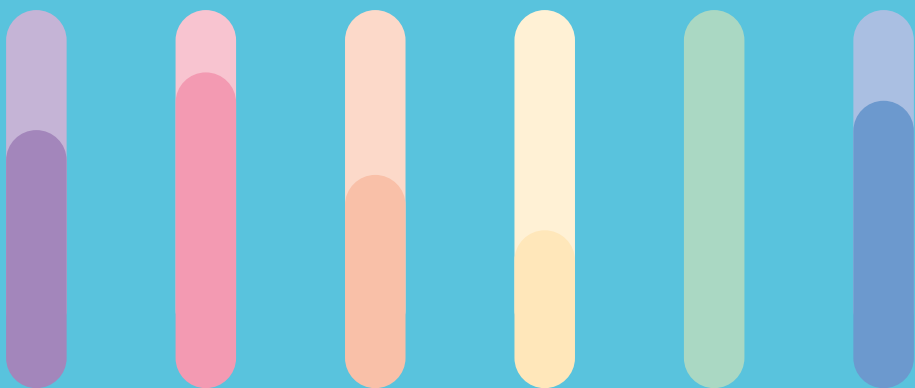


# Health in Development Cooperation and Humanitarian Action

REPORT 2024



# HIGHLIGHTS

  
medicusmundi



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

2025 will be a pivotal year for global health and Official development assistance (ODA). Among the key events on the agenda are the adoption of the Pandemic Treaty, slated for discussion at the next World Health Assembly, and the 4<sup>th</sup> International Conference on Financing for Development (Ff4D), which will be held in Seville. These two milestones will shape the course of the coming year.

The end of COVID-19 and mpox (smallpox) as global health emergencies in 2023 is a significant achievement, but it risks overshadowing ongoing concerns about planetary health and the One Health approach. These remain critical as they address the interconnectedness between human, animal and environmental health. Ignoring these holistic approaches could leave us exposed to future pandemics and other health crises. The absence of a Pandemic Treaty, as well as the need to update the International Health Regulations (IHR), last revised in 2005, also pose risks. The decisions made by world leaders in 2024 will have a profound impact on millions of lives.

Urgent action is needed in several global health areas: from prevention and preparedness for health emergencies to tackling preventable diseases and deaths; responding to the accelerating threat of antimicrobial resistance (AMR); and addressing the health impacts of climate change. Negotiating and implementing an inter-

national instrument on pandemic prevention and response, such as the **Pandemic Treaty**, remains a top priority for 2025, especially after its delay in 2024. Strengthening the **International Health Regulations**, a key tool for global infectious disease control, will also be crucial in improving countries’ capacity to detect and respond to outbreaks. This should be supported by better coordination between nations, transparency and a commitment to protecting human rights.

Health policy is deeply shaped by global trends that require significant financial support. From 30 June to 3 July 2025, Seville will host the **4<sup>th</sup> International Conference on Financing for Development (Ff4D)**. The goal of the conference is to accelerate policy implementation and mobilise the financial resources needed to meet the targets of the 2030 Agenda and its Sustainable Development Goals. The challenge is daunting. It requires addressing economic inequalities, unsustainable growth patterns and the devastating effects of conflict and climate change, all of which exacerbate inequalities and hinder the progress of the most vulnerable.

When it comes to international development cooperation, the Seville summit should reaffirm the importance of ODA as a counter-cyclical financing tool. At the same time, it must recognise the trillions of dollars in unfulfilled aid commitments, which have contributed to a debt of \$7.2 trillion owed by the Global South.

# 1. Health Around the World

1. The challenges we face today require globally coordinated responses that are effective, sustainable and equitable. Climate change not only exacerbates existing health issues but also presents new threats. Antimicrobial resistance, for example, poses a serious risk of reversing decades of progress in medicine, while armed conflict undermines peace and security, putting both populations and healthcare workers at greater risk. This, in turn, makes it even harder to deliver essential services and meet the Sustainable Development Goals (SDGs).

With just six years remaining to meet the 2030 Agenda, the progress so far is concerning. Only 17% of the 169 targets outlined in the SDGs are on track or have already been achieved. A further 48% show only minimal or moderate progress, while more than a third have stagnated or even regressed. At the 2024 Future Summit, countries reaffirmed their commitment to the SDGs and pledged to work towards a more sustainable and equitable future.

**Closing the financing gap for the SDGs is now an urgent priority. To achieve this, countries need to mobilise between \$5 trillion and \$7 trillion in investments — approximately 3.5% of the \$200 trillion in financial assets that circulate globally each year. This figure demonstrates the scale of the task but also highlights that the goal is achievable, provided there is genuine commitment from governments, international organisations, civil society and the private sector. Furthermore, efforts to combat climate change must be significantly increased, with more ambitious measures to reduce greenhouse gas emissions. Strengthening peace, transforming global governance, improving the effectiveness and inclusivity of the multilateral system and renewing the commitment to gender equality and the empowerment of women**

**and girls are all essential steps in securing a sustainable future for all.**

2. SDG 3, which focuses on ensuring healthy lives and promoting well-being for all, has experienced significant setbacks, the challenges even greater than those faced across the SDGs as a whole. Only 10% of the targets have been met or are on track to be achieved. Around 30% have shown moderate improvement, 45% have made minimal progress and the remaining 15% have stagnated or regressed.

