

CHAPTER 7

EMPIRICAL REVIEW ABOUT DONOR FUNDING IN THE HEALTH SECTOR

7.1. Introduction

This chapter contains the empirical aspect of the research. The empirical study uses a qualitative research approach by collecting and analysing data. The purpose of the empirical study is to determine whether donor funding is sustainable in the health sector. What affect certain variables have on the outcome and sustainability of a project after the funding has ended is a significant consideration.

This Chapter is divided into two sections:

- The first part consists of qualitative research conducted into donor funding for the health sector. Statistical data was collected from different organisations. Donor funding data from 2009 was obtained in connection with the health sector. An analysis was also made to determine the purpose of donations within the health sector and also how much of these funds were allocated towards reaching the Millennium Development Goals (MDG's).
- The second part of this review analysed and interpreted the data.

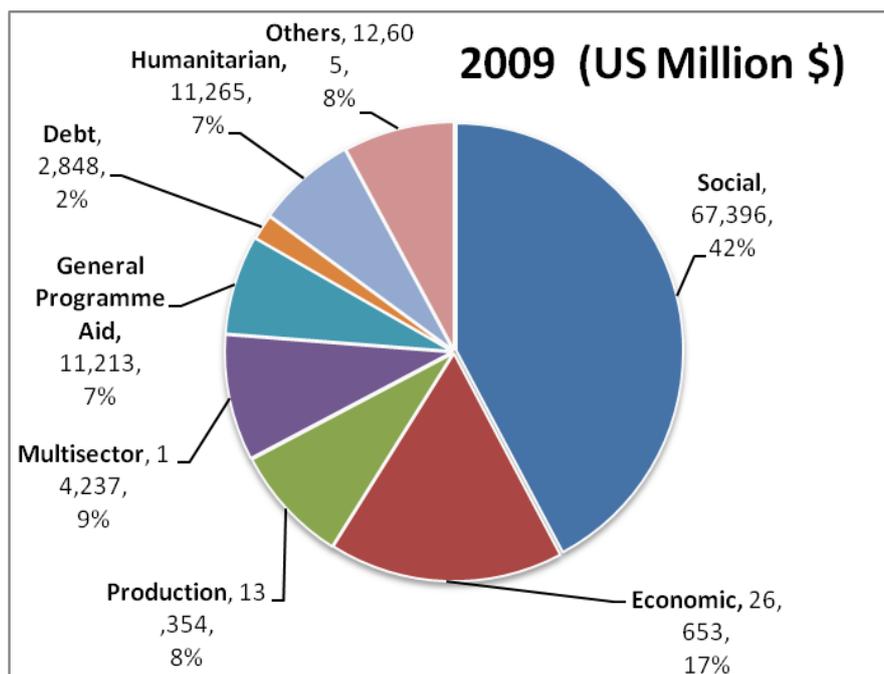
7.2. Background on Sample Size

Data was obtained from websites that publish data for public to viewing. Data was obtained from OECD, WHO, MDG Goals Progress and USA Giving 2010. The data was then graphically presented in order to facilitate comparisons and draw conclusions.

7.3 Research Conducted Using Statistical Analysis

7.3.1 Total donor funding

In order to provide perspective, global donor funding in 2009 is presented. A total of 127 526 Million US Dollars was donated in 2009.



Graph 7.1: Donor Funding in Total for 2009 towards Recipient Sectors

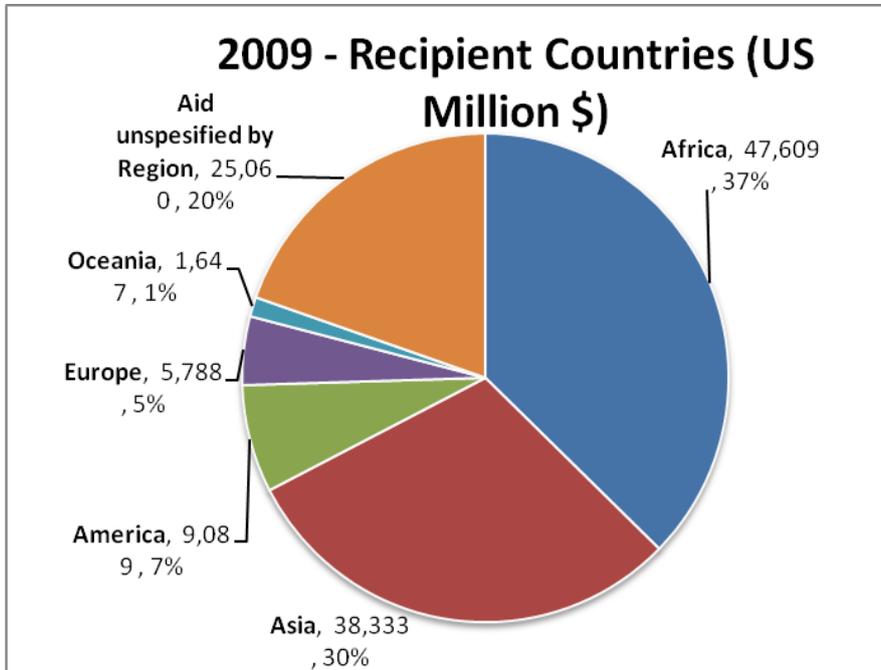
Source: OECD DAC Database and CRS, 2011.

From Graph 7.1 it is clear that the social sector receives the most funding. The following sub-sectors form part of the social sector:

- health
- population and reproductive health
- water supply and sanitation
- government and civil society
- other social infrastructure and services.

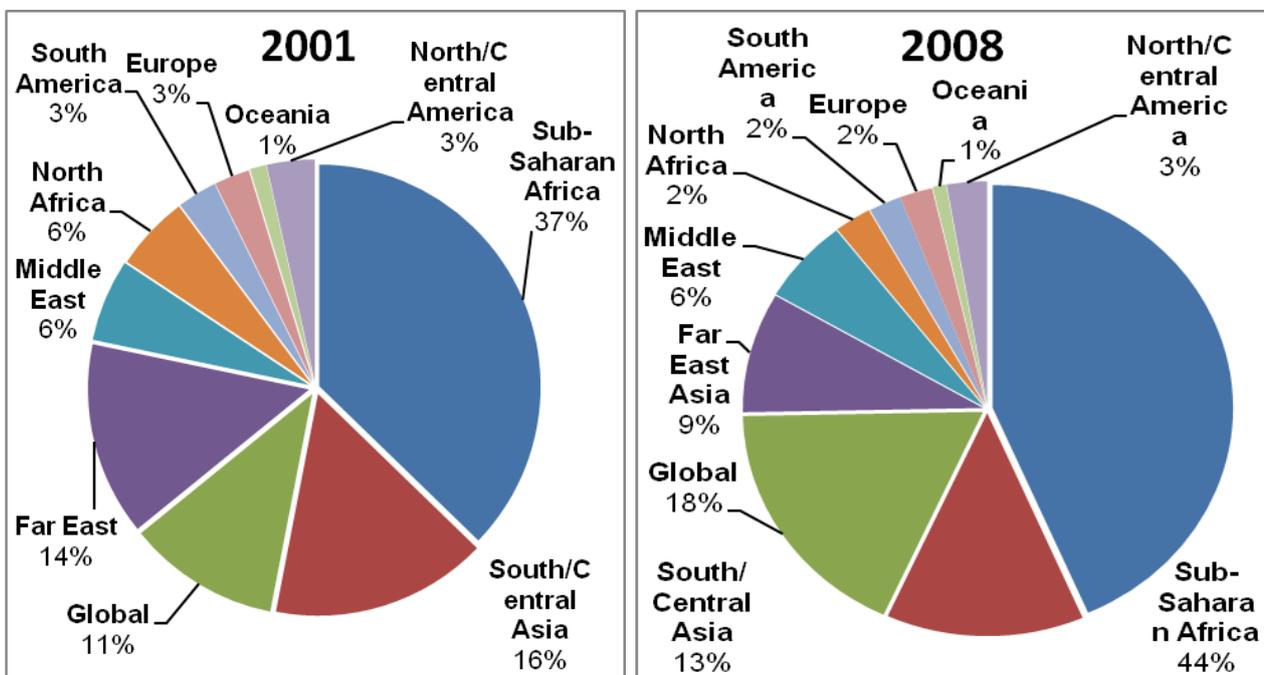
The main reason for this sector receiving so much money is attributed to the fact that five of the eight MDG goals are situated within the social/health sector namely, goals 2, 4, 5, 6 and 7, as mentioned in Chapter 2 and Chapter 5.

The total funding shown in Graph 7.1 can also be presented to show the recipient countries. These countries comprise the five continents of Africa, Asia, Europe, America and Oceania. It is clear from Graph 7.2 that Africa and Asia are major beneficiaries of donor funding.



Graph 7.2: Donor Funding in Total for 2009 towards Recipient Countries

Source: OECD DAC Database and CRS, 2011.



Graph 7.3: 2001 and 2008 distribution of funding towards recipient countries

Source: OECD DAC Database and CRS, 2011.

Graph 7.2 and Graph 7.3 clearly point out that sub-Saharan Africa receives the biggest portion of the funding given, with 42% (37+6) in 2001, 46% (44+2) in 2008 and 37% in 2009. Asia received the second most funding, with 36% (6+14+16) in 2001, 27% (13+9+6) in 2008 and 30% in 2009. Africa and Asia are also the least developed continents that struggles the most with the MDG goals.

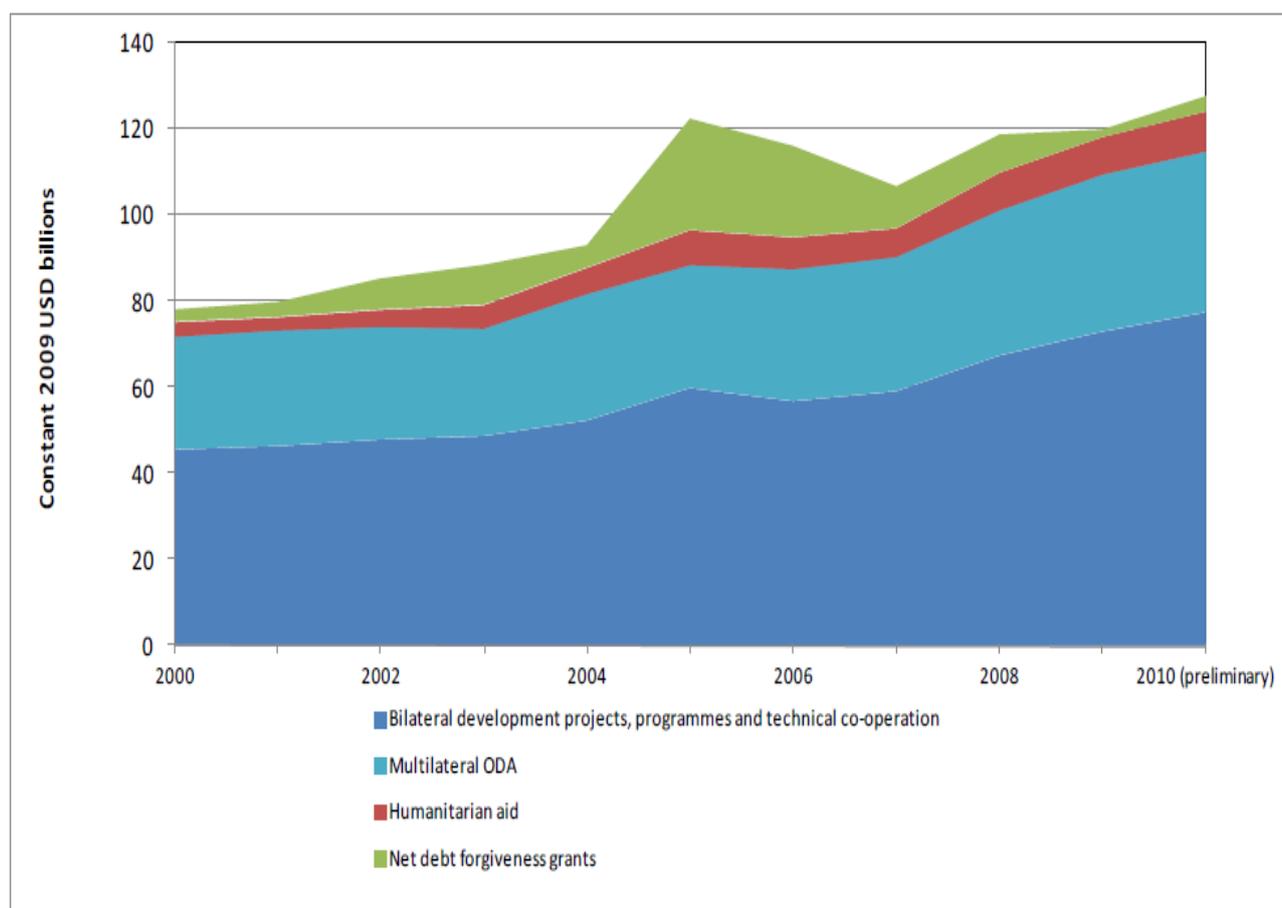
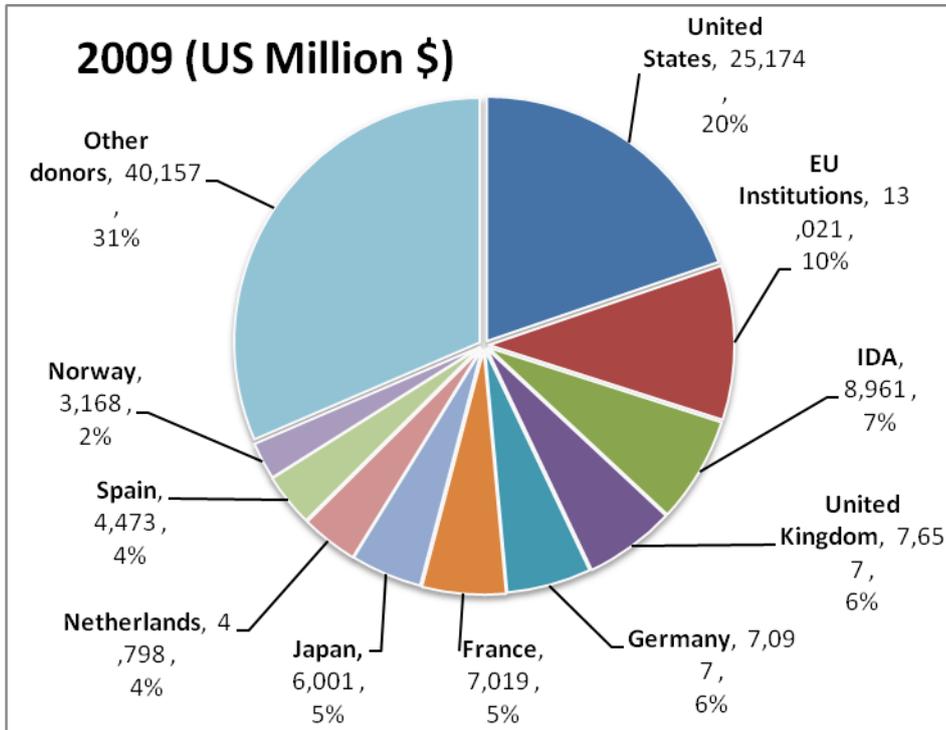


Figure 7.1: Illustration of Bilateral and Multilateral funding from 2000 to 2010

Source: OECD, 2011

From Figure 7.1 it is evident that Bilateral and Multi-lateral funding increased in a parallel line, while Net Debt Forgiveness grants reached a peak in 2005. This may be due to the recession experienced during this time period.

7.3.2 Top ten countries that gave funding

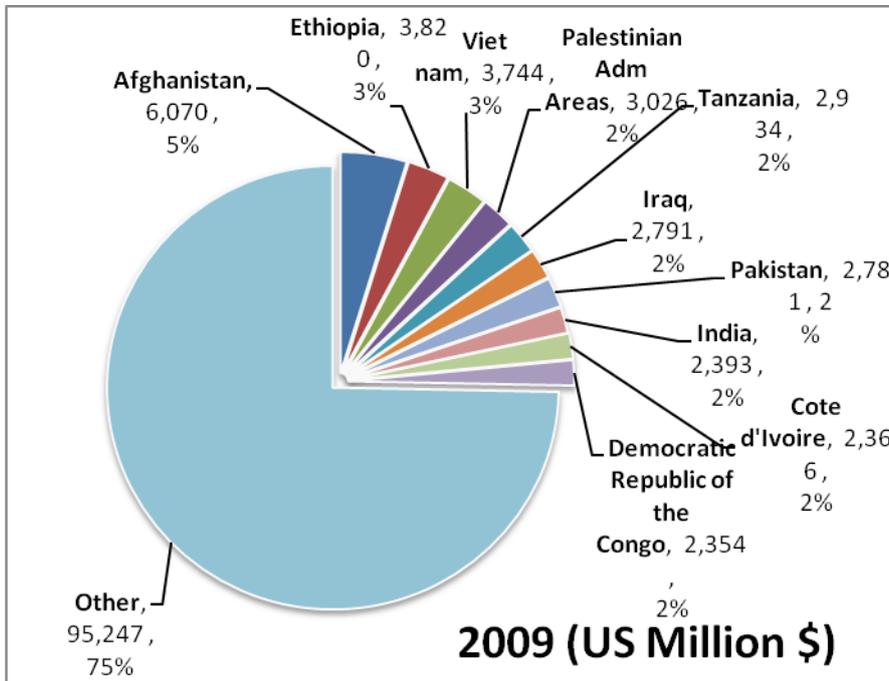


Graph 7.4: Top ten countries that donated funds in 2009

Source: OECD DAC Database and CRS, 2011.

Graph 7.4 shows the top ten donors that donated funds in 2009. The United States donated 20%, followed by the European Union's Institutions at 10%. It is clear that first world countries are the biggest contributors towards donor funding and from Graph 7.2 it is clear that third world countries are the major recipients.

7.3.3 Top ten countries that received funding



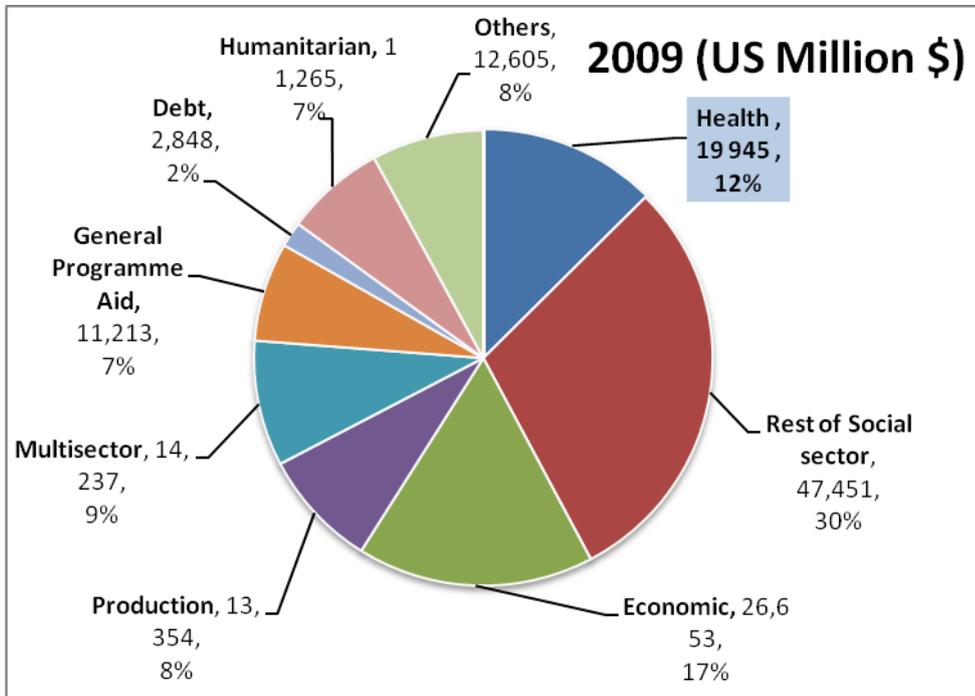
Graph 7.5: Top ten countries that received funding analysed for 2009

Source: OECD DAC Database and CRS, 2011.

