

Health and environment

Climate change challenges

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Health and sustainable development

- Two way relation between sustainable development (environmental, social, economic) and health :
- Health is deeply related to :
 - Environmental factors constitute >50% attributable risk of ill health in ACP countries
 - Climate change may increase this effect
- Health is a major factor of :
 - Key healthy behaviours have an impact on sustainable environments
 - Family planning, in-door smoke,

ACP Progress on chapter 6 (ag.21)

- (1) Meeting primary health care needs, particularly in rural areas
 - Worrying information (participation, domestic and ODA funding, basic health care)
- (2) Controlling communicable diseases
 - Progress on resource mobilization for ATM and EPI, others? (diarrhoea, ARIs, neglected diseases, emergent and re-emergent diseases), climate change
- (3) Protecting vulnerable groups;
 - Equitable development?, AIDS feminisation, children rights and needs
- (4) Meeting the urban health challenge
 - Still 1/3-1/2 in slums, transitional epidemiology, weak social cohesion, low access to water and sanitation
- (5) Reducing health risks from environmental pollution and hazards
 - Mixed progress;

Risks of ill health and burden of disease

■ Attributable

Risk factor	% DALYs	Disease or injury
Underweight	14.9	HIV/AIDS
Unsafe sex	10.2	Lower respiratory infections
Unsafe water, sanitation and hygiene	5.5	Diarrhoeal diseases
Indoor smoke from solid fuels	3.7	Childhood cluster diseases
Zinc deficiency	3.2	Low birth weight
Iron deficiency ^a	3.1	Malaria
Vitamin A deficiency	3.0	Unipolar depressive disorders
Blood pressure	2.5	Ischaemic heart disease
Tobacco	2.0	Tuberculosis
Cholesterol	1.9	Road traffic injury
		1-24% population attributable fraction
		25-49% population attributable fraction
		50%+ population attributable fraction

^aIron deficiency disease burden is from maternal and perinatal causes, as well as direct effects of anaemia

NB. The selected risk factors cause diseases in addition to those relationships illustrated, and additional risk factors are also important in the aetiology of the diseases illustrated

Minimum thresholds for public financing : levels, predictability

Public financing for basic health services is essential to aim at universal coverage and especially pro-poor fair financing.

