

Programming Guide for Strategy Papers

Programming Fiche	Authors J. Garay Amores, N. Squires, DEV B/3 Amended by Catherine Naughton, CBM
Health, AIDS and population <i>Amended to show how a disability dimension could be included, in the framework of the project</i> <i>www.make-development-inclusive.org; contact catherine.naughton@cbm.org</i>	Date: January 2006 Amended on: October 2007

*For justifications on the disability entry points see: **Justifications to support the inclusion of a disability perspective Health sector/ Justifications to support the inclusion of a disability perspective HIV and AIDS***

1. Health, AIDS and Population and the fight against Poverty

Three of the eight Millennium Development Goals (MDGs) which reflect the international commitment to poverty reduction (MDG 4, 5 and 6) are directly related to health: reducing child mortality, reducing maternal mortality and the fight against AIDS, malaria and tuberculosis. The health-related MDGs are the MDGs least likely to be achieved in many parts of the developing world, and therefore require special attention. There is clear evidence of the positive relationship between investing in health and fighting poverty. Beyond health specific programming, because of the pandemic nature of HIV/AIDS and its impact across all sectors, it is essential that HIV/AIDS is addressed in all EC programming, particularly in high prevalence countries, whether or not it is identified as a focal sector.

Consideration should be given to prioritising HAP in the programming of the EC's bilateral aid in the following situations:

1. In countries where the EC is already active in HAP under the 9th EDF. This will ensure continuity of aid and allow to build on the EC's experience.
2. In countries where progress towards the HAP MDGs is off-track. Slow progress towards the health MDGs is concentrated in Sub-Saharan Africa¹ but there is considerable scope for accelerated action in other parts of the world.
3. In countries where there is an insufficient level of ODA in relation to the health needs.
4. In countries where there is potential to effectively use increased ODA for health², or strong prospects for collaborative action, such as those countries highlighted for intensive support, through the High Level Forum on Health MDG follow up exercise, or countries with a functioning or developing Sector Wide Approach (SWAp).
5. In fragile states and countries in post-conflict situations, where the Commission has a particularly important responsibility to provide support for health.

2. How to analyse the Health, AIDS and Population situation in a country context?

Health is determined by a multitude of factors, many outside the immediate control of the health sector. Effective action to improve health needs to include strategies to adopt a multisectoral approach. However, in the short to medium term, there are specific health service related preventive and treatment interventions which can significantly reduce premature deaths, **disability**, and the burden of disease, especially in the countries with poorer health indicators. Increased investment in health is essential if there is to be more rapid progress towards the health MDGs.

Analyses suggest that whilst poverty is a major underlying determinant of health, economic growth alone without investments which promote greater equity and social justice will not guarantee better health for the poor. Poverty eradication and economic growth strategies must be complemented by appropriate pro-poor, public-health interventions which promote coverage of basic services for all and emphasise equity.

In assessing a country's health strategy a number of key steps are needed, which are outlined in the programming guidelines:

1. Assess the *state of health* in the country through basic indicators³.
2. Assess the *country's commitment to health*: as reflecting in health policy, financing, donor support, level of civil society engagement, etc.
3. Assess whether priority health needs are translated into adequate budget allocations⁴
4. Mapping of the main health actors besides the government (private sector, **rehabilitation service providers**, NGOs, Faith Based Organisations (FBOs), bilateral and international organisations) and assess the policy environment for the private sector and non government providers⁵, and assessing the policy environment for their effective engagement in a national health strategy.
5. Describe the *coverage of basic services* as those defined in the "basic health care package" and related to the main priority health needs in the country.
- 6. Describe the access that the general population has to this basic health care package. Particular attention should be paid to marginalized geographical areas, such as rural or slum areas, and particularly excluded groups such as people with disabilities, the elderly, displaced people and people from ethnic minorities.**

3. How Health, AIDS and Population can be addressed in the community's response strategy

The EU policy framework on health and development⁶ recommends a country level focus on the promotion of public health and strengthening of pro-poor health systems to improve the access to quality services. The policy framework for EU actions on HIV/AIDS malaria and tuberculosis⁷ broadens the rationale for action beyond poverty reduction to include human security and human rights and proposes areas for action at country level. The key principles in the EU strategy on HIV/AIDS are to address comprehensive (prevention, treatment, mitigation) needs, focus on collective action (EC and EU Member States, plus other donors and agencies), support country-lead programmes and participation of civil society, including people living with the diseases **or disabilities**, and to promote partnership with public and private stakeholders, donors and international agencies. In order to effectively address these challenges, special attention needs to be given to the situation and strategies which can best address the needs of human resources for health⁸.

