


# Procedure file

Basic information		
COS - Procedure on a strategy paper (historic)	<a href="#">2002/2178(COS)</a>	Procedure completed
Developing countries: health and poverty reduction		
Subject 4.20 Public health 6.30 Development cooperation		

Key players			
European Parliament	Committee responsible	Rapporteur	Appointed
	<b>DEVE</b> Development and Cooperation		20/06/2002
		PPE-DE <a href="#">BOWIS John</a>	
	Committee for opinion	Rapporteur for opinion	Appointed
	<b>FEMM</b> Women's Rights and Equal Opportunities		10/07/2002
		PSE <a href="#">VALENCIANO Elena</a>	
Council of the European Union	Council configuration	Meeting	Date
	<a href="#">General Affairs</a>	<a href="#">2464</a>	19/11/2002
	Development	<a href="#">2429</a>	30/05/2002
European Commission	Commission DG	Commissioner	
	Development		

Key events			
22/03/2002	Non-legislative basic document published	<a href="#">COM(2002)0129</a>	Summary
30/05/2002	Resolution/conclusions adopted by Council		
02/09/2002	Committee referral announced in Parliament		
19/11/2002	Resolution/conclusions adopted by Council		
11/06/2003	Vote in committee		Summary
11/06/2003	Committee report tabled for plenary	<a href="#">A5-0217/2003</a>	
03/09/2003	Debate in Parliament		
04/09/2003	Decision by Parliament	<a href="#">T5-0379/2003</a>	Summary
04/09/2003	End of procedure in Parliament		

Technical information	
Procedure reference	2002/2178(COS)
Procedure type	COS - Procedure on a strategy paper (historic)
Procedure subtype	Commission strategy paper
Legal basis	Rules of Procedure EP 142
Stage reached in procedure	Procedure completed
Committee dossier	DEVE/5/16498

Documentation gateway					
Non-legislative basic document		<a href="#">COM(2002)0129</a>	22/03/2002	EC	Summary
Committee report tabled for plenary, single reading		<a href="#">A5-0217/2003</a>	11/06/2003	EP	
Text adopted by Parliament, single reading		<a href="#">T5-0379/2003</a> OJ C 076 25.03.2004, p. 0246-0441 E	04/09/2003	EP	Summary

## Developing countries: health and poverty reduction

**PURPOSE** : to propose an overall strategy on health and poverty reduction in developing countries. **CONTENT** : this Communication is formulated in the context of the affirmation of poverty reduction as the central goal of the Community's overall development effort and evolving approaches to development assistance. It details the relationship between health and poverty; it outlines critical elements of a coherent development approach to improve health and well-being; and it establishes, for the first time, a single Community policy framework to guide investment in health, AIDS, and population within the context of overall European assistance to developing countries. Health targets feature prominently in the Millennium Development Goals to which the Community, the Member States and the global community are committed. There is increasing consensus on the key principles that promise more effective development assistance, sustainable development and better health outcomes for the poor with new approaches being undertaken at the country and global level to this end. Key principles include: greater ownership and participation of developing countries in framing aid policies; reducing the administrative burden on political and administrative systems through increasing donor coordination; use of common pooled funding approaches with partner countries responsible for designing their own development policy in consultation with all stakeholders (Poverty Reduction Strategy processes); the further untying of aid; decentralisation and the need for donor countries to move towards 0.7% GNP target. This health and poverty policy is built around these key principles and as such attempts to contribute to achieving the Millennium Development Goals. This Communication proposes four objectives of future Community support: 1) to improve health, AIDS and population outcomes at country level, especially among the poorest; 2) to maximise health benefits and minimise potential negative health effects of EC support for other sectors; 3) to protect the most vulnerable from poverty through support for equitable and fair health financing mechanisms; and 4) to invest in the development of specific global public goods. Past EC investment to improve health outcomes has been substantial and the present portfolio exceeds Euro 1.4 billion. The clear link between improved health and poverty reduction warrants further investment building on this extensive experience. The country level will remain the focus of future health investment while the EC will engage at the regional and global level where it can add particular value. At the country level the Community will employ a range of complementary interventions including: macroeconomic support linked to improved health outcomes; support to sectors that have a wider impact on health outcomes, and direct support to the health sector. The Community will aim to speak with one voice at all levels and will identify more effective ways of working with all development partners including the private sector. Particular challenges include the implementation of pro-poor health policies, making health systems more equitable, assuring an environment that is compatible with a high standard of human health, expanding social protection, the operationalisation of new public/private partnerships for health, the need for greater investment in specific global public goods and the monitoring of performance, results and outcomes. The Council and the European Parliament are invited to work with the Commission to take forward the directions set out in this Communication to contribute to sustained support for health and poverty in developing countries. This Communication will be supplemented with a comprehensive work programme, detailing the priorities for action and the required human and financial resources, compatible with the existing financial programming and instruments. The need for human and administrative resources shall be covered within the allocation granted to the managing DG in the framework of the annual allocation procedure.?

