



Health — a key to development

The Health Division
Department for Democracy
and Social Development



A key to development

It is everyone's dream to be healthy. The right to adequate healthcare if one is sick is a human right. Health and illness are among the most important factors that decide whether development will spiral upwards or downwards.

Healthy people are better prepared to work, study and escape from poverty. Conversely, sick people often remain trapped in poverty because of difficulties in providing for themselves and their families.

Against this background, it is natural to view attempts to improve people's health as an investment that is profitable from a socio-economic perspective.

Investment in health is not only about scaling up healthcare and medical services that are available for everyone. Health development is also dependent on other factors in society. Therefore equality between women and men, the educational level in the country,

road traffic safety, environmental risks and consumption of tobacco, alcohol and other drugs, must also be addressed.

MANY DISEASES are caused directly or indirectly by poverty, for example, chronic malnutrition and diarrhoea caused by lack of clean water and poor hygiene. Poor housing and overcrowding exacerbate respiratory tract disorders and hamper malaria prevention.

Investing in human health has to do with conveying to all relevant sectors of society knowledge and insights about these links. Improved health will result naturally from all social development if this perspective is included.

In general, the global health situation has improved markedly in recent decades, as evidenced in increased average life expectancy and reduced infant mortality.

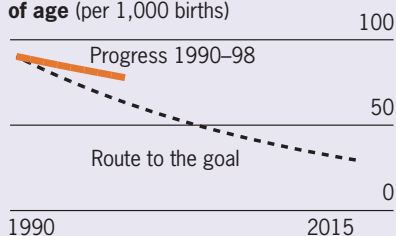
Three billion
people each year
seek health care
because of disease
caused by lack of
clean water and poor
knowledge of hygiene
and sanitation.

Source: Unicef

Progress and setbacks

Child mortality in the world has fallen considerably in the past 30 years and average life expectancy has consequently risen.

Mortality among children under 5 years of age (per 1,000 births)



The maternal mortality, on the other hand, has not fallen at all. An important factor in this is the lack of trained staff.

Births supervised by trained healthcare staff (%)

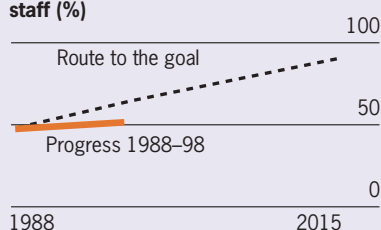




Photo: Trond Isaksen, Phoenix

Health is the key to development. Healthy people are able to work, study and escape from poverty. Conversely, sick people often remain trapped in poverty because of difficulties in providing for themselves and their families.

However, in the most impoverished countries, particularly in Africa, progress is less obvious.

ALMOST 35 MILLION people in the world today are HIV-positive and most of them are found in sub-Saharan Africa. Aids will claim many lives in coming years, particularly from the adult, able-bodied population.

Alongside this development we see another shift in health patterns, most obvious in countries that have undergone rapid economic development in recent decades. Among these are many countries in Latin America and Asia.

Poverty-related diseases persist, but alongside them are found growing numbers of diseases related to changed lifestyles. These include cardiovascular disease, cancer and diabetes. The number of smokers is increasing rapidly leading to more smoking-related diseases, which will

eventually become one of the greatest health problems in the world.

The changing pattern of illness puts heavy demands upon the healthcare systems of developing countries to meet the various care needs.

THE OVERARCHING AMBITION of Swedish Development Cooperation is to combat poverty. As far as health cooperation is concerned, this means that poor people in poor countries should be ensured the right to good care. The major part of health co-operation today is designed to serve as support for the entire health sector in the cooperating countries.

Sida participates in the reform and development of health systems, emphasising in particular the areas of public health and sexual and reproductive health and rights.

Equal access to care

Development Cooperation should contribute to national capacity building and local ownership.

Sida is cooperating with governments, civil society and the private sector. The objective is to strengthen the health systems and to find ways of financing health care so that health services are accessible for everyone.

