

Health Policy

Improving Health to Reduce Poverty

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Testing for malnutrition in
Kenya's North Eastern Province





Foreword

Health Policy
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Foreword



I am pleased to introduce the Irish Aid Health Policy. Health is one of our priorities and this Policy sets out how we will fulfil our commitments to health as set out in the White Paper on Irish Aid.

Improving health is one of the greatest development challenges the world faces today. Despite decades of progress globally there is still an unacceptable level of preventable illness and death and millions of people are denied their basic right to health.

It is clear from current progress with the health-related Millennium Development Goals that much more needs to be done, especially in Africa.

This Policy will guide support for health in the context of Ireland's growing aid budget as we move towards the United Nations target of 0.7% of GNP by 2012.

It responds to the changing global aid architecture and new ways of funding health, such as global health partnerships.

As the level of funding increases, the aid programme will need to maintain the right mix of modalities so that our support will deliver the best results.

The Policy focuses on the health needs of the poor. It reflects the commitment in the White Paper to “developing programmes that address the key causes of illness and poor health among the poorest and most vulnerable people and to strengthening health systems in the poorest countries”.

Irish Aid will pay particular attention to the health needs of children, women and vulnerable groups.

We are also committed to combating diseases of poverty and Irish Aid will spend at least €100 million per year tackling HIV/AIDS and other communicable diseases.

This Policy does not stand in isolation from other policy areas and it stresses the need for coherence within Irish Aid and with other Government departments. It also addresses the cross-cutting priorities of Irish Aid – gender equality, HIV/AIDS, environmental sustainability and governance.

I believe that this Health Policy is founded on international best practice and provides an excellent framework for the Irish Aid programme.

I look forward to full implementation of the Policy and making a real difference to the health of the world's poorest people.

Conor Lenihan, T.D.
Minister of State for Irish Aid

Executive Summary

Health Policy
Improving Health to Reduce Poverty

Executive Summary

The Government White Paper on Irish Aid sets out Ireland's commitment to improving health as part of its poverty reduction strategy. Irish Aid firmly believes that health is a fundamental human right and that investing in health is essential for reducing poverty and achieving the Millennium Development Goals (MDGs). Poor health is closely associated with poverty and there is clear evidence that improving health contributes positively to human development, rate of population growth, poverty reduction and economic growth. The MDG review process in 2005 confirmed the need to invest in health as a priority for development.

In many low-income countries health status indicators have either deteriorated or failed to improve over the past ten years. The principal cause is poverty and the poor bear the highest burden of sickness and ill-health and have the least access to health services. Poor governance and weak capacity in the health sector have also hampered countries' efforts to improve health. Much of the recent reversal of health status indicators in sub-Saharan Africa can be attributed to HIV/AIDS. Health has also declined in countries affected by conflict and humanitarian crises.

Health is one of the priorities of the Irish Aid programme and the new policy builds on the existing approach. Irish Aid's goal is to contribute to improving the health of the world's poor people as an integral aspect of sustainable development and achievement of the Millennium Development Goals. The policy sets out a number of specific objectives to achieve this goal:

1. Address the determinants of ill-health
2. Strengthen health systems to serve the poor more effectively
3. Promote health strategies that meet the needs of the poor and marginalised
4. Contribute to an effective international response to health needs of the poor
5. Ensure a coherent approach to health improvement in all Irish Aid's work

Irish Aid's strategy is to work through partnerships at national, regional and international level. There will be a particular focus on communicable diseases following the commitment made by the Taoiseach at the UN Summit in September 2005 to double spending on HIV/AIDS and other global communicable diseases.

Irish Aid's main focus is on meeting health needs through support at country level. Health is addressed as a multi-sectoral issue in the context of Irish Aid's Country Strategic Plans. The principal modality of support to the health sector is through a sector wide approach, or 'SWAp', and funding will increasingly be channelled through government-managed pooling arrangements. In selected countries, where appropriate, general budget support will be considered. Irish Aid will work closely with other development partners to build sustainable health systems. Institutional capacities will be strengthened, particularly human resources, in order to scale up provision of essential health services.

Irish Aid will increase support for civil society organisations (CSOs), recognising their importance as service providers and their role in advocacy for health. Support to global health partnerships will also be strengthened, to improve interventions to tackle communicable diseases and for research and development of much needed new drugs and vaccines. The World Health Organization (WHO) will continue to be a key UN partner in health and Irish Aid will promote continuing reform and more effective performance at country level.

The policy sets out a number of thematic priorities. Particular attention will be given to Irish Aid priority issues of HIV/AIDS, gender inequality, environmental sustainability and governance. These cross-cutting issues will be mainstreamed in all of Irish Aid's health programmes. Another important area of support is in humanitarian crises, and health will be an integral part of Irish Aid's response. Finally, health research has become a policy priority and Irish Aid will fund research by Irish, international and developing country research institutions focused on the specific health needs of the poorest countries.





Family with a primary healthcare worker in Iringa, Tanzania

1. Introduction

‘Support for the core social sectors of education and health will continue to be at the heart of Irish Aid’

Government of Ireland White Paper on Irish Aid (2006)

1.1. Background

Tackling ill-health is central to achieving Irish Aid’s objectives of reducing poverty, inequality and exclusion in developing countries. Ill-health is both a cause and consequence of poverty. There is a direct relationship between improvements in health and human development, rate of population growth, poverty reduction and economic growth.

The Millennium Development Goals (MDGs) provide the focus for Irish Aid’s poverty reduction policies, activities and measures of progress. Within the MDG framework, health has assumed growing importance and become one of the priority sectors of Irish Aid. Spending on health increased incrementally during the 1990s and now accounts for approximately 20% of the total Irish Aid budget. As official development assistance (ODA) has increased, support for health initiatives has grown in depth and breadth. This support is spread across bilateral programmes, civil society, multilateral organisations, global health initiatives and humanitarian action.

Irish Aid’s current health policy was approved in 2000. Since then there have been significant changes in the global health situation and in developments at national and international levels to improve health. The health of the poorest people has deteriorated, in significant measure due to the uncontrolled HIV/AIDS epidemic, and is demonstrated by declines in life expectancy in several countries.

The global response has centred on an agenda of scaling up services to achieve the Millennium Development Goals, with efforts to increase funding for health and make aid more effective. There has been a rapid growth in new global health partnerships, seeking to enhance the global response to particular health issues. At country level there is greater emphasis on harmonised support through Poverty Reduction Strategy frameworks and Sector Wide Approaches.

