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Policy for Development Cooperation

Health Sector

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Preface

Over the last fifty years, progress in health has been universal. Most developing nations have enjoyed rapid advances in the health status of their populations. Despite these improvements, absolute levels of mortality and morbidity remain unacceptably high in most low-income countries. The gaps in health status between the rich and the poor are large and increasing.

The broad determinants of health form a complex web of social, physical, psychological, economic, demographic, and cultural factors. They include factors within as well as outside the health sector that influence the health of individuals and populations. Among these determinants, many that are decisive for health outcomes (e.g., political, macroeconomic, educational, and environmental factors) are not directly amenable to change by action within the health sector. Other factors, such as behaviour, nutrition, water and sanitation services, can be more directly influenced by the health sector.

The expected role and function of the health sector have changed dramatically over recent years. Particularly in developing countries, where ongoing demographic and socio-economic changes have effects on disease panoramas and have created expectations on more effective health systems. This policy document is an attempt to provide a background to this changing situation and to address Sida's role in the health sector, that is, its work within health systems and services and the role of the health sector in relation to other sectors of society.

The document has been developed under a project initiated by the Health Division within the Department for Democracy and Social Development, in collaboration with the Department for Research Cooperation, and the Division for Humanitarian Assistance, as well as with representatives of other Sida Departments.

The first chapter of the document places the health sector in the context of health development and provides an overall framework. The other chapters are presenting first a background and overview, followed by statements of Sida priorities in the areas of health policies and systems, health services, multisectoral health problems, health research, and health support in relief and emergency situations.

The policy paper is written primarily for programme staff and advisors at Sida, but should also be useful for external consultants, institutions and resource persons collaborating with Sida. We also hope that it will serve as a reference document in the policy dialogue with countries and international organisations.

Eva Wallstam
Head of Health Division

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Executive Summary

Major public health problems are related to poverty and has to be tackled by actions against the causes of poverty. Lack of water, malnutrition, environmental hazards are issues that require cooperation between different sectors on the national level. On the international level Sida will support common initiatives in these areas between UN organisations and other international actors.

This policy is limited to Sida's development cooperation in the health sector and does not address the broader issues of development cooperation related to health in general.

The objectives for Sida's cooperation in the health sector are to establish supportive partnerships with countries in order for them to achieve:

- a sustainable and effective health system,
- nationwide coverage for health services of acceptable quality, emphasising social equity and gender equality, and
- a strengthened role for the health sector in influencing the health-related policies of other sectors.

Sida's cooperation will focus on health sector development both through bilateral cooperation with countries, and through cooperation with multilateral, international, and non-governmental organisations.

In the coming years the health sector reform process will demand substantial cooperative exchange between Sweden and Sida partner countries. The decentralisation to district/community levels, new approaches to health financing, and increasing involvement of the private sector in the provision of health services are examples of issues being faced by almost all countries in the world, whether rich or poor.

Therefore, Sida will focus on the development of methods and capacity building for national health sector reforms, decentralisation processes, integrated health services at district level, health financing strategies, and regulation and monitoring of the public and private sectors.

The success of health sector reforms, regardless of specific strategies and systems, will depend upon the availability of management competence and capacity at all levels of the health system. There is a substantial need to improve the management skills of health personnel. In the face of severe budget constraints there is also a need to allocate public resources in a more cost-effective way.

Sida will focus its support to rational use of human resources in the health sector through the development of manpower policies and systems at district and community levels.

A tremendous task in improving the quality and quantity of health services is to ensure that at least minimum standards of health care are maintained and that essential preventive services are available to those who need them. Sida supports development of policies, best practices and strategies for the prevention and control of major diseases and health risks.

In the area of child health Sida will emphasize preventive measures such as breastfeeding and immunisation, and a shift from an approach based on single diseases to one based on the integrated management of childhood illnesses.

The importance of sexual and reproductive health is acknowledged by Sida in its "Strategy for Promotion of Sexual and Reproductive Health and Rights in Development Cooperation". This strategy addresses such key issues as abortion, fertility regulation, the prevention and control of STDs including HIV, and maternal health care. Specific emphasis is placed on adolescents' sexual and reproductive health, because adolescents are increasingly vulnerable to health risks as a result of the rapid pace of social change in many countries.

Conditions within the pharmaceutical sector have changed rapidly in many countries, and access to drugs is often no longer under the control of the state. Price increases, inadequate knowledge among both professional staff and consumers, unethical promotion of drugs and a shift to a smaller number of essential drugs with higher profit margins are other major problems. Sida's focus is on supporting national drug policies and the rational use of drugs through the development of appropriate legislative, regulatory, and control mechanisms and through training and education.

Important determinants of health lie outside the direct control of the health sector, and must be addressed by others. Examples of such problems include malnutrition, environmental hazards, injuries, and behavioural risk factors including the use of alcohol, tobacco and illicit drugs. The role of the health sector in these areas must be to stimulate and, where necessary, support appropriate multisectoral interventions, with the aim of improving health and reducing the eventual burden on the health system. The development and evaluation of effective intersectoral approaches in these areas are Sida priorities.

Research can play a key role in improvement of health. Only 5% of the total global investment in health-related research and development is currently devoted to research designed to address the health problems of developing countries. Sida's priorities in the area of health research are both to increase capacity for research in developing countries, and to

promote international partnerships in health research focused on the needs of these countries. Priority research areas include policy and health system research at both national and international levels, and research in the fields of child health, sexual and reproductive health, tropical diseases and tuberculosis, and HIV/AIDS.

Natural or man-made disasters provoke a range of both acute and long-lasting health effects. Sida´s humanitarian assistance is emphasizing that basic health interventions should have high priority in emergencies and that intersectoral collaboration and coordination with national and international actors should be established.