DEVELOPMENT ON THE PARTNER COUNTRY'S TERMS means showing respect for national governments' priorities, and is pivotal to national ownership of programs. Sida's support is based on certain principles.

Equity and equal rights is one of these principles. The goal is to ensure equal access to basic health services to everyone. Since financial access is one of the biggest problems in many of our partner countries, working with health insurance schemes, exemption mechanisms for the poor, basic, free of charge, packages of care, will prevent people from sliding into poverty.

Decentralisation is another principle guiding Sida's health support. Decentralisation promotes local ownership, responsibility and decision making as close to the

patient as possible. Decisions concerning healthcare should also be made by those most affected by them and resources should be allocated according to need. Sida supports the decentralisation processes and the development of district health care services in several countries.

IN A DECENTRALISED SYSTEM the role of the Ministry of Health shifts from provision of healthcare towards policy development and regulation. Examples are support to the development of a more efficient organisation of the pharmaceutical sector and regulation of private providers, including for profit and not for profit. Research also plays an important role in improving knowledge of the organisation and function of the health system.

Adequate funding of the health system is a question involving the entire economy of a country and not only the health sector. Increased tax revenues is one important issue; redistribution of resources among different sectors and an increased awareness of how other sectors also contribute to better health outcomes are others. These are necessary to increase the investment in health.



Decentralisation is a question of democracy, making sure that decisions regarding the design of healthcare systems are made as close to the citizens as possible.



Photo: Thomas Raupach, Phoenix

New medicines are developed to cure and alleviate more diseases. Costs must be kept low.

Health reforms

Individual aid investments risk simply becoming drops in the ocean. To achieve substantial and enduring changes, Sida supports comprehensive reforms through so-called sector programme support in certain countries. National governments co-ordinate support from several donor countries to the sector.

Reform programmes for the health sector are designed in dialogue with co-operating countries. Sida encourages co-operating countries to include issues such as equal access to health services, prioritising of the most significant health problems and better use of resources in their health strategies.

■ **Sida supports sector programmes in e.g. Zambia, Uganda and Bangladesh**

Financing

How should healthcare be funded – solely through taxation, solely through fees or through a combination of both? What role can different insurance options play for health economics in impoverished countries and regions?

Sida supports efforts to build up knowledge about the consequences of various means of financing health services. Competence in examining these consequences is necessary as a basis for political decision-making about financing.

■ **Sida supports regional health economy capacity and competence-building efforts in Africa. The work is co-ordinated by the University of Cape Town. Sida also supports health policy and system development in Vietnam.**

Decentralisation

Sida supports efforts to decentralise decision-making within healthcare and services. Decentralisation is linked to a more equal oriented decision making process. It also promotes the allocation of resources to areas and people most in need. Decentralisation is a question of democracy and has to do with making it possible for people to influence those responsible and hold them accountable.

Sida helps build competence and capacity in the district, especially within the areas of planning, bookkeeping and staff management. Sida promotes a fairer distribution of resources to help poor and neglected groups.

■ **Sida supports decentralisation efforts in Uganda, Zambia, Kenya, Rwanda and Nicaragua.**

Pharmaceuticals

New pharmaceuticals are being developed to cure and prevent diseases. Sida supports the development of laws and policies to promote rational use of drugs. This consists in part of encouraging the choice of cheaper medicines where the alternatives are equally good.

Sida also contributes to quality control and registration of pharmaceuticals via support for the establishment of national regulatory authority. Efforts are also made to enhance patients' rights and to promote ethical marketing of pharmaceuticals.

■ **Sida supports pharmaceutical investment in Vietnam, Laos and Zambia and participates in WHO's work on pharmaceuticals.**



Photo: Femina

Sexuality and health

Sexuality is among the most private areas of human life. However, sex is also associated with the most important social issues, such as population growth and the spread of HIV. A high maternal death rate in a country is a classic sign of poverty and lack of gender equality.

