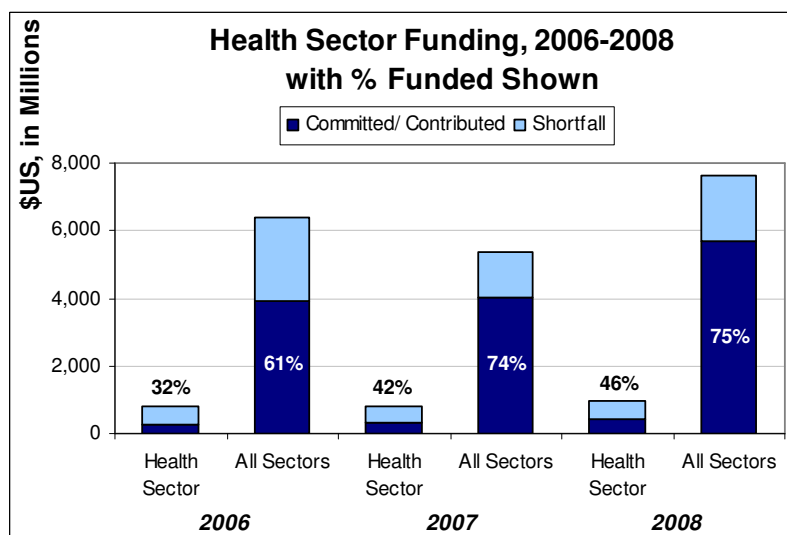


APPEAL FUNDING REVIEW: SNAPSHOT FOR HEALTH¹

Sector	Original Requirements (\$)	Revised Requirements (\$)	Funding (\$) *as of 25 June 2009	% Covered	Unmet Requirements (\$)
Health	932,878,312	1,079,978,773	329,850,575	31%	750,128,198

1. Funding Trends, 2006-2008

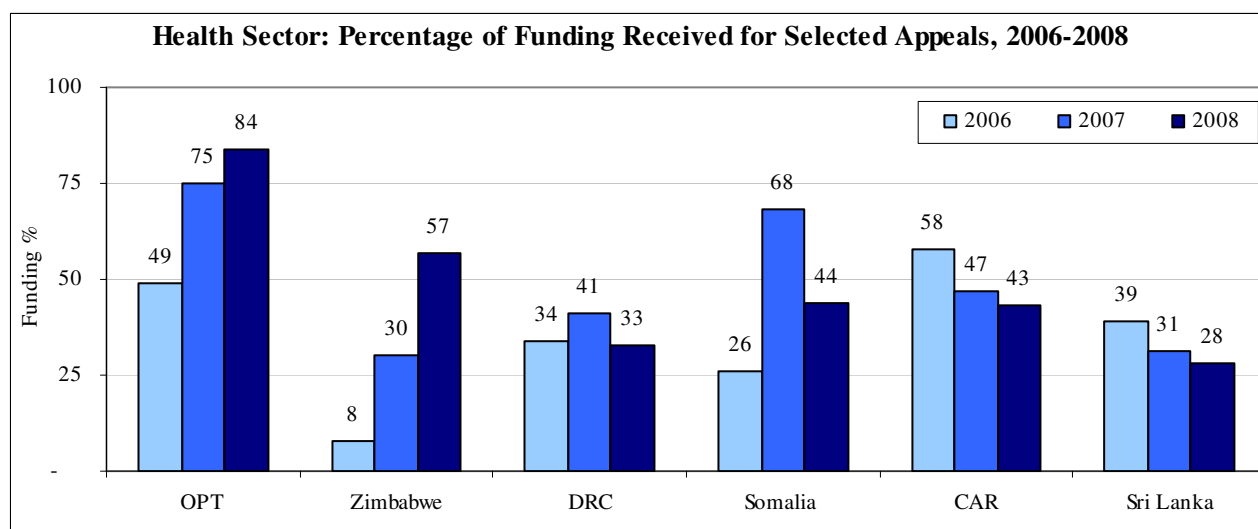
Over the past few years, funding for the health sector has increased steadily both in terms of nominal dollars and as a percentage of funds requested. In 2006 the health sector received 32% of the funds requested. The percentage rose to 42% in 2007 and to 46% in 2008. Yet, even though funding has increased, the health sector is still less than 50% funded. This has a major negative impact on the effectiveness and timeliness of the humanitarian health response.



2. Health sector funding trends, selected emergencies: inequity in saving lives

Although overall funding for the health sector has increased in absolute and relative terms, not all emergencies are equally funded. In spite of similar or greater needs, some emergencies are favoured over others. It is difficult to sustain long-term operations for complex emergencies when funding is inconsistent, and this hampers the effectiveness of the response. Somalia, where health sector funding rates went from 68% of the needs in 2007 to 44% in 2008, is a case in point.

