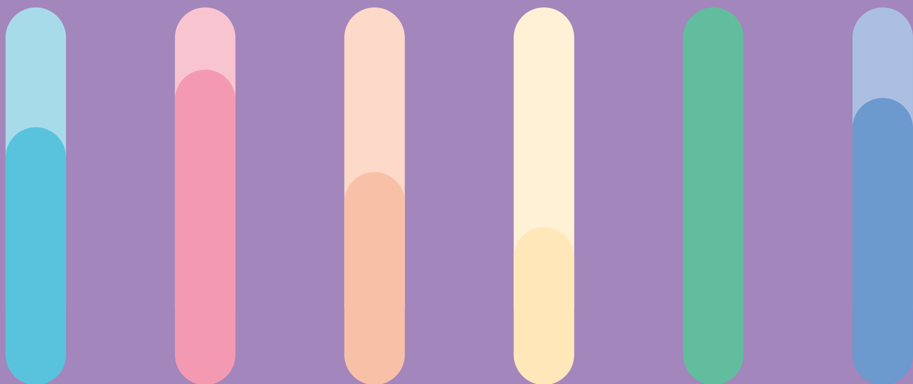
Health in Development Cooperation and Humanitarian Action

REPORT 2023



HIGHLIGHTS

The "Health in Development Cooperation and Humanitarian Action" report is a joint initiative from medicusmundi and Médecins du Monde which has provided a critical analysis of international, national and decentralised Official Development Assistance in the sphere of health and humanitarian action since 2002.

It also incorporates the most relevant policies, factors and situations that have a more global impact on health and regularly set the international agenda, together with detailed analyses of current health situations in different countries and regions of the world.

All the information is available on the Cooperasalud online tool:

http://www.cooperasalud.org/

Introduction

The concepts of "international health" and "global health" have become part of the daily vernacular over the last few years, and while both concepts may seem synonymous, they actually reflect a shift in perspective – clearly, they are not the same. Global health, an extension of public health that aims to address the health of the world's population as a whole, has rapidly replaced international health, which deals with the health of people beyond national borders. Governments have been slow to acknowledge that they can no longer treat health as a national issue, the way they have in the past. In the early 1980s, HIV/AIDS became the first disease to bring health into the global spotlight. More recently, Severe Acute Respiratory Syndrome (SARS) and influenza A(H1N1) have no doubt helped to raise awareness that health issues are a concern for every country and institution. Despite numerous warnings, it took the COVID-19 pandemic for the international community to understand that health needs to be one of the leading global issues of our time. And now it is.

Global health is today very much on everyone's radar, as evidenced by the fact that for the first time in the history of global climate negotiations, health is officially on the agenda at COP28. This is no coincidence. The climate crisis is a health crisis. The world's health-related environmental challenges are formidable, spanning everything from the spread of infectious diseases to the rise of water-borne infections and the health impacts of air pollution to the emergence of new diseases as a result of human/animal/environmental interactions.

Health risks now pose a global challenge that requires worldwide, multidisciplinary responses. To this end, there is no better way than to bring health into regional or multilateral arenas and apply the One Health approach – working at the local, regional, national, and global levels – to achieve optimal health outcomes by recognising the interconnection between people, animals, plants, and their shared environment. The "One World - One Health" concept was created in 2004 following the "One Medicine" concept that advocates mobilising a combination of human and veterinary medicine and disciplines to tackle zoonotic diseases. Since then, "One Health" has been applied to a range of health challenges, including antimicrobial resistance (AMR), zoonotic diseases, vector-borne diseases (dengue, West Nile virus, Lyme disease and malaria) and environmental health.

Health is clearly impacted by the consequences of global events. One of the most significant are global conflicts like the war in Ukraine. Violence and insecurity are disrupt-

ing health services and increasing the risk of infectious diseases, and the conflict has led to the largest migration of people since the Second World War. The war in Ukraine has been a major factor in the significant increase in the amount of aid to refugees in 2022, a figure that rose to the unprecedented amount of $29.237 billion in 2022. This has reopened the debate as to whether these funds should be counted as official development assistance (ODA) to the extent that they are spent in the actual donor countries to fund a variety of services and mechanisms to assist and receive refugees, redirecting aid towards donor needs and diverting resources away from the fight against poverty and the improvement of living conditions in the world's most disadvantaged countries.

To cover all existing needs – both health-related and otherwise – in the world, Development Assistance Committee (DAC) countries allocated $203.995 billion to cooperation, 0.36% of GDP, up 13.6% from 2021. A total of $19.4 million was allocated to COVID-19-related initiatives, which represents 9.5% of total ODA. Spanish cooperation contributed €4.12 billion, an increase of 31.9% over the previous year, representing 0.30% of gross national income (GNI), a far cry from the 0.36% average for all Development Assistance Committee (DAC) donors, the 0.56% average for EU countries, and the 0.7% commitment made more than 50 years ago at the United Nations (UN).

The health sector in Spanish cooperation is gaining relevance and has gone from absorbing 16.8% of ODA in 2021 to 9.76% in 2022. The €124 million decrease in funds brings the funding for health to €402 million, Spanish cooperation in health once again lagging behind the 15% average spent by DAC countries. The Spanish Ministry of Health is the leading donor of this total, with 43.8% of all Spanish ODA going to health (€176.3 million). This would be a positive development were it not for the fact that 99.6% of this amount was in the form of donations of COVID-19 vaccines, in some cases to upper- to middle-income countries.

Decentralised cooperation, which continues to play a major role in Spanish cooperation, will grow by 22% in 2022, totalling €418.1 million and accounting for 0.13% of the total budget of all the Autonomous Communities, a percentage far below the resources of most communities.

