



Not Another One, Not Another Day

AU-EU Summit, Lisbon, 2007

“We cannot waste our precious children. Not another one, not another day.”

Nelson Mandela and Graça Machel

9.7 million children die every year. 4.8 million – half – of these are in Africa, even though it’s home to just one tenth of the world’s population. A child born in Africa is more likely to die before their fifth birthday than a child born anywhere else in the world. Most of these deaths could be prevented by providing children with access to low-cost essential health services.

African and European governments together must invest more to ensure that children survive and grow up healthy. Save the Children is not asking for any new promises. Governments simply need to keep the promises they have already made.

The only way for millions more children to grow up healthy is for all governments to fulfil their promises to increase funding and improve how it is delivered, so that essential basic healthcare reaches the poorest children in the poorest communities.

World leaders have already promised to tackle this outrage. The fourth Millennium Development Goal (MDG 4) aims to reduce the number of child deaths from the 1990 figure by two thirds by 2015. Individual governments have made promises that, if kept, would provide the increased resources necessary to make this goal a reality.

African governments have committed to the 2001 Abuja Declaration, pledging to allocate at least 15% of their annual budgets to the health sector. European and other donor states have committed to increase official development assistance to reach a minimum of 0.7% of their gross national income by 2015.

But progress to date suggests that if urgent action isn’t taken immediately, the number of child deaths in Africa will not be reduced to meet the 2015 target. In fact, if the current rate of progress continues, sub-Saharan Africa will not achieve a two-thirds reduction in the number of child deaths until 2155.¹



The problem at a glance

- Each year, 9.7 million children die before they reach the age of five.²
- 50% of these children die in sub-Saharan Africa.³
- Two out of three child deaths are due to preventable and treatable conditions such as diarrhoea, pneumonia and malnutrition.⁴
- Each year, there are more child deaths from pneumonia and diarrhoea than the total number of AIDS, malaria and tuberculosis deaths combined.⁵
- Access to low-cost healthcare could prevent more than six out of ten million child deaths each year.⁶

Sufficient commitment: countries in the African Union must demonstrate their commitment to child survival by investing more in health

African governments are currently failing to prioritise children.

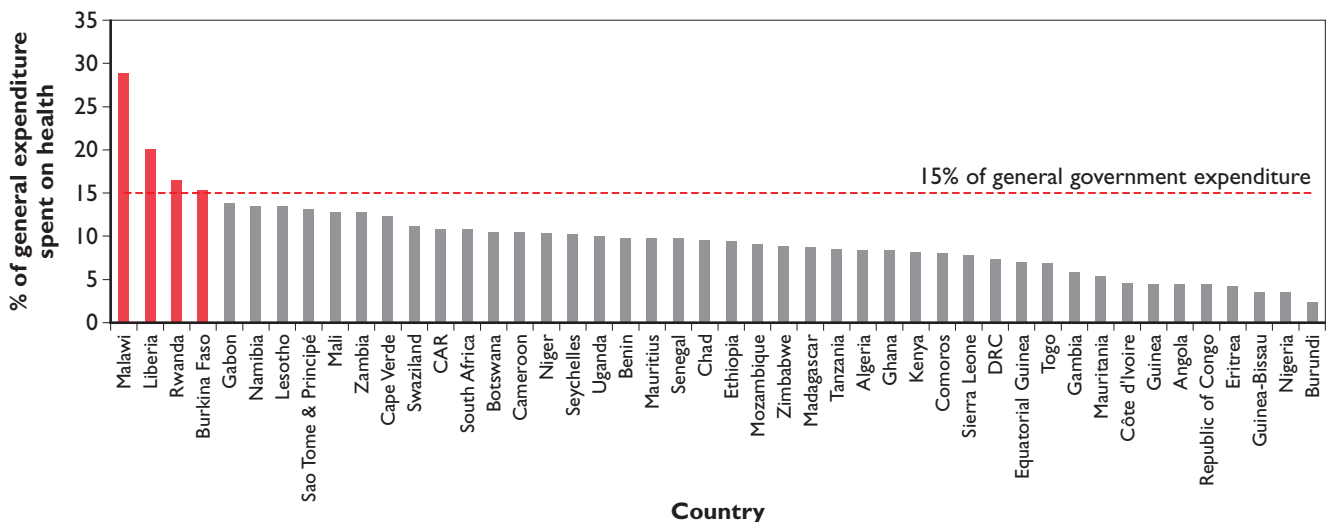
Of course, these governments face many competing claims for limited funds, but they have already recognised that more money needs to go to healthcare. In 2001, the members of the Organisation of African Unity promised to invest more in health systems to deliver essential care:

