

# The European year for development: Health

Although enjoying the highest possible standard of health is a human right, millions of people suffer from preventable and curable diseases.

The Millennium Development Goals strongly emphasised health, leading to increased investment in the health sector.

Major progress has been made in reducing child and maternal mortality, and in combatting communicable diseases, but several regions will not meet the health targets.

The Ebola outbreak has drawn attention to the need for international cooperation in health matters.

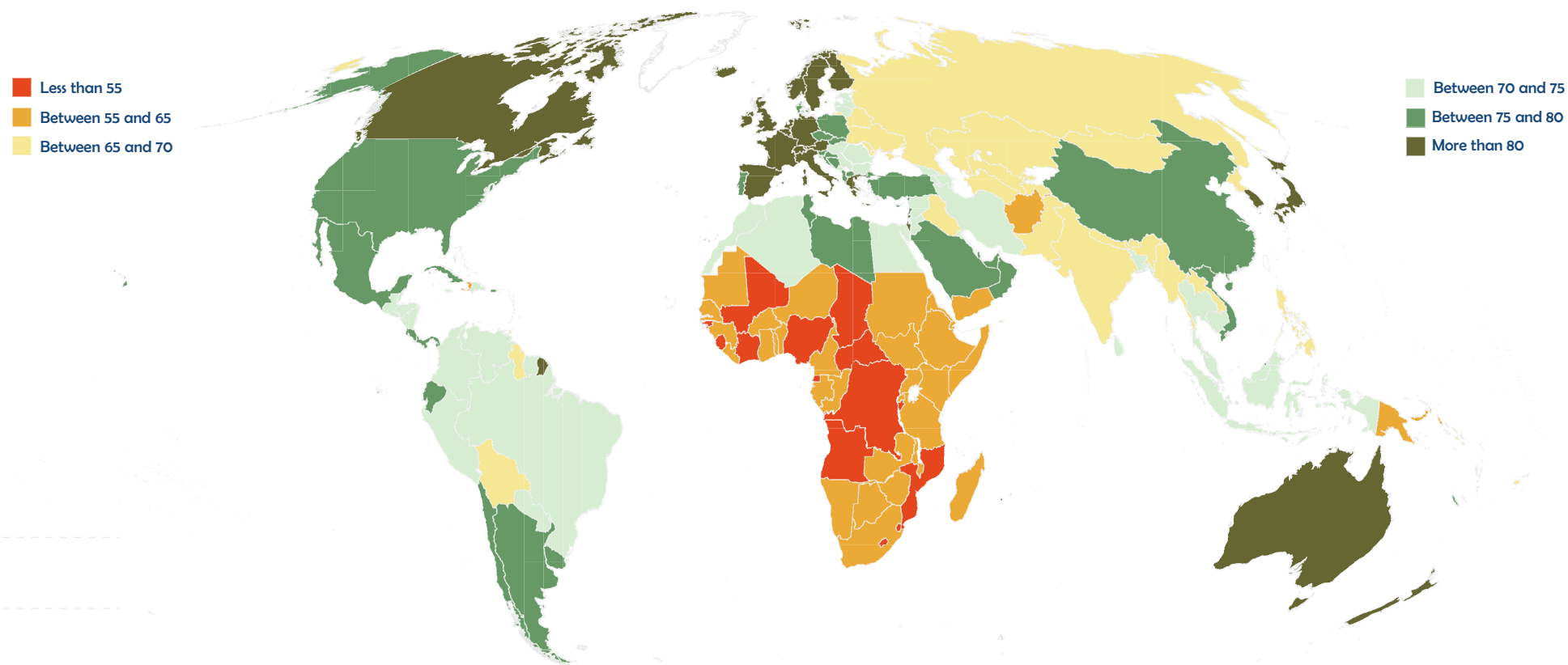
Enjoying the highest attainable standard of health is a fundamental human right. Health is a key element of human development, as reflected in the United Nations Development Programme's Human Development Index. Investing in health enhances economic development by increasing productivity and reducing costs for treatment and care. Yet millions of people, particularly in low income countries, suffer or die from preventable or curable diseases and conditions, including HIV/AIDS, lung infections, tuberculosis, diarrhoeal diseases, malaria and complications of pregnancy and childbirth. Poverty is one of the chief causes of poor health, as poor people often lack clean water, sanitation, decent work and access to information, health services and medicine. Ill health also contributes to poverty, as it takes a toll on education and income, while adding costs. The World Health Organisation (WHO) estimates that 100 million individuals are impoverished each year – and another 150 million face severe financial difficulties – because of health expenditures.

