



*Public Health Association  
of New Zealand Inc.*

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Dear Jacqui

Thank you for the opportunity to comment on the NZ Aid draft health policy.

The Health Sector Thematic Team (STT) of NZ Aid is to be congratulated for progressing this area and seeking input from non-governmental organisations such as the Public Health Association of New Zealand. Given that New Zealand is such a relatively poor contributor to international development assistance it is particularly important that good use is made of what is given.

We trust that these comments are helpful. More detailed references to substantiate the points made are available on request.

While we make a set of strong suggestions for change we do so from a basis of support for the overall intent of the draft policy.

Yours sincerely

G M Keating  
Director

## **NZAID Draft Policy on Health -2004 Public Health Association Submission**

### **Rationale for NZAID support for health**

The draft policy statement indicating *why* NZAID should support health is based on excellent grounds. Health and other aspects of development are closely linked. One of the things that NZAID is well placed to provide is integrated development assistance that focuses on improvements in many levels at the same time eg primary care, agriculture/water supplies (secure supply of healthy food), and education targeting women and children. These activities can bring health improvements as well as other development improvements.

The ethical dimension of supporting development assistance could be strengthened. It is an ethical outrage that people's health is suffering and life expectancies are substantially reduced because even very basic preventive services are not in place in many parts of developing countries.

It could be worthwhile to reflect, not only on the need to support health, but also on what has worked in the past for development assistance in health. For example, how health sector assistance has helped eradicate smallpox globally and has nearly eradicated polio. New Zealand has also had success with funding immunization programmes and with funding health worker education (eg, University of the South Pacific).

### ***Objectives for NZAID's health work***

It would be helpful if the policy had clear objectives. These could be something like:

1. To support developing countries in the South Pacific and South East Asian regions to maximise the health gain among their citizens in the most cost-effective ways possible.
2. To take into consideration in the provision of development assistance the benefits of interventions that maximise health gain of the poorest members of the community.
3. To take into consideration in the provision of development assistance the benefits of achieving region-wide disease control and to maximise synergies of activities being undertaken by other donor nations and agencies.

These objectives would then flow through into the NZAID principles and strategic focus areas.

## ***Enlightened self interest?***

A vexed question is the “enlightened self-interest” argument for development assistance. While NZAID may not wish to include “New Zealand self interest” arguments in a policy identifying how NZAID funding would be applied, they are arguments that may assist to increase the level of New Zealand funding to NZAID.

By improving disease control in the South Pacific, New Zealand benefits in multiple ways<sup>1</sup>:

- Lowered risk of imported communicable diseases (eg, tuberculosis).
- Lowered risk for New Zealanders visiting or working in Pacific Island countries (eg, of malaria and dengue fever).
- Lessons from successful non-communicable disease control programmes can be learnt - that can then be utilised for Pacific peoples communities back in New Zealand.
- Lowered security threats from failed states in terms of organised crime and terrorism (ie, if appropriate development assistance helps prevent failed states from arising).
- Lowered risk of environmental refugees for New Zealand (eg, if resilience against climate change associated sea-level rises is strengthened).

## **NZAID’s approach**

Overall the draft approach is coherent. In particular the PHA is very supportive of principles such as policy coherence, strategic and sustainable, and approaches that brings co-ordination amongst donors in a way that is well aligned to partner strategies.

However the Public Health Association sees some significant issues.

## **NZAID principles**

### ***Equity and Human Rights***

The reduction of health inequalities within countries is a key issue and should be mentioned more explicitly in this section. The measurement of results should look to specifically measuring if equality is increasing<sup>2</sup>.

### ***Focus on Primary Health Care***

The draft includes the statement: “To improve health outcomes for populations it is crucial that countries devote the largest proportion of their health resources to primary health care activities”. This is such an important issue that it should be reflected in the NZAID principles.