“We pledge to set a target to allocating at least 15% of our annual budget to the improvement of the health sector.”⁷

In 2005, they met again to reaffirm this commitment. But, according to the World Health Organization, to date only four countries have fulfilled their promise.⁸

African governments must invest more money in health systems and provide the resources needed to increase children’s access to essential health services. Only when African leaders invest a higher proportion of their budgets in healthcare will they send a clear signal that they are committed to child survival.

Government health expenditure as percentage of general government expenditure





Sufficient commitment: European Union countries must provide more financial support to help children grow up healthy

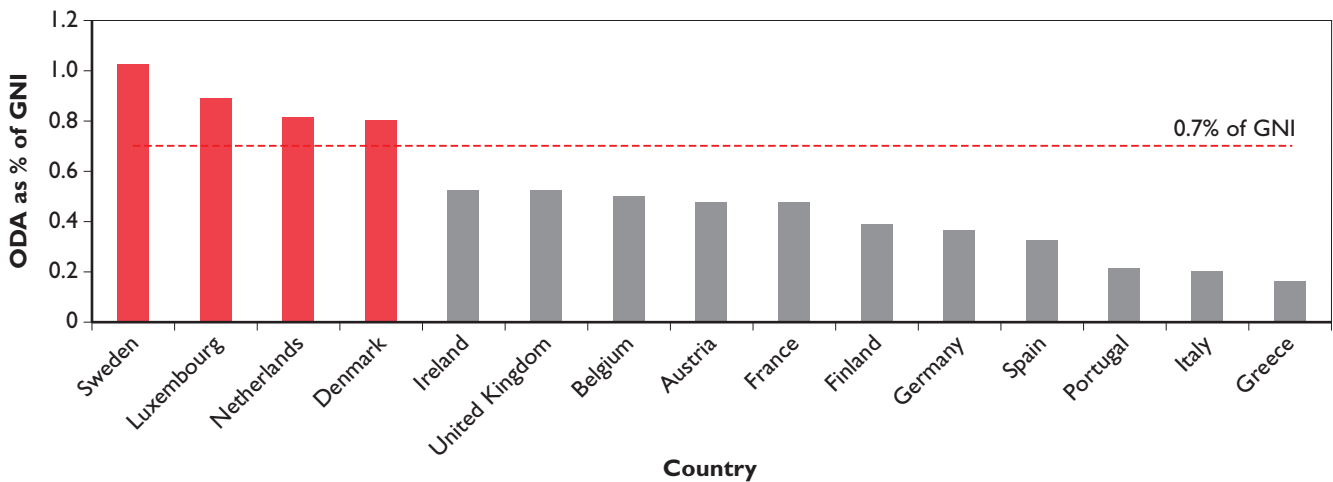
The EU and its members are also failing to prioritise the lives of children. Although there is an international consensus that more money is needed to reduce the number of child deaths, the rhetoric far outstrips delivery. Just as African governments need to put in their share, donor governments also have a responsibility to deliver what they have repeatedly promised.

In 2001, the World Health Organization's Commission on Macroeconomics and Health estimated that, by 2007, aid for healthcare should have increased to \$27 billion per year to deliver the basic package of care required by low- and middle-income countries.⁹ But this represents only the cost of specific interventions. The cost

of building health systems to deliver them is significantly higher. However, in 2004, only \$8.3 billion of aid was allocated to health. Clearly this figure needs to increase substantially.