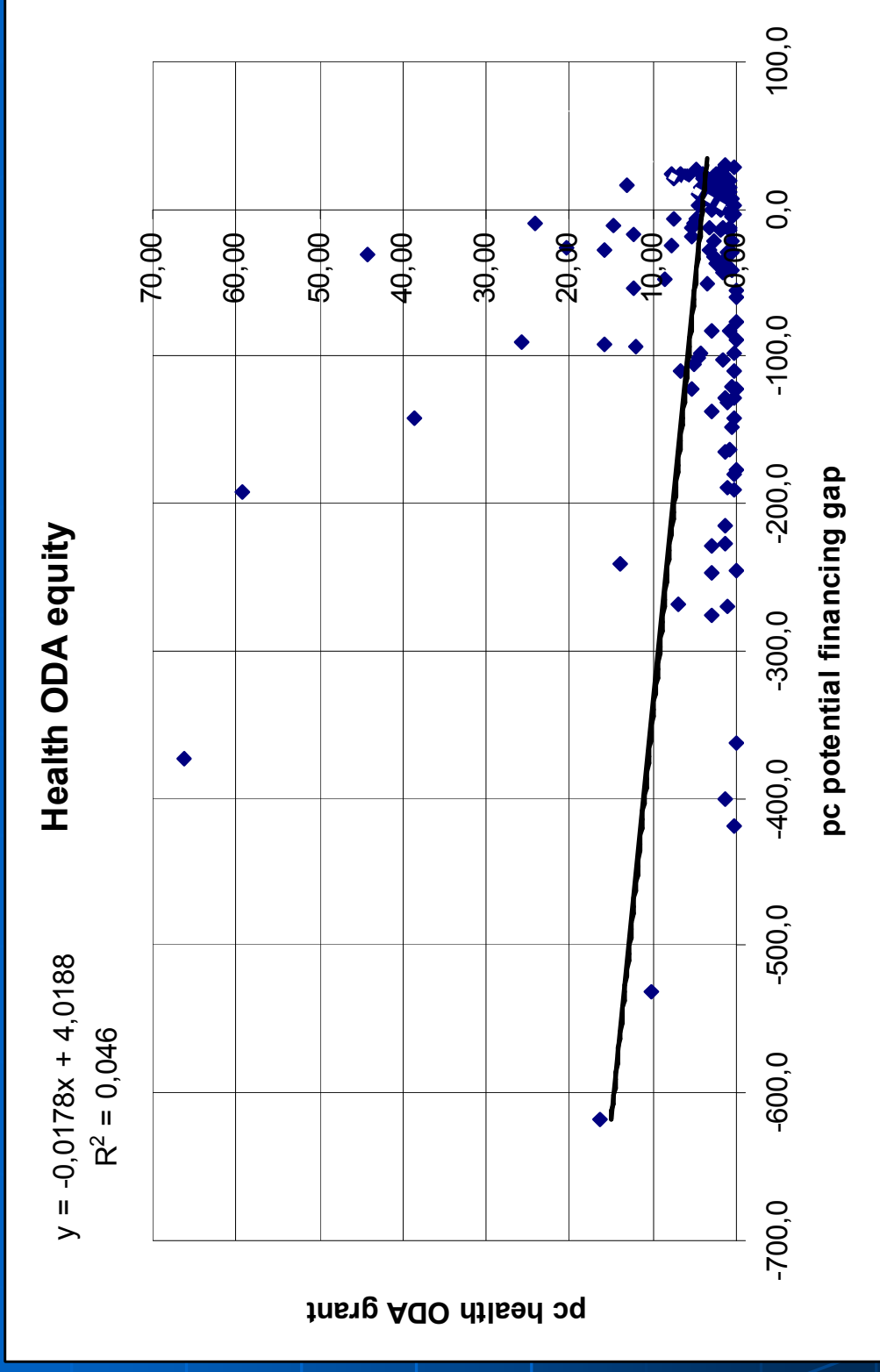
There are specific preventive and treatment interventions which can reduce the burden of disease and premature deaths (some 10m in ACP region) while socio-economic conditions take their time to reduce risks :

CMH : comprehensive package of essential services (including HIV/AIDS) costs € 24-32 pc and year in low-income countries (similar BHCP costing analysis in Zambia : € 18/28)

