

Health in Development Cooperation and Humanitarian Action

2021 REPORT



HIGHLIGHTS


medicusmundi



The report “Health in Development Cooperation and Humanitarian Action” is a joint initiative of **medicuumundi** and **Médicos del Mundo** which, since 2002, has been providing a critical analysis of international, state and decentralised Official Development Assistance on health and humanitarian assistance.

The report also incorporates the most relevant policies and factors which affect health at a global level and that set the international agenda, together with detailed analyses of the reality of health in specific countries or regions.

All this information is available in the online tool **CooperaSalud**:

<http://www.cooperasalud.org/>

Introduction

Twenty years ago, in 2001, four non-governmental organisations with broad experience in health-based cooperation agreed on the need for a specific report on health, from both a development approach and humanitarian aid perspective. As a result, **medicuumundi**, **Médicos del Mundo**, **Prosalus** and **Médicos sin Fronteras** set this report in motion, yet **Médicos sin Fronteras** and **Prosalus** left the project for different reasons.

The intended purpose that led to this initiative remains pertinent: to influence the policies of Official Development Assistance (ODA) in the health sector and Humanitarian Action (HA), improving quality, effectiveness and efficiency, and general goals, to provide a critical analysis of international, state and decentralised ODA in both sectors.

The report started by analysing the Millennium Development Goals (MDGs), approved by the UN in 2000. Of the eight MDGs, three were related to health: to reduce child mortality, to reduce maternal mortality and to combat HIV/AIDS, malaria and tuberculosis.

Over the past 20 years, numerous things have changed: the MDGs made way for the Sustainable Development Goals (SDGs), the architecture of world health has been visibly altered by the

appearance of new actors, both public and private, and there is an increased awareness that health is inter-related with other sectors, and that global aspects not controlled from the national sphere influence local realities. Health indicators such as maternal and child mortality have improved considerably, despite not meeting the goals set. Since 2000, funding of the world health sector has grown by 3.9% – above global economic growth – but with huge disparities among countries.

Some aspects have remained unchanged, however, such as the incapacity to create a global response that puts health before other interests or managing to reduce health inequality. This might have a say in the permanent non-compliance of signed commitments and some countries’ inability to consider health as a right and, consequently, guarantee it. Therefore, inequality has intensified, not abated.

These past 20 years have witnessed how Spanish ODA has moved from nearing the goal of 0.7%, with the highest point in 2009 (0.46%), to plummeting to 0.12% in 2015, consigning Spanish Cooperation to the tail end of donors. Since then, growth has been insufficient – in 2020, it barely reached 0.23%, making it difficult for the government to fulfil its promise of allocating 0.5% of the

Gross National Income (GNI) to ODA by the end of its term in 2023 –

The health sector has gone from being one of the key sectors of Spanish Cooperation, reaching, in 2008 and 2009, 10% of the ODA, to playing a residual role, with a mere 1.58% of ODA allocated to health in 2016. It took the arrival of a global pandemic for the percentage of ODA allocated to the health sector to be tripled, moving from 2.39% in 2019 to 7.64% in 2020. The issue is whether the health sector is recognised as a key sector or is simply a one-off response to a global emergency.

Yet the sector to fall the hardest and one which is struggling to recover is Humanitarian Action, which went from receiving 465 million euros in 2009 and representing 10% of ODA

to reaching a standstill with around 50 million euros, denoting 2% of ODA. It wasn't until 2020 that, with a budget of 96 million euros, it reached 3% of ODA.

Decentralised cooperation, which continues to be an important factor in Spanish Cooperation, experienced significant and sustained growth until 2009, but dropped drastically and from 2015 onwards was attempting to recover, albeit slowly and with peaks and troughs. In 2020, despite the pandemic, a drop of almost 7% occurred, situating regional ODA at 298 million euros.

Therefore, these past two decades have been witness to the best and the worst of Spanish Cooperation. It remains to be seen whether this new decade will be a decade of recovery.

1. Health in the world

The crisis resulting from the COVID-19 pandemic has exacerbated other health problems that have not disappeared and have simply not been dealt with owing to the reassignment of health staff to support services responding to the pandemic or a lack of medicine, diagnosis tests and other technologies. For instance, estimations point to child mortality potentially increasing by 42% in the first six months of 2020, and the same could occur with other diseases that chiefly affect the most vulnerable populations.

