Health Strategy Paper
Spanish Development Cooperation
Executive summary

MINISTERIO
DE ASUNTOS EXTERIORES
Y DE COOPERACIÓN

SECRETARÍA DE ESTADO
DE COOPERACIÓN INTERNACIONAL

DIRECCIÓN GENERAL DE PLANIFICACIÓN
Y EVALUACIÓN DE POLÍTICAS PARA EL DESARROLLO

1. Presentation of the strategy

Spanish Cooperation, through Act 23/1998 on International Development Cooperation (LCID) and through its Master Plan for Spanish Cooperation 2005-2008 (PDCE), recognizes as a general objective the reduction of poverty by offering all persons the opportunity to fully develop their human potential. And it considers it a priority to recognize and eradicate the existing links between poverty and health. Bad health is not only a result of poverty, but also one of its constituent elements, and, at the same time, it can be one of its causes. This strategy considers health both as an instrument for development and as a development goal, as well as, fundamentally, a human right.

This strategic document reaffirms this commitment to health, and is intended to be a reference framework so that official development assistance may be effective, in keeping with the multidimensional reality of health, with the human rights approach, with the complex relations between health and poverty, and respond to the challenges facing the global world we live in.

2. Justification

The health situation in the world is characterized by profound inequality in the distribution of health and disease among countries, but also among populations within each country. Bad health is closely linked to poverty. The poorest 20% of the people in the world account for 60% of worldwide bad health, against just 8-11% derived from those making up the 20% who are financially best off.

This difference is even more marked among the youngest population and in the case of women. Three principal factors contribute to this distribution:

- Health systems' weakness in finances and human, technical and governance resources.
- The appearance of HIV/AIDS as a global epidemic.
- The persistence of transmissible diseases for which there is not enough capacity for research and treatment as they do not constitute an attractive market for pharmaceutical companies.

3. Reference framework

The structure of this strategy takes into account three basic reference frameworks: an institutional framework, a regulatory framework and a theoretical framework.

Institutional framework

This framework defines the principal actors and reference points, both national and international, that are present in the health sector.

The principal international institutional reference points are the United Nations system, especially the World Health Organization and other specialized agencies such as UNICEF, UNFPA, UNDP, UNAIDS, etc.

The principal national actors are the State Secretariat for International Cooperation, the Ministry of Health and Consumer Affairs, and the Autonomous Communities. Annexe VII deals with this issue in detail.

Regulatory framework

The right to health is represented in all international agreements, noteworthy among which are those of the United Nations Human Rights system. In addition, the main theoretical reference points for international cooperation can be found in:

The Millennium Declaration (2000), which agreed the Millenium Development Goals (MDGs), and which, in the health sector, has been developed in, among others, the **High-Level Forum on the Health MDGs,** in meetings in Geneva, Abuja and Paris.

The **2005 Paris Declaration,** which restated the conclusions of the Millennium Summit and set out measures to increase the effectiveness of development assistance.

The **Declaration and Platform for Action of the Fourth World Conference on Women, held in 1995 in Beijing,** which recognized the need to fight for effective equality between men and women.

It is also important to know the principal international reference points in the field of Health, which are, in addition to the above, the **Conference and Declaration of Alma-Ata** (1978), as well as the **Health for All Strategy** (1981) and the **Ottawa Charter for Health Promotion (1986).**

The main national regulatory reference points are: the **Act 23/1998 on International Development Cooperation and the Master Plan for Spanish Cooperation 2005-2008**. Given the importance of decentralized cooperation in the health sector, it is important to consult the different Development Cooperation Acts passed by the Autonomous Communities.

Theoretical framework

DIMENSIONS OF HEALTH

As a human right:
Public asset and responsibility
Equality and non-discrimination
Gender equality

Health as a condition for development.
The concept of burden of disease.

Health as a development goal.

OPERATIONAL PRINCIPLES

Ownership

Alignment

Harmonization

Mutual accountability

PRIMARY HEALTH CARE

Health System (Essential social institution)

It includes all the agents operating in the sector, both in publicly- and privately-owned institutions, profit-making or not, within the western system or the traditional system. To do so, the health system must choose priority actions which are most in line with the socio-economic, cultural, demographic and geographic reality of the country.

FACTORS: MULTIDISCIPLINARY APPROACH

- **General socio-economic conditions: Education, access to water and sanitation, safety, housing, the environment, access to health services, etc.**
- **Social and community networks**
- **Individual lifestyle factors**
- **Age, gender and genetic heredity**

4. Framework for action

GENERAL OBJECTIVE

Contributing effectively to setting up the conditions for improving the health of populations – especially of those in the most severe situations of poverty and vulnerability – thus contributing to reducing poverty and promoting sustainable human development.