The International Conference on Population and Development in Cairo and the World Conference on Women in Beijing marked a change of views. Previously, family planning was discussed in isolation from other issues. These conferences introduced the concept of sexual and reproductive health and rights and put questions concerning sex and childbirth into their real, cultural context.

The concept includes the notion that all should have the right to sex on their own terms and the right to decide if and when to have children. It presupposes, among other things, good maternity care and access to contraception. The trained midwife figures prominently in this context. How-

ever, in many low-income countries, better basic education, more continued education and increased rural staffing are required in order for midwives to be able to carry out their role effectively.

IN MANY DEVELOPING COUNTRIES, as was the case previously in Europe, most families choose to have fewer children when welfare is improved and more children survive to adulthood. Encouraging more mothers to breastfeed rather than use milk substitutes is also of great significance in reducing infant mortality. Access to preventive child health, with vaccinations and check-ups on the child's development is also important.

Respect for women's right to decide over their own bodies is a key issue.

Equality issues are a natural ingredient in Swedish health development cooperation. This is reflected in the support of efforts to prevent the rape and abuse of women. Sida also supports work to prevent female genital mutilation.

It is strategically important to encourage men to participate in work dealing with sex and relations. Men also have a lot to gain from a more egalitarian way of life.

YOUNG PEOPLE REPRESENT AN IMPORTANT TARGET GROUP. Providing sexuality education in schools and to youth groups is necessary to reduce the number of unwanted pregnancies and decrease the spread of HIV/AIDS and other sexually transmitted diseases. Swedish Development Cooperation build on a long tradition of public sex information and education in schools.

Abortions are a serious and frequently overlooked health problem in developing countries. Many illegal abortions are carried out using unsafe methods and this leads to complications that are frequently fatal. Sida strives to bring attention to this muted problem and to legalise abortions.



Photo: Trygve Bølstad, Phoenix

Breastfeeding is an effective way of reducing poverty. Breastfeeding does not strain the family economy and it prevents illness in both mother and child.

Reduced maternal death rate

Preventive measures are not sufficient to reduce the maternal mortality. It is also essential that complications occurring during and after child-birth are managed. These were the conclusions drawn by the Safe Motherhood Initiative, a co-operative venture between organisations including WHO and UNICEF.

■ **Sida also supports co-operation between institutions for reproductive health in South Africa, Uganda and Mozambique with the aim of reducing maternal mortality.**

More liberal abortion laws

Many valuable experiences were gleaned in South Africa during the process leading up to the liberalisation of abortion laws. A co-ordination project has now been started to enable South Africa to share its experiences with other African countries. Sida's support enables several African countries to participate in this.

■ **Sida also supports regional work in Africa to reduce mortality caused by unsafe abortions and it co-operates with WHO on the abortion issue.**

Midwives are pivotal

Half of all pregnant women in low-income countries suffer acute problems such as infections, anaemia and circulatory problems. Midwives are key persons in altering this pattern. Those in higher positions or who work in research have a particularly strong chance of exerting an influence. Sida supports AMRN, Africa Midwives Research Network, which is the first and so far only network for midwives involved in research in Africa.

■ **Sida also supports reinforcement of the role of midwives through institutional co-operation in Nicaragua and midwifery training in Zambia and Angola, as well as through WHO's programme for reproductive health.**

Support for breastfeeding

According to UNICEF, approximately 1.5 million infants die every year due to insufficient breastfeeding. Sida supports breastfeeding networks around the world. These networks are lifesaving; they increase children's chances of survival. Breastfeeding improves the health of both mother and child and prevents frequent pregnancies.

■ **Sida also supports activities that encourage breastfeeding through WHO's child health programme.**

Young people break the silence

Almost one third of the world's population is between the ages of 10–24 years. Most of them live in poor countries.

Young people test limits, experiment and take risks. When young people from rural areas move into cities and are no longer under the control of family and relatives the risks are especially high.

In many countries, sex before marriage is not permitted. Nevertheless, many young people are sexually active.

It is often taboo to discuss youth sexuality. Introducing sexuality education in schools is highly controversial.

