

LOUIS MICHEL

MEMBER OF THE EUROPEAN COMMISSION

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Dear Dr Lucas,

Improving maternal health and reducing maternal mortality have been key concerns for the European Commission's work in health and development. EU experience in the support to countries to progress on health MDGs shows that there is a lack of progress in most countries, especially in Africa, on MDG5.

Most deaths occur at home, far from the health services and often go unrecorded. Progress is normally measured by the estimated proportion of women who deliver in safe conditions and attended by skilled health workers. In fact, in many of our budget support programmes in ACP countries, this proportion is selected, in dialogue with partner countries, as an indicator and target that decides on the variable tranche components of the budget support. In many cases, we cannot ascertain any progress on this indicator.

The EC development policy in the field of sexual and reproductive health and rights (SRHR) is based on the Programme of Action of the United Nations International Conference on Population and Development (ICPD) held in Cairo in 1994 and on the Key Actions (known as Cairo +5) adopted by the 21st UN General Assembly, in 1999, to renew and strengthen the Cairo Programme of Action. The commitment to the full implementation of this Programme of Action was reaffirmed in the Council Conclusions Cairo/ ICPD+10 of November 2004 calling for significantly more financial resources and support to sexual and reproductive commodities. This EU commitment on SRHR was restated by the Conclusions of the Council of May 2005 regarding the achievement of MDGs that also states that "the EU further recognizes that the MDGs cannot be attained without progress in achieving the Cairo goal of universal sexual and reproductive health and rights". The commitment to SRHR is also stated in the European Development Consensus.

According to this policy document, financial support to developing countries for health in general and SRHR in particular is mainly pursued through bilateral aid (sector or general budget support) based on local ownership. The EC will be programming support to health in the following 21 Developing Countries: Liberia, Ivory Coast, DRC, Angola, Zimbabwe, Burundi, East Timor, Haiti, Afghanistan, Burma, Malawi, Lesotho, Swaziland, South Africa, Zambia, Mozambique, India, Philippines, Vietnam, Honduras and Ecuador. Many of these countries have very high maternal mortality rates and very weak health systems.

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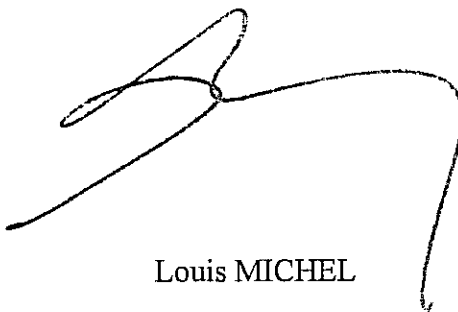
It is difficult to know yet the total figure of this contribution as the final financing proposals are in the process of being identified. Recent initiatives recognize that scaling-up SRH and health funding in general requires a far more coherent approach:

- health outcome objectives cannot be achieved without adequate investment in the systems that deliver better health;
- health needs to be embedded in a broader social and economic development planning;
- countries need long-term predictable aid from external donors;
- donors need to see a clear link between financing and results;
- mechanisms to hold all partners accountable for their performance against international agreements are badly needed.

In this regard, another very important instrument to address maternal mortality is through budget support linked to health outcomes: The share of EC ODA channelled through general budget support will increase, going towards the 50% committed in the context of the Paris declaration. This is also the case for the share of the EC health ODA channelled through this aid modality, allowing more predictable and aligned support to countries, to support recurrent costs such as salaries of health workers and other recurrent costs of health systems. This is critical to increase access to basic health care, including safe deliveries, and progress towards health MDGs, especially MDG5. As a complement to the above mentioned instruments € 86m has been allocated for SRHR over the period 2007-2013 from the thematic budget line Investing in People.

The EC support to health and maternal health on its own, will not be sufficient to meet the challenge of MDG5. The International community needs to increase its overall levels of ODA and to health and maternal health. As you rightly point out, the Council of the European Union adopted on 24th June a declaration (" The EU as a global partner for pro-poor and pro-growth development : EU Agenda for Action of MDGs") whereby the EU commits to increase, among other areas, its support to health in developing countries with additional € 8 b (€ 6 b in Africa) by 2010. Let me clarify that the estimate of 21 millions you mention in your question refers to the additional deliveries attended by skilled personnel, not the number of trained attendants. The way in which the EC and Member states will reach this commitment as well as the identification of the priority countries for such support, will be discussed in the context of the EU division of labour.

Yours sincerely,



Louis MICHEL