

# **Foreign Aid, Health, and Development: Sub-Saharan Africa**

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## **Abstract**

This paper looks into the relationships between health and development in Sub-Saharan Africa. The study examines three major indicators of health: infant mortality rates, life expectancy, and HIV/AIDS infection. These health indicators are examined in relation to four variables: literacy, GDP per capita, democracy, and U.S. foreign aid. Forty-two African nations are included in the study.

Findings include a strong relationship between infant mortality and economic development and literacy. Life expectancy is also found to be linked with adult prevalence of HIV/AIDS. Nations with the highest rates of HIV/AIDS infection were found to be among the most developed and literate nations in the sample.

This study suggests that measures must be taken to reduce the burden of HIV/AIDS in Africa, especially since it has such high rates in those nations that have actually achieved some level of economic development. The paper suggests a three-tiered approach to foreign aid focusing on AIDS, democratization, and public health infrastructures. Finally, this paper calls for dramatic increases in foreign aid to Africa.

## **Purpose**

This study aims to identify areas in which foreign aid could have the greatest impact on developing nations in Africa. By finding these targets for aid, the United States can hope to create greater stability in the region, reducing the potential of the African nations to serve as a breeding ground for terrorism. This paper hopes to promote health, democratization, and development aid as a means to address some of the root causes of terrorism.

## **Introduction and Background**

September 11, 2001 was perhaps the darkest day in American history. The people of the United States learned about terrorism on an unprecedented scale. One by-product that has come out of the grief and disbelief of September 11 is a frank discussion of the root causes of terrorism. Some commentators look internally, blaming failed U.S. policy in the Middle East. Others look solely externally, citing a clash of cultures centered on religious differences. Another viewpoint that looks at both external conditions and

internal policies is focused on economic development. Richard Sokolsky and Joseph McMillan point out that though the causes of terrorism are imperfectly understood, it is very clear that the Islamic nations of the Middle East and Asia have failed to develop economically. Sokolsky and McMillan argue that the United States needs to increase foreign assistance “at least \$4 billion to \$5 billion annually to finance programs that promote modernization and economic opportunity in the Islamic countries of the Middle East and Central and South Asia.”<sup>1</sup>

In addition to the Middle East, there is one area of the world that is certainly in need of foreign assistance – Africa. Sub-Saharan Africa faces many challenges including poverty, political corruption, disease, and instability. According to a USAID report, developing nations fall into two categories when it comes to health. The nations in the first group have shown great improvement in health care and are expected to achieve international objectives for basic health indicators by 2020. In the second, smaller group, health indicators have stagnated or fallen. In these nations, life expectancies are low, infant mortality rates are high, and infectious diseases like HIV/AIDS are pervasive. USAID reports, “By 2020 nearly 9 out of 10 people in this group of countries will be African.”<sup>2</sup>

In *Emergency Preparedness: Bioterrorism and Beyond*, Dr. C. Ross Anthony claims that health is a powerful foreign policy instrument. Greater public health leads to fewer days lost from work due to illness, which would result in an increase in per capita income and development. This increase in economic development and income results in less malnutrition among children and lower infant mortality rates. As parents believe that their children will live to maturity, fertility rates begin to drop. Well-fed children learn at

higher levels and more developed societies educate their people better, especially women. Educated women are better able to provide for their children, both economically and in health related matters. The end result, asserts Dr. Anthony, is that all of the above factors are likely to lead to more stable societies. Dr. Anthony states, “Such societies are more likely to democratic, peace-loving, socially tolerant, and valued partners in the international community.”<sup>3</sup> Therefore, according to Dr. Anthony, the United States could pursue a foreign policy strategy based upon increasing the stability of a nation by increasing the health and development of that nation.

This paper aims to address some important questions regarding health and foreign policy. Can the United States invest in a nation’s health in order to increase stability? While poor health conditions can be a destabilizing factor, is the reverse necessarily true? What type of assistance will make the largest impact on stability?