YET EXPERIENCE shows that young people who are well informed also take responsibility for their own sexuality. They are willing to break the silence and question traditional gender roles and views of relationships.

As far as Sida is concerned, this suggests that the path to improved health among

young people is through the young people themselves and the popular media. Working with the countries' governments and administrations is difficult when taboos and silence still colour reality of sexuality among young people.

SIDA SUPPORTS EDUCATION of youth peer educators and health personnel in several countries. Other aspects of this work include boosting self-confidence among girls so that they will be able to complete their education, establishment of youth clinics and efforts to combat the sexual exploitation of children and young people.

In Africa, the network SPANe has been established by independent organisations and individuals that work to promote healthy lifestyles among young people. SPANe also works to influence African decision-makers and to bring attention to issues concerning the sexuality, needs and rights of young people.



Photo: Trond Isaksen, Phoenix

Young people who are given knowledge take more responsibility. They do not hesitate to question traditional views about living together and gender roles.

Hot topics in Femina

Sex, fashion and relationships are obvious topics for a youth magazine in Sweden. But these topics are just as hot for an African teenager. This is shown by the Sida-supported youth magazine Femina, which is published in Tanzania and distributed in Kenya and Uganda. The magazine mixes advice about sex, relationships and contraceptives, with question columns and photo stories in order to stimulate an open debate and ultimately reduce the spread of HIV/AIDS



■ **Sida also supports courses in Africa on sexuality, youth and health – issues that few dare to address.**

Knowledge and open dialog about sexuality are vital to halting the rapid increase in the number of infected with the HIV virus. Here, Eritrean women receive sexuality education.



Photo: Haidur Netseny, Phoenix

AIDS – more than a question of health

AIDS destroys the very foundations of development. In the worst affected countries, the average age is expected to drop by 15 years. Schools lack teachers and the number of orphans is growing. Workplaces, both within the formal and the informal sector, are severely affected by the HIV/AIDS epidemic.

HIV/AIDS is a multisectoral problem that needs to be dealt with by all factors of society, not just the health sector. All need to contribute in combating the spread of HIV/AIDS.

There are many reasons for the rapid spread of the disease and the underlying cause is poverty. Other hindering factors are lack of political commitment and openness about sexuality. This results in stigma and shame. Social injustice and migration are other factors.

THE AIM OF SIDA'S development co-operation is to reduce the continued spread of HIV and to alleviate the effects of the epidemic for both individuals and society.

The work comprises four component strategies. One is to *prevent the spread of infection*. Examples of this include efforts to promote safer sex, to increase access to treatment of sexually transmitted diseases and support for research into vaccines

against HIV. The area of political commitment is one of the more important for Sida to be actively involved in. Political will is an extremely important factor in the fight against HIV/AIDS.

Social support and care are important components, not least for impoverished households and the many children that are affected. Sida also stimulates *strategy development in various social sectors* to enhance the capacity for dealing with the effects of the epidemic.

Sida gives support to global and regional efforts in its work to combat HIV/AIDS, and also national and local initiatives, primarily in Africa.

The social effects are charted

How are various social sectors, such as health care and the education system, affected by the AIDS epidemic? Sida contributes financially to SAfAIDS, a regional organisation in Africa that helps individual governments map the effects of the AIDS epidemic. The organisation also supports preventative measures and works to enhance the role of the media in the fight against HIV/AIDS.

■ Sida also supports other regional efforts in Africa, such as UNICEF's work with orphans and SANASO, a network of independent organisations that work to combat AIDS.

Public health requires co-ordinated action

When we speak of public health we describe health conditions for an entire population or a group, such as children or ethnic minorities. Public health has to do with those factors that affect health conditions – positively or negatively. Complex connections need to be charted. Of relevance are culture and traditions, political and economic systems, social relationships and the organisation and capacity of the healthcare system.

Fundamental here are *social and economic development* and their beneficiaries. A great deal of illness results from poverty – malnutrition, poor hygiene, lack of clean water, poor housing and dangerous workplaces.

