Introduction: ***Background information to the organisation/activities undertaken to prepare a response/other relevant information***

Médecins Sans Frontières /Doctors Without Borders (MSF) is an independent international humanitarian organisation that delivers emergency medical aid to people affected by armed conflict, epidemics, natural and man-made disasters or exclusion from healthcare in more than 60 countries. MSF exists to save lives, alleviate suffering and protect human dignity among populations in crisis throughout the world.

Globally, MSF treats approximately 7.3 million outpatients / year (2010)[1], and supports patients with a range of health issues that include nutritional support, reproductive health as well as infectious and chronic diseases, war surgery and mental health.

MSF (Ireland) was established in 2006, and aims to contribute directly to that mission by recruiting volunteers, raising vital funds and providing information and raising awareness of humanitarian crises among the general public and key decision makers in Ireland.

Our submission draws on our experience of over 40 years of providing timely relief and medical humanitarian assistance on the ground. We have worked with Irish Aid over the past 10 years, including as funding partner for our basic healthcare, nutrition and emergency programmes. Therefore we have taken this experience, in light of our own, to comment on the key recommendations for the White Paper Review.

[1] MSF Activity Report 2010. Available at: http://www.msf.org.uk/activityreports.aspx

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Progress Made: ***Has the Government been successful in implementing the commitments contained in the White Paper on Irish Aid?***

MSF regards Irish Aid's commitment 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, as of great importance.

- MSF acknowledges that Irish Aid plays an effective role within the nutritional policy and communications network in Ireland and overseas – in particular with the appointment of Mr Kevin Farrell as Ireland's Special Envoy for Hunger, responsible for a report on Ireland's progress in implementing the recommendations of the Hunger Task Force [2]. This appointment succeeded in putting malnutrition and hunger at the heart of international development efforts, while also mapping out the progress made so far by Irish Aid in its efforts to provide access to safe, sufficient and nutritious food within the countries it prioritises. MSF witnesses – in the countries where Irish Aid works, as well as at international level – its global leadership, for example Ireland's Scale Up Nutrition Initiative (SUN). This leadership is also evident in its commitment to spending 20 percent of the Irish Aid budget for 2012 on combating hunger.
- As evidenced in the most recent DARA Humanitarian Response Index of 2011[3], Irish Aid has a very good record of supporting core humanitarian principles and avoiding the politicisation of aid. For MSF, it is vital that humanitarian aid is provided in a neutral, impartial and independent way, particularly in those contexts where access for humanitarian agencies is becoming increasingly difficult.
- MSF welcomes the provision of timely and flexible funds in the event of a humanitarian crisis – in particular during post-conflict interventions, emergency epidemics and nutrition crises.

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[2] Hunger Envoy Report to the Government of Ireland (November 2010), Mr Kevin Farrell, Special Envoy for Hunger
[3] DARA Humanitarian Response Index 2011. Available at: http://daraint.org/humanitarian-response-index/humanitarian-response-index-2011/donor-assessments/ireland

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Changing Context: ***What are the implications of the changes in the global and domestic context for the Government's aid programmes in the future and how will these affect current priorities?***

As a major humanitarian actor, MSF supports Irish Aid's commitment to humanitarian funding as a proportion of overall aid allocation. MSF considers that, although investment in disaster risk reduction (DRR) and resilience programmes is important, Irish Aid should maintain its capacity to respond to humanitarian emergencies.

In fragile states, collapsed health systems and dramatic needs can coexist in a deadly combination long after the conflict is officially over. Often these tensions and their consequences are not acknowledged by the international actors involved in the peace building process, with the result that the humanitarian needs are not properly addressed. Ironically, the transition from emergency to post-conflict can precipitate a situation where people's health status and access to healthcare actually deteriorate in the wake of a crisis, once humanitarian actors have left and the free healthcare they provided is no longer available.

