

# Don't forget poverty

International AIDS Conference, Barcelona 2002



The ActionAid Alliance is a network of non-governmental development organisations working together to promote structural changes to eradicate injustice and poverty in the world. Currently the ActionAid Alliance is made up of ActionAid (UK), ActionAid Hellas (Greece), ActionAid Ireland (Ireland), Aide et Action/Ecoliers du Monde (France), Ayuda en Acción (Spain), and Azione Aiuto (Italy). ActionAid Alliance's members enjoy the regular and active support of more than 500,000 European Union citizens, and its work reaches over 7 million people in more than 40 countries in Africa, Asia, Latin America and the Caribbean.

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# Don't forget poverty

International AIDS Conference, Barcelona 2002

“It is no coincidence that six of the countries in Southern Africa experiencing the worst food shortages in a decade have particularly high HIV prevalence levels.”

*Marika Fahlen, UNAIDS at World Food Summit, June 2002*

“The burden of disease in some low-income regions, especially sub-Saharan Africa, stands as a stark barrier to economic growth and therefore must be addressed frontally and centrally in any comprehensive development strategy.”

*WHO Commission on Macroeconomics and Health*

## Introduction

In his controversial speech to the opening of the 13th International AIDS Conference in Durban 2000, President Thabo Mbeki said: “*The world's biggest killer and the greatest cause of ill health and suffering across the globe...is extreme poverty*”. This was not controversial because he spoke of poverty – many of us welcomed him raising this subject. It was controversial because, opening a conference of 10,000 AIDS activists, professionals and people living with HIV/AIDS, he did not make an explicit connection between poverty and HIV/AIDS. He failed to challenge us to consider the links between poverty, human rights and AIDS and to develop strategies that tackle them together.

Much has happened since then – the UN General Assembly Special Session, the Millennium Summit, G8 meetings and the establishment of the Global Fund. Throughout this time, alongside others, the ActionAid Alliance has argued that HIV/AIDS must be a central part of the development agenda, that fighting poverty will not be possible without fighting HIV/AIDS. The UN Millennium Summit responded to that call when it adopted the Millennium Development Goals (MDGs) as its agreed targets, including targets on HIV/AIDS.

## A half-term report

Now we are gathering in Barcelona for the 14th International AIDS Conference. The ActionAid Alliance is offering this half-term report on progress towards the Millennium Development Goals because we believe that the wider development agenda should be of concern to everyone who cares about HIV/AIDS in developing countries. Of the 45 countries worst affected by HIV/AIDS, two-thirds are unlikely to meet the 2015 targets, according to the World Bank.

At this conference, it is important to remember that work to tackle HIV/AIDS must deal with the context in which HIV is thriving. If we approach HIV in isolation, we will fail. The social and political realities that cause poverty also drive HIV/AIDS. HIV/AIDS is both a cause and a consequence of social exclusion, discrimination and the denial of human rights. It is our responsibility to look at HIV/AIDS as wider than a traditional health issue and to join the movement for real and meaningful change. Without this, the HIV/AIDS crisis will not be reversed.

## Millennium Development Goals

The Millennium Development Goals are global targets for poverty reduction, social development and environmental regeneration, agreed by world leaders in September 2000.<sup>1</sup> There are seven substantive goals, underpinned by 18 targets and 48 success indicators.

Most take 1990 as their baseline with 2015 as the target date for achievement – making 2002 an approximate half-way point.

It is clear that many of these goals are unlikely to be met. There have been some successes at a global level, including significant cuts in child malnutrition, rising primary school enrolment, especially for girls, and improvements in conditions for women giving birth. But there are enormous regional variations, and overall the outlook, if present trends continue, is bleak:

- Infant and child mortality rates are increasing in Africa.
- There will still be 140 million underweight children in 2020.
- 75 million children will still be out of school in 2015.
- 200 million people will develop TB and 35 million people will die by 2020, many of these with HIV.
- Average life expectancy for all Africans has fallen by 15 years as a direct result of HIV/AIDS within the past two decades.