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<sup>1</sup> Wilson et al 2004 – in the NZ Med J

<sup>2</sup> A recent article identified ways this could be done: Gwatkin DR, Bhuiya A, Victora CG, Making Health systems more equitable *Lancet* 2004; **364**: 1273-80

### ***Results oriented***

There should be explicit reference in this principle of the importance of using effective and cost-effective health interventions. This has particularly important consequences for the prioritisation of cost-effective Primary Health Care interventions.

Often there is no evidence of effectiveness of particular approaches in local circumstances. In these situations, trials and evaluations should be used to determine which approaches work in that local area. Support of trials and evaluations to determine local effectiveness should be explicitly included. However support of research that could be done in other countries should be excluded.

As noted above, equity of health outcomes should be measured.

### ***NZAID's commitment to the health sector***

It is valuable that lessons learned in New Zealand (both positive and negative) are built into an understanding of what likely effects can be expected from similar programmes in other countries.

### ***Managing conflicts between principles***

There is potential for conflicts between the “strategic and sustainable” principle and the “partner driven” principle if a partner country was seeking support for health in a way that is not based on Primary Health Care principles, and does not place priority on the Millennium development goals. This draft does not indicate how NZAID would manage a conflict should, for example, a partner wishes to develop a health care system contrary to the WHO Primary Health Care approach.

The PHA is strongly of the opinion that *priority* should be given to strategic approaches based on the rationale for NZAID support for health, particularly the Millennium development goals and the WHO Primary Health Care approach.

We do agree that health aid should be partner-owned and driven. It is clear from all evidence that health interventions are most effective if they align with the values and intentions of the country, community, family and/or individual. However that is an issue that should be addressed within the priority of to strategic approaches based on the WHO Primary Health Care approach.

## **NZAID Strategies**

### ***Regions where NZAID works***

No rationale is given for the particular regions where NZAID works. It would be more coherent if there was a rationale or principle to guide decisions on future NZAID work.

The PHA view is that NZAID should focus on a region where the donor country has established good working relationships and many close linkages. For New Zealand this probably means focusing on the South Pacific and South-East Asia.

### ***Ways of working in the health sector***

The flexibility of NZAID in choosing to work bilaterally, multilaterally, with regional agencies and the like is a great strength.

In the final document it may be worth considering if this section belongs elsewhere – perhaps with “principles” as it is covered under the operating principle “well aligned to partner strategies and co-ordinated amongst donors”

## **NZAID Strategic Areas of Focus**

Six areas of strategic focus are proposed. Given the similarity of several of the areas of focus (or sub-areas) with the Millennium Development Goals it is unclear why the MDG area have not been chosen as strategic areas of focus in their own right. Other essential supporting areas are Strengthening Health Systems and Promoting Sound Policy in Health.

### ***Reduce child mortality and improve maternal health***

The proposed focus areas map well to these Millennium Development Goals.

### ***Combat HIV/AIDS Malaria, and other diseases***

The proposed focus areas would fit well with this Millennium Development Goal if “other diseases” included specific reference to vaccine-preventable diseases as well as tuberculosis.

Access to essential medicines, as part of the WHO Primary Health Care approach, would of course include access to retroviral medications.

### ***Ensure environmental sustainability***

The proposed “cross cutting” focus area maps well to this Millennium Development Goal.

### ***Strengthening health systems***

Strengthening health systems should be based on the WHO Primary Health Care approach.

An important role in strengthening health systems that could be played by NZAID is to affect ways in which health worker training and organisational capacity building is carried out. A big risk in strengthening health systems is that people with skills leave

the country. NZAID may be able to use its flexibility in working with multilateral and regional arrangements to strengthen capacity.

Given the close relationship between the education systems of many South Pacific countries and New Zealand this is a particular concern for these countries. It is likely that needs assessment, planning and leadership are priorities within the wider area of health systems. However in primary care and public health, leadership often comes from the local workforce rather than the government. It would be helpful if it was more strongly signaled that leadership development across the sector will be supported, perhaps in line with partner government priorities. This would avoid giving the impression that NZAID health funding will be going to prop up governments.