The EU approach to HIV/AIDS is set with the context of EU commitment to promoting sexual and reproductive health: the Community is committed⁹ to the achievement of the goals and objectives of the United Nations' International Conference on Population and Development (ICPD) and the objectives of the Programme of Action¹⁰. The EC strategy will, as a matter of priority, contribute to achieving *universal access to basic prevention and health care services*, ideally free at the point of use, as well as improving the efficiency and quality of the health system as a whole.

Choice of Financing Instrument: Sector Budget Support should be the financing instrument of choice, wherever the conditions permit this. The EC's support will be undertaken in the framework of the country's Poverty Reduction Strategies (PRS), or equivalent document, and its links with the national health policy, strategy and Mid Term Expenditure Frameworks. The EC will devote particular attention to stepping up coordination and harmonisation with the partner country and other donors, particularly EU Member States.

Common procedures: Donors must work towards aligning their health support with the policies, procedures (for reporting, financing, etc.) and timetables (notably the budget cycle) of the partner country.

Annex: Potential Common HAP indicators

Indicators are essential to monitor performance and progress in health, a sound choice of indicators and realistic targets, are therefore essential. They should be owned by government policies and processes, based on a national monitoring system inspired by "DART" (Decentralised, Action-orientated, Responsive and Transparent) principles; they should be "SMART3 (Specific, Measurable, Affordable, Relevant and Timely) and have a poverty focus (including disaggregation by sex, age, **disability**, and other poverty and equity variables).

Some examples of relevant indicators in health are:

Input: health public expenditure per capita, allocations from government budgets, execution rates and distribution (with emphasis on primary health care); relevant reforms of health policies ; **Expenditure on disability related/ disability inclusive health sector support ; Support to reform of national health and rehabilitation policies to improve access for vulnerable groups**

Output: access to health care **and rehabilitation**, availability of human resources for health, and essential medicines.

Outcomes: adequate coverage of basic services such as outpatient consultations, access to **early detection and prevention of disability, rehabilitation services for people with disabilities; Number / % of people with disabilities accessing health services**, immunizations, deliveries, prevention of mother-to-child HIV transmission, use of condoms and bed nets or effective treatments for the most relevant diseases.

Impact: Infant (under 1) and child (under 5) mortality rates, maternal mortality rates, HIV prevalence or HIV/AIDS death rates.

A separate guidance note on health indicators is available.

B. References and Additional Information

- 1 UNDP Countries' MDG report
- 2 The Millennium Project
3. The World Health report
4. National Health Accounts
5. PRSPs their significance for health
6. Health and Poverty Reduction in Developing Countries, COM(2002)129
Council resolution on health and poverty, 30/03/02
7. A Coherent European Policy Framework for External Action to confront HIV/AIDS, Malaria and Tuberculosis, COM(2004) 726
A European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action (2007-2011), COM(2005) 179
Council Conclusions on the previous strategy, 24/05/05
8. EU Strategy for Action on the Crisis in Human Resources for Health in Developing Countries, COM(2005)642
9. Council Conclusions on "A renewed EU Commitment on ICPD in the context of the Millennium Development Goals", Cairo ICPD+10, 24/11/04
"Resolution on population and development: 10 years after the UN Conference in Cairo" (9/03/04) highlighted the Parliament's support for ICPD,
10. Programme of the International Conference on Population and Development (ICPD), Cairo, 5-13 September 1994.
11. [World Health Assembly Resolution 'Disability, including prevention, management and rehabilitation' WHA 58.23](#)
12. [Investing in People' 2007-2013](#)
13. [The Development Cooperation Instrument \(DCI\) \(18.12.2006\)](#)
- 14 UN Convention on the Rights of Persons with Disabilities¹, ([UNCRPD](#))
- 15 [EC Guidance Note on Disability and Development \(2004\)](#)

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¹ UN Convention on the Rights of Persons with Disabilities,
<http://www.un.org/disabilities/default.asp?id=259>