While some health indicators, such as infant mortality rates and deaths from HIV/AIDS, have improved over the past 25 years, these gains are clearly insufficient. Every two minutes, eighteen children under five die; every two minutes, a woman dies from pregnancy and childbirth-related complications, every two minutes, two to three people die from tuberculosis or hepatitis, and 34 people lose their lives to cardiovascular diseases — most of which are preventable. Meanwhile, 4.5 billion people still lack access to essential health services and two billion experience financial hardship due to health spending. Despite these figures, most governments spend no more than 5% of their GDP or 15% of their national budget on public healthcare, exacerbating the widening gap between high and low-income countries.

**The international community must seize the opportunity it has to reverse this situation. Adequate resources must be allocated, and policies that prioritise the right to health over commercial or political interests must be implemented. Government pledges and commitments need to be translated into concrete, sustainable actions to improve public health. This includes prioritising primary healthcare, investing in infrastructure, personnel and resources to build a robust public health system, promoting policies**

**that ensure equitable access to health services, increasing health education and raising awareness of healthy habits and supporting research and development of new, accessible medical technologies and treatments for all.**

3. The adoption of a Pandemic Treaty to safeguard against future pandemics like COVID-19 would mark a significant milestone for global health. However, after two and a half years of negotiations, approval has been delayed until WHO's Assembly in May 2025, with several serious threats looming over its content, risks that could undermine its capacity to effectively respond to future crises. Among the most contentious issues are resistance to incorporating a gender perspective into the treaty, the refusal to waive patents during times of crisis and opposition to granting WHO direct management of critical medical products and diagnostics during pandemics. These challenges, which also featured

*prominently in several WHO Assembly declarations in 2024, have sparked intense debate and controversy. Meanwhile, the response to monkeypox repeated many of the same errors seen during the COVID-19 pandemic. The slow and inefficient management failed to meet the demand for vaccines in the hardest-hit regions, contributing to unnecessary deaths and suffering.*

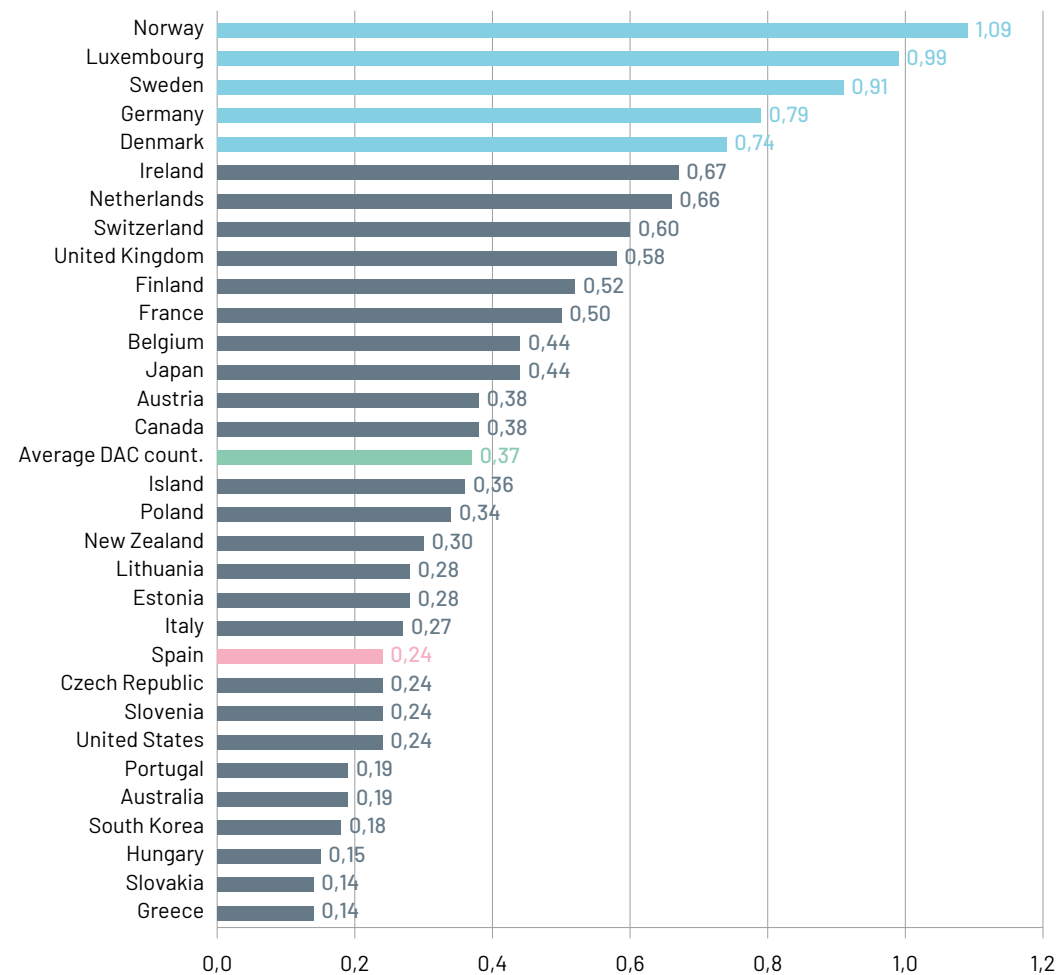
**There is an urgent need for an effective, equitable and sustainable Pandemic Treaty sponsored by WHO, one that prioritises the public interest over political and commercial interests. This treaty must offer a comprehensive response to global health challenges, managed through robust public governance, gender-sensitive policies and inclusive, evidence-based solutions. It must also foster cooperation, ensuring the free sharing of knowledge and addressing the barriers imposed by intellectual property, all while ensuring that no one is left behind.**

