

Internal Policy Note on Social Progress

March 2014

According to *The Right to a Better Life* Denmark will:

- *Place issues of distribution and human rights in social sectors higher on the agenda in multilateral forums and in the political dialogue with developing countries;*
- *Support the ability of civil society organisations to hold governments accountable for social goals and commitments;*
- *Ensure transparency, accountability and citizen involvement in decisions on, and monitoring of, social services;*
- *Be at the forefront of international efforts to promote sexual and reproductive health and rights, and in the fight against HIV/AIDS;*
- *Strengthen efforts for social protection, particularly for poor and vulnerable groups;*
- *Increasingly support social sectors in developing countries through budget support and multilateral interventions.*

1. Introduction

Social progress in terms of equal access to social services such as education and health is one of four thematic priority areas in the strategy for Denmark's development cooperation *The Right to a Better Life*. Social progress is fundamental to obtaining a better life for all and crucial to the realisation of human rights, including the rights to education and to health. Social progress is central to social, economic and cultural development, as well as to achieving and sustaining results in most other development interventions. It is a goal in itself *and* it contributes to other development processes. It is the ambition that all development efforts (incl. growth and governance) translate into social progress, especially for the most vulnerable groups.

Based on the global trends and challenges, this internal policy note outlines Denmark's policy priorities on social progress. This includes thematic areas of engagement, choice of modalities and synergies between multi- and bilateral assistance. The target group for this policy note comprises Ministry of Foreign Affairs staff at home and abroad in their programmatic and normative work within the area of social progress.

The overall strategic framework for social progress remains and should guide programming and support within the individual aspects covered by this note. It includes: Strategy for Denmark's Support to the International Fight Against HIV/AIDS (2005), The Promotion of Sexual and Reproductive Health and Rights - Strategy for Denmark's Support (2006), Policy for Danish Support to Civil Society (2014) and Gender Equality, Rights and Diversity - Strategic Framework for Danish Development Cooperation (2014).

2. Global trends and challenges

The Millennium Development Goals (MDGs) constitute the globally agreed framework guiding international development efforts leading up to 2015 when new post 2015 goals are expected to be agreed upon. It is still too early to predict the final outcome of this process. The goals are

however expected to be limited in number, measurable, universal and place emphasis on goals within the social sectors. They are expected to maintain focus on areas with unfinished agenda vis-à-vis the MDG targets and address gaps in the MDG framework, including human rights.

Social sector efforts are well represented in the MDG-framework with four goals related to health and education. Several targets have been met ahead of time¹. The first MDG target of cutting extreme poverty to half of its 1990 level – has been achieved at the global level. Primary school enrolment rates have increased and under-five mortality has decreased from more than 12 million per year in 1990 to 6.6 million in 2012². For HIV/AIDS, 9.7 million people in low- and middle income countries received antiretroviral therapy at the end of 2012³, representing an increase of 3.1 million from 2010⁴. However, there are still huge challenges ahead – despite the achievements, efforts need to be redoubled to meet the agreed targets.

The MDG 2013 Report states that 1.2 billion still live on less than USD 1.25 a day. Hunger remains a global challenge, and ensuring that all children are able to complete a quality primary education remains a fundamental, but unfulfilled, target that will have an impact on the achievement of all other MDGs. The decrease in maternal mortality is still far from the 2015-target and emerging health trends, including non-communicable diseases⁵ have started to increase in low income countries where the communicable diseases are still important. These countries now face the challenge of combating a double burden of disease.

Whereas the MDGs have contributed to significant progress in a number of critical areas, inequalities have risen. Today, the majority of poor and disadvantaged people live in middle-income countries and low-income, fragile states. Although extreme poverty has been halved, those most vulnerable and marginalised tend to have been left behind, including women and girls and indigenous populations often living in rural and hard to reach areas. Fulfilling the human rights of these groups and ensuring that structural inequalities, discrimination and social exclusion are reduced remains a challenge.

By the end of 2011, the world population reached 7 billion and is expected to reach 9.6 billion by 2050. Half of this population growth is expected to occur in Africa and will challenge the progress made in social services. The combination of an increasing young population as well as older population due to a longer life expectancy presents additional challenges for countries. This demographic trend influences the need for social services both within health, education and social protection. Furthermore, the rapid urbanisation in developing countries is nearly universal. Whereas less than 22 per cent of the world's population was urban in 1960, by 2015 it is expected to reach close to 50 per cent. With increased urbanisation and longer life expectancy follows an increase in non-communicable diseases, placing an additional financial burden on already constrained health systems.

