Ending poverty begins with health

New Zealand's International Aid & Development Agency

...towards a safe and just world

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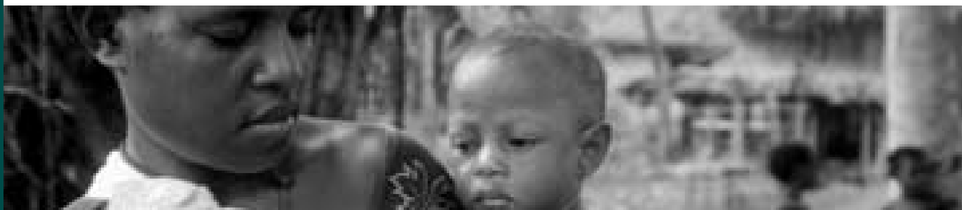

INTRODUCTION: Ending poverty begins with health

This Policy outlines the approach of New Zealand's international aid and development agency (NZAID) to health and the agency's role in supporting the improvement of health care delivery and health outcomes for people in our development partner countries.

Nga Hoe Tuputupu-mai-tawhiti – the paddles that bring growth from afar – is the Maori name for NZAID. This evocative name reflects New Zealand's Pacific heritage and the partnership principles of the Treaty of Waitangi (Te Tiriti o Waitangi).

The purpose of NZAID's Health Policy is to guide the agency's work in health within the context of the agency's overarching goal of poverty elimination. The Policy is also aligned with NZAID's agency, sector and thematic policies, as well as with the principles enshrined in the Treaty of Waitangi.

NZAID's Health Policy is intended to set the strategic direction for the agency in health, while the agency's Health Strategy will provide the implementation framework through which policy commitments will be realised.

In its founding constitution, the World Heath Organisation (WHO) recognised that health was more than the absence of disease or infirmity, rather, it was 'a state of complete physical mental and social wellbeing'.[1] Health for many groups also has spiritual dimensions and is grounded in the interactions between the individual and the wider physical and social environment. In the world of development, this multisectoral and integrated approach to health is now internationally recognised as a development model that improves health outcomes by strengthening public policy and health care systems.

Improving the health status of those living in poverty is a cornerstone of NZAID's commitment to achieving a safe and just world free of poverty. It has been well established that better health reduces poverty and reduced poverty improves health. By focusing on improved health outcomes through approaches that strengthen local leadership, self-determination and capacity in health sector development, NZAID is working towards the realisation of its goals.

1 Article 1, WHO constitution.

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NZAID will support development partners'[2] efforts to increase the wellbeing of people through:

- strengthening access to and provision of primary health care including health promotion, health protection and disease prevention;
- providing some assistance for secondary and tertiary level care in selected Pacific partner countries[3] through mechanisms that are cost-effective and strategic in focus; and
- promoting a multidimensional view of health through collaboration across sectors.

SECTION 1: Why should NZAID support health?

> **"Everyone has the right to a standard of living adequate for the health and wellbeing of themselves and their family including food, clothing and medical care' Article 25 Universal Declaration of Human Rights"**
>
> *Article 25 Universal Declaration of Human Rights*

1.1 Health is a human right

Health is a basic human right. The right to health for all was enshrined in article 25 of the Universal Declaration of Human Rights, and has been further reinforced by the 1978 Declaration at Alma Ata and in subsequent international declarations, conventions and covenants, such as the International Covenant on Economic, Social and Cultural Rights, the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the International Conference on Population and Development (ICPD) and the International Convention on the Elimination of All Forms of Racial Discrimination. The right to health for people with disabilities has also been recognised and will be preserved in the new disabilities convention currently under development in the United Nations (UN).

2 Development partners are governments, non-government organisations, regional and multilateral organisations.

3 Current participating countries in NZAID's medical treatment scheme are: Fiji, Kiribati, Samoa, Tonga, Tuvalu and Vanuatu.

Viewing health through a human rights lens ensures that freedom from avoidable ill health and premature mortality is seen as an intrinsic part of human wellbeing and a fundamental development goal.