## 2. International Outlook

4. ODA from Development Assistance Committee (DAC) countries reached a record \$223.61 billion in 2023, marking a 9.6% increase over the previous year's disbursements. However, when excluding the \$31 billion spent on in-donor refugee costs, ODA only grew by a modest 3.2% in real terms. The performance among DAC countries is neither uniform nor sufficient. ODA rose in 14 countries

but fell in 17. As a percentage of gross national income (GNI), ODA stands at 0.37%, just one hundredth of a percentage point higher than in 2022 and still well below the UN target of 0.7%. Only five countries (Denmark, Germany, Luxembourg, Norway and Sweden) met this target. Spain allocated 0.24% of its GDP, ranking 22<sup>nd</sup> in terms of ODA percentage and 12<sup>th</sup> out of 31 in ODA volume.

FIGURE 1. DAC countries' ODA as percentage of GNI, 2023



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

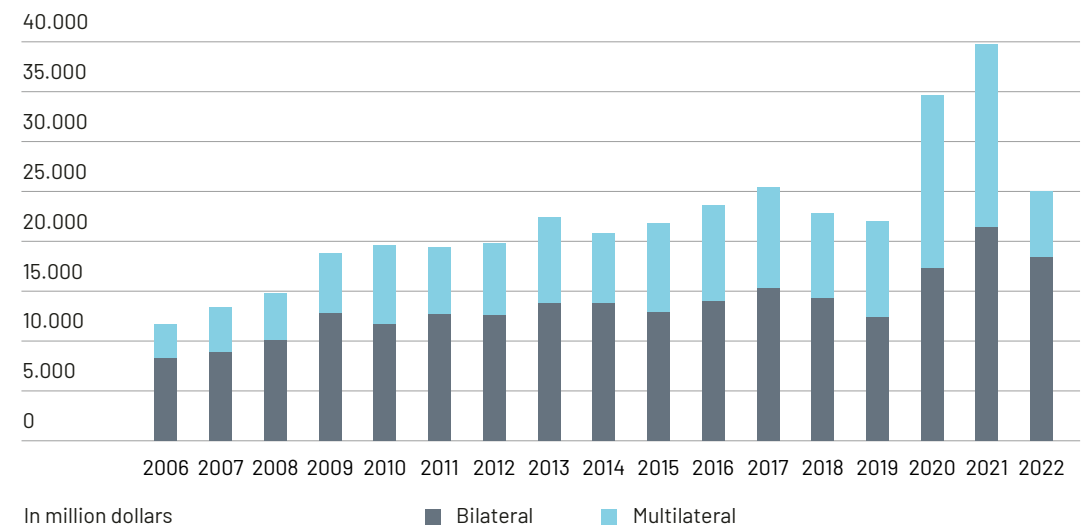
It is crucial that DAC countries substantially increase ODA resources to meet the 0.7% target by 2030, as they have pledged. Furthermore, international cooperation must be resilient and adaptable to evolving contexts to be effective and address inequalities. The DAC must assess how global disparities and emerging challenges, such as climate change and pandemics, impact aid effectiveness. It should also reinforce principles such as ownership, inclusive partnerships and transparency, shifting from a one-way aid model to a more inclusive, cross-cutting approach that encourages active participation from all stakeholders, including civil society.

5. In 2022, DAC countries allocated a total of \$24,999 million to health, which represented 11.17% of total ODA, 37% less than the previous year. Of this amount, 27.9% (or \$11.236 billion) was directed towards controlling the COVID-19 pandemic. Vaccine donations remain a significant

part of the funding, accounting for 13.6% of the total, or \$1,535 million. However, alongside financial resources, achieving the right to health requires the development of sound policies and strategies. The setbacks in some areas of rights protection are concerning, particularly in the case of sexual and reproductive rights.