Access to social services has in general improved greatly over the last two decades. However, the positive trends cover large variations among regions as well as between *and* within countries. Although access has increased globally, the quality of services remains a challenge. More children in school mean little, if their learning is limited due to lack of trained teachers

¹ Eg. poverty and water.

² WHO Children: reducing mortality, fact sheet no. 178

³ UNAIDS report on the global AIDS epidemic 2013

⁴ www.unaids.org; UNAIDS data tables 2011

⁵ Hypertension, diabetes, heart disease, cancer etc.

and learning materials. Increased access to health services is futile if staff is insufficient in numbers or the standard of equipment and medicine is poor. Ensuring quality of services and reducing inequalities are global challenges that must be addressed.

Social protection represents an emerging trend within social service provision. The growing recognition of the potential role of social safety nets in reducing poverty and inequality has led to increased interest in the introduction of such policies in developing countries. Challenges include national ownership, ability/will to finance such initiatives, eligibility for support as well as how such systems should be administered transparently, also in contexts where national registers are absent or of poor quality. However new technologies such as cash transfer interventions through mobile phones are starting to show encouraging results.

3. Focus areas and modalities for Denmark's engagement in social progress

According to *The Right to a Better Life*, Denmark's engagement in social progress focuses on health, education and social protection for the poor and most vulnerable. Denmark will continue to be at the forefront in the area of sexual and reproductive health and rights and maintain a strong engagement in education and the fight against HIV/AIDS. Social sectors will increasingly be supported through multilateral interventions and be a central part of budget support. This necessitates coherence and coordination between bi- and multilateral assistance, including the normative/practical level and country/MFA-level. This may include sharing and discussing new developments in the normative and strategic domains including what are the implications also at country level, sharing country level experience within sectors, working with specific multilateral partners etc. as well as country level involvement in elaboration of organisational strategies for the multilateral organisations.

When promoting social progress through the multilateral system, whether at international or country level, there are several points of entry, including⁶:

- 1) High level dialogue: Using a human rights-based approach, Denmark can focus attention on access, equity and quality with regard to the social sectors, advocate for social protection and address issues such as discrimination and exclusion.
- 2) Donor meetings, board meetings, and development of strategic plans: When engaging in dialogue with the organisations on the goals, strategies, performance mechanisms and monitoring etc., Denmark will promote reflection of human rights standards and principles in indicators and targets for education, health, allocation of expenditures, etc.
- 3) Everyday contact: Both at MFA-level and at country level, Denmark will promote alignment between the organisations' overall strategies and goals and their concrete implementation at country level.

Budget support as an instrument can be an effective vehicle for increased investments in social sectors. Sector budget support directly supports improvements within a given sector and enables detailed dialogue on targets and performance as well as issues around access, equity and quality within the sector. General budget support may be used to encourage increased public investment and reform implementation in social sectors. A state's fulfilment of citizens' rights of access to health, education etc. including equity and quality should form part of the dialogue around general budget support. Several evaluations have proven that budget support can be effective in facilitating achievement of significant outcomes in particularly education and health,

⁶ Guided by Denmark's organisational strategies for the individual organisations.

such as increased primary education enrolment rates, reduction in the incidence of diseases etc. However, the instrument has had more effect on the quantity of social service delivery than on the quality.

Promoting social progress through budget support offers three main entry points:

- 1) Policy dialogue: Denmark can emphasise the importance of budget allocations and expenditure in the social sectors, advocate for social protection and take up issues like non-discrimination, equity, quantity and quality of social services.⁷ EU will be a natural ally for Denmark in this dialogue.
- 2) Performance mechanisms and monitoring: Denmark can promote indicators and targets relating to equality, equity and quality within education, health and social protection.
- 3) Capacity strengthening systems and processes: Budget support is provided as a package including more targeted interventions focusing at enhancing statistics and monitoring of social services, social accountability mechanisms etc.

