PART V - International solidarity for health and development

26. Italian Cooperation for Health and Development

26.1. Guiding Principles

The promotion of equity in distribution and access to health resources is a priority of the Italian Government both in Italy and worldwide. Prevention, community participation, technological appropriateness, intersectorality and promotion of local self-sufficiency are traditional guiding principles of the Italian Development Cooperation in the health sector.

Italy contributes to health promotion in partner countries both bilaterally and multilaterally, through different International Organisations. Co-ordination of international efforts is considered fundamental to avoid duplication and fragmentation; synergy is sought both with other international partners and with the Italian National Health System.

Italy recognises and supports WHO as the global leading agency for health. A Framework Agreement between WHO and the Italian Directorate General for Development Cooperation was signed in 2000, establishing a comprehensive framework for a collaboration that progressively increased in recent years (Table V-6).

26.2. A quantitative outlook

From a quantitative point of view, the Italian Official Development Aid (ODA) suffered a progressive decrease both in absolute terms and in proportion of it's GNP, reaching it's historical minimum in the year 2000 (Table V-2).

Table V-2. OFFICIAL DEVELOPMENT AID. ITALY

Year	US$ (Millions)	ODA%GDP
1998	2 278	0.20%
1999	1 806	0.15%
2000	1 376	0.13%

Source: OECD/DAC memorandum (OECD/Development Assistance Committee).

In spite of the decrease of the ODA, resources devoted to health and population activities registered in the triennium a significant increase, both in absolute terms and in proportion of the total bilateral grants, representing the single most significant sector of Italian Cooperation to Development and reaching the 30% of the total sum allocable by sector (Table V-3).

It must be underlined that OECD/DAC memorandum (OECD/Development Assistance Committee), which is the quoted data source, does not include health activities implemented in the context both of multisectoral and "Emergency and Humanitarian Aid" interventions, of which they represent a significant proportion.

Table V-3. ITALIAN ODA. HEALTH AND POPULATION (BILATERAL GRANTS; COMMITMENTS)

Year	Health & Population US$ (millions)	Total allocable by sector US$ (millions)	Health & Pop. % total allocable by sectors	Total bilateral grants US$ (millions)	Health & Pop. % total bilateral grants
1998	10.32	136.82	8%	549.91	2%
1999	32.68	229.59	14%	562.17	6%
2000	46.17	154.93	30%	537.92	9%

Source: OECD/DAC memorandum (OECD/Development Assistance Committee).

On the other hand, OECD/DAC data (OECD/Development Assistance Committee) reflect the whole Italian Official Development Aid, and not only ODA resources channelled through the Directorate General for Development Cooperation, which remains the main institutional "actor" in this field.

Data related exclusively to the activity of the Directorate General for Development Cooperation, equally show an increase of resources devoted to health. These include those channelled through Emergency and Humanitarian interventions, which passed from 17% of the total Health sector aid in 1997, to 41% of it in 2000.

Excluding Emergency and Humanitarian interventions, in 2000 the Italian Cooperation was present with long-term health programmes in 39 countries.

Geographically, Africa remains the main beneficiary Region, receiving an increasing percentage of the total aid in health (Table V-4).

Table V-4. ITALIAN DEVELOPMENT COOPERATION IN THE HEALTH SECTOR: NET DISBURSEMENTS BY WORLD REGION (US $)

World Region	1998	%	1999	%	2000	%
Central Africa	3 777 683	10	13 387 675	19	9 750 309	16
Southern Africa	10 199 003	27	16 619 283	24	19 513 341	33
Latin America & The Caribbean	4 107 473	11	6 219 743	9	2 712 955	5
Asia and Pacific	2 489 145	7	10 110 756	15	4 517 059	8
Mediterranean Basin and Near East	7 637 805	20	12 025 513	17	16 770 734	28
Eastern and Mediterranean Europe	5 291 665	14	7 265 163	10	1 729 775	3
Non allocable	4 343 695	11	3 975 416	6	4 578 444	8
Total	**37 846 469**	100	**69 603 549**	100	**59 572 617**	100

Source: Italian Ministry of Foreign Affairs, 2001.

