Failure to thrive: aid and Africa

Leaving scandals and shuffles behind him in darkest Ottawa, Prime Minister Jean Chrétien is occupied with better things at the G8 Summit this month as he tries to seal an action plan for the New Partnership for Africa’s Development (NEPAD), conceived by African leaders last year in Abuja, Nigeria. It is a sorry fact that the world’s aid to sub-Saharan Africa declined in the last decade — Canadian aid fell by 40% — despite the worsening humanitarian crisis brought by infectious disease, political upheaval and war. The 818 million people in Africa have the lowest average life expectancy in the world (54 years, to Canada’s 79) and the highest infant mortality rate (88 per 1000 live births, to Canada’s 5.5).

Every year, 90% of the 300 to 500 million clinical cases of malaria worldwide occur in sub-Saharan Africa, along with 1.3 million cases of tuberculosis. HIV is now the leading cause of death in sub-Saharan Africa, where 28 million people are infected.

Although disease is often an effect of impoverishment, the economic consequences of disease are also “pernicious.” Reduced productivity and income, loss of human capital, accentuated social inequities, curtailed opportunities for youth and other societal deprivations reduce “state capacity” not only for health and prosperity, but also with respect to good governance and political order. The lower a state’s capacity to begin with, the weaker its ability to withstand stresses such as environmental degradation, conflict and emerging infectious disease. Many African countries are in this perilous condition.

The NEPAD strategy is to develop in “partnership” with developed nations — and the World Bank — a capacity for recovery and growth rather than to persist with the “aid first” approach that never provides much more than temporary relief. Goals selected for fast-track-