We won't know the real impact of interruptions to health care due to the COVID-19 pandemic for some time. In the meantime, countries must apply a health focus to all policies and continue their efforts to control the pandemic and strengthen public health systems to ensure they are better prepared to prevent, diagnose and treat the population, particularly the most vulnerable.

The unequal distribution of vaccines against COVID-19 and vaccine hoarding by the richest countries exposes the failure of the international community in their reaction to the pandemic and reflects how far we remain from adequate world health governance. Vaccine hoarding could lead to 241 million doses having to be thrown away if not used by the end of 2021. In the meantime, the COVAX initiative, the tool created to distribute 2 billion doses in 92 low-income countries by the end of 2021, had only circulated 330 million vaccines by October.

There is an urgent need to deliver vaccines to impoverished countries to limit the risks of the Delta variant of coronavirus and others that may surface such as the Omicron variant, as well as maintaining public health measures.

Despite the efforts of the World Health Organisation (WHO) as a multilateral organisation to

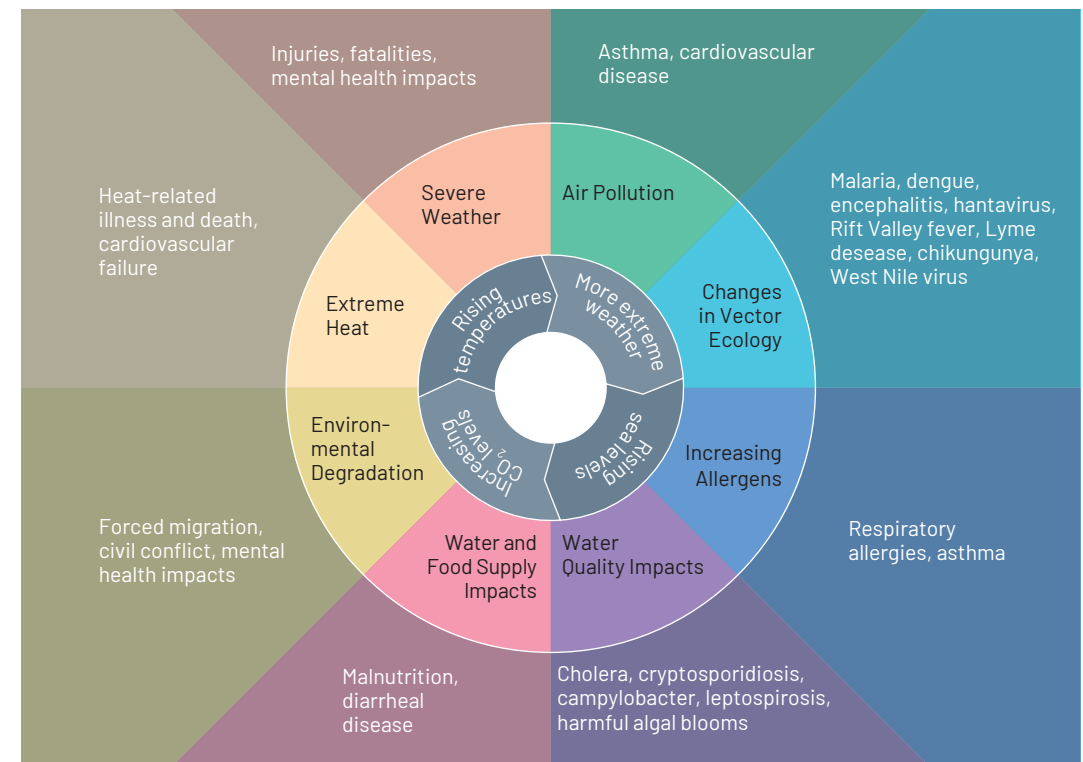
coordinate the global response to the pandemic, the public governance of world health notably remains fragmented and must be strengthened. Beyond it being questioned – particularly at the start of the pandemic – it has got much more right than wrong and, although it's true that criticism has waned in 2021, it has not managed to convince countries to accept its recommendations and, therefore, to ensure a more balanced distribution of vaccines around the world.

The WHO must strengthen so that it is more effective, independent, transparent and participatory, and must manage to become the centre of world public health governance, coordinating common action to reduce the number of outbreaks and end the pandemic.