SPECIFIC OBJECTIVES

PUBLIC HEALTH SYSTEM

- Focusing on equality and the fight against poverty
- Having resources
- Having good state governance and management
- Addressing priority needs of populations in situations of poverty
- Providing quality services that are accessible, equitable, efficient and sustainable
- Mainstreaming the gender approach
- Taking into account the cultural diversity and the needs of indigenous populations
- Having the capacity to develop knowledge and innovation
- Having the capacity for epidemic and disaster management

POPULATION IN SITUATIONS OF POVERTY AND VULNERABILITY

- Having the knowledge, power and mechanisms to generate health and participate in decisions affecting their own health and that of their communities
- Having strengthened social institutions aimed at achieving equality and fighting poverty, which mainstream gender and respect the cultural diversity of health
- Having social protection mechanisms to mitigate the impact of health problems

STRATEGIC LINES

1. INTERVENTION IN HEALTH SYSTEMS AND SERVICES

1.1. Institutional capacity-building of public health systems

1.2. Improvement of basic health services

1.3. Improved access to essential medicines and other health products

1.4. Capacity-building of Health System human resources

2. INTERVENTION IN HEALTH CONDITIONS AND PROBLEMS

2.1. Improvement of health and sexual and reproductive rights

2.2. Improvement of child health

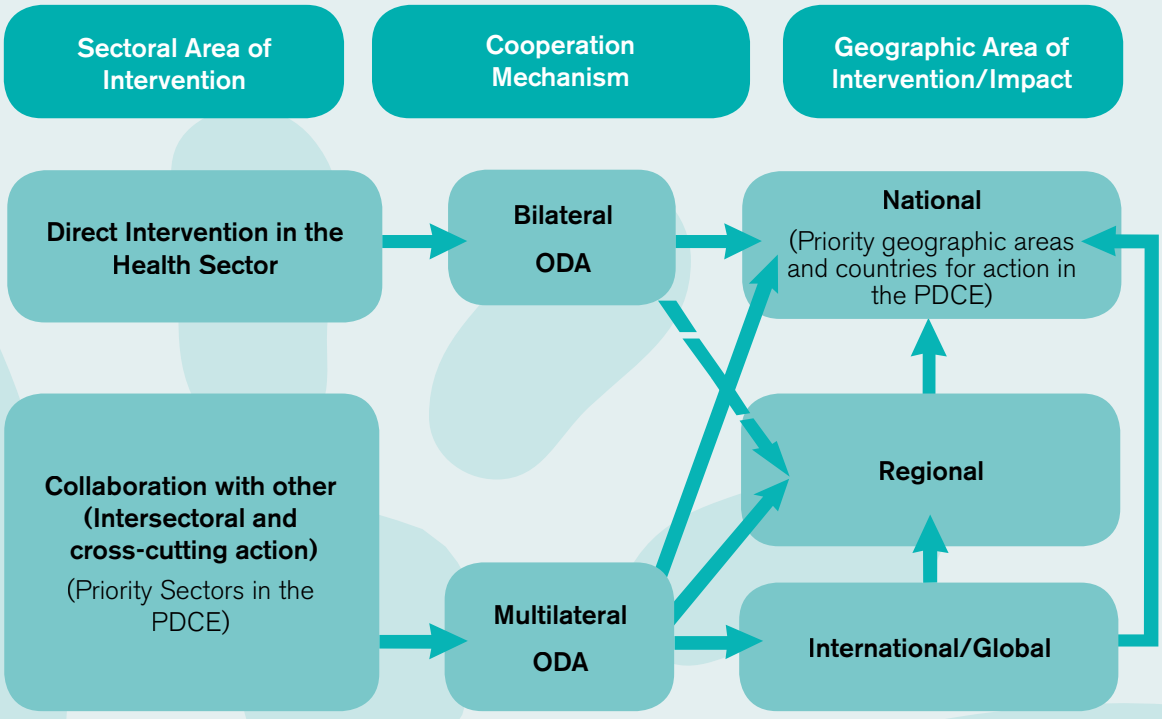
2.3. Fight against Prevalent and Neglected Diseases (including AIDS, malaria and tuberculosis)

2.4. Improvement of the prevention and management of health issues in emergencies: epidemics, disasters and peace-building processes

3. INTERVENTION IN KNOWLEDGE AND INNOVATION

3.1. Promotion of Health Research and Development (R+D)

Instrumental framework



Intersection with horizontal priorities

Fight against Poverty. When identifying and selecting projects, to prioritize those that have goals and capacity aimed at eradicating poverty, and, especially, gear all actions towards equality in financial contributions, so that mechanisms for social and financial protection may be generated to combat disease and poor health.

Defence of Human Rights. Achieving the highest possible level of health is in itself a Human Right and, therefore, inherent in people's dignity. For this reason all activities on health must go on line to accomplish this right without any distinction giving.

