelerated. The highest child mortality rate is still

found in Africa. In Sierra Leone, the country with the worst under-five mortality rate in the world, 262 out of every 1,000 children die before their fifth birthday. It is worth noting that many of these deaths were preventable.

Recent data indicates encouraging improvements in many of the basic health interventions, such as early and exclusive breastfeeding, measles immunisation, vitamin A supplements, the use of insecticide treated nets to prevent malaria and the prevention and treatment of HIV-AIDS.

A United Nations report that was released on Monday, 22 September this year stated that two-thirds of children of secondary school age in Oceania are not attending school and that while mortality rates for children under five are dropping they remain 10 times higher than in developed countries.

The other vital goal to improve family health is No. 5, which aims to reduce maternal mortality by three-quarters by 2015. Here the news is less promising. A woman dies in childbirth somewhere around the world every minute. Ninety-nine per cent of those women are in developing countries, and for every woman who dies giving birth 20 more suffer illness or disability. The numbers of women dying has not improved in a generation. We have evidence that money directed at the right projects can make a huge difference.

The recent economic downturn caused by the financial crisis in the United States may increase the pressure to delay action on meeting these goals. But there is good news that encourages us to know that our actions are worthwhile. According to UNICEF figures released this month, the rate of deaths of children under five continued to decline in 2007.

We are part of the global village and we have a responsibility to use the knowledge and resources we have to help. As AusAID has pointed out, 'Interventions that can prevent most deaths of women and children are well understood.' The time to act is now. The Rudd Labor government has matched the commitment made in 2005 by former Prime Minister John Howard and his government to increase aid levels to around 0.35 per cent of our gross national income by 2010. The May budget provided for an estimated \$3.7 billion in official domestic assistance for 2008-09.

As United Nations Secretary General Ban Ki-moon has stated:

Looking ahead to 2015 and beyond, there is no question that we can achieve the overarching goal: we can put an end to poverty. In almost all instances, experience has demonstrated the validity of earlier agreements on the way forward; in other words, we know what to do. But it requires an unswerving, collective, long-term effort.

Rwanda has made remarkable progress since the 1994 genocide and civil war. Rwanda's key challenge going forward is to leverage its recent progress for a much higher development path that will put the country's long-term economic and social aspirations within reach. In Rwanda, child and maternal mortality rates were amongst the highest on the continent due to physical, geographic and financial barriers to accessing high-quality services and to behavioural and cultural factors. Malnutrition rates in children under five have declined from about 24 per cent in 2000 to 18 per cent today, but faster progress is needed. Infant mortality dropped from around 107 per 1,000 in 2000 to 86 in 2005 and maternal mortality decreased from 1,071 per 100,000 to 750 over the same period. Recent estimates suggest that Rwanda is now on track to achieve millennium development goal No. 4 with a drop in under-five mortality to 103 per 1,000. The percentage of assisted deliveries increased from 39 to 52 in 2005-08.

I would like to take this opportunity to thank Melinda Tankard-Reist for all her work in protecting life, particularly children. Melinda is a shining light and has campaigned on a number of different issues, such as the pre-sexualisation of children, the sanctity of life and of course improving the quality of life for those living in Third World countries.

As a woman, a mother and grandmother speaking today in Australia, I find it incredible that the health of pregnant women is such a low priority in many places, especially when we know that mothers are vital to the stability of families and communities. We need to empower mothers and protect our children. Although many countries are not on track to reach the Millennium Development Goals, child mortality targets and inexpensive medical treatments have nonetheless helped reduce the number of child deaths. We are making headway, but we need to do more.

As a further note, I recently met with representatives from the Micah Challenge. This group is doing a fantastic job in raising the awareness of parliamentarians and our community on the benefits of international aid. This week I had a meeting with representatives from my home state of Tasmania, which was led by Mr Ben Pengas, and there were two other young Tasmanians. They delivered to me a

simple kit that illustrated just how basic the medical supplies are that women lack in developing countries. The lack of these supplies is causing incredible difficulties for new mothers. We are not talking about high-tech medical science here; we are talking about bandages, plastic sheets for women to give birth on, soap and rope to tie off the umbilical cord.

I would like to urge all senators and those listening to this broadcast to educate themselves on the further need to accelerate the Millennium Development Goals.

**The PRESIDENT**—Before calling Senator Fielding, I understand that there is an informal arrangement between Senator Fielding and Senator Colbeck to share the next 10 minutes equally between them. I will ask for the clock to be set accordingly for Senator Fielding for five minutes and then for Senator Colbeck for the same period.