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**Crisis in the context of globalisation –
business as usual in international health?**

Speech of Ambassador Martin Dahinden,
Director General of the Swiss Agency for Development and Cooperation

Excellencies

Ladies and gentlemen,

Dear friends

I would like to thank the organisers for their kind invitation; I welcome the opportunity to speak today at a Forum that was launched in partnership with major international organisations active in health in Geneva and around the world.

It is not the first time the Forum is addressing an important public health issue which concerns all of us – in Switzerland and all over the world.

As the world health capital, Geneva is the most appropriate place for this Forum: This is where the most important organisations in the health field are based. Switzerland is a prime location for medical research, and its pharmaceuticals industry plays a crucial part in the fight against global diseases.

Promoting health in a globalised world is a priority for the Swiss Agency for Development and Cooperation. But it is a goal we can only achieve together, with multilateral organisations as the WHO, the GFATM, UNAIDS or UNICEF, with the help of such academic institutions as the Swiss Tropical and Public Health Institute or the Hôpitaux Universitaires de Genève, with governmental and nongovernmental organisations as well as the private sector.

Being confronted with crisis is – unfortunately – nothing new for those of us working in development cooperation and humanitarian aid. Like a doctor, whose job it is to care for individuals faced with a personal health crisis, one of our mandates is to support governments and societies struggling with long-term or acute crises and to develop or strengthen their health systems to help them meet the needs of their people.

But while crisis is, to some extent, the “raison d’être” of development cooperation and the humanitarian sector, lately our capacity to anticipate and react to crises has been stretched and heavily challenged. Not only has the world been shaken by an unusual *number* of crises, but, given our increasing global interconnectedness, many of these crises have reached an unprecedented and threatening global *scale*.

Health-related crises can take many forms. News broadcasts have brought disturbing pictures of natural disasters into our living rooms. None of us will ever forget the horror of the 2004 Asian tsunami. More recent and no less awful natural disasters include the earthquake in Haiti that not only killed and injured hundreds of thousands of people but also destroyed a whole health system. The HIV pandemic and the threat of such potential pandemics as bird and swine flu have highlighted our vulnerability to infection in an era of medical technology and global mobility. Other forms of crisis – such as political and civil unrest associated with conflict, or the threats of drought and flooding associated with climate change that lead to crop failure and food insecurity – all impact the health of vulnerable populations. And especially Switzerland is painfully aware of the global impact the current economic crisis is having on health systems and the health and well-being of millions of people all over the world.

Impact of global crises and challenges on development cooperation

As diverse as these crises are, however, there is one thing they have in common: While it is not news that the rich nations are at the origin of several global crises, the lion’s share of the resulting threats are faced by the poor and socially disadvantaged in this world. It is poor people living in developing and transition countries who have the fewest assets and resources to overcome natural and man-made shocks. The impact is most severe for the most vulnerable young and elderly and those who are already weakened by illness and malnutrition. The economic crisis, for example, has further worsened the food insecurity of people living on the economic and nutritional margins. It is estimated that 40–50 million children experienced permanent cognitive and physical impairment last year as a result of the food crisis alone.

As a consequence, existing inequalities are exacerbated rather than balanced out. Sadly, it seems unlikely that the global community will achieve the Millennium Development Goals set out in 2000. The health-related goals are at risk, particularly in

the least developed nations. Inhabitants of these countries – and there, mainly the rural poor – also struggle the most to access basic services such as health care.

Ladies and gentlemen,

To our shame we have not been able to make sufficient progress since the times of Martin Luther King, who once said,

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Due to the prevailing crises, the context in which we work keeps changing. Take the case of Nepal, a partner country where the Swiss Agency for Development and Cooperation has been present and active for many decades. A long-lasting conflict has led, amongst other things, to food insecurity and has forced the rural poor, mostly subsistence and livestock farmers, to adapt rapidly and find alternative means of contributing to their households. In regions such as the hills and mountains of Nepal, young people have migrated from remote villages to find economic opportunities in low-end employment in such destinations as the Gulf states. Many poor rural households have come to rely on remittances sent home by young men and women to make up for the shortfall in agricultural production.

