Input Prisma - Global Health Strategy 2022

Prisma[1], the umbrella association of twenty-one Christian development organizations, would like to draw attention to two specific themes in the run-up to the publication of the Global Health Strategy.

1. The importance of working with religious actors
2. Access to health for the most vulnerable (elderly, children, persons with disability)

Working together with faith-based actors for health

Religion and development cooperation are inextricably linked. Faith is the core from which people live and act. It influences the way people see themselves, each other and the world around them. Therefore, it is essential to take religion into account in working towards sustainable development.

A lot of Western countries and organizations tend to underestimate the importance of religion for sustainable development. This happens for many reasons, but particularly because of a secular bias as well as religious illiteracy. Most of the time, people are not aware that more than 80% of the world's population identifies as belonging to a religious group[2]. The prevailing image in secular countries – such as the Netherlands – is that religion imposes oppressive rules on people and incites intolerance and violence. Sometimes that turns out to be the case. However, religion can also have a huge sustainable and positive effect, especially when it comes to providing healthcare (care and prevention programs). For example, religious leaders played a unique and important role in the fight against COVID-19 (and also Ebola).[3]

Faith-based organizations (FBO's) are able to reach into society at its most local level. This allows these organizations to play an invaluable role in building the resilience of individuals and communities. Faith leaders and FBO's hold a high degree of trust and influence in their communities. They often support the most vulnerable to access government services and support the local government to understand the needs of the community. Moreover, they are often present in hard to access regions where no other networks are present, including in insecure areas. The knowledge that faith leaders have of the local cultural, economic and social norms of their community is indispensable, and they are often the first responders in the aftermath of disasters. Furthermore, their religious sensitivity allows them to enter into dialogue with key figures in communities such as religious leaders, something that would otherwise not be possible. When it comes to deepening and broadening knowledge about religion and its importance for sustainable development, there's still a world waiting to be conquered. Prisma advocates therefore - also based on research of The Broker in collaboration of Prisma and four of its member organizations[4] - for more dialogue between religious and secular actors and encourages policymakers at the local, national and international level to collaborate with faith-based actors in the design and implementation of development aid projects.

[1] https://www.prismaweb.org/nl/
[2] https://www.pewresearch.org/religion/2012/12/18/global-religious-landscape-exec/
[3] https://reliefweb.int/report/democratic-republic-congo/d-r-congo-world-vision-equips-faith-leaders-combat-covid-19
[4] https://www.prismaweb.org/nl/wp-content/uploads/2022/04/PRISMA-SYNTHESIS-Report-final.pdf

Leave no one behind

The SDG principle of 'leave no one behind', to which the minister's policy note also pays attention, is in close alignment with Prisma's focus. Many of the 21 Prisma members have a focus on vulnerable groups, because they are most affected by disasters, conflict and poverty. This principle is broadly cited in the policy document. To work out this principle more thoroughly, for health, we offer several recommendations on vulnerable groups in the document below.

Persons with a disability

One billion people around the world live with disabilities. In 2016, the Netherlands ratified the UN Convention on the Rights of People with Disabilities. This treaty includes a focus on international cooperation under Article 32. The Netherlands would therefore do well to focus, also in the Global Health strategy, on the position of people with disabilities.

Research shows that people with disabilities are being "left behind" in the global community's work on health. People with disabilities face higher healthcare needs, more barriers to accessing services, and less health coverage, resulting in worse health outcomes.[5] For example, people with disabilities are 2x more likely to get hiv/aids infected, are up to 3x more likely to have diabetes and children with disabilities are 10x more likely to fall seriously ill. This lack of access not only violates the rights of people with disabilities under international law, but Universal Health Care and SDG 3 cannot be attained without better access to health services for the one billion people with disabilities.

People with disabilities need to be recognized as a key population whose inclusion requires a long-term strategic approach, but also immediate action. Immediate actions include health worker training about disability awareness, provider accessibility audits, and making health information accessible. Actions are required by all stakeholders to improve health services for people with disabilities. All in-country planning and implementation work needs to address particular access barriers for people with disabilities.

Recommendations: funders, such as the Dutch government, should

- Develop/review criteria for grant making to make sure that all health programming ensures equitable access for people with disabilities;
- Make catalytic investments in activities that we know will have impact on improving healthcare access for this group (see *The Missing Billion* report for more info);
- Invest in further operational research and human-centered design work to strengthen global knowledge and understanding of the barriers to healthcare facing people with disabilities.