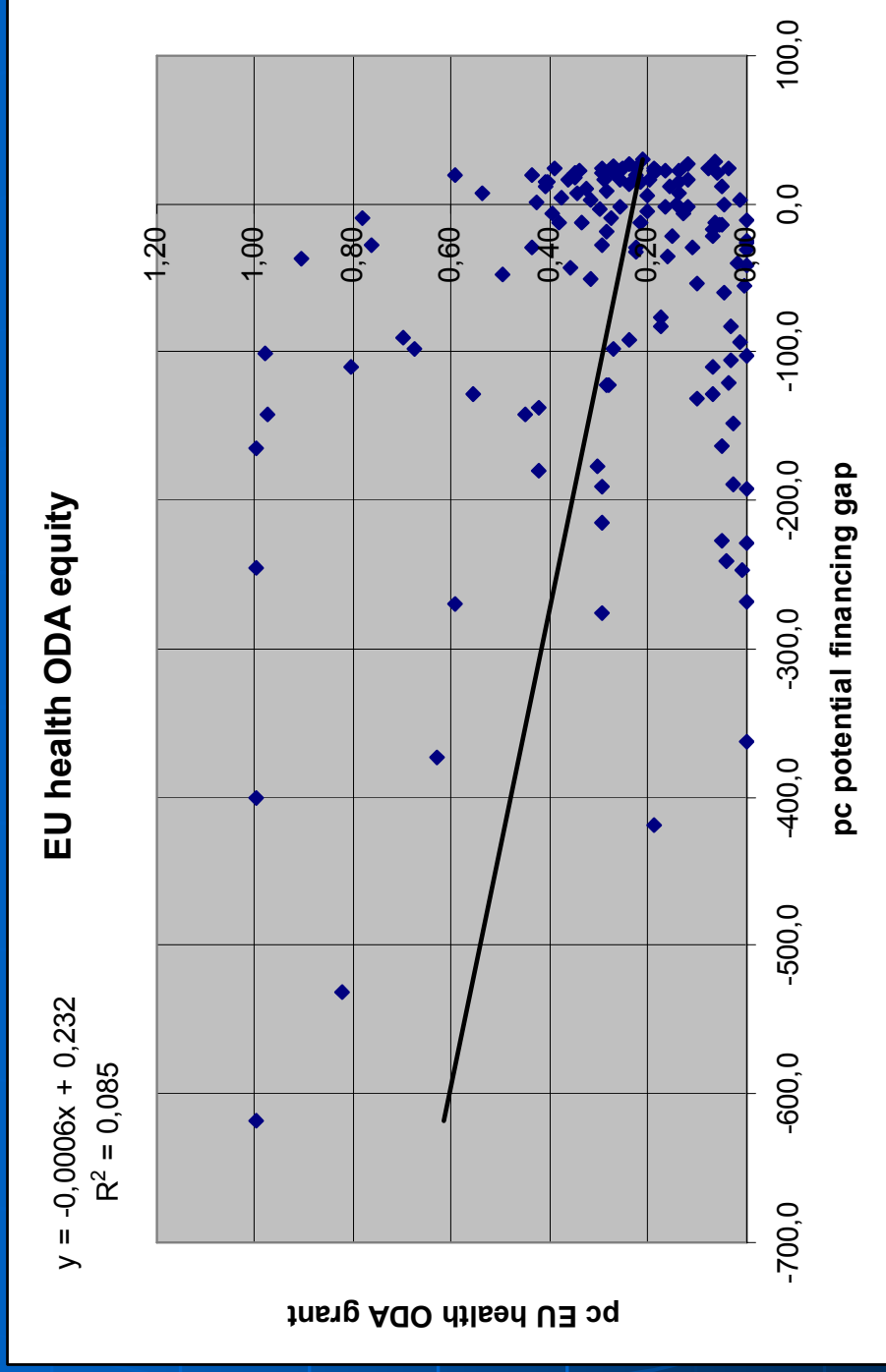
Gap and “potential gap”

- Public financing under CMH threshold : 70 countries, with a total gap € 42,2 b
- If countries were to allocate 15% of their government's budgets to health (Abuja target, OCDE average), then
 - the additional public funding from domestic sources would be € 25,6 b
 - only 50 countries -35 are ACP (34 in Africa), (which would have increased their allocations by) would still face a gap of € 13,4 b (10 b for ACP)
- The prospects of economic growth, would reduce gradually that gap but needs would also raise (non-communicable diseases, AIDS).

