

chapter 6 investing in people

Everyone should have access to health care, education, water and sanitation and, when times are hard, social security.

Real progress is possible, even in fragile states, but we all need to do a lot more.

Preventing the spread of HIV and treating people with AIDS is essential.

From commitments to results

6.1 All human beings have a right to food, clothing, shelter, education, health and social security. These are set out in the Universal Declaration of Human Rights and the Millennium Declaration.

6.2 Progress is possible. Since the 1960s, average life expectancy in developing countries has risen from 48 to 63 years.¹ In 1970 most adults in the world could not read or write, now most can. In sub-Saharan Africa and South Asia, adult literacy rates have doubled since 1970, and in East Asia they are now over 90%.² But progress is not fast enough. On current trends, most of the MDGs will be missed in sub-Saharan Africa and South Asia.

6.3 The UK believes there are four essential public services that are needed to make faster progress towards the MDGs: education, health, water and sanitation, and 'social protection' – various forms of direct help to poor families. In many developing countries these basic services are of poor quality and do not reach everyone.

6.4 Essential public services are linked to each other. When there is access to water, children can go to school rather than spend time fetching it. Going to school leads to better health. A girl who has been educated is much more likely to get her own children immunised, and healthy children are much

less likely to drop out of school. Social protection helps children attend school or get to a health clinic. Investing in people – their skills, health and security – boosts economic growth and increases incomes. And having more money, in turn, gives people more choice, and generates the tax revenues which pay for public services.

6.5 We believe that there are four big challenges to providing essential public services:

- Developing country governments and the international community must spend more on public services.
- Developing countries will need to improve their capacity to provide more schools and clinics, and employ more teachers, doctors and nurses.
- Developing countries have to address the reasons why the poor – especially women, girls and disabled people – cannot access services.
- The international community will need to do more in fragile states, where there is the greatest risk that large numbers of poor people will be left behind.

6.6 In 2005, developing countries and the international community promised to tackle the first of these challenges by rapidly increasing financing for public services. Lack of funding has meant that many developing countries have been forced to limit what they want to do. In turn, international partners – some of whom were sceptical that increased resources would be used effectively – have focused on constraints rather than the scale of need. This cycle needs to be broken.

6.7 Developing countries now need to set out ambitious plans to reach the MDGs over the next ten years. And the international community must respond by funding these plans using the new aid they have promised. Where the circumstances are right, aid should be paid direct into government budgets. This aid needs to be long term and predictable, so that developing countries are able to make long term decisions to employ teachers and doctors, buy drugs, and build schools and clinics.

6.8 Second, as part of these plans, many developing countries will need to improve

their capacity to provide good quality public services. Governments will need to strengthen and reform the organisations that provide education, health, water and social protection. They will also need better national and local monitoring to improve management of services and results.

6.9 Third, governments and partners have to address the problems which prevent poor people – especially women and children – from using services, even when they are available. This means doing something about user fees and discrimination against particular regions and groups such as ethnic minorities and disabled people.³ Poor people need to be more involved in decisions about services – whether through local councils, NGOs, trade unions or faith organisations.

6.10 Fourth, international partners, UN organisations and NGOs will need to play a more active role in providing public services in fragile states where governments are weak and direct support to governments is not yet possible. Where states are committed to providing services but lack capacity, this might mean contracting out basic services to



NGOs. Just such a move has been made in Cambodia and Afghanistan. Often, communities and local authorities can provide services even where national institutions are ineffective – and so reach poor people more quickly than would otherwise have been possible. But these arrangements need to be designed to support the long term responsibility of the state. In Afghanistan, the Government is giving small grants to community councils through the National Solidarity Programme.

6.11 By working together, international partners can help provide public services more quickly than stand-alone projects. In joint programmes such as the national AIDS programmes in Burma and Zimbabwe, pooled funding and a single plan have helped pay for the activities of a range of NGOs, while reducing burdensome procedures usually associated with multiple projects.

The UK will

- Increase spending on public services - education, health (including HIV and AIDS), water and sanitation and social protection - to at least half of the UK's direct support to developing countries.
- Make long-term commitments to partner countries through ten year plans for expanding public services.
- Provide predictable and flexible assistance to these plans using, as appropriate, either direct budget support, basic service grants (which earmark resources to one or more sector), or working through civil society, faith based or other organisations.



