

‘Global cause’ and effect

How the aid system is undermining the Millennium Development Goals



Introduction

There is a genuine risk that the human development related Millennium Development Goals (MDGs) will not be met if international donors continue to pursue single issue 'global causes' instead of building an aid system that will respond to the complex needs of poor communities.

Progress in health and education is dependent on access to affordable sanitation and safe water. And yet both donors and developing country governments have failed to recognise the interrelationship between health, education, water and sanitation. Global aid spending on health and education has nearly doubled since 1990 while the share allocated to water and sanitation has contracted.

New 'integrated approaches' to development are required. Decisions on aid spending need to respond to evidence of critical areas of deprivation and to the demands of the poor.

Development policy blind spots

The poor frequently put affordable access to safe water and sanitation at the top of their priorities. The evidence shows that women's livelihoods are constrained by being tied to sporadic and expensive water supply in urban slums or hours of water-fetching labour in rural areas. Girls' educational prospects are similarly constrained. Public health systems are over-burdened by diarrhoeal diseases – the UN says that at any one time over half the hospital beds in the developing world are occupied by patients suffering from diarrhoea.¹

As long as political leaders like the UK's Gordon Brown continue to give preference to particular sectors over others and fail to recognise the need for integrated approaches, development gains are likely to be slowed or skewed, with unequal outcomes that deepen the disadvantages faced by the poor and by women in particular.

Donors need now to rethink how they settle on their development priorities. They must start by working with the evidence from developing countries and ensure that poor people play an influential role in the design, implementation and monitoring of aid. The paradox is that the international aid system is only weakly responsive to the demands of the poor for these services.

The tendency to impose a single issue plan that resonates well with domestic constituencies must give way to a renewed focus on the articulated needs and wants of the poor.

¹ UNDP (2006) The Millennium Development Goals Report
www.worldbank.org/html/extdr/mdgassessment.pdf

Missing the bigger picture

MDG 2 – Education

“The United Kingdom will provide by 2008 over GBP£1.4bn for education with a particular focus on the education of girls.” Gordon Brown²

The huge investment in education and the spectacular advances in net enrolment rates in Sub-Saharan Africa and South Asia is the result of political commitment matched with financial resources.³ And yet, the MDG for education will be difficult to reach. Why? Because investing in education is not enough and until international donors recognise that human development cannot be parcelled into separate chunks, development efforts will ultimately fail.

The World Bank’s Global Monitoring Report states that although primary school enrolment rates are up, completion of primary schooling, especially for girls, remains a major concern (see graphs below). UNESCO reports that in one third of countries for which data was available, less than two thirds of children enrolling in primary education are reaching the last grade.⁴ Research has shown that 1 in 10 girls still do not complete primary education.⁵

Although rarely recognised by education policy makers, a large part of the explanation for this high drop out rate is inadequate water and sanitation.⁶ Girls miss school because they must spend hours a day fetching water for their families. With the onset of puberty, they must face the embarrassment of menstruation in schools where toilets are unclean, have no doors and are shared with the boys in their class. Parents also do not want to send girls to school during menstruation, sometimes for cultural and religious reasons, but often due to the lack of running water and safe sanitation.

In Nigeria, for example, parents withdrew their daughters from school because they had to defecate in the open.⁷ In Uganda 94% of girls reported problems at school during menstruation and 61% reported staying away from school during menstruation.⁸ Children, particularly girls, are losing out on their education because of donor failure to take an integrated approach to development.

² Gordon Brown outlines his plans for global aid at a joint Department for International Development and UN Development Programme seminar, 26 January 2005

³ Net enrolment ratios in the developing world have increased to 86% in 2004, up from 79% in 1990 -

<http://mdgs.un.org/unsd/mdg/Resources/Static/Products/Progress2006/MDGReport2006.pdf>

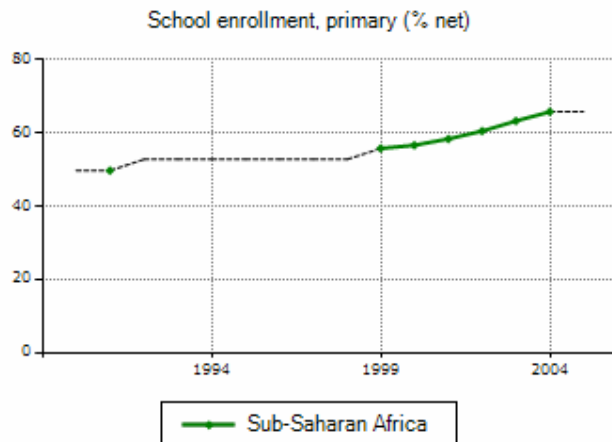
⁴ UNESCO (2006) *Education for all, global monitoring report: Literacy for life*