DRC, Central African Republic and Sri Lanka are in a similar situation. However, funding rates for Zimbabwe and the occupied Palestinian Territory have increased over the past three years.



¹ This snapshot was prepared by WHO on behalf of the Health Cluster.

3. Opportunity cost of insufficient funding of the health sector in the CAPs and other appeals

3.1. Impact on the people

The low level of funding of the health sector across the CAPs is affecting the ability to deliver health-related life-saving interventions. This translates into more mothers dying in labour because of the lack of or difficult access to reproductive health services; more people seeing their HIV/AIDS treatment disrupted or discontinued; increased epidemics of cholera, malaria, H1N1, measles, anthrax, etc. due to inadequate disease prevention and control.

3.2. Impact on the effectiveness of the response

3.2.1. Lack of funding to establish adequate response capacity

Lack of funding for response capacity prevents humanitarian actors from responding swiftly. An example of this was seen in Zimbabwe during the cholera epidemic, where lack of funds meant that critical interventions were unable to be implemented.

3.2.2. Lack of funding for coordination

Lack of coordination among Health Cluster partners hampers joint planning and the delivery of harmonized and comprehensive interventions to provide assistance to those in need.

4. Examples of the effect of low funding in recent appeals (all figures as at 20 July 2009)

In **Afghanistan**, the health sector appeal is currently funded at 4%. Women in Afghanistan suffer the highest mortality rates in the world. Yet reproductive health continues to be neglected. Activities for the prevention and control of communicable diseases also remain severely under-funded, while health specialists are warning of a deadly new influenza epidemic similar to the one that affected the country three years ago.

In **Nepal**, where funding for health only reaches 7%, basic health, reproductive health services and HIV/AIDS treatments are not being provided at adequate levels. Disease surveillance is also neglected due to the lack of funding.

In **DRC**, the health sector received 14% of its requirements. In a country as big as the DRC, outbreaks and epidemics of all origins will continue to spread without an effective disease prevention and control system.

In **Chad**, funding for health has only reached 11% of the amount requested. Children and women face major health threats due to the low coverage of immunization and the lack of an adequate early warning system to monitor disease outbreaks.

Pakistan has received only 38% of the resources needed for the health response for more than two million displaced persons. The provision of basic health services, essential medicines, and the management of complicated cases in hospitals is being compromised due to the lack of funding. A critical issue in Pakistan is the deployment of female health workers to ensure that women receive care in a culturally sensitive environment.

At mid-year, funding for health in **Sri Lanka** has reached a mere 20%. The control of endemic and outbreak-prone communicable diseases, including surveillance systems, has received no funding at all to date.

In the **Central African Republic**, health is currently 30% funded, with areas such as reproductive health and HIV/AIDS severely under-funded.