Spanish development cooperation's humanitarian action (HA) has also continued to grow significantly in 2022, rising to €158 million, 51 million more than in 2021, representing 3.8% of its total ODA, a percentage that is still far below the average of the countries of the DAC and the levels set out in Spain's own Development Cooperation Humanitarian Action Strategy.

1. Health Around the World

1. *A number of global events over the past year have impacted health. A major one continues to be the COVID-19 pandemic, which significantly impacted health care around the world as countries partially or totally cut off disease treatment services. Global conflicts, like the war in Ukraine, have also affected health. Violence and insecurity disrupt health services and increase the risk of infectious diseases. Another global event that has affected health is the climate crisis. Air pollution, climate change and a range of other environmental factors increase the risk of respiratory, cardiovascular and other chronic diseases. These factors clearly have an impact on the progress towards meeting the Sustainable Development Goals which, together with the inconsistent interest of governments in driving the Agenda forward, means that halfway to 2030, some 30% of the targets have stagnated or regressed, 50% have insufficient progress, and only 20% are on track to be met. And when it comes to health, 10% of the targets have been met or are on track to be met, 60% need ramping up, 20% are at risk of not being met and 10% lack sufficient data.*

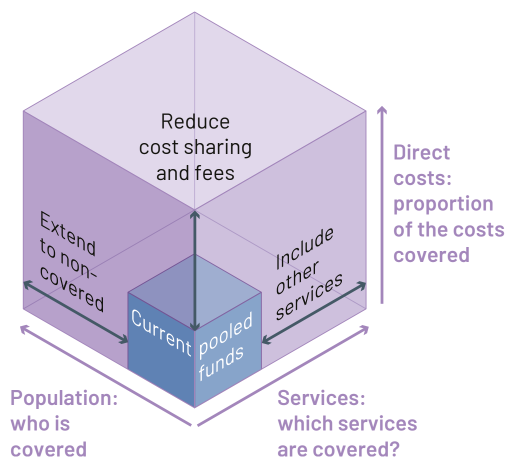
While the devastating effects of the pandemic, global conflicts and the climate crisis have stalled progress on the SDGs, urgent government commitment and action would put it back on track. Governments should seize the opportunity presented by the 2024 Summit of the Future to enhance cooperation, address gaps in global governance and reaffirm existing commitments to the 2030 Agenda.

2. *Countries continue to focus on transformation without making any changes, which is simply untenable. We cannot continue to subsidise fossil fuels and sign grandiose agreements for the sustainability of the planet. We cannot have International Humanitarian Law that theoretically protects the civilian population that is not involved in conflicts and wars, but which is consistently violated by the warring parties. We cannot aim for universal health coverage without a clear commitment to the principles of Alma Ata, prioritising primary health care over the commodification of health solutions, enabling an educated and informed population to participate in decisions about their health. The health model of the most advanced countries, which prides itself on being the best, is unsustainable and consequently cannot be replicated on a global scale.*

The global "transformation" cannot depend on only a few countries, nor can it be unidirectional. Transformation must be global and equitable if it is going to meet the world's current and future challenges. International cooperation is vital for tackling these problems and bringing about effective global transformation.

3. *Although certain health indicators have seen improvements in the last 20 years, such as the reduction in infant and maternal mortality and the decline in mortality from diseases such as HIV/AIDS and tuberculosis, we are still far from the targets set. Every day, 800 women and 13,700 children under the age of five continue to die from mostly preventable causes. Universal health coverage (UHC), the overarching target for the other SDG3 targets, has not made significant progress since 2015. Improvements in health services have stagnated, which means that more than 55% of the world's population, 4.5 billion people, lack coverage of their essential health services, and the proportion of the population facing catastrophic levels of out-of-pocket spending on health care has increased, exceeding one billion people by 2021.*

FIGURE 1. Dimensions to move towards to universal health coverage

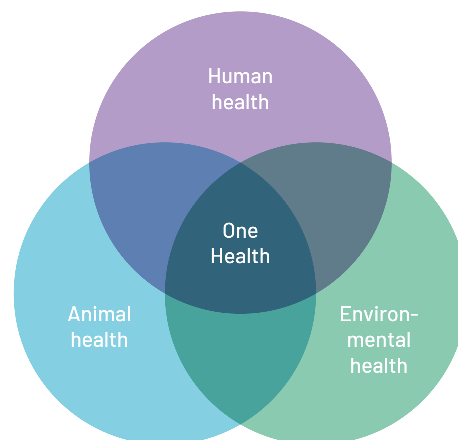


SOURCE: WHO

The international community has renewed its commitment to meeting the UHC target, which is excellent news. Not only does this commitment imply an additional increase in health investments in the range of $200 to $328 billion per year required to provide access to health services for the entire population, but it also requires that a significant portion of this funding be spent on primary health care, which is essential in low- and middle-income countries, on adequate numbers of trained and motivated health workers, on building decent and well-equipped health facilities, and on procuring safe, effective and affordable medicines and health technologies.

4. *One Health, a unifying approach to balance the health of people, animals and ecosystems, is one option for tackling global health problems. There are three main challenges that make this approach a priority: (i) population growth, which will increasingly require more resources at a time when we are almost reaching the limits of the planet's sustainability; (ii) the way in which humans deplete these resources for short-term profit, even if this means an increase in health risk, such as intensive livestock farming; and (iii) the global increase in the transport of people and animals, which favours the spread of pathogens.*