Health is clearly affected by climate change, and the situation could get worse in the coming years. Heatwave-associated mortality in the over-65s has increased 80% since the year 2000. Moreover, changes in the distribution of vectors which transmit diseases such as malaria, dengue and the Zika virus will make these diseases increase and, by 2050, 216 million people could suffer forced displacement in their countries for climate reasons. We are facing an imminent global pandemic – climate change – to which health systems also contribute.

The climate crisis is also a health crisis and climate change is a shared threat, with all countries sharing the responsibility to act now and invest in saving lives by strengthening public health.

Impact of climate change on human health



SOURCE: CENTRE FOR DISEASE CONTROL, UNITED STATES OF AMERICA

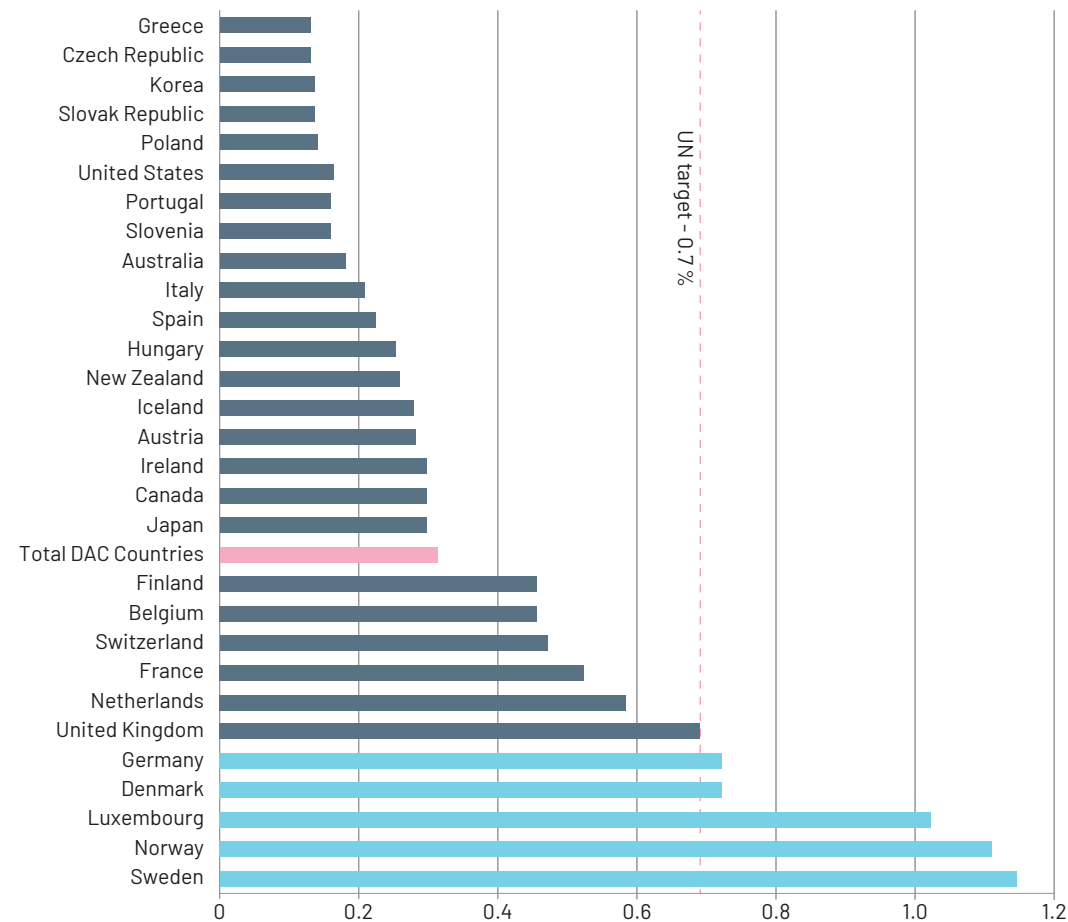
2. International perspective

Over the past 20 years, net Official Development Assistance (ODA) from the set of donor countries from the Development Assistance Committee (DAC) has increased by 110%, although this growth has not been constant and consistent among all countries. The ODA total of DAC members was 161.2 billion dollars, denoting an increase of 3.5% with respect to 2019. ODA represents 0.32% of the Gross National Income (GNI) of

these countries, a percentage that stands some distance from the commitment to 0.7% that only six countries – Denmark, Luxemburg, Norway, the UK, Sweden and Germany – met in 2020.