⁵ Water and sanitation programme (2004) *The Case for Water and Sanitation*

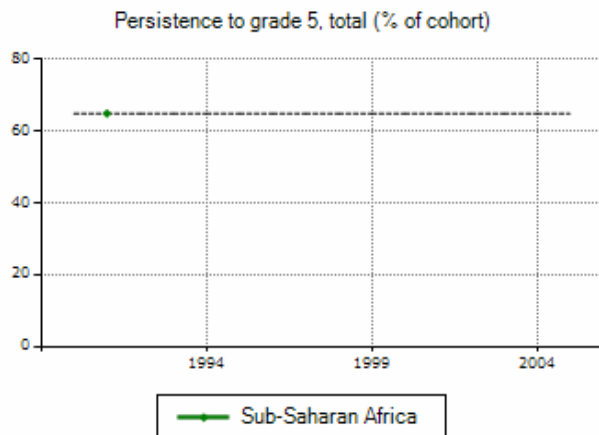
⁶ Ibid

⁷ SSHE (2004) *Symposium Proceedings and Framework for Action*

⁸ IRC Water and Sanitation Centre (2006) *Girl friendly toilets for schoolgirls*



Source : World Development Indicators



Source : World Development Indicators

MDG 4, 5 and 6 – Health

“Britain's proposal for an international finance facility would break free from the halting and intermittent aid of the past, would frontload finance and guarantee it for the long term. The pilot facility for immunisation will start to show what can be done, frontloading US\$4bn to save five million lives by 2015.” Gordon Brown⁹

Progress towards health related goals is also held back by low investment in water and sanitation. As a result of a steady rise in global aid and considerable private funding, impressive progress has been made towards MDG 6 which aims to combat HIV/AIDS, malaria and other diseases – and some progress towards MDG 5 on maternal health.

⁹ An article by Gordon Brown, UK Chancellor of the Exchequer, in the *Independent*, 15 June 2007
 “The next global cause: free education for all”

However, progress on MDG 4 relating to child mortality lags behind all the other MDGs. Most children are dying from diseases that are easily preventable.

In countries with high child mortality rates, diarrhoea accounts for more deaths in children under five years of age than any other cause of death¹⁰ – more than pneumonia and more than malaria and HIV and AIDS combined. Over 90% of diarrhoeal deaths are attributed to poor hygiene, sanitation and unsafe drinking water.¹¹

So, while more than 550 million children have been vaccinated against measles since 2000, driving down measles deaths in Africa by 75%, little action has been taken to prevent the daily death toll of 4,900 children afflicted with diarrhoea.

MDG1 – Poverty

Donors have focused on economic growth as a way to achieve the goal to halve the numbers of people living in absolute poverty – measured as living with less than a dollar a day. But on current trends, the targets will be missed in Sub-Saharan Africa.

The 2006 *UN Human Development Report* says that the lack of safe water and adequate sanitation in Africa is exacting a high economic cost particularly for the poorest – mostly women. Meeting the MDG target would avert 470,000 deaths and result in an extra 320 million productive working days every year.¹²

The most current estimates suggest that Africa will have to increase its annual growth rates up to 8% from its current range of around 5%. Estimates suggest that investing in water and sanitation could boost growth rates by as much as 5% in Africa – enough to put the growth rates over the line needed to achieve MDG1.¹³

The most important point is the distributional nature of the economic returns from such investments. The losses of inadequate investment and services are borne disproportionately by the poor and by women. This implies that the poor stand to benefit most from investing in the sector. In other words, there are high economic returns for the poor from effective investments in water and sanitation.

¹⁰ UNICEF (2006) *Children and Water, Sanitation and Hygiene: The Evidence, occasional paper for the Human Development Report*

¹¹ Ibid

¹² WHO (2007) *Health through safe drinking water and basic sanitation* - http://www.who.int/water_sanitation_health/mdg1/en/index.html