1.2 Health and poverty elimination are interlinked

> **"'We cannot allow health to remain a secondary item on the international health agenda...We know that the vast majority of human suffering and early deaths in the world are poverty related... Ill health leads to poverty and poverty breeds ill health. People in developing countries carry 90% of the disease burden yet have access to only 10% of the resources used for health'**
>
> *Dr Gro Harlem Brundtland, Director General WHO, 1998*

Studying global health trends and issues reveals the disparities that exist between developed and developing countries and between groups within developed and developing countries. In Japan, a baby girl born today has a life expectancy of around 85 years. As she grows older she will have access to high quality health care services including maternity care. She will benefit from good schooling and good nutrition and will have access to excellent treatment and rehabilitation services should she develop chronic illnesses later in life.[4]

In contrast, a baby girl born in Papua New Guinea (PNG) has a life expectancy of 56 years and may not receive good nutrition and access to high quality health care including immunisation, particularly if she is born in a rural area. As she grows into adolescence she may marry and give birth to four or more children. She herself is at high risk of dying in childbirth and it is possible that one or more of her children will die in infancy. Should she survive into middle age and fall ill from chronic illness, there is little prospect that adequate treatment will be available and she will, therefore, die prematurely. [5]

4 WHO, 'World Health Report', 2003: p. ix
5 UNFPA, 'Country Profiles for Population and Reproductive Health', 2003: p.148-149.

It is not only individual factors and access to health care services that will determine the health outcomes for these two girls. Their future wellbeing will be influenced by the wider social, political, environmental, and economic determinants of health. Their ability to live in a community where their access to education is supported, where they have the right to determine when and if they have children, where there is adequate housing, clean water and sanitation, and where they are free from violence, will all impact on their ability to live long and healthy lives.

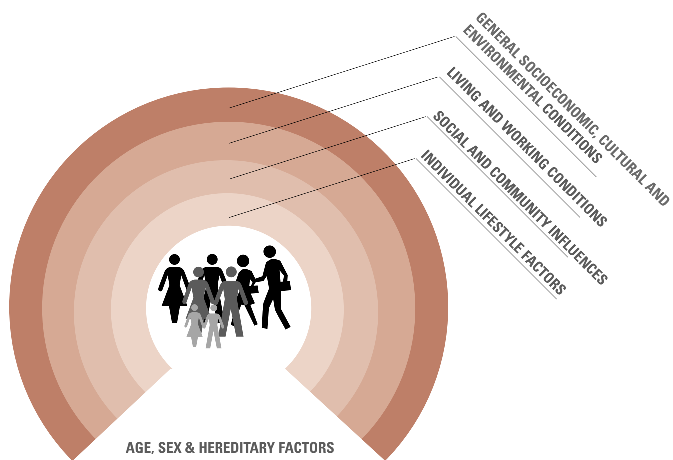
All these determinants of health impact on poverty, and poverty in turn is a major determinant of health status. Better health ensures that livelihoods are safeguarded, quality of life is improved and opportunities are expanded. It is now understood that health is not simply a product of economic growth, but also a means by which social and economic development and poverty elimination can be achieved. The Commission on Macroeconomics and Health estimates that for every US dollar invested in health there is a US$3 rate of return. Rates of return are even higher (approximately US$10) when targeted towards primary health care priorities such as immunisation and malaria prevention.[6]

It is clear how a lack of adequate investment in HIV/AIDS prevention, treatment and care has the potential to both reverse hard won development gains and to render current and future development investment across all sectors ineffective. In high prevalence countries, HIV/AIDS is now the leading cause of death for women and children (below the age of five) and is a major contributing factor towards sharply declining human development indicators such as life expectancy and educational enrolment.

In our own region of the Pacific, non-communicable disease has emerged as a significant threat to health and poverty elimination. Diseases such as diabetes, cancer, cardiovascular disease and obesity now represent the greatest burden to the health of Pacific communities and place enormous pressure on health systems and economies. Growing rates of mental illness, substance abuse and psychological stress, also classified as non-communicable diseases, intensify this burden and add to the difficulties Pacific nations face in effectively eliminating poverty.

6 Report of the Commission on Macroeconomics and Health, 2001.

THE MAIN DETERMINANTS OF HEALTH



SOURCE: DAHLGREN AND WHITEHEAD (1991)

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1.3 Adressing inequality contributes to health and poverty elimination

> **'The Millennium Development Goals...cannot be reached if questions of population and reproductive health are not squarely addressed... that means stronger efforts to promote women's rights.'**
>
> *Kofi A. Annan*

The effects of poverty on health are often exacerbated by social discrimination and exclusion from health, education and other services. For example, concentrating health interventions for women primarily on reproductive issues can cloud the fact that improvements in women's health depend as much on gender equality as on meeting women's biological (reproductive) health needs. Rates of Sexually Transmitted Infections (STIs) and HIV/AIDS amongst young women in the Pacific region will only improve if men also take responsibility for reproductive health.