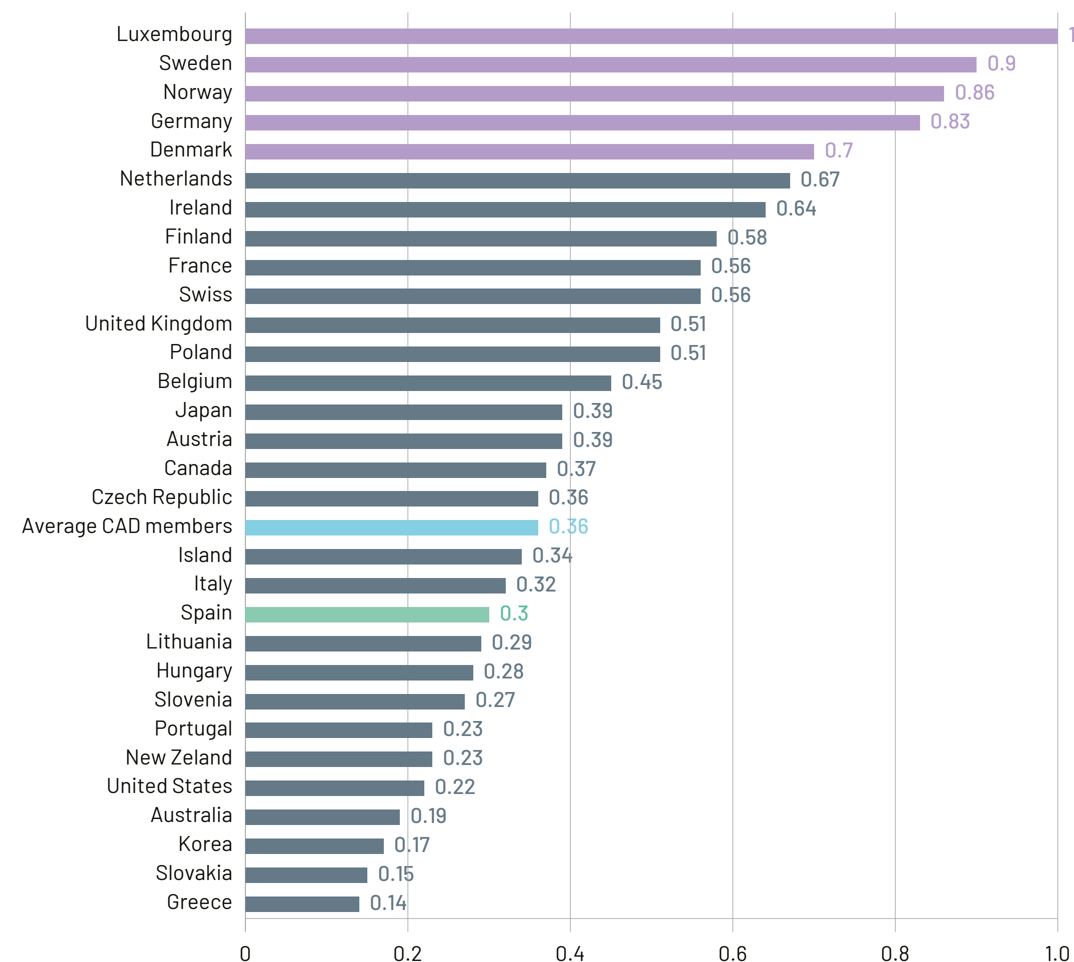
The One Health approach is able to help us tackle many infectious diseases, as well as non-communicable diseases and other health challenges such as antimicrobial resistance, one of the biggest threats to global health, which is rooted in the misuse of medicines by humans as well as in animals. Whether it is bacteria, viruses, parasites or fungi, resistance to all types of micro-organisms exists. There is an urgent need to increase research into new antibiotics; if not, antimicrobial resistance is on track to kill more people than cancer by 2050.



2. International Outlook

5. *Official development assistance (ODA) from Development Assistance Committee (DAC) countries reached a historic $203.995 billion in 2022, up 13.6% from 2021. Total ODA from DAC members represents 0.36% of gross national income (GNI), a sharp increase from the previous year's 0.33%. Two extraordinary events, the war in Ukraine and the fight against the COVID-19 pandemic, are responsible for this jump, rather than the persistent situations of inequality, hunger and extreme poverty experienced by the poorest and most disadvantaged populations. Without the extraordinary contributions allocated to hosting refugees, in response to Russia's attacks on Ukraine and to combating COVID-19, the increase would be 0.18%, in other words virtually zero.*

FIGURE 2. DAC countries' ODA as percentage of GNI, 2022



SOURCE: PREPARED BY THE AUTHORS BASED ON OECD DATA FROM 2023

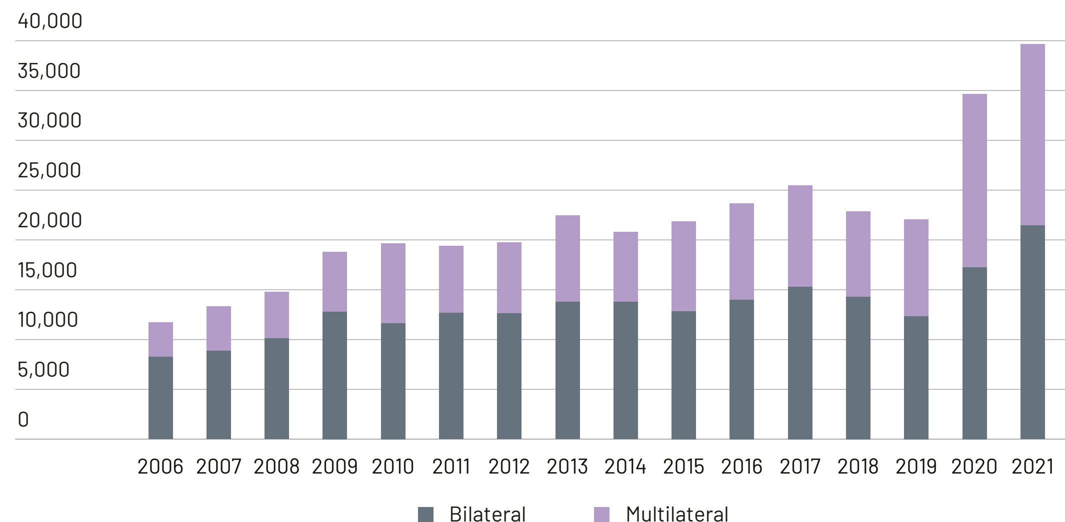
The increase in ODA of DAC countries as a whole falls short of what is needed to make progress on the SDGs. Moreover, these increases are heavily influenced by exceptional events, which require specific additional funds. Only five countries (Denmark, Germany, Luxembourg, Norway and Sweden) met the 0.7% target that countries have reaffirmed their commitment to while pushing the goalpost to 2030. More financial effort is needed to reinvigorate the 2030 Agenda and drive the SDGs forward.

