MOTION FOR A RESOLUTION

further to Question for Oral Answer B6-0030/2009

pursuant to Rule 108(5) of the Rules of Procedure

by Josep Borrell Fontelles

on behalf of the Committee on Development

on an approach to ‘EC development assistance to health services in sub-Saharan Africa’
The European Parliament,

- having regard to Court of Auditors Special Report No 10/2008 on EC Development Assistance to Health Services in sub-Saharan Africa,
- having regard to the Millennium Declaration of September 2000, which sets out the Millennium Development Goals (MDGs) as criteria established collectively by the international community for the elimination of poverty,
- having regard to the Commission Communication of 12 April 2005: ‘Speeding up progress towards the Millennium Development Goals – The European Union’s contribution’,
- having regard to the Programme of Action adopted in 1994 by the International Conference on Population and Development,
- having regard to the resolution adopted on 22 November 2007 by the 14th ACP-EU Joint Parliamentary Assembly on access to healthcare and medicines, with a particular focus on neglected diseases,
- having regard to its resolution of 20 June 2007 on the MDGs\(^1\) and its resolution of 2 September 2008 on maternal mortality ahead of the UN High Level Event, 25 September – review of the Millennium Development Goals\(^2\),
- having regard to Oral Question B6-0030/2009 to the Commission on Court of Auditors report No 10/2008 on EC Development Assistance to Health Services in sub-Saharan Africa,
- having regard to Rule 108(5) of its Rules of Procedure,

A. whereas EC funding for the health sector has not increased since 2000 as a proportion of its total development assistance despite the Commission’s commitment to the MDGs and the health crisis in sub-Saharan Africa,

B. whereas the EC has not made systematic arrangements to guarantee that there is sufficient health expertise to implement its health policy adequately,

C. whereas, while the current design of general budget support includes links to the health sector, its implementation has not gone far enough in exploring these links and addressing the needs of the poorer sections of the population,

D. whereas sector budget support, which focuses on the health sector, has been little used by the Commission in sub-Saharan Africa,

E. whereas half the population of sub-Saharan Africa is still living in poverty, and whereas Africa is the only continent that is not progressing towards the MDGs, especially the three health-related MDGs – on infant mortality, maternal mortality and the fight against HIV/AIDS, tuberculosis and malaria –, which are crucial to addressing poverty but are the least likely to be achieved by 2015,

F. whereas, despite sustainability problems observed in health-related projects, this aid delivery method has proved useful in supporting the health sector in sub-Saharan Africa,

G. whereas every year 3.5 million children die before their fifth birthday as a result of diarrhoea and pneumonia,

1. Considers that weak health systems, including the human resources crisis, are a major barrier to the achievement of the health MDGs, and stresses that strengthening health systems should be an essential element in poverty reduction; believes that basic healthcare infrastructure needs stable, long-term financial support if the health-related MDGs are to be delivered;

2. Considers that, with a view to reaching better health outcomes and attaining the internationally agreed health development goals, a common commitment is needed; in this context, welcomes the commitment on the part of the developing countries to work towards the target of 15% of national budgets as investment for health (Abuja); regrets that the EC allocated only 5.5% of total ninth EDF assistance to health;

3. Urges the Commission to strengthen its support for health services in sub-Saharan Africa and to review the balance of the EC funding with a view to prioritising health-system support;

4. Urges the Commission to increase the funds allocated to the health sector at the mid-term review of the 10th EDF, regardless of a necessarily comprehensive strategy which includes support to sectors that have a wider impact on health outcomes, such as education, water and sanitation, rural development and governance;

5. Stresses that the undertaking given in the context of the Development Cooperation Instrument (DCI) to devote 20% of funds to health and basic education by 2009 should apply to all European development policy spending, including the EDF, in order to be coherent; asks the Commission to tell Parliament’s competent committees, by 10 April 2009, what percentage, broken down by country, of the total development assistance allocated to sub-Saharan Africa was committed for basic and secondary education and
basic health;

6. Asks the Council to bring the EDF within the EU budget, as repeatedly called for by Parliament, which would allow greater policy coherence and parliamentary oversight of development spending;