Getting children into school...

6.12 Our priority is to get the 100 million children of primary school age who are not currently attending school into a classroom with a teacher. Education is both a right and a route out of poverty. People who have been to school are more likely to find work, look after their health and demand that governments act in their interests. But on current trends, 67 countries will not achieve the MDG for universal primary education.⁴ Urgent action is needed to increase funding, and to deal with the problems that prevent children from going to school – including the devastating effects of AIDS.⁵

6.13 School fees deter parents from enrolling their children, particularly girls. Seventy-eight out of 94 low income countries charge some type of fee for primary education.⁶ When faced with a choice of paying for a son or daughter to go to school, parents will often choose the son. Countries that have abolished school fees, however, have seen a huge increase in enrolment. The UK strongly supports free primary education, and is helping governments to pay for the additional teachers and classrooms needed to cope with the growing numbers of children in school.



Learning for free

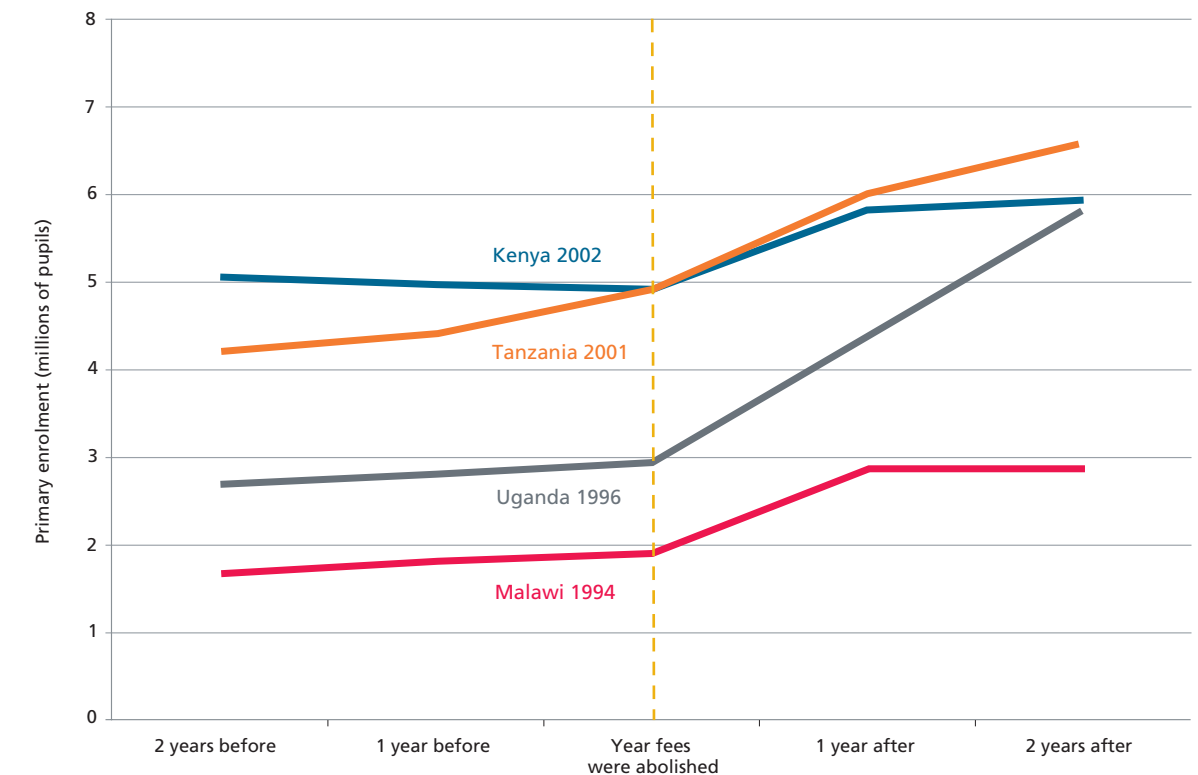
Mrisho is an eight-year-old pupil at Kerezange School on the outskirts of Dar es Salaam, Tanzania. He and his brother Benadi know how lucky they are: "My parents say that it is a blessing that they do not have to pay for us to go to school," says Mrisho. "I think so too, because if they did, my brother and I may not have been able to come to school."