Unfortunately, the economic crisis now deepens the chronic crisis. Emerging economies and construction booms such as the one in Dubai have suffered heavy blows. The effects are felt not only by investors around the world – for the most disadvantaged migrant workers, the crisis has become an economic disaster. Many have had to move or return home, taking back debts rather than savings. Poor countries that have relied on a remittance economy are experiencing an effective reduction in income. This will inevitably affect the already underresourced health sector of a country such as Nepal. In hard economic times, spending on preventive care decreases and public services come under growing pressure, as people who used to pay for private health care now start relying on chronically overburdened and underfunded public services as well.

In periods of political uncertainty, health systems in developing countries suffer from a lack of planning and resources. As we have observed in Zimbabwe, for example, when basic services are eroded, diseases such as cholera that were previously under control start posing a major threat to public health again. In times of instability, many professionals join the exodus to more stable and opportune environments. Health professionals, unable to work effectively or even earn a living, are often some of the first to leave, thereby plunging health systems further into crisis.

Political instability, like natural and man-made disasters, is another cause of people becoming internally displaced or seeking refuge in other countries. But refugees and undocumented migrants often face barriers to accessing health services in host countries, even though they have to contend with the added health risks associated with their situation.

Not only is the effect of the economic crisis felt at the national and regional levels, it also weakens the world's global response to major health challenges. As donors have to reduce spending, community and global health initiatives are put at risk at a time of rising need.

SDC's contribution

Ladies and gentlemen,

The Swiss Agency for Development and Cooperation (SDC) has long been committed to addressing health inequalities. Last year alone, Switzerland spent roughly CHF 2,5 billion on Official Development Assistance to address some of the chronic issues underlying all crises. Importantly, we do not only *react* to crises: SDC works to predict and prepare for crises to ensure that health goals and development cooperation remain on track and approaches are adapted to properly address evolving situations and make the most of local opportunities for disadvantaged people. Through our work in international cooperation, humanitarian aid and multilateral aid, we operate at various levels to avert and mitigate acute emergencies (such as the Haiti earthquake) as well as protracted crises (such as the AIDS epidemic in sub-Saharan Africa).

At the multilateral level, SDC makes substantial human resource and financial contributions to multilateral organisations to foster coordinated global solutions. Taking the United Nations World Food Programme as an example, Switzerland has seconded

staff at different levels of expertise to the WFP in various parts of the world; and for the years 2010 and 2011, Switzerland will provide the WFP with financial support totalling CHF 42 million.

On a bilateral level, SDC's development cooperation activities support priority countries in their development of physical and human resources for sustainable development solutions. And in times of humanitarian crisis, it provides emergency aid and assistance for recovery and reconstruction. In the early stages of an emergency it mobilises rapid response teams to assess needs and foster appropriate government support. Financial aid is further supported with food assistance, equipment and medical supplies.

In all its endeavours, SDC places strong emphasis on *cross-sectoral and integrative* initiatives to address challenges and take advantage of opportunities in response to both the immediate and the long-term health and development needs of countries assisted by Switzerland. Allow me to give you three concrete examples of how SDC's multilateral, bilateral and humanitarian cooperation responds to health needs in crisis situations:

Example 1 – In the context of a protracted crisis:

Supporting the WFP's food and nutritional approaches to HIV in sub-Saharan Africa

In Southern Africa, the combination of AIDS epidemic, food insecurity and weak governance capacity – known as the “Triple Threat” – has given rise to a protracted regional crisis on a scale that requires innovative responses. SDC supported the World Food Programme in assessing the role of food and nutritional support in preventing HIV and mitigating the impact of AIDS in the region – particularly on women, orphans and vulnerable children. It achieved this by providing technical support on two evaluations. One was the Mid-Term Evaluation of the Southern Africa Protracted Relief and Recovery Operation, and the other was a full thematic evaluation of the WFP's HIV and AIDS interventions in sub-Saharan Africa.

Following a process and outcome assessment of the WFP's food and nutritional support in response to the epidemic, SDC is currently supporting the extraction and dissemination of those lessons to practitioners and policy-makers. One lesson is the

key role of food and nutrition in establishing treatment regimes and recovery for people living with HIV or TB. Food aid can enable the poor and hungry to tolerate life-saving medicines and minimise their side effects. Improved nutrition leads to better treatment results and assists people living with HIV in recovering their strength and becoming productive members of their households. Thus SDC is contributing to the evolution of the response to the AIDS crisis in many countries in Southern Africa.

Example 2 – Maintaining development in times of conflict:

The Rural Health Development Project, Nepal

The Rural Health Development Project (RHDP) is a long-running bilateral development project jointly funded by SDC and the government of Nepal. Conceived in 1991 during peacetime, it has adapted and continued throughout the difficult period of conflict.