1. Framework for Development Cooperation in the Health Sector

1.1 Global Health Trends

The developing world is now experiencing a health transition characterised by declines in fertility and reductions in epidemics and infectious diseases. This combination results in an increasing prevalence of degenerative and man-made diseases.

In industrialised countries, non-communicable diseases have become far more significant than communicable diseases. In developing countries, where poverty-related communicable diseases have not yet been controlled, new health problems related to lifestyles and living conditions are also becoming more prominent. This causes a double burden of disease often exacerbated by the demographic situation. The health panoramas of today are becoming vastly more complex than ever before and involve a broad range of different diseases and conditions.

Globally, the standard of health has improved over the past four decades. During this period, life expectancy at birth in developing countries has increased by 50%, and the child mortality rate has been reduced by half. Smallpox has been eradicated and vaccines have drastically reduced the occurrence of polio and other diseases.

Despite these improvements, child mortality rates in developing countries are about ten times higher than those in industrialised countries, and maternal mortality ratios are an average of thirty times higher.

The most prominent health problems in developing countries are tuberculosis, malaria, maternal health, sexually transmitted diseases and AIDS. In children, the most common causes of illness and deaths are respiratory infections, diarrhoea, malaria, measles and malnutrition. WHO estimates that these five conditions cause more than 70% of deaths among children under five years of age in developing countries.

The AIDS pandemic continues to expand, and is a major threat for many societies. HIV/AIDS is contributing substantially to morbidity, influencing both the health sector and the society as a whole. Responses to the pandemic must therefore be embedded in the overall health and socio-economic context.

Major challenges to effective malaria control are the intensification and spread of resistance to antimalarial drugs, and changing environmental conditions in areas of rapid economic development.

Tuberculosis is a disease of poverty. A cure for tuberculosis has been available for over forty years, and yet the disease remains an important global problem. Both the prevalence and awareness of tuberculosis have increased rapidly in recent years, largely as a result of its association with HIV. Effective control of tuberculosis is now understood to require nationwide coverage with a set of services that are integrated into the existing health care structure.

Infectious diseases continue to place the greatest burden on populations and health services in developing countries. In addition, health services will face new challenges from ageing populations with an increasing proportion of non-communicable diseases, and neglected groups such as disabled unattended persons.

Most people perceive health as one of the most important dimensions of well-being. The means to live a healthy life are, however, still largely a privilege of the wealthy. Inequities within and between countries have widened. In Sub- Saharan Africa in 1960, life expectancy was the lowest in the world, and in the intervening decades has improved least. Now, life expectancy in this part of the world is 52 years, a figure surpassed by the rest of the world in the mid-1970s.

Investments in health and health care have proven not only to have immediate effects on health status but also long-term impact on the potential for economic development. However, even though the macro-economic effects of improved health are important, the criteria for investments in health must be linked to overall objectives for human well-being, in particular for disadvantaged groups.

Major health sector problems are related to scarce resources and the effective use of available resources, including human resources. Many people still live beyond the reach of health services. Their access is reduced for geographic, financial or ethnic reasons. Access to health services is also mediated by gender and the ability of the public health care system to provide care of adequate quality.

1.2 Sida Development Cooperation in the Health Sector

Objectives

The objectives for Sida's cooperation in the health sector are to support countries, in a partnership relation, to achieve:

- a sustainable and effective health system,
- nationwide coverage for health services of acceptable quality, emphasizing social equity and gender equality, and
- a strengthened role for the health sector in influencing the health-related policies of other sectors.

These main objectives are reflected in the selection of areas included in this document.

Sida's Key Development Strategies

Sida's support to the health sector is guided by four key development strategies: reduction of poverty; sustainable environment; gender equality; and democracy and human rights.

Reduction of poverty is the overriding goal of Swedish development cooperation. Poverty is recognised as the basic cause of premature death and ill-health in developing countries. There is a circular relationship between health and poverty in that poor health and disabling diseases contribute to and intensify poverty, thereby becoming a hindrance to economic growth. Poor health is thus both a cause and an effect of poverty. Inequity in health and in access to health services are closely related to poverty.

The concept of a sustainable environment is important for health development. Pollutants in water and air, and occupational risks in the use of pesticides and other chemicals, create short- and long-term health hazards. The long-term use of natural resources will have nutritional and health consequences. The Agenda 21 principles from the Rio Declaration include health as an important factor for sustainable development.

Gender equality is a crucial factor for health development. The gender-based inequalities that exist in society influence health and the health sector. They are demonstrated in the health status of individuals, in social behaviours and practices that affect health and well-being, in access to and use of health services, and in the structure and functions of health institutions. Applying a gender perspective to health policy and services requires attention not only to the different needs of women and men based on their biology. It is also necessary to take account of the broader socio-economic context that is basic to the possibilities and actions of different groups of women and men. The Beijing Declaration, and the Platform for Action in particular, emphasizes women's role in health promotion.

The importance of democracy and human rights for health development has received more attention in recent years. Preconditions for accepting an individual's responsibility for his/her own health include at least some measure of control over the own living conditions, and opportunities to participate in the political process.

Sida's four development strategies reflect a global consensus, supported by numerous binding international agreements. For example, both the United Nations' Declaration of Human Rights and the Convention on the Rights of the Child emphasize the need for a broad development perspective on health. Similarly, the Children's Convention asserts the right of all children to live under conditions that prevent illness and injuries and promote

healthy lifestyles. Almost all countries have ratified or officially accepted these principles, and they can serve as the basis for the development of effective, multisectoral activities to improve health.

Forms for Cooperation

Sida's cooperation in the health sector started thirty years ago and is now large, multifaceted and provided in several different forms and contexts. Sweden is also a major donor to the work of the UN system in the health sector. Consequently, Sweden is an active partner in the international debate and policy development efforts in this area. The different Sida departments are involved in health sector cooperation in various ways.