7. Urges the Commission to ensure that there is sufficient health expertise to play an effective role in the health sector dialogue by seeing to it that all delegations where health is a focal sector have health specialists, by working more closely in post-conflict countries with ECHO health advisers, by forming closer partnerships with the WHO in order to draw on their expertise, and by entering into formal agreements with the EU Member States to use their expertise; asks the Commission to send to Parliament’s competent committees, by 10 April 2009, an overview of the respective number of health and education experts it has made available in the region, at delegation level as well as in its headquarters, and a precise timetable/overview for 2009 and 2010 indicating how it intends to increase this number and where these persons will be located, so that the Commission replies can be taken into account in the discharge procedure for 2007;

8. Asks the Commission to provide technical assistance support to the Global Fund for HIV/AIDS, Tuberculosis and Malaria (GFATM) at country level in the preparation of grant applications and in the implementation of grant contracts and to provide feedback to EC headquarters in order to ensure that it plays an effective role on the GFTAM’s executive board;

9. Urges the Commission to increase its capacity in staff and resources, both at headquarters and at delegation level, in order to support its health strategy in the countries and to ensure the effectiveness of the GFATM disbursements; and calls for a greater prioritisation of easily preventable diseases, such as diarrhoeal diseases, which could be largely avoided by the simple means of universal access to soap and appropriate hand-washing awareness-raising campaigns;

10. Urges the Commission also to make greater use of general budget support for strengthening healthcare with performance indicators of progress towards the Abuja 15% target and execution rates (specific public finance management and procurement weakness), technical assistance on health-sector policy dialogue and sound statistical systems;

11. Confirms that MDG contracts have the potential to ensure sustainable, long-term investment in health in developing countries and to help them achieve the MDGs, but only if the Commission ensures that MDG contracts concentrate primarily on the health and education sectors; underlines, however, that the MDG contracts are only part of the solution when it comes to improving aid effectiveness and accelerating progress towards the health MDGs; urges the Commission also to develop alternative approaches, especially for those countries not yet eligible for MDG contracting, which are often further away from achieving the health MDGs and have the greatest need for increased development aid;

12. Asks the Commission to use targets that directly measure the outcome of policies and to put in place mechanisms and monitoring tools to ensure that an adequate proportion of
general budget support aid supports basic needs, particularly in health; stresses that this must be accompanied by support for capacity-building; calls on the Commission to inform Parliament by the end of 2009 what steps it has taken;

13. Calls for capacity-building in all ministries with a view to ensuring greater effectiveness in the area of health through budget support spending, as country ownership is too often limited to the Ministry of Finance;

14. Urges the Commission to make greater use of sector budget support; asks the Commission to review the general requirement that sector budget support can only be used if health is a focal sector and to reconsider its current distribution of resources between sector budget support and general budget support;

15. Calls on the Commission to provide support for scrutiny of budget support by parliaments, civil society and local authorities in order to ensure a strong and clear link between budget support aid and the achievement of the MDGs;

16. Deplores the fact that only in a limited number of partner countries (six) was health selected as a focal sector under the tenth EDF; urges the Commission systematically to encourage countries to increase national health budgets through the use of performance indicators by targeting such increases in its general Budget Support Financing Agreements;

17. Calls on the Commission to play a much stronger role as a facilitator of dialogue between the partner country governments and civil society, the private sector and the national parliaments;

18. Urges the Commission to establish and disseminate clear guidance on when each of the instruments should be utilised and how they can be used in combination to maximise synergy; calls on the Commission to ensure there is coherence between the different financial instruments, taking into account the situation in individual countries, in order to ensure progress on health-related MDGs;

19. Insists that the Commission and the Member States apply the EU Code of Conduct on Division of Labour Development Cooperation to ensure that health spending and programmes are better coordinated and to ensure a sharper focus on neglected aid-orphan countries, including countries in crisis and fragile states;

20. Calls on the Commission, in close cooperation with the Court of Auditors, to identify how the weaknesses noted in the Court of Auditors Report can be addressed and to report on the outcome of these discussions to Parliament’s competent committees by the end of 2009;

21. Instructs its President to forward this resolution to the Council, the Commission, the governments and parliaments of the Member States, the Court of Auditors, and the governments and parliaments of the African countries concerned.