Gender equality. Gender analysis has made visible the social construction of femininity and masculinity, according to patterns that model different health and disease profiles; in addition, it has drawn attention to inequalities between genders in their access to assets and resources that are essential for a decent standard of living.

True implementation of gender mainstreaming in the health sector requires including gender issues by means of five tools applicable throughout the management process:

- Disaggregated data by gender
- Gender analysis and planning
- Gender-sensitive indicators
- Specific activities aimed at gender equality and women's empowerment
- Awareness-raising and gender training of all the actors involved

Environmental sustainability. Environmental issues, especially access to water, affect poverty in its three fundamental dimensions: means of living, health and vulnerability; and it is precisely the poorest populations that depend most on natural resources for survival, and, therefore, that are most vulnerable to the effects of bad environmental quality: worse health, greater incidence of disease, food unsafety, etc.

Respect for cultural diversity. Incorporating the intercultural approach into the health sector means creating a health care model that bears in mind the cultural determining factors in health and that facilitates establishing a satisfactory relationship so that the most discriminated indigenous peoples may enjoy the benefits offered by the official health system.

GUIDELINES FOR INTERVENTION

- Apply the **Primary Health Care framework,** the **Health for All Strategy** in the 21st century and the MDGs in actions.
- Apply the principles of the **Paris Declaration on Aid Effectiveness:** Ownership, Alignment, Harmonization and Mutual Accountability.
- Establish **results-based management.**
- Fight for effective coordination among the various Spanish Cooperation actors, through the necessary bodies and instruments (for example, contributing to collaboration with the VITA Programme concerning health cooperation for Africa).
- **Prioritize work with Public Institutions** in the field in question – although having an effect on many of the health problems may require cooperation and shared goals between the public and the private sector.
- Prioritize, as well, work with local **Organized Civil Society,** especially with regard to women and people with decision-making capacity in the community.
- Follow **international guidelines and best practices recommendations** issued by the international institutions that are reference points (those mentioned in the Institutional Framework), for the field in question.
- Always act in order not to generate dependency on the development assistance, that is to say, to keep the national capacity building.

LINK TABLE OF THE STRATEGY WITH SECTORIAL PRIORITIES

Democratic governance, citizen participation and institutional development	Ensure: ▪ A Public Health Administration aimed at ensuring equality and quality of access, management and provision of public health services, for the benefit of the population. ▪ A participative and vigilant Civil Society, by reinforcing self-organization processes and empowerment, especially among the most vulnerable sectors.
Food sovereignty and the fight against hunger	Availability and accessibility of culturally appropriate food is fundamental to preserve people's health and prevent malnutrition. But, at the same time, the health sector must guide production in order to prevent unbalanced diets and ensure food hygiene and biosafety.
Education	Education is, in itself, a determining factor for health. Moreover, certain fields of action are shared by both sectors, and in such fields their cooperation and coordination is indispensable to achieve adequate results.
Culture and development	The sectors of health and culture and development must work together to preserve, promote and incorporate Traditional Medicine, to contribute to cultural development cooperation while at the same time having very positive effects on people's health.
Protection of the most vulnerable groups	Health policies and plans must strive to extend the coverage of health care to these people, who are those with the greatest health care needs. Health systems must set up specific programmes aimed at these groups in order to address their concrete needs, which are differentiated from those of other population groups, and incorporate a generational perspective into public health policies. This includes supporting actions aimed at providing medical, psychological and sociological care for the rehabilitation and inclusion of sick and disabled people.
The environment, basic habitability, water and sanitation	It is important that the health sector promote environmental sustainability as a cross-cutting axis, and for both fields to work together to improve access to quality water, food safety, sanitation, housing, etc. One of the frameworks to develop this intersectoral activity is the Primary Health Care Strategy, which includes various components related to environmental determining factors for health.
Sustainable economic development	The health sector is in itself an economic sector with a great capacity to generate employment and encourage investment. Furthermore, general socio-economic conditions, especially social justice and the reduction of economic inequalities, have a positive effect on people's health.
Cooperation with indigenous peoples	Enhance and reinforce the Traditional Medicine systems of indigenous peoples, within the framework of what has been defined in the intersection between the sectors of culture and development. Improve the access of indigenous peoples to health services.
Gender and development	Health and gender sectors should work together to respond to specifically gender-related health problems, the deep socio-cultural roots of which require a comprehensive approach in order to respond effectively, especially with regard to sexual and reproductive rights and non-discrimination.
Conflict prevention and peace building	Conflict prevention should be one of the global priorities to improve health conditions, but at the same time, work in the health sector can enable actions to prevent violence and war. Conflict prevention requires addressing the causes that provoke the emergence of violence in contemporary conflicts: structural, socio-cultural, economic and environmental factors.

5. Communication and implementation process

It is proposed that a **health committee** should be established within the Development Cooperation Council. In turn, this committee could set up sub-committees to study and evaluate the most important goals of the health stratergy, such as HIV/Aids.