Medium- and long-term work is needed to address both local and global social and economic factors, as many of the root causes of the global health challenges we face lie within these contexts. To reverse the current inertia and achieve the promised results, transformative policies and greater investment in health are essential. The existing inequities affecting the most vulnerable populations—such as unsatisfied basic needs, extreme poverty, the impact of climate change, rising conflicts and the lack of guaranteed sexual and reproductive rights—cannot be addressed with traditional, short-term solutions.

FIGURE 2. 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

### 3. Health in Spanish Cooperation

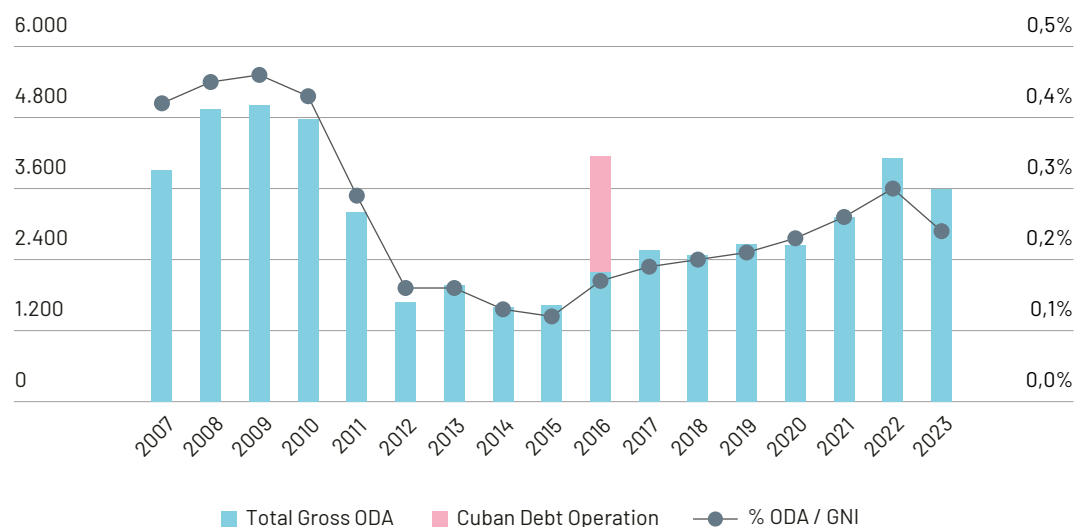
6. In 2023, Spanish ODA decreased by 12.7% to €3,595 million. The 526 million reduction in percentage terms sets ODA at 0.24% of GNI, far from all the economic commitments pledged and/or renewed in recent years, making it practically impossible to reach the commitment of 0.55% by the end of the legislature (2027) or 0.7% in 2030, as set out in the new Law on Cooperation for Development and Global Solidarity. On the other hand, this percentage is considerably lower than the average for EU countries, which stands at 0.52%, and the average for DAC countries, which stands at 0.37%.

It is urgent to draw up a thoughtful and consistent roadmap that establishes a credible expansion path for ODA resources, which allows us to understand how their composition will evolve in order to achieve the political commitment of 0.55% by the end of the current legislature, in 2027, and 0.7% in 2030, as set out

in the new Law on Development Cooperation and Global Solidarity. Fulfilling both objectives requires much higher aid growth rates than the current ones, as we are starting from 0.24%. It is important for Spanish Development Cooperation to determine the path to follow and to establish the appropriate mechanisms to monitor spending and the commitments made.

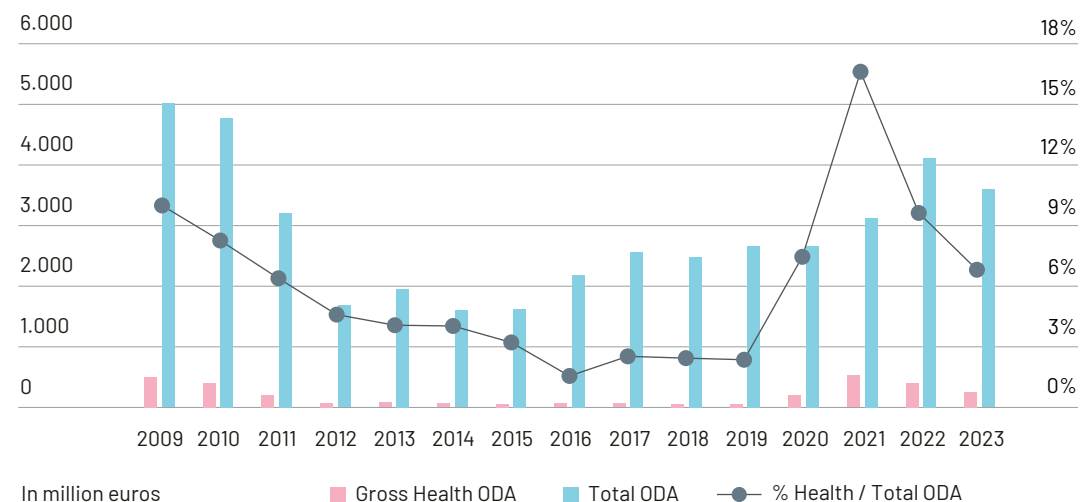
7. ODA to health fell by 38.3% to €248.3 million. This decrease, three times greater than that applied to general ODA, places health cooperation at 6.9% of total Spanish ODA, a percentage that is increasingly distant from the average for DAC countries, which is around 12%. The end of the COVID-19 health emergency partly explains such a significant reduction in the funds Spain allocates to health cooperation. The Ministry of Foreign Affairs, EU and Cooperation leads with 45.8 per cent of health cooperation funding. As had been the norm in the pre-pandemic years, the Ministry of