Latin America is making some progress, but not fast enough, and improvements in South Asia are uneven. However, it is sub-Saharan Africa that poses the biggest challenge, where some of the key target indicators are actually getting worse.<sup>2</sup> The ActionAid Alliance has calculated that had the MDGs been on track from 1990 to today, 15 million more children in Africa and South Asia would have lived to see their fifth birthday.<sup>3</sup> This half-term report should be a serious spur to action for the world's leaders.

## The future of the goals

Whilst some argue that adopting targets may encourage disconnected or uncoordinated actions<sup>4</sup> – for example reducing HIV/AIDS requires improvements in education just as much as better health services – all commentators agreed at their launching that the MDGs had important symbolic value. They signalled a political commitment to

wipe out need, hunger and disease early in the 21st century. As we look at the stalled progress on many of the goals, there is now a real danger that the MDGs will actually be remembered as false and empty promises.

Although the crisis in Africa and a new initiative from within the continent are on the G8's agenda, there are fears that they will not rise to the challenge. In particular, there are signs that the US is beginning to distance itself from the MDGs.

## However, it's still not too late

In March this year at the Financing for Development Conference in Monterrey, Mexico, G8 countries acknowledged that increased aid is essential for meeting the MDGs. ActionAid Alliance calls on the international community to take concrete and radical steps to improve the international environment in the areas of aid, trade and debt. Extra resources and bold policies could put the MDGs, and political reputations, back on track. Otherwise there is no chance of success for what could be the boldest effort yet to make real the rights of all people to a decent life.

## The ActionAid Alliance is calling on the international community to give leadership on:

- Aid – substantially increase aid volumes and improve aid quality
- Trade – eliminate damaging subsidies and stop blocking market access for low-income countries' exports
- Education – back the World Bank's Education for All action plan with money, not words
- HIV/AIDS – double contributions to the Global Health Fund, but also commit to helping to reconstruct health systems and integrating HIV/AIDS into all development areas.

The ActionAid Alliance supports the spirit behind the MDGs – our aim as an organisation is to fight poverty by working with our partners. We regard the MDGs as partial steps towards the realisation of what are the basic rights of all people to a life free of poverty, disease and ignorance. But if political will amongst world governments, most crucially amongst the G8, is faltering, then the MDGs will fail.

## Measuring progress, goal by goal

### Goal 1

Eradicate extreme poverty and hunger

### Key targets

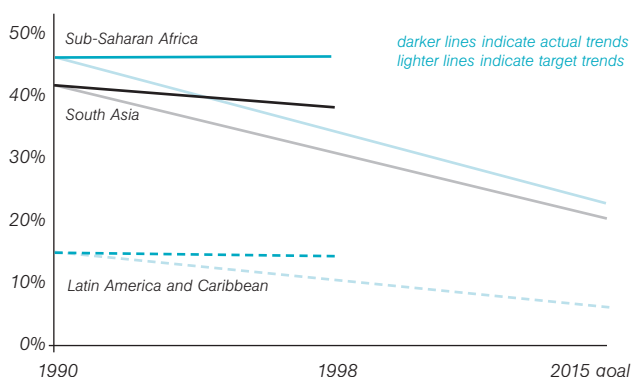
Halve the proportion of people living on less than \$1 a day

Halve the proportion of people who suffer from hunger

### Progress so far

During the 1990s the proportion of people living on less than \$1 a day fell from 29% to 23%, the equivalent of 125 million fewer people in extreme poverty. However, while there has been improvement in some countries, overall progress is too slow to reach the 2015 target. Only 11 countries are on track to meet the goal, while 70 countries are far behind or slipping.<sup>5</sup>

**Figure 1**  
Proportion of people living on less than \$1 a day



Source: Better World For All, Progress Towards the International Development Goals, 2000.

In tackling world hunger, previous steady progress towards halving malnutrition among children under five years old, has recently slowed down, casting doubt over the achievability of the target by 2015. Thus, although numbers of underweight children under five fell from 46.5% in 1970 to 27% in 2000 across the developing world, at current rates there will still be 140 million underweight children in 2020. Major acute situations of food insecurity are still occurring, as the current case of Malawi and Southern Africa shows.

