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"HEALTH with ENERGY: EVERYONE'S RIGHT?" Reflections on access to energy for health and health services

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Arnaud De Vanssay European Commission, DG DEVCO, C-5 Energy Unit





SSA's largest infrastructure needs are in the Energy Sector

> LOW ACCESS TO MODERN ENERGY SERVICES (MES)

- People without access to electricity is foreseen to increase by 2015. Currently, less than 30% (12% in rural areas).
- Population relying on biomass as its primary fuel for cooking is on average as high as 60% (71% in rural areas).

> NEED FOR ADDITIONAL INVESTMENTS

- About USD 33 billion per year to achieve global universal access to the basic electricity services by 2030.
- Global universal access to modern cooking services by 2030 could be achieved with an additional USD 2.6 billion per year.

EXPECTED OUTCOMES FROM INCREASED ACCESS TO MES:

- Poverty reduction (health standards improvement)
- Economic growth
- Increased Climate Change resilience
- Energy Security





- Increasing acceptance of the vital role of energy in poverty reduction
- SSA countries have significantly increased their political attention to energy with a view to increase access to modern energy services
- The UN has launched Sustainable Energy For All targeting universal energy access by 2030
 - Ensure universal access to modern energy services.
 - Reduce global energy intensity by 40 per cent.
 - Increase renewable energy use globally to 30 per cent.
- Commissioner Piebalgs leading Taskforce 1 (countries of intervention)
- The UN foundation has launched the Global Alliance for Cooking Stoves



Access to MES in the EU's Dev Policy

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- Increased attention from policy-makers
- Council Conclusions from May 2009 included as a target increasing acces to energy
- EP DEVE Committee « Motion for an EP Resolution of universal energy access by 2030 » (2011-2012)
- > THE 2011 « AGENDA FOR CHANGE »
- Re-shapes the EU's Development policy
- Main fields: Governance and Inclusive and Sustainable Growth
- Energy will play a major role



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→ However at the political level the link between health and energy still remains widely not known and recognized.



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ACHIEVING HEALTH RELATED MDGS VIA MES IN SSA

- Health rights and health MDGs will never be reached without MES:
- Universal access to modern cooking services would save 2 million lives and decrease the morbidity rates of millions more people
- Access to electricity would contribute to improve health services and strengthen their capacity to combat HIV/AIDS, malaria and other diseases.
- > The need for customized, bottom-up and local solutions was recognised by the EU:
- The Energy facility widely supported access to MES for remote health centres and through Improved cook stoves distributions.







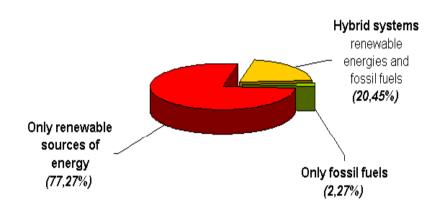
EUROPEA COMMISSIO



Instruments: The ACP-EU Energy Facility

- FIRST ENERGY FACILITY 220 M€
- Poverty reduction through increased access to modern energy
- Main method: Call for Proposals
 - Small-scale initiatives
 - Large infrastructure
 - Management and Governance
 - Cross-border cooperation
- + Regional: Capacity building for 5 African energy sector regional institutions

Technologies used in generation projects



- >SECOND ENERGY FACILITY 200 M€ (of which 40M€ for a pooling mechanism)
- •Increased access to MES in rural and peri-urban areas
- Focus on renewable energy
- 667 proposals received, finalised selection of 67 projects for 100 M€
- +Regional: Further capacity development to the four power pools (€ 6M)



CASE STUDY EF PROJECT : PAMENU (UGANDA)

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- **EC Partners**: GTZ, Integrated Family Development Initiatives (IFDI)
- **EC Contribution**: € 2 400 000 (60% of the total)
- **Duration**: 2008 2011

Context

• In Northern Uganda approximately 1% of households are connected to the power grid, the rest use diesel generators, batteries and kerosene lamps for their lighting needs. 93% of people still rely heavily on biomass especially for cooking. Cooking stoves using biomass are highly inefficient. They waste fuel, as well as polluting the environment. The consumption of wood and charcoal is the main cause of deforestation in Uganda. Women and children carry the burden of collecting firewood and can walk more than 3 kms to find sufficient amounts.

Objectives

- Improve living standards by providing access to MES for rural households, social institutions and SMEs.
- Stimulate economic growth in the Northern Uganda region.
- Protect the environment.

Impact

- Improved standards of living for over one million people.
- Improved cooking methods for 190 000 households and 220 social institutions and SMEs
- Electricity provided to about 230 households and 60 social institutions and SMEs, through the PV system.





Energy services centres for rural communities in Mozambique

- **EC Partners** Consejo Interhospitalario de Coop-eración, Ecotècnia Societat Cooperativa Catalana, ActionAid Moçambique, Kukumbi Organização de Desenvolvimento Rural
- **EC Contribution**: €1.9 million (75% of the project)
- **Duration**: 2008-2012

Context

• Mozambique, despite having a huge potential for energy production, has one of the lowest electricity access rates in Southern Africa. In the Zambezia and Nampula provinces, less than 3% and 5% respectively of the population have access to electricity. Electrification efforts in the country are mainly directed to urban areas, and target productive sectors. As a result, most rural areas do not have access to electric power from the national grid and there are no electrification plans for these areas in the immediate future.

Objective

 Electrification of rural health centres and staff accommodation using solar energy. Creation "Energy services centres" managed by cooperatives with part of the energy produced also being used for local income generating activities. Increasing local capacity for installation, operation and maintenance of the photovoltaic systems.

Impact

- 25 "Energy services centres" and associated cooperatives created with training and capacity building activities on management aspects for 160 people.
- Electrification of 60 health centres and 120 medical staff houses through solar systems.
- Technical and operational management training for 120 technicians and 160 medical staff.



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The EU will continue financing Energy

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- ACP-EU Energy Facility: local scale access projects
- National and Regional Indicative Programmes under the European Development Fund: national, cross-border and regional projects
- EU-Africa Infrastructure Trust Fund (ITF) and Neighbourhood Investment Facility (NIF): regional and continental scale
- EU Thematic programme: **DCI ENRTP and DCI Env**
- EU bilateral programmes and joint initiatives e.g. the Dutch-German "Energising Development", Energy+
- EU Development Finance Institutions, EIB, GEEREF
- → The place/importance on health related energy projects in the cooperation still largely remains to be decided



The right time to act

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- → In the new momentum for energy access, it is the right time to act
 - > We need a pipeline of good projects
 - We need to better know what we are doing: what are the appropriate working methodologies, when is there a proven links btw health and energy access, what are the locally and customised solutions, how the local gvts can lead actions
 - The EC tries to evaluate the impact of its energy projects on MDGs and energy poverty reduction
 - We must increase our partnerships with the private sector: innovative financing tools / collaboration btw NGOs, private and public organisations / CO2 financing / RE sector involvement
 - We need to showcase the impacts of targeted porgrammes: number of saved lives, reduction of morbidity
 - We need to show the high cost/benefit of domestic energy programmes



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How can we reach this target

- → A drastically increased collaboration with the health sector to tell how many lives were saved, what are the rights methodologies, etc is needed
- → The right messages have to be spread now at all levels (NGOs, MEPs, Gvts in Europe and Developing countries...)
- → All partners should better take into account this issue and develop adequate programmes and financing modalities



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Thank you for your attention

Questions?