Similar comparisons can be made with regard to interventions that target the health needs of people with disabilities.[7] WHO estimates that people with disabilities represent around 10 percent of the population in most developing countries and are among the poorest of those living in poverty. It is now widely accepted that approaches and programmes designed to prevent disabilities, improve health status and eliminate the poverty of people with disabilities will be ineffective if they continue to view disability in isolation. A twin-track approach, one that firstly addresses inequalities between those who have disabilities and those who do not, and secondly supports specific initiatives to enhance the empowerment of people with disabilities, will be more likely to foster social inclusion, and thus eliminate poverty.

The poor health status of people of ethnic minority in regions such as Asia is a further example of inequalities in health that exist between population groups. Health disparities found amongst people of ethnic minority include higher infant mortality rates, a higher

7 Current international standards on disability no longer group disability under distinct labels but rather recognise various aspects of disability such as intellectual or physical aspects. It is now recognised that disablement is a social product through which physical or mental impairment is transformed into a state of social disadvantage.

proportion of underweight children, and a higher prevalence of communicable diseases such as tuberculosis. Although some important determinants of health inequalities reside in the broader socio-economic environment, carefully designed health care interventions that take into account holistic understandings of health can make a difference in improving health status and eliminating poverty.

1.4 Health is an international development goal

Achieving better health is not just a prerequisite of development but also a development goal in itself. Good health is a dimension of social, political, economic and personal development and a fundamental pre-condition for improving the lives of those living in poverty. Good health enables people to transform the vicious cycle of poverty into a 'virtuous cycle' with better nutrition, lower risk of unemployment, better housing, higher productivity and overall better control of their own and their families' life situations.[8]

Nowhere is the relationship between health and development more visible than in the Millennium Development Goals (MDGs), the globally agreed framework to progress poverty elimination. While all the MDGs are linked to health and health outcomes, MDGs 4, 5 and 6, relate specifically to the health sector through their focus on child mortality, maternal health and HIV/AIDS. Targets 1, 2, 10 and 17 of Goals 1, 7 and 8, also underscore the multidisciplinary nature of health by addressing the links between income, nutrition, safe water, access to affordable and essential drugs, and poverty. By adopting the MDGs, New Zealand has committed itself to formulate policies and strategies to ensure that these goals are achieved.

NZAID also recognises the International Development Targets that preceded and are encompassed within the MDGs and the internationally agreed actions to promote and improve the health of populations. In particular, NZAID acknowledges the need to work within the mandates provided by the Ottawa Charter, the International Conference on Population and Development (ICPD) Programme of Action, the Beijing Platform of Action (POA), the Biwako Millennium Framework and the United Nations General Assembly Special Session on HIV/AIDS.

8 Global Forum for Health Research, 2004: xiii

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PEACE PROGRESS FOR A BETTER WORLD

In the implementation of this Policy, NZAID will prioritise support for initiatives that work towards the goals set out in these important international development blueprints. Particular priority will be given to the MDGs and to the ICPD Programme of Action.

MILLENNIUM DEVELOPMENT GOALS

GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day.

Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary education.

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and at all levels of education no later than 2015.

GOAL 4: REDUCE CHILD MORTALITY

Target 5: Reduce by two-thirds between 1990 and 2015 the under-five mortality rate.

GOAL 5: IMPROVE MATERNAL HEALTH

Target 6: Reduce by three-quarters between 1990 and 2015, the maternal mortality rate.

GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

Target 7: Have halted by 2015, and begun to reverse, the spread of HIV/AIDS.

Target 8: Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases.

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.

Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water.

Target 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.

GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system. Includes a commitment to good governance, development and poverty reduction – both nationally and internationally.

Target 13: Address the special needs of the Least Developed Countries (LDCs). Includes tariff-and quota-free access for LDC exports, enhanced programme of debt relief for Heavily Indebted Poor Countries (HIPCs) and cancellation of official bilateral debt, and more generous Official Development Assistance (ODA) for countries committed to poverty reduction.

Target 14: Address the special needs of landlocked countries and Small Island Developing States (SIDS) through Barbados programme and 22nd General Assembly provisions.

Target 15: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long-term.

Target 16: In cooperation with developing countries develop and implement strategies for decent and productive work for youth.

Target 17: In cooperation with pharmaceutical countries provide access to affordable essential drugs in developing countries.

Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.