FIGURE 3. Trend in gross ODA and GNI percentage, 2007-2023



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

FIGURE 4. Trend in gross health ODA and percentage over total ODA, 2009-2023



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

Health is no longer among the main health donor institutions, which shows that the occasional does not necessarily generate a trend.

It is imperative that Spanish Development Cooperation seizes the opportunity to lead global health cooperation, not only by increasing the amount of ODA, but also by playing an active role in redefining global health and its governance, preventing threats to some basic principles that were thought to be immutable, such as gender equity, a fundamental element in defining and analysing women's health, from flourishing. Furthermore, Spanish Development Cooperation must continue to support the principles underpinning the Spanish health system (despite its shortcomings, which are more to do with implementation than principles), such as equity of access, a commitment to Primary Health Care and public governance of the health system.

8. Decentralised ODA remains largely consistent with the previous year, with a minor decrease of just 0.56%, amounting to €415.7 million, €2.3

million less than in 2022. Decentralised aid now accounts for 11.5% of total Spanish ODA, which is an increase of 1.4 percentage points compared to last year. In absolute figures, Catalonia remains the largest contributor, allocating €93 million, despite reducing its contribution by €11.5 million from 2022. It is followed by the Valencian Community, which allocated €66.8 million, marking an increase of €4.8 million, and the Basque Country, with €57 million, which saw a modest increase of just over €165,000. Andalusia allocated €20.3 million, cutting its contribution by over €1.2 million. At the other end, regions such as Madrid contributed less than €5 million, while Murcia allocated just €236,000.

It is essential that decentralised cooperation defines a clear funding trajectory and commits to the 0.7% target set by the new Cooperation Law. Currently, the Autonomous Communities collectively allocate only 0.125% of their budgets to cooperation, though regions like the Basque Country and Navarre contribute more than the General State Administration. Moreover, there should be a direct correlation between a

region's economic prosperity and its contribution to cooperation. This would help prevent the politicisation of solidarity efforts.

9. Regarding health, decentralised cooperation grew by 11.7% in 2023, reaching €48.4 million, or 12.5% of total decentralised ODA, surpassing the average for Spanish cooperation. Catalonia again stands out, allocating €15.8 million— a third of all regional health aid. In 2023, regional cooperation financed 2,142 actions, 68 more than in 2022. Of these, 230 actions (10.7%) were health-related, a percentage consistent with the previous two

years. The average cost of the health projects financed was €176,923.40.

**Decentralised cooperation must address the sharp fluctuations in sector-specific funding, an inconsistency that complicates the planning process for recipient countries regarding the timing and amount of support they will receive. A more stable allocation of resources will enable more coherent policy implementation and programme continuity, building trust between donors and recipients, which, in turn, can significantly enhance the effectiveness of aid.**

**TABLE 1.** Decentralised total health ODA, 2019-2023

AC + LA	Health ODA 2019	Health ODA 2020	Health ODA 2021	Health ODA 2022	Health ODA 2023
Andalusia	8,328,935	4,752,483	7,878,774	3,243,632	3,752,008
Aragon	663,338	1,252,482	1,391,783	789,891	759,294
Asturias	426,231	859,813	841,334	1,192,329	1,167,212
Balearic Islands	824,607	880,667	1,212,856	1,021,523	1,199,155
Canary Islands	225,925	3,071,963	1,787,226	978,280	2,352,072
Cantabria	153,796	139,257	473,267	465,440	677,745
Castile and Leon	567,207	760,541	659,772	678,347	1,736,925
Castile-La Mancha	659,579	381,468	1,314,985	856,188	596,782
Catalonia	6,603,509	6,361,865	5,649,874	13,114,749	15,810,775
C. Valencia	2,325,832	4,348,987	7,313,747	8,392,324	8,478,359
Extremadura	491,831	1,181,736	1,290,204	2,447,007	955,644
Galicia	1,061,898	1,224,558	1,401,464	1,521,471	1,599,920
La Rioja	280,897	100,000	462,449	302,752	225,768
Madrid	1,022,862	1,220,725	715,515	746,266	734,712
Murcia	20,000	56,390	158,463	331,942	46,500
Navarre	2,705,500	3,818,184	4,187,804	4,836,886	5,949,074
Basque Country	1,812,515	1,041,815	2,218,793	2,483,956	2,434,672
<b>TOTAL</b>	<b>28,174,464</b>	<b>31,452,935</b>	<b>38,958,312</b>	<b>43,402,981</b>	<b>48,476,616</b>

