

Finnish Development Policy Guidelines

for the Health Sector



Ministry for Foreign Affairs of Finland

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Preface

These Guidelines support the positions taken in Finnish Development Policy regarding the health sector, and serve to guide the practical application of this policy to development cooperation in this sector. The Guidelines are based on Finland's international agreements, as well as the overall development policy programme.

The evaluation of Finnish development cooperation in the health sector, carried out in 2005, found Finland's activities to be highly relevant and important. Problem areas were: the lack of appropriate guidelines, the monitoring of effects, and lack of capacity building for planning and implementation of health sector development cooperation. The present Guidelines seek to address these problems.

Finland has considerable international experience in the development of an equitable and functional health care system. It is appropriate that this capacity and expertise is brought forward in international development cooperation, and that this expertise is further developed. The Finnish health care system is one of the best in the world, as attested to by the very low child and maternal mortality rates. The emphasis in Finland in social services and health care is on prevention, and on the promotion of health for everyone in the society.

The main focal areas in Finnish development cooperation in the health sector are:

- Strengthening of health care systems and good governance in their administration
- Primary health care, with the aim of providing quality services for everyone
- Preventive health care, and health education
- Maternal and child health care services as part of comprehensive sexual and reproductive health services. Associated concerns are women's rights and gender equality
- HIV/AIDS prevention on a broad, cross-cutting basis
- Occupational safety and occupational health care.

1. Principles of Development Policy



Finnish-funded development cooperation is guided by the international conventions and agreements to which Finland is a signatory, and by Finland's own development policy, as well as by guidelines governing international cooperation, such as the Guidelines for International Cooperation in the Health Sector¹.

Finland's development policy is based on the United Nations Millennium Declaration² and its Millennium Development Goals³ (MDGs) and the related targets set for development. Of the eight MDGs, three are directly related to health, and most of the other MDGs have secondary aims which can only be achieved through positive action within the health sector. **The health sector is one of the primary areas of emphasis in Finland's development policy.**

Finland's own experience has shown that health and social security policy play an important part in social policy aimed at reducing poverty. Good

health is important on a personal and humanitarian level, but it is also central to economic activities and to economic growth.

The United Nations conferences on development form the basis for setting international goals and programmes for health, the so-called 'global agenda', which Finland has also undersigned.

International goals and programmes include, for example, the 1994 Cairo International Conference on Population and Development's Plan of Action⁴, the Beijing Declaration and Platform for Action from the 1995 Beijing Conference on Women⁵, and the Copenhagen Papers⁶ which came out of the 1995 World Summit for Social Development. In addition, the 1979 Convention on the Elimination of All Forms of Discrimination Against Women, and the 1989 Convention on the Rights of the Child have aided in improving the health of women and children and their position in global society.⁷

As a member of the World Health Organization (WHO), Finland is also a signatory to international health regulations and conventions on health.^{8, 9}

The EU plans of action also provide guidelines for Finland's activities in developing countries.¹⁰ In recent years, particularly communicable diseases, as well as sexual and reproductive health, have held a central place in EU activities in this sector of development cooperation.

Global Health Issues

The health of the global population has improved. This is primarily the result of better hygiene and nutrition, but it is also the result of preventive measures such as immunisations and more effective medicines. We have methods to combat several diseases. Despite all of this, the greater part of the people of the world are not healthy. Particularly the developing countries have a painful need for health services. All the countries of the world face challenges in the continuing growth of inequalities in the availability of health services, chronic diseases, and diseases related to life-style, as well as an increase in epidemics.

The inefficiency of existing health care systems in developing countries is also a problem, and attempts are being made to correct it by reorganising the entire system. Participating in these reforms are the public sector, private service organizations, and NGOs. Of great concern is the insufficient number of health care staff, which often may be poorly trained, and the ineffective use of human resources in health, as well as the migration of trained personnel within their country to perform duties unrelated to health care, or completely out of the country as emigrants.