6.14 Helping girls enrol and stay in school means tackling the discrimination they face. Community awareness programmes about the importance of educating girls help. More women teachers and better sanitation in schools also helps overcome some of the social barriers. This is why the UK supports

the UN Girls Education Initiative, together with special projects to support girls education.

6.15 While universal primary education remains our priority, there is also a growing need to invest in secondary and higher education and vocational skills training. Young people graduating from secondary schools and colleges today will become the teachers, health workers and business people of tomorrow. Secondary education is one of the most important ways of improving the status and health of young women.

Abolishing fees helps children go to school



Source: UNESCO Institute for Statistics, www.uis.unesco.org

6.16 Many developing countries will need to increase their spending on education. This will require a substantial increase in aid, until the poorest countries have grown enough to support themselves. Providing a good quality education to all children of primary school age by 2015 will require an extra US\$10 billion in aid each year. This will include the costs of removing school fees, dealing with the effects of AIDS, and providing school meals and grants to help poor families send their children to school.

6.17 The Education for All Fast Track Initiative (FTI), which the UK supports, estimates that by 2008 up to 60 countries will have credible plans to get all children into primary education by 2015.

Fast track to success

The Fast Track Initiative brings international partners together to support national education plans. The results so far are good. In the first seventeen countries to join the FTI, more children are completing primary school than in other similar countries. For example, in Niger only 20% of children completed primary education – one of the lowest rates in the world. Since joining the FTI in 2002, school enrolment has doubled, and completion has risen to 36%. From hiring 250 teachers a year, it is now hiring more than 2,500 a year.⁷

The UK will

- Spend at least £8.5 billion on education between 2006 and 2015, and provide long term commitments to help governments plan ahead. This will double our spending to over £1 billion a year by 2010.
- Increase our total contribution to the Education for All Fast Track Initiative from £50 million to £150 million over the next three years to help countries speed up the implementation of their education plans.
- Support the removal of user fees for primary education in all our partner countries, and help governments cope with the resulting increase in enrolment.
- Support special initiatives to get more girls into school.
- Provide new support for higher education and vocational skills training to train the professional staff needed by health and education services.



Improving health...

6.18 Too many people die of easily preventable diseases and too many suffer ill-health which stops them from earning a living. If everyone could receive basic health care, the number of children dying could be reduced by two-thirds, and the number of mothers dying by three-quarters.⁸

6.19 However, the funding gap is huge. Developing countries are short of finance, trained staff, and basic medicines. The Commission on Macro-economics and Health estimated that basic health care in poor countries can be put in place for around US\$35 per person per year.⁹ But spending on health in most countries is far less than this.

6.20 Developing countries therefore need to increase their own spending on health. In 2000, African Governments meeting in Abuja agreed to increase funding from an average of 8% of their budgets to 15%. However, most are far from achieving this because of other demands for expenditure.

6.21 International partners have increased their support for health significantly in recent years. There are now a number of initiatives on individual diseases, and over 70 health funds and partnerships. The Global Fund to fight Aids, Tuberculosis and Malaria and the Global Alliance for Vaccines and Immunisation have raised US\$8.7 billion and US\$1.7 billion respectively. The IFFIm will raise a further US\$4 billion. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimate that US\$8-10 billion will be spent on AIDS each year from 2005 to 2007 – but this is only about 60% of what will be needed.¹⁰ The UK will work with others to close this financing gap and ensure that the money is used effectively.

6.22 Developing countries, bilateral agencies, UN agencies and civil society have agreed to fight AIDS through ‘the three ones’: one co-ordinating organisation, one plan, and one monitoring system for all external support. These principles should apply to health services more widely. Fighting stigma and discrimination, making condoms available and providing better information so people can protect themselves will be important too.

6.23 Almost all deaths as a result of pregnancy and childbirth are avoidable. Sexual and reproductive health services and rights need significant support. Action is needed to tackle social and cultural discrimination that prevents women getting information and health care, denies their freedom to choose if and when to have children, and greatly increases their vulnerability to HIV.

6.24 Strong national health services are essential to do all this. The biggest problem many countries face is not having enough doctors, nurses and support staff. This has been made even worse by AIDS, and by highly trained health professionals leaving to work in richer countries, including the UK.¹¹ Sub-Saharan Africa needs nearly 1.5 million more health workers. Worldwide,

more than four million are needed.¹² We need to do more to invest in human resources.

