

NZAID

Health Strategy

2008 - 2013

Acronyms

AusAID	Australian Government Overseas Aid
CMDHB	Counties Manukau District Health Board
FAO	Food and Agriculture Organisation
FSM	Fiji School of Medicine
FSPI	Foundation for the Peoples of the South Pacific International
GAF	Government Agency Fund
HRH	Human Resources for Health
ICPD	International Conference for Population and Development
IFRC	International Federation of the Red Cross
IPPF	International Planned Parenthood International
KOHA	Partnerships for International Community Development
MDG	Millennium development goals
MOH	Ministry of Health
NCD	Non-communicable diseases
NGO	Non-government organisation
NZAID	New Zealand International Aid and Development Agency
OCHA	UN Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Cooperation and Development
OHCHR	Office of the Commissioner of Human Rights
PHC	Primary health care
PIFS	Pacific Islands Forum Secretariat
SCNZ	Save the Children New Zealand
SPC	Secretariat of the pacific community
STI	Sexual and Reproductive Health
STI	Sexually transmitted infections
SWAp	Sector wide approach
UNAIDS	Joint United nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNHCR	United Nations Commissioner for Refugees
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organisation

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Introduction

The NZAID Health Policy **Ending Poverty begins with Health** provides the rationale and direction for NZAID's work in the health sector. The policy is set within the context of the agency's overarching goal of poverty elimination.

This strategy document outlines how NZAID's Health Policy will be implemented over the next five year period (2008-2013). The strategy will guide NZAID in setting priorities and programme planning in the health sector at multilateral, regional and bilateral levels.

In determining priorities for the agency's work on health, the strategy aims to:

- reflect NZAID's focus on poverty elimination and cross cutting principles including human rights, HIV and AIDS, gender equality and environmental sustainability
- consider key international and regional health issues and trends
- provide programming directions for implementing the health policy with a focus on respect, protection and fulfilment of the right to the highest attainable standard of health
- provide a framework for measuring outcomes of the strategy.

Development outcomes

The strategy identifies key expected outcomes which result from all NZAID supported health activities. These include:

1. the poor and other vulnerable groups have increased access to effective primary health care¹
2. improved delivery of health care through strengthened health care systems
3. health workforce capacity development
4. improved capacity of selected Pacific countries to manage secondary and tertiary health care needs
5. increased integration of health dimensions in other sectoral activities
6. human rights and gender equality norms and standards, and consideration of HIV and AIDS and environmental implications, are integrated in all health activities
7. aid effectiveness principles are addressed in all health activities.

¹ Primary health care includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunisation against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs; and involves health and all related sectors and aspects of national and community development. (International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978)

Thematic Priorities

- NZAID will prioritise assistance for sexual and reproductive health (SRH) care and services as a core component of its Health Strategy. NZAID will advocate in relevant strategic engagements with multilateral, regional and bilateral partners for improving access to SRH services and for integrating and strengthening linkages between SRH services and strategies and services for the prevention and treatment of HIV and AIDS.
- NZAID will promote integrated approaches to addressing the common risk factors associated with NCDs and will prioritise assistance for the prevention and early management of NCDs, in partner countries where there is high prevalence.
- NZAID will prioritise health systems strengthening as a component of all health activities. This will include specific promotion for the strengthening of human resources for health.
- NZAID will encourage multisectoral approaches to addressing health issues and to addressing the wider determinants of health. NZAID will advocate this approach in policy engagements with multilateral, regional and bilateral partners.
- NZAID support for health activities will ensure that equity of health service delivery and health outcomes is a central consideration. This recognises that health is a human right regardless of gender, age, ethnicity, social class, or ability. The implications of and for HIV and AIDS and the environment will be considered in the design and implementation of all activities. NZAID will advocate this approach in policy engagements with multilateral, regional and bilateral partners.
- NZAID will prioritise assistance for activities which are based on primary health care principles.

These priorities will be discussed later in more detail under the section on key thematic areas for NZAID support for health activities.

Background

NZAID policy context

NZAID's overarching goal is the elimination of poverty through development partnerships. This means that all health sector support must contribute to eliminating poverty². The NZAID Health Policy **Ending Poverty begins with Health** is based on the premise that health is a basic human right³ and that health and poverty elimination are interlinked. The policy is set within the context of health as an international development goal. While some Millennium Development Goals (MDGs) have specific health related targets⁴ the achievement of all the MDGs is directly linked to health outcomes. Many of the MDGs (and associated International Development Targets) reflect the programme of action agreed at the 1994 International Conference on Population and Development (ICPD). This Conference recognised that advancing gender equality, eliminating violence against women and ensuring women's ability to control their own fertility are cornerstones of population and development policies. ICPD goals include providing universal education; reducing infant, child and maternal mortality; and ensuring universal access by 2015 to reproductive health care, including family planning, assisted childbirth and prevention of sexually transmitted infections, including HIV and AIDS.