### **Methodology**

This paper intends to look at the investment in a nation’s health and development through foreign aid. The paper will also look for areas that foreign aid could be directed to for the maximum effect. The paper will focus on Sub-Saharan Africa as a case study. Several measures will be used to examine the health status of a nation including infant mortality rates, life expectancy, and HIV infection. Literacy rates and GDP per capita will also be examined as measures related to health and development. Finally, democratization levels and United State foreign economic assistance will also be considered. This study will not be a quantitative analysis, but rather a qualitative examination of various indicators of health and development.

The study will focus on 42 African states, essentially all mainland Sub-Saharan nations, excluding island nations. The island nations are not included because their health problems and instability are less likely to affect other states, due to their relative isolation. Foreign aid will be measured in terms of the amount of economic assistance received from the United States from 1962-2001.<sup>4</sup> Infant mortality rates, life expectancy, adult prevalence rate of HIV/AIDS, GDP per capita, and literacy data was obtained from the CIA World Factbook.<sup>5</sup> The democracy score for each nation was determined by Freedom House, which publishes Freedom in the World, an annual comparative assessment of the state of political rights and civil liberties.<sup>6</sup> The score used in this study is an average of the civil liberties and political rights scores for each nation. Each health indicator (infant mortality, life expectancy, and HIV/AIDS) will be compared with the other variables to look for relationships and patterns.

## **Results**

When analyzing the life expectancy averages for the 42 African nations, there were some interesting trends and non-trends. The 14 nations in this sample with an average life expectancy rate of 50 years or better shared one thing in common – none have a adult prevalence rate of HIV/AIDS over ten percent. Also, of those 14 nations, only three were in the top ten U.S. foreign assistance recipients. The literacy rates of those nations ranged from the mid-thirties to the upper eighties. GDP per capita was very average for the region, with only one relatively well-off nation in the group. Infant mortality rates for this group of nations were much lower than the rest of the 28 remaining nations. The group averaged 76.5 deaths/1000 live births, compared to the other 28 nations, which averaged 102 deaths/1000 live births. Looking at the freedom

ratings of these 14 nations, three were rated “free,” six were rated “partially free,” and five fell into the “not free” category.

Most of the 14 nations with the lowest life expectancy had AIDS infection rates over ten percent, averaging over seventeen percent for the group. Like the group with higher life expectancy, this group had a wide range of literacy rates – from eighteen to ninety-one percent. Per capita GDP also showed no specific trends, ranging from relatively wealthy to dirt poor. In this group of nations, Freedom House rated two of them “free,” seven “partially free,” and five “not free.” Infant mortality rates for this group averaged 105 deaths/1000 live births.

An examination of infant mortality rates in relation to the other variables reveals a connection to economic factors. Of the twelve nations with the lowest infant mortality rates, most have a relatively high GDP per capita. In fact, the five nations with the highest GDP per capita are among these twelve countries. Of the ten nations in the sample with a GDP per capita of \$2000 or higher, seven are in this group. The twelve nations in this group have an average GDP per capita just over \$4000. None of the countries have a GDP per capita under \$1000. United States aid also appears to be a factor. Half of the eight nations that received over one billion dollars in economic assistance are in this group. The group averaged \$745.6 million dollars in aid.

Also among this group, democratic nations were well represented. Of the eight “free” countries in this study, five were among the twelve nations with the lowest infant mortality rates. Literacy rates may also play a factor in lowering infant mortality rates, as all but four of these nations had literacy rates over 75%. The average literacy rate for the group was approximately 74%.

As a comparison, the twelve nations with the highest infant mortality rates had much lower GDP per capita numbers, averaging \$927 for the group. Seven of the twelve countries had a GDP per capita under \$1000. None of these nations had a GDP per capita over \$2000. The group averaged \$716.3 million in aid from the U.S. Only one of this group of twelve was rated as “free.” This group averaged a literacy rate of 50%.

The thirteen nations with the highest adult prevalence rate of HIV/AIDS were generally some of the wealthiest nations, in terms of GDP per capita. These nations also had high rates of literacy, averaging 76%. These nations contained a mix of freedom scores, averaging a score of 5 for the group. This group received an average of \$608 million dollars in economic assistance over the forty-year period.