• *DESO, Department for Democracy and Social Development, the Health Division*
The bilateral cooperation, i.e. government to government, is guided by a "country cooperation strategy" and based on a health sector analysis and a policy dialogue with the health authorities. It is sometimes implemented through a multilateral agency such as UNICEF or the World Bank.

Its main emphasis is on capacity building through technical assistance in the form of advisors or institutional collaboration. Financial assistance may cover certain local costs and international procurement. Project support is gradually being replaced by "sector programme support" in countries with a clear health policy and transparent management and budgetary systems.

Multilateral or global cooperation for normative work serves to promote method and policy development and operational research in priority areas. Sida contributes to such work of international organisations involved in health, such as WHO, UNAIDS, UNICEF, UNFPA and the World Bank. This also allows Sida to have a voice in important health policy decisions through participation in board meetings and conferences. NGOs are supported in different ways. Such cooperation is part of some bilateral programmes. International NGOs active in global normative or advocacy work, such as IPPF, are supported by special funds handled by DESO/Health Division

• *SEKA, the Department for Cooperation with NGOs and Humanitarian Assistance*
Swedish NGOs, in collaboration with national NGOs, can obtain partial support to health projects from Sida through a special NGO allocation. Health activities in refugee and emergency situations are financed through the humanitarian assistance programme.

• *SAREC, the Department for Research Cooperation*
Sida's research cooperation is financed from specific funds and through many different application systems. Bilateral health research cooperation is focusing on strengthening of research capacity. Support to international health and policy research has a focus on main health problems in developing countries.

• *INEC, the Department for Infrastructure and Economic Cooperation*
INEC provides financing mainly through concessionary credits to countries with limited access to credits on pure market terms. Development credits for investments in the health sector are feasible only in specific countries with relatively good credit rating. Such credits are mainly used for hardware procurement, such as medical equipment and consumables and building construction and rehabilitation.

INEC also finances International Training Programmes including health-related courses in Sweden, intended for participants from developing countries. The INEC programme for Technical Cooperation promotes institutional collaboration between institutions in Sweden and institutions in mid-income countries.

• *The Department for Central and Eastern Europe*
The cooperation with countries in Central and Eastern Europe is expanding also in the social sectors. The ambitions in the health sector are to contribute to the development of modern health care delivery systems and appropriate structures and programmes. Particular emphasis is being placed on a shift from the centralised, curative orientation of the old systems to a more decentralised, preventive approach. Support is provided in various forms but is mainly based on collaboration with Swedish institutions and authorities in the health sector.

• *NATUR, the Department for Natural Resources and the Environment*
Natur supports integrated programmes and projects for domestic supply, health education and environmental hygiene. The long term goal of those programmes is to improve the standard of health and to promote sustainable development. Programmes that supports agricultural development also include nutritional aspects.

2. Health Policies and Systems

There has been global support for the Primary Health Care (PHC) concept as enunciated in Alma-Ata in 1978. The principles behind PHC are still strongly endorsed by Sida. However, the PHC concept must be seen in light of new knowledge and experiences, for example new approaches to health financing, the public/private mix and decentralisation. These issues are reflected in this document.

The agenda for health policy-making and planning has changed dramatically over recent years. The role of the state is being redefined and reduced in most countries. Market mechanisms are being introduced to a greater extent. Policies can no longer be made by governments without taking into account the interests of other actors in the health sector. Long-term, detailed plans are being replaced by frameworks that allow more flexible planning.

Health policy-making and the role of ministries of health must be defined within these changing contexts.

2.1 Health Sector Reforms

The call for increased allocations to PHC development has not generated as much change as was expected when the PHC-concept was first issued at the Alma Ata conference in 1978. Structural adjustment programmes and civil service reforms have led to a need for reforms in the health sector. Many developing countries are seeking to change the structure of their health systems in order to address the escalating problems of their health services. Budget deficits and inadequate support systems have rendered ineffective models based primarily on government financing and provision of services. Where resources have previously been controlled and distributed by central ministries, changes are now being made to allow local authorities to make decisions regarding funds. Measures are being taken to facilitate the work of private health care providers. User fees have been introduced or increased.

Health Sector Reforms

Sida development cooperation will focus on:

- the development of methods and capacity building for national health sector reforms. Specific attention should be given to "efficiency and quality" of services, focusing on social equity and gender equality.

2.2 *Decentralisation*

Health sector reform in the coming years will require major reallocations of resources between urban, rural and peri-urban services, from tertiary to secondary and primary care at district and lower levels, and from curative to preventive services.

Decentralisation to district and community levels is an important process in almost all countries of the world, whether rich or poor. The aim of a health system based on decentralisation is to give the providers responsibility for planning, budgeting and monitoring of services. This is a fundamentally different approach from the top-down planning, budgeting and monitoring that has been used in the past. Decentralisation is expected to lead to more cost-effective services.

The focal point in the process towards decentralisation should be at the level where essential health services are provided. In most countries, this will be the district level. It is at this level that different, centrally organised vertical programmes are integrated into a menu of preventive and curative health services available to community members. The district level is also the appropriate level for the coordination of community participation in health action both within and outside the health sector.

The health centre is the basic unit for the provision of health care. In a well-established decentralised system, health centres should have the capacity to deliver essential health care to the inhabitants of the catchment area. Equally important is the availability of a functioning referral system for health care that can not be provided at the primary level.

Local participation in the management of health facilities is desirable to ensure that services are run in accordance with local priorities. In addition, services must be provided in accordance with national policy.

Decentralisation

Sida development cooperation will focus on:

- decentralisation through the development of integrated health services and capacity building at district level.

