HEALTH IN DEVELOPMENT COOPERATION AND HUMAN ACTION.
REPORT 2011. EXECUTIVE SUMMARY

The report “Health in Development Cooperation and Human Action”, made by Medicusmundi Spain, Médicos del Mundo and Prosalus, was published for the first time in 2002. During 10 years, we have kept the main aims: knowing what is happening in the global health and what the main actors do – especially Spanish actors – with the purpose of influencing on the health cooperation policies. From 2002 to 2011, we have attended many changes; we describe some of them in this new edition of the report.

HEALTH AROUND THE WORLD

About 150 million of people in the world spend each year more than 40% of the family income in health care. More than 100 million of people end up being under the poverty line because of these expenses.

The economic crisis we are living since 2008 can suppose serious cuts in the public health budget in every country, especially in developing countries and in the international health aid that had increased in the last years, due to the appearances of new public-private agents. However, these agents have spent their time, above all, to fight against non-specific diseases without assuming the problem in a global way.

If we want to build a fair system, there must be a global strategy based on the strengthening of the public health system and on the primary health care as the operating axes of the proper system.

The lack of accessibility to health care services of many people around the world is one of determinants what explains the health differences between poor and rich countries.

Ten years ago, Medicos del Mundo, medicusmundi and Prosalus, health NGDO, decided to elaborate an annual report about the international cooperation in health issues. The conclusions and recommendations obtained from each year had been centred on three aspects:

- Description of health situation where it is maintained the health disparities around the world.
- Existing international commitments to fight against diseases and in favour of health.
- Relevance of cooperation in health issue and what are the determinant elements and must be raised in health international policies.

Since 2002, the health differences between North and South have positively evolved as for mortality rate and morbidity. For example, infant mortality has gone from 11 million of dead in 2002 to 8 million nowadays.

Ten years ago, the world priority was infectious diseases like malaria, tuberculosis and AIDS. However, pneumonia and diarrheal diseases, being both the most frequent causes of infant mortality, have not been taken into consideration and they have not had the same resources that the aforementioned diseases have had from International Cooperation.

After 10 years of analysis of the international reality in the health cooperation field, we emphasize although the international community has increased its commitments towards health, none of them has been totally accomplished. Donor countries do not address 0.7% of the GDP to cooperation; African countries neither address 15% of their budget to health. We must remember health is a universal right and the non-fulfilment of those commitments puts many lives at risk.
Social Determinants on Health and Health into All Policies

Nowadays, least developed countries represent 84% of world population and bear 93% of the deal of diseases, but they suppose just 11% of world expenses in/on health.

The health disparities are strongly related with several socioeconomic determinants. Generally speaking, life expectancy is used to be longer in high economic level countries than in the impoverished countries. However, the differences in life expectancy decrease when the distribution of income is taking into account: the countries that have a more egalitarian distribution reach life expectancy levels comparable, and sometimes better, to those who being richer have a more unequal distribution.

Gradually, multilateral organisms and countries are incorporating in their policies the approach based on health determinant to reduce the health disparities.

Spanish cooperation include in its foundations the approach based on health determinants. As the third Spanish Master Plan, as the Health Strategy of the Spanish cooperation give a multisectorial approach to health, assuming the model of health determinants and admitting that health sector itself cannot provide with the previous conditions, nor assure favourable perspectives to health.

SPANISH OFFICIAL DEVELOPMENT AID

Spanish cooperation establish some previsions of Official Development Aid (ODA) of 5,247 million of euros for 2010, similar to those planned in 2009 and equivalent to 0.51% of our gross national income.

However, in the execution of ODA, the previsions were of 4,491 million, that is, it does not reach to 86% of planned, what it means one of the lowest of last ten years. It would be expected, in a scene of interruption of the growth tendency of the ODA towards 0.7%, to reach, at least, an execution closer 100%.

Source: OECD (bit.ly/mdm-rev-31-3b)
In 2010, there was a decrease of 5% of the Spanish ODA as for 2009. Previsions for 2011 point at a new and bigger backward step. If 100% of the planned ODA in 2011 is done, the total number of 4,277 million of euros would be reach, placing the ODA in 0.4% of Gross National Income (GNI).

