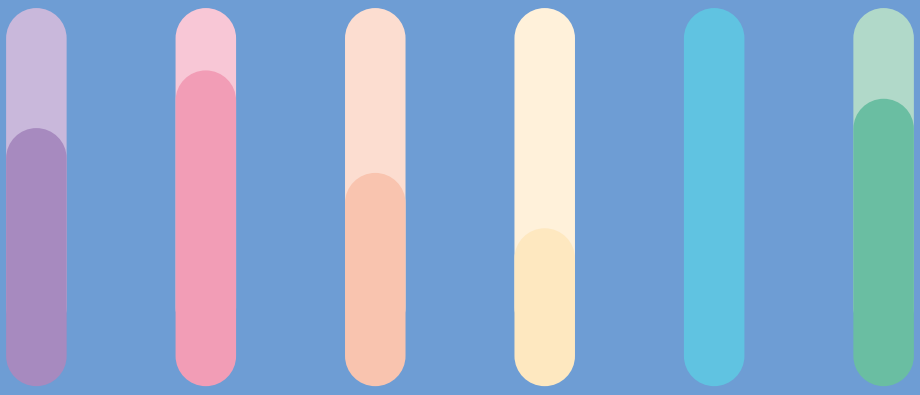
Health in Development Cooperation and Humanitarian Action

REPORT 2022



HIGHLIGHTS

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The report "Health in Development Cooperation and Humanitarian Action" is a joint initiative of medicusmundi and Doctors of the World which, since 2002, has provided a critical analysis of international, national and decentralised Official Development Assistance in the field of health and Humanitarian Action.

It also incorporates the most significant policies, factors and situations which affect health more globally and which periodically set the international agenda, together with detailed analyses of the health situation in certain countries or regions of the world.

All of the information is available via the CooperaSalud online tool at:

http://www.cooperasalud.org/

Introduction

The pandemic was the main focus of 2021, to the extent that concepts such as "One Health" were revived. This concept calls for a single, holistic and integrated approach to global health, taking into account three inseparable aspects of overall well-being: human health, animal health and the health of the planet.

Research was funded by governments and private companies and led to vaccines, tests and treatments for COVID-19. However, the inequality gap widened because of how the vaccines were distributed, shamefully favouring the richest countries and leaving the most vulnerable groups and populations in poorer countries unprotected.

Despite the progress that has been made, COVID-19 remains a threat to global health, both in and of itself and because of its direct implications for the rest of the health sector. Hence, international cooperation has become a key means of addressing the many ongoing humanitarian crises. This has taken the form of supporting essential health services and therapeutic feeding centres to treat acutely malnourished children; delivering medical supplies and mental health support; but also meeting fuel needs for the energy crisis, food needs for the food crisis and medicine needs for the multiple health crises, which range from acute watery diarrhoea to dengue fever, measles, polio and malaria.

In recent years, many health indicators have improved and, with them, global health. However, the lack of progress as regards some of these indicators, such as maternal mortality and under-five mortality, remains unacceptable. Moreover, the difficulties associated with achieving Universal Health Coverage are increasing, with financial constraints becoming particularly acute following the pandemic.

After all this time, certain aspects have remained unchanged, such as the inability to produce a global response that puts health before other interests, or to significantly reduce health inequality. This is perhaps influenced by the continued failure to meet the commitments made, be they the MDGs or the SDGs, as well as the inability of many countries to treat health as a right and, consequently, to do everything possible to guarantee it.

In order to address all the existing needs in the world, both health and non-health, the DAC countries allocated USD 178.9 billion to cooperation, 0.33% of GDP, an increase of 10.3% compared to 2020. Of this amount, USD 18.7 billion went to COVID-19 related actions, representing 10.5% of total ODA.

For its part, Spain contributed EUR 3.1 billion, an increase of 15.2% over the previous year, reaching 0.25% of Gross National Income (GNI), a far cry from the 0.5% committed for the end of the legislature and the 0.49% average for EU countries. On the other hand, the health sector is becoming increasingly important in Spanish Cooperation *(Cooperación Española)* and will increase its share of ODA from 7.5% in 2020 to 16.8% in 2021.

The increase in funds of EUR 324.7 million brings the contribution to health to EUR 526.6 million, the highest amount allocated by Spanish Cooperation to health in its history. Of the total allocated to health, EUR 312 million (59%) went directly to the fight against COVID-19.

Decentralised cooperation, which continues to play a significant role in Spanish Cooperation, increased in 2021, specifically by 15%, reaching EUR 340.5 million, and will account for 0.106% of the budget of all the Autonomous Communities *(Comunidades Autonomas, CCAA)*, a percentage that is probably below what they are capable of.

