

Health is Wealth



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Ill health and poverty are closely linked. Sick people are more likely to become poor and poor are more vulnerable to catch diseases and become disabled. Health plays a central role in fighting poverty. However, health is more than doctors, nurses, medicine, hospitals, and health centres. Much that determines health lie outside the direct control of the health sector.

Sida's strategy for health related development co-operation focuses on the most vulnerable. To achieve improved health Sida has a wide and multifaceted approach.

Health in the World – the Gap is Widening

Health has improved tremendously in the world during the last decades. Between 1960 and 1995, life expectancy in low-income countries improved by 22 years, and in developed countries by 8 years. This improvement in health is unprecedented in human history.

But the positive development has not reached everyone. There are still gigantic inequalities, and these are closely linked to poverty. Both low-income countries and middle-income countries have experienced positive health development over the last

decade. They have increased life expectancy and achieved a better health situation. In sharp contrast, the health situation in countries from the former Soviet Union and those heavily affected by HIV/AIDS has deteriorated over the last 10 years. Countries with a high prevalence of HIV/AIDS now faces a life expectancy below 40, compared to 80 years in high-income countries. The gap between the rich and the poor is widening.

The Swedish Commitment

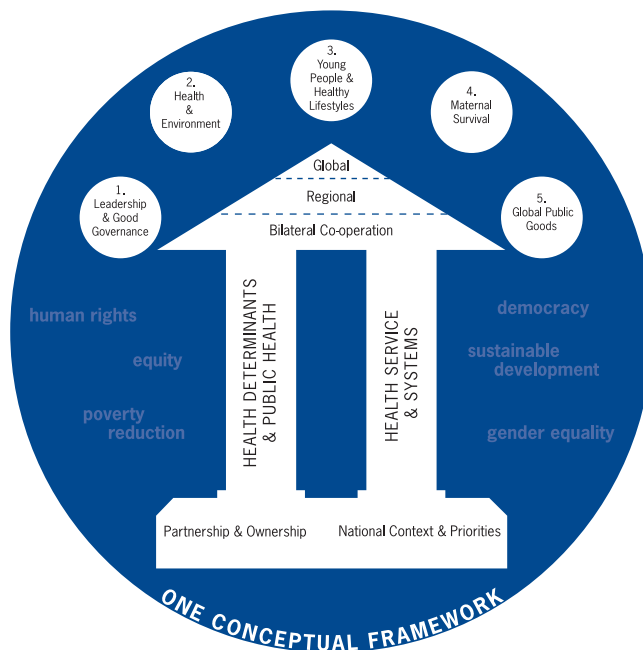
Health, in addition to being a goal in itself, is one of the keys to both economic and social development, and thereby to poverty reduction and elimination. Extending the coverage of basic health services to the world's poor would save millions of lives each year. It would also reduce poverty, spur economic development and promote global security.

Sida formulates two objectives for Sweden's health related development co-operation. Sweden will support countries, in a partnership relation, to achieve improved health outcome through:

- Improving the economic, social, cultural and environmental determinants of health in all relevant sectors of society, and strengthening the role of the health sector in influencing the health-related policies and health outcomes of other sectors.

Overview of Sweden's health related development co-operation. The conceptual framework is based on the view of the role of health in development.

The two pillars are the two major areas of work reflecting Sida's two objectives: the health sector itself and the determinants of health in other sectors. In addition, there are five initiatives. The two principles for implementation – partnership with national ownership and adaptation to national context – are also shown. Finally the three levels of action – bilateral, regional and global co-operation – are indicated.





Vaccination. A group of women with their babies at a rural health clinic in the Philippines. With the help of local volunteers and the support from international NGOs, the health situation in the area has improved substantially.

- Sustainable and effective health systems with universal access to and coverage of health services of acceptable quality, emphasising social equity and gender equality.

Two Pillars – the Basis for Swedish Development Co-operation

The importance of protecting and improving the health of the poor provides a strong base for promoting coherence in all relevant sectors. The responsibility for making “healthy public policies” rests within the concerned sectors themselves. The health sector has an important role in terms of access to service and on advocacy towards other sectors.

1. Public Health and Health Determinants

Health is determined by economic, social, cultural and environmental factors. Inequity in health is strongly related to people's living conditions, working conditions and lifestyle factors (smoking, alcohol abuse and unhealthy food habits).

Major Health Threats

- *Environmental problems* threaten the very existence of the poor. Many people in developing countries live off the land and water in their vicinity. People's livelihoods, their means of survival, must be secured.
- *Tobacco* will become the largest health problem in 2020, causing 8.4 million deaths annually of which 6 million come from developing countries.
- *Abuse of alcohol* is linked to poverty and has a serious impact on the financial situation of families, domestic violence and criminality.
- *Illicit drugs* are also intimately related to problems of poverty, inequality, exploitation, corruption, weak governance and violations of human rights.
- *Traffic injuries* is a growing threat to health in low-income countries. It is responsible for more than 10 % of the total burden of diseases.
- *Malnutrition* is generally caused by lack of food combined with infection. Over half of all child deaths in developing countries are caused by malnutrition.

GLOBAL COMMITMENTS – THE MILLENNIUM GOALS

In recent years increased emphasis has been placed on health and development. This has been manifested in several international conferences and expressed in International Development Goals.