Also *values and lifestyle* have an impact. The spread of HIV/AIDS and other sexually transmitted diseases is an example of this, as are health problems related to alcohol and tobacco.

The environment also plays an important role. Risks at the workplace, leakage and dumping of chemicals, air pollution and biocides used in farming are causing increasing numbers of deaths, injuries and

diseases in developing countries. The growing use of cars is claiming more and more victims as developments in road traffic safety are unable to keep pace.

PUBLIC HEALTH IS INTENDED to consider health aspects in all relevant sectors. The distribution of resources, social planning and commercial development should be characterised by an awareness of how people's health is affected by decisions. This requires knowledge – the key issue for both individuals and society. Without insight into health risks we are unable to avoid them.

The goal is for societies to develop in ways that benefits all citizens and their health. This kind of development includes factors such as a rise in educational level, better housing, improved road traffic safety and concern for the environment. Health services need to be expanded and rendered more effective so that they will reach everyone.

Economic development is a precondition of improved public health. However, without fair distribution of resources and equality between men and women, development will not reach the poorest people.

For this reason, successful public health initiatives require clear political commitment.

SIDA'S FOCUS IN PUBLIC HEALTH is broad co-operation across the boundaries of sectors. In this way, insights into health and development issues may be spread to more partners.

In certain fields it is necessary to co-operate over national boundaries to achieve results, for instance in drug-trafficking and the aggressive marketing of tobacco that is directed at many developing countries.



Photo: Sean Sprague, Phoenix

Without equality between men and women, development is not able to reach the poor.



Photo: Helder Neto, Phoenix

Increased traffic leads to increasing numbers of victims. Traffic safety does not keep pace. Emissions that pollute the air and cause respiratory tract infections are other challenges for health.

Environment and health

Many agricultural labourers in Central America and Southern Africa have been afflicted by tumours after having been exposed to chemical pesticides used for crop dusting. The Swedish National Institute for Working Life, with support from Sida, has now embarked on a study of work environments and health in these and other farming areas.

■ **This is just one example of efforts in the area of environmental health supported by Sida. Sida also co-operates with other institutions, such as the National Chemicals Inspectorate, ILO, WHO's and the World Bank's environmental health work, the Department of Social and Preventative Medicine at Karolinska Institutet and the Stockholm Environment Institute.**

Disability

With adequate support from their surroundings disabled people should be able to live with dignity with others and participate in society on equal grounds. This is the foundation of the programme Sida supports for rehabilitation and integration of disabled people now under way on the West Bank/Gaza. The work aims to improve attitudes towards disability in society, to get decision-makers to take note of the issues and to ensure disabled children the right to attend school. The programme is based upon the so-called CBR-method (Community Based Rehabilitation). The work takes place in co-operation with Diakonia, Norway's Society for the Disabled and some 20 Palestinian organisations.

■ **Sida also supports measures to help disabled people in Kenya, South Africa and Zimbabwe.**

Narcotics and tobacco

"An adventure for life" is the title of a programme initiated in Latin America. It is supported by Sida, provide information to schools on drug abuse. The goal is to reach 300,000 young people in fifteen Latin American countries with information. The Spanish anti-drug organisation EDEX is leading the initiative, which appeals to vulnerable young people, parents, teachers, local administrators and independent organisations.

■ **Sida supports some 20 projects that combat drug abuse. Efforts vary from transmission of knowledge to the authorities responsible for preventative measures and rehabilitation.**

Equality

Many women in developing countries began to organise themselves to promote equality, empowerment and sexual and reproductive rights following the International Conference on Population and Development in Cairo and the World Conference on Women in Beijing.

These organisations have developed considerable knowledge and experience and utilise a variety of strategies and methods in their work. The issue of men's role, responsibility and participation is also on the agenda.

■ **Sida supports several regional networks for women's health. LACWHN (Latin American and Caribbean Women's Health Network) in Africa and Arrow (Asian-Pacific Resources & Research Centre for Women) in Asia.**

“Brokers” of health

If Swedish development cooperation is to contribute to better health in countries, then we must do more than simply support the health sector. For this reason, knowledge and insights into the relationship between health and development must be disseminated to all who participate in development co-operation.