### Regional differences

Almost all the reduction in poverty took place in East Asia, notably China, which managed to lift 146 million out of poverty in a decade.

In Africa the numbers living in poverty have actually increased, and the region has the highest proportion of poor people in the world, with around 50% of the population living on less than \$1 a day.

Because of a larger population South Asia still has the largest actual number of people living on less than \$1 a day. The region also continues to have the world's worst record on child malnutrition, with almost half the children under five years old malnourished, a figure which rises to almost 60% for the poorest children.

### What can you buy for \$1 a day?

Most discussions of poverty across the developing world are based on a poverty line of US\$1 a day, first proposed by the World Bank. But what does it really mean to live on \$1 a day? The poverty line is in 'purchasing power parity' terms, which means that it is adjusted to take account of the fact that basic goods such as food are usually cheaper in, say, Bangladesh than in America.

In Bangladesh, the local dollar equivalent is about 13 *taka* (the Bangladeshi currency). In a family of five people, this means a 'poor' household would be trying to survive on 65 *taka* or less a day. This amount could cover very basic expenses, such as a packet of ten paracetamol at 2 *taka* or a kilo of rice at 11 *taka*. But the whole daily household budget would be used up on more nutritious items, such as a kilo of fish or chicken at 65 and 60 *taka* respectively. For such a family, renting a single room shack in a slum, without any water or sanitation, would take up almost a third of monthly income at 600 *taka*, and it would be hard to find the 200 *taka* for a child's school uniform on top of all this.

**Note** Information from Shahidur Rahman, ActionAid Bangladesh

**Goal 2**  
Achieve universal primary education

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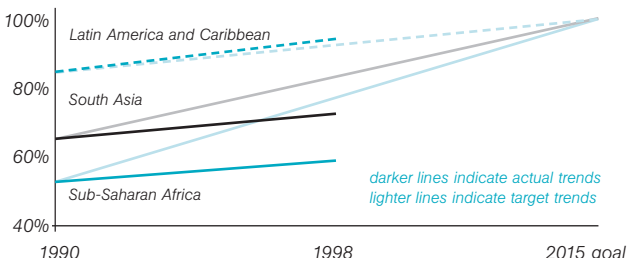
**Key target**  
Ensure that all boys and girls alike complete primary schooling

**Progress so far**

The good news is that primary school enrolment rates are now improving in every region of the developing world. Thirty-six countries have achieved universal primary completion and 30 more may reach the goal by 2015. Already almost 80 countries have sufficient schools and places to educate all of their primary school-age children.

The bad news is that there is still a long way to go: there are still 113 million children out of school, two-thirds of them girls. On current trends, 75 million children will still be out of school in 2015. Right across the developing world there remain severe problems of drop-out and, even among those that stay, there is a poor level of achievement. Furthermore, quality is rarely addressed and little distinction made between education and schooling.

**Figure 2**  
Net primary enrolment rate (%)



Source: Better World For All, Progress Towards the International Development Goals, 2000.

**Regional differences**

Primary enrolment rates are rising in South Asia. In sub-Saharan Africa there are some modest gains as well as setbacks but of the 32 countries which are seriously off-track, many are in Africa.

**Goal 3**  
Promote gender equality and empower women

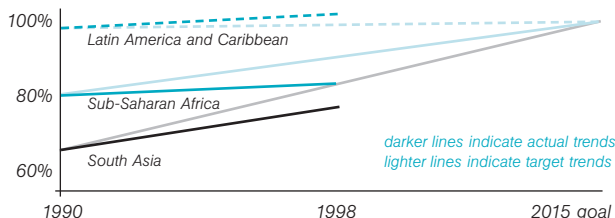
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**Key target**  
Eliminate gender disparity in primary and secondary schooling, preferably by 2005, and in all levels of education no later than 2015

**Progress so far**

Seventy-two countries, with 58% of the world's population, are on track to eliminate disparities at primary level, and 64 are on track at a secondary level. Gaps between girls' and boys' enrolment have narrowed and in some countries – Mongolia, Sri Lanka and South Africa among them – girls' enrolment rates exceed those of boys. Again, however, although progress is being made, at the current rate, it is not enough to close the gap by 2005.