NZAID's Health Policy advocates the importance of fostering health care systems based on primary health care principles, recognising the need for integrated health services and strengthening workforce capacity. It identifies three areas where NZAID will support development partners to increase the health and wellbeing of people, which are:

- strengthening access to and provision of primary health care including health promotion, health protection and disease prevention
- providing some assistance for secondary and tertiary level care in selected Pacific countries through mechanisms that are cost effective and strategic in focus
- promoting a multidimensional view of health through collaboration across sectors.

Operating principles which will guide NZAID's support for health include equity - including gender equality - and human rights, partner country driven and partnership oriented, evidence based and results oriented, strategic and sustainable, and based on primary health care principles.

² The work of NZAID addresses: extreme poverty – an inability to meet basic needs; poverty of opportunity – where opportunities to participate in economic, social, civil and political life are seriously limited; and vulnerability to poverty.

³ The right to the highest attainable standard of health has two components which are: Access to and enjoyment of health services and underlying determinants of health on the basis of non-discrimination and equality; and the right to enjoy certain social conditions, which carries obligations to the state to take specific measures for safeguarding public health

⁴ Specific MDGS are; MDG 4 - to reduce child mortality; MDG 5 - improve maternal health; and MDG 6 to combat HIV/AIDS, malaria and other diseases

Health issues and trends

International context

While in recent decades there have been major improvements in human health in developing countries due to advances in medical technology, increased resourcing, and improved economic and social conditions in some countries, these improvements have not been equally experienced by all countries or by all populations within countries.

Poor health is closely associated with poverty, the poor being most vulnerable to ill health and deprived of the resources to tackle it. **Equity** in health improvements are more likely to occur when effective health, agriculture and education policies and social support are present, and where income and nutrition improve. Continuing poor health conditions constrain efforts to improve economic growth and reduce poverty. Additionally, throughout the world conflict creates large population movements, reduced prosperity and disruption to existing services.

Developing countries face a combination of existing and emerging health challenges which vary from region to region. **Communicable diseases** continue to pose a threat to health and livelihoods such as diarrhoea, pneumonia, tuberculosis, malaria and vaccine-preventable diseases, as well as re-emerging and new infectious diseases including the resurgence of poliomyelitis and the continuing evolution of the influenza virus. Mortality and morbidity due to **sexual and reproductive health** issues, including high fertility rates, complications in childbirth and HIV infection remain a major concern and often highlight issues of **gender inequality**. **Children under five** continue to suffer a large share of the burden of disease. The World Health Organisation (WHO) estimates that **non-communicable diseases** (NCDs), associated with unhealthy diet, tobacco use, physical inactivity and depressive illness, will account for 70 percent of all deaths worldwide by 2020. Today WHO estimates that, in the Pacific, NCDs already account for 75 percent of deaths with morbidity and mortality continuing to rise. **Injury** is predicted to be the third largest contributor to the burden of disease by 2020.

Local and global environmental factors adversely affect the health of individuals and populations including air pollution, inadequate clean drinking water supplies and inappropriate waste disposal, especially with increasing rates of urbanisation. Global environmental degradation is having an impact on health with many areas facing water shortages and unreliable weather patterns threatening food supplies, exacerbating the prevalence of **micronutrient deficiency and malnutrition**. As temperatures continue to rise there are likely to be changes in vector-borne disease patterns and epidemic diseases.

Increasing globalisation presents opportunities and challenges for public health due to improved communications, increased international trade, and the increasing movement of goods and people. The Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement, may affect the cost and availability of drugs and the expansion of the tobacco industry has exacerbated the NCD burden on middle- and low-income countries. The movement of skilled health personnel away from locations of high need places a major strain on struggling health systems.

WHO predict **climate change**, and **higher food and fuel prices** are major threats to health. It is estimated that, currently there are that globally 800 million people are chronically hungry and access to nutritious and adequate food is likely to be further constrained by droughts, floods and storms and the increasing cost of transportation

and staple food items. Access to health care is likely to be restricted by the cost, transport restrictions and limited drug supplies.

Pacific region context

In the Pacific region **NCDs**, associated with unhealthy diet, physical inactivity, tobacco use and alcohol abuse, are leading causes of morbidity and mortality accounting for around 75 percent of all deaths in the region. While the **Pacific Plan** recognises the need for multisectoral engagement and resource mobilisation to address this issue, health expenditure currently tends to be directed at secondary and tertiary level treatment rather than at encouraging the use of primary care facilities and addressing the underlying causes of NCDs.

There have been significant declines in **infant and under-five mortality** rates in all Pacific countries but a refocusing of effort will be required by Papua New Guinea (PNG), Solomon Islands and Kiribati if MDG 4⁵ is to be achieved.

