

Denmark's global responsibility – Danish development policy

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ABSTRACT

Global health issues have increasingly become the focus of the global development agenda. In particular attention has increased on epidemics of infectious diseases, an area where the increase in financial assistance also has been most pronounced. The article focuses on the need to strike a balance between combating large-scale epidemics and ensuring the necessary structures for delivering general health care services for the entire population. Examples are given of how Danish development assistance contributes to ensuring such outcomes.

Denmark holds an impressive position as one of the leading countries in the world in terms of awarding most development assistance per capita. We in the Government place great importance on maintaining this position. Therefore, we must continue to spend at least 0.8 per cent of our Gross National Income on development assistance, which is considerably above the international target of 0.7 per cent. Personally, I am extremely pleased that a number of countries have decided to follow suit and increase their level of development assistance; especially countries within the EU, where last year we adopted specific targets for how the Member States are to reach the 0.7 per cent target by 2015, with an interim target of 0.56 per cent by 2010. These are decisions that provide an excellent basis on which to keep EU Member States focused on increasing development assistance.

On a general level – in relation to securing increased financial resources to developing countries – we are thus on the right path. However, it is not just a question of allocating more funds. We must also constantly strive to ensure that the funds are used as effectively as possible to the benefit of the world's poor. In this respect, it is absolutely essential to cooperate closely with the national authorities of the countries we support. Similarly, it is important to coordinate the development interventions with other donors. We support the development of systems that can improve the planning and implementation of development programmes. And we prioritise and focus our efforts in the areas of greatest need and greatest effectiveness.

GLOBAL OBJECTIVES

In many places in Africa, for every 1000 live-born children more than 150 children die before the age of five. In our part of the world, the number of deaths is less than 25. The average life expectancy of men in, for example, Zambia is 39 years. In Denmark, it is 75 years. In Zambia, 750 out of every 100,000 women die in childbirth. In Denmark, the figure is seven. These figures are just a few examples that illustrate how big a difference it makes if a person is born in Zambia or in Denmark. These figures also illustrate the importance of the health sector.

Development assistance directed towards health must take its point of departure in precisely these challenges.

In recent years, global health issues have increasingly come into increasing focus. In 2000, a WHO report [1] illustrated the link between poverty and poor health and documented how the burden of disease in the poorest countries undermines the development op-

portunities of these countries. The report concluded that the investments in improved health would consequently not only improve the living conditions for individual people, but also serve to stimulate economic development and facilitate a general improvement in living standards.

When the world's leaders adopted the Millennium Development Goals (MDG) in 2000, the overall objective of which is to reduce poverty and foster sustainable development, health issues were again the centre of focus. Three of the eight goals are related directly to health: MDG 4 – reduce infant mortality, MDG 5 – improve maternal health, and MDG 6 – combat HIV/AIDS, malaria and other infectious diseases.

INCREASED INTERNATIONAL SUPPORT TO THE HEALTH SECTOR

The increasing international prioritisation given to the eradication of diseases and the promotion of health in the world's poorest countries has been followed-up by increased financial support from the international community. In recent years, a substantial increase in development assistance for health has been evident. In particular, epidemics of infectious diseases have attracted strong attention. The absolutely overwhelming consequences of the HIV/AIDS epidemic, especially in a number of poor countries in eastern and southern Africa, have attracted huge attention. In these countries as much as 30 per cent of the adult population is infected with HIV and millions of children have been orphaned by the disease. In response to the epidemic an increasing amount of resources have been directed towards combating HIV/AIDS. The same trend, albeit on a smaller scale, can be seen in connection with efforts to prevent malaria and tuberculosis, involving also special, disease-specific initiatives.

When Copenhagen Consensus in 2004 presented the results of a series of analyses of the greatest challenges in the development sphere carried out by some of the world's foremost economists, highest priority was given to investments aimed at combating HIV/AIDS. A couple of months ago, Copenhagen Consensus presented another set of recommendations; this time based on input from key persons within the UN system. The highest priority was now to increase the investments in the basic health systems of developing countries, with the aim of stepping up the fight against infectious diseases.

This development reflects the dilemma between awarding support to specific, delimited and often short-term interventions – for example, within the field of HIV/AIDS prevention and treatment – and awarding support to a broader and longer-term strengthening of the health system. Precisely this dilemma is absolutely crucial when decisions have to be taken on which health-related investments to prioritise.

PRIORITISATION OF DEVELOPMENT INTERVENTIONS IN THE HEALTH SECTOR

From a Danish perspective, the goal is to strike a balance between, on the one hand, supporting efforts to combat large-scale epidemics that threaten the entire basis for development in a number of poor African countries and, on the other hand, ensuring that the necessary structures are in place for delivering general health care services to all the population.

In this context, the Danish assistance towards the fight against HIV/AIDS is a good example. We support a number of self-contained programmes, such as the Global Fund – whose purpose is to strengthen the efforts to combat HIV/AIDS, tuberculosis and malaria – and the UN system's joint programme, UNAIDS, whilst maintaining the strong commitment we have built up through many years of work, with the aim of strengthening national health systems in a number of Denmark's partner countries. In this way, we contribute not only to providing assistance here and now to scaled-up efforts to prevent and treat HIV/AIDS but also to support strengthening the long-term efforts.

Support aimed at improving women's health, including women's sexual and reproductive health and rights, is an integral part of the Danish development assistance directed towards health. The issue is not just to facilitate increased access to services, but also to ensure the right of women to have control over their own bodies. A woman must, for example, be able to decide for herself how many children she wants and when she wants them. In Denmark, we have fought hard in recent years to secure these rights for women throughout the world and to maintain the consensus that was reached at the UN International Conference on Population and Development in Cairo in 1994. For us, the issue is fundamentally to ensure the right of women to make their own choices and to ensure that women's health can be improved in accordance with the choices they themselves make. Consequently, in the new five-point plan for women in Africa, which the Government launched in May last year, DKK 40 million out of a total of DKK 140 million has been set aside to strengthen the efforts of African actors to promote gender equality, partly by promoting women's rights. In addition, a further DKK 40 million has been earmarked for the purpose of supporting rape crisis centres in South Africa, where rape victims are offered help and support. The centres ensure that victims of rape receive legal assistance, psychological support and medical treatment, including treatment for HIV infection.

Danish development assistance has a strong profile within health. Bilaterally, we have been at the forefront of many important processes, including extensive reforms and decentralisation processes within the health sector in several developing countries. Multilaterally, Denmark is a strong advocate for effective and well-coordinated development interventions. The focus on health will also be a core element of Danish development assistance in the years ahead. We will continue and expand the support aimed at developing health systems and increase our support to strategically important interventions, for example in the field of HIV/AIDS prevention and treatment. The Government's has therefore decided that the Danish support to improving health in developing countries and to combating HIV/AIDS reach an annual figure of DKK 1 billion by 2010.

References

1. Commission on Macroeconomics and Health. Investing in health. Geneva: WHO, 2001.