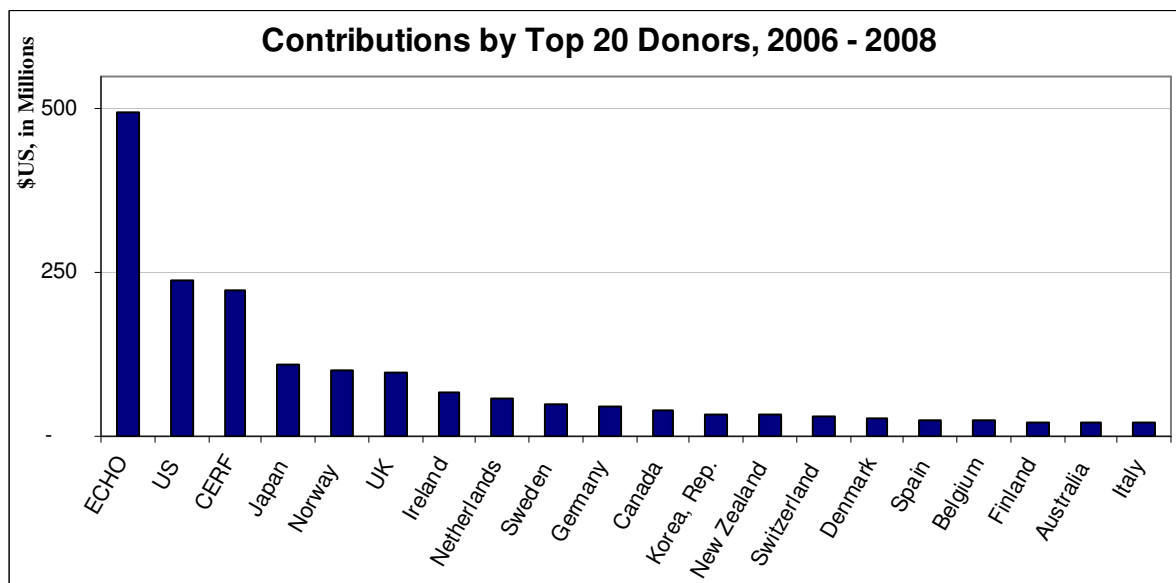
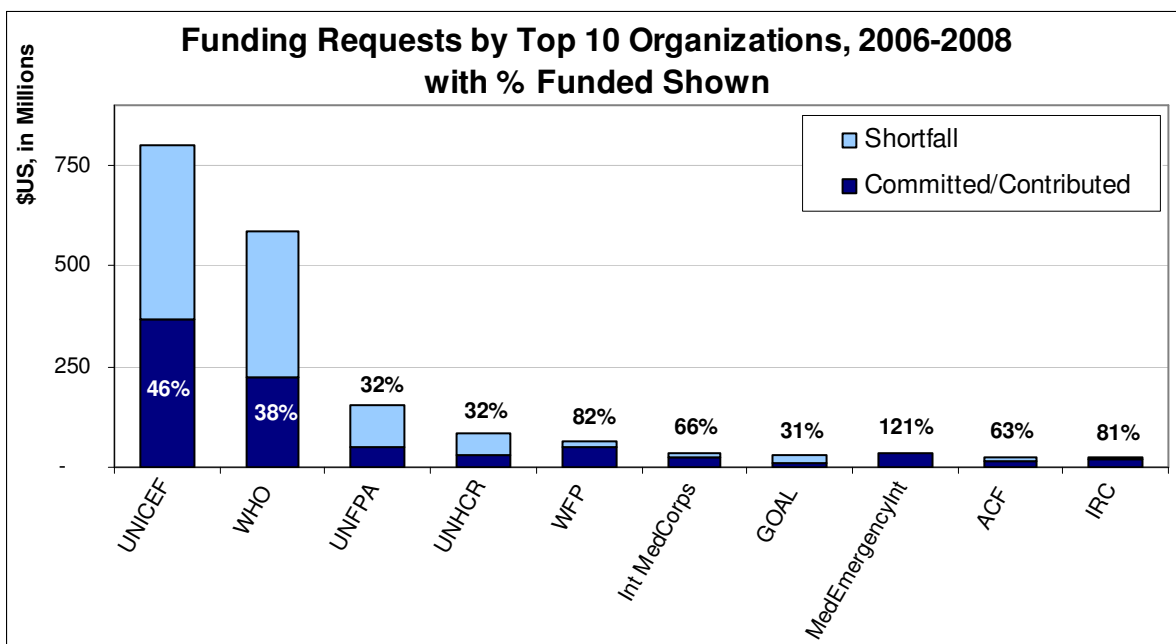
To date, **Somalia** has received 35% of the resources needed for health. However, lack of funding for Health Cluster coordination hampers a joint, harmonized and comprehensive response to the many health risks in a country suffering from one of the world's worst humanitarian crises.

In **Zimbabwe**, following one of the worst cholera epidemics in Africa's history, and in spite of the inter-agency humanitarian mission led by the Deputy Emergency Relief Coordinator, the health sector is only 39% funded. People will continue to have difficulties accessing quality health care in rural areas and women will continue to suffer from insufficient reproductive health services if adequate funding is not provided soon.

In **Madagascar** the health requirements in the flash appeal were 45% funded. Victims of violence did not receive adequate care because there was no funding available for that specific area of work at the time of the crisis.

4. Donor Funding, 2006-2008

The six largest donors for the health sector over the last three years were the European Commission, United States, CERF, Japan, Norway and the United Kingdom. In that same period of time, Health Cluster members requesting the greatest funding were UNICEF, WHO, UNFPA, UNHCR, WFP, International Medical Corps, GOAL, MERLIN, *Action Contre la Faim* and International Rescue Committee. With the exception of WFP (82% funded), most UN agencies were funded at less than 50% of requested amounts. The NGOs with the biggest requirements were funded at an average of 72%.



5. Conclusions and priorities in fundraising for 2009

Given the current funding rates for the health sector, urgent funding is required for the remainder of the year, as health is still funded below 50% in all appeals. Emphasis should be made on needs for Afghanistan, Nepal, Chad, DRC, Uganda, Somalia (to ensure Health Cluster coordination), and Sudan (where the Darfur operation remains severely under-funded).

The areas of work that remain most critically under-funded are reproductive health, communicable disease surveillance and access to basic health care.