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

## 4. Humanitarian Action

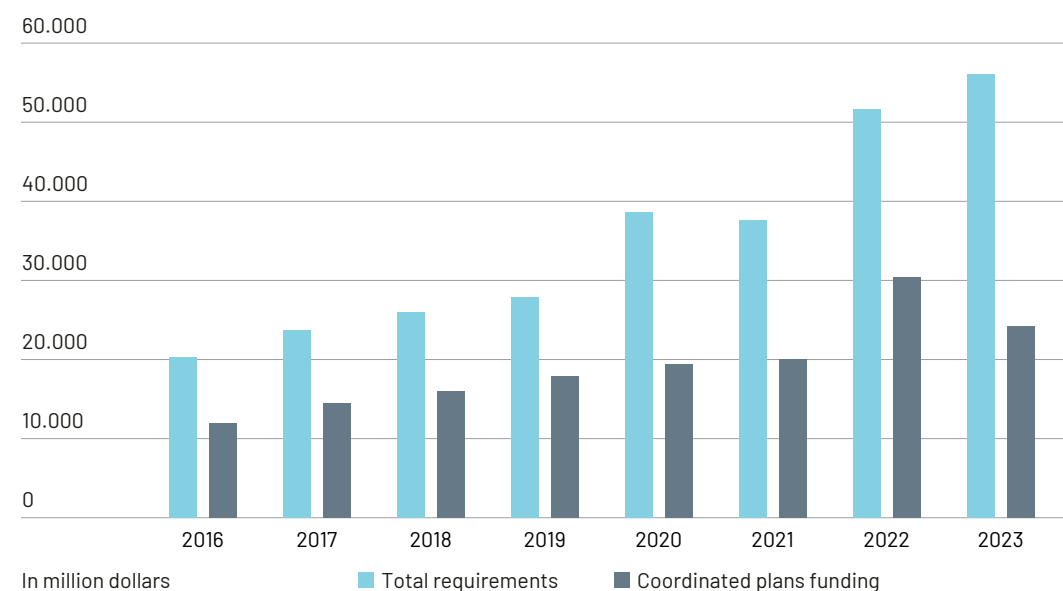
10. Complex crises, protracted conflicts, violence, the impact of climate crisis, economic instability and extreme poverty keep millions of people trapped in a state of crisis and extreme fragility, from Ukraine, the Occupied Palestinian Territory, Afghanistan and Sudan to Yemen, Burkina Faso, Myanmar, Haiti and the Democratic Republic of Congo. In 2023, there were 117.3 million forcibly displaced people, an 8% increase from late 2022, and 281.6 million people faced high levels of acute food insecurity across 59 countries and territories. It is not surprising, given the escalating crises, that the UN increased by 7% its target for people to be assisted in 2023, reaching 245 million people.

**By 2023, the humanitarian system was facing a severe funding crisis, with funding for humanitarian assistance (HA) reduced by \$7.5 billion. This reduction has had a significant impact, leading to a 25% cut in funding for UN appeals, from**

**\$30,409 million to \$24,234 million. As a result, only 43.2% of the requested funds have been met, marking the lowest funding rate for UN appeals on record. It is imperative that donors meet their international responsibilities and commitments by increasing funding for humanitarian action. Closing the gap between requested and received funds is crucial to fulfilling the UN Secretary-General's call to cover at least 75% of the funding needed for humanitarian crises.**