The Irish government has responded by strengthening its support to countries so that national health systems can address the new challenges. This has been complemented by increasing support to other key development partners, particularly civil society organisations, global health partnerships and UN agencies. A further commitment was made by the Taoiseach at the UN Summit in September 2005, when he announced that Ireland would double its spending

on HIV/AIDS and other global communicable diseases to €100 million a year.

In these changing contexts, Irish Aid has recognised the need to update its health policy to ensure a relevant and effective response. This new policy is situated within the overall policy framework of the White Paper on Irish Aid.¹ It seeks to provide a broad framework to encompass all of Irish Aid's support in health, while also describing priority areas. It was developed through a consultative process based around a background issues paper² which complements this document. It builds on the main directions of the earlier policy and on Ireland's comparative strengths in health (see Box 1). It incorporates lessons learned from

the Ireland Aid Review in 2002 and the OECD DAC Peer Review in 2003. It draws on work done for the MDG review in 2005, notably the Millennium Project report,³ and on other important international publications such as the DAC Guidelines on Poverty and Health.⁴

Health will continue to be a priority sector for Irish Aid. The health policy is built on the premise that health is a basic human right and that investing in health is essential for poverty reduction and achieving the Millennium Development Goals. Attention is focused on supporting country level responses to the health needs of the poor and development of effective and sustainable health systems.

1 White Paper on Irish Aid, launched on 18th September 2006.
2 Background and Context to Irish Aid Health Policy, 2004

3 Investing in Development, A Practical Plan to Achieve the Millennium Development Goals, 2005
4 Poverty and Health, DAC Guidelines and Reference Series, OECD, World Health Organization, 2003

BOX 1: Comparative Strengths of Irish Aid in the Health Sector⁵

- Focus on the poorest countries
- Strong alliances with other donor agencies, both internationally and at country level
- Strong and supportive relationships with recipient governments and with civil society organisations
- Strong commitment to health systems development and experience with health reforms in a number of countries, especially with the development of Sector Wide Approaches (SWAs)
- Long involvement with area-based programmes, which has provided many opportunities for lesson learning on local level development and in building an institutional memory within the organisation on good practice
- Willingness to learn and flexibility in responding to new challenges in aid delivery
- Significant local professional expertise that greatly enriches the country programmes and the Irish Aid contribution to health sector development
- Commitment to strengthening local capacity and human resources in particular within partner governments rather than the use of technical advisory staff
- Independence of the programme from other strategic foreign policy interests and its commitment to the disbursement of untied grant aid

⁵ Background and Context to the Irish Aid Health Policy, 2004

1.2. International Context for Health

The global health picture is a mixed one. Overall statistics reveal remarkable progress in the state of world health, which accelerated towards the end of the last century. Life expectancy increased, child mortality rates dropped and malnutrition rates fell. However, these gains have not been equally distributed and the Alma Ata goal of “health for all people” eludes greater numbers than ever.⁶ The stark reality for many low income countries is that health status indicators have actually deteriorated in the past 10 years.

Why do these countries not enjoy better health? Poor health is closely associated with poverty and today 1.2 billion people live on less than US\$1 per day, of whom 70% are women or girls. The poor suffer worse health and die younger. They are more susceptible to the social factors affecting ill-health, such as food insecurity, social exclusion and discrimination, poor living and employment conditions. They have higher than average child and maternal mortality, higher levels of disease, and more limited access to health care and social protection. Ill-health in poor countries has been exacerbated by conflict and natural disasters and especially by the HIV/AIDS pandemic. High population growth, largely due to an unmet need for family planning, exacerbates the cycle of poverty and ill-health. Gender inequality further disadvantages the health of poor women and girls through lower status, less control over their lives including sexual relations, and less access to health care. Sexual and reproductive health problems account for 18% of the total global burden of disease⁷ and tragically half

a million women die every year from complications of pregnancy and childbirth.

Malnutrition is the single biggest risk factor for illness worldwide. It is a major contributory factor to illness and death from communicable diseases, especially in children. Communicable diseases still account for the major burden of disease, especially among women and children. Today there are 42 million people infected with HIV and almost three million die annually from AIDS. In addition these countries face renewed threats from ‘old’ diseases such as TB and malaria. Malaria now kills over one million people every year, more than it did three decades ago. The resurgence of TB is mainly due to increased susceptibility of those with HIV infection, and accounts for 2 million deaths annually.

Non-communicable diseases and injuries are assuming growing importance in middle and lower income countries. Road traffic deaths now exceed one million a year and tobacco-related illness is expected to become the single largest cause of deaths in developing countries by 2020. Depression and disabilities cause a major burden of disease that remains largely hidden in low income countries.

Cost-effective interventions exist for the major causes of ill-health, however many poor people do not have access to adequate health services. Underlying poor access to health care are weak government institutions and national health systems. There is a lack of capacity to effectively plan and manage services and resources are inadequate to provide even a basic package of essential health services. Human resources are insufficient and systems for health information and the supply of drugs and commodities are unsatisfactory.

Improving health care is seriously constrained by a human resource crisis, especially with efforts to scale up services to achieve the MDGs, including the provision of antiretroviral therapy for HIV/AIDS. Insufficient training of personnel, international migration and attrition from

6 Health for all people by 2000 – the Alma Ata Declaration of 1978 calls for all people to attain a level of health that will permit them to lead a socially and economically productive life

7 WHO, Estimates of Disability Adjusted Life Years (DALYs) by sex, cause and WHO mortality sub-region, estimates for 2001

HIV/AIDS are among the factors leading to the human resource shortage. Productivity in the sector is further reduced by deficient health-worker performance stemming from poor quality of training, unsatisfactory working conditions, ineffective supervision and low pay.

1.3. Health and the Millennium Development Goals

The relationship between health and poverty reduction is strongly reflected in the Millennium Declaration. All of the Millennium Development Goals have a direct or indirect relationship with health, and three specifically aim for improvements in health outcomes:

- MDG 4: Reduce child mortality
- MDG 5: Reduce maternal mortality
- MDG 6: Combat HIV/AIDS, malaria and other diseases.

Three other MDGs address key social determinants of health - achieving universal primary education, promoting gender equality and ensuring environmental sustainability (which includes reducing the proportion of people without sustainable access to safe drinking water and sanitation).

The MDGs have acted as a catalyst in generating political commitment and mobilising resources to address global poverty. By underlining the important relationship between health and poverty they have helped place health at the heart of the international development agenda. Today it is more clearly understood that poor health is not simply a consequence of poverty, but an integral aspect and cause of poverty.

Global efforts towards achieving the MDGs have been somewhat fragmented, as seen for example in the large number of global health initiatives which focus on individual, often disease-specific

targets. Ireland has supported a balanced approach which seeks to address all MDGs together, and not in isolation. This is valid from both a poverty-reduction and health perspective. Investment in the ‘non-health’ MDGs will reap significant benefits for health.