In many Pacific countries **sexual and reproductive health** services are limited or poorly utilised and **maternal mortality rates** remain extremely high in a number of countries, especially the Solomon Islands and Papua New Guinea. In Papua New Guinea maternal mortality rates have doubled over the last decade to 733 per 100,000 live births placing PNG among the worst performing countries in the world for maternal deaths. In Melanesian and Micronesian countries natural population growth remains high at more than 2 percent and contraceptive prevalence rates in the Pacific generally have remained low, according to UNFPA. In Papua New Guinea the total fertility rate is 4.3 and only slightly over one-third of married women are using any family planning method. While in most Pacific countries the incidence of confirmed HIV infection is low, high rates of sexually transmitted infections (STIs), gender inequalities and poor knowledge increase vulnerability and inadequate surveillance means that HIV prevalence is likely to be higher than official rates. Papua New Guinea has the highest rates of HIV and AIDS in the Pacific and is one of only four countries in the Asia-Pacific region to have a generalised epidemic (currently 1.6 percent HIV prevalence in ante natal clients).

Generally universal access to safe drinking water and basic sanitation is not available in Pacific and many island states have inadequate measures for the disposal of waste. Climate change poses a real threat to the survival of many small island states.

Throughout the Pacific health systems strengthening will be necessary to enable improved health outcomes. While most countries have some level of primary health care service for rural populations, expenditure favours specialist clinical treatment in the main urban centres or overseas. All countries face chronic shortages of appropriately skilled and situated human resources for health. Inadequate health management information systems and the lack of surveillance and research capability and capacity inhibit effective policy development and planning.

⁵ Reduce by two-thirds between 1990 and 2015 the under-five mortality rate

NZAID's current⁶ support to health activities

NZAID currently provides support for health activities through a number of different aid delivery mechanisms including:

Multilateral agencies

NZAID support for multilateral agencies is guided by the Agency's Multilateral Engagement Strategy (MES). Key multilateral agencies supported by NZAID which have a primary focus in the health sector are United Nations Population Fund (UNFPA), the joint United Nations Programme on HIV/AIDS (UNAIDS) United Nations Children's Fund (UNICEF), and the International Planned Parenthood Federation (IPPF), all of which have a focus on addressing sexual and reproductive health issues.

Multilateral relief agencies supported by NZAID and which frequently provide humanitarian health-related assistance include: United Nations High Commissioner for Refugees (UNHCR), World Food Programme (WFP), UNICEF, UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), and International Committee of the Red Cross (ICRC).

Agency Engagement Frameworks are negotiated annually, stipulate the nature of the relationship, and serve as a tool for monitoring multilateral aid effectiveness in the Pacific and other regions.

Pacific regional health programme

The Pacific regional health programme is guided by a Strategic Framework which identifies three major areas for NZAID assistance. These are:

- i) non-communicable health priorities including NCDs predisposed by lifestyle; sexual and reproductive health including safe motherhood; and disability including mental health
- ii) reducing vulnerability to communicable diseases including vaccine preventable diseases, HIV and emerging infectious diseases such as avian flu and other pandemic threats
- iii) strengthening health systems including developing human resources for health.

All three areas reflect the NZAID Health Policy focus on primary health care and health systems strengthening and are priorities identified by Pacific Ministers of Health. NZAID has sought deeper engagement with regional agencies and other donors and has committed to longer term initiatives through harmonised funding mechanisms.

Pacific bilateral programmes

The major focus of NZAID's bilateral support to health in the Pacific is for sector wide approaches in Samoa and in Papua New Guinea. In Papua New Guinea additional funding is provided for activities of two multilateral agencies focussed on safe motherhood and HIV prevention and for community and primary level health activities of non government and faith based organisations. The Niue health sector also receives assistance. Several other bilateral programmes include specific health

⁶ June 2008

activities including in a number of countries activities to address violence against women.

Rest of the world regional and/or bilateral programmes (Asia, Africa, Latin America)

NZAID provides limited support to programmes in Asia, Africa and Latin America. In Asia and Latin America assistance for health has generally been a component of sustainable rural livelihoods programmes. In Africa there has been a more significant health focus, particularly on HIV and AIDS and, more recently, maternal and child health. Assistance is also provided for humanitarian response to natural disasters and complex emergencies.

New Zealand non-government organisations (NGO) and other New Zealand Government agency programmes

NZAID supports the health related activities of other New Zealand agencies including NGOs through the KOHA and various bilateral and regional programmes and the Ministry of Health (MOH) through the Government Agencies Fund (GAF).

Scholarships and training

NZAID provides some support for health-related study and training through scholarships. This also includes support for students from the Pacific region to attend the Fiji School of Medicine (FSMed).

The Way Forward

Based on NZAID's overall goal of poverty elimination, the NZAID Health Policy directions and an assessment of health issues and trends internationally and in the Pacific region, the Health Strategy has the following goal and objectives:

Goal

Improved health for men, women and children in NZAID partner countries with a particular focus on poor and vulnerable,⁷ groups.