Spanish Cooperation's Humanitarian Action (HA) also continued to grow significantly in 2021, standing at EUR 107 million, 11 million more than in 2020, which represents 3.5% of its total ODA. However, this percentage is still far from the 10.53% average among DAC countries.

1. Health in the world

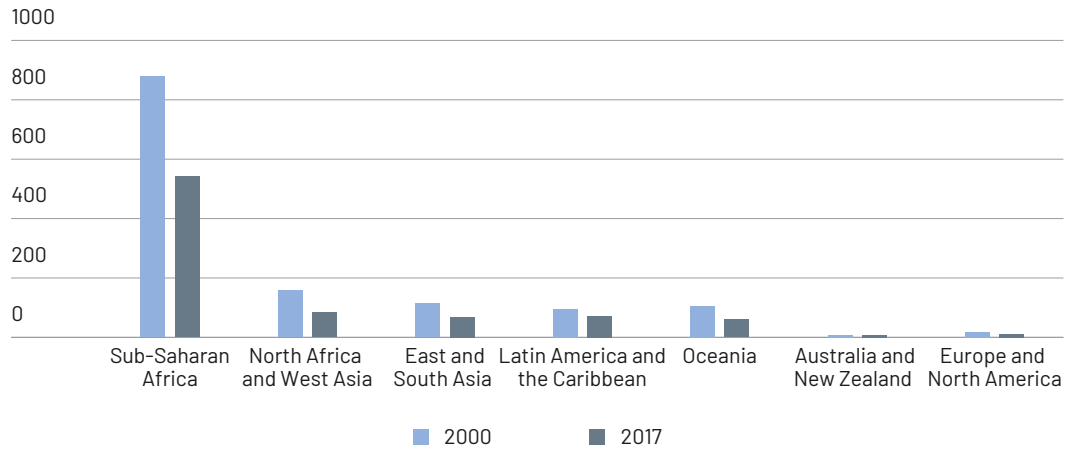
1. *The pandemic has had a devastating impact worldwide. From the confirmation of the first cases of COVID-19 up to October 2022, 580 million cases were reported globally along with more than 6.4 million deaths (14.9 million associated deaths). In addition, the pandemic has placed great strain on health systems, disrupted the delivery of essential health services – which is still catching up –, and suspended data collection, meaning that information systems in many countries have been unable to monitor people's health status.*

Childhood vaccination rates have declined for the first time in 10 years and, for the first time since 2005, TB deaths have increased. These impacts are most significant among the most vulnerable populations, which are those with the most serious health issues. The global response, which prioritised local solutions to an international problem, has proven ineffective in reducing these inequalities, be they internal inequalities within each country or those between the different countries of the world.

It is imperative that we thoroughly analyse the factors that led to the undesirable and avoidable effects of the COVID-19 pandemic. Moreover, this analysis needs to look at the influence of certain economic, social, political and health-care models that are ill-equipped when it comes to meeting the challenges that are affecting global health, be it the pandemic, climate change or antimicrobial resistance.

2. *Over the past 20 years, many health indicators have improved and, with them, global health. However, the lack of progress as regards some of these indicators remains unacceptable. Maternal mortality has fallen by 37%, yet 810 women still die every day from complications in pregnancy and childbirth. Despite improving every year, the global under-five mortality rate is 37 deaths per 1,000 live births, 13,700 per day. Moreover, some indicators are getting worse, such as that related to Non-Communicable Diseases, which kill 41 million people every year, accounting for 75% of the world's deaths. Universal health coverage, the overarching target encompassing the other objectives under SDG3, is increasingly far from being achieved. The latter is due to many factors, although the economic aspect has become more significant in the wake of the pandemic. The number of people who spend more than 10% of their household budget on health, i.e., catastrophic health expenditure, rose from 940 million to 996 million a year.*

FIGURE 1. Regional differences in terms of maternal mortality figures 2000-2017



SOURCE: IN-HOUSE PRODUCTION, USING DATA FROM THE WHO'S 2019 REPORT "WHO, UNICEF, UNFPA, WORLD BANK, UNDP. TRENDS IN MATERNAL MORTALITY: 2000 TO 2017".

We must increase efforts to ensure UHC, including a commitment to strengthening public health systems with comprehensive and robust PHC, as well as promoting health models with a largely public financial base so as to avoid catastrophic health expenditures, and incorporating a multi-sectoral approach that includes health determinants.

3. *COVID-19 has exacerbated mental health issues. In 2021, more than 13% of adolescents aged 10-19 were diagnosed as suffering from a mental health condition, equivalent to 116 million adolescents. Only 52% of countries met the target related to mental health prevention and promotion programmes, far below the goal of 80 per cent.*

Health has been shown to be a key factor as regards global development, and the commitment to the health sector needs to be sustained over time, beyond the COVID-19 pandemic. Moreover, this commitment should consist financially of around 15% of total ODA.