The attention focused on the MDGs has highlighted the lack of progress in efforts to improve child mortality and maternal health. The situation is most alarming in sub-Saharan Africa, which accounts for nearly half of all deaths for children under-five. With planned progress falling behind schedule, momentum is building around the scaling up of action to accelerate this process. This was the focus of the High Level Forum on the Health MDGs in 2004 and 2005. It emphasised the need for substantial increases in funding for health, greater commitment to health through MDG-focused Poverty Reduction Strategy Papers (PRSP), and more effective health systems to deliver targeted interventions. The Millennium Project report in 2005 reinforced these messages and identifies health as one of the priority areas for investment to achieve the MDGs. It presents the case of Ghana where health accounts for 25% of MDG investment needs from 2006 to 2015.

The MDGs do not explicitly identify all aspects of health, for example sexual and reproductive health and non-communicable diseases are not specified. Access to reproductive and sexual health services, including family planning, was one of the main goals adopted at the International Conference on Population and Development (ICPD) in Cairo in 1994 and is essential to achieving the MDGs. It is also a vital aspect in efforts to tackle HIV/AIDS. However, the absence of a reproductive health goal has contributed to reduced attention for this issue at international level and may account, in part, for poor progress in the area of maternal health. Ireland worked together with other EU Member States to ensure that the links between sexual and reproductive health and rights and the MDGs were properly reflected in the outcome of the 2005 MDG review.

1.4. Conceptualising Health

Irish Aid's policy is shaped by its understanding of 'health' and the importance of addressing ill-health of the poor in the broader context of development assistance.

1.4.1. The Definition of Health

*"Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity"*⁸

Irish Aid believes that the WHO definition of health remains fully relevant today. It stresses the many dimensions of health and the existence of positive health. The holistic definition implies that ill-health cannot be adequately addressed by only tackling specific diseases that cause suffering and death, however serious they may be. The definition also draws attention to the relatively neglected mental and social aspects of health, such as mental illness and disabilities. These cause enormous burden of disease but their impact may be hidden behind the more visible 'physical' diseases. Understanding health as 'well-being' underlines the relationship between ill-health and poverty. Having one's basic needs met is an essential aspect of being healthy. Improving health is inseparable from human development and involves addressing common issues of population, status of women, housing, education, environmental sustainability, employment, water and sanitation and malnutrition.

1.4.2. Health as a right

*"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political, economic or social condition"*⁹

The Universal Declaration of Human Rights affirms the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. This implies, but is by no means limited to, a 'right to health services' for the protection and advancement of health. The right to specific aspects of health and health-care has been elaborated in various international agreements, such as the rights of the child, the right to sexual and reproductive health and the right to treatment for disease. Recognizing these rights places responsibilities on governments to promote and protect the health of individuals and communities, including ensuring access to high quality health care.

Fulfilment of different rights poses particular challenges for poor countries in deciding how to allocate scarce resources. The right to anti-retroviral therapy for HIV/AIDS, for instance, needs to be balanced with the rights to HIV prevention services and to other essential health services. Efforts to vindicate the right to health for all persons should give priority to those suffering and most vulnerable to ill-health, taking into account the principles of equity and public health. Given the broad determinants of health, fulfilment of the right to health requires action in many other social and economic sectors.

8 World Health Organization, 1948

9 World Health Organization, 1948

1.4.3. Health as an investment

Health is an important economic asset, especially for poor people. Evidence now shows that better health translates into greater and more equitably distributed wealth by building human capital and increasing productivity. The report of the Commission on Macroeconomics and Health¹⁰ convincingly locates health at the heart of development and draws attention to the importance of investing in health to enable poor people to break out of poverty. This requires extra investment in public health interventions, and it is estimated that it costs about US\$40 per capita per year to provide a minimum package of care in low-income countries. While a focus on the diseases with the greatest economic impact is justified, investment is needed to strengthen health systems and policies so that interventions for these diseases can actually be delivered to the poor.

¹⁰ Macroeconomics and health: Investing in Health for Economic Development. Report of the Commission on Macroeconomics and Health, WHO, 2001.



Children wait for vaccination in Kenya's North Eastern Province



2. Health Policy

2.1. Vision of Health Development

Irish Aid has a vision for health development with the following characteristics:

- That the improvement of health outcomes is a central development objective
- That people are empowered to take responsibility for improving their health status

- That the contribution to health development by all relevant stakeholders is recognised
- That investments are made to facilitate the development of robust national health systems

2.2. Guiding principles

The guiding principles of the White Paper will be applied to Irish Aid’s support for health.

BOX 2: Guiding Principles

Partnership

“Ireland’s relationship with the developing world will be based on a spirit of partnership and equality.”
- White Paper on Irish Aid

We will provide assistance for health in the context of locally owned and led programmes. We will align our support with locally owned priorities, programmes and systems, and harmonise requirements and procedures for disbursing and managing aid with other donors.

Public Ownership and Transparency

We will ensure greater awareness and ownership of the programme.

We will strengthen linkages with Irish institutions and organisations. We will ensure that the place of health in development is reflected in Irish Aid’s strategy to increase awareness of development issues. We will consult with partners on major health policy initiatives.

Effectiveness and Quality Assurance

We will use public resources efficiently and effectively, providing value for money for the Irish taxpayer.

We will adopt approaches and standards based on internationally-accepted best practice. We will work in close coordination with other donors and the international community in order that development assistance for health is used to best effect at country and global levels. We will systematically monitor and evaluate implementation of the health policy.

Coherence

We will work for a coherent approach to development across all Government Departments.

We will aim for coherence between the health policy and other development policies in Irish Aid; and with relevant policies of the Department of Health and Children and other Government Departments.

Long-Term Sustainability

Our interventions will be durable and will bring benefits over the long term.

We will take a long term view, tackling determinants of poor health and strengthening institutional capacity so poor countries can meet their own health needs. We will promote the empowerment of people to participate in decisions affecting their health. We will integrate concerns on gender, environment, HIV/AIDS and governance into our programmes.

2.3. Policy Goal

To improve the health of the world's poor people as an integral aspect of sustainable development and achievement of the Millennium Development Goals

2.4. Policy Objectives

Irish Aid has adopted a number of specific objectives to achieve this goal, working through its various partnerships and programmes.