Sida's Health Division is a “broker” in the area of health. The assessment and follow-up of health initiatives is part of our work. Of equal importance is the contribution of knowledge, analyses and strategies to others working to improve health in developing countries, both inside and outside of Sida.

The Health Division participates in developing guidelines for all of Sida's work and reviews health consequences of the plans of action of other departments.

The bilateral cooperation constitutes just over half of Sweden's health cooperation and is handled by the Health Division and the Swedish embassies.

Healthcare and services is also a part of disaster relief through SEKA (the Department for Co-operation with Non-governmental Organisations and Humanitarian Assistance), health-related research through SAREC (Department for Research Co-operation) and health initiatives in Central and Eastern Europe through Sida-East. The Health Division also works together with INEC (the Department for Infrastructure and Economic Co-operation)

who handles credits and arranges international courses for the health sector.

The Health Division acts as a broker for contacts with Swedish authorities and organisations working with international health issues. Examples of this include Karolinska Institutet (a Swedish medical university) and RFSU (The Swedish Association for Sex Education), which have contributed a great deal through so-called twinning co-operation programmes with their sister organisations in developing countries.

We also co-operate with other donors. This may take place through so-called sector programmes, in which several donors undertake to jointly support the health sector of a particular country for several years.

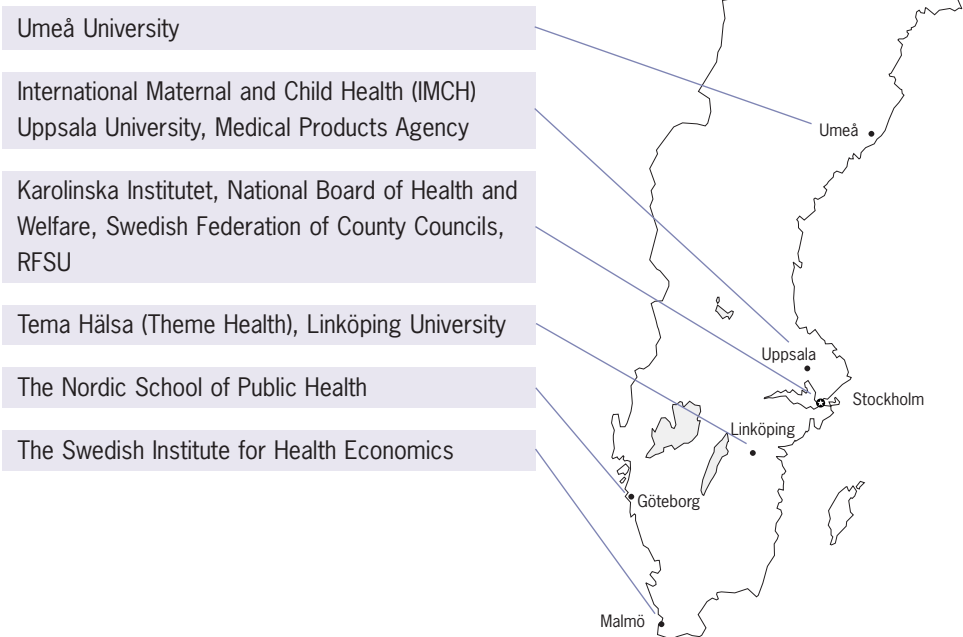
We are also responsible for global advocacy and policy development. We can, for instance, bring attention to issues such as abortion and young people's sexuality. The Health Division works to establish the Swedish knowledge base for strategies dealing with these and other issues.

We co-operate with the Ministry for Foreign Affairs global projects with the EC and the World Bank, and also with UN agencies such as the World Health Organisation (WHO), the UN Population Fund (UNFPA), the Joint United Nations Programme on AIDS (UNAIDS) and the UN International Drug Control Programme (UNDCP).