**Figure 3**  
Gender equality – ratio of girls to boys enrolled in primary and secondary schools



**Regional differences**

Latin America and the Caribbean is the only developing region where girls have a higher literacy rate than boys. South Asia is the region furthest behind target. Across the region, 40% of women are literate compared with 65% of men. In Nepal and Afghanistan only 20% of women are literate.

**Goal 4**  
Reduce child mortality

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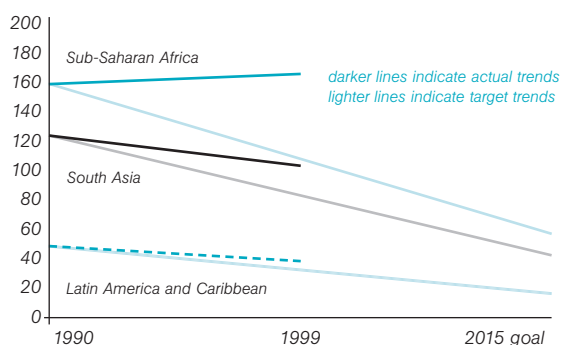
**Key target**  
Reduce by two-thirds the under-five mortality rate

**Progress so far**

Rapid reductions in child death rates were achieved around the world from 1960 up to 1990, but since then further improvement has stagnated. Today,

almost 12 million children under the age of five still die each year, compared with about 11 million in 1990. Seventy per cent of these deaths are from preventable diseases such as acute respiratory infections, diarrhoea, measles and malaria. To meet the target in 2015, child mortality in the developing world must fall by another 30%, but the current trend will lead to only a 6% fall.

**Figure 4**  
Child mortality per 1,000



Source: World Development Indicators, World Bank, 2001

### Regional differences

The poorest countries have the least chance of hitting the targets. Significant gains have been made in India where the under-five mortality rate has fallen by almost half from 177 per 1,000 live births in 1980 to 90 in 1999. Other parts of South Asia, however, are still off-track. Some African countries have seen infant and child mortality rates increase since 1990,<sup>6</sup> and the region as a whole is still lagging far behind the targets.

AIDS accounts for some of the reversal. In Zimbabwe, for example, an estimated 70% of deaths among children under five are due to AIDS. There are still nine countries in Africa where more than 20% of children die before their fifth birthday.

Calculations by the ActionAid Alliance reveal that, had the Millennium Development Goals been on track, 15 million more children in Africa and South Asia born between 1990 and the 2002 mid-point, would have lived to see their fifth birthday, but have in fact died. If current trends continue to 2015, this figure will rise to 66 million, with most of the extra deaths occurring in Africa.

## Goal 5

Improve maternal health

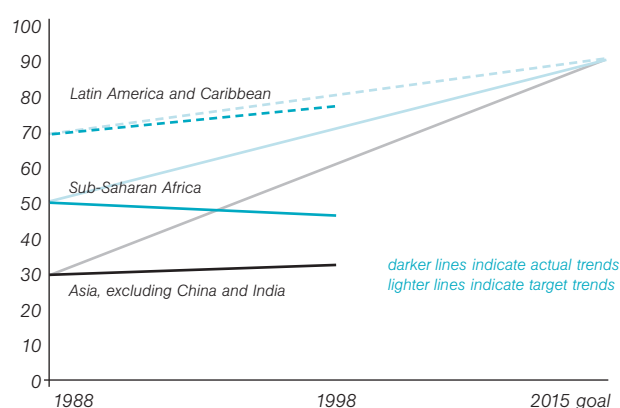
### Key target

Reduce by three-quarters the maternal mortality rate

### Progress so far

In the rich world, having a baby is rarely life-threatening. Yet in many of the world's poorest countries it is the leading reason for death among women of reproductive age, causing an estimated 515,000 deaths each year. There has been progress in reducing maternal deaths in all regions except sub-Saharan Africa, and globally just over half of all deliveries are now attended by a skilled birth assistant.<sup>7</sup> However, to meet the target, it is estimated that this figure has to rise to 90%. There is scant prospect in most countries of cutting the maternal mortality rate by three-quarters. There are still 83 countries, with almost 50% of the world's population, which will not achieve the target.<sup>8</sup>

**Figure 5**  
% of births attended by skilled health personnel



Source: Better World For All, Progress Towards the International Development Goals, 2000.