1. Address the determinants of ill-health
2. Strengthen health systems to serve the poor more effectively
3. Promote health strategies that meet the needs of the poor and marginalised
4. Contribute to an effective international response to health needs of the poor
5. Ensure a coherent approach to health improvement and health protection in all Irish Aid's work

Objective 1:

Address the determinants of ill-health

Irish Aid will:

- Address the political, social, cultural, economic and environmental factors affecting the health of poor people.
- Adopt a multi-sectoral approach and support policies and investments in 'non-health' sectors that disproportionately affect the health of poor people such as education, nutrition, water and sanitation, gender inequality and the environment.
- Support a holistic approach and measures that address all the MDGs together and not just those with specific health targets.
- Give priority to the cross-cutting issues of HIV/AIDS, gender inequality, environment and governance.
- Support community empowerment and participation approaches that reduce people's

vulnerability to ill-health and enable them to choose a healthier lifestyle and participate in their health care at the household and community level.

Objective 2:

Strengthen health systems to serve the poor more effectively

Irish Aid will:

- Provide support through aid modalities that strengthen pro-poor health systems.
- Support ongoing reform processes to strengthen health systems, including SWAps, decentralisation and civil service reform programmes.
- Strengthen institutional capacities needed for effective health systems, emphasising human resources for health, information systems and processes for planning, review and budgeting.
- Support interventions at country level that will produce, retain and sustain adequate human resources for health.
- Promote appropriate action at international level and in Ireland to reduce the brain drain of health and medical personnel from sub-Saharan Africa, and to monitor the effects of such brain drain from other low and middle-income countries.
- Promote harmonised donor support to the health sector at country level.
- Promote participation of all relevant stakeholders in financing and delivery of health care, including civil society organisations and the private sector.
- Promote integration into national health systems of targeted global initiatives against major diseases, such as HIV/AIDS.
- Support equitable and fair health financing mechanisms that protect the most vulnerable.¹¹

¹¹ This means that each person receives health care services according to their needs whilst contributing according to their means

Objective 3:

Promote health strategies that meet the needs of the poor and marginalised

Irish Aid will:

- Support strategies to achieve universal coverage of essential promotive, preventive and curative health services, based on a primary health care approach.
- Emphasise equitable provision of services based on need and the burden of disease of the poor, for both communicable diseases and major non-communicable diseases, such as depression and disabilities.
- Promote the particular health needs of children, women and vulnerable groups, emphasising integrated management of childhood diseases and sexual and reproductive health services.
- Support measures to improve quality of health services, according to evidence-based best practice, including the technical standard of care and responsiveness to users' needs and expectations.
- Support a greater role for civil society in providing services for those who are poor and marginalised, including intravenous drug users and the sexually vulnerable, and for people living in geographically remote communities.

Objective 4:

Contribute to effective international response to health needs of the poor

Irish Aid will:

- Support efforts to rationalise, harmonise and align the increasingly complex global development assistance architecture to meet the needs of recipient countries and communities.
- Promote key policies and actions in health and other areas such as trade, TRIPS¹² and environment issues that can have positive impacts on health in poor countries.
- Promote a country focus in international dialogue, respecting country ownership and leadership, and seeking to ensure that global level decisions are relevant to country needs.
- Encourage political commitment and mobilisation of additional resources for health, based on commitments made at Monterrey in 2002.¹³
- Promote a flexible international approach to macro-economic parameters and budget ceilings in low income countries.
- Promote harmonisation and coordination in the global health response by all donors, UN agencies and global health partnerships.
- Build strong alliances and coalitions with like-minded donors.
- Support investment in global public goods, including health research, health surveillance and research and development in services and products to tackle poverty-related diseases.

12 The Declaration on the TRIPS Agreement and Public Health adopted at the WTO Ministerial Conference (Doha, Nov 2001) allows Members to use compulsory licenses, if they wish, to help address supply problems that can arise during health crises.

13 UN Conference on Financing for Development, Monterrey, Mexico, March 2002

Objective 5:

Ensure a coherent approach to health improvement in all Irish Aid's work

Irish Aid will:

- Seek to achieve internal coherence across all Irish Aid sections and country programmes.
- Strengthen integration within Irish Aid of support for health with other sectors that have an impact on health outcomes.
- Maintain coherence with other Irish Aid policies and ensure appropriate response in health programmes to the cross-cutting issues of HIV/AIDS, gender, environment and governance.
- Strengthen linkages in Irish Aid between support at international, regional and country levels, including greater participation by staff across different levels.
- Seek appropriate balance and consistency between international support for multi-lateral organisations and global health initiatives and support for development of sector wide approaches at country level.
- Coordinate with Department of Health and Children on issues of global health and development.
- Strengthen linkages with Irish institutions and organisations working in global health to promote alignment of policies and strategies with internationally accepted best practice.

3. Health Strategy

This section sets out how Irish Aid will implement the policy through partnerships at national, regional and international level. The main partners are national governments, multi-lateral organisations, global health partnerships and civil society organisations. Through linking support to different partners and using different modalities Irish Aid will seek to create synergies and maximise effectiveness of its aid for health. The proportion of Irish Aid's expenditure for health will be maintained at about its current level (20%), reflecting the importance attached to health improvement for alleviating poverty and achieving the Millennium Development Goals.

3.1. Bilateral Assistance

Irish Aid will support health as a priority through its bilateral programmes, mainly in sub-Saharan Africa. The general approach will be to continue to move away from support for individual projects and towards a more programme-based approach. Assistance to each country will be provided through a mix of different aid approaches and modalities, including Sector Wide Approaches (SWAp), Area-Based Programmes, General Budget Support and support for civil society and the private sector. Irish Aid will adopt a multi-sectoral approach to health within the overall framework of the Country Strategy Paper. Support will be coordinated with other donors and aligned to national PRSPs and health sector strategies, reflecting Ireland's commitment to harmonisation and the 2005 Paris Declaration on Aid Effectiveness. Support will be focused on building national capacity towards sustainable health systems. HIV/AIDS, gender, environment and governance will be addressed as priorities in Irish Aid's health programmes.

The main modality of support for health will be to provide funding to the sector in the context of a SWAp. Irish Aid will also support health through general budget support with the potential advantages of improving harmonisation, reducing transaction costs and increasing predictability of funding for health. These programmatic

approaches at national level will be complemented by continued support at sub-national level, in the context of area based programmes and local development. Here Irish Aid will focus on building capacity of health systems at provincial and district levels and help strengthen links between national policy dialogue and local delivery of health services.

Support through the traditional project approach will be reduced, recognising the high transaction costs and the limited contribution of projects to building sustainable health systems. Situations where Irish Aid may consider it appropriate to continue such an approach include pilot initiatives, capacity strengthening, research and support for civil society partners. In these instances Irish Aid will ensure that support through projects is coherent with overall sector support.