The set of DAC donors must fulfil the inescapable commitment of allocating 0.7% of their national income to ODA, a commitment ratified on numerous occasions by countries, the

DAC countries' ODA as percentage of GNI, 2020



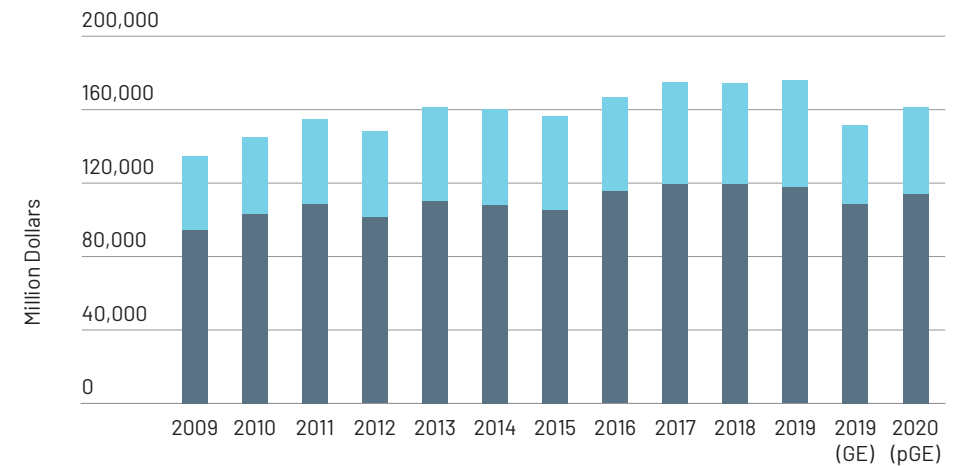
SOURCE: OECD, 2020

last time in conjunction with the approval of the 2030 Agenda.

In the years prior to the pandemic, the set of donors lowered their contributions to the health sector. The 21.3 billion donors allocated in 2019 by DAC countries represented 12.09% of the ODA total, 5.4% less than in 2018. This health percentage is the lowest in the last ten years.

Health is progressively losing importance among the set of donors, and even in European strategies to fight against COVID-19 around the world. There is an even greater need to understand that the health sector is key to people's development and must be kept as a priority in international cooperation through adequate budgets placing it around 15% of the ODA total.

Gross ODA disbursement by CAD countries to the health sector (sector 120 and 130) by channel (in current dollars)



SOURCE: OWN ELABORATION FROM DATA PUBLISHED BY OECD CREDITOR REPORTING SYSTEM

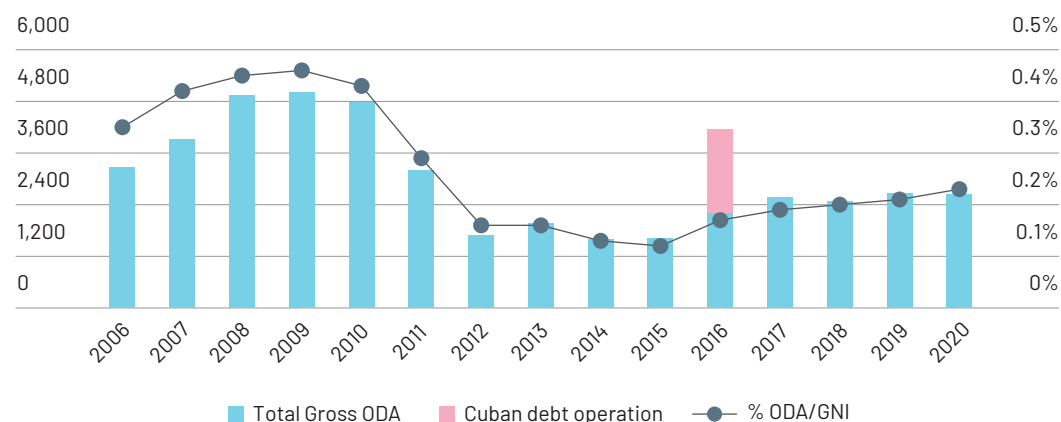
3. Health in Spanish Cooperation

In 2020, Spanish ODA reached 2.65 billion euros, representing a slight decrease of 15 million euros. Despite increasing in importance, reaching 0.23% of the GNI, this amount is still some way from the 0.32% average of the set of DAC donors and the commitment to 0.7%. The publication of the 2030 Sustainable Development Strategy, which seeks to be developed with a rights – and feminist – based approach, and which will affect the

health and cooperation sectors, as well as a potential new cooperation law in 2022, are positive steps towards a new Spanish Cooperation drive.