4. *The international community is taking determined steps towards approving a Pandemic Treaty in 2024 that will help to protect humanity from future pandemics. However, the way in which the outbreak of monkeypox has been managed has demonstrated that countries still do not truly believe in the joint management of global health issues, repeating the same mistakes that were made with the COVID-19 pandemic (e.g., differences in the response capacity of health systems, the hoarding of drugs and vaccines, a lack of transparency in negotiations with supply companies, etc.), all of which stand in the way of arriving at a global solution.*

While the proposed new Pandemic Treaty represents a highly promising initiative, it runs the risk of becoming just one more rhetorical exercise, a distraction, or an exercise in conscience. This is unless it is binding and establishes new ways of doing things, innovating in policies and new strategies, which must be bolder than those that currently exist. The new Pandemic Treaty must focus on equality between people

and on the sustainability of the planet, rather than on the local and commercial interests of the most powerful countries.

5. *The digitisation of health represents both an opportunity and a threat when it comes to improving access to health and reducing inequality across the globe. The use of new technologies can ensure that people living in inaccessible areas receive the health services they need and to the extent required. However, there are also certain shortcomings involved with the digital transformation in health that need to be mentioned. These relate to the digital divide, the use of communication in health, and the use of people's personal health data and the question of who owns it.*

The digitisation of health could represent a great opportunity to improve global health, but it must be at the service of the people, especially the most vulnerable, who have the poorest health indicators. At the same time, special attention must be paid to the governance of health data, so as to ensure that individuals, groups and communities are protected from harm and data breaches.

2. International perspective

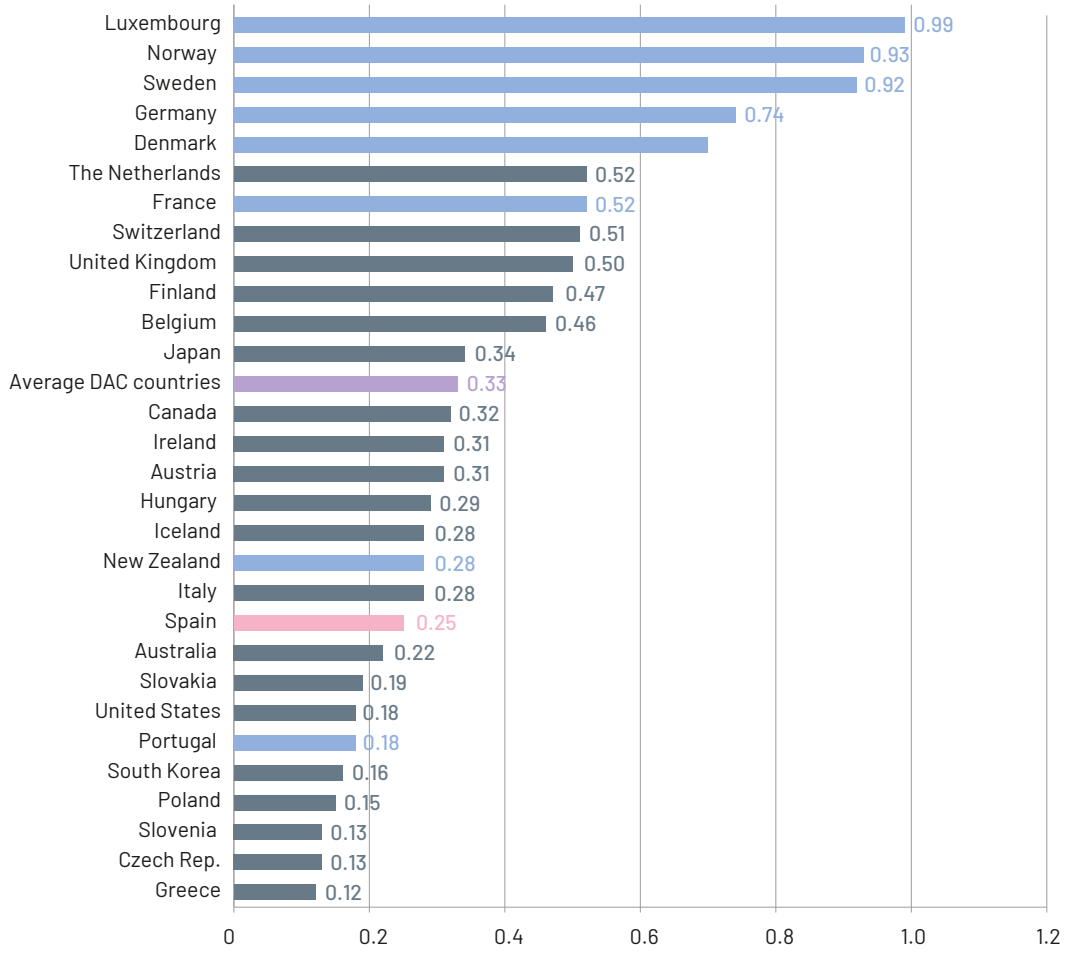
6. *Official Development Assistance (ODA) from all DAC donor countries reached a record USD 178.9 billion in 2021, an increase of 10.3% over 2020, when the expected increase was 5.9%. However, while ODA increased in 23 of the 29 DAC countries, the increase was not as large as expected, given the global crisis resulting from the pandemic. In fact, if we remove contributions for donated COVID-19 vaccines, the increase would have only been 0.6%. In addition, USD 1.7 billion was redirected to the fight against COVID-19 from other programmes, but, obviously, these other health issues had not gone away.*