Key issues: ***How should the government respond to the key issues of hunger, fragility, climate change, basic needs, governance & human rights, and gender equality? Are there other issues?***

Hunger:

Irish Aid should continue to place hunger and childhood malnutrition at the centre of international food policy. It must sustain its approach of integrating nutritional support within public health systems, as well as continuing to promote governance and leadership action to tackle global hunger.

MSF acknowledges that, despite some recent gains in the fight against childhood malnutrition, what we see in practice can differ from international policy agreements – in particular that the global food aid system continues to provide substandard foods to millions of malnourished children every year. The bulk of international food aid shipments do not include the vital nutrients and proteins that growing children require. We consider that, while initiatives such as SUN bring together countries with high levels of malnutrition with major international food donors, most food aid today does not provide appropriate nutrition for young children.

We urge that Irish Aid continues to demonstrate, through its role as a donor, the importance of policy being applied in practice. Treatment and prevention, for example, should be implemented not as disaster management, but as part of the standard set of health services for all children, together with performing routine vaccinations and ensuring effective access to free healthcare.

We encourage Irish Aid to continue promoting the idea that nutrition should not be viewed in isolation, but as a component of integrated healthcare. Fighting malnutrition requires implementing appropriate, effective medical and nutritional measures by integrating them into basic healthcare services that are already established for young children.

The latest scientific results regarding prevention are encouraging. The distribution of milk-based enriched products to young children has reduced malnutrition and related mortality considerably. There

is little doubt that the development of treatment and preventive measures helped to reduce the deaths of children under the age of five in Niger by one-third between 2005 and 2011. The fight against malnutrition has thus moved forward, and we would encourage Irish Aid to ensure that this level of progress is maintained, and developed even further.

Basic Needs – Healthcare:

First and foremost, health policies should be based on the needs of the population, and should ensure that medical treatment is available for the most vulnerable.

MSF is concerned that the funding retreat for HIV, tuberculosis (TB) and malaria may scupper hopes for reversing the cycle of new HIV infections and needless deaths. There is also evidence that, as a result of the funding retreat, affected countries may be unable to realise their ambitions for scaling up treatment, and may be forced to make compromises on the quality of treatment available. Most worryingly, patients seeking treatment may be denied access to it.

MSF has witnessed how treatment dramatically reduces illness and deaths in the communities in which it works. Despite this, MSF sees that the potential for reversing the epidemics of HIV, TB and malaria is now very much under threat. MSF encourages Irish Aid to continue supporting the original principles and strategic objectives set by the Global Fund board, which are at risk of being severely curtailed by the delays in additional funding for scale-up and effective programme development.

The progress made over recent years in treating these three diseases has been significant, yet the treatment gap remains. MSF urges Irish Aid to consider the following:

- By scaling up the provision of antiretroviral medicines to more people in need, illness, deaths and new HIV infections can be reduced.
- There is a need for governments to recommit to their past promises to bring live-saving treatment to all those in need, to support ambitious treatment targets, and to ensure that policies are in place to improve the quality of care, to reduce the burden on patients and on health systems, and to support lowering the costs of drugs and fostering medical innovation.

- MSF calls on Irish Aid to recommit to the Global Fund as a reliable funding mechanism and lobby other donors for continued support.
- MSF urges Irish Aid to create alternative reliable funding mechanisms to ensure that the progress made over the past decade is not put at risk and to ensure that more patients can be treated more effectively.

Given the limited resources and the need to focus these, which issues should the Government prioritise in its future aid programming?

MSF urges health to be considered as a key priority within the aid budget and strategy of Irish Aid, alongside other crosscutting issues pertinent to the promotion of human development. In our experience working in situation of crisis and protracted crisis, the contexts often demand approaches that are at once humanitarian and developmental. Somalia, Central African Republic and Sudan offer clear examples of where a comprehensive, pragmatic and sustainable approach to healthcare is essential in tackling malnutrition, TB and HIV/AIDS.