The AIDS epidemic is a threat to the current advances and achievements in health care in developing countries. HIV/AIDS overburdens the health care system, by taking resources away from other activities, increasing the number of patients, and decreasing the number of trained personnel.

Trade and industry policies are increasingly also having an effect on health sector policy. The World Trade Organization (WTO) is dis-

cussing e.g. patent rights on medicines, and the creation of generic products especially for markets in the developing countries, in connection with industrial and manufacturer's rights covered by the TRIPS agreement. Harmonising public health with patent rights, targeting development cooperation, and price policies for medicines and pharmaceuticals are also being discussed.

Also of importance in the health sector are the health funds, which channel very significant resources to the country level, for example for use in purchasing HIV/AIDS medicines. More and more new multi-actor partnerships are being formed, in which private enterprises are also involved.

The MDGs for health will not be achieved unless health care systems are developed in a goal-oriented direction. The most critical threats to health need emergency relief aid, but long-term support leads to more sustainable results. The coordination of resources and the harmonisation of their use will strengthen the sustainability of the results achieved.

- 1 Terveysalan kansainvälinen yhteistyö - suunta ja linjaukset. Sosiaali- ja terveysministeriön julkaisuja 2000:19. Helsinki 2000. (in Finnish only)
- 2 United Nations Millennium Declaration (2000), UN General Assembly Resolution 55/2, [<http://www.un.org/millennium/declaration/ares552e.htm>]
- 3 UN Millennium Development Goals [<http://undp.org/mdg/>]
- 4 International Conference on Population and Development, Plan of Action; http://www.unfpa.org/icpd/icpd_poa.htm
- 5 Beijing Declaration and Platform for Action; <http://www.un.org/womenwatch/daw/beijing/platform/>
- 6 World Summit for Social Development; <http://www.icsw.org/publications.htm> The Copenhagen Papers
- 7 The Convention on the Elimination of All Forms of Discrimination Against Women; <http://www.un.org/womenwatch/daw/cedaw/>
- 8 International Health regulations; <http://www.who.int/csr/ihr/en/>
- 9 WHO Framework Convention on Tobacco Control; <http://www.who.int/gb/fctc/>
- 10 EU's health sector development cooperation:
 - Council Communication "Health and poverty reduction in developing countries" COM(2002)129 final of 22 March 2002
 - Council Resolution on "Health and Poverty" of 30 May 2002 - 2429th Council meeting, 8958/02.
 - Regulation (EC) No. 1568/2003 of the European Parliament and of the Council of 15 July 2003 on aid to fight poverty diseases (HIV/AIDS, tuberculosis and malaria) in developing countries.
 - Regulation (EC) No. 1567/2003 of the European Parliament and of the Council of 15 July 2003 on aid for policies and actions on reproductive and sexual health and rights in developing countries.
 - Commission Communication on "Update on the EC Programme for Action, Accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction" – COM(2003)93 of 26 February 2003
 - Commission Communication (COM(2004)726) on a "A Coherent European Policy Framework for External Action to Confront HIV/ AIDS, Malaria and Tuberculosis".

2. Goals for development cooperation in the health sector



The major goals of development cooperation in the health sector are to promote health and reduce inequalities in health. Finland strives to achieve these goals by promoting social policy which pays particular attention to health, and by strengthening health care policy and the management and administration of the health sector. In addition, in the organization and provision of health services, Finland strives to ensure that eve-

ry individual has equal access to health services that meet their needs and provide treatment, rehabilitation, and preventive health care services equally to all.

Finland in particular supports the development of health care systems, primary health care, sexual and reproductive health, health care for women and children, preventive health care, and the prevention of HIV/AIDS.

3. Tools for development cooperation in the health sector



Health policy across sector boundaries

Health is determined in great part by activities which take place outside the health sector. Health policy guides activities inside the health sector. In addition, health policy strives to ensure that determinants of health are taken into consideration in all parts of society. In Finland's development cooperation, one of the primary aims is the promotion of health and social policies which take into consideration promotion and protection of good health through actions taken in other sectors as well.