The Millennium Development Goals (MDGs), which set concrete targets for international development efforts for 2015, recognise the importance of health: Three MDGs focus on health matters – child mortality (Goal 4), maternal health (Goal 5), and HIV/AIDS, malaria and tuberculosis (Goal 6) – and others include health-related targets. While official development assistance (ODA) targeting the health sector increased significantly between 1990 and 2009, it has since stagnated. Health expenditures within developing countries have also increased, but insufficiently. While an average of USD 44 per person per year is considered necessary to provide basic, life-saving health services, in 2011 26 WHO Member States spent less than that amount on their citizens.

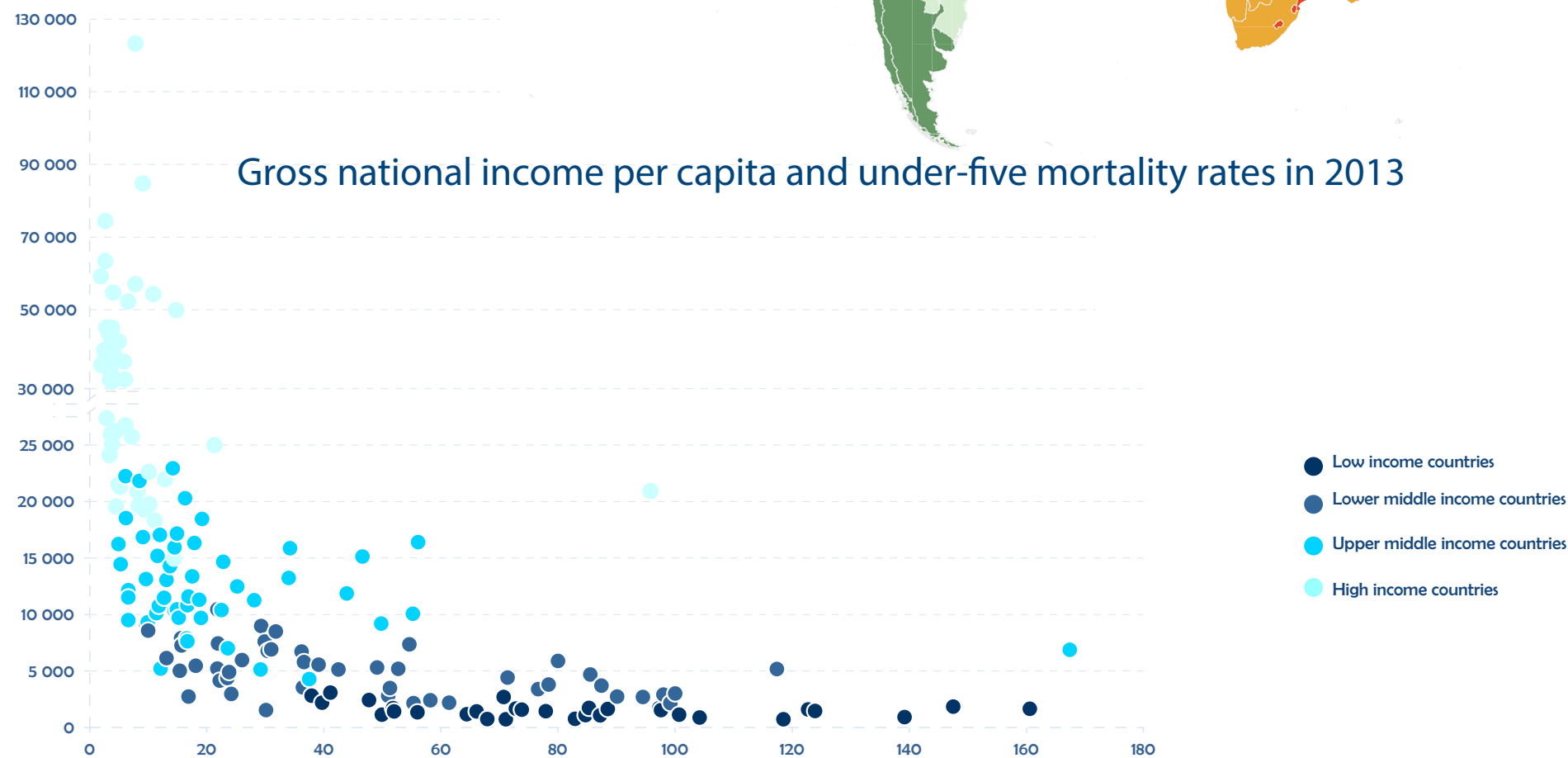
The 2014 MDG report shows that significant progress can be made through targeted actions. For example, between 2000 and 2012, an estimated 3.3 million deaths from malaria were averted; 90 % of those deaths would have been children. In 2012, 68 % of births in the developing world were attended by skilled health personnel; in 1990, the rate was 56 %. And the mortality rate for children under five years dropped by almost 50 % between 1990 and 2012. Whilst a country's gross national income (GNI) is strongly correlated with child mortality, notable reductions in child deaths have been made in poor countries, including Bangladesh, Liberia, Malawi and Nepal – successes that highlight the importance of political will and adequate policies. Unfortunately, the MDG targets relating to maternal health and child mortality are unlikely to be met in several regions, including Sub-Saharan Africa, South Asia, and Oceania.