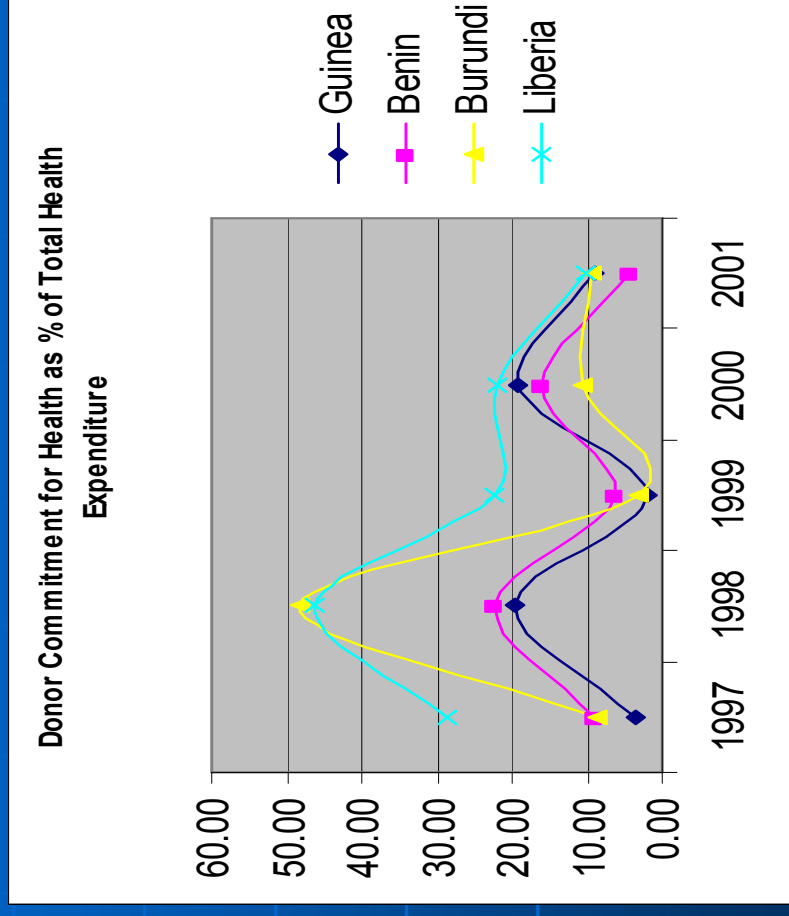
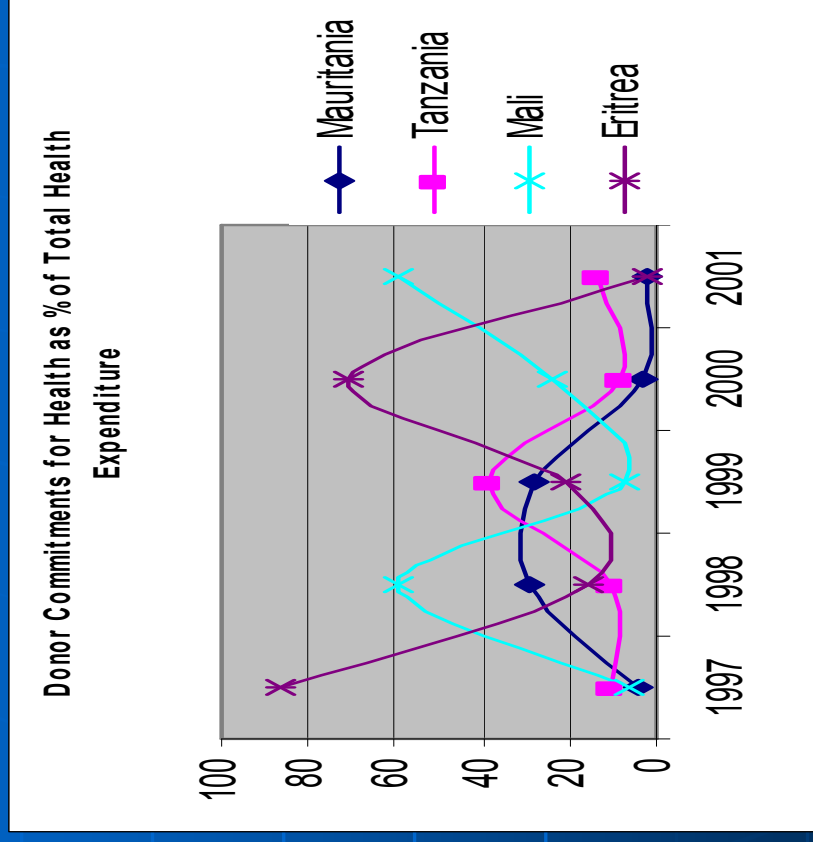
Potential gap(needs) vs. Health ODA



EC pc health ODA in relation to health financing gap



Aid effectiveness example: predictability and longevity of ODA must be improved



Opportunities

- Increased levels of aid : EU aid will reach \$81 bn by 2010 (some 44% to ACP countries)
- Increased alignment :
 - March 2005: Paris agenda on Harmonisation and Alignment; health as a tracer sector for Accra 2008 progress.