### Regional differences

Thirteen developing countries have already met the goal and a further 49 are on track to do so. Latin America and the Caribbean are making good gains, but in Asia progress has been extremely slow with births attended by skilled personnel increasing to just 32% in 1998 from the low starting point of 29% in 1988.

In sub-Saharan Africa gains have been reversed with attended births falling from 50% in 1988 to 46% in 1998. In 2000, more than half of all global maternal deaths occurred in Africa.

**Goal 6**

Combat HIV/AIDS, malaria and other diseases

**Key targets**

Halt and begin to reverse the spread of HIV/AIDS  
Halt and begin to reverse the incidence of malaria and other major diseases

**Progress so far**

The three major killer diseases in the developing world – AIDS, tuberculosis and malaria – are all on the increase and hit the poorest disproportionately hard. In 2001, an estimated three million people died from HIV/AIDS and a further five million were newly infected. HIV alone has reduced average life expectancy for the whole of Africa by 15 years, with dramatic reverses over the last two decades of previous gains in countries like Botswana and Malawi, where the average life expectancy is already below 40 years.

One of the leading opportunistic infections attacking Africans with AIDS is tuberculosis (TB). At present, about eight million people become sick with TB every year and two million die of the disease – equivalent to 5,000 deaths a day. On current trends about 200 million people will develop TB and 35 million will die before 2020.<sup>9</sup> Malaria has been increasing at a steady rate since the early 1970s. Between 300 and 500 million cases of malaria occur each year, leading to more than one million deaths annually.

**Figure 6**  
HIV/AIDS estimate for 2001

	Adults/children living with HIV	Adults and children newly infected	Adult prevalence rate
Sub-Saharan Africa	28.1 million	3.4 million	8.4%
South and South East Asia	6.1 million	800,000	0.6%
Latin America	1.4 million	130,000	0.5%

Source: UNAIDS epidemiological report 2001.

**Regional differences**

It is well known that the HIV/AIDS crisis is currently greatest in Africa. In 2001, 68% of new HIV infections were in sub-Saharan Africa, and 16% in South and South East Asia. By the end of 2001, there were 28 million Africans living with HIV/AIDS and it is now the leading cause of death in the region. The number of children orphaned by AIDS has soared since 1990. There are now 13 million AIDS orphans, of whom 90% live in Africa.

Africa also faces the heaviest burden from TB and especially malaria. There has been a 20% increase in cases of TB in Africa in the last 10 years. Asia has the highest number of cases worldwide but Africa has the highest proportion of ill people. About 90% of malaria deaths are in sub-Saharan Africa, the majority of them children.

**Goal 7**

Ensure environmental sustainability

**Key target**

Halve the proportion of people without sustainable access to safe drinking water

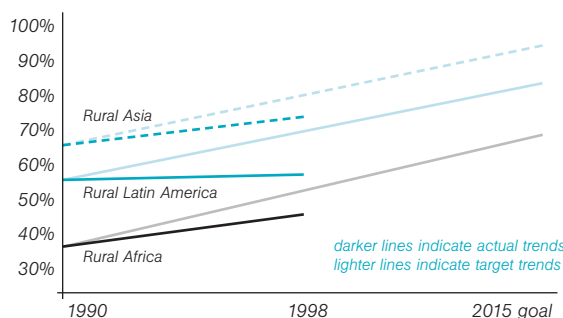
**Progress so far**

The basics of safe water and sanitation are still luxuries for millions in the developing world.

Access to improved water sources has increased since 1990 – 18 developing countries have already achieved the goal and another 32 are on track to do so by 2015. But 83 countries with 70% of the world's population are not on target.