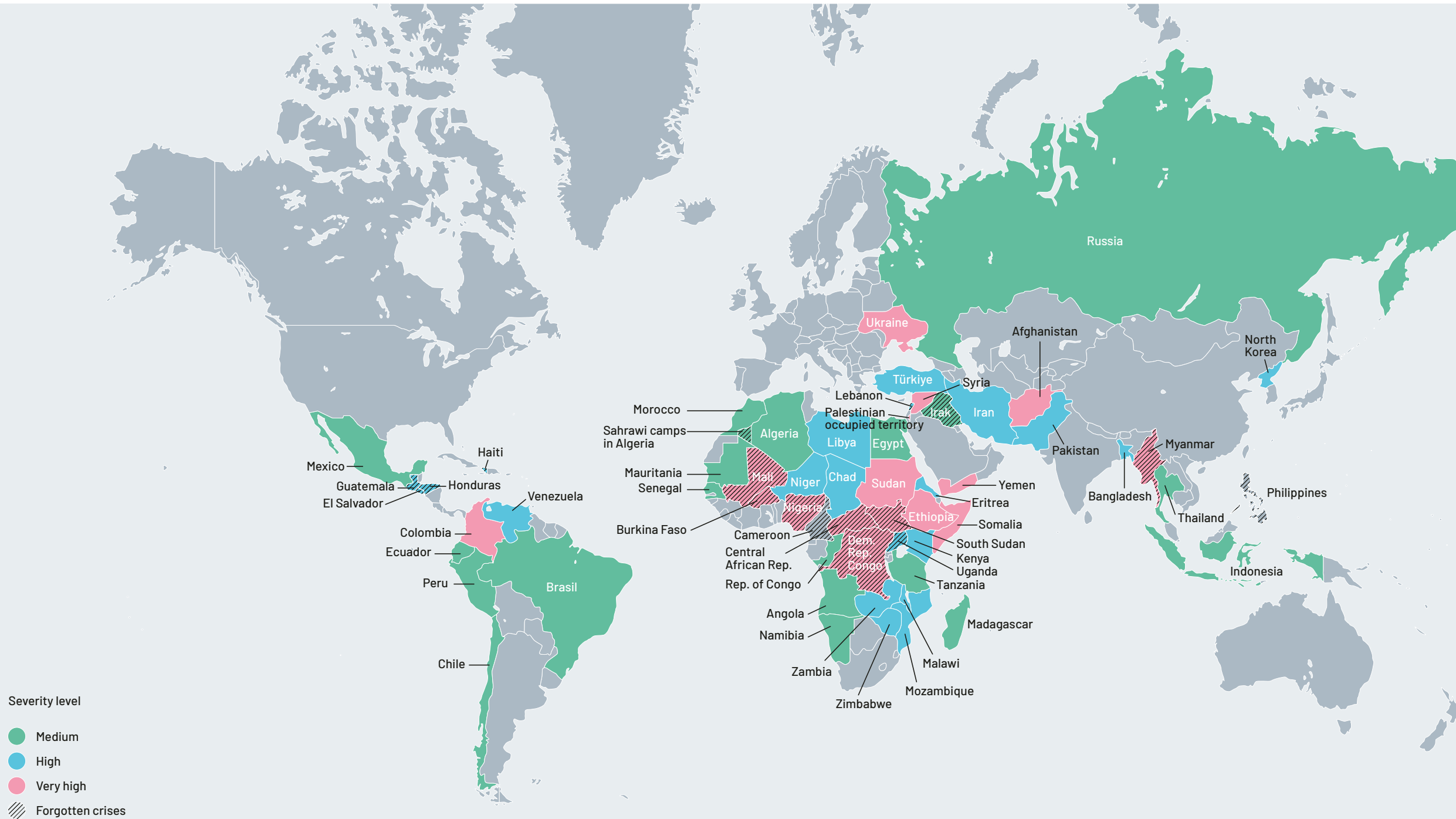
11. Crises are increasingly complex and long-lasting. Yet, as the number of people in need of assistance grows, humanitarian space is shrinking, food is being used as a weapon of war, and attacks on civilians, infrastructure and humanitarian workers are becoming more frequent. Gaza is the latest, but by no means the only example. Humanitarian access restrictions can take many forms, including administrative barriers,

**FIGURE 5.** UN funding appeals, 2016-2023



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

**FIGURE 6.** Map of humanitarian crises



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

restrictive laws, harassment and violence against humanitarian workers. In 2022 alone, UNHCR documented and verified 3,931 incidents in which humanitarian access was denied, mostly by governments, with the highest number of incidents occurring in the Occupied Palestinian Territory, Yemen, Afghanistan and Mali. At the same time, attacks on humanitarian staff have seen a disturbing rise, almost doubling between 2015 (150 serious attacks) and 2023 (281 serious attacks), resulting in 280 humanitarian workers being killed and 224 injured.

Tragically, in 2024, attacks on humanitarian personnel remain an alarming reality, with 235 deaths reported by October, the majority of which were national staff.

**It is crucial that the international community use humanitarian diplomacy to ensure access to affected populations, reducing and removing the barriers faced by NGOs in their work. Upholding and enforcing respect for International Humanitarian Law (IHL) and the humanitarian principles of humanity, impartiality, neutrality and independence is essential to safeguard access to those in need and protect both international and local humanitarian workers.**

**12.** In countries affected by crisis and conflict, millions of people are confronted with serious health threats such as disease outbreaks, malnutrition and a lack of access to essential health services. The situation is further exacerbated by an increase in attacks on health infrastructure and workers, making it even more difficult for people to access the care they need. By 2023, the UN estimates that at least 19 million people will be impacted. Outbreaks in at least 19 countries with a Humanitarian Response Plan were reported in 2023: Chad faced an outbreak of dengue fever, while Burundi, Cameroon, DR Congo, Ethiopia, Haiti, Kenya, Lebanon, Malawi, Mozambique, Nigeria, Somalia, South Sudan, Sudan, Syria and Yemen saw outbreaks of cholera and/or acute diarrhoea. Furthermore, countries experiencing