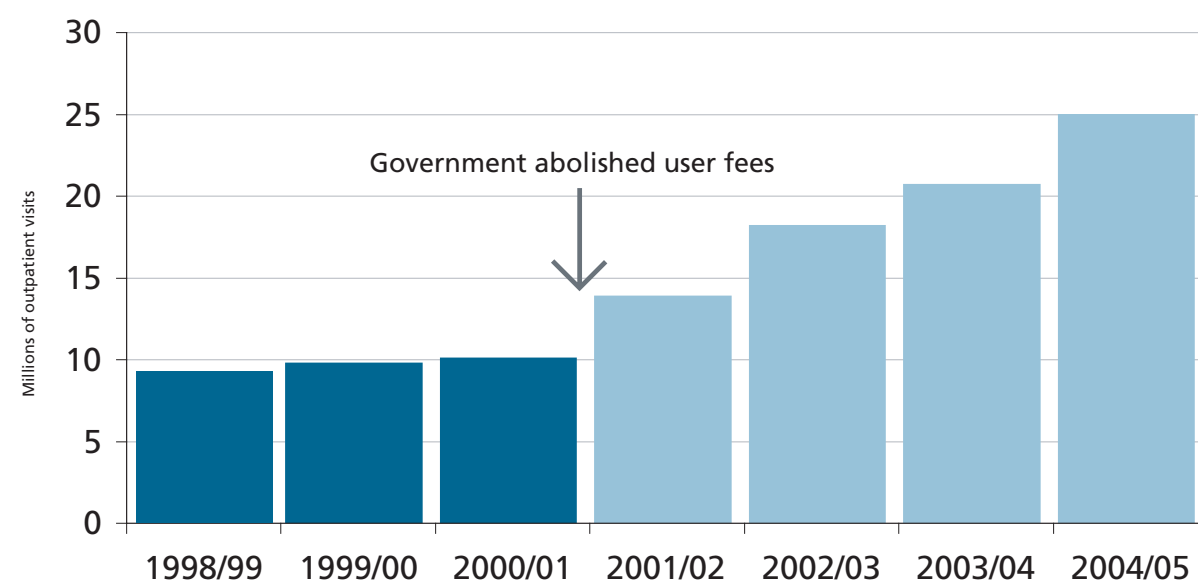


Tackling the African health staff crisis

The UK will help partners to solve their staffing crises by:

- Training professional workers such as doctors, nurses, managers, pharmacists and other support staff – this includes support to higher education.
- Creating incentives for staff to work in under-served areas – for example through hardship allowances or better housing.
- Increasing support for community health workers – people who can help treat many simple illnesses and are more likely to live in the communities they serve.
- Expanding links between the UK National Health Service and poor countries.
- Exploring opportunities for health workers to return from the UK to their own countries, for extended periods, to help improve health services.

In Uganda, abolishing fees helped double attendance at health clinics



Source: Ministry of Health (2005) Annual Health Sector Performance Report for 2004/05. Kampala: Government of Uganda.

6.25 As with education, removing user fees can dramatically increase access to health services. In Uganda, abolishing fees doubled the number of people going to clinics, and more than doubled immunisation rates for children. More than 230,000 children's lives could be saved each year if fees were abolished in twenty African countries.¹³

6.26 More also needs to be done to hold service providers to account. For example, publishing local budget information can show whether more money is being spent on men's or women's health. In Nepal, South Africa and Zambia, radio dramas funded by UK aid have helped inform citizens about family health and AIDS services.

6.27 Medical research offers huge potential for improving people's lives. It has already helped eradicate smallpox, and soon polio, thanks to an easy-to-use oral vaccine. Simple treatments for diarrhoea, such as oral rehydration, have saved millions of children's lives. New artemisinin-based therapies and

mosquito nets are bringing down death rates from malaria. And antiretroviral drugs are helping people with AIDS to live longer, and preventing the spread of HIV to infants at birth.