2.3 Health Financing

Increased resources are needed for health services to improve health and the quality of life in all low-income countries. In 1993 the World Bank calculated that an essential package of basic health services can be delivered at a cost of about $ 13 per capita in low-income countries. Many of these countries allocate less than 5% or more of their GNP to health, which often does not meet the minimum requirement.

The difficult question of sustainability of health financing can be illustrated by the fact that the poorest countries in Africa rely to a high degree, in exceptional cases up to 50%, on external support to finance government health expenditure.

In many countries, private financing constitutes a major and increasing share of total health expenditure.

Options for financing health care include the general system of taxation used to finance government expenditures, user fees, health insurance and various kinds of community participation in financing local health services. In countries all over the world, agreement is growing that some kind of cost sharing is needed in view of escalating health costs and the limited capacity of governments to finance or deliver subsidised health care to all citizens.

There is, on the other hand, a risk that introduction of user fees or costly health insurance plans could deprive the poorest of access to modern health services. Furthermore, user fees contribute to a very limited extent to total health care costs. Studies of the effects of user fees suggest that their impact on access and equity largely depend on how the initiatives are designed and implemented, including mechanisms for exemption of the poor. Experience to date emphasizes the difficulties of converting revenue gains into improved service quality and/or increased access. If user fees are expected to improve the availability and quality of health services, some or all fee revenues should be retained at the collecting facility and used locally for quality improvements.

Properly managed, health insurance schemes are designed to help people gain access to costly treatment that would otherwise not be accessible to them. The design and implementation of insurance schemes, when introduced, should contribute to governments' efforts to reallocate resources from hospitals to primary health care and from curative to preventive services. Experiences of health insurance schemes in developing countries to date have encountered difficulties in management, in enrolling people outside the formal sector and in creating an effective and appropriate regulatory framework.

Where user fees, insurance and community contributions are introduced or increased, use of services should be closely monitored to identify whether the increased costs for the user result in less equity in and access to health services. These monitoring efforts should include a careful analysis of utilisation by women, men, boys and girls.

Health Financing

Sida development cooperation will focus on:

- the development of sustainable health financing strategies, that make effective use of limited resources and promote equity.

2.4 Private Sector

In many countries, rising costs, limited funding and inefficiency have greatly weakened the ability of the public health care system to provide quality care. This situation has lead to the growth of private alternatives, such as private pharmacies, clinics and small hospitals. Many health workers have migrated to the private sector. Governments have also encouraged private alternatives within the public sector, such as private beds in public hospitals or allowing staff to run special private clinics in government facilities outside normal working hours. Contracting arrangements are common in many countries, both for non-clinical services and for the provision of health services. Private not-for-profit providers, such as missions and NGOs, play an important role in many low-income countries. Privatisation and market-oriented systems can improve efficiency and quality through competition and the provision of economic incentives, but can also jeopardize the attainment of social goals such as equity and gender equality.

Private Sector

Sida development cooperation will focus on:

- building and strengthening capacity in Ministries of Health to regulate and monitor public and private services in the health sector.

2.5 The New Role of Ministries of Health

Despite the movement toward privatisation described above, governments must remain involved in health care. A solution based entirely on a free market approach is unlikely to lead to improved health care and development. Some essential health services, such as vector control and immunisations, benefit the community rather than the individual and are therefore unlikely to be provided under a competitive, for-profit system. A market-based system also assumes that all potential consumers have equal access to and information about provider alternatives.
An essential role for the government in health is to ensure that privatisation and market-oriented solutions do not lead to limited access to health services among some population groups.

The role of the Ministry of Health is being transformed, and is increasingly focused on policy development, strategic planning, setting national goals and establishing rules for public and private actors. Instead of providing health services, ministries will increasingly establish and monitor normative performance standards for health services. Other important tasks will be to provide technical, administrative and logistic support to lower levels of the decentralised health system.

The New Role of Ministries of Health

Sida development cooperation will focus on:

- strengthening Ministries of Health in their new role in the decentralisation process, through development of their capacity to provide normative and technical support.

3. Health Services

Many people still live beyond the reach of health services. Their access is reduced for geographic, financial or ethnic reasons. Access to health services is also influenced by gender. For example, the social position of women in many societies may make families less willing to invest in health care for women and girls. The lower average earnings of women and their lack of control over household resources may also limit their financial access to health services. A major challenge in health reform is to reduce barriers to appropriate care seeking.

For those able to reach health services, the quality of care is an important issue. A tremendous task in expanding the health services is to ensure that at least minimum standards of clinical care are maintained, and that essential preventive services including immunisation are available to those who need them during each encounter with a provider. A related issue is the need to discourage inappropriate care, such as the overuse of antibiotics.

3.1 Management of Health Services

The success of health services reforms, regardless of the specific strategy or system, will depend upon the availability of competent managers at all levels of the health system. There is a substantial need to improve the management skills of health system personnel. This need could be addressed through improvement and expansion of both pre-service and in-service training efforts.

Health planning, monitoring and evaluation are essential skills for an effective health service, both at national and district levels. There is need for simple, well-functioning health and management information systems that can encompass reporting of disease occurrence from facilities or geographic areas.

In the face of severe budget constraints, there is a need to allocate public resources in a more cost-effective way. Some of the most important causes of inefficiency derive from inappropriate priorities, emphasizing curative care rather than prevention and allocating relatively more resources to hospitals than to primary health care. This creates problems. One example is when the community by-passes lower-level facilities because they do not have drugs or competent, motivated staff and seek care directly from higher-level facilities.

In more and more countries, governments are trying to limit the role of the public sector and to increase its cost-effectiveness by defining "packages of essential health services". Components of these packages are often selected

with reference to estimates of the "burden of disease" that is represented by specific conditions. These "burden of disease" estimates, which sometimes include disability as well as the more traditional morbidity and mortality, can be used to establish health sector priorities. An important part of the essential services approach is to include estimates of cost-effectiveness of specific interventions in the decision-making process, helping policy makers determine how best to use their limited resources.

