

## **CANADIAN SOCIETY FOR INTERNATIONAL HEALTH**

### **Written Submission in Response to CIDA'S Consultation Document: Charting a course to 2010**

The Canadian Society for International Health (CSIH), a non-governmental organization with over 700 members, has been promoting equity-based solutions to health reform in the Central and Eastern Europe (CEE) region for almost ten years. Presently, we are engaged with the second phase of the South Caucasus Health Information Project, after completing a successful first phase in August 2001. We have been able to build on our experience in the region through the Partners in Health project in Ukraine, which started in 1994, and the Health Administration Training Program – Armenia, which took place in 1998. We have just finished the first phase of the Youth for Health Project in Ukraine and are looking forward to beginning the second phase soon. After having worked with the Croatia Bank for Reconstruction and Development previously in 2000, CSIH was recently awarded a World Bank project on Public Health Surveys in Cardiovascular Disease in Croatia and was also selected, together with Hickling, to monitor and evaluate six Canadian International Development Agency (CIDA)-funded health sector projects in Russia.

Given CSIH's extensive experience in the CEE region, we are well-positioned to contribute to this consultation process. CSIH has drawn on the expertise and experiences of its network of staff, members, and local partners in preparing this response. In reaction to the Consultation 2010 document, CSIH would like to emphasize the need for continued and enhanced programming in the health sector in the South Caucasus and need for similar support for the health sector in Central Asia.

CSIH's main concern is that Canada should not rely on trade and economic development alone to solve the serious problems of the South Caucasus and Central Asia. Canada should consider a long term, strategic investment in the social development of the region, including the promotion of human health and well-being.

## **Overview of key health and poverty issues in the South Caucasus**

As we all know, there has been a dramatic decline in standards of living and of health and well-being in many CEE countries; the greatest problems being in the South Caucasus countries and some of the countries of Central Asia. Over the past decade, the challenge of transition in the South Caucasus (Armenia, Azerbaijan, and Georgia) has been particularly acute; regional conflicts and refugee crises, combined with economic collapse and serious strain on infrastructure, have resulted in minimal opportunities for a relatively highly educated population.

One need only look at the key health indicators, to compare standards of living of prosperous European countries as well as Canada, with those in the South Caucasus. High maternal and infant mortality rates are common to all three countries of the South Caucasus; the infant mortality rate in the South Caucasus countries is almost three times higher than the European Union's. Tuberculosis, which is controlled in Europe as a whole at 40.4 cases per 100,000 people, has escalated to an estimated 109.5 cases per 100,000 in Georgia. Vaccine preventable diseases, emerging nutritional deficiencies and malnutrition have potentially serious implications for child development, all of which were better managed and controlled during the Soviet period. In Azerbaijan, nearly 22% of children under five years suffer from chronic malnutrition. Diphtheria (which is almost totally preventable), cancer and cardiovascular disease are all on the rise. New or re-emergent health problems are also affecting the region, such as malaria and HIV/AIDS.

Many international organizations have been increasing their focus on the social needs of populations in transition after the last decade of economic restructuring created a much larger condition of poverty that had existed before. For instance, in the recent World Health Organization report entitled "Macroeconomics and Health: Investing in Health for Economic Development" (WHO, December 2001), health has been identified as a priority goal in its own right as well as a central input into economic development and poverty reduction in low and medium-income countries. Some key findings were:

- the importance of investing in health has been greatly underestimated and that there are large social and economic benefits to ensuring high levels of health coverage of the poor;
- a few health conditions are responsible for a high proportion of the health deficit, such as malaria, TB, childhood infectious diseases and maternal and perinatal conditions, and
- an effective assault on diseases requires substantial investments in collection and analysis of epidemiological data, surveillance of infectious diseases and research and development.

Being among the donors that recognized the linkages between poverty reduction and health, in April 2002, requested that CSIH produce a background document which would highlight these links, with specific attention to the role of the South Caucasus Health Information Project.

#### **Response to questions posed by Consultation 2010 document**

#### **4. Do you think that CIDA should increase substantially its involvement in the countries of Central Asia and South Caucasus at a time when CIDA proposes concentrating in fewer countries and in a limited number of sectors for aid effectiveness?**

Considering the Canadian government's support of the PRSP process as well as its participation in the CIS-7 Initiative<sup>1</sup>, the basis for increasing CIDA's involvement in the region is clear. The three South Caucasus and some Central Asian countries are among the poorest of the CIS. During the ten years of transition, the number of people living on less than \$1 a day rose more than twenty-fold in the countries of Europe and Central Asia (ECA). Among the CIS 7 countries alone, there are nearly twenty million people living in extreme poverty. Given the strategic importance of the region (peace & human security, geopolitics) it is necessary to support the establishment of an enabling environment that would be conducive to Canadian investment in the region in the future. The very foundation of an enabled environment is the health and well-being of a population.