6.28 More research is needed for a new generation of drugs, vaccines and treatment methods. But the commercial incentives for undertaking research on the diseases that afflict the world's poor are weak. Globally, only 10% of the total money spent each year on health research is devoted to diseases responsible for 90% of health problems.¹⁴ The G8 agreed to use more public-private partnerships to share the costs of developing new products. 'Advance market commitments' are a powerful way of providing guarantees that new successful vaccines will be purchased. With these incentives, there are now better prospects for malaria treatments. But more work is urgently needed on antiretroviral therapies for children with AIDS.

The UK will

- Work with developing countries to back ambitious ten year plans to improve health services, including ways of recruiting and training more doctors and nurses.
- Help partner governments abolish user fees for basic health services, and help them tackle other barriers to access, including discrimination against women.
- Implement the IFFIm which aims to save 5 million lives in the next ten years.
- Support international efforts, led by UNAIDS, to achieve the goal of universal access to comprehensive HIV prevention programmes, treatment, care and support by 2010.
- Support the long term replenishment of the Global Fund to fight AIDS, Tuberculosis and Malaria, based on improved performance on the ground.
- Support the implementation of the 2005 Global Strategic Plan to Roll Back Malaria, providing 80% of people at risk from malaria with mosquito nets and access to effective treatment by 2010; and the 2006 Global Plan to Stop TB, in order to halve the number of deaths from TB by 2015.
- Support access to sexual and reproductive health services and rights, especially for girls and women.
- As part of the doubling of our research spending, increase our funding for a new generation of drugs and vaccines against the major killer diseases, particularly through new public-private partnerships.
- Work with G8 and others to establish advance market commitments for vaccines for major diseases.
- Make a long term commitment to the new International Drug Purchase Facility.



Providing clean water and sanitation...

6.29 An estimated 1.1 billion people – one in six of the world's population – have to drink unsafe water every day. As a result, about 5,000 children under the age of five die every day from diarrhoea. This will get worse as climate change reduces the amount of water available in many parts of the world. Yet despite this, many governments in developing countries do not give water and sanitation enough priority.

6.30 Far more funding is needed for water and sanitation, including maintenance.¹⁵ This is especially the case for local government, which will have to cope with huge population growth in towns and cities. It will be particularly important to involve all sections of a community in planning and

Better water for a better life

Nana Kofi Okyere, chief of the Ghanaian village of Akim Koforidua, is delighted by how much better life has become. He points at his new village well: "This well has brought a lot of improvement. We do not have to form long queues, and children and adults do not suffer from water-borne diseases." The availability of fresh water also means the children now spend less time collecting water for their families, giving them more time to attend school. The new well is the result of a joint initiative between three organisations: Cadbury Schweppes, WaterAid (supported by DFID) and the Ghanaian farmers' co-operative, Kuapa Kokoo.



implementation in order to improve services, and to make sure that systems are well managed and maintained. Where possible, the technology used should be simple and affordable. More research is needed, for example on new technologies for water treatment and purification. Better management of water and natural disasters will also be essential – both to deal with the effect of climate change on livelihoods, and to ensure sufficient food is available at a price that people can afford.

6.31 Programmes to provide sanitation need, first of all, to create demand for it and to emphasise the responsibility of households and communities for maintenance. NGOs have a particularly important role to play here. For example, the UK has funded WaterAid in Bangladesh to develop 'Community Led Total Sanitation' to villages.

Getting water running

In Bangladesh, the UK supports an expanding Government and United Nations Children's Fund (UNICEF) programme for rural hygiene, sanitation and water supplies which has already served 7.5 million people.

In India, we support the Government's Urban Services for the Poor Programme in 32 towns across Andhra Pradesh. It provides infrastructure in slum areas, including water supply and sanitation, for 2 million poor people.

In South Africa, the UK has supported the Government's programme to use the private sector to build and operate new water systems, before handing them over to local government. In four years this has given 4 million people better water supplies.



This makes sure that water, sanitation and hygiene education are provided together and with the involvement of the whole community so that everyone benefits. This new approach is now being used in other countries.

6.32 International partners are investing more in water and sanitation, but a great deal more effort and better co-ordination is needed. There are far too many partnerships and agencies with some responsibility for water – the UN alone has 23 agencies – which creates confusion.