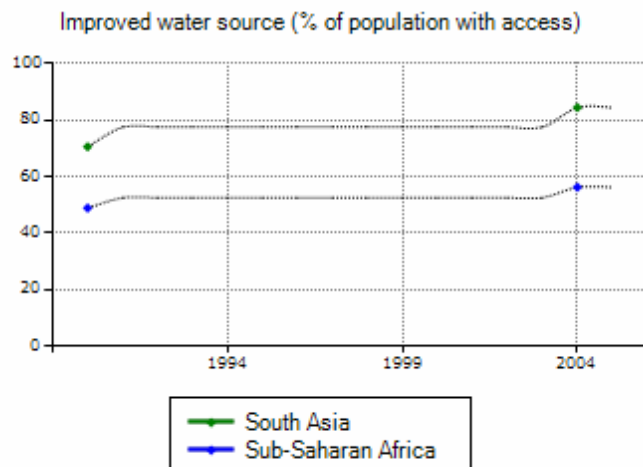
¹³ Ibid

MDG 7 – Water and sanitation

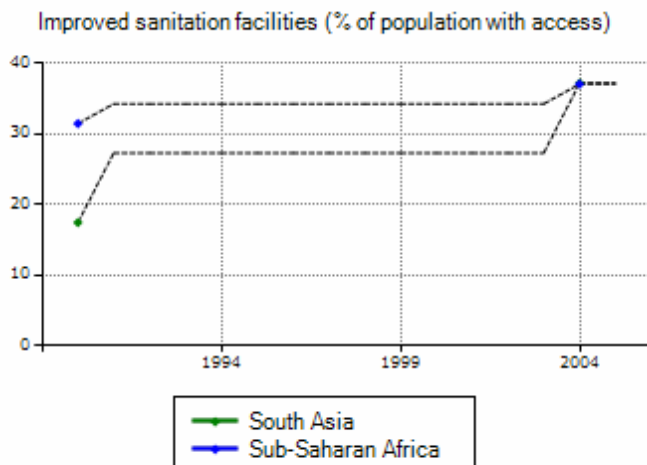
Globally, there has been some progress towards improving access to water supply: access to improved water sources has increased from 71% in 1990 to 80% in 2004.

While the drinking water target for the world as a whole is currently on-track, the WHO/UNICEF Joint Monitoring Project (JMP) has warned that the trend appears to be deteriorating. Furthermore, behind these global aggregates there are striking regional variations. Coverage rates in Sub-Saharan Africa are lowest – the JMP estimates 56% coverage in 2004, although many agree that this is an overestimate.

Nearly 80% of those without safe water are concentrated in just three regions – East and South Asia and Sub-Saharan Africa.



Source : World Development Indicators



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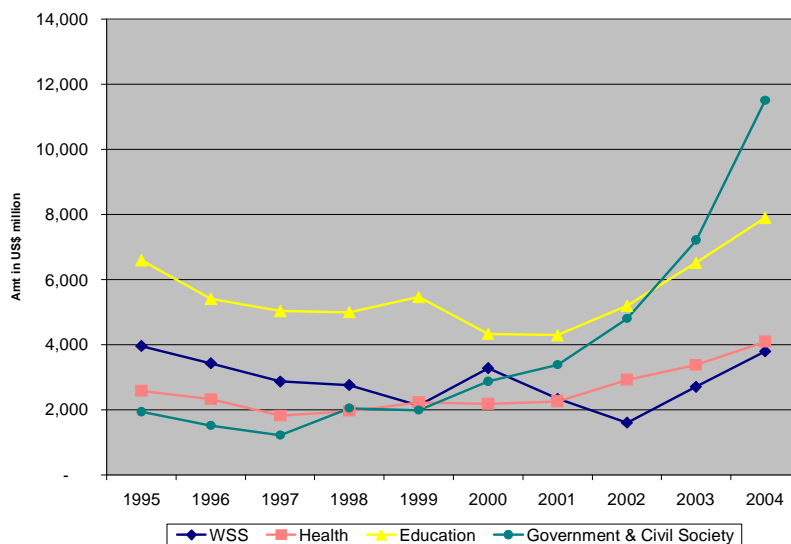
Global progress towards sanitation is seriously off-track, increasing only from 37% in 1990 to 52% in 2004. At this rate, the sanitation target will be missed by more than half a billion people. Coverage in South Asia is almost as low as in Sub-Saharan Africa. Two out of three people in both regions do not have a safe place to defecate with serious implications for public health.

Conclusions

Chronic underinvestment

Inadequate access to water and sanitation is undermining human development and yet, in contrast to the health and education sectors, investment in water and sanitation has failed to keep pace with the overall rises in global aid.

The following graph shows total water and sanitation commitments as a share of aid are almost exactly the same in real terms as they were in 1995. The trend over the 10 year period has been downward.

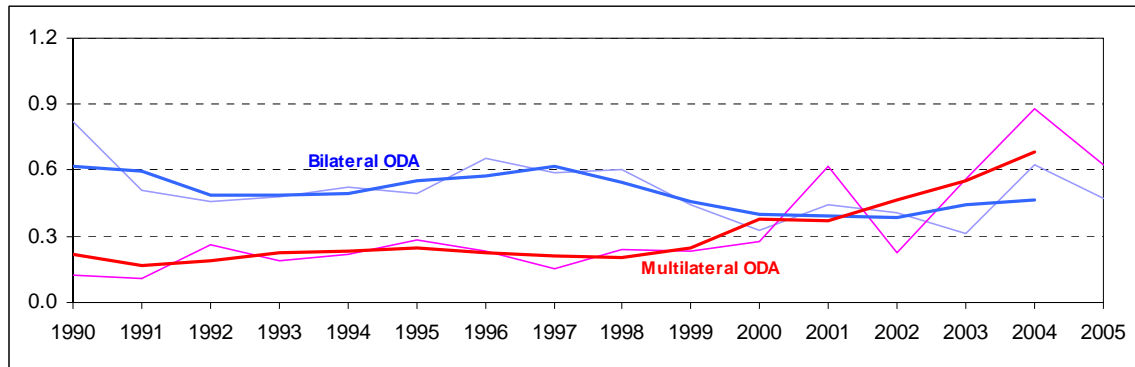


Global overseas development assistance commitments to water supply and sanitation, health, education, and governance/civil society, 1995-2004