Management of Health Services

Sida development cooperation will focus on:

- the development of cost-effective health services through strengthening of management capacity at all levels of the health system.

3.2 Human Resources Development

Personnel are the most important and expensive resource in health services delivery. On average, more than 60% of public funds for health are used to pay for personnel costs. It is therefore important that trained personnel are utilised in ways that make full use of their skills. Today, low wages and shortages of supplies and equipment often result in staff members finding other jobs either in- or outside their normal working hours. Poor managerial control, weak supervision and inappropriate training are other factors that contribute to this situation.

Many countries are engaged in the process of health sector reform, including decentralisation to district and community levels and increasing private financial and service delivery mechanisms. If these reforms are to improve the effectiveness and efficiency of the health sector, priority must be given to the use of human resources. Human resource development programmes, previously focused on defined inputs such as specific education and training, now need to be reoriented to support changes required by health sector reforms. Examples include the development of new staffing and skill mixes and mechanisms for rewarding proper work performance.

Human Resources Development

Sida development cooperation will focus on:

- rational use of human resources in the health sector through development of manpower policies and systems.

3.3 Child Health and Immunisation

It is estimated that every year some 12 million children die before they reach their fifth birthday. Nearly three quarters of these deaths are due to pneumonia, diarrhoea, measles, malaria or malnutrition - and often a combination of these conditions. Many children with these potentially fatal conditions are brought by their families to the primary health care level. The considerable overlap in the signs and symptoms of several diseases demands awareness and skills of the health workers to diagnose and handle several conditions in the same child.

It therefore makes sense for child health programmes to address not single diseases but the sick child as a whole. The health worker should be trained in how to communicate with parents about how they can promote the health of their children, prevent diseases and care for them in time of illness. Such an integrated approach to the management of the child will lead to efficiency in training, disease prevention and treatment, and utilisation of resources.

Immunisation is an important tool for improving public health, but requires a longstanding, continuos and sustained effort. Ideally, immunisation coverage should be high (close to 100%) and should remain constant over time with small variations between countries and regions of a country. Each new generation of children should therefore be fully immunised before one year of age.

The basic immunisation schedule includes BCG (tuberculosis), polio, DPT (diphtheria, whooping cough and tetanus) and measles. TT (tetanus) is also provided to women in order to protect the child from neonatal tetanus.

Immunisation programmes and vaccine development should aim to build and strengthen international, national and local capacity to develop and maintain functioning immunisation services reaching all target children and women with an effective vaccine at the right time, with a correct technique and at a reasonable cost.

Equally cost-effective is to protect, support and promote breastfeeding. Exclusive breastfeeding for children up to age six months, complemented thereafter with hygienic, nutritious and appropriately prepared family foods, is practiced hardly anywhere in the world. Yet effective policies and interventions now exist. Regulation of marketing of commercial infant foods and support for the breastfeeding rights of working women are important examples of such interventions.

Child Health and Immunisation

Sida development cooperation will focus on:

- improving child health through
  - emphasis on preventive measures such as breastfeeding and immunisation, and
  - a shift from an approach based on single diseases to one based on the integrated management of childhood diseases.

3.4 Sexual and Reproductive Health and Rights (SRHR)

Recognising the importance of this area for health, reproduction, and gender equality, Sida has developed a separate "Strategy for Promotion of Sexual and Reproductive Health and Rights in Development Cooperation". This publication contains definitions, explains the contents and sets priorities for Sida.

At a series of United Nations Conferences during the 1990s new perspectives on sexuality and reproduction emerged, built on strong ethical and rights foundations.

The consequences of these new perspectives for the health system and for service delivery are still in the moulding, but some operational conclusions can be drawn. Since all people, irrespective of age and civil status, have sexual and reproductive rights, services cannot, as hitherto, be limited to women in reproductive ages. Services must be available to all and cover life cycle needs. Much information and counseling and many of the services, can be performed by trained midwifes and their role and competence should be enhanced. The existing imbalance in resources in several countries between family planning activities and other reproductive health services must be addressed.

Everybody has the right to sexuality education, which can be provided through the health system, in schools and through the media. Special efforts must be made to reach the adolescents. The HIV/AIDS epidemic calls for increased efforts in information and counseling to prevent the spread. Men, women and adolescents have the right to quality services for fertility regulation and protection against sexually transmitted diseases. Some contraceptives can also be distributed outside the health system.

Abortion exists in all societies, whether this is legal or not. A prerequisite for making abortions safe is to legalise them, which also provides an opportunity to define the role of the health sector. Where abortion is illegal, women should have the right to good care for abortion complications.

Women's reproductive role demands care during pregnancy, childbirth and the post-natal period. Antenatal care programmes vary a lot between countries in contents and organisation. The vast majority of pregnancies and deliveries are normal, but when complications occur they are often unpredictable. Thus referral and emergency obstetric care must always function. This is a resource-demanding aspect of maternal health services, where trained staff, transport, surgery and other equipment are needed. For new-born care breastfeeding is essential and must be promoted by the health staff and system.

There is a growing recognition that gender inequality is also expressed as sexual harassment and abuse, rape and other violence, and in some countries as female genital mutilation. The health services have an important role to display these grave problems, since health workers often meet those affected. But health staff is often untrained and unaware to see the signs. A long term solution to these problems include changed roles for women and men in relation to sexuality and reproduction and increased empowerment of women.