6. Follow up and evaluation

The system of follow up and evaluation of the present sgtrategy will be based on 2 criteria:

Internal coherence: defined as the appropriate internal expression of the strategy, assessing the relation between the problems and causes identified, and the relation of these with the definition, quality and hierarchy of aims, strategic lines and proposed activities.

External coherence: As a planning instrument, the aim of this document is to coordinate with other policies and programmes, especially those in three particular areas of planning: the strategic planning levels of Spanish cooperation policy, with special regard to the Millennium Development Goals and the Paris Declaration, and the national policies and other interventions carried out in each of the countries receiving assistance.

The external coherence of the health strategy will be evaluated at two levels:

- Ownership. The evaluation variables should consider the extent to which the different actors in cooperation apply strategic criteria and norms in their own planning procedures.
- Impact. Overlapping with the general assessment of the health sector, in which the evaluation variables should include the degree of achievement of goals, both general and specific, of the health strategy.

In turn, the evaluation of external coherence should address both bilateral cooperation and multilateral and/or multibilateral forms.

Geographic framework

This section sets out priority strategic lines for the different geographic areas and partner States of Spanish Cooperation established in the Master Plan 2005-2008.

EASTERN EUROPE

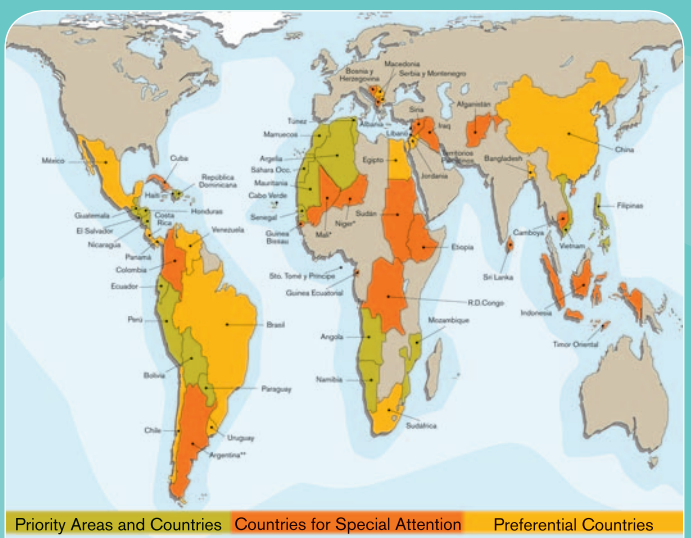
- Support for Public Health Systems and in particular for Social Security Systems
- Improved quality and access to Basic Health Services, with particular emphasis on Maternal and Child Health and Sexual and Reproductive Health

LATIN AMERICA

- Fight against health exclusion and inequalities. Gender mainstreaming.
- Decentralization and municipalization.
- Primary Health Care. Social Health Protection.
- Indigenous peoples and traditional therapies.
- Importance of non-transmissible diseases, wounds, injuries and violence; avoidable infectious diseases, forgotten diseases and epidemics.
- Sexual and Reproductive Health. HIV/AIDS.
- Access to medicines.
- Regional players: OISS, IDB, ECLAC, PAHO…

ASIA AND THE PACIFIC

- Support for the public sector: Primary Health Care and Community Health. Reinforcement of Health Information Systems. Search for equitable financing systems
- Fight against TB (support for DOTS programmes, HIV/AIDS, leprosy, etc.)
- Sexual and Reproductive Rights and Health.
  - ICPD (UNPF) Programme



* Niger and Mali became a Country for Special Attention in PACI 2006.
** Argentina moves from Preferential Country to Country for Special Attention in PACI 2005.

THE MAGHREB AND THE MIDDLE EAST

- Reinforcement of the public health system
- Sexual and Reproductive Health, WHO Regional Office, Pan-Arab Family Health Project.
- Fight against HIV/AIDS and Tuberculosis.
- Health training and research.
- Special situation of the Palestinian Territories and the Saharawi Population.

SUB-SAHARAN AFRICA

- Strategic axis focused on the region's Health for All Policy and the NEPAD Health Strategy (based on Primary Care).
- Improvement of services with particular emphasis on human resources and access to essential medicines.
- Fight against HIV/AIDS, TB and malaria, and forgotten diseases.
- Sexual and reproductive health.
- Intersectoral action.
  - Sectoral approach (SWAP-Health) in Mozambique.
- Absorption capacity, fragile states.
- Coordination of players: VITA Programme.

The health guidelines of the following will also be taken into account:

- Joint Committees
- Country Strategy Documents (DEP) for Priority Countries.
- Special Attention Plans (PAE) for Special Attention Countries and Preferential Countries.

This document can be downloaded at:

http://www.maec.es
http://www.aeci.es

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