6. *In 2021, DAC countries spent $35.283 billion on health, accounting for 17.2% of total ODA. Fifty-five per cent of this figure was spent on addressing COVID-19. The pandemic's impact is diminishing, as evidenced by the fact that only €11.2 billion will be allocated in 2022. In terms of vaccine donations, there was a 45% decrease in 2022, bringing the figure to $1.5 billion, almost all of which were donations of leftover vaccines. Only $16 million went to purchase specific doses for impoverished countries.*

Although the COVID-19 pandemic continues to play a major role in international health cooperation, it is becoming less relevant as the years pass. Nevertheless, the waning interest in the pandemic has not prevented health from remaining one of the highest priority sectors for all DAC countries, which continue to allocate more than 15% of total ODA on average. Pending issues include global health governance and the new pandemic treaty that will enter into effect in 2024, which must not simply be a technical document, but should address the need to strengthen a joint response with a focus on equity.

7. *By the end of 2022, almost 8 million refugees had fled Ukraine following Russia's invasion in February, the most refugees in Europe since World War II. This makes the war in Ukraine one of the main factors behind the significant increase in aid to refugees in 2022, which was 215% higher than in 2021. Specifically, $29.237 billion will be allocated, $20 billion more than in 2021, an all-time high and double the previous peak in 2016.*

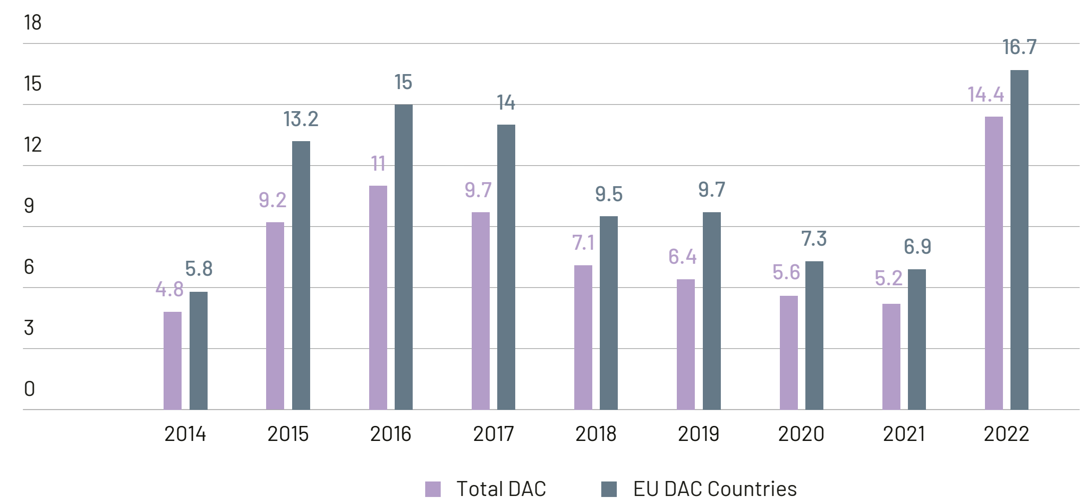
FIGURE 3. Gross ODA disbursement by DAC countries to the health sector (sector 120 and 130) by channel (in current dollars)



SOURCE: PREPARED BY THE AUTHORS BASED ON DATA FROM THE CREDITOR REPORTING SYSTEM

Donor countries include policies to assist refugees within their own borders in their Official Development Assistance, anxious to fit this spending into their aid allocations, but without any standardised criteria. While protecting the human rights of the people affected is absolutely necessary, aid to refugees in donor countries should not be classified as ODA because it does not have an impact on improving the economic development and well-being of impoverished countries. To the extent that this money is spent in the donor countries themselves, financing different types of services and mechanisms to assist and receive refugees, aid is redirected towards the needs of donors, diverting resources away from the fight against poverty and the improvement of living conditions in the most disadvantaged countries.

FIGURE 4. Funds allocated to refugees in donor countries as a % of total net ODA 2014-2022