## **Discussion**

When one undertakes such a study, one expects to see certain trends emerge in the data. For example, one would expect that the more democratic nations would have better health levels. When one looks at life expectancy, freedom levels do not seem to correspond with longer life expectancy. The 14 nations in this sample with the worst life expectancy levels had comparable democracy numbers to the group with the higher life expectancy levels. In fact, the group with the worst levels of life expectancy actually had a slightly *better* average freedom rating than the group with the highest life expectancy.

Also surprising within this group with life expectancy above 50 years is that most were not recipients of large amounts of United States aid. One might expect that these nations would have benefited from large amounts of aid, which would explain the longer lives in those nations. On the contrary, most of these nations received quite small aid packages over the years.

While there is no single factor that accounts for higher life expectancy, clearly lower infant mortality rates are one reason. Returning to the comparison between the nations with the fourteen highest and lowest average life expectancy, it is clear that low infant mortality rates are related to higher average life expectancy.

Regarding lower infant mortality rates, clearly the major factors are economic development, literacy, and democratization. First among the variables was economic development, as represented by GDP per capita. The nations with the highest infant mortality rates average more than \$3000 more GDP per capita than those with the lowest rates. The nations with the best infant mortality rates also have much higher literacy rates – 74% compared to 50%. Clearly, literacy improves the ability to care for young children. Democracy does seem to be related to infant mortality rates, as the group with the better rates did contain more “free” nations and have a better average score. Foreign aid may have some relation to infant mortality rates, but both groups did have an average amount of aid within \$30 million of each other. In the group with the worst rates, the nations receiving the most U.S. aid all had exceptional circumstances that may have led to higher levels.<sup>7</sup>

Clearly, AIDS infection rates are related to economic development. Most of the wealthiest nations in the study had extremely high adult prevalence rates of HIV/AIDS. The nations worst off in terms of AIDS were also some of the best off in terms of GDP per capita and literacy rates – averaging \$3367.7 and 76%, respectively. The thirteen countries with the lowest adult prevalence rates for HIV/AIDS were generally much less wealthy (\$1405 GDP per capita) and had lower literacy rates (48%). This group also had better democracy scores (4.57) and received more aid (\$643 million) from the U.S.

These results on HIV/AIDS create a contradiction with the findings regarding infant mortality rates. The same factors that seem to be lowering infant mortality rates may also be connected to rising HIV/AIDS rates. As a society develops economically, infant mortality rates drop and literacy rates rise. The paradox, however, is that as economic prosperity increases, the life expectancy in many of these nations is actually *decreasing*. How can this be the case? As Dr. Anthony notes about South Africa, “HIV/AIDS infection rates are higher among the better-off and better-educated, who have enough money to engage in the sex trade.” The result is a weakening of the judicial and educational systems, leading to instability.<sup>8</sup> Furthermore, the infectious disease burden will weaken the military capacity of some states, as their soldiers and recruitment pools experience HIV infection rates ranging from 10 to 60 percent. Officers and the more modernized militaries in Sub-Saharan Africa will be hit the hardest.

**Table 1**

<b>HIV Prevalence in Selected Militaries in Sub-Saharan Africa<sup>9</sup></b>	
<b>Country</b>	<b>Estimated HIV Prevalence (percent)</b>
Angola	40 to 60
Congo (Brazzaville)	10 to 25
Cote d'Ivoire	10 to 20
Democratic Republic of the Congo	40 to 60
Eritrea	10
Nigeria	10 to 20
Tanzania	15 to 30

Source: DIA/AFMIC, 1999.

## Conclusions

One thing is perfectly clear from this study of Sub-Saharan nations – HIV/AIDS must be prevented and treated in Africa. Of the forty nations with the highest rates of HIV/AIDS prevalence in adults, thirty-seven are in Africa.<sup>10</sup> According to USAID, in the thirty-five African countries hit hardest by HIV/AIDS, life expectancy at birth is 48.3 years, 6.5 years less than it would be without the disease. In the eleven countries where more than thirteen percent of the population has HIV/AIDS, life expectancy is 47.7 years – 11 years less than without AIDS.<sup>11</sup> As large numbers of adults die from AIDS, it not only creates a health care burden, but also compounds other problems, such as caring for aging populations. According to USAID:

HIV/AIDS will compound the challenges of aging populations. The adult children on whom the elderly depend will be dying faster and in larger numbers, leaving young children and elderly parents and grandparents to face economic and social uncertainty. In all countries, decisions about how to respond to the needs of the elderly must be balanced with the continued demand for disease control and public health care. In Africa these choices will be even starker given the resources drained by the battle with HIV/AIDS.<sup>12</sup>

The impact of AIDS can also be seen in the following points from a National Intelligence

Estimate:

- In Zimbabwe, for example, more than half the meager health budget is spent on treating AIDS. Yet, treating one AIDS patient for a year in Sub-Saharan Africa costs as much as educating 10 primary school students for one year.
- In Kenya, HIV/AIDS treatment costs are projected to account for 50 percent of health spending by 2005. In South Africa, such costs could account for 35 to 84 percent of public health expenditures by 2005, according to one projection.<sup>13</sup>

One factor that is both hopeful and alarming in developing nations is the demographic change that many are seeing. Western European countries and Japan are growing older. For example, over the next decade Japan will suffer a 25 percent drop in the number of workers under 30. Conversely, populations in developing countries will have an influx of working age adults. This will expand their workforces, providing opportunities for increased growth and productivity and absorbing jobs from more

established economies.<sup>14</sup> On the other hand, if these working age adults fail to find suitable employment, great dissatisfaction could lead to easy recruits for terrorist organizations. It is often the case that unmet expectations can be the most dangerous scenario that leads to terrorism.

In order for developing nations to meet rising expectations of its growing adult populations, they must make democratic progress. A reform movement swept many of the African nations in this study in the early 1990s. Unfortunately, in many cases the opposition parties that came to power adopted the same tactics as their autocratic predecessors. Political corruption also runs rampant in Africa, with many leaders personally pocketing the fruits of their nation's resources. Transparency International, in its Corruption Perceptions Index 2002, states that political corruption stops sustainable growth. "Corrupt political elites in the developing world, working hand-in-hand with greedy business people and unscrupulous investors, are putting private gain before the welfare of citizens and the economic development of their countries," said Peter Eigen, Chairman of Transparency International. All but three of the African nations (Botswana, South Africa, Namibia) included in the 102 nation Corruption Perceptions Index 2002 fall are in the lower half of the index. Nigeria, Angola, and Kenya were specifically singled out as horribly corrupt states.<sup>15</sup> According to USAID:

Poorly performing states - those mired in poverty and illiteracy for decades - will not achieve sustainable development unless they dramatically improve governance. Only when the rule of law ensures property rights and low transaction costs will domestic capital be invested productively and international capital flow in. But corruption and weak rule of law will persist until voters have the power to remove governments that fail to perform - politically as well as economically.<sup>16</sup>

Clearly, the United States could do more to both prevent and treat AIDS and work to foster democratic regimes in Africa. In terms of the total amount of economic

assistance given to Africa over the period from 1962 to 2001, all of Sub-Saharan Africa received only one billion dollars more than the nation of Israel (see Table 2). Israel also received more than fifty billion in military aid (compared with less than two billion given to Africa). This comparison not being made in order to criticize support of Israel, but rather to demonstrate the extent that the United States can fund its priorities.

**Table 2**

<b>Total Economic Assistance 1962 – 2001<sup>17</sup></b>					
	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>Total FAA Period 1962-01</b>
SUB-SAHARAN AFRICA (TOTAL)	1,312.1	1,343.1	1,499.1	1,491.1	<b>30,845.7</b>
ISRAEL	1,200.0	1,080.0	949.1	838.2	<b>29,995.1</b>

At this time it would be useful to point out some areas for future research on this subject. One way that trends and relationships among the variables used in this study could be more closely examined would be to use quantitative analysis to determine statistical significance of variables. Also, rather than using literacy of the total population as a variable, one should consider using literacy rates among women only. This could show a stronger relationship between high literacy and low infant mortality rates. Furthermore, since political corruption is widespread in Africa, a variable that accounts for corruption might produce interesting results.