The OECD countries have shown once again that, even in times of crisis, they struggle to meet their ODA commitments. The pool of DAC donors set a new date of 2030 for the commitment to allocate 0.7% of national income to ODA, a date that should be reviewed and brought forward if we are to be able to respond to the multiple crises we face.

7. *In the first year of the pandemic, the pool of donors increased their allocations to the health sector considerably, allocating USD 28.5 billion, USD 7.2 billion more than in 2019, an increase of 33.6%. This increase bucks the downward trend regarding the importance of the health sector in the ODA of the DAC countries as a whole, reaching 17.54% in 2020, five and a half points more than in 2019. We do not yet know the total ODA allocated to health in 2021, but we do know how much was allocated to measures related to COVID-19, i.e., USD 18.8 billion, which represents 10.5% of its total ODA.*

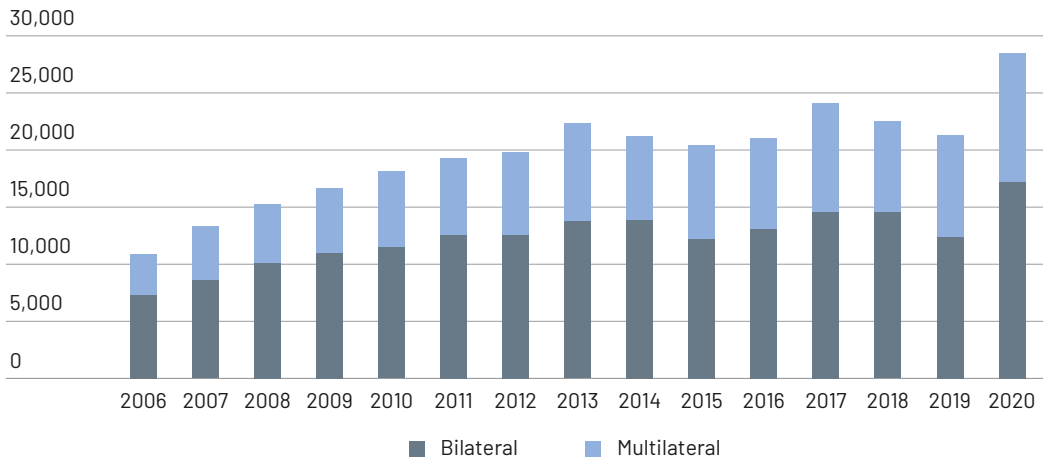
Health has been shown to be a key factor as regards global development, and the commitment to the health sector needs to be sustained over time, beyond the COVID-19 pandemic. Moreover, this commitment should consist financially of around 15% of total ODA.

FIGURE 2. ODA of the DAC countries, as a percentage of Gross National Income, in 2021