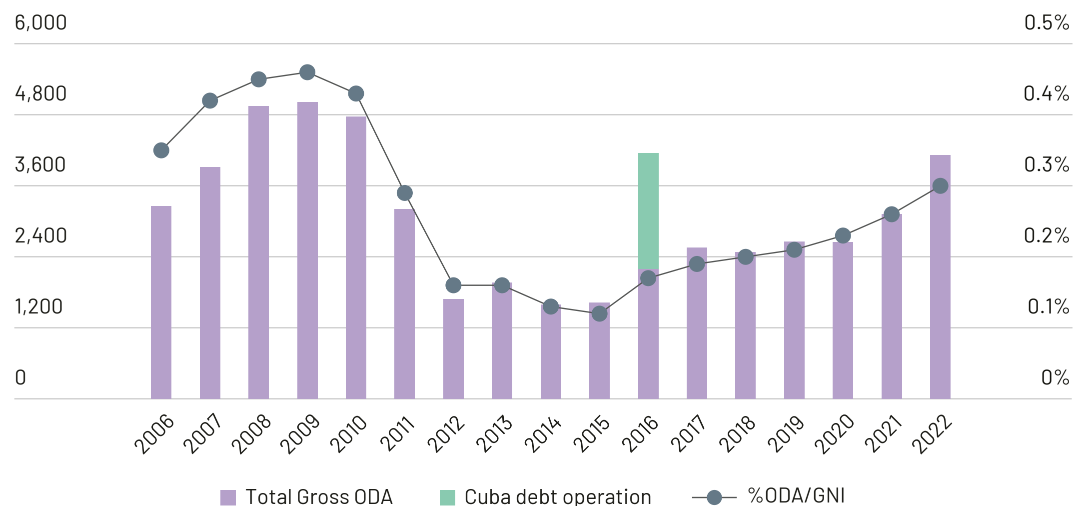
SOURCE: OECD-DAC DATA

3. Health in Spanish Cooperation

8. *In 2022, Spanish ODA increased by 31.9%, reaching €4.12 billion, 0.30% of gross national income (GNI), figures not seen in Spanish cooperation since 2010. Percentage-wise, at 0.36% Spanish cooperation closes the gap compared to the average of all Development Assistance Committee (DAC) donors but is still well short of the 0.56% average for EU countries and the 0.7% commitment made more than 50 years ago at the United Nations (UN).*

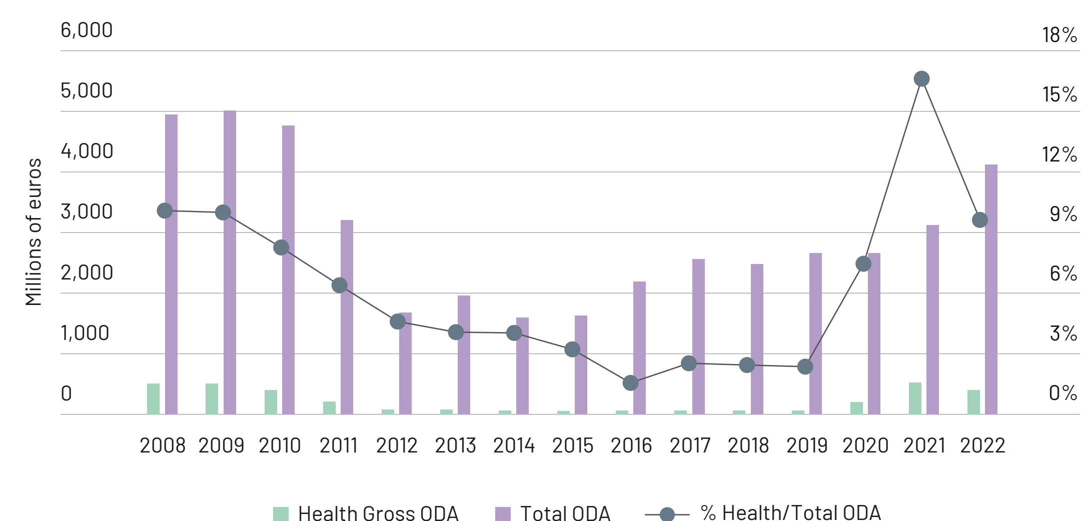
The new Development Cooperation and Global Solidarity Act introduces the 0.7% commitment into law by 2030. Establishing a clear and consensual roadmap and keeping an eye on the intermediate milestones will be necessary to ensure that this commitment is fulfilled. Spain urgently needs to increase the funds that it allocates to the fight against the many global challenges the planet faces, including climate change and the inequalities that many peo-

FIGURE 5. Trend in gross ODA and GNI percentage, 2006-2022



SOURCE: PREPARED BY THE AUTHORS BASED ON THE ODA FIGURES PUBLISHED BY DGPOLDES

FIGURE 6. Trend in gross health ODA and percentage over total ODA, 2008-2022



SOURCE: PREPARED BY THE AUTHORS BASED ON THE ODA FIGURES PUBLISHED BY DGPOLDES

ple experience in terms of health, gender and poverty.

9. *Despite remaining relevant, the COVID-19 pandemic is no longer the top priority for international cooperation, which in Spain is reflected in a reduction of €124 million in the budget earmarked for health, a sector that still received €402 million. In percentage terms, the funds earmarked for health dropped from 16.8% in 2021 to 9.76% in 2022, once again increasing the gap with the average for neighbouring countries.*

Spanish development cooperation has significantly cut back its funding for health, once again lagging behind the 15% average allocated by DAC countries. Moreover, the Spanish Ministry of Health ranks as the top donor in health cooperation, with 43.8% of all Spanish ODA to health (€176.3 million), which would be a positive development were it not for the fact that 99.6% of this amount was in the form of donations of COVID-19 vaccines, in some cases to upper-to middle-income countries. Creating a Global Health strategy that includes the benefits that cooperation brings to the health sector, such as the strengthening of public health systems, with sufficient resources and manpower to ensure quality and equitable universal health coverage, is crucial in the short term.