CIDA has recognized that many countries of Central Asia and the South Caucasus “have slipped from a transition to development model”, which implies the need to refocus efforts from solely promoting Canadian trade & economic interests in favour of dual programming objectives that are also in line with CIDA’s overall sustainable development goals and the social agenda. Furthermore, it is important for Canada to find its niche (Canadian comparative advantage) in light of all the added donor activity in the region. If there is no increase in programming activity “...Canada will become increasingly marginalized as a donor and risks losing whatever credibility it still has as an actor in the region.” (P.29 CEE Consultation 2010.)

Certainly Canada has a niche in the health sector which is respected worldwide. Transforming the inherited Soviet system of medical services into one more akin to that found in the OCED countries, emphasizing primary health care led by a new cadre of general practitioners, restructuring how health services are organized and introducing changes into the way health services are financed has been a major undertaking. By focusing Canadian comparative advantage in this region, Canada has and could find opportunities for co-financing with the World Bank and other donors in health sector who are already familiar with CIDA-funded project work in the South Caucasus. CIDA can help lever these collaborations.

In Central Asia, three countries, Kyrgyzstan, Tajikistan and Uzbekistan have introduced such a reform process. As new ideas are embraced, the pace of reform and restructuring has quickened although not without some setbacks, such as recently in Kyrgyzstan in relation to aspects of their financial reforms. Somewhat surprisingly to most outside observers, the embracing and adoption of reforms in Uzbekistan has perhaps gone more rapidly than expected. Having said that, it has to be recognized that dismantling the hugely inefficient Soviet system and replacing it is a long-term process. Initial expectations about the pace of reforms have had to be modified with accrued experience.

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<sup>1</sup> The CIS-7 Initiative is aimed at strengthening the conditions for poverty reduction, growth, and debt sustainability among the seven poorest countries of the CIS: Armenia, Azerbaijan, Georgia, the Kyrgyz Republic, Moldova, Tajikistan and Uzbekistan.

To date, there has been no Canadian aid to the health sector in the three poorest countries in Central Asia. Canada has much to offer since there are many critical gaps in the provision of health care in all three countries that simply cannot be covered by existing aid programs. There has to be a caveat. The change process is a slow one and if an effective development role is going to be played, then there has to be a long-term commitment to assisting this area. While this may be difficult because of budget cycles, shifting policy priorities and unforeseen events, nevertheless there should be a stated intent to maintain a program so that the development goals may be reasonably met. In order to ensure the effectiveness of Canadian assistance, it would be advantageous if they complemented what the World Bank and other bilaterals were doing since it would provide additional policy and effectiveness leverage for Canadian assistance.

The Canadian Society for International Health is well-placed to facilitate programs in Central Asia, where little attention has been given to the many of the dimensions of the health sector, and in particular the strengthening of health systems. Through its partnership base in Canada, CSIH could support primary health care training programs at the second Tashkent Medical Institute in Uzbekistan, and facilitate linkages with a variety of Canadian programs. Through existing institutional and individual membership base, which includes active partnership with the international bureau of the Canadian Nurses Association, CSIH is also well-positioned to support linkages to enhance nursing education, which is at a low professional level in the region, yet whose role will be enhanced through adopting a primary health care approach to health care delivery. Laboratory services also are in need of serious upgrading to improve diagnostic capacity, especially through the rural network of health facilities. Clearly there are many opportunities for providing assistance in a range of areas that would complement the work initiated by others and would enhance the quality of the health services being delivered, especially to the poorer sections of society that have been most affected since the collapse of the Soviet Union.

**5. If you think that CIDA should increase its involvement in this region, should CIDA focus its efforts on specific countries or should programming be more regional?**

CSIH supports and suggests continued social sector programming throughout the region, as this provides the best opportunity to learn from past experience and build on successful initiatives in neighbouring countries. While there is potential for regional initiatives, which may in turn support peace-building, such initiatives should be conducted where there is a demand from the countries involved and opportunities made clear. At all times it is important that regional programming continue to support national priorities.

