

3.1 HEALTH FINANCING AND STRENGTHENING HEALTH SYSTEMS

3.1.1 We will continue our efforts towards the goal of providing at least a projected US\$ 60 billion to fight infectious diseases and improve health systems. (Reiterated in 2008 and 2009: We reaffirm our existing commitments, including the US\$60 billion investment to fight infectious diseases and strengthen health systems by 2012).

The European Commission provides its ODA primarily through budget support to partner countries guided by the principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action. It fully supports the International Health Partnership (IHP) that seeks to achieve better health results by mobilising donor countries and other development partners around a single country-led national health strategy. Launched in September 2007, the IHP aims to better harmonise donor funding commitments, and improve the way international agencies, donors and developing countries work together to develop and implement national health plans.

In 2010 the European Commission published its global strategy entitled "the EU role in global health" with the objectives:

- Governance – with the UN and WHO, the EU will move from a large number of fragmented health-care projects to a smaller number of bigger, more coordinated schemes.
- Healthcare access – more reliable EU aid commitments, linked to frank dialogue with developing countries and a fairer distribution of aid, will help them create health systems that are accessible for all.
- Policy coordination and coherence – the EU will pay closer attention to global health issues in its policies on development.

The EU member states have endorsed this approach with joint Council conclusions.

In addition to health ODA, the Commission is spending around €110 million per year for research related to developing countries (HIV, TB, malaria, neglected tropical diseases, health services research).

In addition the Commission has been providing € 200 million to the European and Developing countries clinical trial partnership (EDCTP) since 2004, to support clinical research on HIV, TB and malaria and capacity building in sub-Saharan Africa (additional € 200 million have been provided by EU member states).

Case study Yemen, 8 million EUR, 2005-2009

Yemen still struggles to provide adequate maternal health. Less than 50% of women are attended by skilled health personnel even once during pregnancy. The Community Based Health Financing (CBHF) fund was designed to increase access to maternal health care. The programme is based on the principle of voluntary membership and contribution, and targets therefore the most disadvantaged population. Registered families pay an agreed annual fee and are covered for a package of health services, provided by a contracted health provider. The small scale and flexibility of the rules of the CBHF are its main advantages.

Objectives

To improve reproductive health services in Yemen. To support the effective provision and increased population coverage of sustainable basic package of essential health services in the governorates of Taiz and Lahj

Impact

Establishment of a rational management of human resources at governorate and district level.

Effective provision of quality health services

Rationalisation of the funding of health services and the financial management of health expenditure

3.1.2. Mobilizing support for the Global Fund to Fight AIDS, Tuberculosis, and Malaria

In 2010 the European Commission has promised at the UN Summit and at the GFATM replenishment conference to increase its annual contributions of currently 100 million Euro by 10% for at least the next three years (ie additional 30 million Euros).

3.1.3 Building on the valuable G8 Global HIV/AIDS vaccine enterprise, increasing direct investment and taking forward work on market incentives, as a complement to basic research, through such mechanisms as Public Private Partnerships and Advance Purchase Commitments to encourage the development of vaccines, microbicides and drugs for AIDS, malaria, tuberculosis and other neglected diseases.

Contributions to innovative financing mechanisms and Public-Private Partnership	2005	2006	2007	2008	2009	2010
IFFIm						
AMC						
GAIN						
IAVI			1,4	1,5	1,4	
UNITAID						
Others - IPM			1,9	2,1	2,0	
Others - AMANET	1,5	1,5	1,7	1,8	1,7	

The European Commission is funding two innovative instruments with relevance to neglected diseases:

The European and Developing Countries Clinical Trials Partnership (EDCTP, www.edctp.org) is a partnership between 14 EU Member States, Switzerland and Norway, and 47 sub-Saharan African countries, which aims to develop new clinical interventions to fight HIV/AIDS, malaria and tuberculosis and create and sustain such capacity in sub-Saharan Africa. It has an overall budget of around €400 million (2003-2015): €200 million from the Member States and €200million from the Commission's R&D Framework Programme budget (non-ODA). Additional co-funding is sought from other sources, whether public or private. The EDCTP has been used as an example of partnership by other initiatives taken by the G8 in Africa, such as The Medical Education Partnership Initiative, or "MEPI," a substantive initiative to support a network of 30 research institutions in Sub-Saharan Africa, to include health and education ministries, launched by the US government in follow-up of the outcomes of the G-8 summits at L'Aquila and Muskoka.

Secondly, the Innovative Medicines Initiative (IMI), a pre-competitive research platform between the European Union and the pharmaceutical industry association (EFPIA) is supported with an EU budget commitment of €1 billion (2008-2017). IMI is Europe's largest public-private initiative for speeding up the development of better and safer medicines for patients by supporting collaborative research projects and building networks of industry and academia.