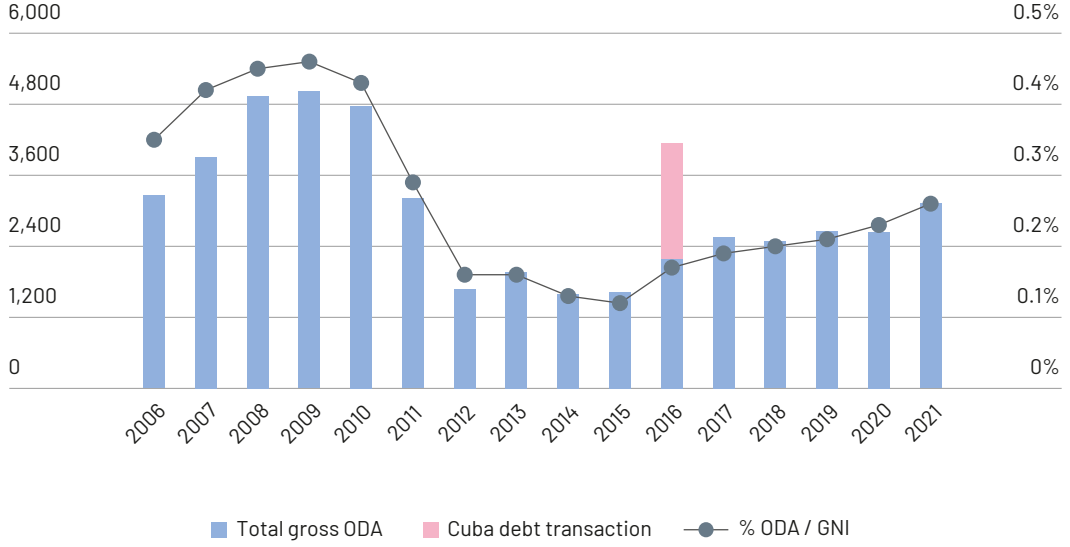
SOURCE: IN-HOUSE PRODUCTION BASED ON OECD DATA, 2022.

FIGURE 3. Gross ODA disbursements of all DAC countries allocated to health (sectors 120 and 130) by channel (in current dollars)



SOURCE: IN-HOUSE PRODUCTION BASED ON DATA FROM THE CREDITOR REPORTING SYSTEM.

FIGURE 4. Evolution of gross ODA and percentage share of GNI, 2006-2021



SOURCE: IN-HOUSE PRODUCTION BASED ON THE ODA DUMP PUBLISHED BY DGPOLDES.

3. Health in Spanish Cooperation

8. *In 2021, Spanish ODA increased by 15.2% compared to the previous year, reaching 0.25% of Gross National Income (GNI). This figure is a far cry from the 0.5% committed for the end of the legislature, the average of 0.33% for all DAC donors, 0.49% for EU countries and the 0.7% commitment made more than 50 years ago at the United Nations (UN).*

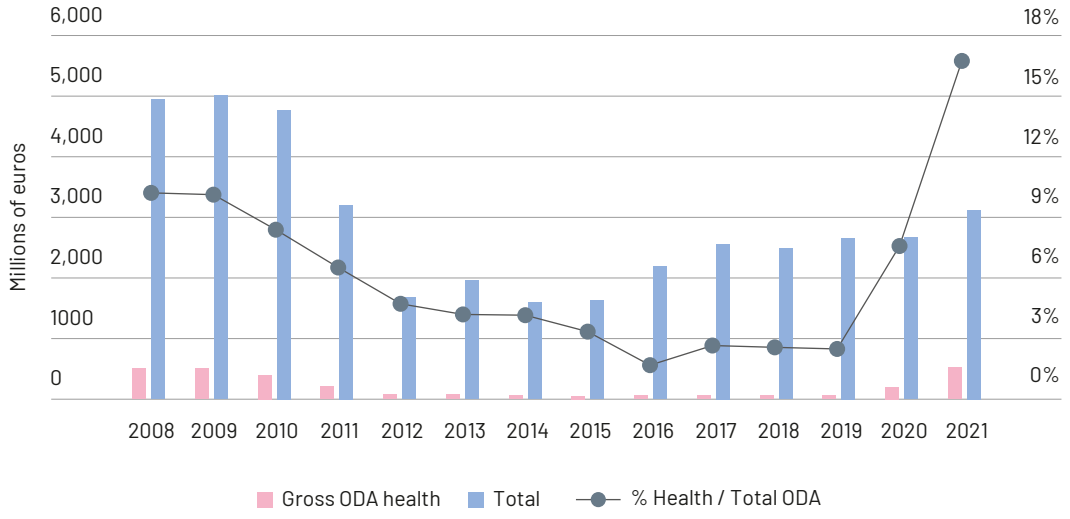
Spain's ODA must make clear progress as regards improving economic and human resources. The reform process undertaken by the government should conclude with the reform of the legislative and regulatory framework, the definition of new priorities and objectives for Spanish Cooperation and the increase of the ODA budget to 0.7% by 2030.

9. *The COVID-19 pandemic clearly affected the sectoral distribution of aid in 2021, prioritising the health sector, where ODA increased from 7.5% in 2020 to 16.8% in 2021. The increase in funds of EUR 324.7 million brings the total allocated to health to EUR 526.6 million, the highest amount allocated by Spanish cooperation to health in its history. Of the total allocated to health, EUR 312 million (59%) went directly to the fight against COVID-19.*

Although Spanish Cooperation has significantly increased its contribution to health, it is essential that a Global Health strategy be drawn up in the short term, including the strengthening of public health systems, with sufficient resources and personnel to ensure universal, quality and equitable health coverage.

