

# ABSTRACTS AND REPORTS

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## REPORT TO COMMONWEALTH HEALTH MINISTERS ON "DEVELOPMENT COOPERATION FOR HEALTH"

In 1983 the Commonwealth Health Ministers called for a study on "Development Cooperation for Health in Commonwealth Countries." The study's purpose was to define the terms of reference of donor agencies; identify the processes, sources, and types of funding provided to technical assistance projects; compare types of assistance available from multilateral, bilateral, and nongovernmental sources; and indicate gaps in international programs that the Commonwealth might be able to fill.

This study, conducted by a consultant in association with the Government of Canada,<sup>1</sup> was presented to the Eighth Commonwealth Health Ministers Meeting that was held in Nassau, the Bahamas, on 13–17 October 1986.

As is pointed out by way of introduction, the Commonwealth is something of an anomaly among international bodies, having no official authority, slim budgetary resources, and a small secretariat. Nevertheless, its 49 member states include a third of the world's nations, with a population of roughly a billion people, that have chosen to remain associated since 1965.

These 49 states constitute a remarkable cross-section in terms of sizes, social situations, political philosophies, and economic conditions. Such diversity provides enormous latent power to support causes of common concern. For this reason, the Commonwealth

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<sup>1</sup> R.F. Badgley, Development Cooperation for Health in Commonwealth Countries, Parts I and II; consultant's report to the Commonwealth Secretariat and the Government of Canada, University of Toronto, Toronto, Canada, 1986.

could serve as an anvil for striking health policy initiatives, shaping efforts to meet urgent health needs, and constructively extending the dialogue required to restructure foreign aid instruments.

Within this context, the study presented a number of basic findings to the Commonwealth Health Ministers. Among them:

"Between 1973 and 1984 there was an increase, a peaking, and a decline in the share of health aid relative to total official development assistance. The message from the aid community is clear. If more assistance is to be provided to this sector, such a shift will only be fostered by means of more precisely targeted priorities, firmer and more compelling documentation, and a clear identification of the social, economic, and health benefits to be achieved. Within these limits, the potential for growth lies in the more efficient and effective use of available aid resources.

"While modest in volume relative to vast unmet health needs, the contribution of development assistance has the potential to fill important gaps. At the international level, however, a sharply focused and adequately documented consideration of important aspects of these aid flows has largely fallen by the wayside. Each of the main spheres has its own institutions, precedents and interests, and priorities. Aid allocations for health are neither closely tied to country income levels nor to national health needs. Those making critical decisions about these resources often stand apart from health. None of the Commonwealth bilateral donors in recent years has undertaken a comprehensive review of its policies and programs that is inclusive of all parts; none has a complete inventory of what is being done; and none has effective coordinating mechanisms bringing its various programs together. This situation applies to the work of several international aid agencies, multilateral development banks, and the health program of the Commonwealth Secretariat.

"The major international sources of information are seriously flawed relative to documenting the volume of aid to health, the geographic distribution of these flows, and the purposes for which they are provided. Globally, there has been little consideration of these trends, their implications relative to how well what is being done meets the needs of recipients, and how international agencies could channel assistance for health more effectively.

"There is now no international forum that considers these issues comprehensively, nor is there an international agency that provides a strong and credible structure for concerted and constructive action. Until a realignment occurs, the consequences of perpetuating existing aid instruments in their present form will do little to alleviate substantively the grave health conditions of the people of many developing countries, especially the least developed."

The study also presented the ministers with a series of detailed recommendations related to these considerations. In essence, these recommendations were as follows:

- Regarding technical assistance priorities, the Commonwealth Secretariat (in consultation with the Commonwealth Heads of Government) should be asked to provide the resources needed to assemble documentation, help prepare proposals, and negotiate with donor agencies.

- Regarding the Commonwealth Health Ministers' meetings, the ministers should review the technical assistance for health contributed by the Commonwealth Secretariat and Commonwealth Fund for Technical Cooperation, establish priorities and preferred means for providing such assistance over the next three-year period, and advise the secretariat as to how their annual (pre-World Health Assembly) and triennial meetings might best be structured with respect to selecting issues, assembling documents, and developing specific proposals for action by the secretariat.

- With respect to a major inventory of health assistance donors presented as part of this report—an inventory that specifies the policies and programs of 131 multilateral and bilateral agencies—it was recommended that this inventory be distributed to Commonwealth Ministers of Health, Finance, and National Development Planning, as well as to international agencies and appropriate Commonwealth institutions. The report also recommended that the inventory be revised and expanded, and that its usefulness as a tool for mobilizing development assistance for health be reviewed at the Ninth Commonwealth Health Ministers Meeting.