The Ebola outbreak in West Africa has drawn attention to the need for international cooperation in the health sector, as well as to the challenges for many health systems in the developing world. The EU and its Member States have taken a leading role in responding to the Ebola crisis, committing more than EUR 1.2 billion in humanitarian aid, early recovery, and development support as well as funding for pharmaceutical research.

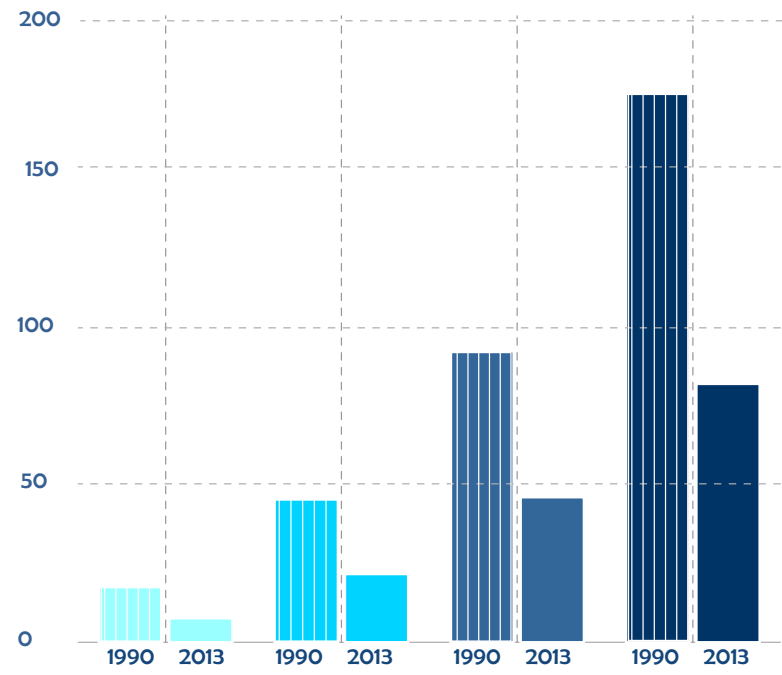
Life expectancy at birth in 2013



Gross national income per capita and under-five mortality rates in 2013



Trends in under-five mortality rates



Life expectancy at birth in years is one of the components of UNDP’s Human Development Index. It specifies the number of years a newborn infant could expect to live if prevailing patterns of age-specific mortality rates at the time of birth stay the same throughout the infant’s life. The map displays 2013 or the latest year available. Under-five mortality is the probability of dying between birth and the age of five, expressed per 1 000 live births. The 4th Millenium Development Goal aims at a two thirds reduction of the under-five mortality rate between 1990 and 2015. Gross national income represents the value of all goods and services produced in a country plus income received from abroad minus income claimed by non residents. Countries are classified according to their income by the [World Bank](#).

Data sources: [United Nations](#), [WorldBank](#)

The European Parliament is very conscious of the lessons learnt from the Ebola crisis.

The Sustainable Development Goals are likely to include new health considerations and to propose universal health coverage.

Promoting and supporting equitable access to health care is a focus of EU development cooperation.

EU aid in areas such as nutrition, water and sanitation and climate change also improves health.

Parliament considers health a fundamental right and has called for clear financial thresholds to ensure that sufficient EU aid goes to health and education.

In a forthcoming report, the European Parliament will analyse the lessons learnt and develop recommendations for strengthening health systems in Sub-Saharan Africa to avert future tragedies.

The new 'Sustainable Development Goals' (SDGs), to be adopted by the UN in 2015, are likely to go beyond the MDGs' unfinished business. The proposed targets address new health challenges, including non-communicable diseases, traffic accidents, environmental pollution and the shortage of professional health staff. A key proposal, endorsed by the UN General Assembly in 2012 and supported by the EU, is to develop universal health coverage (UHC) systems in all countries to ensure access to quality health services for all.