### **Secondary and tertiary medical services**

The inclusion in the draft support for secondary and tertiary medical services is inconsistent with a strategic and sustainable, policy-coherent approach to development assistance.

The PHA view is that countries (New Zealand included) should first meet all the Millennium Development Goals and have a well-functioning health care system based on the WHO Primary Health Care approach. When those basics are in place then it would be time to consider secondary and tertiary services.

The PHA recognises and supports that the draft proposes to increase funding directed towards primary and preventive services. However we believe that the support for secondary and tertiary medical services should not be maintained at current levels: this historical aspect of New Zealand funding should be phased out.

### ***People with disabilities***

It is welcome to see the situation of people with disabilities highlighted here. It is important that the human rights of people with disabilities are protected. Clearly an effective Primary Health Care approach would include activities that would prevent disabilities.

### ***Non-communicable diseases***

It is unclear why non-communicable diseases feature as an area of focus. These conditions should be managed through a WHO Primary Health Care approach, under prevention and control of locally endemic diseases, appropriate treatment of common diseases and injuries, essential drugs, and education concerning prevailing health problems etc.

This is not to discount the importance of the individual health problems identified, such as mental health. All of the mentioned issues are highly significant. It is, however an appeal that all these issues should be dealt with through a sound Primary Health Care approach, rather than via ad hoc disease-specific interventions.

Once there is a sound Primary Health Care approach, with leadership, planning and needs assessment skills it is very likely that the disease issues identified here will be identified by partner countries. Identification and management by the partner, in the context of a Primary Health Care approach, is much more strategic and sustainable than the identification of particular diseases by NZAID.

### ***Promotion of sound national, regional and international policy in health***

As noted above,

- the flexibility of NZAID to work in bilateral or multilateral ways is a great strength
- policy coherence within NZAID's different areas adds greatly to health impact because of the diversity of factors underlying health

The Public Health Association supports work of NZAID in promoting healthy policy at national, regional and international levels.

In addition to HIV/AIDS and disability there is the likely consequences of global climate change. In individual countries this means improving control against vector-borne diseases and improving water supply and sewerage system infrastructure in Pacific Island Countries. However global climate change must be approached internationally.

### **New Zealand policies may act against health**

It would be helpful for the health of many countries receiving support from NZAID is able to work towards restriction of trade of dangerous products. This may be better included in the Trade and development policy, but should be noted in this health policy.

Two areas that NZAID could work with other parts of the New Zealand Government to review are:

- The export of tobacco to developing countries with an aim to halting such exports (or at least imposing large taxes on these exports to fund tobacco control programme).
- The export of other hazardous products to developing countries (eg, alcohol, fatty meat high in saturated fat and culturally inappropriate soap operas).

## **Overall comments on language and presentation**

### ***Primary Health Care***

Primary health care in New Zealand is commonly taken to be only the subsets appropriate treatment of common diseases and injuries, provision of essential drug and immunisation. Other activities such as provision of water, food and education that are part of the WHO PHC approach are generally viewed as separate from primary care in New Zealand.

It would be useful for New Zealand readers if the final policy was to consistently use capitals and make reference to the WHO approach –“the WHO Primary Health Care approach”. This would help reduce misunderstanding by New Zealand readers.

Throughout this submission we have used “Primary Health Care” in the sense that it is used by the WHO.

### ***Too many principles and strategies***

There are some aspects of presentation that could be better managed, to improve the understanding. For example there is a section listing four “operating principles”, followed by six sections described as “the principles” used to support health aid. This creates some difficulties in understanding what are the principles that NZAID will follow.

Similarly there appear to be “strategies” and separate “strategic areas of focus”. It could help understanding the logic of the decisions if the two “strategies” were recast as principles.

This would allow the overall policy to have sections:

|                 |  |
|-----------------|--|
| Rationale       | Why NZAID does health work   |
| Objectives      | What NZAID seeks to achieve  |
| Principles      | What guides NZAID funding decisions, based on our rationale and objectives         |
| Strategic Areas | What are the activities we are moving towards funding, in line with our principles |