The graph above shows a sharp rise in aid between 2002 and 2005. In fact, global commitments to the water sector more than doubled. However, the positive trend is largely due to a substantial increase in aid to Iraq.

Iraq received \$733 million out of a total of \$5.9 billion for water and sanitation in 2005. In contrast, the country received an average of less than \$1 million a year for water and sanitation between 2000 and 2002.

Among, the top ten recipients of aid for water and sanitation in 2005, only three are low income countries and only one is in Sub-Saharan Africa, the region most-off track to meet the MDGs.



Total water overseas development assistance to Africa: USD billion, 2004 prices, commitments with three year moving averages

Sub-Saharan Africa has also seen recent increases in commitments to the water sector, although overall aid levels have flat-lined. The graph above shows that while multilateral aid is on the increase bilateral aid appears to be declining. Although difficult to estimate, since the OECD does not disaggregate spending on this sub-sector, the share of investment for sanitation is a fraction of the total aid for the sector. While donors record expenditure as water and sanitation interventions, in reality sanitation is often tagged on as an afterthought rather than being an integral part of a programme.

Knock-on effects on national expenditure

International underinvestment plays out at the national level. Despite rhetoric about country-led approaches, donor preferences have a direct impact on how developing country governments prioritise spending on the social sectors. Even where there is political will to improve water and sanitation, governments are constrained by limited funds.

As a result, public spending on water and sanitation typically represents less than 0.5% of GDP. Although water and sanitation are beginning to feature in Poverty Reduction Strategies, and are prioritised in poverty diagnostics at national and local level, this prioritisation does not necessarily translate into budget allocation.¹⁴

In Malawi, for example, government spending on health and education has grown as a share of GDP while spending on water and sanitation has declined. The percentage share of the overall budget allocation to water supply and

¹⁴ Water and Sanitation Program (2007) *Africa, Water Supply and Sanitation in Poverty Reduction Strategy Papers: Benchmarking Performance*

sanitation during the 2005/2006 budget was 0.75% while more than 10 times that figure was allocated to the education budget and more than 15 times to health.¹⁵

Much progress has been made on improving education in Malawi. Enrolment rates have increased by about 60% since the introduction of free primary school education in 1994 and young people's literacy has risen from 63% to 71%. The picture for water and sanitation is gloomier – in fact the percentage of people in rural areas accessing improved water sources actually fell from 61% in 2000 to 57% in 2004.

The same phenomenon can be seen in Mali where the national budget is estimated at US\$1.6 billion for a population of almost 11.5 million people. More than 20% of this budget is allocated to education, and 10% to health. Only 6% of the budget is allocated to water and sanitation. Donor interest in the sector has been weak and financial resources have been directed to other sectors.

There are many possible explanations for the marginalisation of the sector by donors and developing country governments. The sector is certainly more complex than health or education, with responsibility often split across several ministries.

Another explanation may be that the crisis in water and sanitation affects the poorest and most vulnerable – women and girls – whose voices are rarely heard by decision makers in an aid system that is largely unaccountable to the poor.

Mid-way to the MDGs – What needs to change?

This paper does not seek to add water and sanitation to the shopping list for international development favourites. It calls instead for international donors and developing country governments to begin to see the linkages between essential services and to shape their development policy accordingly. Donors need to recognise that the success of particular sectors is integral to progress made in other development goals. In the words of the UK Parliamentary Select Committee on Development, water and sanitation “has a strong claim to being integral to other [MDG] targets’ success”.¹⁶

Now is the time to start building integrated and accountable approaches to development. Without these, the international aid system still risks being led by donor priorities, and often pushed by the loudest Northern campaigns, resulting in unbalanced financial inputs and perverse developmental outcomes.

¹⁵ Malawi Economic Justice Network and WaterAid Malawi (2007) *Let there be life: Making Water Sector Funds work for the People*

¹⁶ House of Commons International Development Committee Sanitation and Water – 6th Report of session 2006-2007

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WaterAid's mission is to overcome poverty by enabling the world's poorest people to gain access to safe water, sanitation and hygiene education.

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Front cover image: Child in Malawi. WaterAid/Stel Kyriacou