The 2005 'European Consensus on Development' recognises health as a key area of action for EU development cooperation, driven by the principle of investing in and valuing people, and promoting gender equality and equity. The 2012 'Agenda for Change', which complemented the 'Consensus' with an EU strategy for high-impact development cooperation, confirms the importance of health, while focusing on strengthening health systems, reducing inequalities in access to health services, promoting policy coherence and increasing protection against global health threats.

EU aid modalities in the health sector vary widely. As a major contributor to the Global Fund to Fight AIDS, Tuberculosis and Malaria, the EU contributes to the organisation's life-saving medication, vaccines and mosquito nets. Sectoral budget support is an important EU tool to promote national health policies and structures. Projects in cooperation with local communities and civil society organisations allow the EU to target vulnerable and marginalised groups. Over the last decade, health-related aid from the EU institutions has remained largely stable, with ODA commitments of USD 666 million in 2004-2006, 568 million in 2007-2009 and 663 million in 2010-2012. However, EU aid in other sectors – food security, nutrition, water and sanitation, the environment, climate change and decent work – also affects health outcomes.

The European Parliament has consistently called for allocating aid funds to health. During legislative negotiations on the EU's 2014-2020 Development Cooperation Instrument (the DCI, the EU's primary financing tool for Latin America and Asia), Parliament succeeded in setting a 20 % minimum for the DCI budget to be invested in basic social services, in particular health and education. For the European Development Fund (EDF), which finances cooperation with Africa, the Pacific and the Caribbean, the EP has called on the Commission to apply the same threshold. In view of the future SDG framework, the EP has reaffirmed that health is a fundamental human right and has called for equitable, universal and sustainable health protection, with special emphasis on preventing maternal, new-born and child deaths, as well as on AIDS, tuberculosis, malaria, and other communicable diseases. Parliament has also stressed the importance of improving universal access to hygiene and to sexual and reproductive health services, and of preventing discrimination against the most vulnerable groups.

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