The Spanish aid could have in 2011 a decrease of 20% regarding 2011 due to cuts done during this year in the cooperation field in the autonomous communities and local governments and previewing, as it happens every year, the execution did not exceed 90% of the planned ODA. In other words, the money addressed to cooperation would be at 30% under the higher number of ODA in the history of our country (2008).

Regarding the commitment of reaching 0.7% of the GNI for development cooperation the Government had involved to 2012 and the rest of politic parties with parliamentary representation had supported it through the Spanish State Pact against Poverty; it had not reached the prevision of 0.5%. Even a backward step has taken place and the year 2010 has finished with an insufficient percentage (0.43%). The prevision for 2011 would leave the Spanish efforts, at best, in 0.43% over basic national income.

Medicos del Mundo, Prosalus and medicusmundi consider that, while the path is taken up again to 0.7%, **the Government must make some efforts to improve the execution of ODA, getting closer to 100% of the planned, and must guarantee that cuts are not going to affect to the basic social services, especially to health sector, neither to the Least Developed Countries**¹ as they involved, explicitly, the whole politic parties in the reunion of the commission for monitoring the State Pact in July 2010.

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¹ According to the definition used by United Nations, these countries are those who show the lowest socio-economic indicators in the Human Development Index (HDI). They have low per capita incomes, a weakness in human resources and economic vulnerability. [List of the Least Developed Countries](https://en.wikipedia.org/wiki/List_of_the_Less_Developed_Countries)
- **4,233 million of euros** were the prevision of the net ODA in 2011. Spanish Agency for International Development Cooperation.
- **6,300 million of euros** were the amount estimated Spain would come in each year of taxing with 0.05% the international financial transactions. IDEAS Foundation
- **16,890 million of euros** of contributed and compromised funds to Spanish financial system given by Fund for Orderly Bank Restructuring (FROB). Bank of Spain.
- **30,000 million of euros** of initial funding from the Spanish Financial Assets Acquisition Fund in order to the purchase of financial assets to encouraging the financing to companies and private individual living in Spain. Financial Assets Acquisition Fund (FAAF)
- **59,515 million of euros** of tax fraud in Spain. Technicians Syndicate of Finance Ministry.

**Official International Development Aid**

From the temporary data published by the Development Assistance Committee (DAC), in 2010, the total of the net ODA spent by the DAC reached the sum of 128.729 million of dollars, which meant an increase of 7.5% regarding last year, increase that’s not homogeneous in the group of donor countries.

In this positive perspective, the descent of Spanish ODA stands out negatively. This is absolutely the highest, with a diminution of 654 million of dollars that means 10% regarding to 2009. If we observe the behaviour of the rest of the group, we can appreciate that Australia, Canada, Japan, United Kingdom and United States increase substantially the absolute numbers and the aid percentages, although these last three countries keep the growth tendency of previous years.

It’s obvious that the more affected countries by the world economic crisis have decreased their external cooperation, but this is not the only reason. Apart from Spain’s, the Italy’s, Greece’s and Ireland’s contributions have considerably decreased. Although Switzerland, Netherlands, Sweden and Luxemburg have decreased them too, we have to remind the contributions of these last three nations, Norway included, are who address an amount of money for official aid bigger than 0, 7% of their GDP.
Despite of global growth in 2010, it’s important to insist that the descent of international aid can have serious consequences for the international community. Every country should assume cooperation expenses are not a non-essential batch, but also priority, especially if we talk about basic social services, like health and education.

OFFICIAL DEVELOPMENT AID FOR HEALTH

After there was an aid’s stagnation in health in 2009 and 2010 and the data pointed out a backward step of development cooperation fund for health. In 2011, the aid has fallen strongly. All of this will place the aid to the health sector in numbers under those it had in 2006 and in a lower percentage, regarding the total of ODA, than that of the last ten years.

Source: Personal compilation based on reports of the follow-ups of the Spanish Annual Plan of International Cooperation (PACI). The data of 2011 are previsions from PACI 2011.