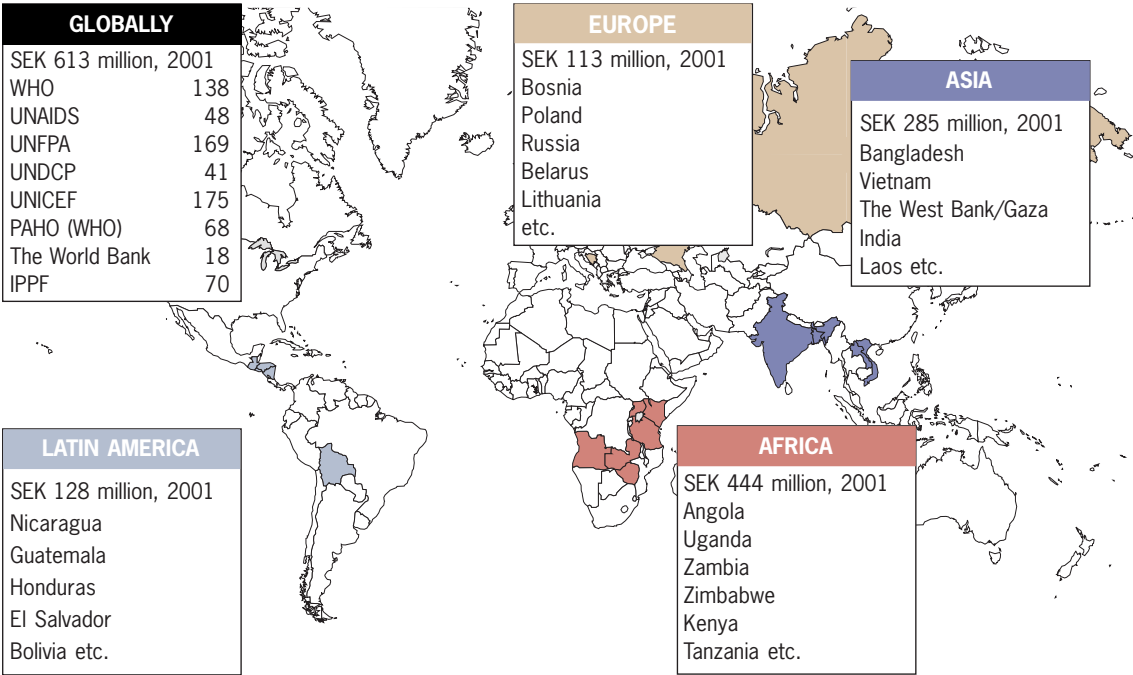
Knowledge and insight into the connections between health and development must be disseminated to all who participate in development co-operation.

Partners

Examples of partners in Sweden

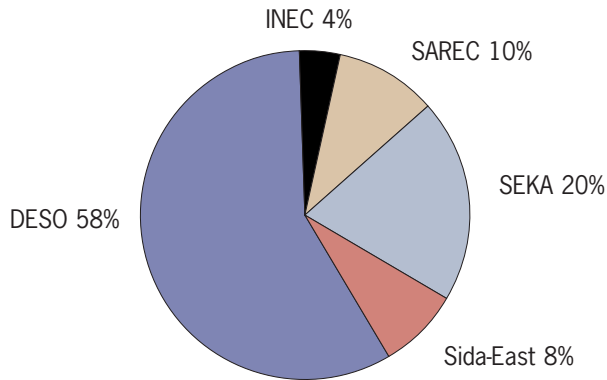


Health aid through Sida and the Ministry for Foreign Affairs, 2001. SEK 1,583 million.