Current levels of aid for children's health meet only 13% of developing country need.¹⁰ EU member states have already made promises that, if fulfilled, would address this situation. They have committed to spending 0.7% of their gross national income (GNI) on aid. By 2006, however, only four EU members had met the 0.7% target. Unless other members fulfil their promise immediately, it will be impossible to reduce the number of children's deaths by two thirds and achieve MDG 4 by 2015.¹¹

15 highest EU donors of aid as percentage of GNI



Spending wisely: the AU and EU working together

Where and how aid money is spent is critically important to saving children's lives. There is still an enormous amount of inefficiency and poor targeting that is not based on need. And while most European donors aim to channel their aid to the poorest and least developed countries,¹² sub-Saharan Africa received just a little more than a third of all aid in 2004.¹³

The way money is provided is also critically important. For example, funding is given for only a few years, whereas costs such as employing health staff are ongoing. This requires urgent action from the EU and AU individually and together.



This Summit is a critical step towards better collaboration between Africa and Europe, and there are other promising developments. The AU Health Strategy provides a clear expression of national and continental aspiration. The International Health Partnership, within the framework of the Global Campaign for the Health Millennium Development Goals, promises to increase both the quantity and quality of aid for health.

However, it's still not enough for the 4.8 million African children who continue to die needlessly every year. The following actions should happen immediately.

- Promises – such as the 0.7% for aid from Europe and the 15% Abuja targets from Africa – must be kept, so that long-term planning can take place that fosters sustainable development.
- The AU and EU must take urgent and concrete steps to implement the 2005 Paris Declaration¹⁴ on aid effectiveness.
- European donors should uniformly and consistently deliver untied, predictable aid that targets the needs of the poorest, in ways that are transparent, accountable and based on national ownership of development policies and strategies.
- Action plans – such as the AU Health Strategy and the plan for accelerated action on the implementation of 'Africa fit for Children' – should be given measurable targets, based on need, that will ensure progress towards objectives.
- The principles and provisions of the UN Convention on the Rights of the Child must be made central to development strategies.

Time is running out for achieving the Millennium Development Goals. Promises are promises and children's lives hang in the balance. It is incumbent upon each and all of us – African and European – to hold one another accountable to make sure that this time we deliver.

Notes

¹ Social Watch Report (2006) *Impossible Architecture. Why the financial structure is not working for the poor and how to redesign it for equity and development*. Uruguay.

² Murray CJL et al, 'Can we achieve Millennium Development Goal 4? New analysis of country trends and forecasts of under-5 mortality to 2015'. *The Lancet*. 370: 1040–54, 22 September 2007.

³ Black, Robert E et al, 'Where and why are 10 million children dying every year?' *The Lancet*, 365: 2221, 28 June 2003.

⁴ United Nations Children's Fund (2002) *Facts for Life*. UNICEF. New York.

⁵ The Global Fund (2005) *HIV/AIDS, Tuberculosis and Malaria: The Status and Impact of the Three Diseases*.

⁶ Jones G, Steketee R W et al (2003) 'How many child deaths can we prevent this year?' *The Lancet*. 362: 65–71, 5 July 2003.

⁷ http://www.un.org/ga/aids/pdf/abuja_declaration.pdf

⁸ http://www.who.int/whosis/database/core/core_select_process.cfm?strISO3_select

⁹ Kumaranayake et al (2001) *Costs of Scaling Up Priority Health Interventions in Low-Income and Selected Middle-Income Countries: Methodology and Estimates*. Commission for Macroeconomics and Health Working Paper no. WG5:19. World Health Organization.

¹⁰ Walker N, Bryce J, Lawn J et al (2005) *A price tag for newborn and child survival*. Conference on tracking progress in child survival: countdown to 2015. London.

¹¹ The UN Millennium Project's analysis indicates that the 0.7% target would provide adequate resources to meet the Millennium Development Goals <http://mirror.undp.org/unmillenniumproject/involved/action07.htm> accessed: 2 Nov 2007.

¹² Dyer N, Beynon J, Butler M et al (2003) *Strategic review of resource allocation priorities*. Discussion Paper. DFID. London.

¹³ According to OECD/DAC, www.oecd.org/dac/

¹⁴ www.oecd.org/document/

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