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Statement by

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of

the Kingdom of the Netherlands

on the occasion of the debate about the thematic cluster for the
implementation cycle 2008/2009 regarding
"Africa"

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Mr Chair,

The Netherlands has committed 0.8% of its GDP to development cooperation. This makes the Netherlands a major donor. The overall objective of the Netherlands development cooperation policy is meeting the MDG's, while following the path of sustainable development. In this context the Netherlands development cooperation policy in Africa focuses on 4 priorities for intensified cooperation.

These are: peace and development; economic development and equity; enhancing empowerment of women and access to sustainable energy. I will briefly elaborate on these today and tomorrow.

With regard to *peace and development* enhanced attention will be paid to fragile states, while retaining the objective of good governance to ensure poverty alleviation. In combating and preventing conflicts, the Netherlands applies an integrated approach of diplomacy, development and defence (triple d) aiming at increased ownership, responsibility to respect, and effectiveness and legitimacy of governments in the execution of their main tasks. The Netherlands also acknowledges the importance of sustainable management of ecosystems and of regional cooperation for stability and conflict prevention in fragile states. An additional amount of € 25 million annually have been allocated to fragile states for a period of 5 years.

With regard to *empowerment of girls and women* the Netherlands attaches a high priority to MDG's 3 and 5 as these are lagging behind most. Empowerment of women is crucial for their participation in all sectors and at all levels of society. In this respect the Netherlands is putting a higher emphasis on the sexual and reproductive health and rights of women. An additional annual 30 and 15 mln Euro have been allocated for the achievement of MDG3 and MDG5.

The third priority concerns *growth and equity*: Globalisation and global growth have changed the lives of many, but have not reduced substantially the differences in welfare within or between countries. Integration of African countries in the regional and global economy is crucial. In this context the Netherlands will continue to dedicate itself to a quick wrap up of the Doha-round. In order to obtain equal distribution of welfare within countries, The Netherlands will focus on the most vulnerable groups to enhance their labour participation. Stronger growth and enhancement of the productivity in particular in the agricultural sector, access to markets, regional integration, and innovations are elements of the Netherlands cooperation strategy with Africa. Additional funds of € 35 million have been allocated annually for the purpose of growth and equal distribution

Mr Chair,

In tomorrow's session, I will highlight the Netherlands commitment to regional integration and protection of the natural resource base. For more information about some best practices of the Netherlands development cooperation activities in Africa, I refer to the Netherlands report to the CSD and the cases that are attached to this statement.

Thank you Mr Chair.

Case study: Progress for MDGs on gender

1. *Problem or issue addressed:* Gender inequality, female health and conflicts
2. *Name of the program:* Pact of Schokland
3. *Timeframe:* 2007-2015
4. *Status:* Ongoing
5. *Main objectives:* Improving access and quality of healthcare, education and employment for women. Aim at gender equality, involve women in (post-)conflict situations and combat violence against women.

The Dutch cabinet, social organisations, companies, institutions, labour unions, churches and individual citizens came together on the 30th of June 2007 to sign the Pact of Schokland. They all want to make a concrete and active effort to make progress towards achieving the MDGs in 2015.

As it is now, MDG3 (equal rights for men and women) will not be met and this has a great impact on the achievement of the other goals. This is why the government of the Netherlands aims to put in extra effort through cooperation with outside actors. Together with several NGOs and businesses, the Dutch Ministry of Foreign Affairs signed a Schokland pact about the MDG3 Fund, to support activities which will lead to more gender equality and empowerment of women. Focus will be on improvement of women's and girls' property and inheritance rights, elimination of gender inequality in employment, increasing women's share of seats in national parliaments and local government bodies and combating violence against girls and women. Women and girls in conflict situations, marginalized women and adolescents are the groups mostly targeted by the fund. In practice this pact of Schokland is aimed at combining ideas, knowledge, time and means of different organizations and institutions all targeted towards achieving MDG3. Also, a budget of 50 million Euros is available for financing concrete projects aimed at improving chances and rights of women in the four focus areas and for the three target groups.

Other MDGs with a gender aspect, most notably MDG 3,4,5 and 6, are also targeted by other pacts of Schokland. The first of these is about the female condom and aims at giving women the opportunity to protect themselves against unwanted pregnancies and STDs, like HIV. It is thought that by making the female condom more acceptable, affordable and available in developing countries, the number of unsafe abortions, deaths of women in labour or women infected by STDs would decline rapidly. Right now the female condom is not available or promoted and this Schokland pact tries to change this through creating a sustainable market solution and focussing on (sex) education.

Another pact on women, which is called "Dutch national action plan 1325: Women, peace and security", is focussed on women in (post-)conflict situations and builds on the UN Security Council Resolution 1325. The idea behind the pact is that although women are mostly seen as victims of conflict situations, they can also play an important role in the avoidance, origin, containment and solving of them. Right now, women are hardly involved in the decision making process during or after a conflict, which hampers sustainable changes and improvements in the reconstruction of (post-)conflict countries.

The last pact of Schokland which is related to gender is the pact on women and violence. The signatories recognize that cooperation with partners in the Netherlands and in the rest of the world is needed to combat violence against women. Most importantly the pact aims at supporting the development and execution of national action plans and the tackling of cultural, religious and traditional practices which support violence against women. In 2008 partnerships with three developing countries will start and each year until 2010 three more will also be included.