Nutrition

Malnutrition affects an estimated 195 million children under five years of age, with 90 percent living in sub-Saharan Africa and South Asia[4]. This preventable condition contributes to one-third of the 8.8 million deaths of children under five each year. Irish Aid should continue to prioritise nutrition as a cornerstone of Irish Aid programming within the framework of healthcare. Treatment and prevention should continue to be implemented as part of the standard set of health services for all children, together with performing routine vaccinations and ensuring effective access to free healthcare.

The transition from policy to practice has been slow. The policies of WFP, UNICEF and UNHCR now clearly state what needs to be done; in practice, however, it has yet to be implemented.

[4] 'Childhood malnutrition: what happens now?' MSF Briefing Paper, October 2011. Available at: http://www.msfaccess.org/content/childhood-malnutrition-what-happens-now

From our experience, we urge that the following actions are incorporated into food security and health policies:

- Incorporate nutrition into food security and health policies.
- Target children under the age of two.
- Prioritise malnutrition hotspots, and not just in emergency contexts.
- Support the community-based treatment of the most severely malnourished children.
- Target children before they fall into the most severe form of malnutrition by supporting prevention strategies that attack the root causes of malnutrition, including safety nets.
- Ensure that specialised food products are specifically designed and produced to meet nutritional needs (according to international standards) and are not donor or market-driven.

The funding of health research by Irish, international and developing country research institutions has focused on the specific health needs of the poorest countries. In Niger, MSF – with funding from Irish Aid – has been developing preventive approaches to malnutrition, based on quality supplementary foods, in order to lower the burden of deaths in 'malnutrition hotspots' in the wider Sahel region of Africa. The preventive strategies focus on getting a nutritionally appropriate food to children during the most crucial time – the critical window of six months to two years of age.

There is a need to research simpler, cheaper and more sustainable ways of providing quality care for malnutrition and its consequences, including: comparative research on the most appropriate foods; exploring possibilities for cheaper, locally-produced milk-based foods; early detection of malnutrition through the use of non-medical staff; and replacing blanket feeding with simpler methods of distributing food to children.

Improvements in the way we tackle childhood malnutrition are clearly underway, but more efforts are needed to ensure that nutritious food reaches all vulnerable young children wherever they live, and not just those in emergency hotspots.

Chronic and Forgotten Crises

MSF encourages Irish Aid to continue to provide humanitarian aid in chronic and forgotten crises where needs are very high, but which are out of the media spotlight. MSF works in many of these contexts (for example Chad and Central African Republic) and has found that there are too few humanitarian actors to cover the needs[5]. MSF has intervened in crises that are not armed conflicts, but which can be characterised as catastrophic. The number of people affected and the type of specialised care required in such situations has been beyond the capacity of local health facilities. In these contexts, large numbers of people have been excluded from medical care for a variety of reasons, including the limited use of preventive medical techniques, the unavailability of treatment for certain pathologies, the use of inefficient treatment for others and the existence of various barriers to treatment.

As recognised by Irish Aid, HIV/AIDS, malaria and TB are the main threats to socio-economic growth in many countries in sub-Saharan and southern Africa. Without renewed prioritisation of health – and communicable diseases in particular – recent scientific breakthroughs and policy advances appear fragile.

Tuberculosis

Despite existing since antiquity, TB is the second biggest killer globally today – and there are more and more cases of TB resistant to the first-line drugs normally used to treat it. Currently, an estimated 12 million people are living with TB.[6] Over the past ten years, fewer than one percent of people with drug-resistant tuberculosis have had access to appropriate treatment, and 1.5 million have died.

The global multidrug-resistant TB crisis coincides with a huge gap in access to diagnosis and treatment. Existing diagnostic tools and medicines are outdated and hugely expensive, and inadequate funding threatens the further spread of the disease. Only ten percent of people with multidrug-resistant TB are

[5] 'Central African Republic: a state of silent crisis'. MSF Report, November 2011. Available at: http://www.msf.org.uk/reports.aspx
[6] World Health Organization. Global Tuberculosis Control: WHO Report 2011. Geneva. 2011. Available at: http://www.who.int/tb/publications/global_report/2011/gtbr11_full.pdf

estimated to have access to treatment – and far fewer in low-resource settings where prevalence is highest.

