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Jeffrey D. Sachs

Jeffrey D. Sachs, Professor of Sustainable Development, Professor of Health Policy and Management, and Director of the Earth Institute at Columbia University, is also Special Adviser to the United …

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May 30, 2012 Email | Print
Aid Works

NEW YORK – The critics of foreign aid are wrong. A growing flood of data shows that death rates in many poor countries are falling sharply, and that aid-supported programs for health-care delivery have played a key role. Aid works; it saves lives.

One of the newest studies, by Gabriel Demombynes and Sofia Trommlerova, shows that Kenya’s infant mortality (deaths under the age of one year) has plummeted in recent years, and attributes a significant part of the gain to the massive uptake of anti-malaria bed nets. These findings are consistent with an important study of malaria death rates by Chris Murray and others, which similarly found a significant and rapid decline in malaria-caused deaths after 2004 in sub-Saharan Africa resulting from aid-supported malaria-control measures.

Let’s turn back the clock a dozen years. In 2000, Africa was struggling with three major epidemics. AIDS was killing more than two million people each year, and spreading rapidly. Malaria was surging, owing to the parasite’s growing resistance to the standard medicine at the time. Tuberculosis was also soaring, partly as a result of the AIDS epidemic and partly because of the emergence of drug-resistant TB. In addition, hundreds of thousands of women were dying in childbirth each year, because they had no access to safe deliveries in a clinic or hospital, or to emergency help when needed.

These interconnected crises prompted action. The United Nations’ member states adopted the Millennium Development Goals in September 2000. Three of the eight MDGs – reductions in children’s deaths, maternal deaths, and epidemic diseases – focus directly on health.
Likewise, the World Health Organization issued a major call to scale up development assistance for health. And African leaders, led by Nigeria’s president at the time, Olusegun Obasanjo, took on the challenge of battling the continent’s epidemics. Nigeria hosted two landmark summits, on malaria in 2000 and on AIDS in 2001, which were a crucial spur to action.

At the second of these summits, then-UN Secretary-General Kofi Annan called for the creation of the Global Fund to Fight AIDS, TB, and Malaria. The Global Fund began operations in 2002, financing prevention, treatment, and care programs for the three diseases. High-income countries also finally agreed to reduce the debt owed by heavily indebted poor countries, allowing them to spend more on health care and less on crippling payments to creditors.

The United States also took action, adopting two major programs, one to fight AIDS and the other to fight malaria. In 2005, the UN Millennium Project recommended specific ways to scale up primary health care in the poorest countries, with the high-income countries helping to cover the costs that the poorest could not pay by themselves. The UN General Assembly backed many of the project’s recommendations, which were then implemented in numerous low-income countries.

Donor aid did start to rise sharply as a result of all of these efforts. In 1995, total aid for health care was around $7.9 billion. This inadequate level then crept up slowly, to $10.5 billion by 2000. By 2005, however, annual aid for health had jumped another $5.9 billion, and by 2010, the total had grown by another $10.5 billion, to reach $26.9 billion for the year.

The expanded funding allowed major campaigns against AIDS, TB, and malaria; a major scaling up of safe childbirth; and increased vaccine coverage, including the near-eradication of polio. Many innovative public-health techniques were developed and adopted. With one billion people living in high-income countries, total aid in 2010 amounted to around $27 per person in the donor countries – a modest sum for them, but a life-saving one for the world’s poorest people.

The public-health successes can now be seen on many fronts. Around 12 million children under five years old died in 1990. By 2010, this number had declined to around 7.6 million – still far too high, but definitely an historic improvement. Malaria deaths in children in Africa were cut from a peak of around one million in 2004 to around 700,000 by 2010, and, worldwide, deaths of pregnant women declined by almost half between 1990 and 2010, from an estimated 543,000 to 287,000.

Another $10-15 billion in annual aid (that is, roughly $10-15 more per person in the high-income world), bringing total aid to around $40 billion per year, would enable still greater progress to be made in the coming years. The MDGs for health could be achieved even in many of the world’s poorest countries.