Access to improved sanitation presents a gloomier picture. There are still over 2.4 billion people in the world without access. At the present rate, over 900 million will still lack adequate sanitation in the year 2015.

**Figure 7**  
Population with access to an improved water source (%)



Source: Better World For All, Progress Towards the International Development Goals, 2000.

**Regional differences**

Progress has been made in South Asia, where the proportion of people with access to safe water increased from 79-87%.

**Must try harder...**

This half-term report on the Millennium Development Goals shows poor and very patchy progress. While a few governments and leaders take poverty eradication seriously, stalled progress halfway is a damning indictment of the lack of political commitment from both the extremely wealthy countries of the G8 and from developing countries.

Over and over again African countries appear at the bottom of the human development indicators. Child death rates and maternal mortality are increasing; one in three children is malnourished; one in five people is affected by conflict; almost half the population of the continent is living on less than \$1 a day; and life expectancy is falling. On current trends sub-Saharan Africa will become even poorer in the next 15 years and fail to meet all of the goals.

HIV/AIDS is the biggest single obstacle to the achievement of the MDGs in sub-Saharan Africa. It has undone decades of social and economic progress in sub-Saharan Africa. It has wrecked economies, devastated communities and deprived poor countries of precious skilled workers. In 1999 alone an estimated 860,000 children lost their teachers to AIDS in sub-Saharan Africa. And some countries have lost one quarter of their health personnel to the epidemic. The World Bank estimates that economic growth in half of African countries is falling as a direct result of HIV/AIDS.

The recent WHO Commission on Macroeconomics and Health has argued the need to improve health directly as a means of reducing poverty. But, so far, the efforts of the international community, led by the G8, have been woefully inadequate. At last year's G8 Summit, a Global Fund to tackle the major diseases of poverty was launched, but a year on has raised less than \$2bn of the estimated \$7bn to \$10bn originally called for each year to fight HIV/AIDS alone. New donations have dried up. Unless there is a radical re-think, the HIV/AIDS crisis will stand as a collective failure of humanity on an unprecedented scale.

**The ActionAid Alliance calls on the G8 leaders to respond to the HIV/AIDS crisis by:**

- ensuring the Global Fund to Fight AIDS, TB and Malaria is resourced by at least \$10 billion per year, leading by example with a doubling of G8 contributions
- ensuring that the G8 Africa Action Plan integrates the challenges and constraints posed by HIV/AIDS into all sectors, including but not restricted to the health sector.

**What's the cost of achieving the Millennium Development Goals?**

The recent UN-commissioned report by ex-President Zedillo of Mexico estimated that an additional \$50 billion per year is needed to meet the MDGs worldwide, including \$12 billion for primary education, \$10 billion for health and \$20 billion for poverty reduction.<sup>10</sup> The World Bank puts the bill at around \$40-\$60 billion per year for the poverty goal alone.<sup>11</sup>

**Where's the money going to come from?**

Most of the poorest countries will need much higher economic growth to achieve the targets. One major study finds that, if growth continues at recent rates, the income-poverty target will only be achieved in the East Asia and Pacific region.<sup>12</sup> For all regions to meet the poverty goal, economic growth rates would need to be of the order of 8% per year for sub-Saharan Africa, 5.5% for South Asia and over 10% for Latin America – much higher than they have been in recent years. International trade rules would have to be reformed to open up rich markets to developing countries on a fairer basis. More optimistically, the World Bank estimates that, for most regions, reaching the targets would depend on economic growth of 3.6%. But even this is twice the rate achieved in the last decade. Whatever the overall rate, economic growth will reduce poverty more quickly if it is broadly spread, with the benefits shared by many, rather than a few. Unfortunately, the current trend is towards greater inequality in wealth and income across much of the developing world, including Africa.

The NEPAD plan identifies higher foreign investment and economic growth as priorities, and the G8 is likely to emphasise greater foreign investment as a route to growth. However, foreign investment in Africa does not have a good track record for genuinely pro-poor investment. It has been concentrated in mining and oil, creating few jobs and linkages to the wider economy. Pro-poor investment for Africa – including investment by Africans – will need to be encouraged and guided, and will need to be accompanied by progressive and effective social policies to ensure that poor people benefit.