Precompetitive research platforms like IMI are expected considerably to improve the efficiency of research and development. Advances achieved by precompetitive research platforms will be useful for developing a range of medical products in that particular medical area. The current call for proposals addresses TB treatments.

The European Commission has been supporting some of the Private public Partnerships for product development, with a special focus on Africa. The International AIDS Vaccine initiative received € 3 million from 2006 to 2009, the International Partnership for Microbicides €4.2 million. The European Commission also supports the Africa malaria network for vaccine (AMANET) with € 7 million from 2004 to 2009.

3.1.4 Supporting capacity building in the most vulnerable countries in disease-surveillance and early warning systems, including enhancement of diagnostic capacity and virus research.

The European Commission strengthens countries preparedness and response capacity through a 25 million Euro project over 5 years with WHO in 8 African and 2 Caribbean countries. A specific support to West and Central Africa on control of hemorrhagic fever, is provided for 2 million Euro from 2008-2010.

3.1.5 *The G8 members will work towards increasing health workforce coverage towards the WHO threshold of 2.3 health workers per 1000 people, initially in partnership with the African countries where we are currently engaged and that are experiencing a critical shortage of health workers.*

The EU has adopted a European Programme for Action to tackle the shortage of health workers in developing countries (2007-2013), which includes a clear set of actions at country, regional and global levels. In addition the Commission is also working on addressing migration and brain drain in the area of health through internal EU policies, as a matter of policy coherence. A consultation paper on the EU health workforce has been adopted with a significant section on the impact of EU internal policy for the health sector on developing countries.

€40 million have been programmed from 2007 to 2013 to support specific activities in this field. Specific support to WHO activities in Africa (GHWA) is on-going (€6 million) with a focus on improving the capacity of countries to develop their knowledge (observatories) and capacities in HRH management, and an open call for proposals (€13 million) for non state actors has been launched. A programme linking HRH and maternal health has been funded in 2010 with €8 million.

The European Commission finances the African Network for Drugs and Diagnostics Innovation (ANDI) with 5 Million EUR (2009-2012) that was launched with technical support from WHO. Its goal is to promote and sustain African-led product R&D innovation through the discovery, development and delivery of affordable new tools, including those based on traditional medicines. ANDI will also support capacity and infrastructural development through a true south-south innovation network. (www.andi-africa.org)

3.2 MATERNAL HEALTH AND CHILD HEALTH

We will scale up efforts to reduce the gaps, in the area of maternal and child health care and voluntary family planning, an estimated US\$ 1.5 billion

The European Union is strongly engaged in achieving MDGs 4 and 5, first and foremost through health sector support to partner countries programmes and through thematic support to GAVI, GFATM and sexual and reproductive health and rights. Under the latter a worldwide call for proposals dealt with advocacy and technical support for the development of national strategies on sexual and reproductive health and rights (USD 45 million, 28 projects selected), complemented by direct support to UN agencies to promote a better linkage between HIV/AIDS care and general reproductive health care (USD 9 million).

The European Commission pledged USD 1.42 billion over the next three years (2011-2013) at the launch of the G8 Muskoka Initiative for women's and child health. The collective contribution of the Commission and the 27 European Union Member States amounts to approximately 4 billion USD over the same period of time. In addition, the Commission announced in New York a new MDG Initiative amounting to USD 1.32 billion to assist African, Caribbean and Pacific countries to make progress on those goals they are furthest from achieving. This includes support for national plans aiming at accelerated progress to the achievement of MDGs 4 and 5.

Case studies/examples:

The Government of Bangladesh (GOB) puts high priority on improving maternal health and reducing newborn deaths and has requested combined donor support for this priority area. In response the European Commission together with DFID and UN agencies are supporting the Maternal and Neonatal Health Initiative (MNHI) covering USD 31 million over five years (2007-2012). The purpose of the Initiative is to improve access to quality maternal and newborn health care particularly for the poor. The Initiative includes a focus on facility and community levels, on scaling up women-friendly hospitals and youth-friendly services, and on demand-side financing. Encouraging innovations have been introduced. One of the most notable is the contracting of key health workers and ancillary staff by District Health and Local Government to work in the public health facilities and to address the critical shortage of staff. The mid-term evaluation showed that the MNHI greatly contributes to better district-level health planning, increased availability of and access to good and comprehensive maternal and newborn health services for the poor and increased accountability towards the people.