10. *Decentralised cooperation as a whole increased its ODA by almost €73 million in 2022 to €418.1 million. Most of this increase is the result of the rise in regional cooperation, which grew by 28%, but it is also because of cooperation from local entities (LE), which increased by 6.2%, bringing the average growth rate to 22%. With few exceptions and despite the increase, cooperation from the Autonomous Communities (AC) represents a small portion of the budgets they manage; on average, it stands at 0.13%, which equals €6.04 per inhabitant per year. The figures for the different Autonomous Communities are extremely diverse, ranging from 0.43% in the Basque Country to 0.02% in Madrid (the richest region in Spain), 0.29% in Navarre, 0.21% in the Valencia and Catalonia regions, 0.17% in Extremadura, 0.15% in La Rioja and 0.12% in Asturias. Those contributing the least include Madrid with 0.02%, the Canary Islands and Castile and Leon with 0.3%, Andalusia with 0.05% and Galicia with 0.06%. We applaud the effort being made by some communities, as their data clearly shows, and we criticise the (to us unjustified) lack of effort and budget cuts made by others.*

One of the fundamental characteristics of Spanish development cooperation policy is shaped by the quantitative and qualitative potential of regional and local cooperation. In Spain, development cooperation is a shared responsibility between the State and the Autonomous Communities, which is why we call for the same effort from the state administration that we do from the Autonomous Communities, which also tend to have a greater capacity to create partnerships in areas of public policy over which they have authority and resources.

11. *Decentralised cooperation is also growing, more modestly at 11.5%, and is also marked by a high degree of heterogeneity, evidenced by the fact that 10 Autonomous Communities are expanding and seven are cutting their health budgets. Together, the ACs have spent €37 million on health, 11.5% of their total ODA, four points below the DAC average. Catalonia once again figures prominently, accounting for a third of all regional funding for health cooperation. Andalusia is on the other side of the coin, with a cut of €4.6 million in health, representing a 69% reduction.*

Despite the increase in decentralised ODA overall in 2022, we are concerned to note that several regions are adopting a discourse that turns cooperation and health cooperation into a dispensable policy at the regional and local level, failing to recognise the importance and value it deserves. Decentralised ODA for health makes it possible to cover the health needs of vulnerable populations that are often neglected by major

policies. We need to strengthen decentralised health cooperation, improving its effectiveness, increasing its resources, and informing the population of the results, raising awareness of its added value and the need to maintain and improve a decentralised cooperation policy that focuses on people and the planet.

TABLE 1. Total decentralised health ODA, 2018-2022

AC + LA	Health ODA 2018	Health ODA 2019	Health ODA 2020	Health ODA 2021	Health ODA 2022
Andalusia	4,148,621	8,328,935	4,752,483	7,878,774	3,243,632
Aragon	911,630	663,338	1,252,482	1,391,783	789,891
Asturias	67,743	426,231	859,813	841,334	1,192,329
Balearic Islands	612,093	824,607	880,667	1,212,856	1,021,523
Canary Islands	439,520	225,925	3,071,963	1,787,226	978,280
Cantabria	320,639	153,796	139,257	473,267	465,440
Castile and Leon	783,637	567,207	760,541	659,772	678,347
Castile-La Mancha	377,632	659,579	381,468	1,314,985	856,188
Catalonia	9,576,623	6,603,509	6,361,865	5,649,874	13,114,749
C. Valencia	3,750,008	2,325,832	4,348,987	7,313,747	8,392,324
Extremadura	1,266,381	491,831	1,181,736	1,290,204	2,447,007
Galicia	732,712	1,061,898	1,224,558	1,401,464	1,521,471
La Rioja	174,624	280,897	100,000	462,449	302,752
Madrid	1,027,047	1,022,862	1,220,725	715,515	746,266
Murcia	87,632	20,000	56,390	158,463	331,942
Navarre	2,684,548	2,705,500	3,818,184	4,187,804	4,836,886
Basque Country	2,499,596	1,812,515	1,041,815	2,218,793	2,483,956
TOTAL	**29,460,687**	**28,174,464**	**31,452,935**	**38,958,312**	**43,402,981**