## Developing countries: health and poverty reduction

The committee adopted the report by John BOWIS (EPP-ED, UK) on the Commission communication. It welcomed the emphasis on reducing poverty but said that the focus on three diseases was too limited and that other areas of healthcare, such as diarrhoeal diseases, deserved more attention. In particular, given that 3 million people die each year from water-borne diseases, MEPs wanted the Commission and the Member States to increase their contributions towards improving access to safe drinking water, this being one of the key Millennium Development Goals (MDGs) adopted at the UN Millennium Summit in September 2000. The report said that the strategy for effective health investment was as important as the total spending available and that extensive vaccination campaigns against common popular diseases were vital. As far as actual funding was concerned, however, the committee noted that the Monterrey commitments fell short of the funds needed to meet the MDG of reducing world poverty by 50% by 2015 and that an additional \$31 billion of aid financing to the health sector was required. It pointed out that the governments of developing countries spend on average less than 15% of their national budgets on basic social services,

while many poor or heavily indebted countries spend over 20% of their annual budgets servicing debt. The Commission was urged to ensure that the unspent EUR 10 billion of the EDF was spent on the purposes for which it was budgeted, including health. MEPs wanted to see support for initiatives aimed at reinforcing the role of primary health care, which, they said, was the only means of extending complete health to the very poor. There was also a need to ensure universal access to health care and to guarantee access to adequate sexual and reproductive health services and the access of local populations to medicines. Pharmaceutical producers should therefore be encouraged to make products available at affordable prices in increased volumes. The report also stressed the need to develop palliative care for those with life-threatening diseases such as HIV/AIDS, tuberculosis and cancer and said that treatment should also be authorised, under medical supervision, involving painkillers such as morphine which are otherwise considered as narcotics and whose use is legally restricted. Other points raised in the report included the need to introduce a gender perspective into health policies, given women's important role as primary health promoters, to pursue an active policy to combat trade and trafficking in counterfeit, adulterated or out-of-date medicines and to ensure that health is not included within the scope of the General Agreement on Trade in Services (GATS) as a 'service' subject to free market sources and productivity criteria.?

## Developing countries: health and poverty reduction

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The European Parliament adopted a resolution drafted by John BOWIS (EPP-ED, UK) on health and poverty reduction in developing countries. (Please see the document dated 11/06/03.) Parliament took note of the following: - mental disorders such as depression are accelerating significantly, and mental health services in developing countries are often poor or non-existent; - the inadequate access to services for, and discrimination against, many people living with disabilities; - the high rate of maternal and infant mortality. Parliament stressed the importance of universal access to reproductive health care services such as family planning, safe motherhood services, prevention, detection and treatment of sexually transmitted infections, including HIV/AIDS, and of access to infant health services including childhood vaccination; - more than one third of all pregnancies are unwanted or ill-timed, due to lack of access to contraceptives and contraceptive failure; - millions of unsafe abortions are administered every year, killing nearly 80 000 women and causing hundreds of thousands of disabilities, which could, however, be prevented via adequate sexual and reproductive health education and care programmes; - the need to combat pollution, deforestation, desertification and industrial development given that they have a detrimental impact on health, especially through the impact on water supply and untreated waste and sewage. Parliament asked the Commission and Member States to take steps to rectify these problems.?