Finally, local organizations of persons with a disability (OPDs) play a key role in ensuring increased access to health for persons with disabilities and their families. Strategies that aim

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[5] The Missing Billion (2019):
Https://static1.squarespace.com/static/5d79d3afbc2a705c96c5d2e5/t/5f284cb69af8a9396df3f81c/1596476607957/v3_TheMissingBillion_revised_0620.pdf

for inclusion of marginalized groups should always focus on strong participation of OPDs and CSOs with disability inclusion expertise.

Older people

Abuse is a growing problem. The prevalence of mental and physical abuse of the elderly is expected to rise worldwide, if only because the number of elderly people worldwide will increase.[6] The conservative estimates are that by 2050 320 million older people will be victims of one of the forms of abuse. Add to this the fact that 66% of people over 70 have at least one underlying health problem, and the conclusion is that older people can quickly become vulnerable, which legitimizes extra attention for this target group.[7] Also, older people are extra vulnerable to the effects of extreme heat, something that will become more common with global warming.[8]

Recommendations:
- Diplomatic pressure to realize the CROP (Convention on the Rights of Older Persons). With this convention in hand, states are bound by legislation to respect the health rights of the elderly. The CROP will trickle down into national and regional legislation.
- Join the leading group within the UN, in the Open Ended Working Group on Ageing, that is considering a blueprint for this convention. Countries such as Italy and Germany are members of this group, but not the Netherlands.
- Use Dutch expertise to draw attention within the CROP to how the health rights of the elderly can best be safeguarded. Our healthcare system is relatively strong and of excellent quality; how can we use this knowledge and expertise to promote the health rights of the elderly worldwide? That is what BZ/UN representatives should be asking themselves.

Children

Since the beginning of the pandemic, World Vision has stressed the impact it will have on the lives of children. Through research and reports we have made this impact visible.[9] We were happy to see this acknowledged in the introduction of the policy document 'Doing what the Netherlands is good at'. The focus is mainly on SRHR, the effects of child abuse and child marriage, an approach we encourage, because our reports also show that in the communities where we work child marriage is on the rise.[10]

As our reports show and as the introduction of the Policy Document acknowledges, children are disproportionately affected by the pandemic and will be again by the looming hunger crisis, as well as by conflicts. One of the areas in which the tide can turn is to focus on the

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[6] Abuse of older people (who.int): Elder abuse prevalence in community settings: a systematic review and meta-analysis. Yon Y, Mikton CR, Gassoumis ZD, Wilber KH. (2017). Lancet Glob Health, 5, 147-156. & *The prevalence of elder abuse in institutional settings: a systematic review and meta-analysis*. Yon Y, Ramiro-Gonzalez M, Mikton C, Huber M, Sethi D. (2018). European Journal of Public Health.

[7] Global, regional, and national estimates of the population at increased risk of severe COVID-19 due to underlying health conditions in 2020: a modelling study. Andrew Clark et al. (2020).

[8] https://www.nhs.uk/live-well/seasonal-health/heatwave-how-to-cope-in-hot-weather/

[9] https://www.wvi.org/search?search=COVID-19+Aftershocks

[10] https://www.wvi.org/publications/report/coronavirus-health-crisis/covid-19-aftershocks-access-denied

first 1000 days of the child[11]. We ask to incorporate this focus into the complete spectrum of addressing SRHR. (See footnote 3 for recommendations).

Addressing MHPSS in emergency aid is of the utmost importance. We ask to specifically make sure that mothers and children are on the receiving end of that help.[12] Children are the future, when their mental health or their mothers (strongly interrelated, see footnote 5) is on the line, the future of countries is at stake.

Neglected tropical diseases (NTD's)

Diseases of poverty such as Neglected Tropical Diseases (NTD's) continue to affect more than one billion people, causing preventable deaths, deepening and perpetuating poverty, and threatening global health. Over the past decade, over 40 countries, territories and areas have eliminated at least one NTD as a public health problem and 600 million fewer people require interventions against NTD's than in 2010. Yet NTD's still affect more than 1 billion people worldwide among the most vulnerable, marginalized populations. 1.74 billion people still require interventions against NTD's,1 in 5 people globally.

(Primary) Health systems worldwide have been weakened by the pandemic, undermining progress made, including on NTD elimination. Beginning 2021 disruption to NTD services occurred in 44% of countries surveyed, with 19% reporting severe disruptions to NTD activities, the highest among health services.[13] The pandemic has also exposed the overall weakness of global health systems and their vulnerability to emerging threats. Action is needed, both to help health systems recover from the pandemic and to ensure continued progress toward the SDGs, including SDG Target 3.3 on ending NTD epidemics.