Purpose

Increased support to health activities and improved quality and effectiveness of NZAID assistance for health related programmes of partner countries and agencies.

Development Outcomes

1. The poor and other vulnerable groups have increased access to effective primary health care.
2. Improved delivery of health care through strengthened health care systems.
3. Health workforce capacity development.
4. Improved capacity of selected Pacific countries to meet secondary and tertiary health care needs.

⁷ Vulnerable groups may, depending on the context, include people in remote areas or outer islands, ethnic minorities, people with disabilities, people living with HIV, and others.

5. Increased integration of health dimensions in other sectoral activities.
6. Human rights and gender equality norms and standards, and consideration of HIV and AIDS and environmental implications, are integrated in all health activities.
7. Aid effectiveness principles are addressed in all new and revised health activities.

Key thematic areas for NZAID support for health activities

The major focus of NZAID support for health activities will be on enhancing access to primary health care services and strengthening health care systems particularly human resources for health to assist partner countries in realising the right to the highest attainable standard of health. Within this context particular attention will be given to:

Sexual and reproductive health and rights

Rationale

“Universal access to sexual and reproductive health (SRH) information and services would have far-reaching effects for both the maternal health and child health (Millennium Development) Goals and for virtually every other Goal, including those for HIV/AIDS, gender, education, environment, hunger and income poverty”. (WHO 2005).

The ICPD Programme of Action acknowledges the primacy of individuals' needs and rights in accessing sexual and reproductive health education, care and services and highlights the importance of gender equality in achieving universal access to SRH services.

WHO reports that STI prevalence and unmet needs for contraception are highest in regions where there is a generalised HIV epidemic (such as in PNG). Strengthening linkages between SRH and the response to HIV will facilitate the provision of services for those who need them, offer more holistic care and increase the coverage and quality of services. Achieving MDG 5 (to improve maternal health and to achieve universal access to reproductive health), and MDG 6 (to halt and begin to reverse the spread of HIV/AIDS) will require strengthening of health systems, including: adequate and appropriately trained health personnel to deliver family planning and contraceptive services; maternal care (including ante natal and supervised childbirth); STIs and HIV prevention and treatment; and sexual and reproductive health services targeted at adolescents.

Predictable and sustainable funding is essential to ensure ongoing progress towards universal access to prevention of HIV and treatment, care and support of people with HIV and AIDS. It will also require long term resource considerations, including for ongoing strengthening of health systems with a specific focus better integration between HIV and other SRH programmes, workforce capacity development and on public health structures. These include surveillance, laboratory services and health information systems and building the capacity to analyse data to inform policy and programming.

Programmatic approach

NZAID will prioritise activities which further the goal of universal access to reproductive health education and services including contraception and family planning, maternal and child health services and prevention of STIs. NZAID will further prioritise activities to achieve universal access to prevention of HIV and to treatment, care and support for people affected by HIV and AIDS.

NZAID regards HIV/AIDS as a cross-cutting issue, and advocates for its inclusion within national development strategies and in planning across all sectors.

NZAID will promote gender equality and empowerment of women and girls in all dimensions of life as fundamental to addressing sexual and reproductive health issues including HIV and AIDS which has a disproportionate impact on women and girls.

Strategic focus

NZAID will prioritise assistance for sexual and reproductive health (SRH) care and services as a core component of its Health Strategy. NZAID will advocate in relevant strategic engagements with multilateral, regional and bilateral partners for improving access to SRH services and for integrating and strengthening linkages between SRH services and strategies and services for the prevention and treatment of HIV and AIDS.

Non-communicable diseases

Rationale

Globally it is estimated that non-communicable diseases (NCDs) will cause 70 percent of the disease burden by 2020. In the Pacific today WHO estimates that NCDs already account for 75 percent of deaths with morbidity and mortality from these diseases continuing to rise.

NCD prevalence in developing countries has in the past been associated with the more affluent urban sector. However, growing urbanisation and more sedentary lifestyles have increased susceptibility to NCD risk factors such as unhealthy diets, physical inactivity, tobacco and alcohol use. It is recognised that over the past few decades, as these risk factors have interacted with social, economic and environmental determinants, NCDs have become increasingly common among lower socio-economic groups. The consequences are elevated blood glucose levels, hypertension and obesity, and predispose individuals to the “fatal four” diseases – cardiovascular diseases, cancer, chronic respiratory diseases and diabetes. Health costs related to these diseases are exorbitant with, in some Pacific countries, as much as 60 percent of health care budgets going towards treatment, and the indirect social and economic costs continue to grow.

A number of international and regional agreements and strategies have been developed to address the increasing incidence of NCDs. These include the WHO International Framework Convention on Tobacco Control, the WHO Global Strategy on Diet, Physical Activity and Health, the Western Pacific Declaration on Diabetes, the Regional Strategy to Reduce Alcohol-related Harm in the Western Pacific). Most recently WHO and SPC have developed a Pacific Framework (and related implementation plan) for the Prevention and Control of Non communicable diseases.