Also the amount of resources channelled through international Organizations is increasing (Table V-5).

Table V-5. ITALIAN DEVELOPMENT COOPERATION IN THE HEALTH SECTOR: NET DISBURSEMENTS BY CHANNEL (US $)

Channel	1998	%	1999	%	2000	%
Bilateral	26 148 585	69	47 317 347	68	34 790 440	58
Multi-bilateral	7 378 603	19	17 608 933	25	5 981 606	10
Multilateral	4 319 281	11	4 677 268	7	18 800 571	32
Total	**37 846 469**	100	**69 603 549**	100	**59 572 617**	100

Source: Italian Ministry of Foreign Affairs, 2001.

Table V-6. ITALIAN VOLUNTARY CONTRIBUTIONS TO WHO

Year	US $
1998	5 255 592
1999	11 885 414
2000	14 232 182

Source: WHO.

26.3. Italian Development Cooperation in the Health sector in comparison with other international donors

Compared to other G7 donors, the percentage of bilateral Aid that Italy devoted to health in 1999 was among the highest (Table V-7). However, it must be taken into account that, due to its comprehensive approach to health, reproductive health is rarely differentiated when data are collected, while strictly "Population" activities are quantitatively not very significant

Table V-7. AID BY MAJOR PURPOSES, 1999 (COMMITMENTS, PER CENT OF BILATERAL TOTAL)

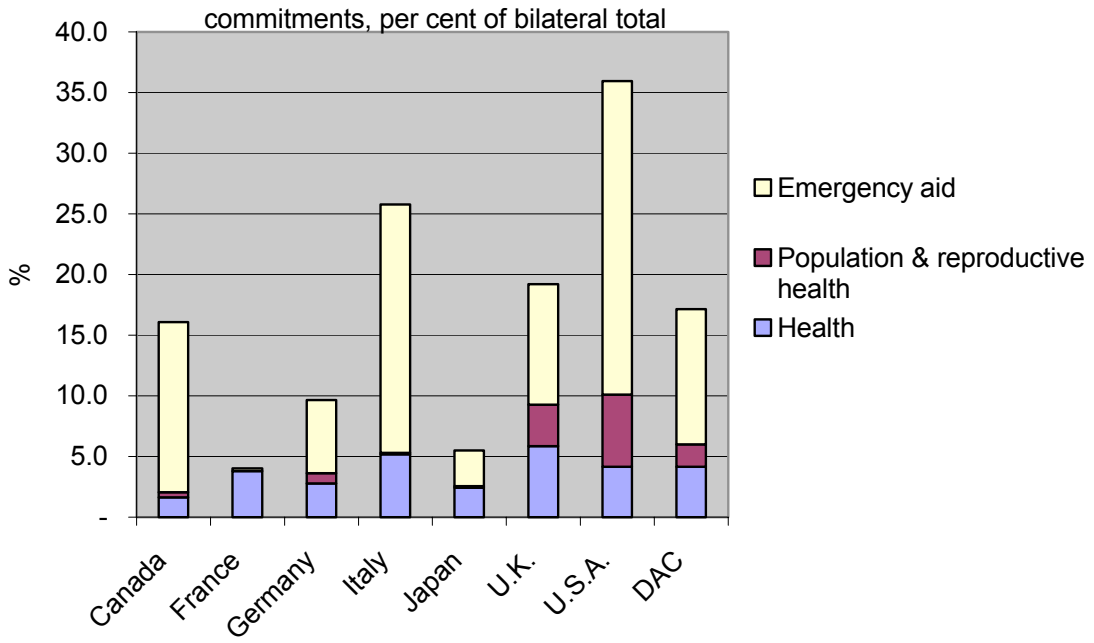
	Canada	France	Germany	Italy	Japan	U.K.	U.S.A.	DAC
Health	1.6	3.8	2.8	5.2	2.4	5.8	4.2	4.2
Population & reproductive health	0.4	0.0	0.8	0.1	0.1	3.4	6.0	1.8
Emergency aid	14.0	0.2	6.0	20.5	2.9	9.9	25.8	11.1
Total	**2.0**	**3.8**	**3.6**	**5.3**	**2.6**	**9.3**	**10.1**	**6.0**

Source: OECD/DAC (OECD/Development Assistance Committee).