Sexual and Reproductive Health and Rights (SRHR)

Sida development cooperation will focus on:

- improving sexual and reproductive health and rights for adults and adolescents of both sexes through
  - promotion of gender equality, and sexuality education,
  - maternal health care, fertility regulation, prevention and care of sexually transmitted diseases including HIV/AIDS, and
  - measures against gender based violence and discrimination including female genital mutilation.

3.5 Pharmaceutical Sector

In most developing countries, the private sector is increasingly taking over the drug supply from the public sector. The conditions of the pharmaceu-

tical sector have therefore changed and drugs are commonly distributed with little or no control of the state. The legal framework for drug supply and distribution is inadequate or outdated in many countries. Problems include the increase of drug prices at the retail level, inadequate dissemination of information about drugs to professionals and consumers, unethical drug promotion, and how to achieve a shift to a small number of essential drugs with higher profit margins.

Another problem in some regions of the world, e.g. Sub-Saharan Africa, is that millions of people still lack regular access to essential drugs. Distribution systems are often characterised by a public system in which drugs are free but not available and a private system in which drugs are available but not affordable to a large proportion of the population.

Several current trends have increased the need for public education about drug use. The private sector has expanded as a source of drug availability. Products previously available only by prescription can now be bought over the counter. Problems around the advertising of prescription drugs, new forms of marketing and more rapid drug registration need to be addressed. In many developing countries, it is of great concern that patients have access to all drugs without prescription. These trends create major health risks, demanding more consumer knowledge.

Two important components of a well-functioning pharmaceutical sector are appropriate regulation and adequately informed providers and consumers. Both components are needed in order to improve equitable access to good quality drugs and their rational use.

The aim of Sida support in the pharmaceutical sector is to improve the health of the population by ensuring access to good quality drugs and supporting their appropriate and rational use. The goal of drug programmes should be to improve health for the most vulnerable.

Pharmaceutical Sector

Sida development cooperation will focus on:

- improving of national drug policies and promoting the rational use of drugs through
  - development of appropriate legislative, regulatory, and control mechanisms, and
  - health staff training and consumer education.

4. Health Problems related to Other Sectors

4.1 The Role of the Health Sector

Some important determinants of health lie outside the direct control of the health sector. This is the case with problems such as malnutrition, environmental hazards, injuries, and behavioural risk factors including the use of alcohol, tobacco and drugs. Direct responsibility for the promotion of health must therefore rest with the concerned sectors. However, the effects appear in the health sector in the form of diseases or injuries, and by necessity the health sector will be involved.

The role of the health sector in relation to health problems is to deal with:

- diagnosis and treatment,
- prevention,
- monitoring and reporting (the alarm clock function),
- advocacy for "healthy public policies", making health and nutrition an agenda item for policy makers in all sectors of government, and
- health and nutrition education for individuals and communities.

In this perspective, Sida considers malnutrition, environmental hazards, injuries and life style related risk factors to be areas of particular concern.

4.2 Malnutrition

More than half of infant and young child mortality in low income countries is directly linked to undernutrition and nutritional deficiencies, here jointly called malnutrition. Poor nutritional status leads to cycles of ill-health that need to be identified and addressed. It reduces the body's resistance to infection, which in turn leads to higher nutritional needs and reduced appetite, often accompanied by reduced capacity to absorb food. Malnutrition also saps the energy of adults, reducing their work capacity and income-earning potential. Women who were malnourished in childhood, adolescence or during pregnancy are more likely to have low birth weight babies, who in turn are more likely to be malnourished and sick. Severe malnutrition leads to decreased learning capacity from infancy through the school years, blocking yet another avenue to escape from poverty.

Micronutrient deficiencies (particularly iodine, vitamin A and iron) affect over one-third of the world's population. It has been shown that a reduction in young child mortality by one third can occur when vitamin A deficiency is eliminated. Vitamin A deficiency is also an important cause of blindness, and iodine deficiency is linked to mental impairment. Iron

deficiency anaemia, perhaps the most widespread reproductive health problem, affects more than half of the low income women of the world. Prevention programmes usually consist of the distribution of capsules and tablets, but the most promising approach is sustainable improvements in diets, particularly among women and children.

Malnutrition among adults is mainly related to food security and the situation in the agriculture sector, but is also linked to many other factors including cultural patterns, education levels and lifestyles. The basic cause of malnutrition is poverty.

There is a growing recognition that access to three things is required for good nutrition of children:

- food in adequate amounts,
- a healthy sanitary environment and adequate health services, and
- "care", that is, appropriate actions by caretakers.

National food and nutrition policies, which are now being formulated in some countries, are the political and technical tools required to tackle malnutrition through a multisectoral approach.

4.3 Environmental Hazards

The lives of hundreds of millions of people are threatened by unhealthy environments caused by increasing air, food, and water pollution, accumulating toxic waste, and by the rapid growth of urban slums. Inadequate water supply and sanitation are the cause of 80 per cent of the world's morbidity and contribute to more than 10 million deaths each year according to WHO estimates.

Development schemes often alter the environment in ways that may increase the transmission of malaria and other communicable diseases. There are numerous instances in which agricultural development projects have seriously increased transmission of diseases by altering the environment through deforestation, desalination, and irrigation.

Environmental health is concerned with the prevention of disease through control of biological, chemical or physical agents in the air, water and food. Environmental health must be approached in an integrated fashion through programming in other sectors. Access to improved water supplies in sufficient quantities and of acceptable quality does not automatically result in improved health conditions. Complementary activities such as improved environmental sanitation and hygiene education are equally important as water supply for the elimination of water related diseases. Chemical safety programmes are necessary to prevent negative health effects from industrial pollution or pesticide use in agriculture. Occupa-

tional health is concerned with environmental hazards as well as injuries at the work place.

4.4 Injuries

Injuries are also a growing problem in low-income countries, responsible for more than ten percent of their total burden of disease. Injury control encompasses a range of measures designed to prevent traffic accidents, injuries at home and at the workplace, and intentional injuries. Assistance could be given to start or to improve programmes in injury control and safety promotion at both national and community levels.