Programmatic approach

NZAID recognises that much of the burden of NCDs can be reduced through well integrated approaches to prevention and control which target the common risk factors associated with these diseases and focus on promotion of health lifestyles and prevention of risk factors and disease progression.

NZAID will promote broad, evidence-based strategies that take account of national priorities and place particular emphasis on strengthening primary health care level prevention and control. This will require multisectoral interventions, both within primary health care and outside of the health sector, and attention to institutional strengthening including the strengthening of surveillance and monitoring to inform activity planning. Priority will be given to supporting strategies which comprise health promotion and disease prevention measures, including regulatory interventions that address tobacco control policies, alcohol abuse prevention, food and nutrition policies and interventions to increase regular physical activity. Secondary as well as primary prevention measures will be supported as cost effective in controlling the progression of many NCDs.

Strategic focus

NZAID will promote integrated approaches to addressing the common risk factors associated with NCDs and will prioritise assistance for the prevention and early management of NCDs, in partner countries where there is high prevalence.

Health systems strengthening

Rationale

A health system involves all organisations, institutions, resources and people engaged in delivering health services. Sound health systems are essential for sustained health improvements. The WHO Framework for Action: Strengthening Health Systems to Improve Health Outcomes (2007) defines six building blocks of health systems. These are: service delivery; health workforce; information; medical products, vaccines and technologies; financing; and leadership and governance.

Strengthening health systems includes addressing key constraints to the effective delivery of health services and improving health outcomes for the population. It could include support for any or all of the six critical building blocks outlined above. Consideration of the need for health systems strengthening should be a critical component of support for all health development activities, and particularly for sector wide approaches (SWAs) in health.

Health systems in the Pacific are particularly fragile and under-resourced, constrained by problems associated with having to meet the health needs of small populations widely dispersed in outer islands or remote rural communities. Inadequate human resources for health (HRH) further constrains Pacific health systems performance where insufficient numbers of health care workers are being trained in some countries while in others trained health workers are migrating for better career opportunities, pay and employment conditions. Pacific Ministers of Health consistently raise human resources for health as an issue of major concern.

Programmatic Approaches

NZAID will give consideration to the need for health systems strengthening in all activities with special attention to improving capacity to meet the health needs of poor and vulnerable groups, to deliver effective, high quality primary health services.

Where feasible, efforts will be made to avoid supporting activities which are likely to increase vertical programming as these tend to strain the management systems and human resources.

NZAID will promote attention to human resource training, recruitment and retention in the design and planning of health activities.

Strategic focus

NZAID will prioritise health systems strengthening as a component of all health activities. This will include specific promotion for the strengthening of human resources for health.

Multi-sectoral approaches

Rationale

NZAID recognises health as both a prerequisite to development and a development goal in itself. A multi-sectoral approach is based on the understanding that health is determined by multiple, interrelated social, cultural, political, economic and environmental factors, and that creating and maintaining health requires action from those sectors whose work aligns with the various health determinants. A multi-sectoral approach requires consideration of health aspects in relation to other sectoral development programmes, for example, water supply, rural livelihoods, food and nutrition, education and environment issues. A multi-sectoral approach to health development is an essential requisite for long-term sustainable health improvement.

Programmatic approach

Health status is influenced by the wider environmental, social, economic and political context. While all development activities have an impact on health, and will be impacted by the health of populations, NZAID identifies a number of key issues that have a significant health component but can only be adequately addressed through a multi-sectoral approach. While not limited to the following, these may include:

- *Food and Nutrition*
Hunger is the most extreme cause and consequence of poverty. Almost 16,000 children die from hunger-related causes every day. Most poor people who battle hunger deal with chronic under-nourishment and micronutrient deficiencies, rather than starvation, resulting in stunted growth and cognitive development, weakness and increased susceptibility to illness. Over 2007 and 2008 the world has experienced a dramatic rise in the price of basic staple foods culminating in a global food crisis which is anticipated to continue until at least 2015. This will have widespread repercussions for the poor, particularly the rural landless, food insecure households and the urban poor. Reduced ability to purchase food will translate directly into reduced nutrition and ill-health with impacts likely to fall most heavily on women and children. In responding to food shortages and hunger NZAID will promote broad based strategies addressing livelihoods, education, health, gender equality, community development and economic growth as well as food security. Developing and strengthening social protection mechanisms that support the most vulnerable will be a critical aspect in addressing food access issues.
- *Water and Sanitation*
WHO estimates that around 1 billion people globally do not have access to safe water supplies and around 2.4 billion do not have access to any type of

sanitation facility. About 2 million people die every year due to diarrhoeal diseases, most of them children under 5 years of age. NZAID recognises that having access to sufficient safe water, to sanitation, to a clean environment and to information of sound hygiene behaviours are fundamental to reducing the burden of water- and food-borne disease. Encouragement will be given to activities which combine environmental, health, education, and community development interventions.