Graph 7.5 shows that five of the top ten countries that received funding are situated in Africa. Africa is one of the continents with the greatest need for funding. The literature review also shows that Africa's health sector is the most underdeveloped and with a high rate of emerging diseases.

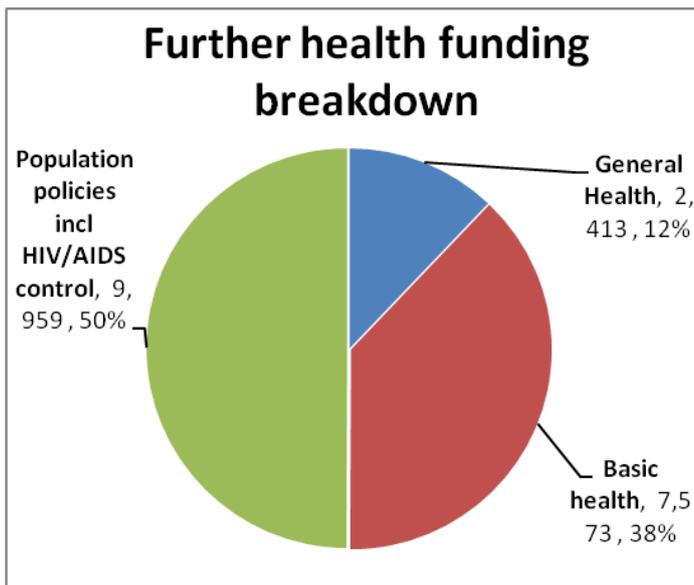
7.3.4 Donor funding towards health sector

From the above graph, further analysis was made to see how much of the above funding was given specifically towards the health sector.



Graph 7.6: Donor Funding towards the Health Sector in 2009
 Source: OECD DAC Database and CRS, 2011.

Funds given for health can be analysed even further:



Graph 7.7: Further breakdown of Funding towards the Health sector
 Source: OECD DAC Database and CRS, 2011.

From Graph 7.7 it can be seen that the health sector received 12% of the total funding in 2009. This is less than economic aid of 17% of the funds. It can be argued that assistance stimulating economic growth will indirectly improve health services. These funds were then further divided into three categories within health.

The three categories are described as follows by OECD-DAC, Measuring Aid to Health (2009):

1. General Health:

General health would include the following: health care policy, health sector planning, health sector programmes, medical education, health training and research and medical (non-basic) health services.

2. Basic Health:

Basic health includes: basic health care, basic health infrastructure, basic nutrition, infectious disease control (including malaria and tuberculosis control), health education and health personnel development.

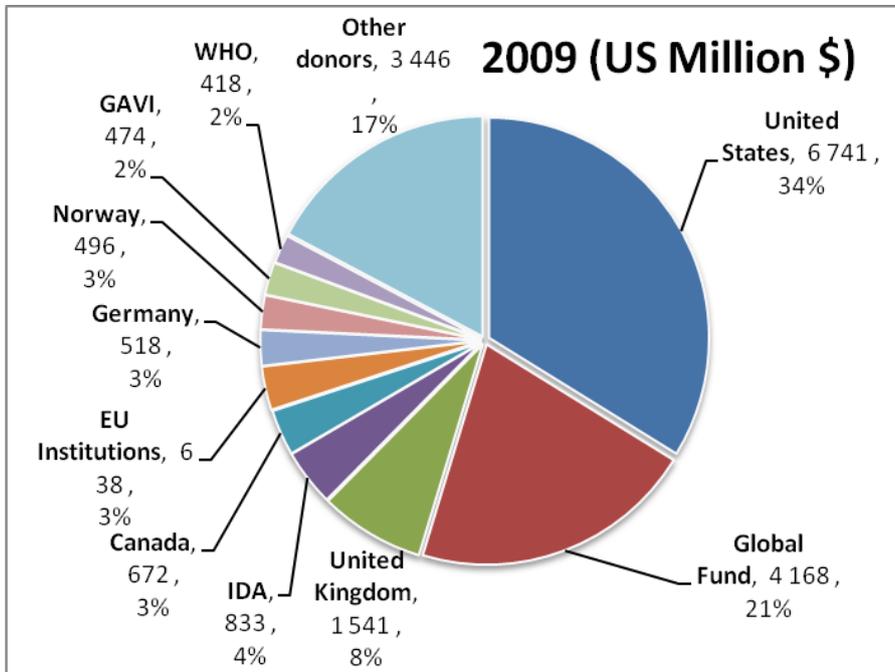
3. Population Policies including HIV/AIDS control:

From 1996 onwards population policies comprised a separate sector which includes reproductive health, population policy, family planning, STD control (including HIV/AIDS).

Graph 7.7 reflects that HIV/AIDS received the bulk of the funding within the health sector. The main reason for this may be due to the many deaths of HIV/AIDS per year and that a cure for HIV/AIDS has not been found yet. Basic health care received the second most funding, which plays a fundamental part in our health. Funding for malaria, which is also a major cause of deaths in Africa, is included in basic health care. Basic health care and infrastructure are critical in ensuring good health care everywhere. One of the MDG goals is to make sure that basic health care is accessible to everyone.

7.3.5 Different countries that contributed funds to the health sector

A closer look will now be taken at Graph 7.7, to analyse which countries and institutions donated funds towards the health sector.



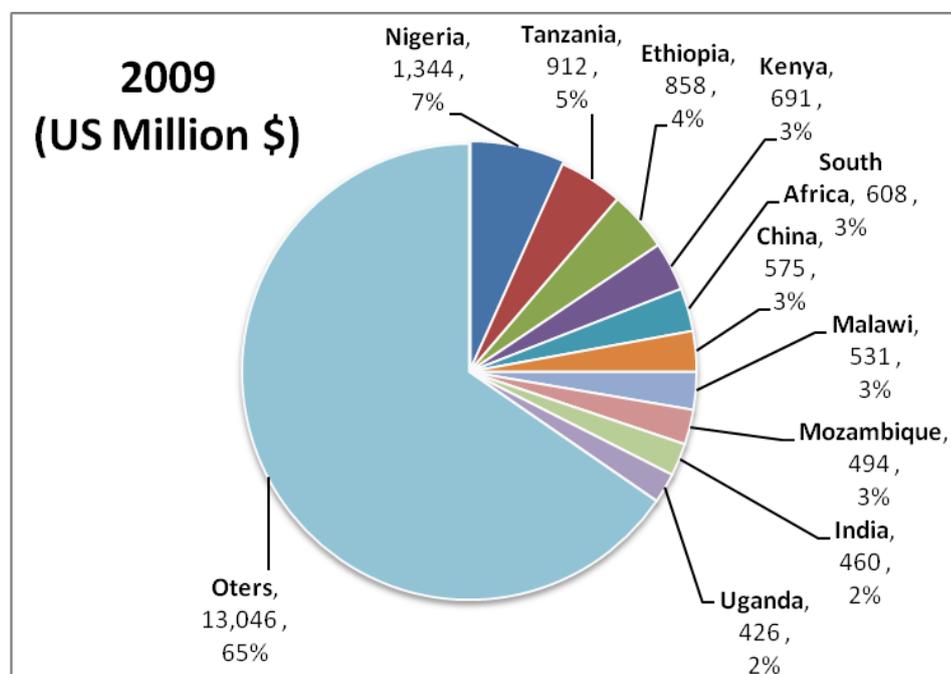
Graph 7.8: Different countries contributing towards the Health Sector

Source: OECD DAC Database and CRS, 2011.

Once again The United States is the country that contributed most funding towards the health sector, followed by the global fund and lastly the United Kingdom.

7.3.6 Different country's receiving donor funding in the health sector

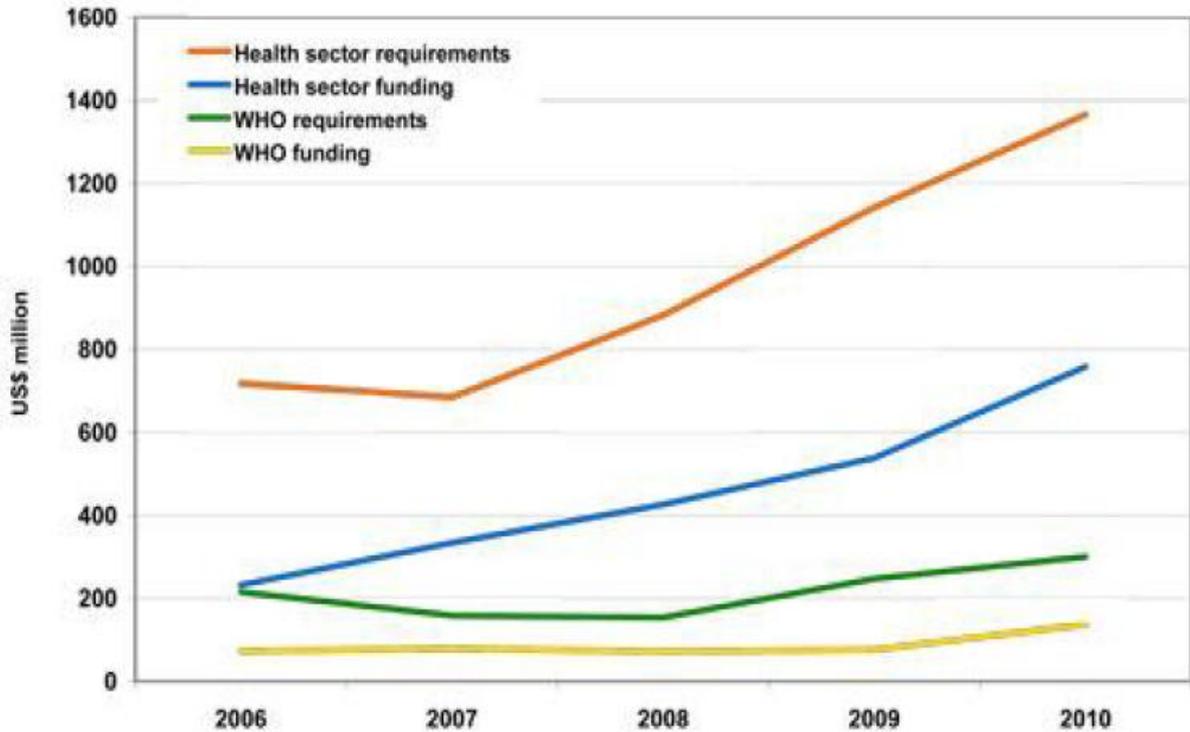
A closer look was taken to establish which countries received the donations.



Graph 7.9: Different countries receiving funding in the Health sector, in 2009

Source: OECD DAC Database and CRS, 2011.

When looking at Graph 7.9 it is apparent that eight of the top ten countries receiving funding towards health are situated within Africa. The top ten countries received 35% of the total funding, of which Africa received 30% (7+5+4+3+3+3+3+2).

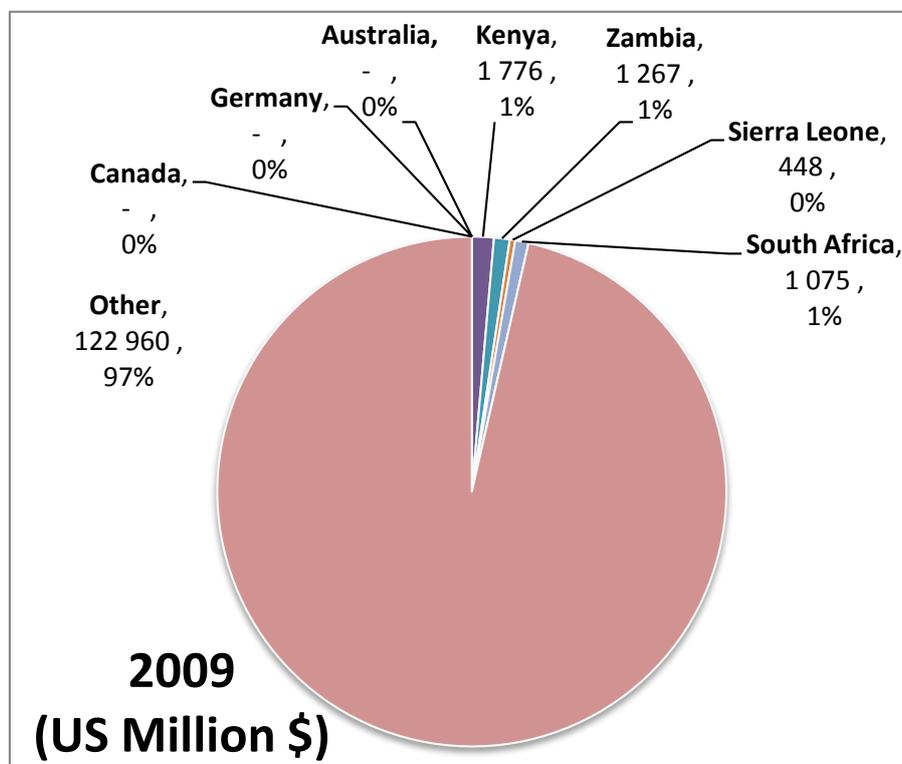


Graph 7.10: Health requirements and funding for 2006 - 2010

Source: WHO Monthly Highlights, 2011

Graph 7.10 reveals that there is a major gap between the funding needed to sustain the health sector and the funding given towards the health sector. In 2007 that gap narrowed a little, but is now trending on a parallel line from 2009 onwards.

7.3.7 Proportion of donations allocated towards the seven countries in chapters 2 of the literature study



Graph 7.11: Funding analysed towards the seven countries mentioned in chapter 2 of the literature study

Source: OECD DAC Database and CRS, 2011.

Graph 7.11 shows that 0.4% (4 566 million US \$) of the funding went to the seven countries included in chapter 2 of the literature review. Canada, Germany and Australia received zero funding according to OECD data, thus the 0.4% (4 566 million of 122 960 million) of funding can be allocated towards the four countries situated in Africa.

7.4 Millennium Development Goals Analysis

7.4.1 Funding given specifically towards the MDG's

The following figure gives an outline of how much of the total targets were reached.

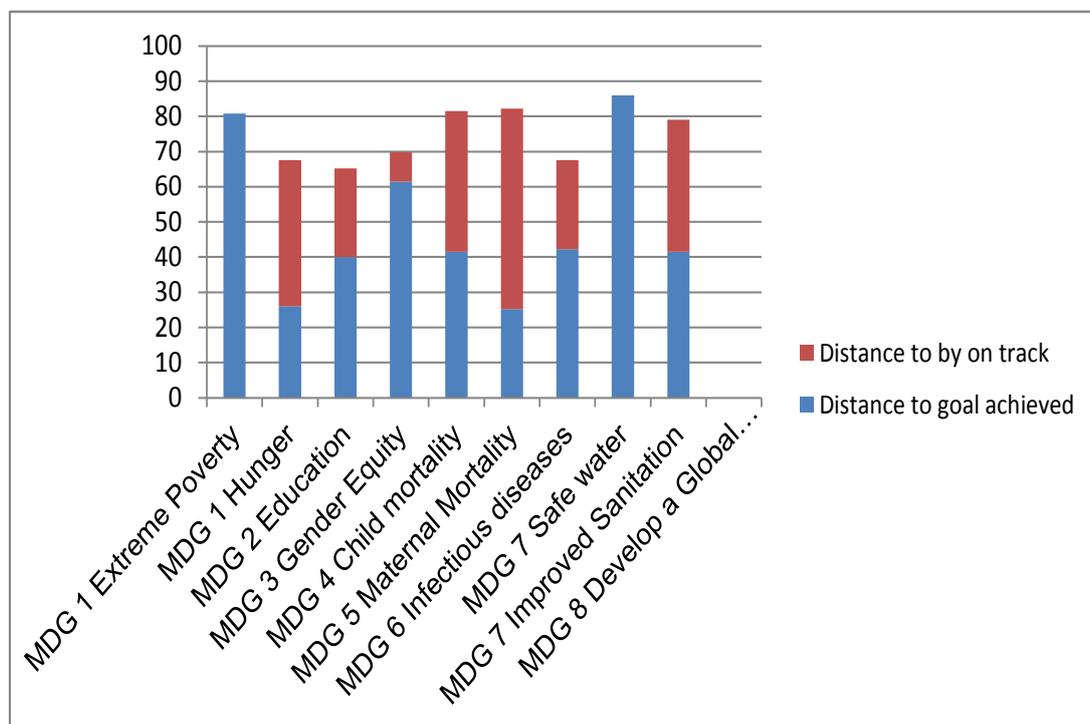


Figure 7.2: Summary of the global progress on the MDG goals

Source: World Vision – Effective Aid: Helping Millions

At first glance Figure 7.2 illustrates that MDG 1 (extreme poverty) and MDG 7 (safe water and sanitation) have reached its targets. MDG 1 is divided into two sections: extreme poverty and extreme hunger. It appears that the MDG 1 target wasn't reached. The same conclusion can be made of MDG 7, as MDG 7 is also divided into two components, safe water and improved sanitation. The one part of the goal has been reached, but the other, improved sanitation, still required a further 40% funding. MDG 8 cannot really be measured according to World Vision.



Figure 7.3 Regional Groupings

Source: MDG Report, 2010

The above figure will serve as an indication of the groupings used for the analysis of the eight MDG's to follow.

7.4.2 In-depth analysis of the eight MDG's



1 Eradicate extreme hunger and poverty

The first MGD goal is to eradicate hunger and poverty. This goal can be seen as the basic goal. Without addressing the problem of hunger and poverty, which relates to survival, none of the other goals are feasible.

TARGET 1a:

To halve the proportion of people, between 1990 and 2015, whose income is less than \$1 a day.

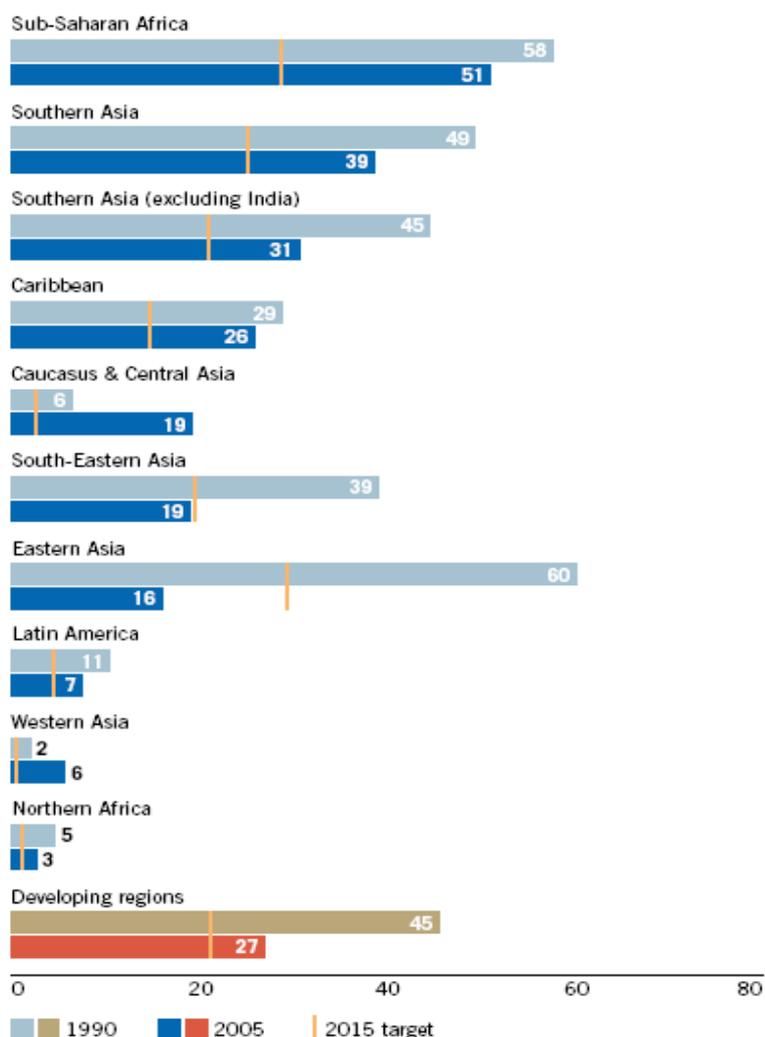


Figure 7.4: The proportion of people living on less than \$1.25 a day, 1990 and 2005 (Percentages)

Source: Millennium Development goals report, 2010

Each one of us has a basic need that has to be fulfilled, we need food to eat and water to drink and a safe place to spend the night. \$1.25 a day was the pre-determined cost according to the MDG 2010 Report that a person need to meet this basic needs. This does not include health care, education or clean sanitation.