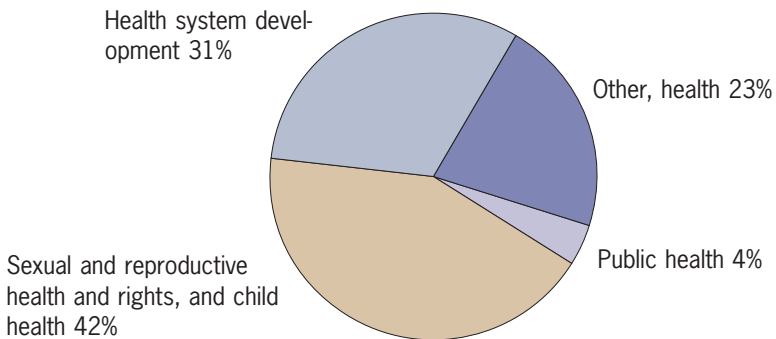


Co-operation in figures

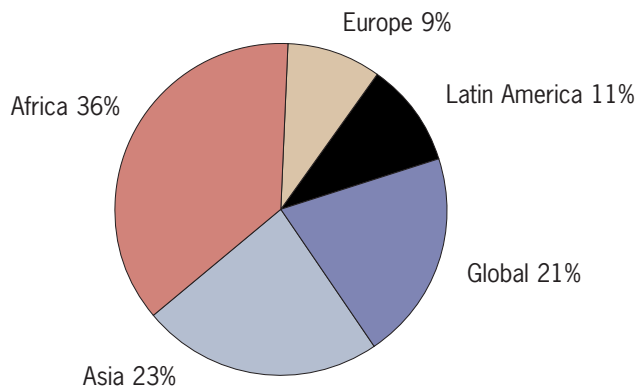
Sida's total health co-operation 2001, according to department within Sida (SEK 1,222 million)



Sida's health co-operation according to sector, 2001.



Sida's health co-operation according to continent, 2001.



Division for Health and Development



Christina Larsson

Sexual and reproductive Health and Rights, Maternal Survival & Abortion. West Africa, Burkina Faso, Guinea Bissau.
christina.larsson@sida.se



Ulla Edström

Health & Environment, Rwanda, West Bank/Gaza. Responsible for contacts with EC.
ulla.edstrom@sida.se



Monica Eriksson-Lidberg

Internal adm. and resource issues. competence development, travels.
monica.eriksson-lidberg@sida.se



Susanne Lokrantz

Gender & Health, Vietnam, Evaluations. Responsible for contacts with IPPF.
susanne.lokrantz@sida.se



Tomas Lundström

Lifestyles & Young People, Regional Asia, AMREF, Burma. Responsible for contacts with UNAIDS.
tomas.lundstrom@sida.se



Ylva Lindecrantz

Information material. Resource Base Development.
ylva.lindecrantz@sida.se



Gunilla Essner

Midwifery, Breast-feeding, SRHR, India. Responsible for contacts with UNFPA.
gunilla.essner@sida.se



Pär Eriksson

Health Financing, Hospitals, Private Sector, Kenya, Uganda. Responsible for contacts with World Bank.
par.eriksson@sida.se



Bernt Andersson

Poverty & Social Exclusion. Angola and Honduras. Responsible for contacts with WHO.
bernt.andersson@sida.se



Anders Nordström

Head of Division.
anders.nordstrom@sida.se



Martin Ejerfeldt

Pharmaceuticals & IT, SPS/ SWAp, Nicaragua, Laos. Responsible for contacts with UNICEF.
martin.ejerfeldt@sida.se



Klas Hedlund

Tobacco Control, Zambia. and Malawi. Contacts with EC.
klas.hedlund@sida.se



Rebecka O. Alffram

Global Health Initiatives, Bangladesh, Information. Contacts with WHO.
rebecka.alffram@sida.se



Paula Sjöström

Illicit Drug, Guatemala, Regional Central America. Responsible for contacts with PAHO.
paula.sjostrom@sida.se



Marianne Hornegård

Economic Administration, Planning & Reporting.
marianne.hornegard@sida.se

Would you like to know more?

Visit Sida's homepage at www.sida.se
Or contact the Infocenter at info@sida.se

Address

Sveavägen 20, Stockholm

Telephone: 08-698 50 00

or

contact one of us at the Health Division



Swedish International Development Co-operation Agency
SE-105 25 Stockholm, Sweden