On the other hand, as it has been mentioned above, a significant amount of "Emergency aid" is related to Health. As funds classified as "emergency aid" have progressively grown up

to 20% of total bilateral Aid, this makes a consistent difference in estimating the total effort of Italian Development cooperation in the health sector, as it may be appreciated in the Figure V-1.

Figure V-1. Aid by major purposes. Year 1999.



Source: OCSE.

26.4. Strategies and experience

Italy's strategic approach to the health sector recognises three fundamental levels: Support to National Health Systems, support to Local Health Systems within decentralisation processes and International networking.

Local expertise and resources are privileged and promoted, and development of human resources, as well as capacity and institution building, are mainstreaming issues.

26.4.1. Support to National Health Systems

Support to National Health Systems and their development is the basic strategy of Italian co-operation with developing countries in the health sector. In that framework, Italy recognises the need for a strong co-ordination among donors -both bilateral and multilateral - in supporting Partner Countries' Governments. This may be translated into a Sector-wide approach (SWAp) which overcomes the traditional project-based approach and promotes a co-ordinated and, as much as possible, integrated support to National policies and action.

SWAp may take the form of a direct health-earmarked contribution to the National Budget of the beneficiary country (e.g., as it is presently being formulated in Ethiopia). More often, however, institutional support is given through jointly planned activities, whenever possible in the context of a multi-donor supported National Health Sector Programme, implemented under Italian financial administration (e.g. China, Mozambique, Uganda). In some cases support to the National Health system may be granted in collaboration with International Organisations (e.g. the so-called PHARPE-Public Health Reconstruction Programme in Eritrea) implemented with WHO. In the Palestinian Territories the Italian Cooperation has since 1998 a shepherd role among donors in support to the development of the Health System.

Areas which have received special attention :

- ✓ development of health information systems for management and epidemiological surveillance (e.g. Lebanon; Mozambique; South Africa; Swaziland; Zimbabwe);
- ✓ strengthening of National Pharmaceutical Systems, including regulatory procedures, procurement, production, distribution and management of essential drugs (e.g. China; Tunisia);
- ✓ promotion of technologically and culturally appropriate approaches in the building or refurbishing of health infrastructures and in the procurement of biomedical technologies, together with the development of maintenance systems (e.g. Bolivia, Lebanon; Macedonia; Mozambique; Palestinian Territories);
- ✓ development of evidence and experience based national policies for the social integration of excluded or vulnerable groups (i.e. de-institutionalisation and socio-economic integration of mentally and physically handicapped people).

26.4.2. Support to Local Health Systems within decentralisation processes

Support is given to decentralisation processes and implementation of Local Health Systems (in administratively and geographically well identified areas - local systems).

At this level, co-ordination among local and international actors (both public and private), as well as their integrated planning and action is promoted. Where relevant, special attention is devoted to the integration between indigenous-traditional and conventional-western approach to health (a leading experience in this field may be found in Bolivia). Community participation in the promotion and management of health care is supported and Primary Health Care remains for the Italian co-operation an essential integrated strategy toward "Health for All" as well as the cornerstone of multi-sectoral integrated interventions to face the multidimensional nature of poverty.

Participation of excluded people in decision making processes, their facilitated access to services and resources, as well as the full respect of their fundamental rights, without any social, cultural or economical discrimination, represents a fundamental guiding principle in this

sector. Examples of support to decentralisation processes and to the development of local health systems may be found in Bolivia, with a well established and dynamic cooperation programme in that country's poorest Department of Potosi; in Egypt, with special reference to the Governatorates of Behera and Qena; in Mozambique, in the Province of Sofala where the Italian Cooperation is considered focal donor; in Swaziland, where the reorganisation of 12 territorial units is supported; in Zimbabwe, through district management capacity building; as well as in Lebanon, Uganda and others

26.4.3. International Networking

The linkage between successful experiences is encouraged and supported both at regional as well as at global scale ("South-South" and "South-North").