Case study: Health insurance Africa

1. *Problem or issue addressed:* Access to and quality of healthcare in Africa
2. *Name of the program:* Pact of Schokland: Healthcare insurance for Africa
3. *Timeframe:* 2007-2015
4. *Status:* Ongoing
5. *Main objectives:* Improving healthcare, poverty alleviation

Although the achievement of the MDGs by 2015 in most cases is no longer possible, the Dutch government aims at making progress for all eight goals. On the one hand this is done through own initiatives and policies, but there are also several joint ventures with businesses, NGOs, organisations, institutions and individuals, of which some fall within the Pact of Schokland. This pact has been created to stimulate initiatives from society which contribute to the MDGs and comprises two thousand pacts of individuals and 36 pacts between different organisations, labour unions, companies and the Dutch government. Two of the 36 public-private partnerships deal with health care and insurance in Africa. One of them is called Health Insurance Fund and is executed by the Dutch NGO Pharm Access. An essay written about this program has recently won an award by the World Bank/International Finance Corporation and the Financial Times.

The Health Insurance Fund builds on the assumption that there is a necessity to rethink the way in which health care is delivered in Africa. African public systems have been unable to efficiently deliver health care. As a result, almost 60 percent of health care, often obtained in the private sector, is paid by patients out-of-pocket, causing many to fall into a poverty trap. Private equity investments in the health care supply chain do not take place because the risk is considered too high. This has resulted in doctors being unable to invest in their clinics, extremely inefficient distribution systems, lack of equipment and a lack of capital for insurance companies to invest in administrative capacity. Pharm Access argues for a health care reform in which the government and the private sector work together, and in which the development of pre-paid private insurance coverage for low income people plays a major role.

This program, as created in the Pact of Schokland, links donor funds to African Health Maintenance Organizations (HMOs), insurance companies, or third party administrators through performance based contracts. These organizations are responsible for the execution of the Fund's insurance programs, and contract a network of public and private providers where scheme members can get their health services. Payment of insurers and providers is related to performance, measured as the medical care delivered and the number of people enrolled in the schemes. Prices and profit margins of the insurers are contractually fixed. The insurance package consists of primary and limited secondary care, including HIV/AIDS treatment and care, and medication and the programs are always complementary to regular public sector health. The programs create stable healthcare demand by subsidizing insurance premiums for target groups of African workers that enrol with the HMOs, such as farmers and people with micro loans. It concerns groups with at least some income, who must pay part of the (reduced) premium themselves. A significant willingness to pay for such insurance schemes can be expected, because quality, capacity and efficiency of insurance and health care will improve greatly. The new model of health care will spur a virtuous circle, resulting in an increased amount of funds for health, more efficient delivery, improved quality care, and a higher willingness to pay for health care. During the first few years the new model will be tried out in at least four African countries and basic insurance policies will be developed to reach hundreds of thousands.

Case study: Dutch regional policy Great Lakes Region

1. *Problem or issue addressed:* Security and link with sustainable development
2. *Name of the program:* Dutch regional policy Great Lakes Region
3. *Timeframe:* 1998-
4. *Status:* Ongoing
5. *Main objectives:* Through creation of peace and stability in the region, laying the foundation for sustainable development in the whole region

The Netherlands has established a regional policy for the Great Lakes Region in 1998 with a focus on peace and security, stability, good governance and management of natural resources. The Netherlands wants to maintain the momentum created by the different peace processes and agreements of the last few years in the region between governments and other groups. Through the creation of preconditions for development and, if possible, the removal of causes of conflict, peace and stability could become reality in the (near) future. The Netherlands therefore takes an integrated approach (defence, diplomacy and development) with special attention and programs for regional management of natural resources and sustainable energy.

For Rwanda and Uganda policy is targeted towards good governance, capacity building and economic development. In relation to Rwanda specific attention has been given to the rebuilding of the constitutional state and the judicial system. For Uganda the focus has been on the sectors education, rural development, local governance and the judiciary. In relation to the DRC and Burundi the Netherlands takes a more cautious approach, because of the ongoing unrest in both countries and the lack of good governance. In Burundi, Dutch policy is nevertheless targeted towards social and economic development, but mostly towards support of the peace negotiations, reform of police and army, disarmament, demobilisation and emergency aid. Within the DRC the Netherlands focuses on women's rights, humanitarian aid, demobilisation, security sector reform, forests and sustainable energy.

This policy is executed through cooperating with and working within the framework of international organizations, such as the United Nations and World Bank, through financing mechanisms. One example of this is the collaboration between the World Bank and 13 donors, amongst whom the Netherlands is the largest contributor, in relation to the program "Multi-Country Demobilization and Reintegration Project (MDRP). MDRP supports a regional planning and financing framework for the demobilization and reintegration (D&R) of an estimated 415,000 combatants in countries involved in, or affected by, conflict in the Great Lakes Region. The aim is to contribute to the overall security environment and to regional peace building and stabilization processes in the region. This can provide the groundwork for sustainable development. The program's underlying principles are partnership, national ownership and integration of environmental, social and economical considerations in every project. Extra attention is also given to vulnerable groups as children, women and disabled people. MDRP is already about halfway to achieving its original aim and a positive effect on other aspects of development can be discerned.

A recent Dutch evaluation has shown that Dutch policy for the Great Lakes Region has been relatively successful. Especially the integration of defence, diplomacy and development were commended, just as the cooperation with other donors and international players in the region.