After five years of increases for health sector, a very essential backward step happened in 2010 that moves us further from the recommendation of addressing 15% of ODA to the health sector, as a priority sector. In 2010, Spanish cooperation addresses 383 million of euros to the health sector, which represents a descent of almost 25% about 2009 and 22.5% less than it was planned.

This strong backward step, what is not directly related to aid global reduction, but it’s five points in percentage terms higher than that, supposes that just 8.5% of total of ODA was addressed to the health sector in 2010. Most of this reduction was due to cuts done by the central government, mainly in multilateral aid.

If we add to this negative information the prevision of 2011 about addressing just 225 million of euros to the health sector - that means, a little more than 5% of the whole ODA planned for this year -, the aid on health will be placed, at the end of 2011, in lower absolute values than those of 2006 and in the lowest percentage about the whole ODA in the last ten years.

This situation is not caused just by the crisis. Whereas the total ODA will be reduced predictably between 10 and 20% regarding the reduction of 2008, the ODA addressed to the health sector will be reduced more than 50% in 2011.
For the first time since the 2nd Spanish Cooperation Master Plan was created, a backward step of the ODA for health is happening, as in absolute terms, as in relative. As we have mentioned above, this descent will be more pronounced than in 2011. In view of the fact that the relevance of Spanish cooperation wanted to give to the health sector, as it can be clearly seen in the course of the years, the change of tendency does not seem logical.

And everything has happened during the Spanish Presidency of the European Union (1st semester 2010), after the elaboration and approbation of a Communication of the Spanish Commission on Global Health was promoted, where it was an important leadership from our country, reinforcing, in this way, the message of health sector is very important for our cooperation.

It is worrying not only the decreasing of aid, but also the criteria within the cuts are being done. It would seem that aid is being cut where there was less political opposition. Given that they are not political actors of Spanish system, the multilateral organisms have been, up to now, the main candidates to suffer the cuts.

These cuts, which cause some doubts about the multilateral vocation - put forward in our cooperation -, have shocked some sectors like education and health. They have been done predominantly through the multilateral channel. As consequence, the multilateral cooperation descent has supposed a pronounced descent of basic social services like health. The multibilateral aid for health was considerably less in 2010 than in 2009, reaching hardly 32 million of euros in front of the 197 million of euros from the last year.

The bilateral aid for health was about 140 million of euros in 2010, what supposes a diminution of 10% in absolute terms regarding the last year. For the first time in the last five years, there is a descent of bilateral ODA for health.

Given the importance the donors community recognise to the health sector in cooperation and the wager done by Spain in the last year, it does not seem logical that in a situation of world crisis, where the right of access to health care of the impoverished populations will be cut, there are reductions of the batches for the health sector in a so disproportionate way.

Because of that, the three organisations who elaborate this report insist on the advice, already done in the previous reports, of addressing 15% of ODA to the health sector, as a priority sector, to help to fulfil the international commitments signed by Spain.

As a positive aspect, we can point out that the expenditures on the FAD 2(Development Aid Fund) credits for health did not reach 15 million of euros in 2010, in front of the more of 25 million in 2009. With the FAD substitution after the new regulation, which has divided it in two different instruments – one of those will just take into consideration as ODA – FONPRODE (Spanish Development Promotion Fund) –; it should be a reduction or even a disappearance of the credit’s use in this sector, since the prevision is FONPRODE do not be used for financing basic social needs. It will be important to monitor the new instrument.

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2 The FAD is a Spanish cooperation fund based on credits that the recipient country must pay back those credits with interests.
Geographic Distribution of ODA for Health.

Almost a half of ODA for health was addressed to Africa in 2010, especially to sub-Saharan Africa. Latin America received 22, 6% and Asia, 16%. The rest of the continents received little and insignificant portions. Almost 10% of ODA for health was not geographically specified.

Nevertheless, if we analyse the ODA for health in the third Master Plan of Spanish Cooperation established for the 2009-2012 period, we observe the percentages are quite a lot away from the established by the Spanish Master Plan. So, almost 40% of the geographically specifiable ODA is addressed to no priority countries, even if, according to the Master Plan, that amount should not be higher of 15%.