TARGET 1b:

To achieve full and productive employment and decent work for all, including women and young people.

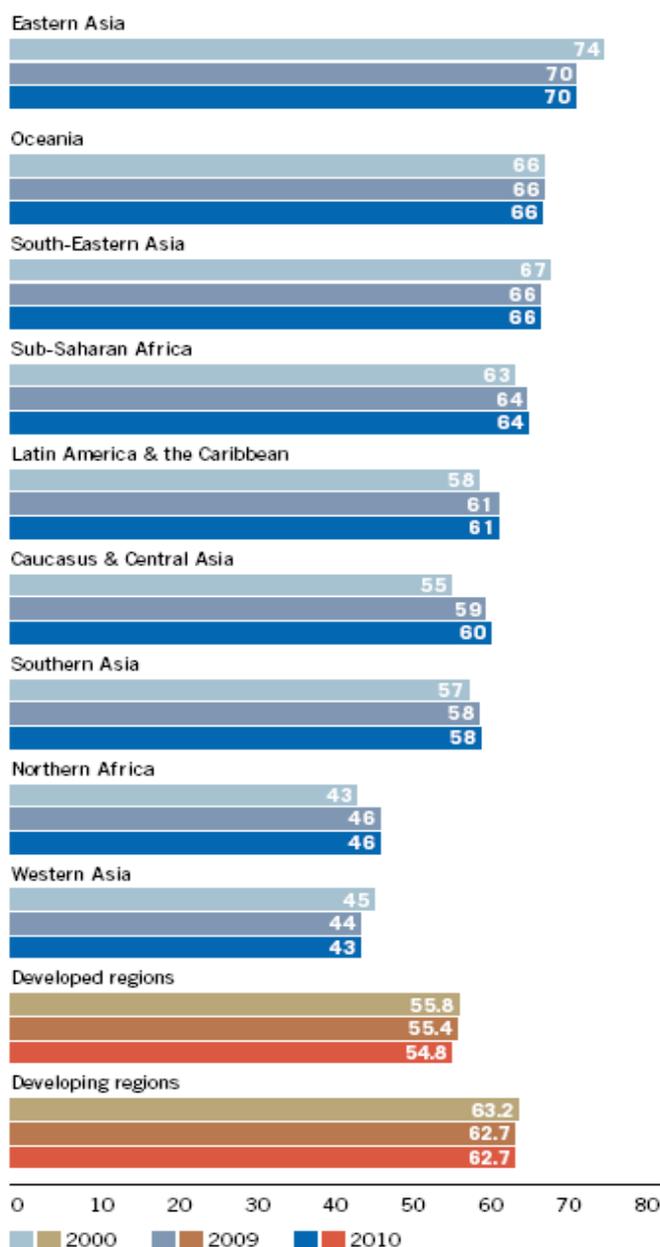


Figure 7.5: Employment-to-population ratio, 200, 2009 and 2010 preliminary estimates

Source: Millennium Development goals report, 2010

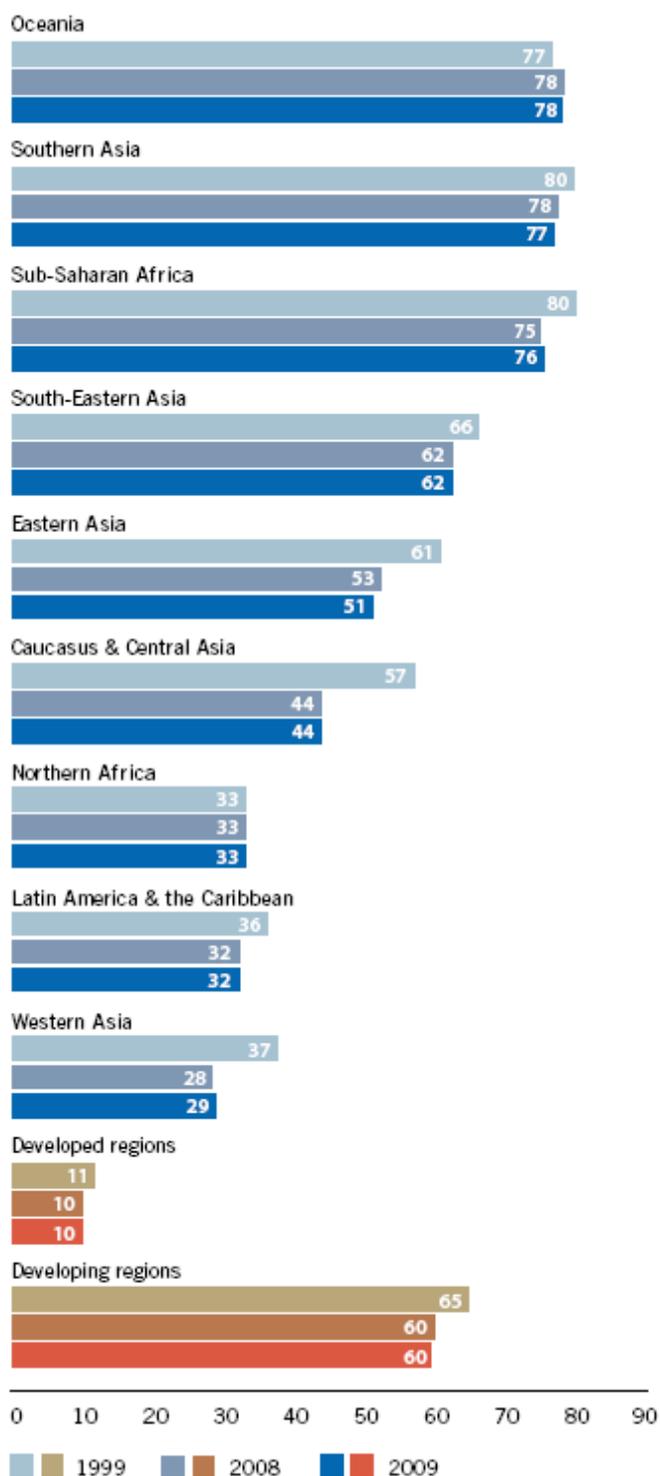


Figure 7.6: Proportion of own-account and contributing family workers in total employment, 1999, 2008 and 2009 (Percentages)

Source: Millennium Development goals report, 2010

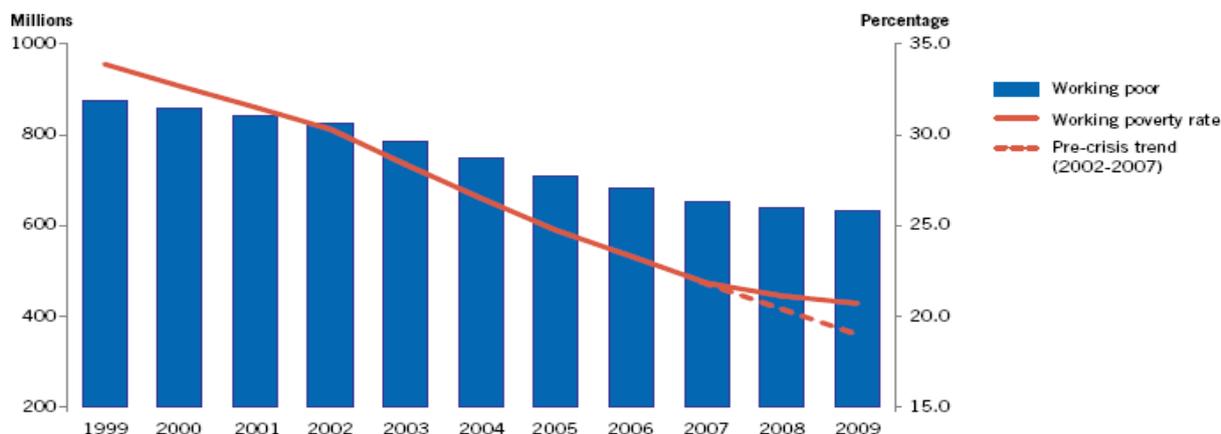


Figure 7.7: Proportion of employed people living on less than \$1.25 a day (Percentages) and number of working poor (Millions), 1999-2009

Source: Millennium Development goals report, 2010

Figure 7.5, Figure 7.6 and Figure 7.7 states that almost half of the population is unemployed and from these employed percentage, almost 20% is still managing with less than \$1.25 a day, which is quite alarming. According to the MDG Report (2010) one in five workers and their families worldwide are living in extreme poverty and this can also be seen when looking at the shocking figures in the above three graphs.

TARGET 1c:

To halve the proportion of people who suffer from hunger between 1990 and 2015.

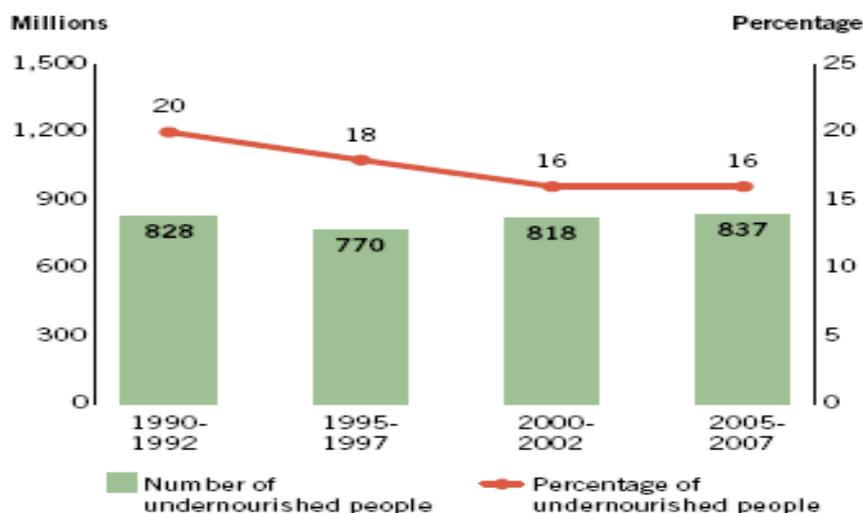


Figure 7.8: Number and proportion of people in the developing regions who are undernourished, 1990-1992, 1995-1997, 2000-2002 and 2005-2007

Source: Millennium Development goals report, 2010

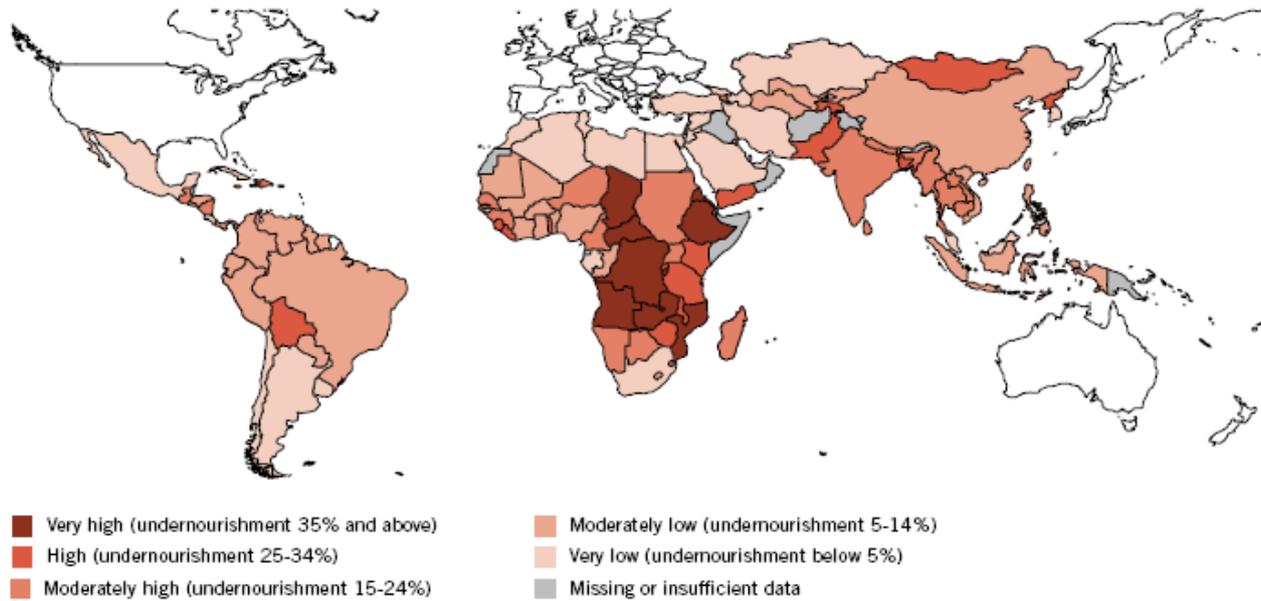


Figure 7.9: Proportion of undernourished population, 2005-2007 (Percentages)

Source: Millennium Development goals report, 2010

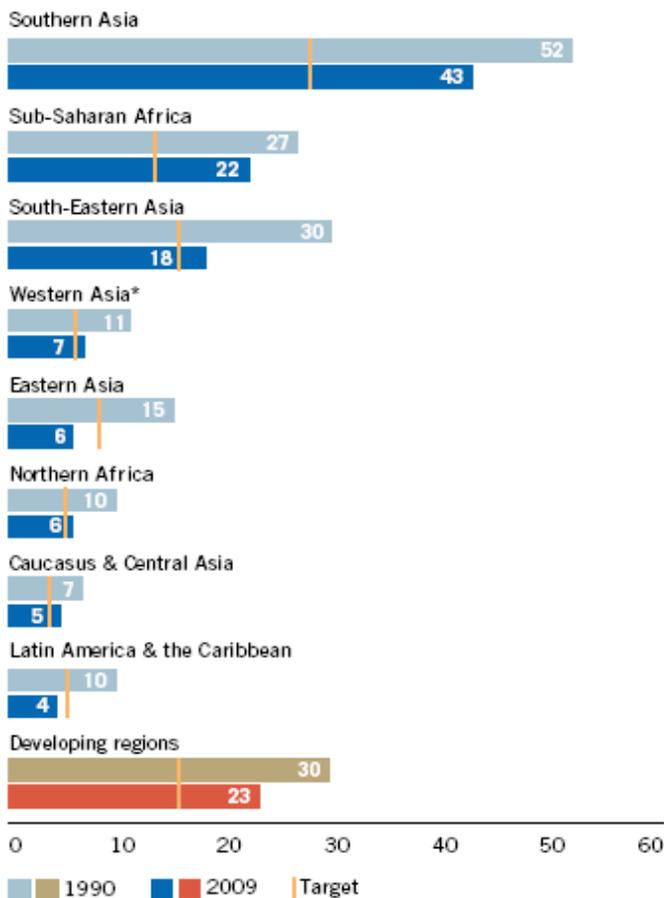


Figure 7.10: Proportion of children under age five who are underweight, 1990 and 2009 (Percentages)

Source: Millennium Development goals report, 2010

Nearly a quarter of children under five in the developing world remain undernourished according to the Millennium Development Report 2010.

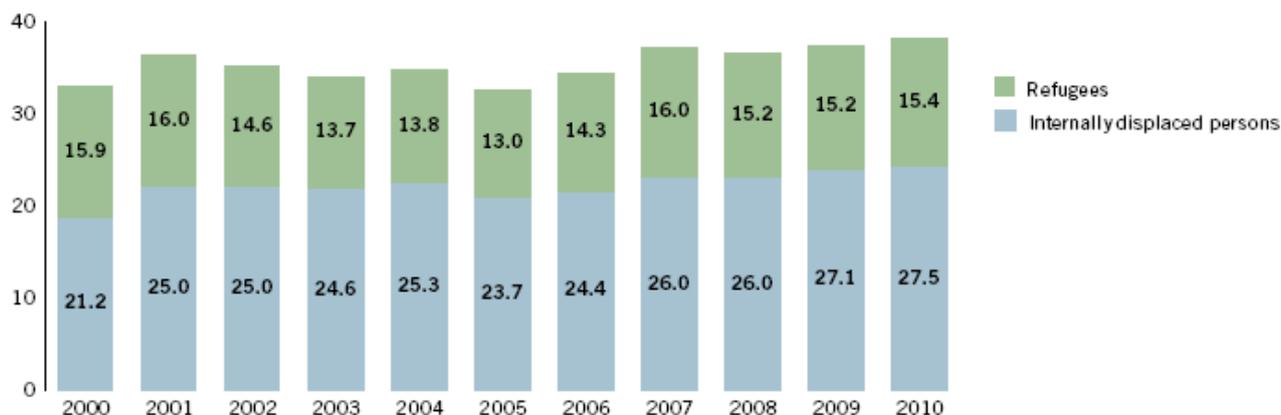


Figure 7.11: Number of refugees and internally displaced persons, 2000-2010 (Millions)

Source: Millennium Development goals report, 2010

Close to 43 million people worldwide are displaced because of conflict or persecution (Millennium Development Report, 2010).

When evaluating MDG 1, it is apparent that the areas that suffer the most are sub-Saharan Africa and Southern Asia. They are ranked first and second among the countries whose income is less than \$1 a day, whereas Northern Africa and Western Asia are ranked first and second in employment-to-population ratio. When looking at the proportion of family workers in total employment, Western Asia is ranked first, Latin America second and Northern Africa third, with percentages lower than fifty.

There has been a decrease of almost 5% from 1999 to 2009, with the percentage reaching almost 25% in 2009, among all the people living on less than \$1.25 a day. However, of the people who suffer from hunger, the opposite is true. While the number has increased by 0.1% to 837 million in 2009, the percentage of people that are undernourished has decreased from 20% to 16%.

When comparing children under the age of five that are underweight, Southern Asia is ranked first and sub-Saharan Africa is ranked second. A thorough survey of Southern Asia shows that the poorest 20% of underweight children's weight dropped by 4%, while in the case of the richest 20% the weight loss was a staggering 11%.

An analysis of refugees and internally displaced persons also showed an increase. Refugees reached a high in 2007, from where the numbers fell by 0.8% in 2008 and went up again by 0.2% in 2010. Internally displaced persons also reached a high in 2007 with 26%, continuing this upward trend to 27.5% in 2010.

Evaluating MDG 1 reveals that it is not on track to reach its 2015 target. When considering the goals of hunger and poverty, the poverty target has been fully achieved, but the hunger target still needs to increase by a further 38% to reach its target of approximately 68%.



Achieve universal primary education

After the MDG goal of poverty and hunger is the MDG goal dealing with education. In order to alleviate socio-economic problems, a certain level of education in society is required.