- *Disabilities*
The United Nations estimates that around 10 percent of the world's population (650,000 million people) live with disabilities, 80 percent of them in developing countries. Women and girls with disabilities are recognised as suffering multiple disadvantages, experiencing exclusion on account of their gender as well as their disability and being particularly vulnerable to poverty and social isolation. While persons with disabilities often have specific health needs, disability is not specifically a health issue. NZAID endorses the 2002 Biwako Millennium Framework which adopts a rights-based approach to the development of persons with disabilities, promoting the full participation and equality and protection of rights of persons with disabilities. In recognition that the needs of people with disabilities are best addressed through integration across programmes and sectors, NZAID will support multisectoral interventions which may include health, education, social services, rehabilitation, livelihoods, transport, gender, and housing.

Strategic focus

NZAID will encourage multisectoral approaches to addressing health issues and to addressing the wider determinants of health. NZAID will advocate this approach in policy engagements with multilateral, regional and bilateral partners.

Mainstreaming and cross-cutting issues

Rationale

The right to health as set out in the UN Declaration of Human Rights includes the right to access and enjoyment of health services and the underlying determinants of health as well as the right to the safeguarding of public health by the State. This includes availability, accessibility, acceptability and quality of service provision. Currently many people face barriers to accessing health care including for example, remote rural and/or outer island populations, women and girls, ethnic minorities and people with disabilities.

Programmatic approaches

NZAID will require health activities to recognise issues of equality, human dignity, access to information and services, non-discrimination and privacy.

- *Human rights*
Mindful of human rights, NZAID will foster the appropriate and consistent participation of stakeholders, including relevant health workforces, communities, and health care consumers (including, for instance women and men, girls and boys, people with disabilities, people affected by and living with HIV) in the design, implementation, monitoring and evaluation of activities.

An essential element of ensuring that design, planning and implementation of health sector activities are equitable and appropriate is to have an information

system which enables disaggregation of data to improve understanding of health risks and protective factors; access to resources and services; incidence of ill health and disease; health outcomes; contributing factors; and health seeking behaviour.

- *Gender*
Gender inequality cuts across other forms of inequality often producing more intensified forms of poverty for women and girls. Addressing gender equality and women's empowerment is therefore essential to achieving sustainable and equitable health outcomes. NZAID will require health activities to address gender considerations throughout the Activity cycle and to promote strategies which enable equality and empower women.
- *HIV and AIDS*
While the NZAID Health Strategy prioritises support for SRH activities including those specifically addressing HIV and AIDS, it also requires that the implications of HIV and AIDS, as well as the consequences activities may have on HIV and AIDS incidence, are considered and appropriately addressed in all activities.
- *Environment*
NZAID must be assured that there are no negative impacts on the physical and biological environment in which health development activities supported by NZAID are implemented. Particular attention should be paid, for example to health waste management and infrastructure development that might require land acquisition or damage to natural resources.

Strategic focus

NZAID support for health activities will ensure that equity of health service delivery and health outcomes is a central consideration. This recognises that health is a human right regardless of gender, age, ethnicity, social class, or ability. The implications of and for HIV and AIDS and the environment will be considered in the design and implementation of all activities. NZAID will advocate this approach in policy engagements with multilateral, regional and bilateral partners.

Aid-effectiveness

NZAID is committed to accelerating the implementation of aid effectiveness principles. Therefore the extent to which these principles are advanced will be a consideration for assistance to health development activities. It is expected that significant bilateral funding for new activities will be provided within harmonised programmes aligned with country priorities and systems, such as sector-wide approaches (SWAs). Increasingly Pacific regional health activities will be supported within the context of harmonised, multi-donor funded initiatives which address priorities identified by the region and are integrated into country strategies and plans.

All health development activities will reflect partner country health priorities and, for Pacific regional programmes, be aligned with the Pacific Plan and health priorities identified by Pacific Ministers of Health. All activities will take account of partner country realities and constraints, and in particular consider requirements for health systems strengthening including workforce capacity development to ensure sustainability.

To advance the effectiveness of development assistance to health NZAID will ensure that all bilateral, regional and multilateral activities:

- are aligned with country health priorities and have strong country ownership
- are well coordinated and harmonised with other donor activities in the sector
- focus on primary health care principles
- have development objectives which clearly identify improved health outcomes for the poor
- have clear indicators of achievement against which progress is regularly monitored
- integrate human rights and gender equality and consider HIV and environment implications.

New Zealand Government agencies

In implementing this Health Strategy NZAID will cooperate with other New Zealand government agencies particularly the Ministry of Health (MOH) which has an important interest in international health issues.