Spanish ODA has spent over a decade in a prolonged crisis and was among those donor countries with the lowest percentage of GNI allocated to ODA. The steps taken to establish a working framework and priorities for the years

Trend in gross ODA and GNI percentage, 2006-2020



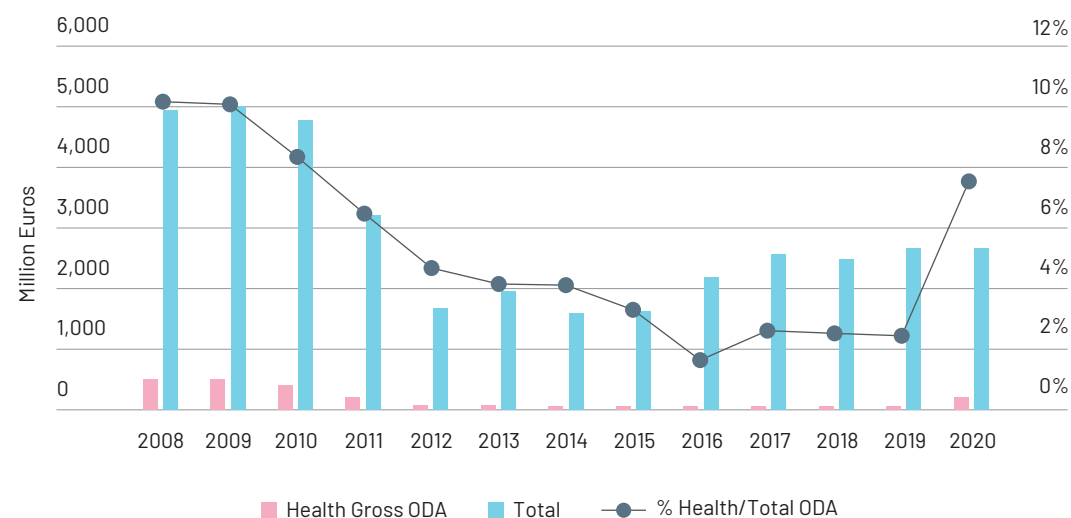
SOURCE: OWN ELABORATION FROM ODA DATA PUBLISHED BY DGPOLDES

ahead must be accompanied by credible and adequate budget estimates to face the global challenges of the future.

In 2020, Spanish Cooperation allocated 201.9 million euros to health, representing 7.5% of its total

ODA, a percentage that triples the allocated assistance in 2019 and the greatest percentage designated to health by Spanish Cooperation since 2010, when it consigned 8.38% of the total. Nevertheless, it remains below the average of DAC donor countries.

Trend in health gross ODA and percentage over total ODA, 2008-2020



SOURCE: OWN ELABORATION FROM ODA DATA PUBLISHED BY DGPOLDES

Spanish Cooperation must increase investment in health to reach percentages that are similar to the other DAC donors in order to give the sector the importance it demands and to tackle global health issues. Moreover, it must continue committing to strengthening public health systems with adequate resources and staff to ensure quality and equal universal health coverage.

Decentralised cooperation allocated 298 million euros to ODA in 2020, dropping by 6.86% with respect to 2019. However, decentralised cooperation reached 31.4 million euros, 11.6% more than in 2019. ODA figures in health represent 14.7% of the joint ODA total between Spain's Autonomous Regions and local organisations, duplicating the percentage allocated to Spanish Cooperation. In 2020, nine of these Regions lowered their budgets in health cooperation, and most notable are the significant drops in Andalusia, where it was reduced by 45%, and the Basque Country, by 43%. On the flipside, ODA in health in the Canary Is-

lands was seven times greater, in Extremadura 2.5 times greater and in Asturias and the Valencia Community the number doubled.

Decentralised health cooperation covers certain health needs which major policies often leave empty and facilitates greater proximity between the cooperation sector and citizens. It must continue down this path of growth but without losing its essence, reviewing tools to enhance the impact and forecasts of its aid.