The UK will

- Double our assistance to water and sanitation in Africa to £95 million a year by 2007/08, and more than double funding again to £200 million a year by 2010/11.
- In Africa, focus our efforts on countries most off-track to meet the water and sanitation MDGs.
- Support the African Development Bank's Rural Water Supply and Sanitation Initiative to help achieve 80% water and sanitation coverage by 2015.
- In Asia, work directly and with others to expand water and sanitation services across the region.
- Work with civil society organisations in all regions, to help them demand better access to water and sanitation.
- Support UN Water to co-ordinate international assistance more effectively.
- As part of our doubling of research funding, significantly increase support for the development of innovative technologies for cleaner water and sanitation.



Protecting the very poorest...

6.33 There is now strong evidence that social protection – such as small but regular transfers of cash – has huge benefits for poor people.¹⁶ Social protection reduces hunger and boosts incomes. It helps families send their children to school, helps women to use health services, and helps people with AIDS to get treatment. It injects cash into local economies, creating demand for goods and services that help small businesses grow. And it helps tackle the inequalities that trap successive generations in long-term poverty.

6.34 Social transfers in poor countries are a realistic option. The International Labour Organisation has shown that providing small cash transfers to the poorest 10% of people in most African countries would cost less than 3% of government budgets. And for sub-Saharan Africa as a whole, reaching 10% of the population would cost US\$760

million each year.¹⁷ This is just 3% of the US\$25 billion of additional aid to Africa agreed by the G8 at Gleneagles.

Cash in on education

Maria and Carlos Oliveira da Silva live with their two children near the town of Formosa, in central Brazil. The family gets support from the Government's Bolsa Familia programme. This provides a monthly grant to poor families with children – on the condition that their children attend school and use local health services. "For us the best thing is the certainty," says Maria. "We know that each month we can afford to buy enough food and school supplies for our children. This means that we can plan for the future. Even when all of our chickens died, we had enough spare money to pay off our loans without selling our land."

The UK will

- Significantly increase spending on social protection in at least ten countries in Africa and Asia by 2009, supporting national programmes and working with the UN and NGOs in fragile states.
- Working with European partners and national governments in Africa, double to 16 million the number of people moved from emergency relief to long term social protection programmes by 2009.
- Support partnerships between developing countries to share experience of expanding social protection.

6.35 Transfers can be made to everyone (such as a pension for all older people) or can be targeted at the very poor (such as households with orphans and vulnerable children). Communities can help identify those in need, or the providers of transfers can identify families directly. Local government and social welfare departments have a big role to play, but they often need more staff and money. And private organisations, like banks, can be highly effective at distributing transfers.

6.36 In recent years, a number of developing countries have shown that there are effective ways of providing social protection. The Ethiopian Government has established the Productive Safety Nets Programme to help over 8 million people with regular cash payments and food. This is reducing hunger, and helping families buy livestock. Countries such as Bangladesh, Brazil and Mexico have linked cash transfers for poor families to children using health and education services. In Nepal and Bangladesh, voucher schemes are helping women to access family planning. The UK supports many of these schemes, and we are working with partners in Kenya, Zambia and Pakistan to develop new ones.





How change happens: Getting children into school in Uganda

After the despotic rule of Idi Amin and the damaging effects of the 1979 war with Tanzania, Uganda's education system had virtually collapsed. Things began to improve after President Yoweri Museveni came to power in 1986. Primary school enrolment rose modestly from 2.2 million in 1986 to 3.1 million in 1996. But by the mid-1990s Uganda was a country heavily in debt, with little money to spend on education. Parents across the country were struggling to pay education costs equivalent to about one-fifth of an average family's income. Almost one-third of school-age children were not enrolled in school at all. And the few who were enrolled were unlikely to reach the final grade.

The Ugandan Government committed itself to tackling the problem, and in 1997 implemented a policy of Universal Primary

Education which allowed children to go to school for free. This put unprecedented pressure on teachers, textbooks, classrooms and the education budget. But the Government did not give in and, supported by its international partners, increased education spending from 17.8% of recurrent expenditure in 1990 to 31% today. It recruited an additional 70,000 teachers, built 50,000 new classrooms, bought 20 million new textbooks and introduced new policies to improve efficiency, promote gender equity, tackle AIDS, and fight corruption.

The effect of introducing universal primary education was astonishing. Pupil enrolment jumped by 70% in a single year, from about 3 million in 1996 to over 5 million by 1998, and had reached 7.4 million by 2004.