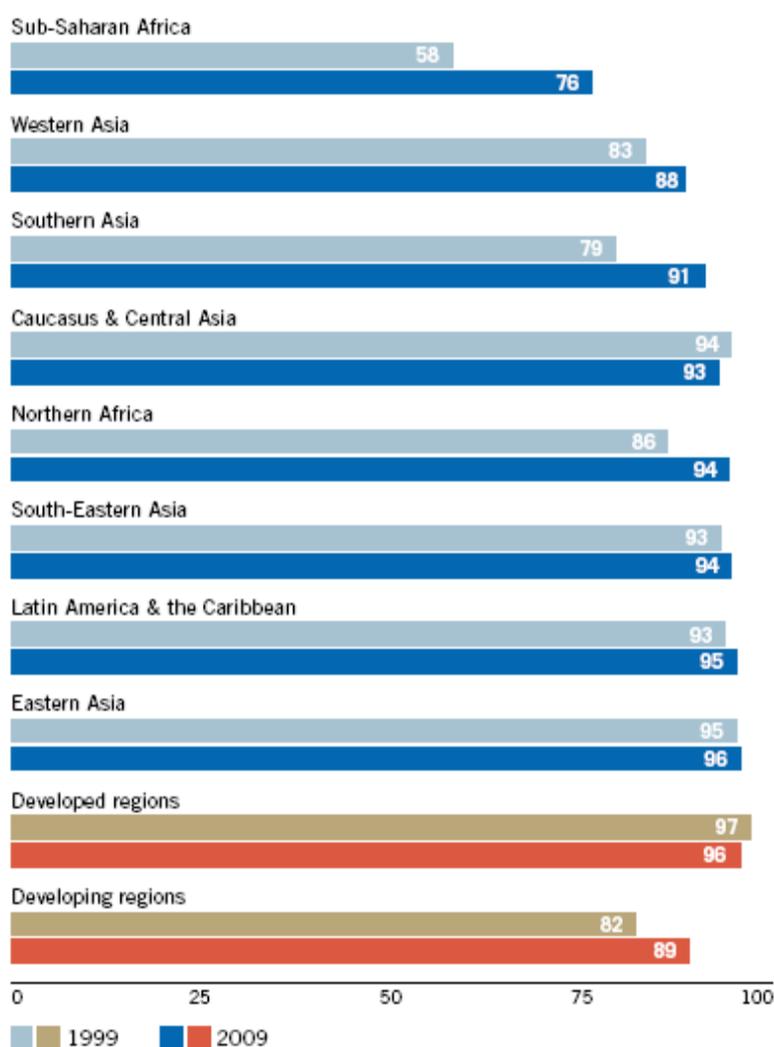


Figure 7.12: Adjustment net enrolment ratio on primary education. *1998/1999 and 2008/2009 (Percentages)

Source: Millennium Development goals report, 2010

NOTE: Enrolment ratio is defined as the number of pupils of the theoretical school age for primary education, enrolled either in primary or secondary school, but expressed as a percentage of the total population of that age group. Data for Oceania are not available.

According to the Millennium Development Goals Report 2010, sub-Saharan Africa has the best record for improvement in primary school enrolment.

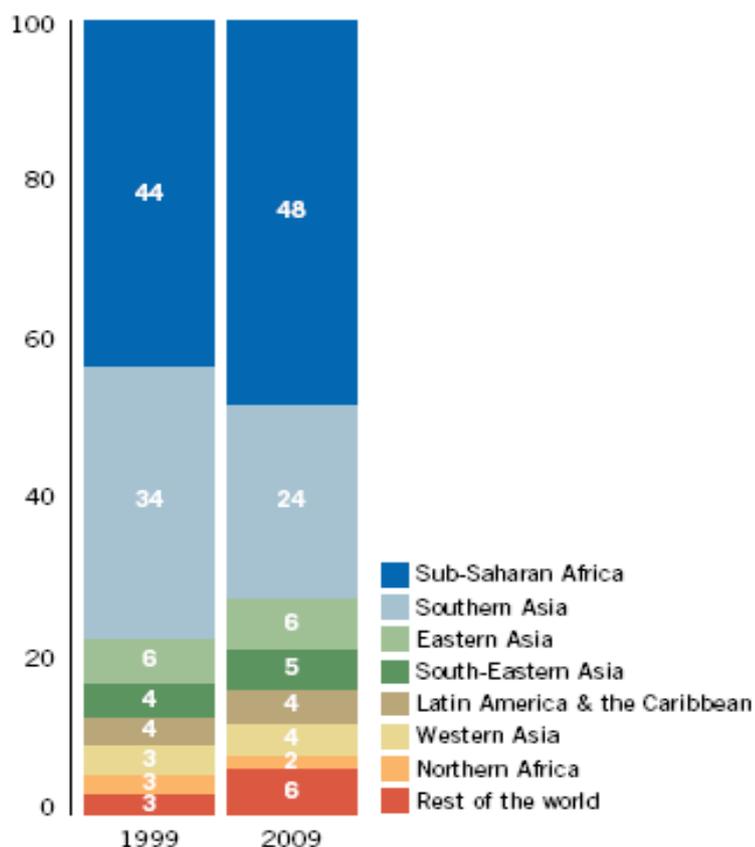


Figure 7.13: Distribution of out-of-school children by region, 1999 and 2009 (Percentages)

Source: Millennium Development goals report, 2010

Being poor, female or living in a conflict zone increases the probability that a child will be out of school according to the Millennium Development report 2010. Refugee children face almost insurmountable barriers in getting an education.

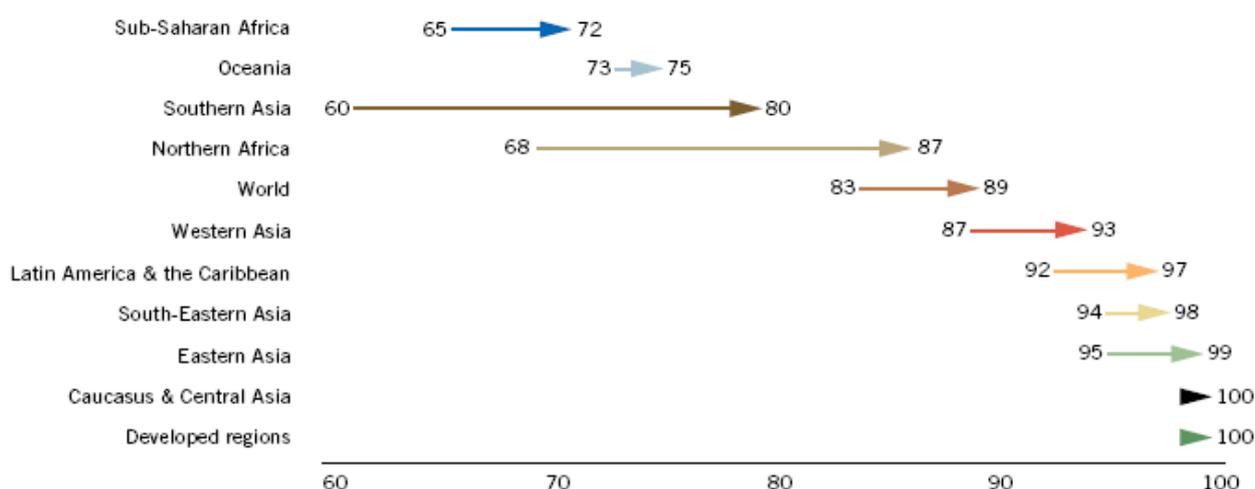


Figure 7.14: Youth literacy rate, 1990 and 2009 (Percentages)

Source: Millennium Development goals report, 2010

Southern Asia and Northern Africa lead the way in expanding literacy among youth according to the Millennium Development Report 2010.

From evaluating MDG 2, it is clear that sub-Saharan Africa and Asia are struggling the most to increase their goals. The net enrolment in primary education of sub-Saharan Africa is ranked first with the least enrolment ratio, followed by Western Asia in second place. The out of school analysis shows that 48% of children came from sub-Saharan Africa in 2009, followed by Southern Asia with 24%. Living in a conflict zone increases the possibility of out of school children. Of refugee children getting an education, sub-Saharan Africa is ranked first with only 72% of refugee children getting an education, followed by Oceania in second place with only 75% of their refugee children getting an education.

The MDG 2 goal clearly indicates that education still has a long way to go, to guarantee that everyone get's educated. Only 61% of the targeted goal was reached.



Promote gender equality and empower women

Gender equality is regarded as important by MDG's. Gender equality not only results in a more balanced society, but should also result in higher levels of productivity.

TARGET 3:

To eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.

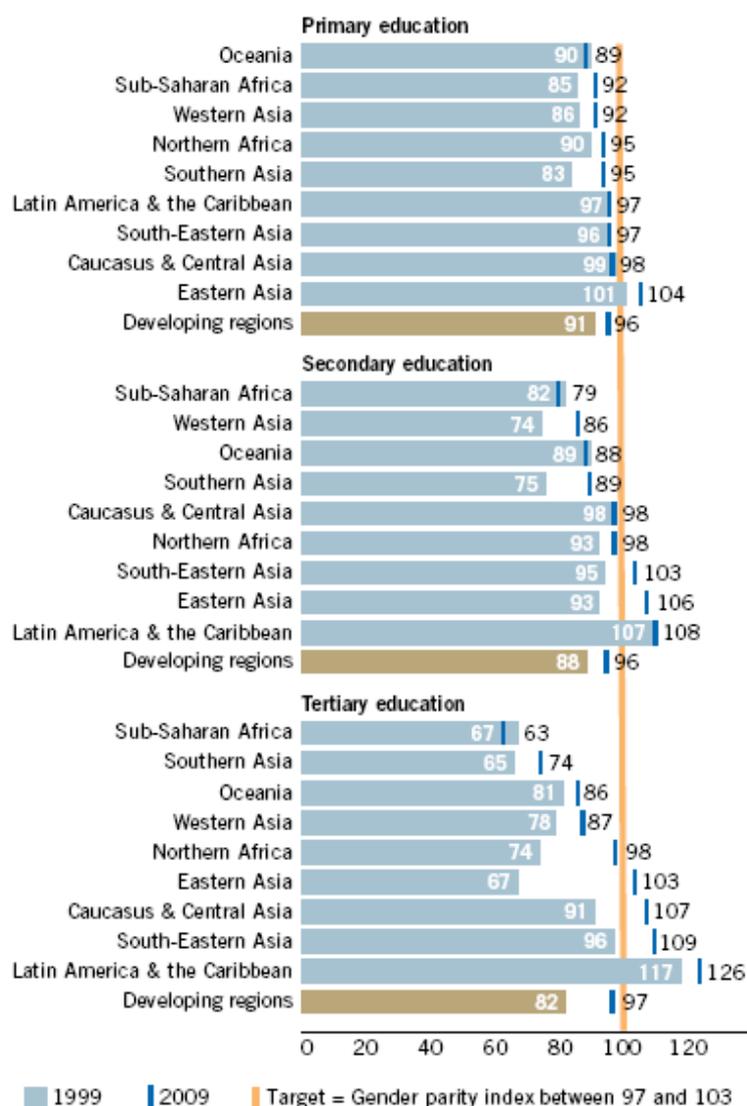


Figure 7.15: Gender parity index for gross enrolment into primary, secondary and tertiary education (girls' school enrolment ratio in relation to boys' enrolment ratio: 1998/9 and 2008/9 – girls per 100 boys)

Source: Millennium Development goals report, 2010

Although females have greater difficulty accessing education their situation is getting better.

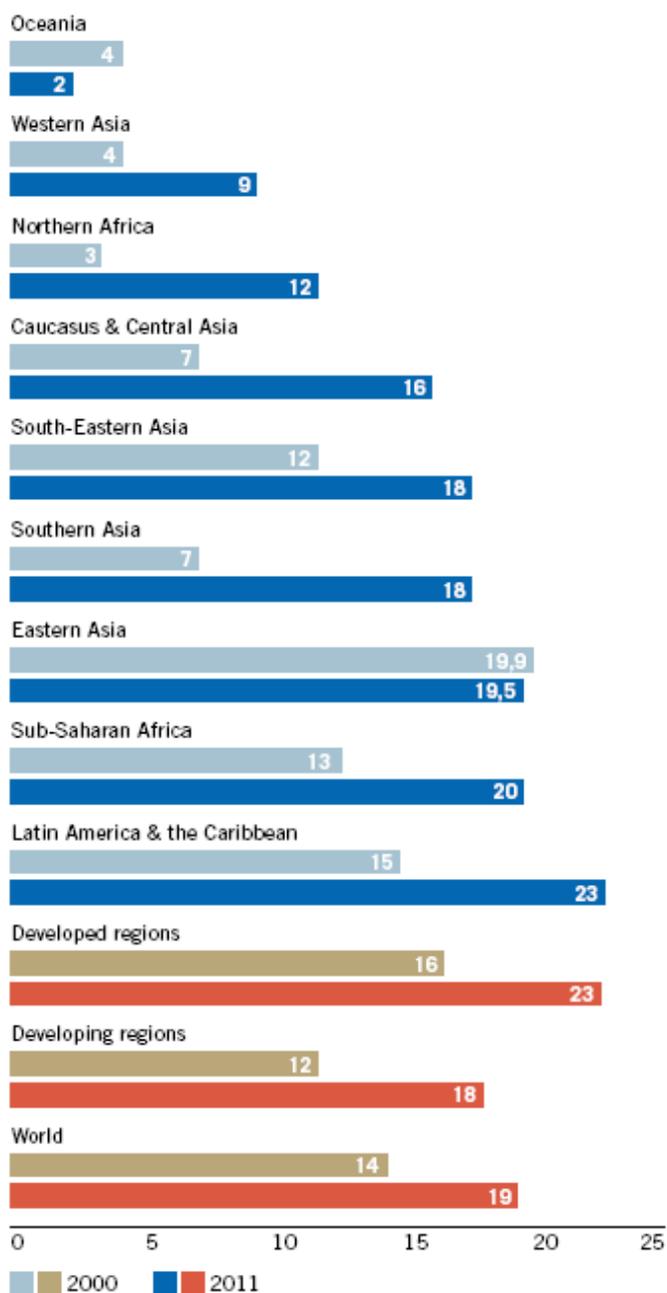


Figure 7.16: Proportion of seats held by woman in single or lower houses of national parliaments, 200 and 2011 (Percentages)

Source: Millennium Development goals report, 2010

Women have yet to see the fruits of the 2010 economic recovery. Representation by woman in parliament is at an all-time high, but falls short of parity. (MDG Report, 2010)

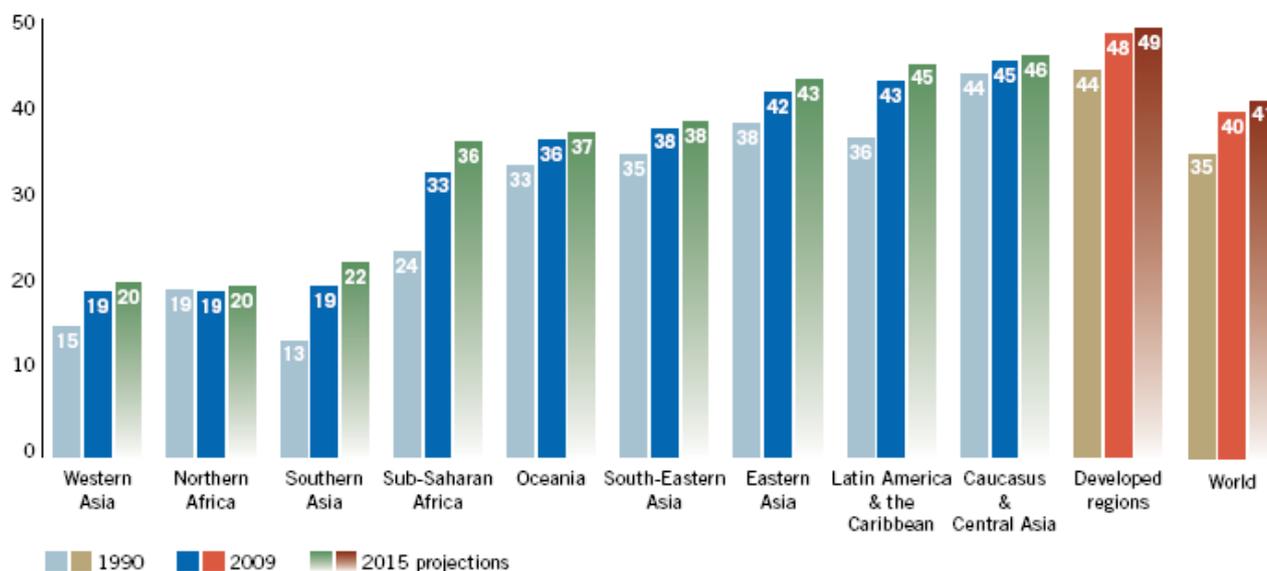


Figure 7.17: Employees in non-agriculture employment who are women, 1999, 2009 and projections of 2015 (Percentages)

Source: Millennium Development goals report, 2010

Wide gaps remain in women's access to paid work in at least half of all regions.

When evaluating MDG 3, it is clear that gender equality still has a long way to go to reach its goal. As far as gender disparity in primary education is concerned, Oceania ranks first, with sub-Saharan Africa ranking second. In secondary education, sub-Saharan Africa is ranked first, while Western Asia is ranked second. Thus reveals that sub-Saharan Africa is not achieving gender equality as far as educational is concerned.

It is obvious from the number of women represented in national parliament that Oceania, Western Asia and Northern Africa are still lagging behind the other countries. Nevertheless when evaluating the total MDG 3, 86% of the targeted goal is reached.

4 Reduce child mortality

The level of child mortality is indicative of the social wellbeing of a society. It is a reflection on the level of health services and economic prosperity. Many of the other MDG goals impact on child mortality. Alleviating child mortality will, to a large extent, be dependent on the success of the other goals.

The following graphs present the levels of child mortality.

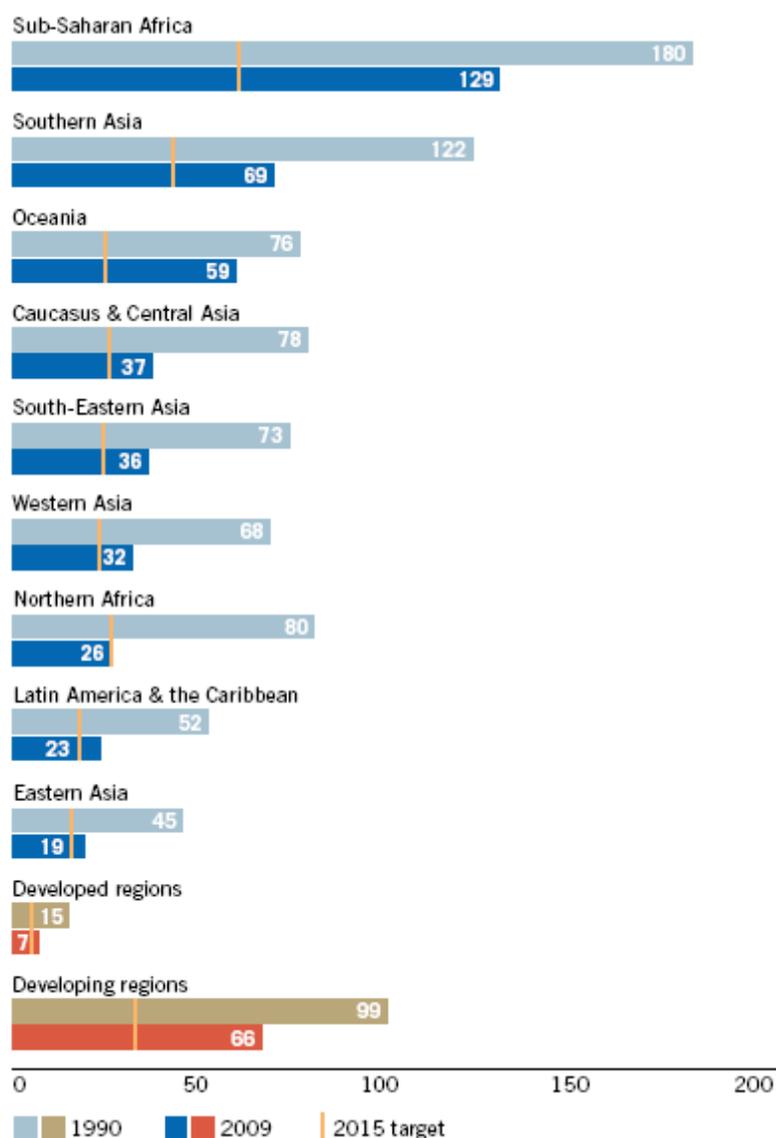


Figure 7.18: Under-five mortality rate, 1990 and 2009 (deaths per 1 000 live births)

Source: Millennium Development goals report, 2010

Achieving the goal for child survival hinges on action to address the leading causes of death.