The vaccination campaign against COVID-19 in Spain reached its objective to vaccinate 70% of the population by the summer of 2021 and has proved effective in reducing the number of deaths and serious illness caused by the disease. Nevertheless, the crisis remains, and a decision must be made on how we can live with this pandemic in the future. In the sphere of cooperation, the "Joint response strategy of Spanish cooperation regarding the COVID-19 crisis" has allowed priorities to better defined, although there are

Total decentralised health ODA, 2017-2020

CC. AA.+EE. LL.	Health ODA 2017	Health ODA 2018	Health ODA 2019	Health ODA 2020
Andalucía	2,895,000	4,148,621	8,328,935	4,752,483
Aragón	540,910	911,630	663,338	1,252,482
Asturias	649,761	67,743	426,231	859,813
Baleares	704,091	612,093	824,607	880,667
Canarias		439,520	225,925	3,071,963
Cantabria	60,000	320,639	153,796	139,257
Castilla y León	536,112	783,637	567,207	760,541
Castilla-La Mancha	401,953	377,632	659,579	381,468
Cataluña	5,363,773	9,576,623	6,603,509	6,361,865
C. Valenciana	1,188,569	3,750,008	2,325,832	4,348,987
Extremadura	1,891,586	1,266,381	491,831	1,181,736
Galicia	503,458	732,712	1,061,898	1,224,558
La Rioja	177,201	177,624	280,897	100,000
Madrid	565,243	1,027,047	1,022,862	1,220,725
Murcia	122,361	87,632	20,000	56,390
Navarra	2,175,552	2,684,548	2,705,500	3,818,184
País Vasco	3,358,706	2,499,596	1,812,515	1,041,815
TOTAL	21,134,276	29,460,687	28,174,464	31,452,935

SOURCE: OWN ELABORATION FROM ODA DATA PUBLISHED BY DGPOLDES SCIPIC

still notable discrepancies, such as the lack of budget for healthcare staff when it is one of the priorities of such a strategy.

In the face of a disease that works through pandemic waves, there is a need to prevent and act swiftly to cover needs at all levels of health. It

is the time to back sweeping changes, both in health cooperation and for the health sector in Spain. There is a need for health systems where primary care is at the heart and with adequate resources, such as the point of contact between the system and citizens to find more local solutions to global responses.

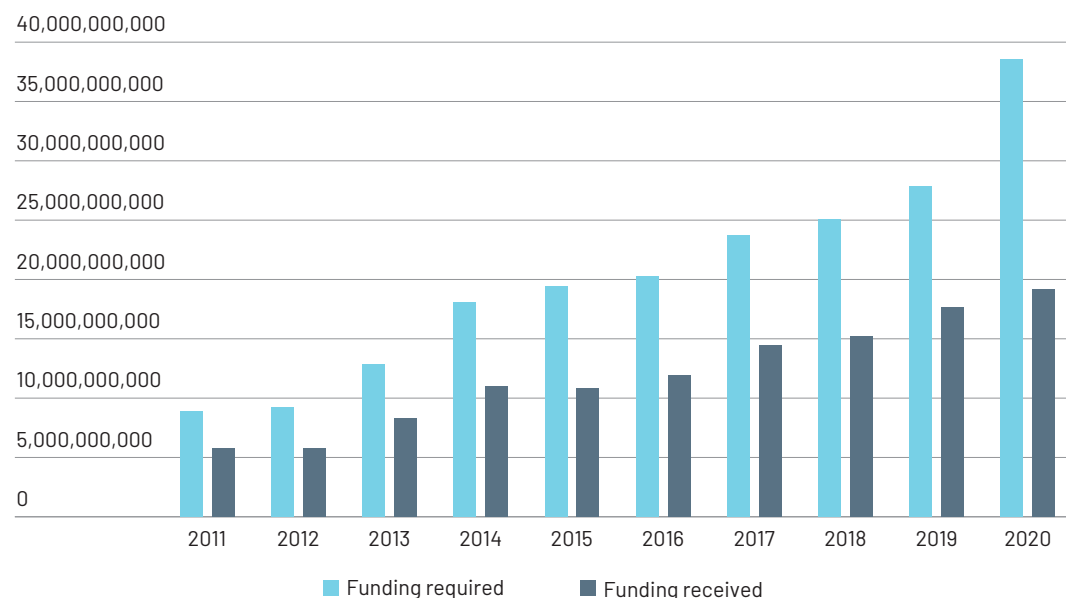
4. Humanitarian Action

Humanitarian crises continue growing in complexity and severity. Conflicts are still behind the accumulation of needs, while natural disasters are increasing. At the same time, the interaction between both accentuates vulnerability and inequality, exacerbating COVID-19 further and increasing the number of people who require help. That said, the Global Humanitarian

Response Plan for COVID-19 has only received 3.8 million dollars, 40% of that requested.