3.3 FIGHTING INFECTIOUS DISEASES (NEGLECTED DISEASES)

We must also increase our efforts in the fight against other preventable diseases...particularly by increasing the volume and quality of medical research on neglected diseases in developing countries

Neglected diseases	2005	2006	2007	2008	2009	2010
Disbursement US current dollars (bi and multi)	15	15	0	33,4	38,8	21,7

The figures above are the amounts spent on research through the European Commission's research programme (outside ODA) by multi-partner projects with equal participation by research institutions in developing countries.

In 2010, the European Commission awarded 39 million EUR to 18 research projects through a special call on Africa. A principle objective of the Africa Call was to strengthen local capacities in the relevant science and technology fields and their applications, including through appropriate training activities and exchange of staff. The multi-country, multi-partner research projects are expected to run with a time horizon of 3-4 years.

The European Commission finances WHO/TDR for the implementation of the Global strategy and plan of action for innovation, public health and intellectual property with a specific attention to research on, and for Africa including on drugs for neglected tropical disease (€ 8 million).

3.4 HIV/AIDS

Develop and implement a package for HIV prevention, treatment and care, with the aim of as close as possible to universal access to HIV/AIDS treatment for all who need it by 2010

We commit to counter any form of stigma, discrimination and human rights violation and to promote the rights of persons with disabilities and the elimination of travel restrictions on people living with HIV/AIDS

The European Commission provides support to HIV prevention, treatment and care through strengthening health systems through bilateral budget support and through targeted contributions to GFATM. Without a reliable and comparable methodology it is not possible to ascertain the part of which goes to HIV/AIDS prevention, treatment and care.

Case story

Confronted by the particularly difficult situation in Southern Africa, and building on significant European resources dedicated to the fight against HIV, the EU Delegations to ten Southern African countries* have since 2006 operated a network including a regional technical support function to share ideas and best practices as well as to develop a collective approach with a view to

- 1/ Strengthen EU Delegations' capacity to respond to the AIDS crisis with a specific focus on "prevention";
- 2/ Support EU Delegations to properly mainstream HIV/AIDS in their development activities (project approach, budget support);
- 3/ Support an active participation of EU Delegations in Global Fund's Country Coordinating Mechanisms (CCM) ;
- 4/ Support the implementation of the EU Delegations "HIV at the workplace" policy;
- 5/ Facilitate communication and exchange of information on HIV/AIDS between Delegations.

This innovative and bottom-up approach has greatly improved mainstreaming HIV/AIDS into EU-funded activities across non-health sectors of development

* Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe

3.5 POLIO

Supporting the Polio Eradication Initiative for the post eradication period in 2006-8 through continuing or increasing our own contributions toward the \$829 million target and mobilising the support of others.

Contribution to the Global Polio Eradication Initiative (US dollar millions)							
Years	2004	2005	2006	2007	2008	2009	2010
European Commission	16,82	67,65	28,18	37,27	8,22	0,9	1,05

In addition to the support channelled through the GPEI listed above, the European Commission has been supporting Polio eradication activities in Nigeria directly with 85 million EUR (2004 to 2010). An additional amount of €15 million is programmed for polio eradication in Nigeria for 2011-2013.

3.6 MALARIA

*Working with Africa countries to scale up action against malaria to reach 85% of the vulnerable populations with the key interventions that will save 600,000 children's lives a year by 2015 and reduce the drag on African economies
As part of fulfilling our past commitments on malaria, we will continue to expand access to long-lasting insecticide treated nets, with a view to providing 100 million nets through bilateral and multilateral assistance, in partnership with other stakeholders by the end of 2010*

Number of « long-lasting insecticide treated nets” provided	2008	2009	2010
Bilateral and Multilateral Channels	100,000	100,000	150,000

The European Commission provides support to malaria control through bilateral budget support and through targeted contributions to GFATM. Without a reliable and comparable methodology it is not possible to ascertain the part of which goes to malaria control activities.

No specific, earmarked, financing for purchase or distribution of bed nets with the exception of a joint programme with UNICEF in 4 African countries to increase national coverage in the use of insecticide treated nets in DRC, Ethiopia, Mozambique and Niger (€5 million from 2008 to 2010) 350 000 LLINs have been distributed through this programme.

3.7 TUBERCULOSIS

The European Commission provides support to TB control through bilateral budget support, through targeted contributions to GFATM, and through research funding. The Stop TB Partnership does not receive support.

3.8 MEASLES

Will work towards a steady decrease in the number of measles-related deaths, progress in halting the spread of measles, and its eventual elimination

The European Commission provides support to measles control by strengthening health systems (EPI) through bilateral budget support and through targeted contributions to GAVI. Without a reliable and comparable methodology it is not possible to ascertain the part of which goes to measles control activities. No activities specific to measles control are financed.