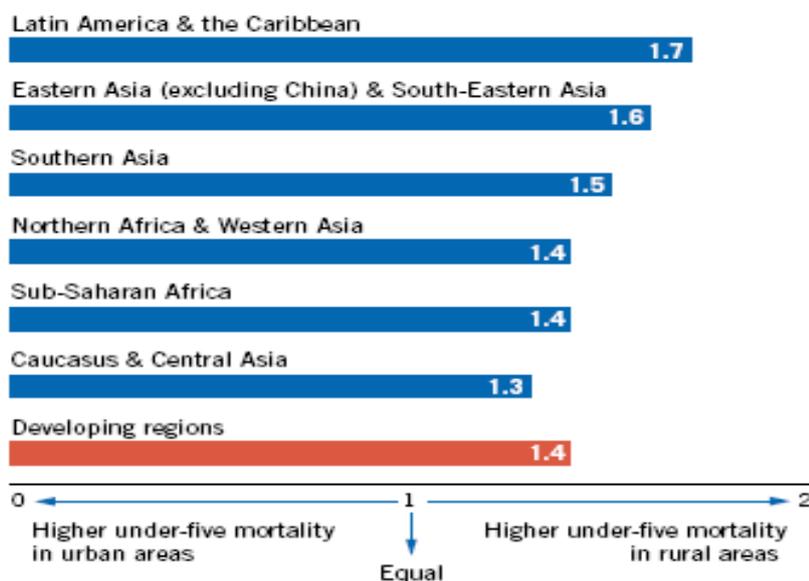


Figure 7.19: Ratio of rural to urban under-five mortality rate, 2000/2008

Source: Millennium Development goals report, 2010

Note: The analysis is based on eighty developing countries with data on under-five mortality rate by residence, accounting for 73% of total births in developing regions in 2008

Children in rural areas are most at risk of dying, even in regions where child mortality is low.

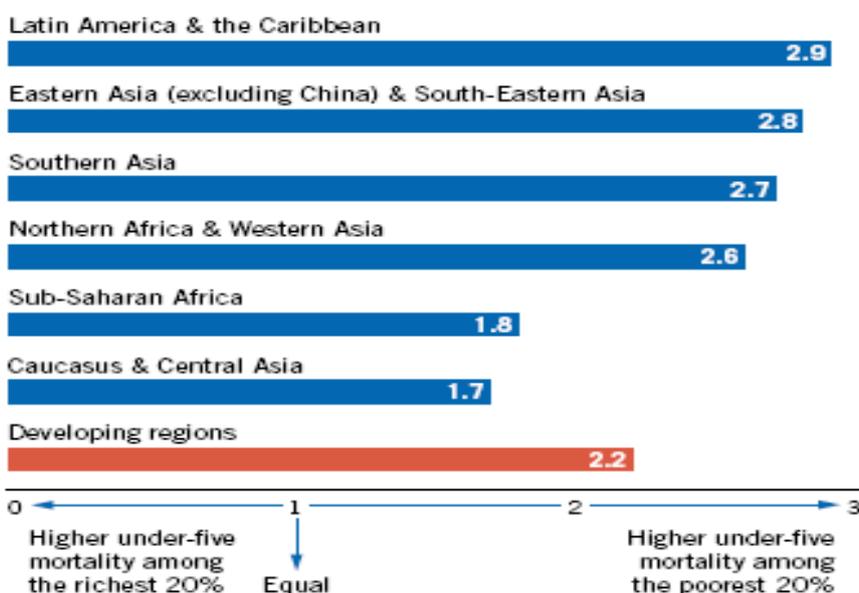
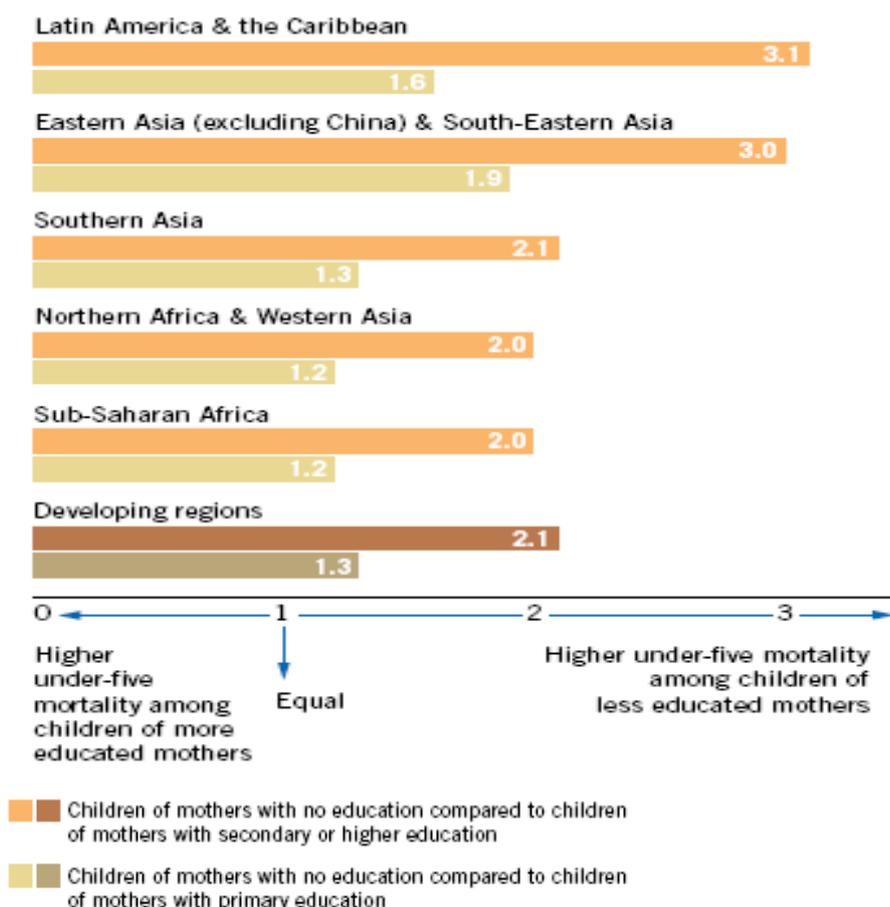


Figure 7.20: Ratio of under-five mortality rate for children from the poorest households to that of children from the richest households 2000/2008

Source: Millennium Development goals report, 2010

Note: This analysis is based on 66 developing countries with data on under-five mortality rate by household's wealth quintile, accounting for a total of 71% births in developing regions during 2009.

Children from the poorest households are two to three times more likely to die before the age of five than children from the richest households.



Note: Analysis is based on 68 developing countries with data on under-five mortality rate by mother's education, accounting for 74 per cent of total births in developing regions in 2008.

Figure 7.21: Ratio of under-five mortality rate of children of mothers with no education to that of children of mother with secondary or higher education; ratio of under-five mortality rate of children of mothers with no education to that of children of mothers with primary education, 2000/2008

Source: Millennium Development goals report, 2010

The significance of education is highlighted by Figure 7.21. A mother's education is a powerful determinant of child survival.

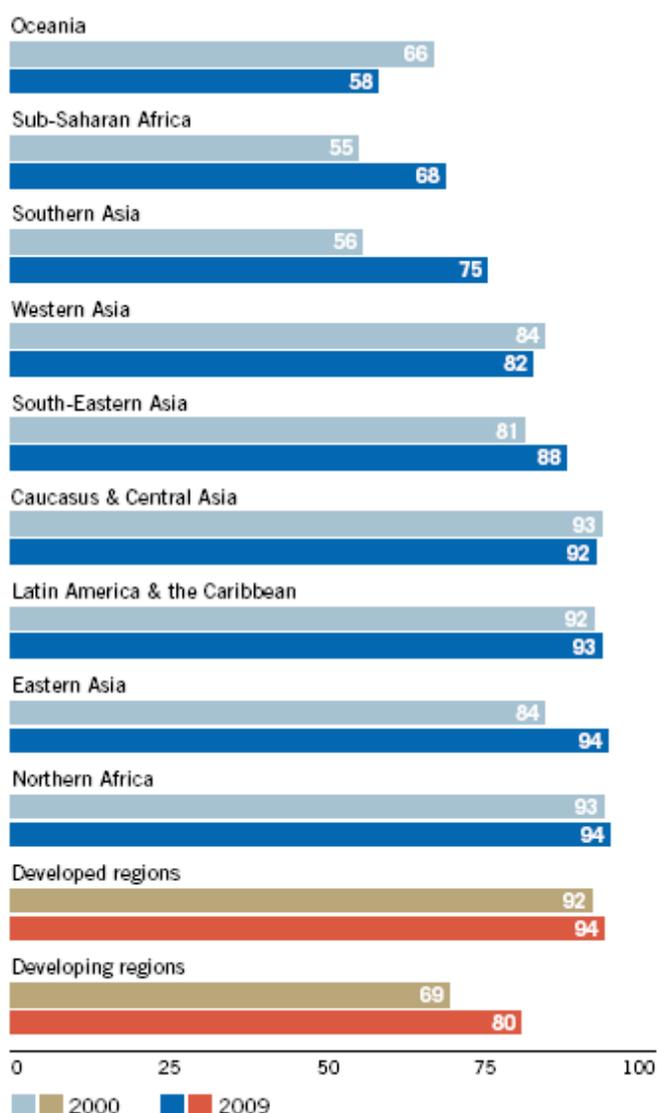


Figure 7.22: Proportion of children 12-23 months old who received at least one dose of measles vaccine, 2000 and 2009 (percentages)

Source: Millennium Development goals report, 2010

Except for Oceania and sub-Saharan Africa, a high percentage of children receive the measles vaccine. Children who are poor and hardest to reach do not have access to the lifesaving measles vaccine.

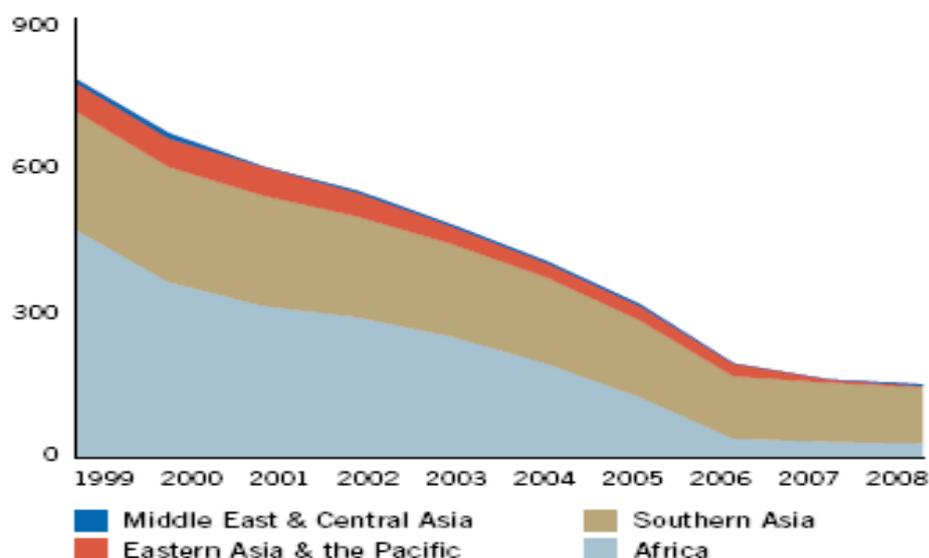


Figure 7.23: Estimated child deaths due to measles, 1999-2008

Source: Millennium Development goals report, 2010

Child deaths due to measles have plummeted because of successful vaccination campaigns, but shortfalls in funding put continued success in jeopardy.

When evaluating MDG 4, the conclusion is that sub-Saharan Africa, Latin America and Asia (Southern and Central) are struggling to reach the goal. The under-five child mortality rates indicate that, sub-Saharan Africa is ranked first, Oceania second and Southern Asia third. These countries are struggling to reduce child mortality. The poorest urban to rural ratio of under-five children are once again Latin America, Eastern Asia and Southern Asia. The influence that a mother's education has on a child's mortality rate is clearly indicated by Eastern Asia, Latin America and Southern Asia. These are the three countries with the worst improvements of the counties that gave children between the age of 12-23 months measles vaccinations. Oceania, sub-Saharan Africa and Southern Asia are the three countries not reaching their targets. This supports the findings that most measles' deaths occur in Southern Asia and sub-Saharan Africa.

In conclusion sub-Saharan Africa, Southern Asia and Latin achieved fifty per cent of the goal by 2010.



Improve maternal health

Maternal health relates to family care, infant health and economic productivity. The success of this goal improves socio-economic conditions in a society.

TARGET 5a:

As the following graphs indicate the maternal mortality ratio declined by three quarters between 1990 and 2015 according to the target.

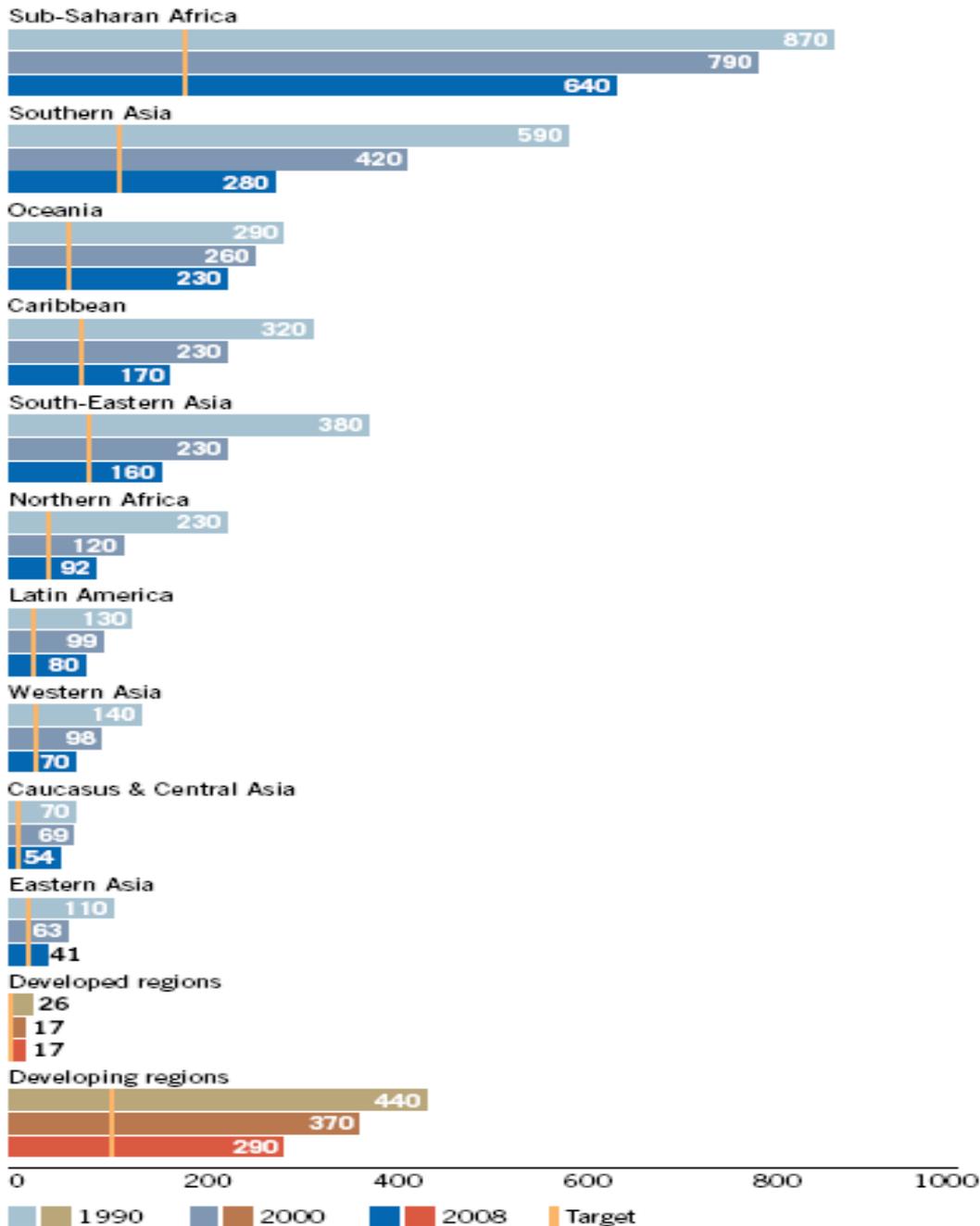


Figure 7.24: Maternal deaths per 100 000 live births, 1990, 2000 and 2008

Source: Millennium Development goals report, 2010

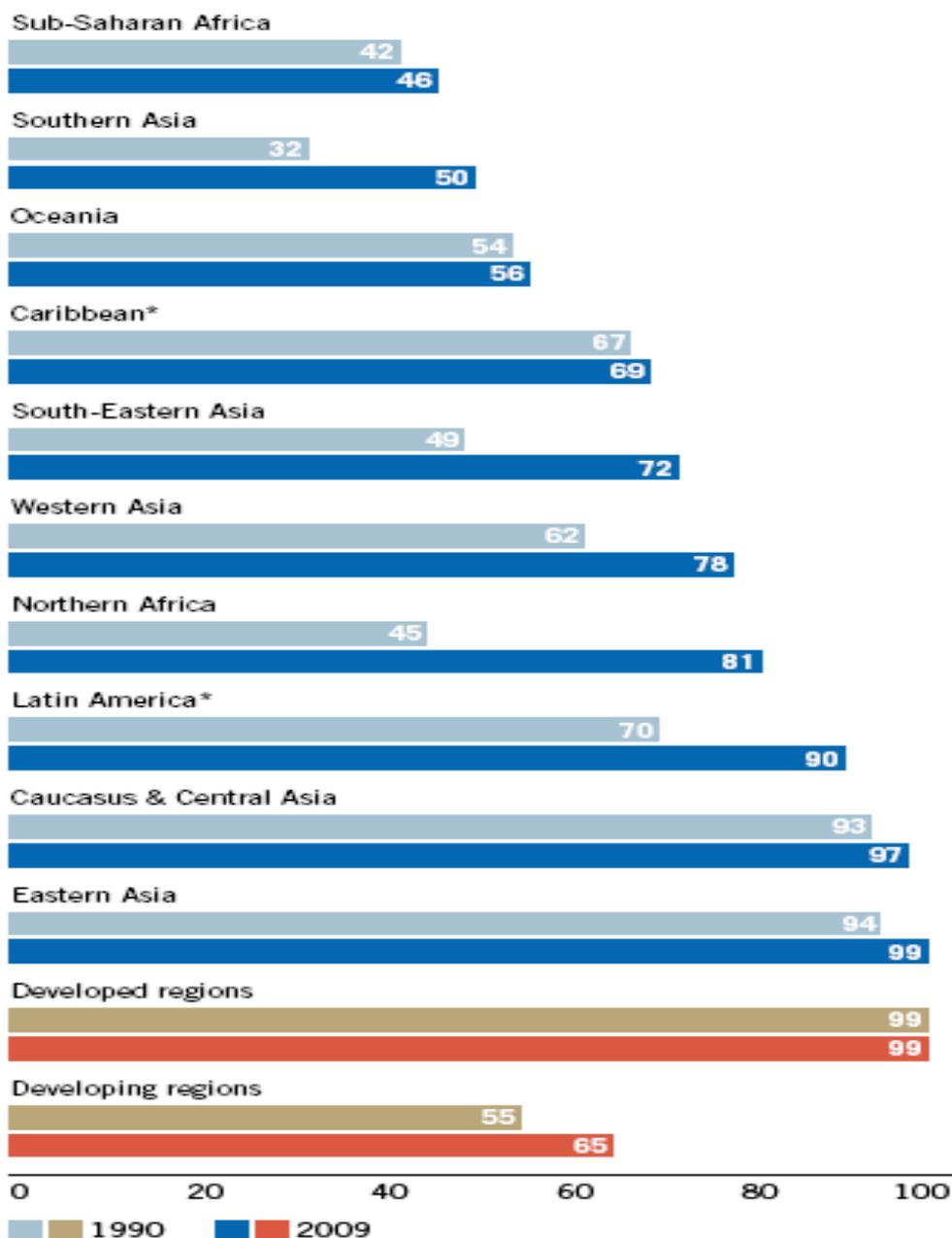


Figure 7.25: Proportion of deliveries attended by skilled health personnel, around 1990 and around 2009 (percentages)

Source: Millennium Development goals report, 2010

Note: The figure includes only deliveries in health-care institutions.