During the Bush administration, positive steps have been taken to increase foreign aid for developing nations. Bush proposed an increase of fifty percent in foreign aid through the creation of the Millennium Challenge account, which would give five billion

dollars a year to nations that are “ruling justly, investing in their people, and establishing economic freedom.” In September 2002, Bush gave development and aid a prominent place in his National Security Strategy. In his 2003 State of the Union address, President Bush called for ten billion in new funding to combat HIV/AIDS in Africa over the next five years. The White House also proposed a \$200 million famine fund in the 2004 budget.<sup>18</sup> These measures do not target all needy nations and may miss some of the countries that most need this type of aid. The measures do, however, make nations receiving aid more accountable for results.

The United States should adopt a three-tiered approach to foreign aid in Africa. First, priority should be given to funding prevention and treatment for HIV/AIDS. Those nations that actually have achieved some measure of economic development are highly threatened by this terrible disease. As noted earlier, the dangerously high infection rates of the populations can lead to serious economic and social troubles. The second tier of the foreign assistance program should focus on democratization. Without free and transparent societies, the resources of Africa will be squandered. Democratic processes will allow disaffected citizens an important alternative to violence if they feel they have a real voice in the future of their nation. Finally, the United States should invest in public health infrastructure and education in those poorest African nations plagued by high infant mortality rates. Overall, the levels of funding over the last forty years have been insufficient to truly make a dent in the health problems of Sub-Saharan Africa. The United States must make a serious commitment to the health and stability of Africa over the coming decades. Despite the positive initiatives of the Bush administration, more funding is needed for development and health in Africa. Terrorism has already shown

itself in Sub-Saharan Africa. Steps must be taken to greatly improve the lives of average Africans, terms of health, economic prosperity, and individual freedoms.

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- <sup>1</sup> Richard Sokolsky and Joseph McMillan, "Foreign Aid in Our Own Defense" *The New York Times*, February 12, 2002, 23.
- <sup>2</sup> USAID, "Foreign Aid in the National Interest: Promoting Freedom, Security, and Opportunity," 73.
- <sup>3</sup> Dr. C. Ross Anthony, "Tapping the Power of Health in Foreign Policy," in *Emergency Preparedness: Bioterrorism and Beyond*, 73.
- <sup>4</sup> U.S. Agency for International Development (USAID) *U.S. Overseas Loans and Grants, Obligations and Loan Authorizations July 1, 1945 - September 30, 2001*.
- <sup>5</sup> CIA. *The World Factbook*.
- <sup>6</sup> Freedom House. *Freedom in the World 2003*. <http://www.freedomhouse.org/research/index.htm>
- <sup>7</sup> The three nations referred to are Ethiopia (famine and war), Democratic Republic of Congo (civil war), and Liberia (civil war)
- <sup>8</sup> Dr. C. Ross Anthony, 77.
- <sup>9</sup> CIA, "The Global Infectious Disease Threat and Its Implications for the United States" National Intelligence Estimate 99-17D, January 2000
- <sup>10</sup> CIA. *The World Factbook*
- <sup>11</sup> USAID, "Foreign Aid in the National Interest: Promoting Freedom, Security, and Opportunity," 77.
- <sup>12</sup> USAID, "Foreign Aid in the National Interest: Promoting Freedom, Security, and Opportunity," 78.
- <sup>13</sup> CIA, "The Global Infectious Disease Threat and Its Implications for the United States" National Intelligence Estimate 99-17D, January 2000
- <sup>14</sup> USAID, "Foreign Aid in the National Interest: Promoting Freedom, Security, and Opportunity," 78.
- <sup>15</sup> Transparency International, *Corruption Perceptions Index 2002*.
- <sup>16</sup> USAID, "Foreign Aid in the National Interest: Promoting Freedom, Security, and Opportunity," 42.
- <sup>17</sup> U.S. Agency for International Development (USAID) *U.S. Overseas Loans and Grants, Obligations and Loan Authorizations July 1, 1945 - September 30, 2001*.
- <sup>18</sup> Steven Radelet, "Bush and Foreign Aid" *Foreign Affairs*, September/October 2003.

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