3.1.1. Policy Dialogue

By increasing the channelling of funds through SWAPs and general budget support, Irish Aid will broaden the scope of its policy dialogue with government and other partners. Irish Aid will raise health issues in dialogue both within the health sector and in the wider development and macroeconomic context.

Strategic focus:

- Promote integration of health in PRSPs and national development plans, including the use of health and health service indicators in monitoring implementation.
- Promote development of PRSPs that are needs-based and aligned with the MDGs.
- Encourage and monitor governments' commitments to allocating appropriate levels of domestic resources for health, in line with the Abuja Declaration.¹⁴
- Promote equitable health financing mechanisms, and support abolition of user charges for basic

¹⁴ In the Abuja Declaration, African governments committed to allocating 15% of domestic resources to health

services where they are a barrier to access by those who cannot afford to pay.

- Promote greater involvement of all stakeholders in health and health-related sectors, including the private sector and civil society organisations, including organisations which represent those normally marginalised from policy processes.
- Emphasise the need for a multi-sectoral approach to health, addressing determinants of health including food security, population, environment, education and water and sanitation.
- Support strengthening of government capacity to develop and manage expenditure frameworks that are aligned to national and sector plans and targets.

3.1.2. Sector Wide Approaches

The Sector Wide Approach (SWAp) is now regarded as good development practice in low-income countries by governments and donors. SWAPs can reinforce national leadership, transparent processes and institutional capacity building. Irish Aid fully supports the SWAPs concept for the development of sustainable national health systems to meet people's essential health needs. It will continue to be its main approach to support the health sector in the medium term. Irish Aid also acknowledges that the pace of SWAP evolution needs to be matched with the country specific circumstances.

Strategic focus:

- Maintain a strong outcome focus, seeking to ensure that SWAp processes lead to improved health care delivery and health outcomes.
- Align Irish Aid programmes with national sector strategies and processes.
- Determine the focus of Irish Aid's engagement in SWAPs in each country context, as a basis for policy dialogue and capacity building.
- Contribute to pooled funds arrangements for an agreed expenditure programme when local systems for management and delivery are of an acceptable standard.

- Work with donors to simplify and harmonise systems so as to reduce the burden on partner governments.
- Undertake country missions and analytical work in cooperation with other donors and avoid duplication of work.
- Identify new mechanisms for funding and supporting private sector and civil society organisations active in pro-poor service delivery and advocacy work.
- Promote the development and implementation of health sector and inter-sectoral strategies to address gender, HIV/AIDS and environment.
- Emphasise links of the health sector with broader national development processes and macro-economic policy environment.

3.1.3. Support through Local Development

Since the 1990s Ireland has supported building of health services through Area Based Programmes, implemented in partnership with local government. Tangible benefits include improved health infrastructure and training of health professionals. Area Based Programmes have informed policy dialogue through understanding of the health situation and health care needs at district and community level. As Irish Aid engages more at a national level in SWAPs, selective support at sub-national level will continue using appropriate modalities. These will include traditional area based programmes, regional sector and general budget support and support for civil society organisations.

Strategic focus:

- Coordinate sub-national support with national level engagement in SWAPs and donor harmonisation.
- Promote effective engagement of all stakeholders, including participation by civil society and local communities, in the context of sub-national structures of governance and health sector management.
- Promote links between national and sub-national levels, to ensure that improved sector

processes lead to improved health care delivery and better health at local level.

- Support district level pilot initiatives that are linked to national level policy.
- Utilise information from practice and research at sub-national level to inform policy dialogue, strategies for scaling up services and allocation of national resources.
- Evolve approach at sub-national level according to development of decentralisation processes and health sector reforms.
- Promote participatory and community based approaches whereby a community defines its own health needs, works out how these needs can best be met and collectively decides on a course of action to achieve the desired outcomes.

3.2. Regional Partnerships

Irish Aid has had a limited involvement in regional programmes for health, mainly focused on malaria and HIV/AIDS in East and Southern Africa. Regional programmes and networks can add value in a number of ways. They can promote synergy in addressing common health problems through sharing of ideas and experience and the development of common approaches. They can help bridge the gap between global organisations and the country level, and provide more coordinated and coherent national responses to the various global health initiatives.

Strategic focus:

- Examine scope for greater engagement with regional and sub-regional organisations and programmes to strengthen effectiveness of country health programmes, including NEPAD¹⁵, WHO Regional Office for Africa (AFRO), and regional INGOs.

¹⁵ New Partnership for Africa's Development (NEPAD) is a development initiative of African leaders involving a constructive partnership between Africa and the developed world, arising from OAU Summit in 1999.

- Review the impact and added value of supporting regional projects in malaria and HIV/AIDS.
- Identify health challenges that can be addressed more effectively through regional approaches and explore opportunities for Irish Aid support.
- Seek to learn from regional initiatives and apply lessons in country programmes.

3.3. Global Partnerships

3.3.1. Working with UN organisations

Ireland makes voluntary contributions to a number of UN development and relief agencies, funds and programmes, which come on top of its mandatory contributions to UN agencies. The main ones with technical and coordinating roles in health are WHO, UNICEF, UNFPA and UNAIDS. Irish Aid establishes its level of support through internal consultation and based on established criteria (see box). Irish Aid engages in policy dialogue through their governance structures and formal bilateral consultations.

BOX 3: Criteria for Irish Aid support to UN agencies:

1. Poverty reduction focus
2. Relevance to MDGs
3. Management strength
4. Commitment to reform
5. Commitment to coordinate with other multilateral and bilateral agencies especially as part of pooled funding arrangements in partner countries and in support of country coordination under UNAIDS
6. Transparency of reporting arrangements

Among the UN agencies in health, Irish Aid's most in-depth engagement is with WHO, as the leading technical agency. Support is provided according to a multi-annual strategic programme of cooperation. Engagement with WHO is coordinated with the Department of Health and Children. Irish Aid focuses on a number of key areas of organisational performance with the following objectives:

1. Support the reform process in WHO
2. Work towards a more harmonised and coherent multi-annual engagement
3. Encourage and assist WHO's Country Focus Initiative¹⁶
4. Make a direct contribution to MDG related areas of work and health systems development
5. Provide for an emergency response

Strategic focus:

- Provide core funding to UN agencies involved in health, at a level consistent with Irish Aid's policy priority to health.
- Work closely with other like-minded donors to strengthen collaborative cooperation with WHO, including moving to a joint annual consultation process.
- Engage in policy dialogue with WHO, UNFPA, UNICEF and UNAIDS through their governance structures and formal bilateral consultations.
- Promote greater coordination and harmonisation between UN agencies and with other development partners in health at international, regional and country levels.
- Promote greater alignment by UN agencies of their support with SWAps.
- Work in country with UN agencies to strengthen their capacity and to more effectively fulfil their mandated functions in the sector.