Additionally, as World Bank economists acknowledge, they will need to be complemented with additional aid and trade policy reform by rich countries. Raising the extra money that the reports from Zedillo and the World Bank say is needed will require a doubling of the global aid budget, which stood at about \$54 billion in 2001.

This March the US announced an increase in aid by \$5 billion over three years and the EU countries committed to increasing their aid by \$7 billion a year (0.39% of GNP) from 2006. But even with the increases, there is still a huge gap in financing, and aid levels in all the G8 countries are still far short of the UN target of 0.7% of national income. The US is at the bottom of the donor league. Aid to sub-Saharan Africa has been lower over the past four years than any other year since 1984.

As well as simply being too little, much government-to-government aid is not as effective as it could be because it is diverted to better-off countries for political reasons, gets wasted in duplicated and uncoordinated donor procedures, and (apart from UK aid) is tied to donors' national interest and industries.

To make progress on this issue, the good intentions expressed at the recent Finance for Development conference need to be underpinned by a concrete programme of action.

**The ActionAid Alliance calls on the international community to radically increase the quality and quantity of aid by:**

- setting a timetable for increasing aid to 0.7% of national income and for increasing to 20% the proportion of aid spent on basic social services
- doubling official donor assistance in the next three years and increasingly focusing aid spending on the poorest countries and poorest communities
- making significant progress in the next year in harmonising donor procedures
- untying all aid programmes within the next year.

### **Fighting poverty, fighting AIDS**

The HIV/AIDS crisis in developing countries is inextricably linked with poverty, social exclusion, discrimination and the denial of human rights. While the International AIDS Conference in Barcelona will discuss the most up-to-date research, statistics and programmes tackling HIV/AIDS, it must also engage with work to fight poverty and inequalities. To look at HIV/AIDS in isolation is no longer acceptable.

The Millennium Development Goals offer clear targets to which commitments have been made by the international community, including political leaders from the North and the South. As we return to our countries from the 14th International AIDS Conference, it is important that we take back a renewed commitment to see the MDGs get back on track with some hope of achieving their targets. Unless we remind our governments that this must happen, we will not be able to slow down, and ultimately reverse, the HIV/AIDS crisis.

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**Footnote 1**

The MDGs were based on and replaced the International Development Targets set in 1996.

**Footnote 2**

This report is based on a variety of data sources, primarily the World Bank, the UN agencies and the OECD Development Assistance Committee reports. Variations in methodology can result in marginally different figures for comparable indicators. Additionally, due to time lags in data collection, all of the current data refers to the years 1998 or 1999.

**Footnote 3**

These estimates use World Bank mortality data for 1990 and 1999 and UN population projections. They are based on an assumption of a constant rate of change in the under-five mortality rate. The greater the extrapolation, the less certain the figure. Details of methodology available on request.

**Footnote 4**

*International Targets for Poverty Reduction and Food Security: A mildly sceptical but resolutely pragmatic view with a call for greater subsidiarity*  
Simon Maxwell, Canadian Journal of Development Studies, Volume XIX, 1998 Special Edition.

**Footnote 5**

This is a UNDP estimate, based on business-as-usual growth.

**Footnote 6**

In 1999, there were an average of 161 under-five deaths per 1000 live births, up from 155 per 1000 in 1990.

**Footnote 7**

Maternal morbidity is hard to measure and data is scarce. Births attended by skilled health personnel are used as the key success indicator.

**Footnote 8**

UNDP, 2001

**Footnote 9**

Baseline 2000

**Footnote 10**

This report was commissioned by the Secretary-General of the United Nations in December 2000 for the International Conference on Financing for Development, March 2002, Monterrey, Mexico.

**Footnote 11**

*Will Growth Halve Global Poverty by 2015?* L Hanmer, J Healey and F Nascol. July 2000. Overseas Development Institute.

**Footnote 12**

For details see *ODA and effectiveness in FfD* ActionAid 2002



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