Civil society – both national and international – has a variety of roles to play in the areas of social progress. Some contribute towards social services delivery, others function as advocates and watch dogs and some cover all aspects. National civil society plays a key role in terms of holding authorities accountable for social goals, targets and commitments⁸ and in terms of advocating for sufficient budget allocations towards and resource efficiency within social sectors. Civil society further promotes transparency, social accountability and citizen involvement in decisions on and monitoring of social services delivery, including accessibility and quality, particularly through advocacy activities and capacity building of rights-holders aiming to increase citizen's awareness and ability to claim their basic rights.

Education

Education is primarily supported through un-earmarked, core contributions to the Global Partnership for Education (GPE) and UNICEF. This is coupled with bilateral interventions in states affected by conflict and fragility⁹ where education is perceived as essential for peace and stability and as contributing to reducing the vulnerability of children in conflict and humanitarian situations. Some Danish humanitarian interventions also have a specific focus on education recognising the importance of bringing “normality” into the lives of e.g. refugee children

GPE promotes nationally led development and implementation of National Education Plans/Strategies as a common platform for all partners to support. It has managed to bring most education partners to join forces towards delivering quality education to all with a particular focus on girls and other marginalised children. The Partnership comprises currently 60 developing countries, donor governments, international organisations, private sector and civil society. Denmark is centrally placed within the partnership and uses its influence to promote further alignment as well as quality, rights and equity in all education efforts.

UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights in accordance with the Convention on the Rights of the Child, to help meet

⁷ Using eg. the Universal Peer Review mechanism as basis for addressing human rights aspects within social sectors.

⁸ Incl. through shadow reporting in international fora, UPR reporting etc.

⁹ Afghanistan, Myanmar, Pakistan, Somalia and South Sudan.

their basic needs and to expand their opportunities to reach their full potential. Denmark is among the largest contributors to UNICEF. Given UNICEF's mandate, Denmark's core contribution goes towards a wide range of education, health and broader rights such as protection of children against violence etc. Denmark has a close dialogue with UNICEF both at central level where Denmark currently holds the co-presidency in the Board.

Health

Health sector support is provided through the multilateral system¹⁰ where the normative dialogue is placed, strategically selected international organisations¹¹ and a smaller number of bilateral health and HIV/AIDS programmes¹². Denmark focuses on strengthening health systems to improve access, equity and quality of services with particular focus on the poor and vulnerable, especially women and girls.

Anchored with WHO and the World Bank, the International Health Partnership (IHP+) is an initiative aimed at improving health in developing countries. IHP+ is not a funding mechanism, but seeks to mobilise all partners to support a single, country-led national health strategy or plan and a single monitoring and evaluation framework. Denmark aims to sign on to the IHP+ compact in 2014 to underscore its commitment to the aid effectiveness principles in the sector.

The SRHR agenda is under increasing pressure from conservative, religious and political forces which do not accept the individual's right to decide freely on matters related to their own body, health and sexuality. This struggle is expected to continue both in international fora, but also at national level, where access to information and services incl. sexuality education, access to contraception, safe abortion etc. remains a challenge in many contexts.

At the global level, Denmark advocates through relevant entry points and processes¹³ for the full package of services and rights and proactively engages in strategic alliances at the international level. At the national level, Denmark will continue to influence the national dialogue and policy process through dialogue with governments and civil society. SRHR advocacy and services is supported through bilateral interventions within health and HIV/AIDS programmes. National efforts are further supported through strategic support to international SRHR organisations¹⁴ and UNFPA which through their national networks engage in and influence policies and positions. A multi-donor SRHR-Fund to support SRHR civil society work in the South is expected to take off in 2014 with support from a.o. Denmark and the Netherlands.

To succeed on this agenda, it is essential that the normative and practical levels interact and support each other and that synergies between the multi- and bilateral efforts are brought into play. Continuous knowledge sharing between MFA and representations is key to achieving this.

HIV/AIDS remains a serious challenge and efforts to combat the epidemic are hampered by marginalisation of vulnerable, high risk groups coupled with a skewed focus on HIV treatment

10 WHO, UNICEF, UNFPA, UNAIDS and the Global Fund against AIDS, Tuberculosis and Malaria

11 IPPF, Marie Stopes International and International HIV/AIDS Alliance

12 Ghana, Kenya, Mozambique, Myanmar, Tanzania and Uganda

13 Incl. Commission on the Status of Women, Conference on Population and Development, post-2015 framework dialogue, ICPD High Level Task Force, UN, EU etc.