Countries receiving a higher amount of ODA for health. Comparative table 2009 / 2010

<table>
<thead>
<tr>
<th>OUTSTANDING COUNTRIES</th>
<th>ODA FOR HEALTH 2009</th>
<th>CATEGORY</th>
<th>III</th>
<th>ODA IN HEALTH 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>22,264,050 €</td>
<td>Group A</td>
<td></td>
<td>15,626,347 €</td>
</tr>
<tr>
<td>Mozambique</td>
<td>18,674,859 €</td>
<td>Group A</td>
<td></td>
<td>11,494,708 €</td>
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<tr>
<td>Tanzania</td>
<td>14,793,472 €</td>
<td>No priority</td>
<td></td>
<td>7,196,377 €</td>
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<tr>
<td>Argentina</td>
<td>13,759,698 €</td>
<td>Group C</td>
<td></td>
<td>15,187,979 €</td>
</tr>
<tr>
<td>Morocco</td>
<td>12,734,134 €</td>
<td>Group A</td>
<td></td>
<td>8,959,176 €</td>
</tr>
<tr>
<td>India</td>
<td>12,611,270 €</td>
<td>No priority</td>
<td></td>
<td>15,285,496 €</td>
</tr>
<tr>
<td>D.R. Congo</td>
<td>12,084,151 €</td>
<td>Group B</td>
<td></td>
<td>10,360,397 €</td>
</tr>
<tr>
<td>Egypt</td>
<td>11,456,718 €</td>
<td>Group C</td>
<td></td>
<td>642,748 €</td>
</tr>
<tr>
<td>Peru</td>
<td>11,027,650 €</td>
<td>Group A</td>
<td></td>
<td>10,943,161 €</td>
</tr>
<tr>
<td>Vietnam</td>
<td>8,516,465 €</td>
<td>Group A</td>
<td></td>
<td>1,763,338 €</td>
</tr>
<tr>
<td>Mali</td>
<td></td>
<td>Group A</td>
<td></td>
<td>9.223.614 €</td>
</tr>
<tr>
<td>Nigeria</td>
<td></td>
<td>No priority</td>
<td></td>
<td>16.945.914 €</td>
</tr>
</tbody>
</table>

Source: Personal compilation based on data of the follow-ups of the Spanish Annual Plan of International Cooperation (PACI) 2010.

ODA for International Health

Between 2006 and 2009, there was an interesting progression in the whole DAC regarding to cooperation in health sector, which represented from 7.34% of the ODA to 12.57%.

Anyway, it is still necessary an increasing in amount and quality of the support for health sector - at least until reaching 15% of the whole ODA - as also a higher coherence between resource, addressed to different subsectors and an impact in the health care sector. If it is wanted to improve the aid for health, it is important to support, in a significant way, those subsectors which insist, specifically, on the primary health care and the strengthening of health public systems.

Nevertheless, in the same period, the relative weight of health in the European Commission’s ODA has been decreasing progressively until achieving 4, 35% in 2009, further of 15% that should be addressed to the sector.

This diminution is not compatible with the importance of health in the fight against poverty and within the proper priorities of the European Union. The access to health care is a universal

3 Master Plan of Spanish Cooperation
right and the European Commission - which manages European public health care and protects its citizens of health diseases and threats - cannot be indifferent to the difficulties that most of the world population has to access to sufficient and quality health care services.

European Commission must increase its commitment with health in a much more emphasized way, giving the sector the importance it has within cooperation policies.

REGIONAL COOPERATION

The decentralised cooperation as a whole and specifically in health represents a positive and differential fact of Spanish cooperation, regarding to the donor countries in our environment. However, these last two years, the decentralised cooperation has experienced a strong backward step. After the local and regional elections in May 2011, the tendencies has been heightening until placing, in some cases, the fight against poverty in a context of global crisis, and out of the political agenda of regional governments.

When we start to analyse the decentralised cooperation in 2003, nine autonomous communities had passed specific cooperation laws. Nowadays, everyone has an autonomous cooperation law. As for expenses on ODA, although anyone was compromised in that moment to reach 0.7%, Catalonia aspired to reach 0.66% in 2010, Andalusia 0.62% in 2011 and Aragon 0.3% in 2012.