In 2020 the WHO launched the NTD Roadmap 2021-2030[14]. The road map sets global targets and milestones to prevent, control, eliminate or eradicate 20 diseases and disease groups as well as cross-cutting targets aligned with the Sustainable Development Goals.

Conditions of poverty, such as inadequate access to WASH, poor housing, and lack of education and health services contribute to persistence of NTDs within communities, perpetuating a cycle of poverty, disability and disease across generations. This, in turn, leads to catastrophic healthcare costs, burdens health systems, undermines human capital and productivity, and slows economic growth.

Diseases of poverty disproportionately affect women and girls. Some NTDs such as schistosomiasis and soil-transmitted helminths have severe consequences for women's sexual and reproductive health such as anaemia and irreversible damage to the reproductive system. Women and girls are also more vulnerable to the stigmatisation and social exclusion associated with NTD's and this may negatively affect their health-seeking behaviors. Additionally, the burden of care for other family members often falls on women and girls, causing them to drop out of employment or education. Therefore,

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[11]https://www.worldvisionphilanthropy.org/hubfs/resources/Mother%20and%20Child%20Health%20-%20SI%20Overview.pdf?t=1538699191154#:~:text=World%20Vision%20focuses%20on%20pregnant,80%20percent%20of%20adult%20size.
[12]https://www.wvi.org/publications/research/syria-crisis-response/empowered-women-empowered-children
[13] NTDs: pulse survey shows COVID-19 continues to disrupt health services (who.int)
[14] Ending the neglect to attain the Sustainable Development Goals: A road map for neglected tropical diseases 2021–2030 (who.int)

tackling diseases of poverty will contribute both directly and indirectly to improved outcomes for women and girls

Policies and programs that tackle these diseases identify and reach the most marginalized individuals and populations, and as such are a natural entry point to improving health equity, primary health systems and economic development. NTD programs also provide an entry point for the expansion of quality universal health coverage (UHC) across the full spectrum of health services. For example, they often contain strong physical rehabilitation components, such as reconstructive surgery, physiotherapy and Assistive Technology services that can be integrated into healthcare services, providing accessible services for all. Similarly, NTD programs increasingly include investments in usually-scarce mental health services that can be scaled up to meet wider needs.

NTD programs also strengthen the inclusion of persons with a disability NTD programs have led the way in working directly with organizations of persons with disabilities (OPD's) to reduce stigma and discrimination, promote social and economic change, and influence health behaviors. People disabled by NTD's face intersecting discrimination, and increasing their participation in society empowers the most marginalized and under-represented groups.

Recommendations:
- Progress in elimination of NTD's through country-driven and funded programs, stronger community health systems and community ownership of health decisions will not only contribute to improved health and development overall, but will also be a strong indicator of reduced health inequalities and resilient health systems
- Sign and endorse the Kigali Declaration[15]-[16]-[17]
- Support the strengthening of diagnosis and surveillance for NTD's within pandemic preparedness and response planning, recognizing this strong health systems are vital to ensuring health security.
- Continue to invest in Primary Health Systems, using NTD's as an entry point to reaching marginalized communities and under-resourced areas of health service delivery such as rehabilitation and mental health
- Support national health systems to use data on the distribution of diseases of poverty, to better target services, including WASH, nutrition, mental health and physical rehabilitation, to the most affected populations
- Harness community-based programs that target diseases of poverty, including those led by OPDs, to deliver hygiene behavior change and improve the uptake and sustainability of health, nutrition, WASH and education services, particularly for marginalized groups such as women and girls and people with disability
- Leverage existing private sector engagement on NTD's and nutrition to target integrated programs to improve health and nutrition outcomes for mothers and children.

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[15] The Declaration (unitingtocombatntds.org)

[16] The recently held Kigali Summit on Ending Malaria and NTD's showed the global need and interest in addressing NTD's as a global community.

[17] The declaration is signed and endorsed by a wide range of governments, private sector and civil society actors. Commitments were made by a number of governments to support theMalaria and NTD fight. These featured commitments to domestic resources, co-financing and support for innovation. Commitments were made by Canada, Germany, Rwanda, UAE, the United United Kingdom, the USA, as well as endemic country funding and End Malaria Councils and Funds. Outcome Statement - Kigali Summit on Malaria and Neglected Tropical Diseases.pdf - Google Drive