NON BUDGET SUPPORT/GRADUAL ALIGNMENT				BUDGET SUPPORT/ALIGNMENT					
	HS	PFG	GpC	est HS/gap	HS	PFG	GpC	BS	est BS/gap
Chad	10,3	188,96	20	5,5%	Burundi	163,85	22,5	75	4,6%
Congo	6,2	395,61	20,37	1,6%	Lesotho			49	
Congo (RDC)	41	1520,44	27,22	2,7%	Malawi	274,33	21,76	175	5,1%
East Timor	8				Mozambique	395,61	20,37	311	6,8%
Ivory Coast	25	107,23	6	23,3%	Namibia				
Liberia	30	86,18	26,59	34,8%	Zambia	183,86	16,02	232	11,9%
Nigeria	15	241,33	1,88	6,2%	Benin	132,67	16,22	100	5,7%
Swaziland	17,5				Burkina Fasso	248,36	19,37	320	9,7%
Zimbabwe	39	92,8	7,17	42,0%	Central African Rep.	95,47	23,95	10	0,8%
	192	2632,55		7,3%	Ethiopia	1913,63	25,31	195	0,8%
Cameroun		150,36	9,38		Gambia	31,58	21,37	23	5,5%
Comores		12,38	15,94		Ghana	324,96	15	175	4,0%
Eritrea		63,48	15		G Bissau	32,81	21,3	47,3	
Guinea		163,38	17,76		Haiti	199,22	23,7	30	1,1%
Mauritania		48,76	16,36		Kenya	446,23	13,33	126	2,1%
Papua new Guinea		14,3	2,48		Madagascar	397,32	21,94	170	3,2%
Somalia		237,73	29,85		Mali	201,14	15,33	150	5,6%
Sudan		538,7	15,16		Niger	323,32	23,95	90	2,1%
Togo		141,01	23,55		Rwanda	210,95	23,75	175	6,2%
					Senegal			150	
		5265,1			Sierra Leone	121,21	10,65	90	9,3%
					Tanzania	119,55	22,41	305	5,6%
					Uganda	600	20		3,8%

EU PD

DL

Oct-07

ACP health r

Groups of countries/channels

Countries	Direct support	Indirect through GBS	Remaining gap	goal
HS	190		2,4 b	JAS
DL			5,2 b	DL
HSBS+GBS	182	120	1 b	PD
GBS		345	7 b	Scale, PD

Oct-07

ACP health ministers meeting

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Effective predictable financing

- **Multisectorial : environmental concerns**
- Participatory, action-led, health management information system :
 - WHO partnership, health metrics network, BS dialogue and accompanying measures
- Policy on human resources for health
 - Support to the GHTF
- Pharmaceutical policy
 - WHO programme on pharmaceutical policies, discussions at IGWG IP, Inn and PH
- **Contingency planning**

DCI Investing in people : *Good health for all*

580 m / 6 years

1. Health systems
2. Human resources for health
3. Health information systems
4. Fair mechanisms for financing equitable access to health care for all
5. **Poverty diseases** : confronting HIV/AIDS, tuberculosis, malaria and other diseases.
6. Sexual and reproductive health and rights (**SRHR**) based on the full Cairo agenda.
7. Global public goods, including electronic communications,
8. **Innovative environmental health measures for disease prevention**
9. **Research capacities** of institutions
10. Support advocacy and information activities, **community participation**

Thematic Strategy for Environment And Natural Resources, including Energy

- 2007-2013 indicative € 804 Mln
- 2007-2010 €469.7 Mln, includes €85.5 Mln for two new initiatives:
 - increase of € 50 Mln for **Global Climate Policy Alliance (GCPA)**, and
 - increase of € 35,5 Mln for **Global Energy Efficiency and Renewable Energy Fund (GEEREF)**.
 - **Proposal to address ill child health in relation to pollution**

Global Climate Change Alliance – Effective Cooperation

Effective cooperation under the Alliance will focus on
five areas:

- ▶ adaptation
- ▶ disaster risk reduction
- ▶ reducing emissions from deforestation
- ▶ participation in the Clean Development Mechanism (CDM)
- ▶ integration of climate change into poverty reduction strategies

Other major EC funds contributing to climate change objectives

- **Geographic programmes**
 - Intra-ACP programme 9th EDF (2002-2007): € 220 EC-ACP Energy Facility,
 - programme, € 12 million for Natural Disaster Facility
 - Intra-ACP programme 10th EDF (2008-2013) (tbc): € 100 million earmarked for climate change and environment, € 100 million for disaster risk reduction
 - Country and regional programmes