4.5 Tobacco and Alcohol

Tobacco is the single, most important, preventable cause of ill-health and premature death among adults in the world. In spite of causing more than three million deaths a year, tobacco is in legal use everywhere in the world. If the present one-third of the world's young adults persist to become regular cigarette smokers, this figure will rise to more than 12 million deaths a year in less than thirty years' time. Tobacco farming and manufacturing also has a significant negative impact on the environment.

The key to tobacco control lies in the combination of prevention interventions designed to affect behaviour at the individual level. These interventions include health education, legislation and fiscal policies. Intersectoral action against tobacco use should include the establishment of national tobacco control programmes.

Abuse of alcohol is a major threat to the health and economy of families and to socio-economic progress in many communities throughout the world. In former Eastbloc countries, heavy drinking has been shown to be a factor in the increased mortality of men in recent years. Alcohol is also an indirect cause of the continuos spread of HIV/AIDS and of injuries including violence against women and children.

4.6 Illicit Drugs

It is estimated that there are approximately 40-50 million drug addicts worldwide. Rapid urbanisation and the availability of illicit drugs has led to an increase in the incidence and prevalence of drug abuse in developing countries. Today, the largest demands for drugs comes from developing countries. Most drug abuse occurs in large urban centres, and increasingly in areas of transit in conjunction with poverty and marginalisation. The users are typically between 12 and 30 years old and predominantly male. An alarming trend is the rapid increase in the abuse by younger individuals

during the last decade. Attention should also be paid to the linkages between intravenous drug use, and the spread of HIV and other sexual transmitted diseases.

The principles of demand reduction are prevention, treatment and rehabilitation. Among these principles, prevention is the most important. In defining an approach to prevention, it is necessary to go beyond the symptoms of drug abuse to identify the underlying causes. Poverty and the lack of social and economic alternatives are often directly associated with drug abuse. These causes must be tackled from an integrated perspective, which may include enhancing educational and health services, providing income and employment generating activities, strengthening institutional capacity, information campaigns etc., in conjunction with public institutions, the civil society and community organisations.

Health Problems related to Other Sectors

Sida development cooperation will focus on:

- promoting health and preventing disease through
  - supporting the health sector to involve actors outside the health system in activities related to health and nutrition, and
  - initiating multisectoral approaches.

5. Research and Development in the Health Sector

5.1 Rationale and Priorities for Health Research

Health is both a requirement and a goal for development. The key role of health research in the process of change, has been emphasized both by the International Commission on Health for Development (1990) and by the WHO Ad Hoc Committee on Health Research Relating to Future Intervention Options (1996). It is, however, also an underutilised resource. Only about 5% of the total global investment in health research is directed towards health problems of developing countries. The international debate, in which Sida is actively participating, has resulted in a wide recognition of the need for concerted action by countries, international organisations, foundations, donor agencies and the private sector to meet future challenges in health research.

There is a clear need to intensify research around poverty-related health problems, dominated by infectious and parasitic diseases, reproductive ill-health and childhood malnutrition. Development of new and improved methods for treatment and control of these conditions require research in the fields of biomedicine, clinical sciences and epidemiology as well as in behavioural and social sciences. Special research efforts must be devoted to new or re-emerging diseases such as HIV/AIDS, tuberculosis and malaria. Ongoing demographic and socio-economic changes in developing countries will have far-reaching effects on disease panoramas and call for the initiation of research on for instance non-communicable diseases and health problems due to violence and accidents. Increasing urbanisation and industrialisation require research on the links between health and the environment.

Organised efforts in health policy and systems research are needed to enable countries to optimise the use of scarce resources for health development and health care. Ongoing health reforms with increasing privatisation and decentralisation add to the need for attention to this research area. The social, economic and cultural dimensions of health require renewed efforts to develop multisectoral and multidisciplinary approaches.

In Sida's view there is no doubt that the development of national research capacity is fundamental to sustainable health development – also in low-income countries. Scientific capacity is needed in order to get access to new knowledge and to participate in relevant international research cooperation. This requires organised national efforts in terms of planning, setting priorities and creating resources for what has been termed "Essential National Health Research". At the same time, intensified efforts are needed to engage international research programmes as well as scientists and

institutions in industrialised countries in research on the health problems of developing countries and in research partnerships with these countries. Their needs and priorities should, to an increasing extent, guide the international research cooperation in the field of health.

5.2 Framework for Sida's support to Health Research

Sida's health research support is mainly channelled via its Department for Research Cooperation, SAREC.

SAREC's objective is to support research efforts that contribute to the development of low-income countries. This includes: 1) assisting developing countries to build up their own research capacity, 2) supporting research which can address important problems in developing countries, and 3) promoting scientific cooperation between Sweden and these countries.

Bilateral health research cooperation with least developed countries is an important part of SAREC's support. The focus is on long-term support to research training and research development at medical faculties. At the same time support is also given to the development of mechanisms which brings the national stakeholders together to plan and set priorities for health research. SAREC is also facilitating regional collaboration in health research and research training.

Support to international health research programmes, which focus on the problems of developing countries, is the other important component in SAREC's health research cooperation. SAREC intends to continue supporting international health research programmes, within and outside WHO, in order to promote research of high quality and relevance but also in view of the possibility to influence these programmes to develop strong partnerships with developing countries. SAREC also intends to continue its active participation in international health research policy work with a view to increase the international research efforts and to promote a stronger focus on the needs and priorities expressed by developing countries. This includes active involvement in the development of an international initiative to strengthen health policy and health systems research. Swedish scientists and institutions will also in the future have important roles in SAREC's bilateral and international health research cooperation, particularly in areas where Sweden has comparative advantages in terms of experience and expertise.