10. *Decentralised cooperation as a whole increased its ODA by EUR 26.5 million in 2021, reaching EUR 340.5 million. This rise is due to the increase in cooperation allocations from the Autonomous Communities (Comunidades Autonomas, CCAA), which grew by 8.4%, but not to*

FIGURE 5. Evolution of gross ODA allocated to health and share of total ODA, 2008-2021



SOURCE: IN-HOUSE PRODUCTION BASED ON THE ODA DUMP PUBLISHED BY DGPOLDES

those from Local Entities (Entidades Locales, EELL), which decreased by 10%. The sum of the two represents 7.4% of all Spanish health ODA, half of the percentage for 2020, due to the enormous influence that the fight against COVID-19 has had on state cooperation.

In Spain, decentralised health cooperation covers health needs that major policies often ignore. We need to continue along this path, improving those aspects that have to do with more and better aid, especially in sectors in which we can add value, as in the case of health. The reform of the cooperation system undertaken by the government should be used to rethink the place that decentralised cooperation should occupy in a state development cooperation policy.

11. *In the third year of the COVID-19 pandemic, and thanks to the mass vaccination of the population, better management of severe cases and the emergence of less lethal variants, Spain has managed to greatly reduce its fatality rates. Between January and the end of September 2022, almost four times more cases were diagnosed than in the whole of 2020, while mortality has halved. However, more than 24,700 people died from the disease between January and October 2022, showing that it is still a serious health problem that needs to continue to be addressed, especially as regards protecting the most vulnerable.*

We therefore need to reflect on the structural shortcomings of our health system, which includes a weakened primary care system, a failure to respond in a unified manner to shared problems, and a chronic shortage of human health and financial resources to meet the requirements of the population.

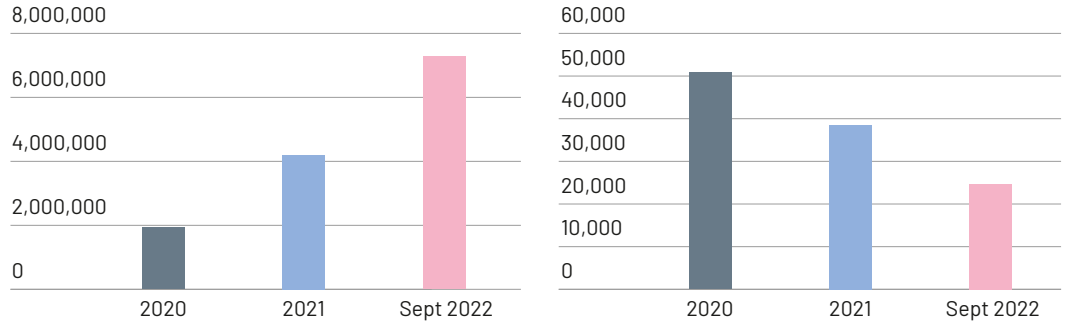
A firm commitment is needed to strengthen the Spanish public health system institutionally, financially and in terms of resources, with a greater capacity to provide homogeneous responses to shared challenges, and where the commitment to the right to health for all people is the guiding principle for all health policies and cooperation in health.

TABLE 1. Total decentralised ODA for health, 2017-2021

Autonomous Community + Local Entity	ODA health 2017	ODA health 2018	ODA health 2019	ODA health 2020	ODA health 2021
Andalusia	2,895,000	4,148,621	8,328,935	4,752,483	7,878,774
Aragon	540,910	911,630	663,338	1,252,482	1,391,783
Asturias	649,761	67,743	426,231	859,813	841,334
Balearic Islands	704,091	612,093	824,607	880,667	1,212,856
Canary Islands		439,520	225,925	3,071,963	1,787,226
Cantabria	60,000	320,639	153,796	139,257	473,267
Castilla y León	536,112	783,637	567,207	760,541	659,772
Castilla-La Mancha	401,953	377,632	659,579	381,468	1,314,985
Catalonia	5,363,773	9,576,623	6,603,509	6,361,865	5,649,874
C. Valenciana	1,188,569	3,750,008	2,325,832	4,348,987	7,313,747
Extremadura	1,891,586	1,266,381	491,831	1,181,736	1,290,204
Galicia	503,458	732,712	1,061,898	1,224,558	1,401,464
La Rioja	177,201	174,624	280,897	100,000	462,449
Madrid	565,243	1,027,047	1,022,862	1,220,725	715,515
Murcia	122,361	87,632	20,000	56,390	158,463
Navarre	2,175,552	2,684,548	2,705,500	3,818,184	4,187,804
Basque Country	3,358,706	2,499,596	1,812,515	1,041,815	2,218,793
TOTAL	**21,134,276**	**29,460,687**	**28,174,464**	**31,452,935**	**38,958,312**

SOURCE: IN-HOUSE PRODUCTION BASED ON THE ODA DUMP PUBLISHED BY DGPOLDES-SECI.