- On the subject of health services research, it was recommended that the OECD<sup>2</sup> Development Assistance Committee be asked to seek more substantial documentation than that now provided to its member states on the sources, amounts, and aims of development assistance provided for medical and health services research. In the same vein, it was recommended that the four Commonwealth DAC<sup>3</sup> countries evaluate their aid to health research in terms of current policies, distribution, and support of primary health care. It was also recommended that the Commonwealth Secretariat convene regional meetings of Medical

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<sup>2</sup> Organization for Economic Cooperation and Development.

<sup>3</sup> Development Assistance Committee of the OECD.

Research Councils, support the development of such regional councils where they are lacking, seek to document improvements in health status attributable to development assistance, and assess the usefulness of regional health libraries modeled after PAHO's Latin American Center on Health Sciences Information (BIREME) in Brazil.

On the subject of international coordination, the study found no strong focal point for monitoring health-related aid flows:

"There has been no sustained dialogue between the major international agencies concerning a review of the classification systems used in documenting assistance for health. The two main sources, the OECD and the United Nations Development Program, have adopted different systems, and sharp disparities occur in their reporting of the volume of bilateral and multilateral assistance for health.

"These principal repositories should be strongly urged to develop means to make their reporting systems complementary as they pertain to health. An effective interlocking system needs to be devised that builds upon the special strength of each organization. The Commonwealth can play an important catalytic role by taking the lead in fostering cooperation among international agencies in this area."

These considerations led to recommendations that may be summarized as follows:

- That the Chairman of the OECD's Development Assistance Committee be asked to consult with the UNDP and coordinate the two agencies' classification of aid to health; that he review recent trends in the volume, channels, conditions, and distribution of aid to health, as well as pertinent policies and practices of donors and recipients of such aid; and that he review the approved OECD definition of aid to health with a view to ensuring further documentation of the components of aid to primary health care and technical assistance.

- That the Commonwealth Secretariat, in collaboration with the UNDP, review the classification of aid to health used in the annual country reports on development cooperation, encourage close collaboration between UNDP regional representatives and ministers of health regarding documentation of aid to health, undertake to consolidate all the work on health now reported separately by the different United Nations agencies within a given country into a single annual review, and advance the idea that the UNDP should conduct special reviews of health inputs by foreign voluntary associations as potential sources of technical assistance at the request of ministers of health.

Other recommendations arising from the study dealt with a lack of current and complete health status indicators at the international level, administration of health-related assistance by Com-

monwealth donors, regional health cooperation by Commonwealth countries, and appointment of a Consultative Group to review the situation. More specifically, the following actions were suggested:

- Development of a comprehensive up-to-date inventory of basic health indicators for all Commonwealth countries. This would be accomplished by the Commonwealth Secretariat in consultation with health-related international agencies.
- Initiation of discussions at the ministerial level in Commonwealth donor countries between aid agencies and the Ministry of Health. The aim would be to strengthen relevant policies and programs and provide wider deployment of available resources relating to advisory services. Specific matters appropriate for consideration include a comprehensive review of both bilateral and multilateral development assistance for health; creation of coordinating mechanisms for reviewing such assistance on a continuing basis; and establishment of a close liaison between donor aid agencies and their own respective ministries of health.
- Convening of an OECD-sponsored forum bringing together aid agency and donor country Ministry of Health officials to consider ways that closer collaboration could strengthen the administration of health-related aid and promote more effective liaison with recipient country Ministries of Health.
- Phasing out of block funding support to regional health communities by the Commonwealth Secretariat and Commonwealth Fund for Technical Cooperation and its replacement with project funding that draws on secretariat resources to help plan and develop projects and to mobilize assistance from the aid community.
- And finally, appointment of a consultative group to review development assistance for health in Commonwealth countries and to recommend how existing problems can be resolved.

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*Source:* Commonwealth Secretariat; Report on Development Cooperation for Health in Commonwealth Countries, Part I; Document CHMM 86/TT/12 prepared for the Eighth Commonwealth Health Ministers Meeting held at Nassau, the Bahamas, on 13–17 October 1986; Marlborough House, Pall Mall, London, 1986.

## RESULTS OF REGIONAL CONSULTATION ON DRINKING WATER SUPPLY AND SANITATION

A meeting designated the “Americas Regional External Support Consultation” was held in connection with the International Drinking Water Supply and Sanitation Decade on 21–24 April 1986 in Washington, D.C. Directed at issues pertinent to Latin America and