16 The Country Focus Initiative aims to improve WHO's contribution to people's health and development within countries.

3.3.2. Working within the European Union

The European Union is one of the largest donors in health. The bulk of assistance to developing countries is provided through the European Development Fund which Ireland supports as a party to the Cotonou Agreement. As a development player the European Commission (EC) plays a complementary role to Member States. At country level assistance in health is focused on health sector and general budget support. The EC also provides macro-economic support that is linked to improved health outcomes and support to health-related sectors. The Directorate General for Development (DG Development) seeks to promote a coherent EU response in its support for health, for example with the European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action (2005).

Strategic focus:

- Contribute to EU health policy dialogue through participation in the Health, AIDS and Population Health experts group of the DG Development.
- Promote health priorities in development at level of the Council.
- Promote best-practice approach to support for health by all Member States.
- Support the EU to take on a stronger leadership role in relation to coordination and harmonisation of procedures and policies in health.¹⁷
- Support the role of EU in countries and situations where it brings added value, such as fragile states where few donors are present.

17 A leadership role by the EU in coordination and harmonisation was envisaged under the Monterrey International Conference on Financing for Development Commitments

3.3.3. Global Health Initiatives and Partnerships

There has been a rapid proliferation of global health partnerships (GHPs) and funds in health (including HIV/AIDS) and they have become a powerful force in health development and poverty reduction. These international public-private partnerships developed out of a background of declining ODA, deteriorating health services and the growing challenge of major diseases, especially HIV/AIDS, TB and malaria. Today they are playing a significant role both in expanding access to existing interventions and services and in supporting research and development of new drugs and vaccines. They have yet to become well coordinated at international level and being mainly single-focus initiatives do not foster an integrated approach to addressing the MDGs. Furthermore their top-down, vertical approach imposes high transaction costs and makes it difficult to harmonise global initiatives with country led programmes.

BOX 4: Global health partnerships and initiatives funded by Irish Aid in 2006:

- Global Fund to Fight AIDS, TB and Malaria
- GAVI Alliance
- Global Polio Eradication Initiative
- European Malaria Vaccine Initiative
- Global Alliance for TB Drug Development
- International Partnership for Microbicides
- International Aids Vaccine Initiative
- Clinton Foundation HIV/AIDS Initiative¹⁸
- Medicines for Malaria Venture
- Global Health Workforce Alliance

18 Under an agreement with the Clinton Foundation, the Irish government provides additional funding for HIV/AIDS to the health sector in Mozambique and Lesotho

Strategic focus:

- Irish Aid will broaden and deepen its engagement with GHPs. This will be articulated in a 5-year strategy for support to global partnerships in health and HIV.
- The focus of support will be guided by a set of principles developed in 2005.¹⁹

BOX 5: Principles to guide Irish Aid support to global health partnerships:

1. Target support to those GHPs that focus on HIV/AIDS and other major diseases of poverty that are key to achieving the MDGs, and which demonstrate clear advantages over – and potential complementarities with – existing aid mechanisms.
2. Provide support to GHPs on condition of their demonstrating implementation of best-practice approaches, good governance (at global and country levels), transparency and accountability for their actions.
3. Only support GHPs that help to strengthen recipient country governments in their stewardship and democratic accountability roles.
4. Facilitate the representation, participation and interests of the important relevant stakeholders, including government and civil society representatives, in global and country level partnerships.
5. Ensure balance and coherence in the magnitude, content and fit of Irish Aid's support to GHPs and country level development assistance, which includes budget support, poverty reduction strategies, SWAPs and bilateral programmes.
6. GHPs selected for support demonstrate commitment and adherence to principles of harmonisation and alignment with existing country systems. Country activities

19 From 'Engagement with and Support to Global Health Partnerships: A Review for Irish Aid', Dr. Ruairi Brugha, May 2005

should be financed through the SWAp or government budget, where these are effective, or through other agreed coordination mechanisms.

7. GHPs work through and aim to strengthen existing country partnerships, and strive to minimise transaction costs on governments and their development partners.
8. Ensure country lessons on GHPs are channelled into global level policy and strategy formulation, through effective communication between Irish Aid's country offices and HQ; and HQ ensure that country offices are well briefed on major GHP developments.
9. Only initiate support to new GHPs, where Irish Aid has the capacity to monitor, engage and ensure accountability and value for money, or where these functions are undertaken within a wider donor coordinated approach, in line with Irish Aid's policies.
10. Coordinate monitoring of GHPs supported by Irish Aid with like-minded donors, at the global and country levels, in order to maintain coherence between donor policies and to strengthen such donor influence at the international and national levels.
11. Through support to GHPs strengthen country public sector capacity and human resources (HR), at all levels. Seek to have principles of good HR practice adhered to, at all levels – including through working with the Department of Health and Children – so as to discourage the poaching of scarce developing country health workers.
12. Support GHPs for medium to long term duration [6 yrs.], subject to ongoing monitoring to ensure adherence to agreed principles and evidence of good practice.
13. Work with countries, other donors and global policy makers to develop codes of good practice for GHPs, especially at the country level, which are consistent with and help to operationalise these principles.

3.4. Civil Society Partnerships

Irish Aid recognises the important role of civil society in improving the health of poor people in developing countries. The biggest contribution has been in services delivery where civil society organisations (CSOs) often have comparative advantage over the government in reaching geographically remote communities and marginalised groups. As one example, 57% of all sexual and reproductive health services in developing countries are provided by CSOs and they have also assumed an increasingly important role in prevention, treatment and care and support for HIV/AIDS. Community based CSOs can be powerful agents for change in reducing health vulnerability through alterations in health-seeking behaviour and adopting healthy lifestyles.

Strategic focus:

- Continue to support a broad range of civil society organisations working in health including Irish NGOs and Missionary Groups, International NGOs and nationally based NGOs in third countries.
- Seek to strengthen coherence of the different mechanisms of Irish Aid's support to civil society in health, at country level and through central funding mechanisms.
- Engage in policy dialogue with Irish INGOs and promote the development of health policies and strategies based on international best practice.
- Promote the integration of civil society within national health systems including participation in SWAps and policy dialogue mechanisms, and development of formal agreements and contracting mechanisms with Ministries of Health.
- Promote the role of CSOs in governance and advocacy for health.
- Strengthen the capacity of CSOs through supporting organisational development processes and alliance building.