14 Including International Planned Parenthood Federation (IPPF), Marie Stopes International etc.

and biomedical prevention at the cost of prevention through behaviour change and addressing structural barriers. This threatens health gains and sustainability of efforts. Contrary to past broad based HIV mainstreaming, based on the 2010 HIV/AIDS review, Denmark will continue to focus its support where impact is expected to be the highest. This includes key populations¹⁵, prevention of mother-to-child transmission, access to sexuality education and male and female condoms as well as the long haul of investing in the development of an AIDS vaccine. In countries with highest prevalence of HIV, mainstreaming remains relevant.

HIV/AIDS prevention and control is supported through the multilateral system, international organisations¹⁶ and bilateral engagement with national authorities and civil society. Denmark's contribution to both the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) and the Joint United Nations Programme on AIDS, UNAIDS increased in 2013 as a sign of continued commitment to controlling the epidemic and spread of HIV. Through these two organisations, Denmark is able to address the spectrum of treatment, prevention, global and national policy and strategy development as well as rights. Denmark is centrally placed in GFATM and UNAIDS¹⁷ and uses this to push for issues of key interest to Denmark, including human rights, equity, equality and integrated approaches to health and health systems strengthening.

Social protection

Although Denmark has supported targeted social protection schemes on a smaller scale within bilateral interventions, broad based social protection and safety nets is a new concept introduced with *The Right to a Better Life*. Social safety nets address inequality and re-distribution. They enable the poor and marginalised to move out of poverty and decrease their vulnerability. It improves social status and rights and contributes towards stabilisation and stimulation of the economy.

Social protection instruments include a variety of cash and in-kind transfers, tax and fiscal tools to name a few. A distinction is made between social *insurance* and social *assistance*. Social insurance policies aim to level consumption over the life-cycle and address risks. Examples are old-age pensions and unemployment benefits, typically co-funded through employer and employee contributions. Social assistance policies on the other hand aim to support vulnerable groups and directly seek to reduce poverty. Examples include cash transfers, school feeding, disability and elderly assistance. Such arrangements are typically funded through general taxation/government budgets.

Where considered viable, nationally driven and economically sustainable social protection schemes may be supported through general budget support, recognising however that this is a complex area with many caveats including reliability and update of national registers, capacity for implementation etc.

Addressing social progress in states affected by conflict and fragility

Social progress in fragile states represents a special challenge as focus is on achieving humanitarian goals *and* transitioning to long-term, sustainable development. Health and

¹⁵ Defined as groups at higher risk of getting HIV. Includes: men having sex with men, injecting drug users, sex workers, uniformed services, truckers etc.

¹⁶ International HIV/AIDS Alliance, Int. Partnership for Microbicides and Int. AIDS Vaccine Initiative.

¹⁷ Denmark sits on the boards of the two organisations at regular intervals.

education are building blocks for state, resilience and peace building and investing in these sectors may contribute to stabilisation and moving from fragility to normality. This often involves service delivery in combination with systems and institutional creation/strengthening at all levels. Institutional strengthening is key to a fast move from humanitarian interventions to more sustainable development interventions in order to secure lasting recovery.

Denmark's support to social progress in states affected by conflict and fragility is provided through a number of channels, including multilateral organisations, bilateral and civil society support. Bilateral support for health is provided in Myanmar through the UNOPS managed, multi-donor 3MDG Fund. For education, bilateral support in fragile settings includes Afghanistan, Myanmar, Pakistan, South Sudan and Somalia. Implementation is mainly done through partnership with UNICEF. UNICEF has a comparative advantage in fragile and conflict settings as it is typically - due to its double mandate of humanitarian and long term development - one of the few organisations with presence before, during and after a crisis. It is therefore able to act quickly and contribute to the transition from humanitarian assistance to the longer term, sustainable development effort. In cases of transition Denmark can also support core state functions through a state-building contract¹⁸.

The principles of aid effectiveness also apply when providing support in fragile settings and as subscriber to the New Deal, Denmark advocates for coordinated support towards one national vision and one plan to transition out of fragility.

¹⁸ As in the case of Mali.