One of the prerequisites for good social policies is democratically based good governance. Good governance includes effective communications and information systems, as well as a taxation system which equalises risks and incomes among citizens. The effects on health should also be evaluated when carrying out development cooperation activities in other sectors.

Education creates the means to fulfil the prerequisites for maintaining health, protecting against ill health, and treatment of disease. It is important to ensure that all citizens have access to good basic education, and that differences in the availability of education based on social class, geographical location, or gender are reduced to the minimum. In addition, it is also important, particularly from the viewpoint of good health, to ensure that basic education contains education in health and hygiene. Environmental policy can create the prerequisites for good hygiene, and regulate dangerous and harmful substances. Traffic and transport policy plays an important role in the control of environmental risks and traffic accidents, and the creation of a social system which promotes mobility of all citizens. Agricultural policy, and the part it plays in food security, has a direct effect on people's nutrition. Changes in nutrition and in physical exercise habits have an effect on obesity and the incidence of chronic disease in all classes of society. A particular risk to the health of the inhabitants of developing countries comes from the increasing interest of the tobacco industry in these markets. Trade and industry policies regulate the economic prerequisites of the country to provide for the well-being of citizens, and have a direct effect on e.g. pharmaceuticals policy and other health technology issues. The privatization of health services has an effect on the provision of health services in general and on the equal availability of health services. A particular worry here is the effect of the strengthening of patent rights on the availability of medicines and on food security.

Health care

Health care seeks to promote health, prevent disease, treat and rehabilitate the sick, and reduce the suffering caused by disease and ill-health. Health care should be made available on an equitable basis to all citizens, on the basis of their need; and the costs of health care should be divided according to the citizen's ability to pay. **The ability of the government to regulate and supervise** health care services is especially important, and is becoming more challenging as the provision of health services is becoming increasingly fragmented among many different types of service providers.

Finland's development cooperation in the health sector aims to promote funding systems in which the **economic risks** associated with health costs are **divided as equitably as possible**. Such funding systems are tax-based and/or based on insurance schemes. Financial self-sufficiency of health care systems in developing countries is not a realistic goal for the near future.

The main focal areas in Finland's development cooperation in the health sector are:

1. **Strengthening of health care systems and of good governance**, particularly through increasing management and administrative capacity and expertise. Strengthening of health care systems demands long-term projects, and Finland seeks to engage in long-term activities with development partners. In the strengthening of resources, it is important to reform and strengthen existing health care institutions. Securing the financial base for health care systems, and for the capacity building of health care professionals and staff, are also important. In future, attention will also be paid to the development of sustainable, national health information systems, and their uses both in the development of management and administration, and as a tool in research.
2. **Primary health care**. In the development of health care services, Finland will work with her partners to provide all citizens with good quality services that meet all of their health care needs. In this, special attention will be paid to

ensuring that also marginalised and vulnerable population groups are able to have access to health care.

3. **Preventive health care and health education**. Food security, ensuring good nutrition for the population, the prevention of disease, and the general promotion of good health, combine to provide a sustainable foundation for self-determined improvement of health. Finland feels that preventive health care and health education are particularly important for the impacts they will have on the health of children and young people.
4. **Maternal and child health services** as part of comprehensive sexual and reproductive health care services. Achieving the three MDGs related to health requires ensuring that women's rights and gender equality are respected, in addition to ensuring that a well-functioning health care system is in place. Finland actively works in the international promotion of women's rights and has taken a wide range of positions promoting the concept of comprehensive sexual and reproductive health care.
5. **HIV/AIDS prevention on a broad basis**. HIV and AIDS are the greatest threats to development worldwide. Finland's HIV/AIDS policy¹¹ emphasises comprehensive, integrated prevention, and recognition of the global HIV epidemic and its effects. **Finland also actively participates in the prevention and control of other global epidemics and threats to health.**
6. **The development of occupational health and occupational health care systems are important to Finland as a way to promote health**. The prevention of disabilities is a given priority in all health sector actions. Society and the environment can be constructed or changed in a way that allows disabled citizens to lead an independent life. Community-based rehabilitation is the cheapest method of helping disabled persons to make their own contributions to the development of society.