There is a need for a collaborative effort by governments, international donors and drug companies to fight the spread of drug-resistant TB with new financing and new efforts to develop effective and affordable diagnostic tools and drugs.

Malaria

Malaria continues to be the leading cause of death in African children. Of an estimated 781,000 malaria-related deaths reported in 2009, 91% occurred on the African continent, and 85% were among children under the age of five[7]. Simple, cost-effective treatment and prevention exists, but remains out of reach for too many of the world's poorest people. This is a largely preventable, detectable and treatable disease that, with the right attention, could be eliminated.

Several measures have to be taken urgently: more stringent malaria prevention and treatment initiatives; investment in health promotion; efforts to improve adherence to treatment; and measures to further reduce transmission.

HIV/AIDS

Three decades into the HIV/AIDS pandemic, and after 30 million deaths, landmark scientific findings this year show that providing people with HIV treatment early not only saves their lives but can reduce the risk of transmitting the virus to others by 96 percent – in effect demonstrating that early treatment of HIV is also prevention[8]. If treatment is expanded to all in need by 2015, UNAIDS estimates more than seven million deaths and 12 million new infections could be averted by 2020.

But the fact is that still only half of those in urgent need of treatment have access to it, and recent dramatic funding shortfalls put the goal of an AIDS-free future further out of reach. There are currently

[7] World Malaria Report. World Health Organization, Geneva, 2010. Available at: http://www.who.int/malaria/world_malaria_report_2010/en/index.html
[8] 'Getting ahead of the wave: lessons for the next decade of the AIDS response'. MSF Report. Available at: http://www.msfaccess.org/content/getting-ahead-wave-lessons-next-decade-aids-response

34 million people living with HIV/AIDS worldwide, of which 97% are in low- and middle-income countries. This figure includes 3.4 million children below 15 years of age, the overwhelming majority of whom live in sub-Saharan Africa.

Without solid financial backing to the political commitments set out this year, we will not be able to capitalise on recent scientific advances and stop the epidemic in its tracks. Addressing HIV/AIDS properly depends also on being able to prevent, diagnose, treat and cure the opportunistic infections that are ultimately causing the AIDS deaths.

Neglected Diseases

Millions of people still die every year from poverty-related, neglected tropical diseases. The World Health Organization (WHO) classifies 17 neglected tropical diseases, a collection of bacterial, parasitological and viral infections that take profound physical, medical, and economic tolls on their hosts. These diseases are termed "poverty-related" or "neglected" because they persist in the poorest and most marginalised settings. As a result of market failure and little incentives to invest in this area, research and development for appropriate preventive, diagnostic and treatment tools are lacking.

Globally, neglected diseases target the bottom billion – those living in the most rural areas, with poor or no access to healthcare, and often living on less than a dollar a day. Chagas disease, sleeping sickness, and kala azar (visceral leishmaniasis) have been identified as the most neglected, and are the focus of a number of MSF programmes. One of the most frustrating obstacles faced by our medical teams in the field is the lack of global political action on tackling neglected diseases, and specifically the fatal imbalance in research and development of new drugs, diagnostic tests and vaccines for diseases of the poor.

MSF recommends that Irish Aid gives attention to neglected diseases as part of an integrated approach to basic healthcare interventions. For diseases like these to be sustainably eliminated, new diagnostics and treatments must be developed that can be used by healthcare workers with basic training in remote areas.

Ways of Working: ***How can the Government further strengthen its ways of working in delivering an effective aid programme, with a view to delivering real results in poverty reduction?***

Irish Aid should continue to collaborate and engage with independent implementing partners in order to ensure that aid is reaching the most vulnerable, and most in need. Irish Aid should also continue to assess the efficiency and effectiveness of coordinated funding mechanisms, and make its funding decisions accordingly.