The international community must allocate the necessary funds to cover 100% of the Global Humanitarian Response Plan for COVID-19, in addition to those set out for other humanitarian crises.

UN funding appeals, 2011-2020



SOURCE: OWN ELABORATION FROM THE UNOCHA'S FTS DATA

Administration barriers, restrictive laws and other obstacles seriously limit the humanitarian space, negatively affecting humanitarian organisations' capacities to fulfil their mandate. This is in addition to a growing trend by States to control international humanitarian work inside their frontiers, infringing international legal frameworks, particularly International Humanitarian Law (IHL).

Bearing in mind the specific nature of Humanitarian Action (HA), States must assimilate and respect humanitarian exemptions in their national legislation and respect IHL.

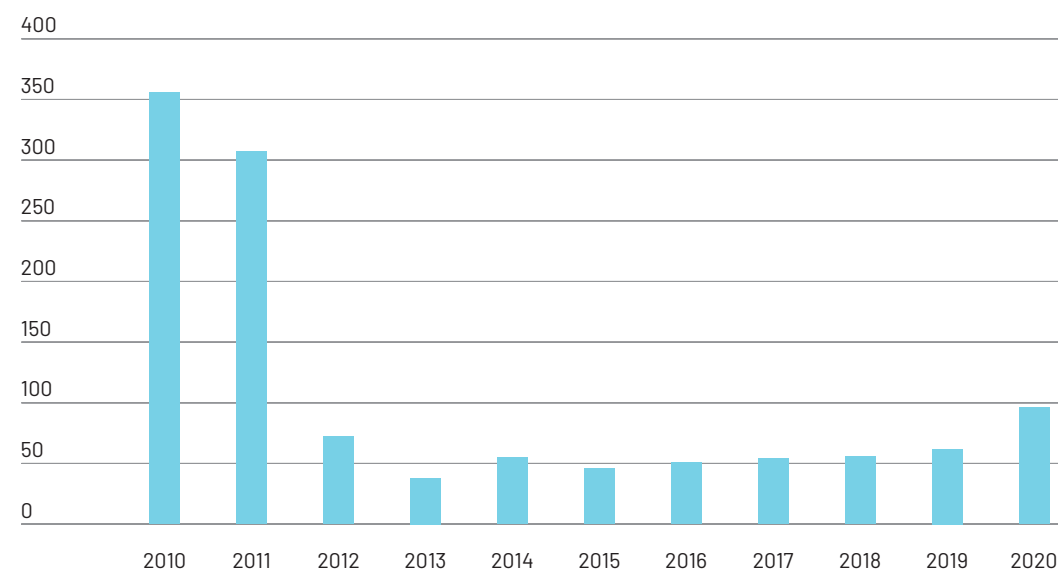
Almost 440 million people in the world need help and humanitarian protection, yet the UN's humanitarian appeals for 2020, which reached an unprecedented record of 38.54 billion dollars, are only financed in 49.7% with 19.15 billion dollars, 10% less than 2019.

In view of the above, donors must assume their responsibilities and international commitments, substantively increasing funds allocated to HA so that the difference between funds requested and received is reduced to 25%.

Although Spanish Cooperation's Humanitarian Aid experienced a notable rise in 2020 of close to 34 million euros, moving from 62 million in 2019 to 96 million and representing 3% of the total of its ODA, this percentage once again stands some distance from the 11% average of the DAC and that established by the Humanitarian Action Strategy of Spanish Cooperation.

Spanish Cooperation must substantially increase funds allocated to HA to effectively move closer to its commitment to allocate at least 10% of its ODA to HA in 2022, as stipulated in its Humanitarian Action Strategy.

Trend in Spanish ODA to Humanitarian Assistance



SOURCE: OWN ELABORATION FROM ODA DATA PUBLISHED BY DGPOLDES SECI



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