11 HIV/Aids as a development issue. Foreign Ministry policy 2004. Ministry for Foreign Affairs of Finland

4. Channels and instruments



A change has taken place in development cooperation towards programme cooperation and the harmonisation of the work of all donors. The prerequisites and development of sector programmes are monitored, especially within bilateral country cooperation. Monitoring of the effects of Finland's support to these programmes has been improved through the use of internationally accepted monitoring and evaluation methods and health indicators.

Multilateral cooperation

The World Health Organization (WHO) is the **most important** international partner in the development and evaluation of Finland's health policy. WHO continues to be one of the most important actors in the health sector, **setting norms and regulations**, coordinating global activities, and producing new data on an inter-

national scale. WHO is also now more than ever necessary as an organization for improving coordination among the many new actors and partnerships active in the health sector. One of WHO's central tasks is to support the developing countries in their **development of health service systems**. By supporting WHO through development cooperation funds, Finland strives to have an effect particularly on strengthening health care systems in developing countries.

In multilateral cooperation in the health sector, Finland's most important partners are the UN organisations such as the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), and the Joint United Nations Programme on HIV/AIDS (UNAIDS). In addition, UNIFEM, UNDP, and WFP/FAO are important partners for Finland: the preventive activities of these organizations and agencies have direct effects on health. Finland finances the activities of these UN organizations and agencies

through multi-year agreements, which improve possibilities for long-term work. In future, Finland will seek to increase support for UNAIDS in particular, as well as supporting the coordination and harmonisation of international HIV/AIDS programmes operating in developing countries. Working in the management bodies of the organizations, Finland's aim is to actively affect the strategic planning of the organizations, and to emphasise Finland's values and goals in development cooperation in the health sector. What is essential is the mutual coordination of the organizations at the country level.

Organizations which finance international development are also very active in taking the initiative in the health and social sector. Negotiations for additional finance are a central channel for having an effect in cooperation financed by these organizations. In these negotiations, the role of health as a prerequisite for economic growth in a country is discussed, as are the long-term development of health care systems and the resources necessary for such development.

Part of Finland's support for the health sector is directed to developing countries through the work of international non-governmental organizations (INGOs) and through initiatives and partnerships. In recent years, many of these initiatives and partnerships have been concentrated on one particular disease. Finland participates in formulating the policies and implementing the activities of international partnerships by i.a. contributing to the Global Fund (Global Fund to Fight AIDS, Tuberculosis and Malaria)¹². Those INGOs whose work is related to the goals of Finland's health sector development cooperation are also supported.

EU Cooperation

Influencing EU decisions in the health and development sectors takes place through the various preparation stages in the Council. Close cooperation with the Ministry of Social Affairs and Health, and its departments and related agencies, as well as with other Ministries, is important. This ensures that Finland's policies, activi-

ties, and position papers are consistent in all EU policy sectors and that the effects on health and on development policy of decisions taken in other sectors are taken into account. The Ministry of Social Affairs and Health, and the Ministry for Foreign Affairs, work continually in cooperation with each other in global health care issues.

Through active participation in meetings arranged by EU management bodies on health, AIDS, and population, Finland can have an influence on EU development policy in the health sector. EU Member States pay special attention to the development of health systems in developing countries, to the crisis in human resources in health, to the management and financial problems of HIV/AIDS programmes, and to the coordination and questions of harmonisation in health sector cooperation. In addition, an emphasis is put on the role of the EU in reproductive and sexual health and rights, by keeping these questions on the agenda in international development discussions and debates. A challenge here has been harmonisation of the Member States' opinions, and the presentation of a united EU position on these questions.

The EU has significant resources for use in development cooperation in the health sector. By participating in relevant discussions and meetings, Finland can have an influence on the quality and directions taken in EU development cooperation, as well as an important grip on goals and activities. The European Community and EU Member States are together one of the largest actors in, for example, the Global Fund.