The Millennium Declaration with the Millennium Development Goals was adopted by the Millennium Summit of the United Nations in 2000. Of the 8 goals three are directly related to health:

- Reduce the under-five mortality by two-thirds between 1990 and 2015.
- Reduce maternal mortality by three-quarters between 1990 and 2015.
- Have halted, and begun to reverse the spread of HIV/AIDS and the incidence of malaria and other major diseases by 2015.

The OECD countries, through DAC, have agreed on:

- Attaining universal access to reproductive health services by 2015.

2. Health Service Delivery and Systems Development

Health systems play an important role in diminishing the health problems of the poor, through promotive as well as curative and preventive interventions. Extending the coverage of basic health services to the world's poor in areas such as sexual and reproductive health and rights, child health and immunisation would save millions of lives each year. It would also reduce poverty, spur economic development and promote global security.

Key areas:

- *Service Provision – an Equity and Gender Equality Issue.* Universal access to high quality services requires basic infrastructure, health facilities that people can reach, proper staffing and equipment. Cost-sharing mechanisms are financial barriers for the poor and contraproductive to universal health. Access also requires that the needs of vulnerable groups like adolescents and disabled are properly addressed. But without high quality of services, the question of access becomes irrelevant.
- *Leadership and Good Governance.* Health reform agendas can improve services and reduce gaps in basic health services. Professional leadership and good governance are preconditions for effective and sustainable health systems.
- *Health Financing.* The sources for financing the health sector as well as the mechanisms used to allocate the resources within the health system affect the access to health services of the poor and the final health outcome.
- *Creating Resources.* Human resources are the most important and the most expensive resources in health service delivery in developing countries.
- *Building National Research Capacity* is an essential part of functional and sustainable health systems. One objective of Swedish research co-operation is to build institutional and analytical capacity in developing countries and to support research of significance for development.

Five Initiatives

Sweden has identified five areas where Sweden has a comparative advantage and will work in a more proactive manner.

1. Health and Environment

A third of the global burden of disease can be attributed to health and environment. Environmental health hazards that affect the lives of the vulnerable and poor will continue to be a priority.

2. Young People and Healthy Lifestyles

Emphasis on young people and healthy lifestyles is extremely important in fighting HIV/AIDS. Young people are exposed to sexual violence and trafficking, early marriage, and high rates of early and unwanted pregnancy. Adolescents face unprecedented threats to their sexual and reproductive health as well as to their general well being.

3. Maternal Survival

The many unnecessary maternal deaths is a scandal of our time and a violation of women's basic human rights. So little progress has been made in reducing maternal mortality. Improving gender equality is fundamental in reducing maternal mortality.

4. Leadership and Good Governance

Professional leadership and good governance is a precondition for inputs into the sector to have effect and become sustainable, it helps avoiding politicisation of the sector and promotes long term planning.

5. Research and Development of Global Public Goods

Research and development of global public goods must be financed by the international community. Global public goods are public goods that are not financed by national governments. One example is the development of new pharmaceutical products. The lack of research on diseases common in poor countries but not in rich is another area where the international community should act.

GOOD HEALTH LEADS TO ECONOMIC DEVELOPMENT

High labour productivity – healthier workers are physically and mentally more productive, earn higher wages, and miss fewer days. A healthy workforce creates incentives for foreign long-term investments.

Higher rates of investment and savings – people who live longer are more likely to put away funds for retirement, which provides funds for capital investment. The total savings increase as a country's population in their prime years (40s) coincides with the years of savings.

Higher educational attainment – healthy children are better able to learn and miss fewer days of school. As health improves, parents invest more in the education their children.

Demographic changes – improvements in health lead to lower rates of fertility and mortality in the population. The lag between declines in mortality and fertility produces a "baby-boom," which can contribute to economic growth if policies allow these extra workers to be productively employed.

Reduced disruptions in the productivity – by preventing illness and early deaths of key workers there would be less disruptions in the production line as well as more investment opportunities.

Reduced macroeconomic instability – ill health causes falling tax revenues and increased health expenditures.

Less costly household outlays – better health would decrease the costs for prevention and treatment of disease and injury.

In Ghana, West Africa, the government has embarked on a campaign to make people pay their taxes. Billboards like this one are combined with examples of what has been achieved through taxes. Health is an important area.



Two Principles

Sweden's health related development co-operation is guided by two principles:

1. Ownership and Partnership

Partnership should be based on shared values and mutual trust. It shall be based on the country's own development planning and priorities. Leadership and ownership lies with the national government.

2. National Contexts and Priorities

Sweden identifies different health contexts or development environments that requires different development co-operation strategies. These strategies are worked out in partnership with the cooperating countries.

A Broader Perspective

The causes of ill-health have many dimensions and facets. To respond

one must work with a wide range of efforts on national as well as international levels. The broad perspective focuses more on what determines health than on a particular disease.

Bilateral agreements between Sweden and partner countries, form the basis of Swedish international development co-operation. A regional approach is required to address problems of a regional nature but also to build networks for sharing experiences and spreading knowledge.

Health has increasingly become part of the global political agenda. Global public "bads," for example communicable diseases, drug-resistance, global warming and air pollution require a global response.

Global advocacy is vital for mobilising resources for health, both from governments as well as from the private sector.



Sida's department for research SAREC is actively involved in cooperation and support to universities and research institutes in Africa.



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