In its support to international research programmes as well as to special programmes and projects, SAREC will focus on certain priority areas: child health and development, sexual and reproductive health, HIV/AIDS and related sexually transmitted diseases, tropical diseases and other infectious diseases, and health policy/systems research. Support to these

research areas are also considered in the dialogue with collaboration partners in developing countries. In its bilateral research cooperation programmes, SAREC is, however, prepared to consider also other areas of national priority.

Research and Development in the Health Sector

Sida health research cooperation will focus on:

- capacity building for health research in developing countries with particular attention to research and research training at medical faculties,
- high quality international and other special health research programmes of relevance to developing countries,
- facilitation of international research partnerships in response to needs and priorities of developing countries.

6. Health Support in Relief and Emergency Situations

6.1 Rationale for a Specific Perspective on Health in Emergency Situations

Emergencies may be caused by natural disasters or by man-made, often complex, conflicts. Man-made emergencies with displacement of huge population groups, tend to have a range of both acute and long-lasting health effects.

Worldwide, the number of refugees has risen sharply during the past two decades. An increasing proportion of the refugee population consists of displaced persons seeking protection due to internal conflicts. Up to 80 % of refugees are women and children.

Long-term health sector development requires a reasonably stable situation, with a political and organisational structure allowing the health system to take comprehensive and long-term responsibility for the health of its citizens. This is usually not the situation during complex emergencies. However, an overwhelming majority of displaced populations remain in one place for prolonged periods of time, sometimes decades. It is therefore necessary to take long-term health needs into account, both during acute health interventions in emergencies, and when supporting health care systems in the post-emergency phase.

6.2 Major Health Effects

While some patterns can be distinguished, it is important to recognise that each emergency situation has a unique public health profile.

The principal causes of acute mortality among refugees in low-income developing countries are often the same as those in the country of origin. The five most important groups of diseases are therefore diarrhoeal diseases, ARI, measles, malaria and malnutrition. Most deaths occur among children under the age of five, but the relative increase in mortality after displacement has in some settings been highest among children ranging from 1 up to 12 years of age.

Lack of safe water, lack of sanitation, and nutritional deficits as a result of crowding and food shortages all contribute to the acute and sometimes drastic increases in disease incidence, particularly of diarrhoeal diseases among refugee populations.

Deterioration in social conditions due to complex emergency situations, and/or rapid political transformation, have also drastically affected the health situation in many mid-income countries. This is particularly true in the Eastern European and Caucasus regions. The incidence of many infectious diseases has increased, but the impact on mortality has been less profound than in low-income countries. Infant mortality rates, which were declining until the late eighties, have increased in many settings. War activities have affected many civilians and have resulted in higher death rates in all population groups, particularly among young and middle-aged men.

In addition to the physical health problems caused by emergencies, there is often the psychological trauma that affects large proportions of displaced populations. Symptoms manifested by children include regression in development, nightmares, poor concentration, depression and a sense of hopelessness about the future.

Sexual violence against women and children is particularly common during ethnic conflicts. In such instances, women and girls suffer from the trauma of sexual abuse itself and the associated risk of unwanted pregnancies, as well as the risk of being infected with sexually transmitted diseases, including HIV.

At the end of a period of armed conflict, many soldiers, and particularly young men, face psychological problems and have difficulty in adapting to normal social life and working conditions.

6.3 Framework for Health Sector Cooperation in Emergency Situations

Accumulated experience indicates that support for basic health interventions should be given high priority in emergency situations. High-profile hospital-based interventions are often promoted by countries seeking to provide assistance, but are inadequate for dealing with the most prevalent health problems. A carefully implemented initial response, preceded by an assessment of the health situation and of available health care resources, may serve as an adequate platform on which to expand appropriate and sustainable primary health care-services for refugee populations during subsequent years.

A successful long-term response to an emergency depends on many factors. Important element are the mobilisation of local human resources and strengthening of other local capacities. In emergency prone areas these important elements are essential to prevent reoccurrence of emergency situations. Another critical factor is the coordination of policies and practices among the various international governmental and non-governmental agencies offering their services in the field. Adequate training of aid

workers in emergency health care and programme management are important prerequisites for achieving high-quality implementation and coordination.

Gradual change of the entire health care system may be appropriate in some instances. In most low-income settings, the pre-refugee health care system is often very inadequate. In many mid-income countries that have been ravaged by war and instability, however, comprehensive preventive and curative health systems may exist. These systems are often top-heavy and hospitals play a leading role. Such systems may have been comparatively successful, but consume disproportionate amount of financial and human resources. Under the new conditions created through social instability, conflict and displacement available resources are not sufficient to sustain the old health care system. In some situations, then, conflict can create an opportunity for health system improvement.

Health Support in Relief and Emergency Situations

Sida humanitarian assistance will focus on:

- improving health and decreasing morbidity and mortality through pre- and post emergency health services,
- health development through intersectoral collaboration and coordination with national and international actors, and
- reforming health care systems suffering from long-lasting effects of emergency.

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infections
BCG	Bacille Calmette Guerin (immunization to prevent tuberculosis)
CORHED	Council on Health Research for Development
DPT	Diphteria, whooping-cough, tetanus
ENHR	Essential National Health Research
EU	European Union
GNP	Gross National Product
HIV	Human Immunodeficiency Virus
HRD	Human Resources Development
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
LFA	Logical Frame-work Approach
NGO	Non-Governmental Organisation
NDP	National Drug Policy
PHC	Primary Health Care
Sida	Swedish International Development Cooperation Agency
SRHR	Sexual and Reproductive Health and Rights
STD	Sexually Transmitted Diseases
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USD	US Dollar
WHO	World Health Organization

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