"Decentralised co-operation" between local communities and Institutions, in Italy and in partner countries, represents an important additional tool to traditional development cooperation, facilitating interchange of ideas, methodologies and experience. Most successful experiences are recorded with Latin American countries. In collaboration with PAHO/WHO the first experience of decentralised cooperation was launched in the '90 between the Province of Salcedo and the Italian Municipality of Arezzo, nowadays a consolidated self standing partnership. An analogous experience is growing between the town and the Department of Potosi in Bolivia, and a wide network of Italian Institutions and local entities in the area of Milan and Monza

26.4.4. Some relevant thematic initiatives

Italy traditionally promotes a systemic, rather than a "disease oriented" approach to health. In that perspective, "issues", like specific communicable diseases (e.g. HIV/AIDS, malaria, TB) family and reproductive heath, or handicap prevention and rehabilitation, while being undoubtedly recognised as high priorities, are looked at as specific "problems" to be adequately tackled by efficient, effective and universally accessible health services

26.4.4.1. The fight against communicable diseases: HIV/AIDS, TB and malaria

Control of communicable diseases is to be pursued through the inclusion of adequate integrated strategies and actions in National and local Health Plans.

In that sense, also when resources have been targeted to the control of single diseases, this represented an entry point to develop and strengthen health systems.

For the important burden they represent on people's health and countries economies, HIV/AIDS, Tuberculosis and Malaria have been specifically focussed at global level. In 2001 a Special session of UN General Assembly was dedicated to HIV/AIDS, and at the Genoa G8 Summit in July, under Italian Presidency, a "Global Fund to fight AIDS, Tuberculosis and Malaria" was launched, with an initial commitment of 1.5 billion USD (Italy committed a start-up sum of 200 million US$)

Regarding HIV/AIDS, Italy launched since 1999 when the Parliament allocated a considerable amount of resources to contribute to the international effort against HIV/AIDS in Africa. To date approximately 35.5 millions euros have been committed and destined to 17 Countries both through multilateral (WHO, UNAIDS, WFP) and bilateral programmes, with a significant involvement of NGOs and the scientific collaboration of the Italian National Health Institute, which also provides additional funding.

26.4.4.2. Family and reproductive health

Italy collaborates with WHO in the definition and implementation of strategies and policies in the field of reproductive health and nutrition. Specific activities have been organically integrated in primary health care actions promoted in Africa, Asia and Latin America. Women's health promotion, with special regard to most vulnerable groups (e.g. adolescents and single parent families) is particularly relevant in these programmes; whenever possible these interventions are complemented with actions oriented to the social and economic integration of women.

Specific initiatives in the field of violence against women have been implemented by Italy in Bosnia Herzegovina, Rwanda, Tajikistan, in collaboration with WHO.

The promotion of mother and child health is sometimes specially focussed (e.g. in the Palestinian Territories; in the Kwazulu Natal province of South Africa) in that context, the adoption of the Integrated Management of Childhood Illness – methodology is supported. Together with WHO, UNICEF is very often an important partner in the implementation of these kind of projects.

26.4.4.3. Disability prevention and rehabilitation

In this field Italy has been supporting some specific interventions. In Mozambique, with the promotion of de-institutionalisation and socio-economic integration of mentally-handicapped people, providing technical assistance, at national level, for the development of sectoral policies. Projects in Uganda and Eritrea, were successful in the establishment of orthopaedic workshops and the training of physiotherapists. Since many years in India, therapy and rehabilitation of spinal injured people and community based experiences are being provided through Italian cooperation; analogous initiatives have recently being started in Palestina.

26.4.5. Development of human resources

Training is an integral component of all the initiatives of the Italian co-operation in health. It is delivered locally and includes updating and upgrading of local capacities in the framework of health systems development. Residential training courses are also organised in Italy, with fellowships enabling the participation of developing countries' health personnel in training programmes within Italian health Institutions. In some countries, such as Jordan, Lebanon, Mozambique, Eritrea and Egypt, Italy supports local training Institutions, and in

some other cases, such as in Burkina Faso and Madagascar, local applied research capacity building.

In the vast majority of health cooperation initiatives, health education is a fundamental component.