SOURCE: PREPARED BY THE AUTHORS BASED ON THE ODA FIGURES PUBLISHED BY DGPOLDES SECI

4. Humanitarian Action

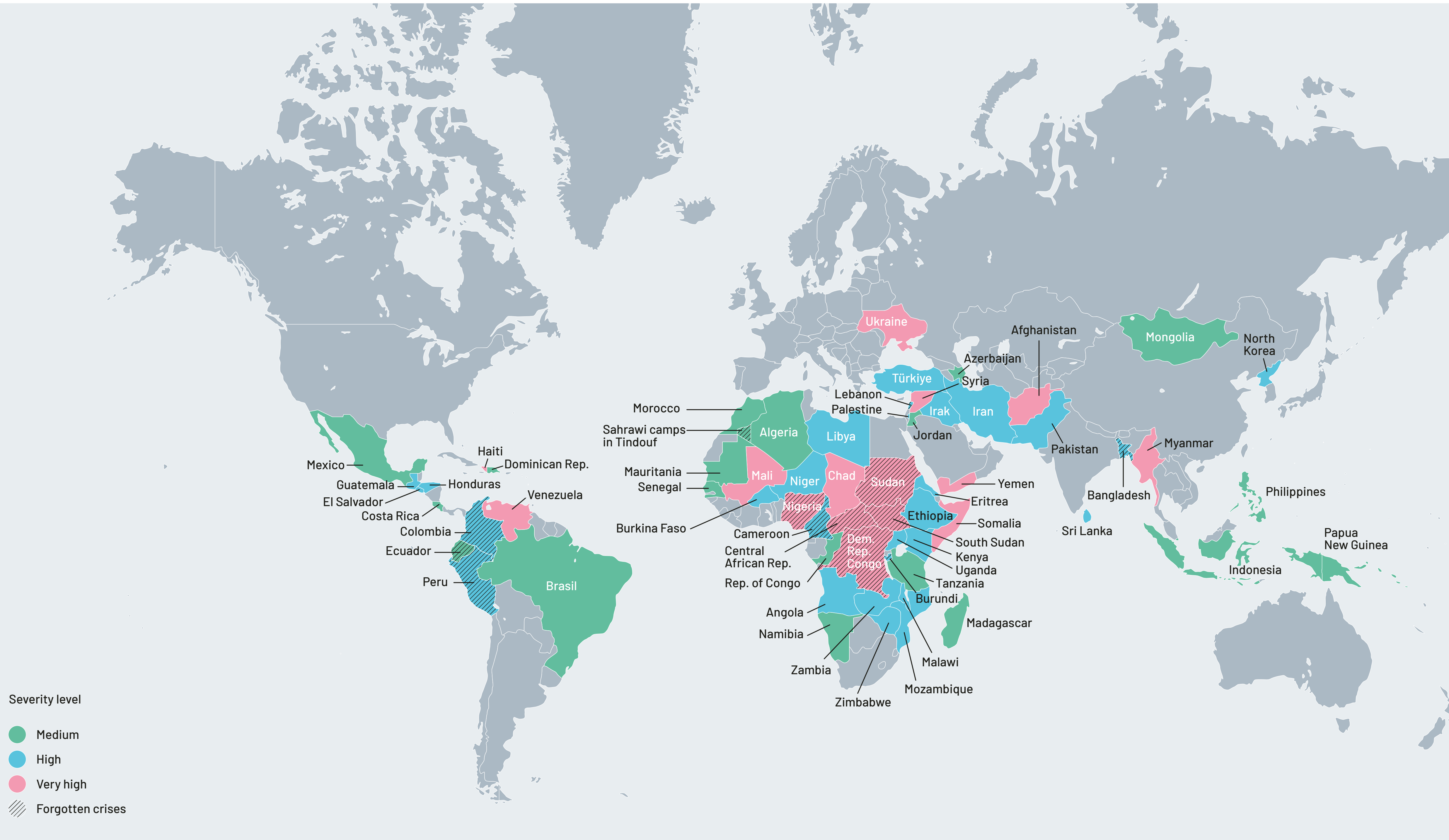
12. *From a humanitarian perspective, 2022 has been marked by the war in Ukraine, the escalation of other conflicts and a deepening food crisis, leading to an unprecedented surge in humanitarian needs, all against a backdrop of ever-increasing forced displacement. More than 1% of the world's population has been forced to flee and leave their homes – one in every 74 people in the world, twice as many as a decade ago. The number of acutely food insecure people in need of urgent assistance increased for the fourth consecutive year, from 112 million to 258 million people in 58 countries. There were 274 million people in need of humanitarian assistance in early 2022; a year later, the figure rose to 339 million people, which means that one in every 23 people in the world is in need of humanitarian assistance, more than twice as many as four years ago.*

This requires a swift and effective response from the international community that is both proportional and geared toward the medium term. To this end, it must allocate the funds needed to respond to the enormous challenges that humanitarian crises pose. The international community needs to endorse the UN Secretary General's proposal to cover at least 75% of humanitarian needs.

13. *Access to people in crisis situations is increasingly complex and, in some cases, virtually impossible: civilians are used as weapons of war and hospitals and health centres are targeted. Protecting humanitarian and health workers in conflict zones therefore remains both a challenge and a necessity. Two hundred and twenty-two health workers were killed, 298 were abducted and 294 were detained in 2022. These figures confirm the need to improve security risk management not only for humanitarian staff, but also for local and national actors who continue to be the most exposed and least protected.*

Adequate funding of security-related costs is needed. At the same time, the shrinking of humanitarian space must be addressed in a broader framework. This makes protecting these workers a collective responsibility that needs to be reinforced at every level of the international and humanitarian community.

FIGURE 7. Map of humanitarian crises

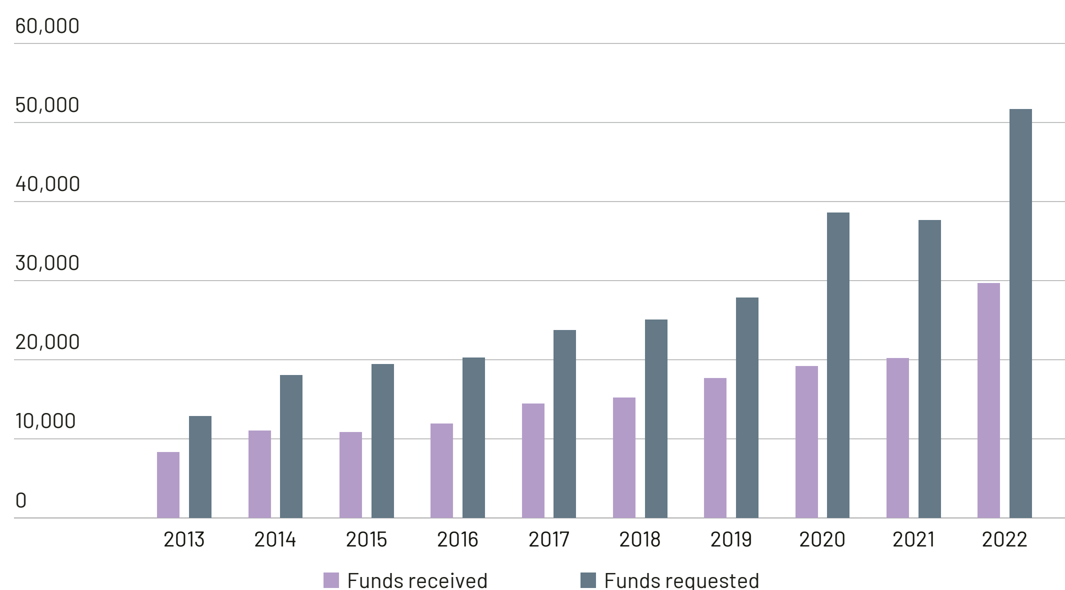


SOURCE: PREPARED BY THE AUTHORS WITH DATA FROM ACAPS AND ECHO

14. *The underfunding of humanitarian action continues to be one of the main challenges for the humanitarian sector. Only $29.692 billion of the $51.699 billion requested by the UN was received, meeting only 57.4% of the sector's needs. While this is a record amount, it falls short of what is needed to meet a similarly unprecedented increase in humanitarian needs.*

In light of the above, donors are called upon to fulfil their international responsibilities and commitments by substantially increasing funding for humanitarian action to close the gap between requested and received funds to 25%.