The Regional Coordinators of NGDO have calculated that reduction of cooperation funds, done in the Autonomous Communities in 2010 and 2011, has gone beyond 160 million of euros. The draft of budgets of some Autonomous Communities and the public declarations from the responsible autonomous politics foretell memorable numbers of cuts that, in politic of cooperation, would take us back to 2005.

The previsions of the Regional Coordinators of NGDO placed the reduction in 70 million of euros. These estimates do not include the last announcement from the Council of Castille and La Mancha of removing the development cooperation funds and that they rose to 44.5 million of euros in the last financial year. This suppression may place this community, which has made more efforts par inhabitant in cooperation matter, at the end of an already weakened list.

Castille and La Mancha heads the announced cuts during 2011:

- The Council of Galicia: this community has turned the official announcements of aid to humanitarian action of 2011 into something no effective and has reduced the development cooperation in 48%, leaving Galician cooperation in his minimal (0.06%) of basic national income.

- The Catalan Generalitat announced a budget for international cooperation in 2011, 5% less than the last year. This supposes going from 49 million to just 22. It is necessary to point out that Catalonia addressed 62 million of euros to cooperation in 2008.

- Navarre has done a cut of 2.2 million of euros in 2011 (including 1 million of euros from the 2011 budget that Navarre has transferred to 2012). That means an 11%-cut; this descent could reach 25% regarding to 2011.

- The Canary government deleted the official announcement for projects to Africa for 2011 when the NGO have already presented their projects and waited for a decision. The suppression of this batch supposed a 37%-cut of the funds.

- The Community of Valencia has reduced in 78% the official development aid during these last three years. The budgetary previsions for 2012 place the Valencian ODA in 14 million of euros.

In 2010 - the last year we have consolidated data of execution - the development cooperation of Autonomous Communities and Local Authorities also reduced their funds, following the tendency of “aid’s reduction” started in 2009. As a whole, the decentralised cooperation has addressed 510 million of euros (82 million of euros less, a 14%-diminution).
The descent took place in the two actors of decentralised cooperation, the regional and the local.

<table>
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<tr>
<th>Evolution of decentralized cooperation (in million of euros)</th>
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<tr>
<td></td>
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<tr>
<td>Autonomous Communities</td>
</tr>
<tr>
<td>Local authorities</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
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Source: Personal compilation based on data of the follow-ups of the Spanish Annual Plan of International Cooperation (PACI) 2007-2010.

Whereas in other years, the diminution of the decentralised cooperation weight on the total of Spanish ODA was attributable to a higher increase of aid volume of the General State Administration, in 2009 and 2010, the diminution is due to a less expense on cooperation of the Autonomous Communities.

Likewise, the regional health aid has decreased again in absolute numbers, with a reduction of more of 1.8 million of euros, reaching 46 million. Nevertheless, the diminution has not been comparable to the descent of the whole regional ODA. Consequently, the cooperation has increased its weight on health matter until meaning a percentage of 11.3% of the whole regional ODA.

The diminution of the absolute numbers has not supposed a percentage-weight descent of regional health cooperation regarding to Spanish ODA for health, being the first of 12.21% of the total of the health ODA from the whole State. This fact confirms that state cooperation on health has reduced more its budgets than the decentralised.

There is a great difference between autonomous communities as for budget they addressed to health in 2010. As well as the last year, Andalusia y Catalonia keep their leadership, followed by Navarre, Castille and La Mancha and Basque Country. The addition of these five communities means more than a percentage of 62% of the total regional aid addressed to health.
Local cooperation, city and regional councils have also decreased their budgets on health cooperation, despite of increasing the number of entities who have addressed many resources.

In 2010, 146 local authorities, fifteen more than the last year, addressed some resources to health sector. From the 121 million of euros that has supposed the total ODA from the local authorities, just 8 million (6.6%) was addressed to health cooperation.

The investment of the whole local authorities was reduced almost 9 million of euros, whereas health cooperation saw how its total was reduced in almost 3 million. The biggest reducer factor has been the behaviour of the City Council of Madrid: in 2009, it administered almost 2 million of euros in health sector and it did not subsidize any action of health cooperation in 2010.