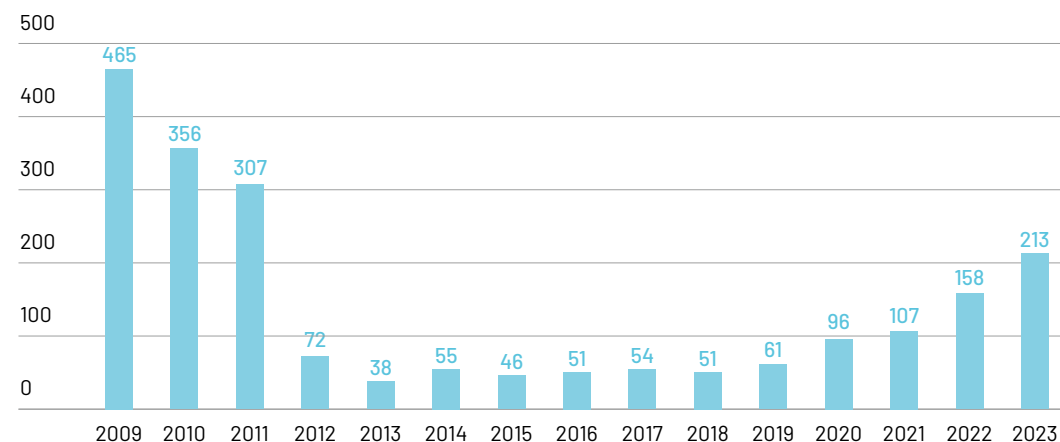
humanitarian crises often have weak health systems and limited resources, which leads to high maternal and neonatal mortality rates. According to the Inter-Agency Working Group on Reproductive Health in Crises, in 2023, 64% of global maternal deaths, 50% of neonatal deaths and 51% of foetal deaths occurred in countries with humanitarian response plans.

**It is deeply concerning that, in response to the growing health needs caused by the destruction of health facilities, reduced access to services and ongoing outbreaks and malnutrition, funding for health needs in humanitarian crises has been cut by \$1,644 million, from \$4,877 million in 2022 to \$3,654 million in 2023. Adequate funding is urgently required to ensure an effective response to health needs, with improvements in the predictability and flexibility of aid to sustain efforts over time and direct resources to the most critical areas.**

**13.** In 2023, Spanish Development Cooperation allocated €213,777,954 to humanitarian action, marking a significant 65% increase. This increase, both in absolute terms (an additional €55,297,502 compared to 2022) and in percentage terms (an increase of 2 percentage points from the previous year), saw Spanish Development Cooperation surpass the 5% threshold of total ODA allocated to humanitarian action—a level not achieved since 2011. While this is a positive development, it still falls short of the commitment to allocate 10% of ODA to humanitarian action.

**It is essential that Spanish Cooperation continues to increase its funding for humanitarian action to meet both its national and international commitments, with a target of allocating at least 10% of ODA to HA. This growth must be accompanied by greater predictability, medium-term funding to sustain actions and improvements in the tools and human resources needed to effectively manage these funds and address current humanitarian challenges.**

**FIGURE 7.** Trend in Spanish ODA to humanitarian assistance (in million Euros)



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

**14.** In 2023, decentralised cooperation allocated 10.20% of its ODA to humanitarian action, representing a 1.3% increase from 2022. This growth continues the positive trend of recent years and brings decentralised cooperation slightly above the target of 10% of ODA for humanitarian action. In absolute terms, the amount allocated by

decentralised cooperation rose from €38,335,598 to €42,412,743 in 2023. This increase reinforces decentralised cooperation's commitment to humanitarian action. An analysis of the data from the Autonomous Communities and Local Authorities reveals that the increase is primarily due to the Autonomous Communities, which raised their

**TABLE 2.** HA by Autonomous Community

Autonomous Community	2022	%	2023	%
Andalusia	1,099,082	4.06	700,000	2.09
Aragon	550,431	2.03	651,245	1.94
Asturias	359,200	1.33	1,114,900	3.32
Balearic Islands	950,000	3.46	878,713	2.62
Canary Islands			0,000	0
Cantabria	97,506	0.36	283,268	0.84
Castile and Leon	200,000	0.74	244,000	0.73
Castile-La Mancha	371,390	1.37	416,390	1.24
Catalonia	4,009,770	14.8	6,312,092	18.82
C. Valencia	7,966,597	29.4	8,537,767	25.45
Extremadura	1,350,000	4.98	1,548,279	4.62
Galicia	491,697	1.81	796,011	2.37
La Rioja	80,000	0.3	50,000	0.15
Madrid	920,062	3.4	1,132,458	3.38
Murcia	30,000	0.11	225,000	0.67
Navarre	70,000	0.26	600,000	1.79
Basque Country	8,548,097	31.55	10,050,525	29.97
<b>TOTAL</b>	<b>27,093,832</b>	<b>100</b>	<b>33,540,648</b>	<b>100</b>

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

*funding for HA by €6.4 million compared to 2022. However, a significant reduction of €2.4 million was noted in the funds allocated by local entities from the Autonomous Communities, falling from €11.2 million in 2022 to €8.8 million in 2023. Despite this reduction, the analysis shows that local authorities from five Autonomous Communities reduced their funding significantly, while the rest increased their contributions.*

**Decentralised cooperation must improve the predictability of its funding by introducing multi-annual financing. This would help ensure a more consistent and effective humanitarian response, enabling medium-term growth in funding for humanitarian action, particularly in regions contributing the least. Achieving the 10% ODA allocation target within the current legislative framework should remain a key objective.**



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