FIGURE 6. No. of COVID-19 cases and deaths in Spain, 2020-2022



4. Humanitarian Action

12. *Humanitarian crises are increasingly characterised by the multi-dimensional nature of the factors that generate and perpetuate them. In this context, the effects of the climate crisis have a particular impact on populations who are in a situation of greater structural vulnerability, as they directly affect the availability of basic resources such as drinking water and food security. This, coupled with the discrepancy between humanitarian needs and the funds allocated to HA in 2021, is pushing millions of people around the world to the brink.*

The international community's response must be swift, effective and commensurate with needs. To this end, it must allocate the funds necessary to respond to the enormous challenges presented to us by the humanitarian crises the impacts of which may be exacerbated as a result of the climate crisis.

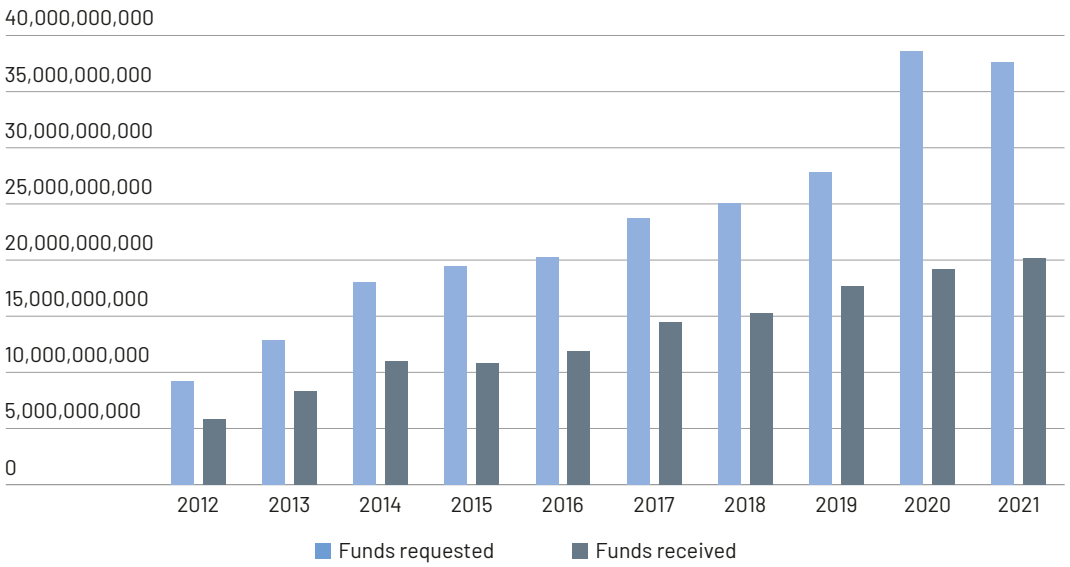
13. *235 million people were in need of humanitarian assistance and protection in 2021, i.e., 1 out of every 33 people on the planet. While needs are increasing, the funding available is barely keeping pace. The United Nations (UN) humanitarian appeal for 2021, which amounted to USD 37.6 billion, has only been funded at USD 29.2 billion, or 53%.*

Given the above, it is crucial that donors live up to their international responsibilities and commitments by substantially increasing funding for Humanitarian Action so that the gap between funds requested and received is reduced to 25%.

14. *In contexts of humanitarian crises, health is affected by a number of factors including sexual violence, which is widespread and systematic in situations of conflict or forced displacement. The impact that this type of violence can have on the physical and mental health of those who it is inflicted upon can be devastating.*