Child receiving measles inoculation
in Somali region of Ethiopia



4. Thematic Issues

4.1. HIV/AIDS

In tackling HIV/AIDS, there has been a shift in focus towards the health sector, particularly on treatment, since the launch of the 3x5 Initiative by WHO in 2003.²⁰ This followed the advent of anti-retroviral treatment for HIV/AIDS, opportunities to make cheaper generic drugs available in developing countries under the TRIPs agreement, and the large increase in funds available through global initiatives. The need for a more holistic approach was recognised at the UN High Level Meeting on AIDS in 2006 and in the setting of a new global target of ‘universal access to HIV prevention, treatment, care and support’ by 2010.

Irish Aid’s response to HIV/AIDS is based on strong political commitment to addressing HIV/AIDS as essential to development and achieving the MDGs. The principle strategy is the mainstreaming of HIV/AIDS in all programmes. The approach in the health sector is guided by the overall Irish Aid HIV/AIDS policy, and *Irish Aid Guidelines on Strengthening Access to Treatment for HIV/AIDS in Low Income Countries*.

Strategic focus:

- Update existing Irish Aid policy on strengthening access to treatment and develop a broader strategy for support to the health sector response to HIV/AIDS, encompassing prevention, treatment, and care and support.
- Promote harmonisation and coordination among all stakeholders, following the ‘3-Ones’ principles.²¹
- Promote appropriate balance between prevention, treatment and care and support in national and international programmes
- Promote close links in countries between overall

national response to HIV/AIDS and the health sector response.

- Encourage governments to adopt a comprehensive health sector response to HIV/AIDS within the framework of the overall health sector strategy.
- Seek to ensure that services for HIV/AIDS are coordinated with other major diseases, such as TB and malaria, and linked with sexual and reproductive health services, especially for prevention.
- Support scaling up of services for HIV/AIDS in a way that strengthens and does not harm national health systems, including human resource capacity.
- Promote coordination between government, private and civil society actors, including a greater role for civil society organisations in care and support at community level
- Advocate for reduction in the cost of anti-retroviral medications and for adherence to the guarantees of the Doha Declaration.²²

4.2. Gender equality

Irish Aid’s Gender Equality Policy (2004) articulates a clear commitment to addressing gender issues in health. Women bear a disproportionate share of the burden of ill-health and addressing gender inequality lies at the heart of an effective response. Women are more vulnerable than men due to an imbalance of power, meaning they generally have less control over aspects of their lives. This is evident in lack of access to information and education, greater exposure to health risks and poor access to basic health care including reproductive health services. Gender inequality contributes to the high level of maternal deaths and the rising incidence of HIV infection in women.

²⁰ The aim of the 3x5 initiative was to have 3 million people on anti-retroviral treatment of HIV/AIDS by the end of 2005

²¹ One agreed AIDS action framework, one national AIDS coordinating authority, one agreed AIDS country-level monitoring and evaluation system.

²² The Declaration on the TRIPs Agreement and Public Health adopted at the WTO Ministerial Conference (Doha, Nov 2001) allows Members to use compulsory licenses, if they wish, to help address supply problems that can arise during health crises.

Strategic focus:

- Develop strategic guidelines for addressing gender inequality in the health sector, addressing the gender-specific needs of both women and men.
- Promote a comprehensive approach to gender inequality and health, as set out in the Cairo ICPD Programme of Action²³, including measures in other sectors that impact on women's health including education, food security and nutrition, and security.
- Seek to reduce gender inequalities in access to basic health services. Support user-friendly sexual and reproductive health services for adolescent girls and women.
- Encourage sound gender analysis and gender-aware budgeting in all major health programmes and investments, including pooled arrangements such as SWAPs and global partnerships.
- Emphasise the importance of the disaggregation of data on the basis of gender, so as to be able to monitor adherence to best practice guidelines.
- Advocate for action on specific health issues that stem from women's position in society, such as gender based violence and female genital mutilation.
- Support community-based health programmes that empower women.
- Support civil society organisations that provide services and support for women's health and HIV related needs.
- Strengthen capacity within Irish Aid to mainstream gender in health and in the use of gender analysis skills and tools.

4.3. Environment

One fifth of the total burden of disease in the developing world, and up to 30% in sub-Saharan Africa, is associated with environmental factors. A small number of environmental factors are responsible for this disease burden, particularly lack

of safe water and sanitation, indoor air pollution, exposure to disease vectors and road traffic injuries. Water-related diseases claim three million lives a year, mainly children under five years of age, and poor water management contributes to vector-borne diseases such as malaria which kills one million people every year. Over time, climate change has significant health implications, increasing susceptibility to natural disasters and facilitating spread of vector-borne diseases. Population growth and rapid urbanisation also affect environmental sustainability and the availability of natural resources, adding to the environmental effects on health. Irish Aid will address environmental factors affecting health in line with its overall policy on environmental sustainability.

Strategic focus:

- Build awareness of the relationship between the environment and health in developing countries.
- Develop capacity within Irish Aid to address environmental issues and equip staff with tools and guidelines.
- Promote inclusion and integration of environmental issues in health policies and strategies.
- Highlight and support specific actions in the health sector whereby environmental improvement can significantly improve health e.g. provision of impregnated bed nets for malaria.
- Emphasise the role of water and sanitation, combined with hygiene education, as major environmental issues affecting health.
- Promote development and implementation of population policies in countries where high fertility rates significantly increases the environmental impact on health.
- Emphasise the need for international action including commitment to global public goods (e.g. biodiversity) to reduce health problems.
- Coordinate with the Department of the Environment on global environment matters which affect global health, e.g. climate change, biodiversity.

²³ International Conference on Population and Development, Cairo, 1994

4.4. Governance

Effectiveness of aid in the health sector depends on good governance. The primary responsibility for governance lies with the Ministry of Health, with civil society having a role in ensuring accountability.

BOX 6. Main governance functions in the health sector

1. **Stewardship:** setting vision and direction of health policy, establishing the role of all stakeholders and service providers, establishing regulations, and overall oversight and accountability of the sector.
2. **Resource generation:** securing the necessary resources from various sources – domestic revenue, user fees, donors, global funds and elsewhere.
3. **Financing:** ensuring equitable or fair financing of basic health services so that affordability does not exclude poor people and they are protected from financial shocks due to ill-health.
4. **Service provision:** ensuring that services work for the poor and that a variety of service providers are co-opted through a variety of agreements and arrangements.

Strategic focus:

- Work collectively with other donors to support development of the policies, structures and processes necessary for transparency, accountability and good governance in the health sector.
- Encourage development of mechanisms for transparent and effective financial accountability, such as Public Expenditure Reviews, National Health Accounts and National Audits.