Bilateral development cooperation

Finland's bilateral development cooperation in the health sector strives to support the entire sector rather than providing support for narrow sub-sector projects. This cooperation is carried out working together with local health authorities. Bilateral support can also be channelled into regional programmes.

12 The Global Fund to Fight AIDS, Tuberculosis and Malaria

Health sector planning and the channelling of required resources should be reflected in the country's poverty reduction strategies. Finland monitors the role of the health sector in the poverty reduction strategies of the long-term partner countries, and together with these countries discusses their plans to achieve the MDGs related to health.

In Finland's long-term partner countries, the aim is to move from traditional projects to programmes, and further to budget support. In addition, versatile use will be made of the technical assistance required by sector programmes. In long-term partner countries, the close monitoring of both budget support and sector support will provide significant synergy benefits. Project support will also continue to be used, so that contact will be maintained with health care activities at the grassroots level. In countries other than the long-term partner countries, support for the health sector will be based on each country or region's own planning, and on bilateral negotiations.

Monitoring of health sector programme support will require special capacities and expertise at the Finnish Embassies. This has also proven to be of benefit in providing possibilities for the harmonisation of aid.

Regional development programmes can create sustainable cooperation among regional health authorities, especially as regards programmes for the control and treatment of communicable diseases. When the development programmes are complete, another good result of regional cooperation would be the emergence of sustainable, regional, training and research programmes. Finland actively seeks possibilities to support regional programmes in the health sector.

The use of specific appropriations for local cooperation strives to strengthen particularly the development of civil society on the basis of local initiatives.

Non-governmental Organizations (NGOs)

Support channelled through non-governmental organizations (NGOs) accounts for a particularly significant share of development cooperation in



the health sector. In recent years, the health sector has been the major field of activities for NGO projects. Most of these projects are working with the promotion of health information, primary health care, reproductive health care, and prevention of sexually-transmitted infections, including HIV/AIDS. In addition, there are many multi-sectoral projects, and projects aiming to strengthen civil society, with activities related to health and well-being. Finland has entered into partnership agreements with nine NGOs: these provide a framework for evaluating the activities of the NGO in their entirety over the long term, and a basis for improved project planning.

NGO projects should also support the health sector goals and policies of their partner countries, as well as strengthen local actors in a sustainable manner. NGO projects in the health care sector should be evaluated on equal terms that take into consideration the health status and the priorities of the target group, as well as the development of general health care in the target region, including management and administration, and financing of the health care system. The effects of these projects will be evaluated more methodically.

Research

Development research supports planning and decision making in development policy by providing research data on the central themes of development policy.¹³ The Finnish research com-

13 Kehityspoliittinen tutkimuslinjaus. Ulkoasiainministeriö, Kehityspoliittinen osasto. Kesäkuu 2005. (in Finnish)

munity has specialised expertise in many health sector related areas of development: good governance, health policy and its planning, and the evaluation, measurement, and prevention of inequalities. Finnish health sector researchers also have good networks for collaboration among researchers, and expertise in research in occupational health, immunisations, nutrition, and child health, as well as in reproductive health. Within the global research community, Finnish researchers and their counterparts in developing countries have formed fruitful partnerships. The promotion of these partnerships and other, new forms of cooperation, is also one of the most important aims mentioned in the Millennium Declaration and in Finland's development policy. It is essential to support developing countries to build capacity in research by strengthening their pool of researchers and their research institutions.

Cooperation between Finnish health sector researchers and their counterparts in research institutes and networks in the developing countries will be continued systematically on a long-term basis. Finnish researchers and research institutes will be encouraged to engage in development cooperation in their own areas of expertise. The health sector research needs will be brought forward in discussions with partner countries concerning Finnish support and the directions it will take.

Health sector goals related to the information society

One of the continuous goals of Finland's development policy programme is to harness information and communications technology (ICT) to serve the MDGs and to respond to the new global challenges, in line with the Principles and Plan of Action of the World Summit on the Information Society, adopted in Geneva in 2003.¹⁴ Finland has been successful in building up a competitive and inclusive information society, but Finnish models cannot be directly "exported" elsewhere: development should always be based on each country's own particular circumstances.