NZAID will meet with MOH and as appropriate District Health Boards and other relevant government agencies on a regular basis to discuss and coordinate support for international, and in particular, Pacific health. There are common interests and responsibilities with regard to Pacific health issues given the large Pacific population living in New Zealand and the special relationship that New Zealand has with Niue, Tokelau and Cook Islands. NZAID will contribute to MOH briefing for WHO meetings and, where appropriate and resources allow, attend WHO meetings, in particular reflecting experience from Pacific health activities and dialogue with partners and with other UN agencies.

Through the Government Agency Fund (GAF) NZAID will provide support for health activities in the Pacific undertaken by other New Zealand government agencies where these are well aligned with the NZAID Health Policy and Strategy.

New Zealand non-government organisations

In implementing this Health Strategy NZAID will communicate and cooperate with New Zealand NGOs active in the health sector in developing countries and where there are common issues of interest. This might include sharing information, inclusion in delegations to international health-related meetings and/or the provision of financial support for health-related programmes of New Zealand NGOs through the KOHA or other grant funding schemes or as a component of bilateral or regional programmes.

Resourcing and programme management

In 2006/07, NZAID support for health activities (excluding health components of other sector programmes such as rural livelihoods and water and sanitation) constituted 10.7 percent of total ODA. This increased from 8.5 percent in 2004/05. It is expected that, given the direct relationship between the elimination of poverty and health outcomes for the poor, this percentage will continue to increase.

Health Activity funding will be managed by relevant development programme managers and team leaders at all levels. Programme Managers will be proactive in considering opportunities for supporting health activities either as stand-alone

activities or as part of multi-sectoral approaches. In particular assessment of opportunities for health sector support should be included in country or regional programme strategy development processes.

Of equal or greater importance is ensuring that resources for health are well managed to ensure they will reach the strategy objectives of improved health outcomes for the poor.

Measuring Performance

The Health Strategy monitoring and evaluation framework will enable the agency to measure the performance of NZAID health activities through regular review processes by Development Programme Managers, Team Leaders and Health Advisors and through an independent mid-term review at the end of year two and an independent evaluation at the end of year five. The objective of monitoring and evaluation is to ascertain the degree to which the NZAID health strategy has been implemented and objectives met, to learn lessons and improve practice.

The **strategic goal** will be measured (using sources such as UN, WHO and DAC reports) against international and regional data including progress towards the MDGs, the Pacific Plan specific health objectives and Pacific Ministers of Health commitments, and international norms and standards related to the right to health. It is acknowledged that health and development improvements cannot easily be attributed to a single intervention or sector but that credit for outcomes are likely to be cumulative.

Progress towards the **strategic purpose** will be measured against indicators reflecting an increase in the quantity and improvement in the quality and effectiveness of NZAID assistance for health related programmes of partner countries and agencies

The strategy's **development outcomes** will be assessed against indicators stated in the matrix below. It will be necessary, before commencement, for all new activities to have specific and clear health development outcomes indicators. New Activity designs should include strategies for establishing baselines against which progress can be measured.

The main information sources for monitoring progress will be:

- partner monitoring, reporting and dialogue
- activity monitoring and evaluation against Activity objectives and indicators
- SWAps (bilateral) against country level health sector plans and M&E frameworks
- regional "SWAps" against joint programming plans and M&E frameworks
- multilateral partners (at all levels) against strategic plans/dialogue.

The NZAID Health Sectoral Community of Practice will undertake an **annual stock take** against thematic output indicators. An **independent mid-term review** will be conducted at the end of year two and an **independent evaluation of the strategy at the end of 5 years**. The evaluation will include an assessment (at the strategy goal level) of international and regional data reflecting progress towards achievement of the MDGs and key Pacific health commitments.

Monitoring and Evaluation Framework

	Indicator	Source of data	Responsibility for collecting/ presenting data	Frequency of reporting
Goal: Men, women and children in countries benefiting from NZAID development assistance, particularly the poor and vulnerable, ⁸ have achieved improvements in health with particular reference to the Millennium Development Goals	<ul style="list-style-type: none"> Progress towards MDG health-related targets in partner countries Progress towards Pacific Plan health targets and Pacific Health Ministers commitments Progress towards realising the right to the highest attainable standard of health 	WHO/UN statistics Regional data	Evaluators Health Advisors	End of strategy period
Purpose: Increased support to health activities and improved quality and effectiveness of NZAID assistance for health related programmes of partner countries and agencies	<ul style="list-style-type: none"> Percentage of NZAID funding allocated to health activities activities are are well coordinated with other donor activities in the sector focus on primary health care principles identify how they will/do contribute to realising the right to health have clear objectives which clearly identify improved health outcomes for the vulnerable groups, including the poor have clear indicators of achievement against which progress is regularly monitored integrate human rights and gender equality and consider HIV and environmental implications 	NZAID financial data Activity designs and monitoring	Health Advisors DPMs/Team Leaders Reviewers	Mid term and End of strategy period
Development Outcomes				
1. The poor and other vulnerable groups	<ul style="list-style-type: none"> Proportion of activities having clearly defined health 	Activity designs	DPMs/Team Leaders	Mid- and

⁸ Vulnerable groups may, depending on the context, include people in remote areas or outer islands, ethnic minorities, people with disabilities, people living with HIV, and others.