Despite progress, pregnancy remains a major health risk for woman in several regions. Major gains have been made in increasing skilled attendance at birth, most notably in Northern Africa and Southern Asia, according to the MDG 2010 report.

TARGET 5b:

To achieve universal access to reproductive health by 2015.

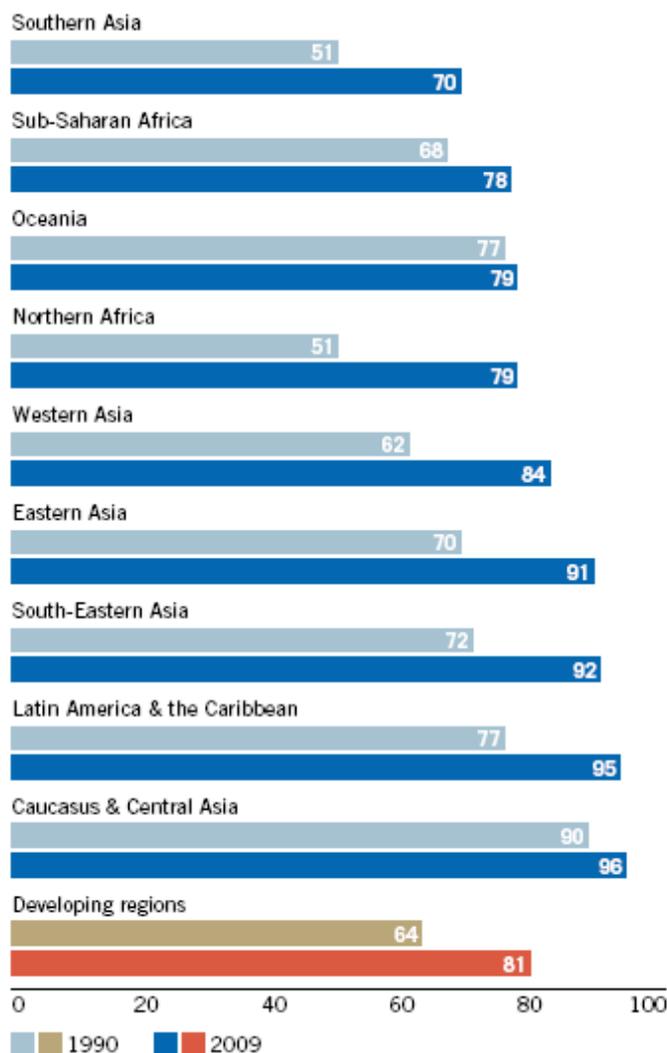


Figure 7.26: Proportion of woman (15-49 years old) attended at least once by skilled health personnel during pregnancy, 1990 and 2009 (percentages)

Source: Millennium Development goals report, 2010

MDG 2010 report stated that, across all regions, more pregnant women are offered at least minimal care.

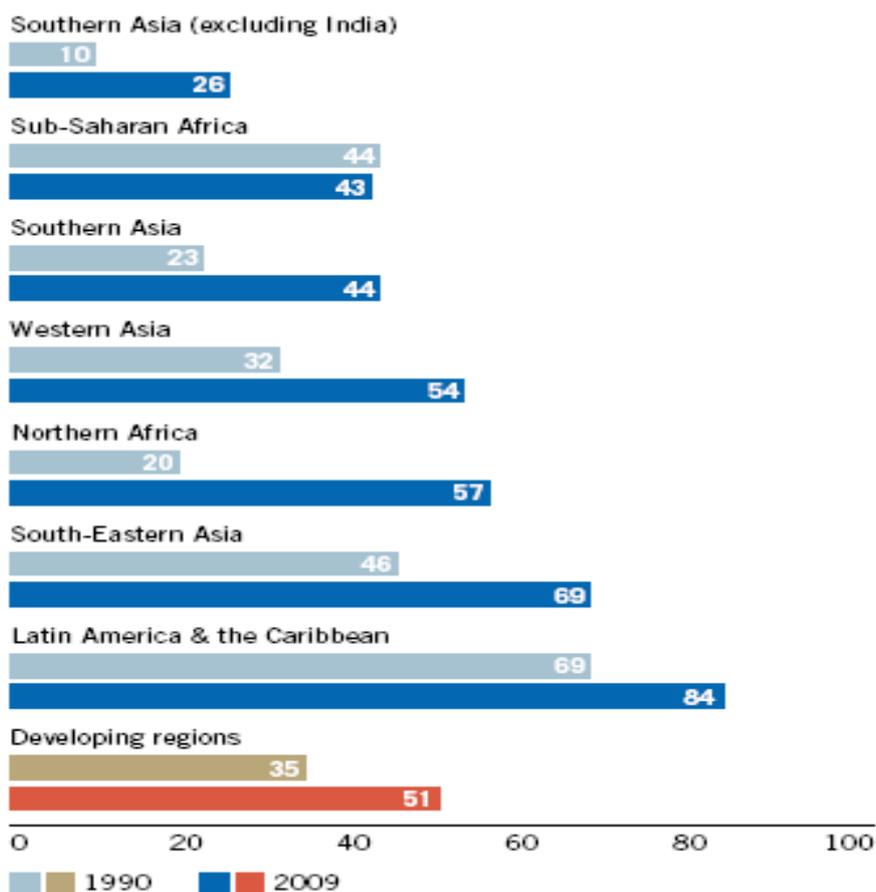


Figure 7.27: Proportion of women (15-49 years old) attended four or more time's by any provider during pregnancy, 1990 and 2009 (percentages)

Source: Millennium Development goals report, 2010

Note: Data for Eastern Asia was not available.

It is alarming to note that a large proportion of woman do not receive the recommended frequency of care during pregnancy, when evaluating the above graph.

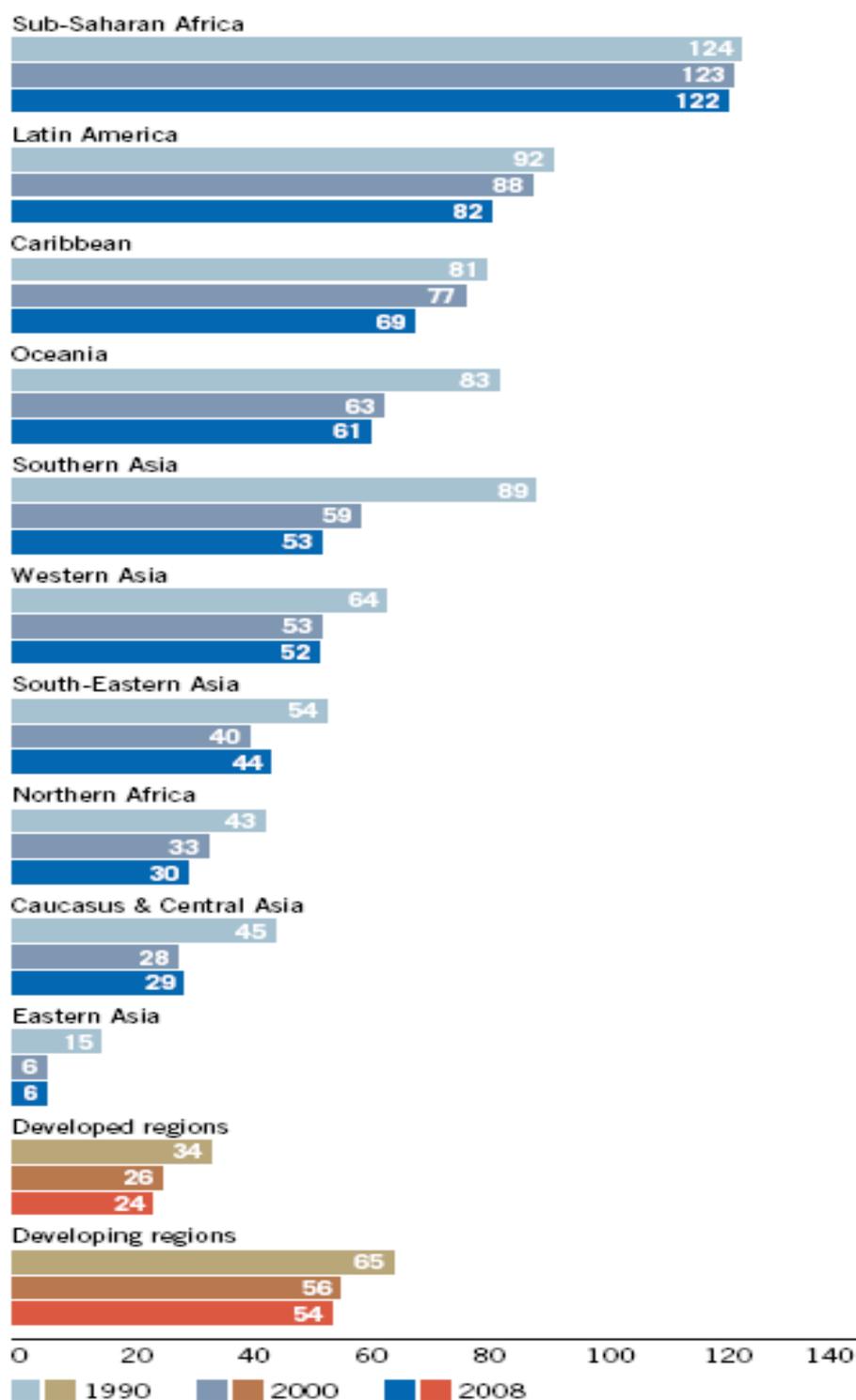


Figure 7.28: Number of births per 1 000 women aged 15-19, 1990, 2000 and 2008

Source: Millennium Development goals report, 2010

Gains made during the 1990's to reduce adolescent pregnancies have stalled in many regions, when evaluating Figure 7.28.

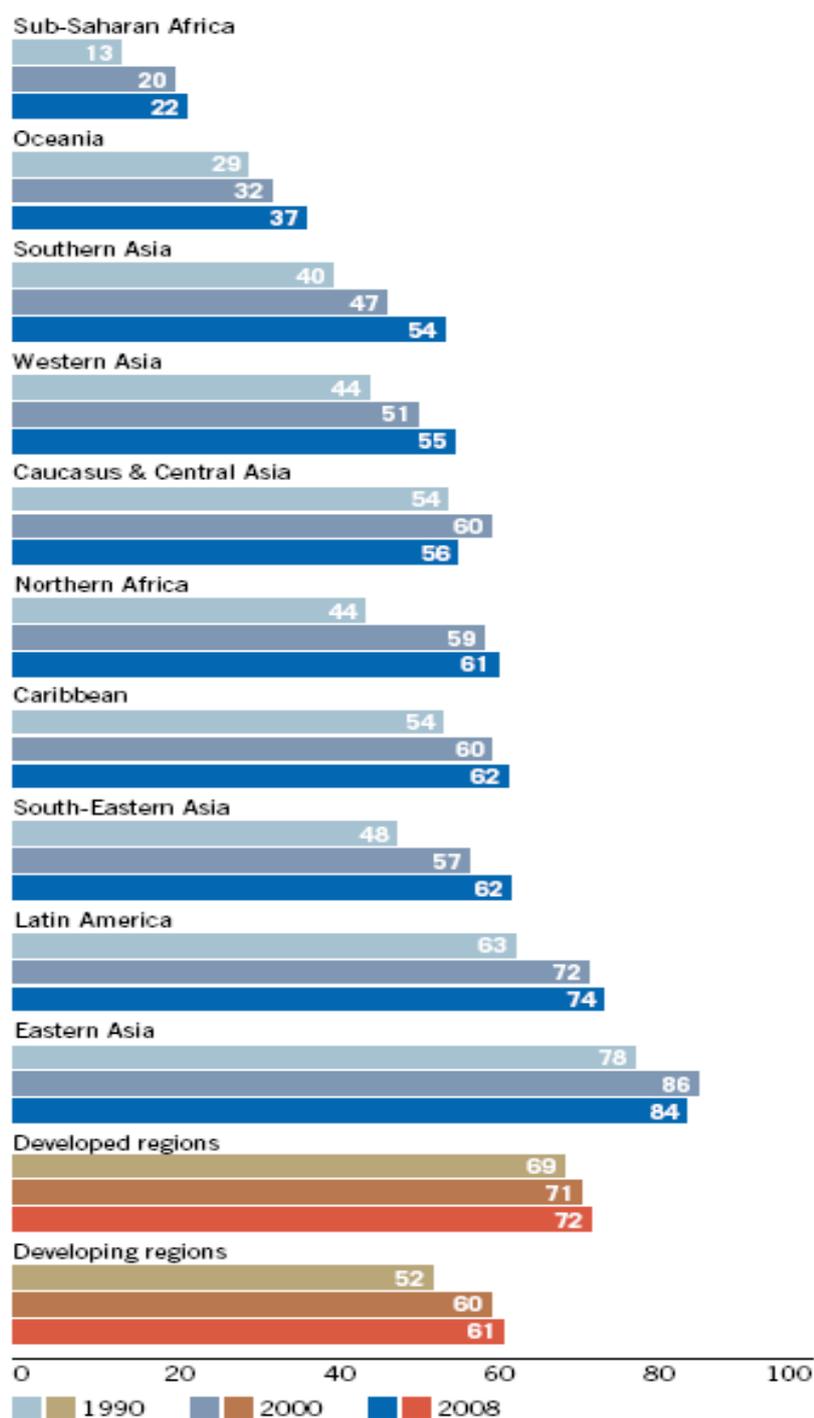


Figure 7.29: Proportion of women who are using some form of contraception among women aged 15-49, being married or in a union, 1990, 2000 and 2008 (percentages)

Source: Millennium Development goals report, 2010

Contraceptive use is on the rise, but gains made are difficult to sustain due to the growing number of women of reproductive age.

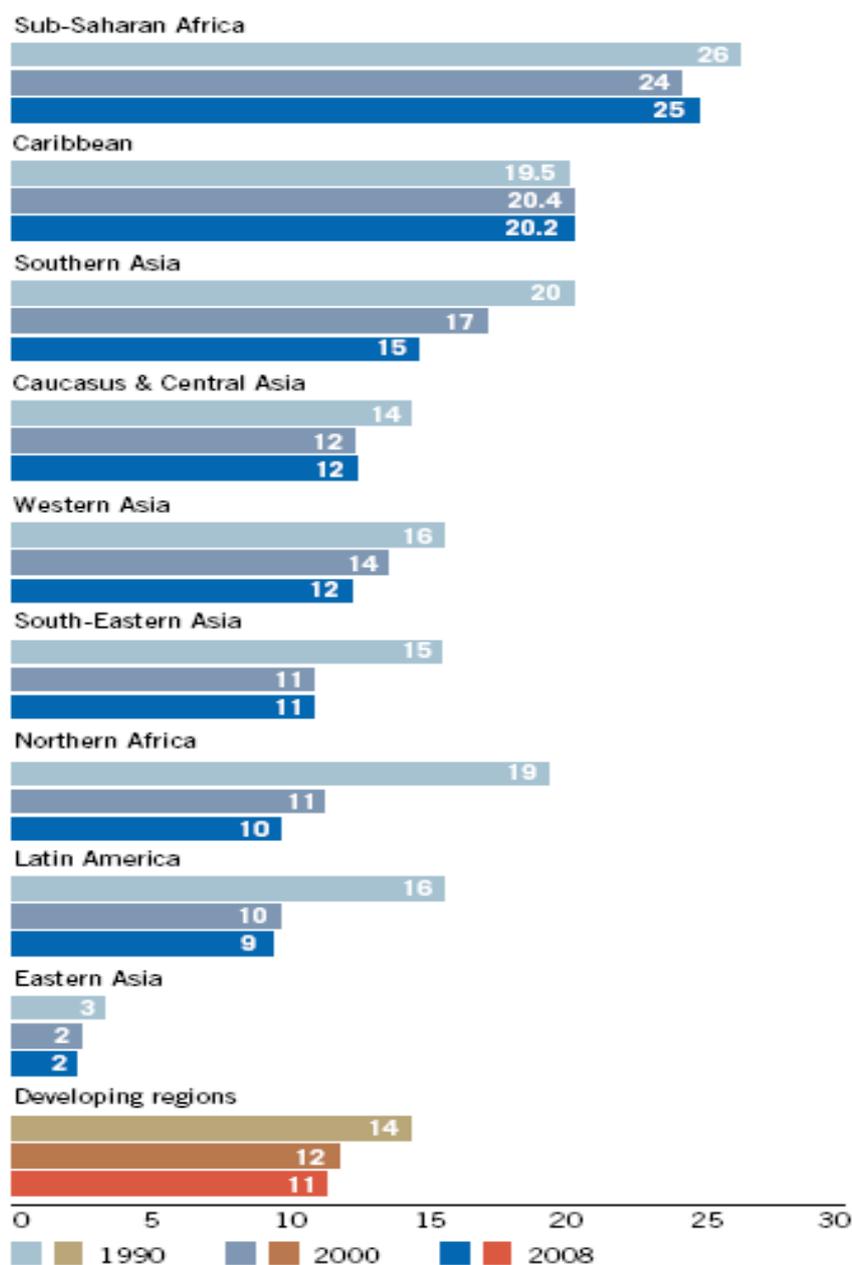


Figure 7.30: Proportion of women who have an unmet need for family planning among woman aged 15-49 who are married or in a union, 1990, 2000 and 2008 (percentages)

Source: Millennium Development goals report, 2010

However, the unmet need for contraceptives remains high in many regions, with inadequate support for family planning, as can be seen in Figure 7.30.

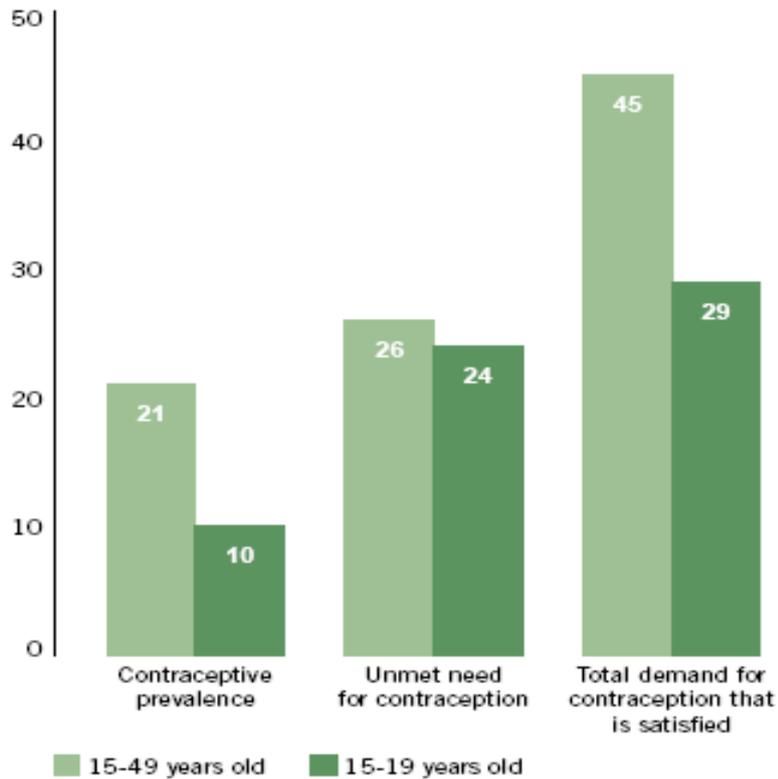


Figure 7.31: Contraceptive prevalence, unmet need for contraception, and total demand from contraception that is satisfied among women who are married or in union, by age group, selected countries in Sub-Saharan Africa, 1998/2008 (percentages)

Source: Millennium Development goals report, 2010

It is critical to reach adolescents to improve maternal health and achieve other MDG's. As Figure 7.31 reflects, since 2000 the portion attributable to family planning and reproductive health care of total health funding has been declining. This is a matter of grave concern.