FIGURE 8. UN funding appeals, 2013-2022



SOURCE: PREPARED BY THE AUTHORS BASED ON DATA FROM OCHA'S FTS

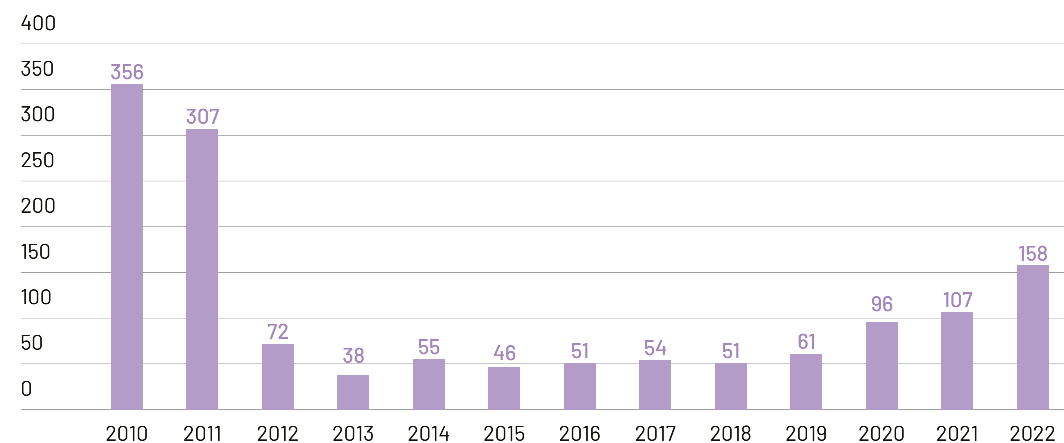
15. *Humanitarian crises mean that millions of people in the world face serious health threats such as disease outbreaks, malnutrition and lack of access to essential health services. This is coupled with an increase in the number of attacks on health infrastructure and health workers, further complicating access to health services. Against this backdrop, international assistance is essential, yet international community funding for the health sector remains insufficient. As of 2022, only 48.5% of the funds requested for the sector in UN appeals for aid have been received.*

Adequate funding is needed to ensure an adequate response to health needs. This needs to be coupled with improvements in aid predictability and flexibility to sustain responses over time and direct resources to more pressing needs.

16. *In 2022, the total amount Spanish Development Cooperation allocated to humanitarian action increased significantly to €158 million. Despite the fact that this is a substantial increase in absolute terms, in percentage terms it is only 3.88%, three tenths of a percentage point more than in 2021 and a far cry from the commitment to allocate 10% to HA and from the average of DAC countries, which allocated 10.93% in 2022.*

Spanish Development Cooperation must substantially increase the funds allocated to HA in order to effectively approach its commitment to allocate at least 10% of its ODA to HA by 2030, as stated in the Cooperation Law. This growth needs to be coupled with greater predictability and medium-term financing so that actions can be sustained over time.

FIGURE 9. Trend in spanish ODA to humanitarian assistance



SOURCE: PREPARED BY THE AUTHORS BASED ON THE ODA FIGURES PUBLISHED BY DGPOLDES-SECI

17. *Decentralised cooperation has allocated 8.92% of its ODA to HA in 2022, which is quite close to the 10% target. This represents a 50% increase in ODA to HA, from €25,661,897 in 2021 to €38,335,598 in 2022, reflecting decentralised cooperation's commitment to humanitarian action. In terms of volume, the Autonomous Communities have seen the greatest growth at €7.2 million more than in 2021, although this growth is not evenly distributed and occurs in only 10 Autonomous Communities, while the rest have seen a decrease or remain unchanged. Meanwhile, in percentage terms, it is the LEs that have increased spending the most, doubling the funds allocated to HA (from €5.3 million to €11.2 million). Once again, however, this growth is distributed unevenly and only in the LEs as a whole in seven Autonomous Communities.*

Decentralised cooperation must improve the predictability of its funding through multi-annual allocations to ensure better humanitarian response. In the medium term, it should also sustain the growth in funding for humanitarian action, particularly in the Autonomous Communities which contribute the least percentage, in order to reach the target of allocating 10% of ODA to HA under the framework of the current legislature.

TABLE 2. HA by Autonomous Community

Autonomous Community	2021	%	2022	%
Andalusia	0		1,099,082	4.06
Aragon	336,553	1.7	550,431	2.03
Asturias	50,000	0.25	359,200	1.33
Balearic Islands	531,444	2.68	950,000	3.46
Canary Islands	0			
Cantabria	331,825	1.67	97,506	0.36
Castile and Leon	592,922	2.99	200,000	0.74
Castile-La Mancha	255,400	1.29	371,390	1.37
Catalonia	2,810,000	14.18	4,009,770	14.8
C, Valencia	2,812,862	14.19	7,966,597	29.4
Extremadura	1,089,600	5.5	1,350,000	4.98
Galicia	659,987	3.33	491,697	1.81
La Rioja	50,000	0.25	80,000	0.3
Madrid	1,064,979	5.37	920,062	3.4
Murcia	105,000	0.53	30,000	0.11
Navarre	308,000	1.55	70,000	0.26
Basque Country	8,820,000	44.5	8,548,097	31.55
TOTAL	**19,818,571**	**100**	**27,093,832**	**100**

SOURCE: PREPARED BY THE AUTHORS BASED ON THE ODA FIGURES PUBLISHED BY DGPOLDES-SECI

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