	Indicator	Source of data	Responsibility for collecting/ presenting data	Frequency of reporting
have increased access to effective primary health care	<p>outcomes for the poor and other vulnerable groups.</p> <ul style="list-style-type: none"> • Proportion of activities having disaggregated data available and reported upon • Evidence that poor and vulnerable populations have improved access to health services 	<p>and reports</p> <p>Activity M&E frameworks and reports</p>	Health Advisors	end-term
2. Improved delivery of health care through strengthened health care systems	<ul style="list-style-type: none"> • Evidence of health systems performance improvements by country and region 	Activity designs and reports		Mid- and end-term
3. Health workforce capacity developed	<ul style="list-style-type: none"> • Proportion of health activities including health workforce capacity strengthening elements • Number of workforce/cadre/countries at end-term compared with 2007-8 • Evidence of improvements in health workforce capacity 	Activity designs and reports		Mid- and end-term
4. Improved capacity of selected Pacific countries to meet secondary and tertiary health care needs	<ul style="list-style-type: none"> • Evidence of measurable equitable access to secondary and tertiary services • Evidence of improved health workforce competence to address selected secondary and tertiary health care needs 	Activity designs, work plans and reports		Mid- and end-term
5. Increased integration of health dimensions in other sectoral activities	<ul style="list-style-type: none"> • Proportion of health activities with a multi-/ inter-sectoral approach • Proportion of NZAID activities incorporating health component 	<p>Programme strategies</p> <p>Activity designs, work plans, reports</p>		Mid- and end-term
6. Human rights and gender equality norms and standards, and consideration of HIV and AIDS and environmental implications, are integrated in all health activities	<ul style="list-style-type: none"> • Proportion of Activity designs and work plans including specific references to human rights and gender equality issues, norms and standards • Evidence of consideration to HIV/AIDS and environmental implications in Activity designs and plans • Evidence that stakeholders and beneficiaries are satisfied with extent of participation in Activity design, 	Gender/HR Action Plan reports Activity designs, work plans and reporting		Mid- and end-term

	Indicator	Source of data	Responsibility for collecting/ presenting data	Frequency of reporting
	implementation, monitoring and evaluation, and decision-making processes			
7. Aid effectiveness principles addressed in all new and revised health activities	<ul style="list-style-type: none"> • Proportion of health activities address national/regional health priorities • Proportion of health activities utilising a programme-based approach • Proportion of health activities aligning donor support around a common plan and single M&E framework • Evidence of partnership approaches in health activities • Evidence of alignment of NZAID-supported activities to national priorities, plans and systems • Evidence that country and regional programmes have and use data and information to inform decision making for NZAID-supported health activities 	Activity designs, work plans and reporting		Mid- and end-term
Thematic Outputs				
Sexual and reproductive health and rights	<ul style="list-style-type: none"> • Percentage health activities which focus on SRH including HIV • Evidence of advocacy for integration and linkage of HIV and AIDS activities with SRH services and strategies 	Activity designs, work plans and reporting	DPMs/Team Leaders Health Advisors	Annual
Non-communicable diseases	<ul style="list-style-type: none"> • Evidence of promotion of integrated approaches to addressing common risk factors associated with NCDs • Evidence that NZAID supported activities addressing NCDs use integrated approaches to address common risk factors • Evidence that assistance for prevention and early management of NCDs in high prevalence partner countries increased 			
Health systems strengthening	<ul style="list-style-type: none"> • Proportion of country/regional development strategies including health component 			

	Indicator	Source of data	Responsibility for collecting/ presenting data	Frequency of reporting
	<ul style="list-style-type: none"> • Percentage of health activities with health systems strengthening component. • Percentage of health activities with health workforce capacity development component • Activity designs and plans for support to clinical services include appropriate development of local capacity 			
Multi-sectoral approaches	<ul style="list-style-type: none"> • Evidence of advocacy for multi-sectoral approaches utilised in health and non-health activities • Percentage health activities utilising multi-sectoral approaches • Proportion of NZAID bilateral/ regional strategies including health component. 			
Equity of access to services and health outcomes	<ul style="list-style-type: none"> • Evidence of advocacy for approaches focusing on equity of benefits • Percentage of health activities including targeting of vulnerable populations 			
Primary health care	<ul style="list-style-type: none"> • Percentage of activities based on primary health care approaches⁹ 			

⁹ Primary health care includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunisation against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs; and involves health and all related sectors and aspects of national and community development