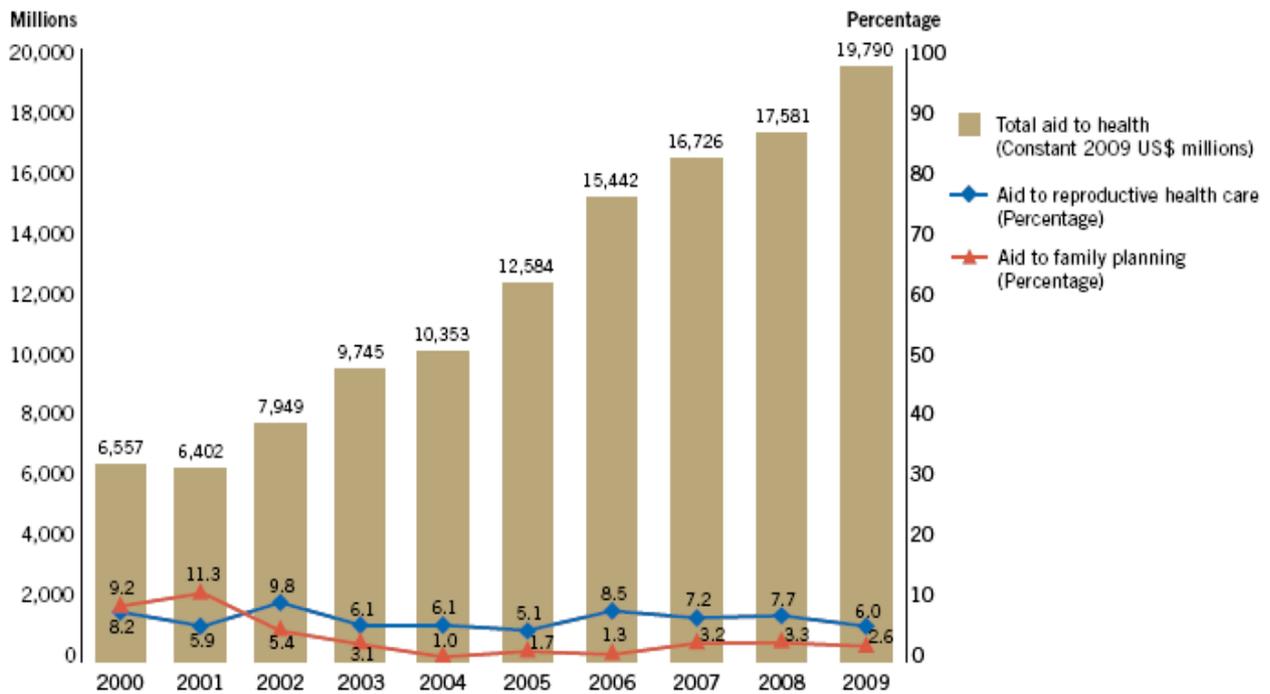


Figure 7.32: Official development assistance to health, total (Constant 2009 US\$ millions) and proportion going to reproductive health care and family planning 2000-2009 (percentages)

Source: Millennium Development goals report, 2010

This graph reveals that aid for family planning has fallen in all recipient countries. Graphs 7.24 – 7.31 pertaining to MDG 5 indicates clearly that sub-Saharan Africa and Southern Asia are behind when it comes to improved maternal health. Sub-Saharan Africa has the highest death rate per 100 000 births. Sub-Saharan Africa also has the lowest proportion of skilled health professionals attending delivery of babies. South Asia on the other hand claims first position in the attendance of a skilled health professional during the pregnancy stages as well as four or more attendances of any health provider during pregnancy.

Only 32% of MDG 5 has been reached, making this the most neglected the eight goals, as portrait in Figure 7.2 in the beginning of Chapter 7.

When considering both MDG 4 and MDG 5 together, the conclusion is that these two goals influence each other.



Combat HIV/AIDS, malaria and other diseases

Diseases are by far the biggest cause of premature deaths in the third world. They also attract the most health related donor funding as indicated by Figure 7.33.

TARGET 6a:

To halve halted the people newly infected by HIV/AIDS 2015 and begun to reverse the spread of HIV/AIDS.

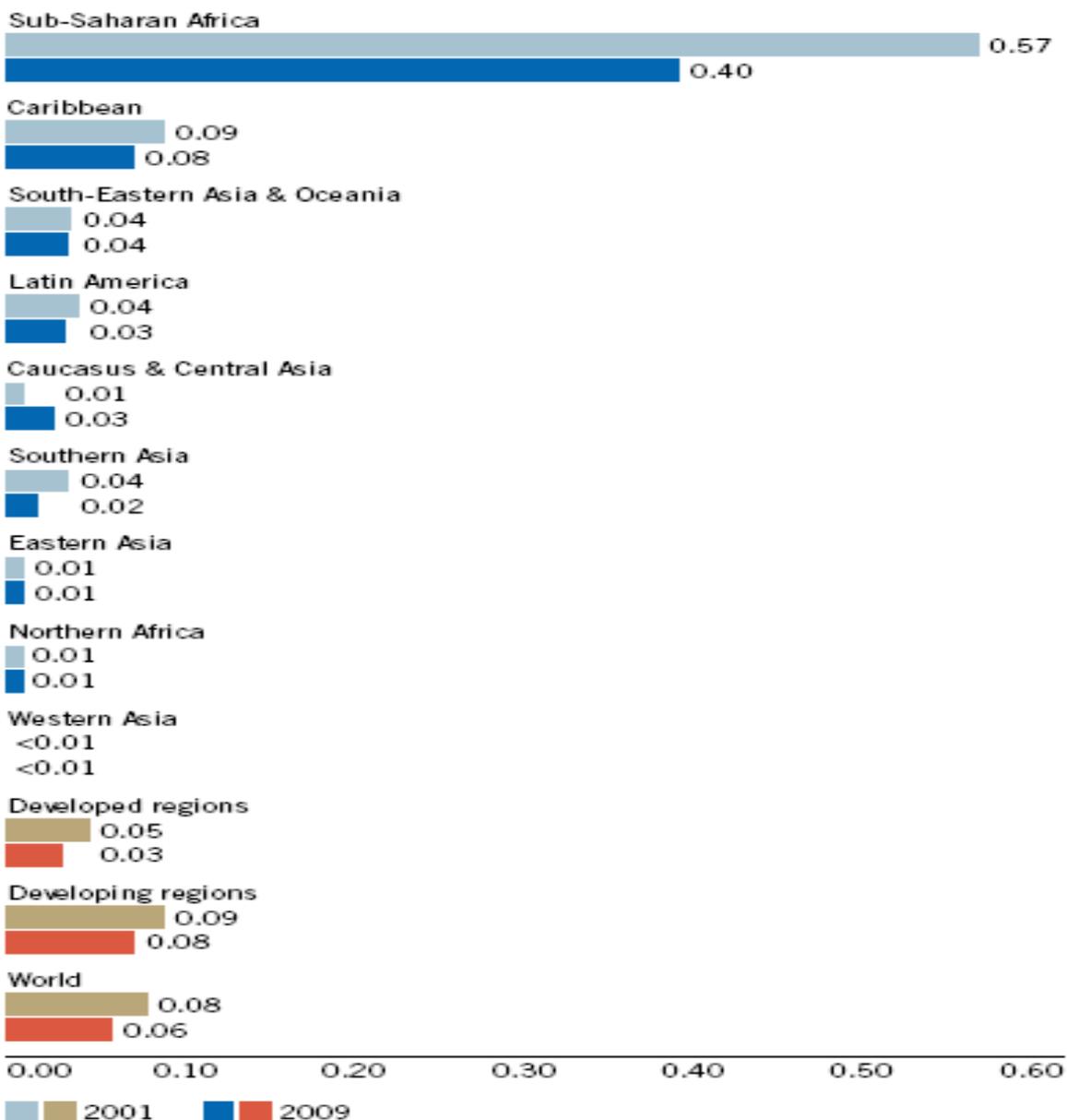


Figure 7.33: HIV incidence rates, 2001 and 2009

Source: Millennium Development goals report, 2010

Note: This figure refers to the number of new HIV infections per year per 100 people aged 15-49. The incidence rate is the number of new HIV infections in a population over a period of time, expressed as a percentage of the adult population aged 15-49. For example, an incidence rate of 0.4% in sub-Saharan Africa in 2009 meant that four adults out of 1 000 were newly infected that year (leading to a total of 1.8 million new infections in the region).

New HIV infections are declining, especially in sub-Saharan Africa, but trends in some of the other regions are worrisome when looking at Figure 7.33.

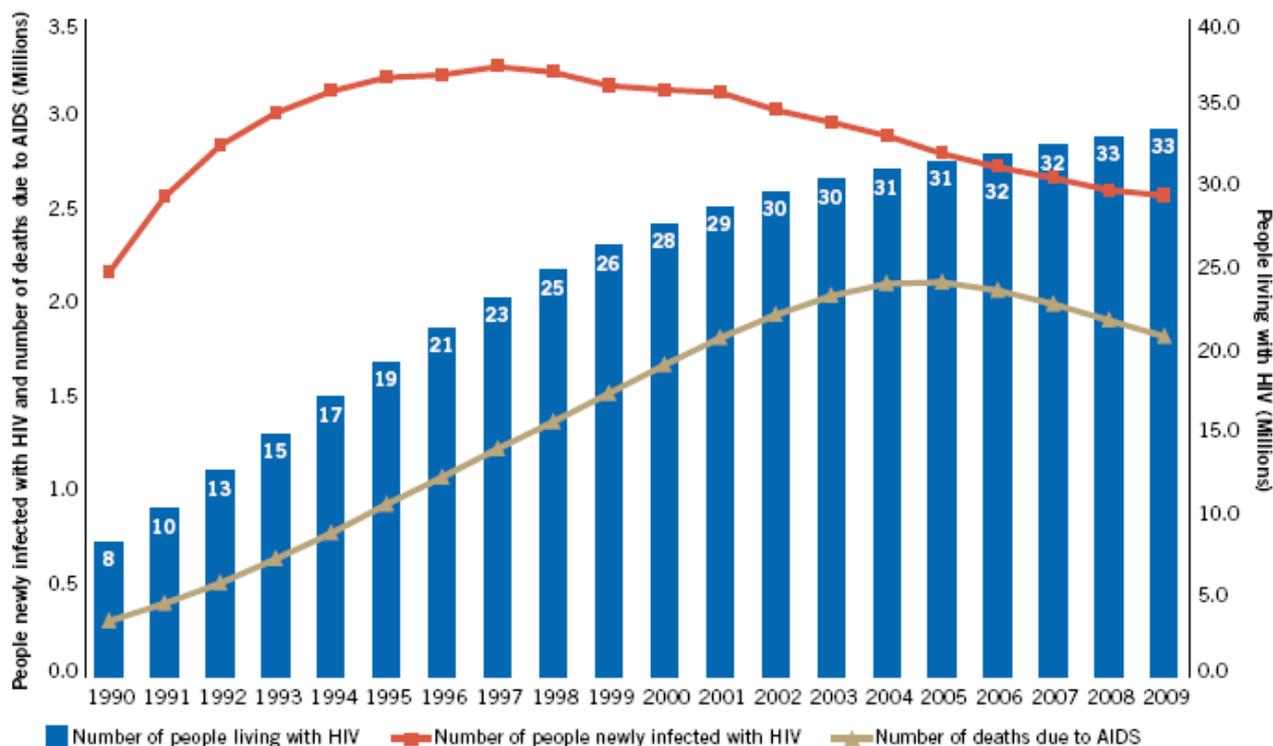


Figure 7.34: Number of people living with HIV, number of people newly infected with HIV and number of AIDS deaths worldwide, 1990-2009 (millions)

Source: Millennium Development goals report, 2010

Note: All AIDS-related figures are the midpoint of a range. The estimate of 2.6 million new infections in 2009, for example, is based on a range of 2.3 million – 2.8 million. The complete data series of ranges and corresponding midpoints is available at <http://mdgs.un.org>

The number of people living with HIV continues to rise, due to life-prolonging treatment. Sub-Saharan Africa shows the greatest HIV prevalence rate in relation to other countries. Figure 7.34 shows that new HIV infections have decreased along with the deaths from AIDS, while the people living with HIV have increased, according to the MDG 2010 report.

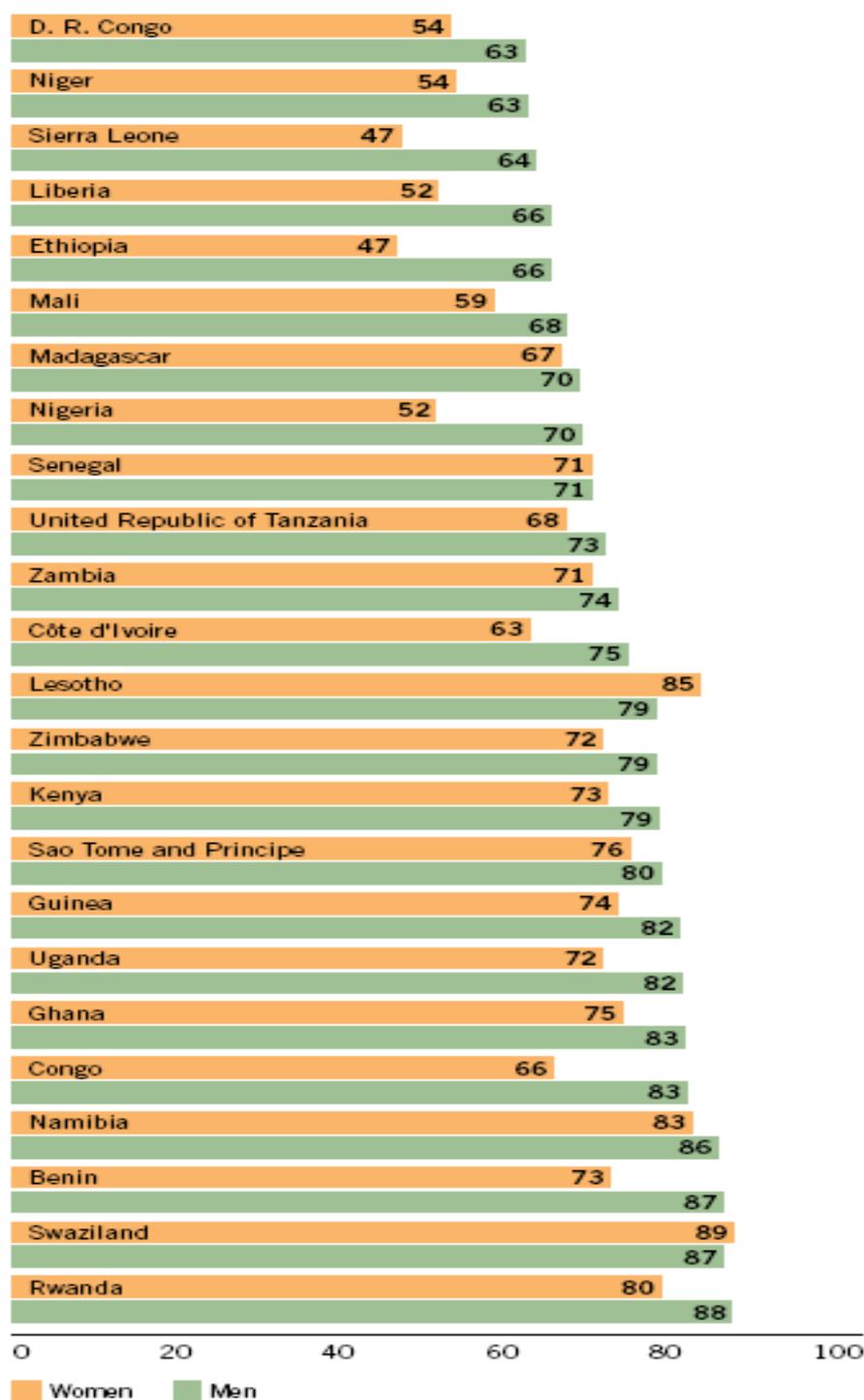


Figure 7.35: Proportion of women and men aged 15-24 who know they can reduce their risk of getting HIV by using a condom every time they have sexual intercourse, selected countries, 2005/9 (percentages)

Note: China is not included in the calculation.

Source: Millennium Development goals report, 2010

Most young people require comprehensive knowledge of HIV, but now know specific ways to prevent its spread. (MDG Report, 2010)

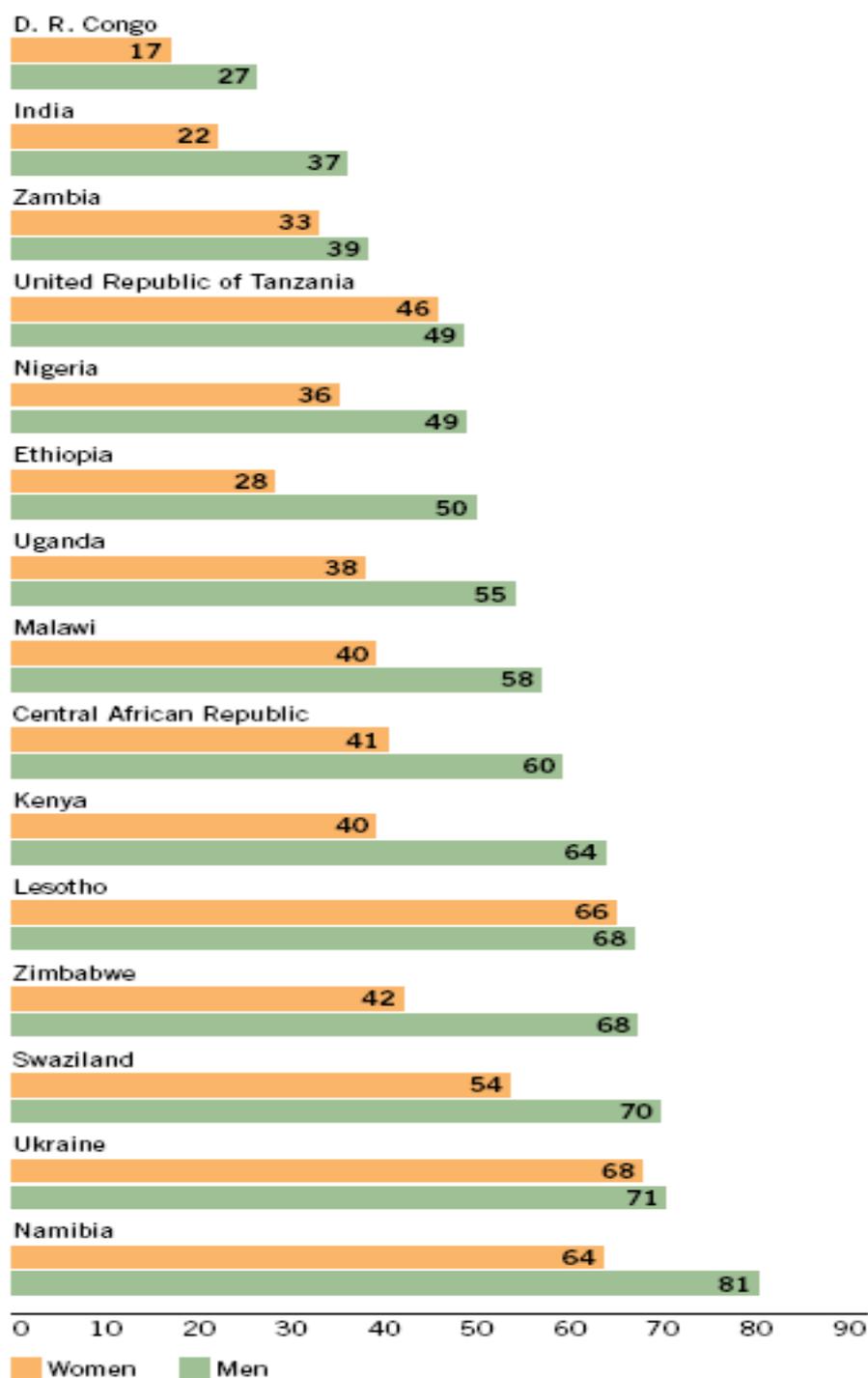


Figure 7.36: Proportion of woman and men aged 15-24 reporting use of a condom during higher-risk sex, selected countries 2005/9 (percentages)

Source: Millennium Development goals report, 2010

Condom use to prevent HIV is still dangerously low in many developing countries, especially among women. Figure 7.35 clearly indicates that more than 50% of sub-Saharan inhabitants know they can decrease their risk of getting HIV by using a condom. Figure 7.36 show that almost half of the previous percentage of people does use a condom during high-risk sex.