In order to develop a more active and long-term role in Central Asia/South Caucasus it is important to build on current initiatives. Several successful models and approaches from other areas of CEE can be adapted to meet the needs of region. As stated in the recent Consultation 2010 document, one of CIDA's lessons learned is that "donor time frames for programming must be realistic – certainly more than three years for activities to bear sustainable results". To promote sustainability, CIDA should continue to support sectors which have demonstrated progress. Canada would maintain a higher profile with its comparative advantage in chosen areas rather than branching off in many sectors in one country. CIDA should support current initiatives where significant investments have been made in order to achieve maximum results.

For instance, If CIDA is going to increase its involvement in this region and there are needs related to youth health promotion, CIDA should draw on its successes from other parts of CEE such as the Youth health Promotion work in Ukraine. This is a model that is multi-level, intersectoral and adaptable to different regions, cities and villages with capacity to train others in greater CEE. The main goal of the model is to contribute to the development of healthy public policies that are supportive of sustainable development goals. At the moment it is geared towards youth in Ukraine but could be adapted to the needs of youth in other parts of CEE. Donors, such as the World Bank, are currently examining this project with a view for replication in regional resource-poor countries such as Albania.

CIDA Ukraine has recently completed its country program framework “A Path to Reform: Ukraine Programming Framework 2002-2006 and has made a “long-term-commitment to programming in Ukraine and currently foresees no reduction to the program budget during this decade.” The objectives of Canadian programming will be to ensure the development of sound governance in Ukraine (e.g. strengthen institutions of governance, develop civil society, and engage agents in democratic functions). It will support Key Agency Development Results of Economic Well Being, Social Development and Environmental Sustainability and Regeneration.

CIDA should use the experience on governance, public health training, and health systems infrastructure in Ukraine to work in Balkans, Central Asia and South Caucasus. Ukraine has a population of 49.5 million people, a significant number of people in the Former Soviet Union (FSU). Ukraine has an important role in ensuring peace in the region and has the respect of the Balkans, Central Asia and South Caucasus. Canada should encourage collaboration among these countries. CIDA should take an actual role in negotiating and marketing these significantly successful models for co-financing with other donors such as the Soros Foundation and World Bank.

**6. In this consultation paper, we have proposed a number of possible areas for program development in Central Asia and South Caucasus. If CIDA pursues increased involvement in this region, in your opinion, which should be the areas of program concentration in the next five to eight years?**

CSIH believes that it is possible to address governance issues and support for institutional capacity-building through work in specific sectors such as health, through investment in human capital. However, investments in human capital limited to only physicians will in fact increase the demand on the system. Therefore, a balanced approach which also builds capacity for evidence-based decision-making policy development is essential, yet severely lacking in the region. Canada can also contribute in the area of good governance, public administration, and encourage the role of civil society, which plays a significant role in shaping public policy in

Canada. Within the health sector Canadian experts can contribute significantly, as Canada has a very strong reputation for effective and decentralized governance of its health system.

We should focus on the promotion of the principles of Canada's health system, such as equity and accessibility, where reasonable and practical. Also, Canadian experience in intersectoral initiatives, (e.g. environment, health, education, and poverty reduction) is particularly relevant to emerging economies where there is significant interest in natural resources and economic development. In this regard, it is critical to ensure that the relationship between a healthy environment and a healthy population is made to ensure sustainable economic development in the South Caucasus and Central Asian region. It is important to note that Canada was the first country in the Western hemisphere to develop a federal policy which addressed the inextricable links between a healthy environment and sustainable development.

**The Canadian Society for International Health proposes the following be considered as a means of supporting Armenia, Azerbaijan, and Georgia, along with the other low-income countries of Central Asia:**

- **Continued and enhanced technical assistance supported by increased ODA;**
- **Integration of comprehensive, sustainable, and appropriate health sector investment into PRSPs**
- **Building on existing Canadian expertise and models through current initiatives in the region;**
- **Focus on institutional strengthening and good governance;**
- **Balanced focus which includes social development; and,**
- **Promotion of greater awareness of the impact of donors' interventions on health and well-being.**

## **Conclusion**

It does no good to solely promote or invest in economic development without also supporting social development. Intersectoral approaches at the community, regional, national and international level will give us a better return on our investment than single-sector approaches.

CIDA, CSIH and other Canadian partners have models from our experience and current investments in Central-Eastern Europe (CEE) in governance, planning, policy and programming in health and health promotion that we should be proud of. Not only have we left a legacy to date, but we can leave solid and sustainable footprints in the greater region of CEE if we continue with this investment.