The project was developed to improve the population's health, with a focus on rural areas and disadvantaged groups. Specific programmes empowered locals to positively change their health-related behaviour to meet their principal health needs. At the same time basic health service delivery systems were supported to more efficiently and effectively respond to people's demands.

The decade before Nepal transformed from a kingdom to a federal republic in 2008 was marked by conflict fuelled by poverty and social inequality. This had a direct negative effect on health systems, as local facilities were destroyed, health workers fled and nongovernmental health organisations retreated to the capital or closed down altogether. But the Rural Health Development Project continued to operate throughout the conflict. Based on principles of good governance and democratic processes at the community level, the project addressed deeply rooted socio-cultural, economic and political divides and promoted state- and peace-building. Initiatives such as the formation of socially inclusive village health management committees enhanced the status of women and disadvantaged groups, who were supported in exercising their rights and improving their capacity to claim better access to, and their rightful share of, public health services.

The project's gender- and socially representative model for village health management committees was subsequently adopted and scaled up by the government. It actively revived and strengthened village-level women's groups and female community health volunteers, which cemented female solidarity across caste and ethnic boundaries within communities and provided a forum for the discussion of female concerns and for problem-solving such local gender-related issues as domestic violence.

Example 3 – Rapid response to natural disasters:

Swiss aid to Haiti

After the earthquake struck in Haiti on January 12th of this year, killing 220,000 and injuring another 300,000, Switzerland dispatched emergency assistance to strengthen its ongoing activities in the country. By the end of March, over 110 professionals, including doctors and water and sanitation engineers, had been deployed to the disaster zone, and more than 170 tonnes of aid supplies had been delivered, including tents and building materials to provide 10,000 people with shelter and mosquito nets for protection from insect-borne diseases. Distribution points were established to provide safe water to 50,000 people around Port-au-Prince.

During a visit in Port au Prince I had myself the opportunity to meet with the medical team of the Hôpitaux Universitaires de Genève that was deployed under a standby agreement with SDC, working closely together with their Haitian colleagues.

Additionally, the Federal Council pledged CHF 36 million until the end of 2012 towards reconstruction, focussing on rural development to ensure sustained livelihoods and food security and to promote and protect the health of Haiti's most vulnerable people beyond the relief period. Switzerland - in close cooperation with multilateral relief organisations such as the International Committee of the Red Cross (ICRC), the UN Office for the Coordination of Humanitarian Affairs (OCHA) and the World Food Programme - also places special emphasis on infrastructure and supports the reconstruction of hospitals and health centres as well as safe drinking water systems. Switzerland also participated in the UN-coordinated "Post Disaster Needs Assessment" mission that guides the recovery and reconstruction efforts. Currently, the SDC Humanitarian Aid and Regional Cooperation divisions are planning for both short- and medium-term commitments and activities during the transition phase from relief to recovery.

Conclusion and take-home message

Ladies and gentlemen,

In spite of the global cooperation efforts, conflict, disasters and other crises are likely to continue to challenge the advancement of global health objectives globally, regionally and nationally. To be prepared and be able to respond effectively, we need to work together. Today's Geneva Health Forum presents us with the opportunity to share experiences and study the outcomes of new approaches to health in an era of unfolding food, fuel, economic and climate crises. This will enable us not only to continue developing innovative and effective responses to changing health needs but also to raise the profile of health development issues within the framework of global crises.

Working in an environment marked by crisis will never be "business as usual". But it is important that we do not perceive crisis as something purely negative. Any crisis leads to change. In our efforts to advance global health in the face of crises, a useful metaphor is the anecdote relating to the Chinese word for "crisis", which is composed of two characters – those of "*danger*" and "*opportunity*".

Let's consider the AIDS epidemic: In addition to the dangers it has posed, it has also provided the opportunity for donors and civil society to come to the table as joint stakeholders in global health discussions. The aftermath of the Haiti catastrophe provides an opportunity to place one of the poorest countries in the Western hemisphere more firmly on the international agenda. Reconstruction in the wake of the disaster presents the international community with an opportunity to work in cooperation with the people of Haiti to address chronic inequalities and weaknesses and provide for an environment to better support their future well-being and prosperity.

It is in this positive spirit that I would like to encourage you, the participants of this Forum, to seize the opportunity to learn from each other and help "*advance global health in the face of crisis*".