Unfortunately, at every step during the past decade – and still today – a chorus of aid skeptics has argued against the needed help. They have repeatedly claimed that aid does not work;
that the funds will simply be wasted; that anti-malaria bed nets cannot be given to the poor, since the poor won’t use them; that the poor will not take anti-AIDS medicines properly; and so on and so forth. Their attacks have been relentless (I’ve faced my share).

The opponents of aid are not merely wrong. Their vocal antagonism still threatens the funding that is needed to get the job done, to cut child and maternal deaths by enough to meet the MDGs by 2015 in the poorest countries, and to continue after that to ensure that all people everywhere finally have access to basic health services.

A decade of significant progress in health outcomes has proved the skeptics wrong. Aid for health care works – and works magnificently – to save and improve lives. Let us continue to support these life-saving programs, which uphold the dignity and well-being of all people on the planet.

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1. Commented

   **Nirmalan Dhas** 23 September 2012
A NEW DYNAMIC FOR AID
by Nirmalan Dhas on Thursday, January 5, 2012 at 4:12am ·

The world we live in is not the world into which we were born. It is a hotter world where floods, fires, tsunami, earthquakes and other sudden and unannounced disasters are increasing in their frequency. It is a world in which these sudden disasters cause billions of dollars worth of damage that take years to rebuild and draw heavily on already scarce resources. Although you cite many impressive figures to do with falling child mortality and fewer deaths of women during childbirth to a certain extent the gains will surely be harder to maintain in the future. In a sense the development you describe tends to be the result of placing low hanging fruit. For example mosquito nets can be manufactured and distributed fairly cheaply let yield large immediate falls in cases of malaria. However, the only way that development outcomes can truly become developed countries and sustain the gains made so far is with effective governance and the right economic and social policies in place. And yes, aid dollars have to be spent effectively. Research shows both positive and negative outcomes of aid. But this does not favor giving up aid. What’s important is to go after some particular characteristics political factors which determine the outcome of aid process...after all we are talking about life and death here...so i don’t think it gives us other choice than how we work aid. What’s important is to go after some particular characteristics political factors which determine the outcome of aid process...after all we are talking about life and death here...so i don’t think it gives us other choice than how we work aid. What’s important is to go after some particular characteristics political factors which determine the outcome of aid process...after all we are talking about life and death here...so i don’t think it gives us other choice than how
Initially and for a very long time to come, a large amount of development aid will have to be devoted to disaster forecasting and warning systems, community training in disaster mitigation, the preparation of responses to likely disasters and the maintenance of stockpiles of food, water and medicines as well as the training of communities in new ways of being and relating to each other for survival.

The new developmental mission applies in all other development contexts.

Aid re-conceptualized

2. Aid is not necessarily aid money, and I wish professor Sachs made this distinction much clearer. Professor Sachs’ argument would be much stronger if he included more examples of effective aid that cannot be put into a dollar amount (the UN Millennium Project is one good example cited). One would then by reading the article have a better understanding of the hypothesis behind economic development of these countries (which assign an increasing share of national budgets to health).

3. Debates on democracy are far from over, and there is no consensus on an end goal to economic development (growth or redistribution!). Given this, the solution that aid brings is not always found in the aid money, as the health care example in this article by and large illustrates.

4. The price we may be called upon to yet pay and who know that the extinction of the human species within whom such a high level of autonomy has been evolved, and life as we know it on earth and our every effort on the survival of our species and the survival of all that its survival requires.

5. As you can see, within this context aid ceases to be aid and becomes instead a vital component of the emerging model of development. It serves to be a 'two thirds of one percent' effort aid instead. How central have energy has been expended and so many resources consumed must be handed over to them. Wisdom must acknowledge this unfortunate perspective. Dr. Margaret Chan herself expressed some concerns during the last WHA which ended a few days ago...

6. The understanding of the need for change is what we must bequeath the young of our species. We must ensure that this time the lesson is learned through the example of 2012 at the upcoming Rio+20 summit, the logic is not as professor Sachs suggests 'Aid works. So are we giving enough money?'

7. Health care is relatively 'simple' in that it has a fixed logic and obvious end goal: 'diseases are detrimental to humanity, therefore they must be eradicated'. But not all issues in development have this basic normative line.

Moctar Aboubacar 31 May 2012

Lara Gauthier 30 May 2012

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