- Promote private sector and civil society participation in governance processes.
- Promote decision-making based on accurate information and emphasise importance of a reliable health information system.
- Seek to ensure that aid modalities in health supported by Irish Aid do not undermine good governance.
- Support WHO to fulfil its mandate of strengthening governance in the health sector.

4.5. Health in Humanitarian Crises

Each year one out of five countries faces a humanitarian crisis and up to two billion people experience threats to their health. These may be sudden natural calamities, conflicts or slow onset disasters of an environmental or economic nature. Basic needs may not be met and malnutrition and communicable diseases may cause suffering and death. Most vulnerable amongst those affected are the young, the elderly, women, and those with disabilities and chronic illnesses. Irish Aid priority countries are among those at risk of humanitarian crisis.²⁴

Ireland recognises its obligation to respond to humanitarian crises based on principles of humanity, impartiality, neutrality and independence, and that those affected have a right to life and dignity. Beyond this, mounting an effective response to crises is a strategic intervention towards improving health and the alleviation of poverty. Irish Aid support for health in humanitarian crises includes both emergency and recovery phases.

Strategic focus:

- Include health as an integral part of Irish Aid humanitarian and recovery policies.

²⁴ Examples are flooding in Mozambique, conflict in Uganda and food insecurity in Ethiopia and Lesotho.

- Seek to improve health in humanitarian crises through partnerships based on international standards of best practice and linking emergency response with sustainable health systems.
- Provide coordinated support to international and local partners (national and sub-national), including Irish international NGOs as key implementation partners.
- Support coordination and leadership role by WHO through Health Action in Crises, and to promote more effective responses to key health challenges in crises, e.g. gender-based violence, HIV and other communicable diseases.
- Expect partners to adhere to humanitarian principles (including the ICRC/NGO Code of Conduct and Humanitarian Charter) and to follow international technical health standards (including Sphere Minimum Standards in Disaster Response).
- Pay particular attention to HIV/AIDS and gender-based violence.
- Where appropriate extend support beyond the acute phase to recovery and to crisis preparedness and mitigation planning.

4.6. Health Research

Only 5% of total global investment in health-related research is devoted to research addressing health problems in developing countries. Much greater investment is needed to develop new interventions and improve delivery of existing interventions to achieve the MDGs. The Ministerial Summit on Health Research in Mexico in 2004 stressed the importance of research in understanding ‘the genome’ of health systems in order to enhance the capacity of health systems to tackle the challenges of major diseases. Other priority areas are research on the development of new technologies and research on health risks and behaviour. In 2006, Irish Aid increased spending to approximately €20 million on health-related research, mainly for the development of new drugs

and vaccines for malaria, TB and HIV/AIDS. In 2005, Irish Aid signed an MOU with the Health Research Board to collaborate on providing support for global health research by Irish institutions.

Strategic focus:

- Promote evidence-based policy making at international and national level.
- Seek opportunities to increase capacity of national systems for health research in developing countries.
- Promote international partnerships in health research focused on the needs of developing countries.
- Support organisations with strategic leadership role in global health research.
- Support research projects by Irish and international institutions with technical capacity to conduct and publish high quality research.
- Give priority to supporting research in health systems and research and development of new technologies for prevention and treatment of major diseases.
- Encourage operational research in Irish Aid bilateral programmes that can contribute to development of international best practice in health, with a focus on reaching the poorest.
- Promote global health research in Ireland through collaboration and networking with Irish third-level institutions, the Health Research Board, the Department of Health and Children, the Health Service Executive and the Irish Forum for Global Health.
- Develop a framework to guide Irish Aid’s funding decisions and which areas of research to support at global and country levels.

5. Management

5.1. Institutional Arrangements

In order to implement the health policy Irish Aid will undertake the following steps:

- Establish a Health Policy Reference Group with internal and external representation to advise on health policy issues and assist with monitoring implementation.
- Develop a plan for dissemination and communication of the health policy.
- Strengthen the institutional capacity and ensure that adequate resources, including appropriately trained and experienced development specialists, are committed at HQ and in programme countries for effective implementation of the policy.
- Strengthen competencies of Health Advisers and other Irish Aid staff working in health programmes, including the skills needed at country level for engaging in SWAps and the wider national development and macro-economic context.
- Build understanding of key health policy issues among all Irish Aid staff through seminars and other events.
- Assign appropriately trained and experienced development specialists to provide technical oversight and support for implementation of the policy.
- Utilise consultants on drawdown basis to provide additional technical capacity for engagement with international organisations and development of strategies and guidelines.
- Develop specific strategies and guidelines to facilitate implementation of the health policy.

- Establish mechanisms to coordinate implementation of the health policy with other Irish Aid policies, including the cross-cutting priorities of HIV/AIDS, gender, environment and governance.
- Regularly update Irish Aid staff on key developments and issues in health, and share lessons and experiences between countries.

5.2. Performance Management

- Implementation of the health policy will be monitored based on performance against the policy objectives.
- Monitoring of health programmes and activities will be an integral part of Irish Aid's monitoring activities across all sections of the organisation, including Country Strategy Papers.
- Performance management will include monitoring and review of Irish Aid priority issues of HIV/AIDS, gender, environment and governance.
- Review of country programmes that support SWAps will emphasise links to outcomes in terms of improved health services and better health.
- Funding proposals will be appraised for their relevance to and consistency with Irish Aid health policy.
- Health projects supported by Irish Aid will include monitoring and evaluation of specific health outcomes.
- Reviews will be conducted to identify examples of best practice which can be documented and disseminated. Lessons from reviews will be used to improve practice and inform future policy.

- Irish Aid funding for health will be tracked to monitor trends in expenditure. The proportion of expenditure on health across different Sections will be monitored as an indicator of coherence.

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Acronyms

CSO	Civil Society Organisation
DAC	Development Assistance Committee
EC	European Commission
EU	European Union
GAVI	Global Alliance for Vaccines and Immunization
GFATM	Global Fund to Fight AIDS, TB and Malaria
GHP	Global Health Partnership
ICPD	International Conference on Population and Development
INGO	International Non-Governmental Organisation
MDGs	Millennium Development Goals
NePAD	New Partnership for African Development
NGO	Non-Governmental Organisation
ODA	Official Development Assistance
OECD	Organisation for Economic Development and Cooperation
PRSP	Poverty Reduction Strategy Paper
SWAp	Sector Wide Approach
TRIPs	Trade-Related Aspects of Intellectual Property Rights
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Fund for Population Activities
UNICEF	United National Children's Fund
WHO	World Health Organization

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