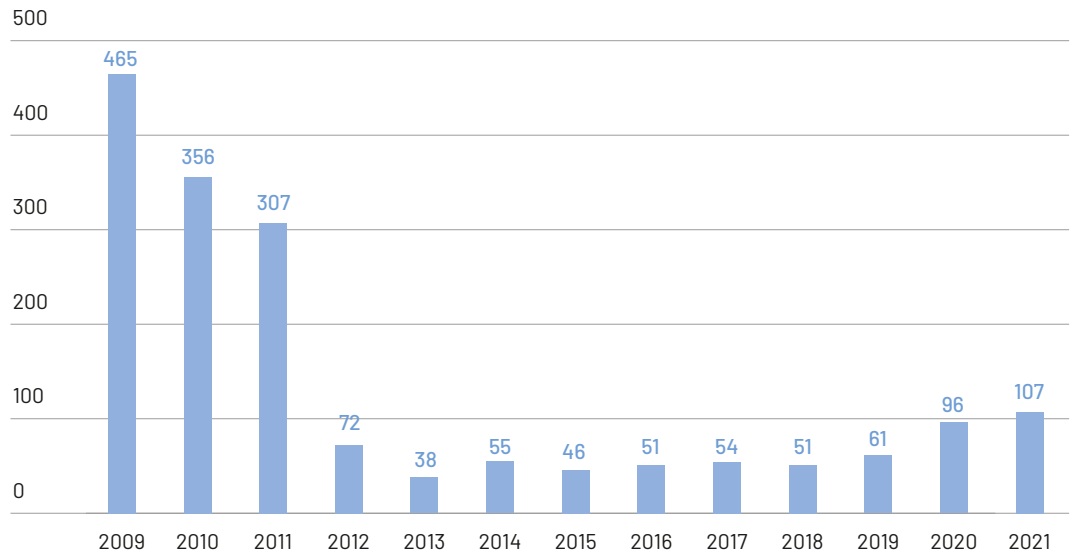
As is so often the case, the international community's pledges regarding the funding and implementation of effective measures against sexual violence fall far short of what is needed. It is therefore essential that the UN Secretary General's proposals for addressing sexual violence in conflict in a comprehensive manner be adopted as a matter of urgency.

FIGURE 7. UN funding appeals 2011-2021



SOURCE: IN-HOUSE PRODUCTION BASED ON OCHA FTS DATA.

FIGURE 8. Evolution of Spanish ODA allocated to HA



SOURCE: IN-HOUSE PRODUCTION BASED ON THE ODA DUMP PUBLISHED BY DGPOLDES-SECI.

15. *Humanitarian crises have a significant impact on the mental health of people who experience them. What's more, mental health and psychosocial well-being are necessary in order to strengthen community resilience and for the recovery of communities in crisis situations. However, the mental health and psychosocial support response during a humanitarian crisis can often be hampered by fragile health systems, disruption of services and staff shortages, among other factors.*

In these circumstances, the assistance provided in emergencies by international humanitarian agencies and organisations at the level of mental health and psychosocial support services is essential. To this end, it is important that humanitarian responses incorporate the mental health and psychosocial support needs of individuals and communities, and that sufficient funding is made available for this.

16. *In 2021, the total allocated by Spanish Cooperation to Humanitarian Action (HA) continued to grow (although less than in 2020), standing at EUR 107 million, EU 11 million more than in 2020. In percentage terms, there is a slight upward trend (3.5% of ODA allocated to HA), although this is insufficient to meet the commitment made by Spanish Cooperation in its Humanitarian Action Strategy to allocate at least 10% of its ODA to HA by 2026. It is also still far from the 10.53% average for countries on the Development Assistance Committee (DAC).*

Spanish Cooperation must substantially increase the funding allocated to HA in order to move closer to its commitment of allocating at least 10% of its ODA to HA by 2026, as stated in its Humanitarian Action Strategy.

17. *Although the central government continues to be the main funder of HA, providing 76% of the funds, it is decentralised cooperation that has seen the greatest increase in funding, namely 20% more than in 2020. The Autonomous Communities have increased their funding by EUR 4 million, reaching EUR 19.8 million, while the Local Entities have increased their funding by EUR 1.5 million, reaching EUR 5.8 million.*

It is essential that decentralised cooperation maintains this growth in funding for Humanitarian Action over the coming years in order to reach the target of allocating 10% of ODA to HA by 2030.

TABLE 2. HA by Autonomous Community

Autonomous Community	2020	%	2021	%
Andalusia	900,000	5.74	0	
Aragon	5,242	0.03	336,553	1.7
Asturias	205,000	1.31	50,000	0.25
Balearic Islands	613,000	3.91	531,444	2.68
Canary Islands			0	
Cantabria	200,000	1.28	331,825	1.67
Castilla y León	200,000	1.28	592,922	2.99
Castilla-La Mancha	124,400	0.79	255,400	1.29
Catalonia	1,190,000	7.59	2,810,000	14.18
Valencian Community	2,770,951	17.68	2,812,862	14.19
Extremadura	726,180	4.63	1,089,600	5.5
Galicia	247,398	1.58	659,987	3.33
La Rioja	50,000	0.32	50,000	0.25
Madrid	689,906	4.4	1,064,979	5.37
Murcia	120,000	0.77	105,000	0.53
Navarre	298,000	1.9	308,000	1.55
Basque Country	7,332,186	46.78	8,820,000	44.5
TOTAL	**15,672,263**	**100**	**19,818,571**	**100**

SOURCE: IN-HOUSE PRODUCTION BASED ON THE ODA DUMP PUBLISHED BY DGPOLDES-SECI.

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