Finland supports the strengthening of health information systems, and of early warning systems in developing countries. These systems play an important role in improving the health status of the population, and in the fight against serious diseases. A diversified and effective health information system also supports the systematic development of health services, taking into consideration available resources in developing countries. Finland also strives to provide support to electronic information services that promote health, e.g. online information campaigns, and to support utilisation of ICT in the training of health care personnel, including online distance learning and online consultations.

Interest subsidy loans

Interest subsidy, as an instrument for development policy is, above all, supporting development cooperation in trade and industry, and economic development. Due to the special nature of interest subsidy, this instrument is used to support projects that only indirectly reduce poverty.¹⁵

In most cases, interest subsidy projects are implemented in the public sector. This is true particularly in the health sector, where nearly all Finland's interest subsidy projects are related to equipping health care institutions with diagnostic and medical devices. All interest subsidy projects should be in line with the poverty reduction strategy of the partner country, that country's health policy, and the country's or the region's health care development plan. Health sector interest subsidy projects should also strengthen the ability of all citizens to have access to comprehensive health services, and should reduce the health care expenses of the less well-off segment of the population. The actual impacts of health sector interest subsidy projects on the health services of the people need to be regularly monitored.

¹⁴ Development Policy Guidelines for ICT and Information Society. Ministry for Foreign Affairs of Finland. 2005

¹⁵ Policy Guidelines concerning the Concessional Credit Scheme. Ministry for Foreign Affairs. 2005

5. Resources



Human resources

The health sector covers a wide field of activities which are related to health policy at the global as well as the national level, and which includes systematic planning for and the provision of health services to citizens, the control of epidemics and diseases, the prevention of diseases, and the promotion and maintenance of good health. The health sector includes several specialised fields which require their own specialised skills and knowledge, for example primary health care, reproductive health, health information systems, and epidemiology. HIV/AIDS issues are also part

of health sector expertise, but the greater part of AIDS related matters and problems are cross-cutting, involving many different sectors, and should be treated more broadly as such. Development cooperation in the health sector requires a wide variety of skills and expertise from many sub-sectors.

The human resource needs of the Ministry for Foreign Affairs have changed as emphasis has moved from narrow projects to broad programmes and sector support. Finland has had good experiences with the use of health sector expertise at the Embassies located in partner countries; in future, the use of this expertise will



be directed to where Finland has a central role in the sector. To support the work of the Ministry and the Embassies in developing countries, expert support will be procured from Finnish health authorities and other sources of expertise.

Finnish expertise should be developed to take the needs of developing countries more into consideration. The resource base in the health sector should grow and develop in long-term cooperation with the Ministry of Education, the Ministry of Social Affairs and Health, institutions under these ministries, and with Finnish universities, technical and vocational colleges, and other educational institutions. The Ministry for Foreign Affairs participates in the innovative development of the continuing education system in global health, and supports – in its own areas of responsibility – increasing the amount of

information on global health and global health policies provided in basic education. Expertise in international health is not only of use in development cooperation, it is also necessary in global international relations with all countries.

Appropriations

The share of the health sector in the budget for bilateral development cooperation in recent years has been c. 11-13 percent, following official DAC classification. In addition, there are a significant number of other, i.e. education, projects which have points of convergence with health projects. It can be presumed that in coming years the number of bilateral projects will decrease, at the same time as the total funding volume of projects and programmes increases.

MINISTRY FOR FOREIGN AFFAIRS OF FINLAND

Development Policy Information Unit

Street address: Kanavakatu 4 a, 00160 Helsinki

Postal address: Box 176, 00161 Helsinki

Telephone: + 358 9 1605 6370, telefax: + 358 9 1605 6375, exchange: + 358 9 16005

E-mail: keoinfo@formin.fi

Internet: <http://global.finland.fi>