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Commentary #2- Foreign aid vs. self-help in LMICs

Sustainable Development Goal (SDG) seventeen is to revitalize the global partnership for sustainable development. This entails financial support, debt relief, sharing technologies and sharing scientific knowledge with developing countries (Sustainable Development Goals: 17 Goals to Transform Our World, 2017). Another part of this goal is to help these countries establish trading systems. Foreign aid is an important aspect of this goal but is not sufficient on its own to create a lasting impact on lower middle-income countries (LMICs). Aiding a country is not meant to be a long-term solution. The goal of providing aid is that it will help the country in need develop a better economy that can eventually survive and sustain on its own without relying on the help of others. For aid to be most impactful and result in a permanent fix, the recipient must learn to be self-sufficient, to take full advantage of all the opportunities that aid can provide. The combination of foreign aid and self-help is the only way permanent and lasting effects can be made in developing countries. However, the concept of foreign aid is quite controversial. There are people who believe aid alone is sufficient to improve developing countries, but in this commentary, I will describe why I disagree with that opinion. I will list and define reasons that I believe it takes more than simply giving a country money to make an impact. Specifically, I will focus on Sub-Saharan Africa and the health outcomes that can improve with the help of foreign aid and self-help. I will also give my recommendations about the health outcomes I think aid would be most beneficial in improving.

Access to social services in Sub-Saharan Africa (SSA) is essential for the Millennium Development Goals (MDGs) and SDGs to be met. The social services of focus in this paper are access to potable drinking water and adequate sanitation. As of the year 2015, 32% of people in SSA did not have access to safe or improved drinking water, so this region did not meet this 2015 MDG (UNICEF and World Health Organization[WHO], 2015). In fact, when the MDGs were evaluated in 2015, it was estimated that 663 million people worldwide still lacked access to improved drinking water and more than half of these people lived in SSA. SSA is the only developing region left in the world that has a population where less than 50% of the people have access to improved drinking water. There are approximately 159 million people worldwide that have access to drinking water, but solely from surface water sources. Approximately 70% of these people reside in SSA (UNICEF and WHO, 2015). This large number of people rely on rivers, streams and lakes. This reliance is what has made reaching this MDG so difficult. As of 2015 when this MDG was measured, it was found that more than 940 million people still practice open defecation, which is defecating in fields, bushes, open bodies of water and other open areas of land. Therefore, this is one of the reasons that drinking water from surface water sources is unsafe and unsanitary (UNICEF and WHO, 2015). Around 33% of the countries in SSA still practice open defecation and so it is not surprising that 70% of these people lack adequate sanitation facilities. According to Ndikumana and Pickbourn, “Access to clean drinking water and sanitation is directly linked to health outcomes, especially for infants and children” (Ndikumana & Pickbourn, 2017).

The lack of financing is what constrains water and sanitation improvements and therefore hinders maternal and child health. According to the WHO, “Children in sub-Saharan Africa are more than 15 times likely to die before the age of 5 than children in high income countries”

(World Health Organization [WHO], 2017). For this sector to be improved, funds must be allocated more appropriately. I am not implying that more foreign aid be given specifically to maternal and child health, but I am recommending that more money be allotted for improving access to potable water and sanitation, which would directly improve living conditions and also indirectly improve maternal and child health outcomes as well. The under-five child mortality rate in SSA is 98 deaths per 1000 births, which means nearly 10% of children will die before they turn five years old (World Bank, 2014). The most common causes of child mortality are gastrointestinal infections, which are contracted and transmitted through the fecal-oral route. This is why I argue that maternal and child health could be improved by directing funds to sanitation. In general, there are many health disparities when it comes to women in SSA. These disparities exist because women have many roles, such as caregivers for the sick, water fetchers and mothers (Ndikumana & Pickbourn, 2017). A consequence of women having all these roles is that they are very busy and often lack formal education because they are busy caring for the sick, their children and fetching water. Retrieving water is a very tasking process and it takes several hours. This brings me to another consequence of allotting more money for a better water system. Women would no longer have to spend several hours of their day fetching water. Therefore, their lives would be improved because they would be expending less energy on fetching water and be able to spend their time doing other beneficial things, such as reading or learning or taking care of their families. Another indirect result that would occur if aid was directed to improving water and sanitation standards, is that women would have less sick people to care for because water-borne illnesses would become less prevalent. This again would allow women to focus more on doing things for themselves and as a result, lessen the burden of disease they experience.

As of 2008 the total percent of aid utilized strictly for water and sanitation in SSA was only 4.1%. At this time, the amount of aid given to SSA was doubled thanks to the results of the G-8 summit in 2005 (Ndikumana & Pickbourn, 2017). However, this suggests that even though a substantially greater amount of money was provided to SSA, the money was not directly assigned to aiding in water and sanitation improvement and therefore did not have an impact on these standards. As mentioned previously, this is why simply providing aid does not automatically result in improvements. The money must be targeted toward particular areas and monitored by the aid donors and local governments. Collaboration between the donor and recipient is essential. Ndikumana and Pickbourn concluded that this idea of targeted aid is crucial for foreign aid to reach its maximum potential (Ndikumana & Pickbourn, 2017). I believe there is one more component crucial to ensure foreign aid is maximized. Self-help refers to the ability of a country to be self-sufficient and help itself. We know that self-help works as a method of sustainability because countries economic classifications have changed. They have improved throughout history from low-income to lower middle-income and as a result have stopped receiving substantial aid yet are still maintaining a higher socio-economic status. The most significant purpose for aid is to help developing countries one day become developed!

To summarize, I firmly believe that foreign assistance is a useful tool that many countries have and can benefit from. However, in order for a country to have the most success after receiving foreign aid, the aid must be specifically targeted toward particular sectors and self-help must be practiced during and after aid is given. Sub-Saharan Africa is an area that would benefit greatly from targeted aid. In particular, aid geared toward improving access to potable water and adequate sanitation standards would be most beneficial. Targeting aid towards this sector would in turn directly impact maternal and child health in many ways, as mentioned. I am hopefully

that the SDGs and MDGs will all be met one day, with the assistance of foreign aid, and sustained with self-help. Sub-Saharan Africa needs help in many different areas, so we need to stop simply giving them money and instead actually give them resources and show them what they can do to help themselves. Improving sanitation standards would help decrease maternal and child mortality, and I believe this is the area Africa is in need of the most help.

References

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