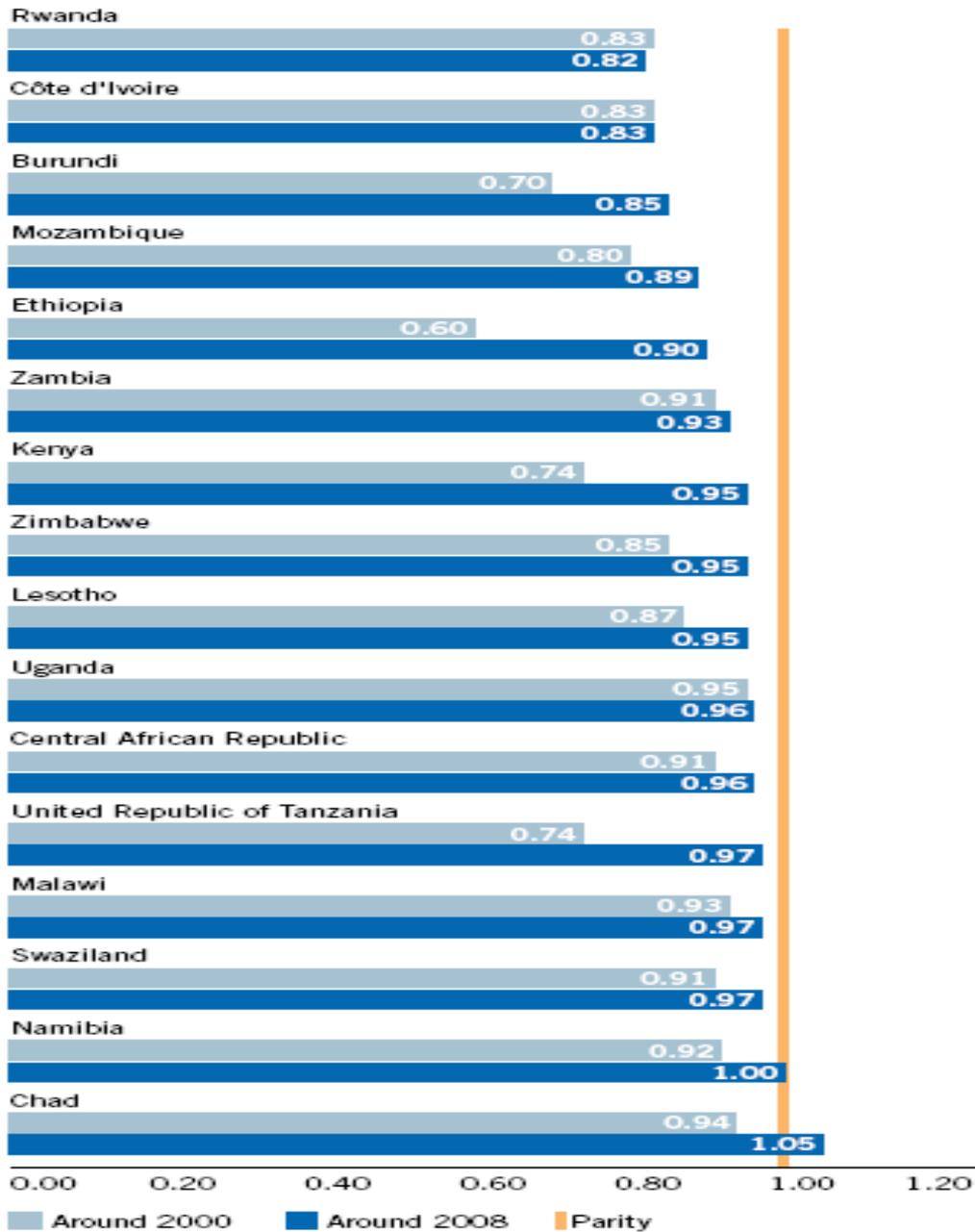


Figure 7.37: Ratio of school attendance of children aged 10-14, who have lost both biological parents compared to school attendance of non-orphaned children of the same age. Selected countries in Sub-Saharan Africa, around 2000 and around 2008 where evaluated

Source: Millennium Development goals report, 2010

Note: The numbers of children orphaned by AIDS are estimates. Lower and upper bounds of these estimates are available on <http://mdgs.un.org>

More children orphaned by AIDS in sub-Saharan Africa are now attending school, thereby increasing their chances of receiving vital protection and support. (MDG Report, 2010)

TARGET 6b:

To achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.

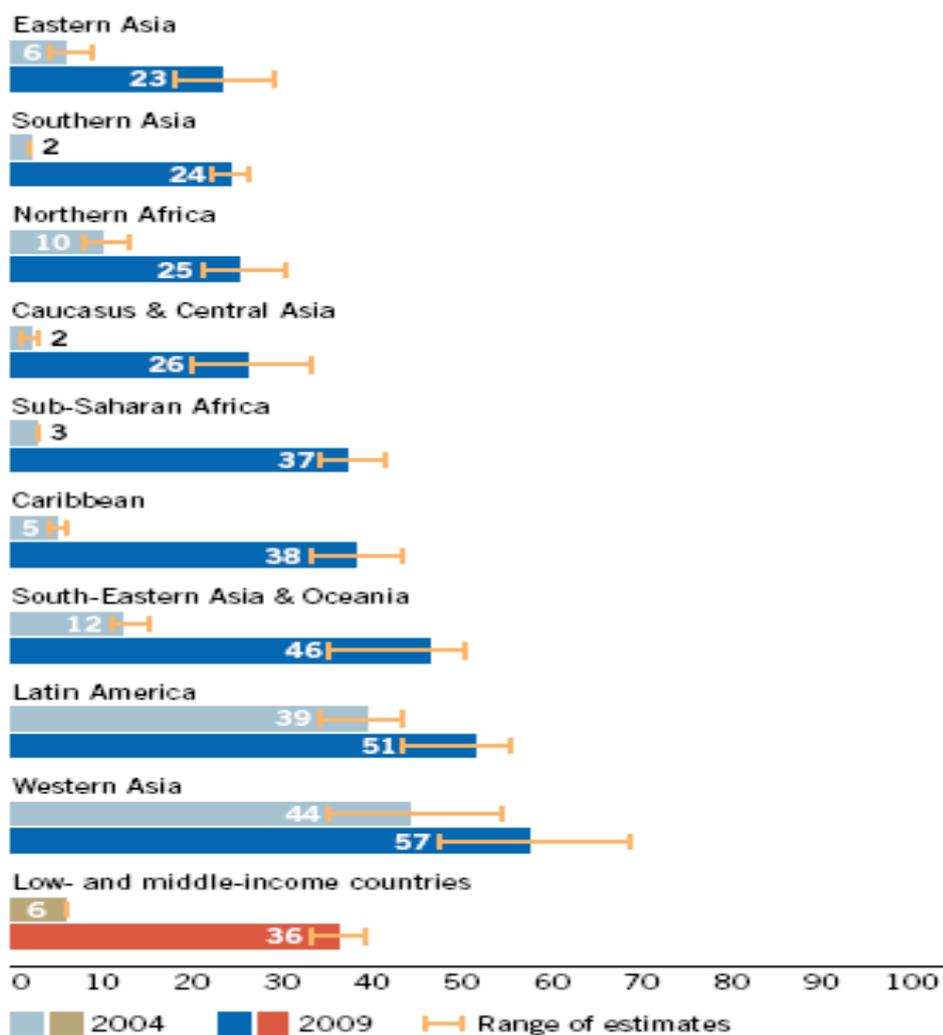


Figure 7.38: Proportion of population living with HIV who is receiving anti-retroviral treatment, 2004 and 2009 (percentages)

Source: Millennium Development goals report, 2010

MDG 2010 report found that, anti-retroviral coverage is measured among people living with HIV with a CD4 cell count at or below 350cells/mm.

Treatment for HIV and AIDS has increased quickly, but not fast enough to meet the 2010 target for universal access according to the above graph.

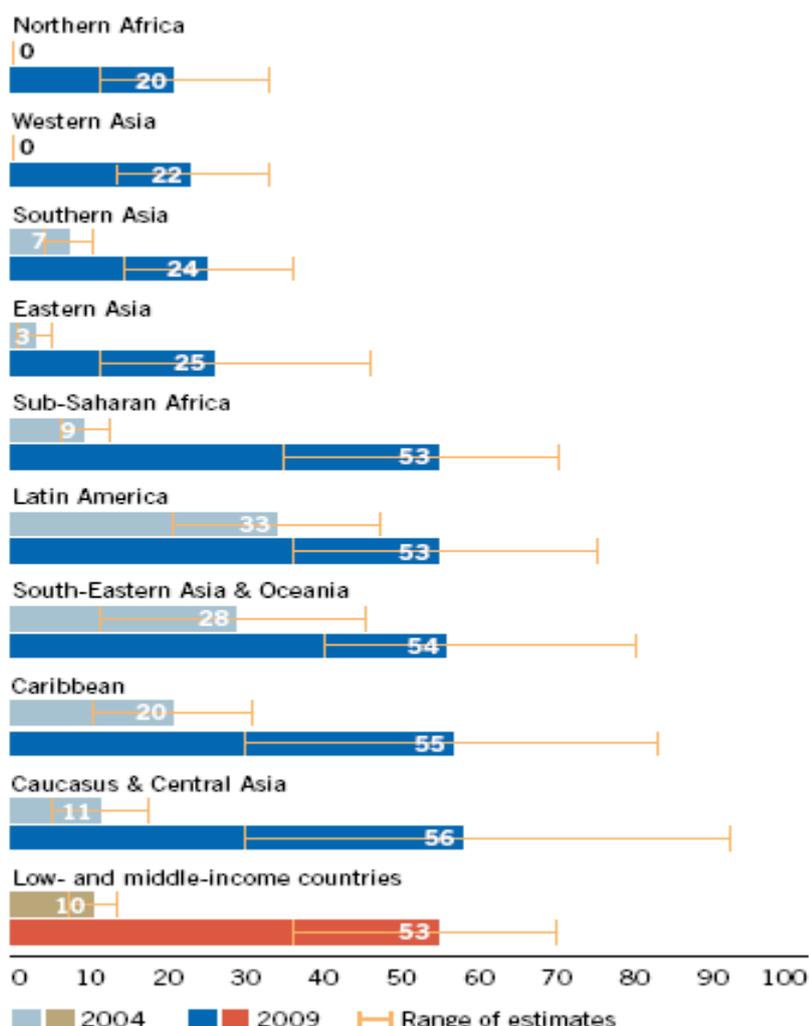


Figure 7.39: Proportion of women receiving anti-retroviral drugs to prevent mother-to-child transmission of HIV, 2004 and 2009 (percentages)

Source: Millennium Development goals report, 2010

Steady progress is being made in reducing the risk of HIV in new-borns. Eastern Asia, less than 25% of Southern Asia and North Africa's inhabitants are receiving anti-retroviral treatment while less than 25% of pregnant mothers from Northern Africa, Western Asia and Southern Asia are receiving anti-retroviral treatment. (MDG Report, 2010.)

TARGET 6c:

To halve halted the incidence of malaria and other major diseases by 2015 and begun to reverse the incidence of these major diseases.

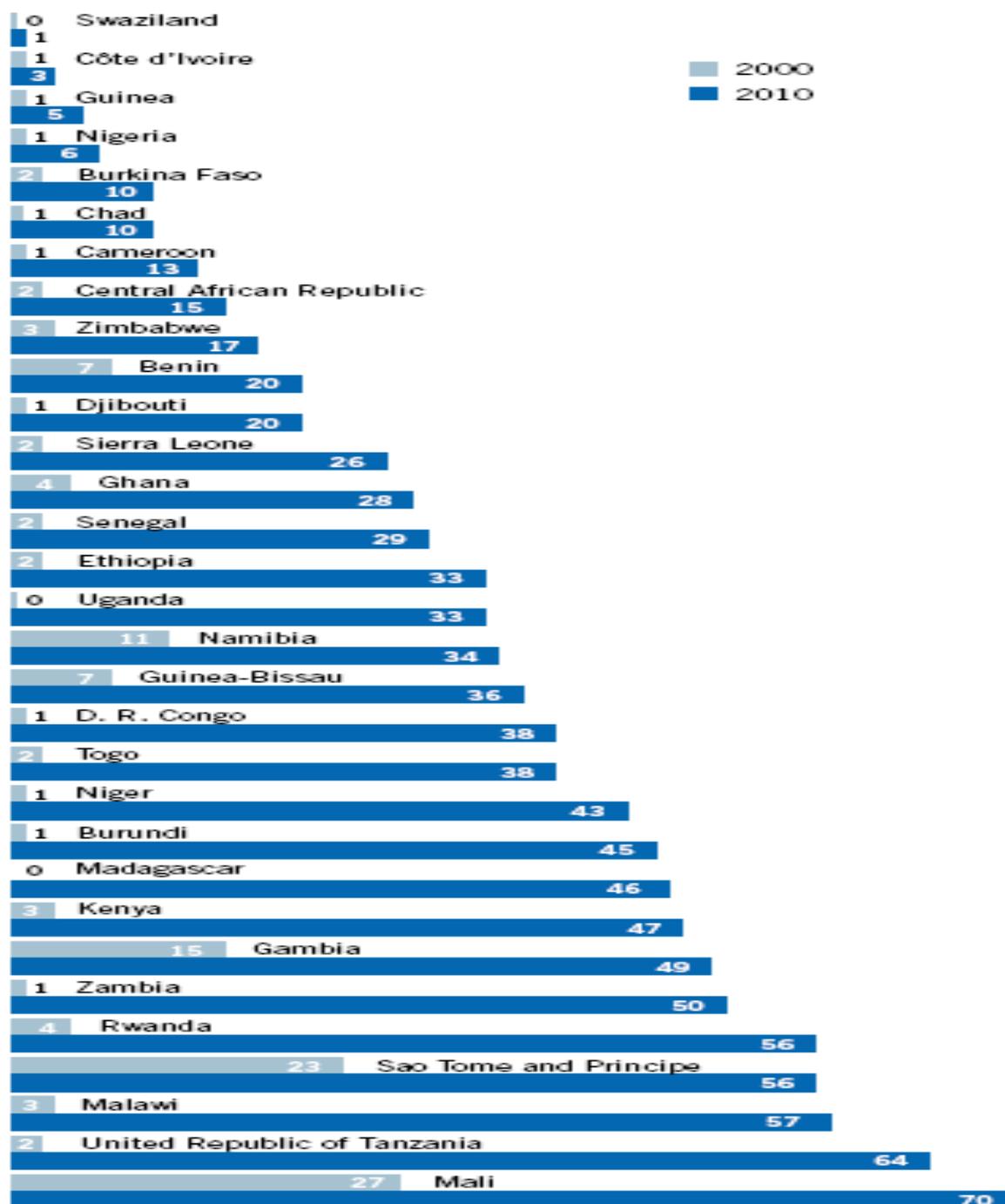


Figure 7.40: Proportion of children under age five sleeping under an insecticide-treated mosquito net in sub-Saharan African countries with two or more comparable data points, around 2000 and around 2010 (percentages)

Source: Millennium Development goals report, 2010

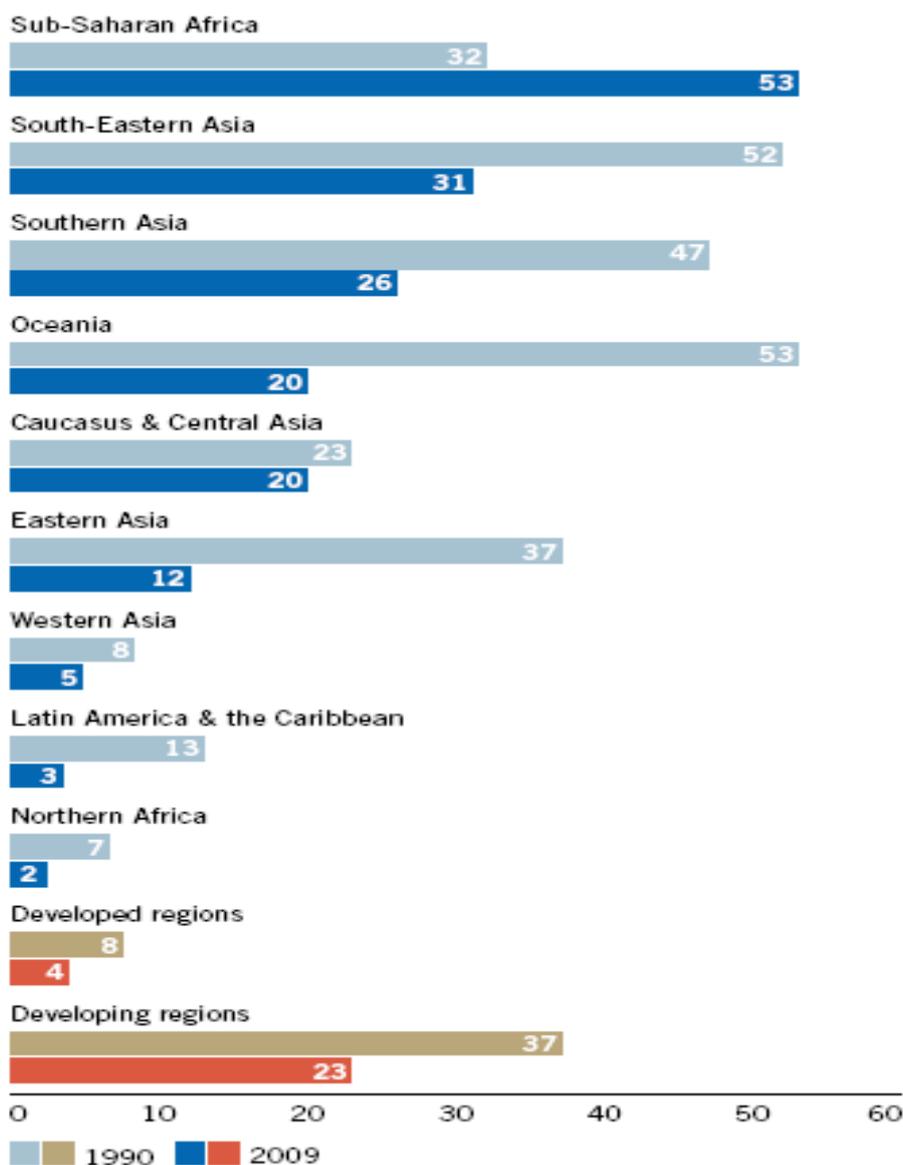


Figure 7.41: Number of tuberculosis deaths per 100 000 populations (excluding people who are HIV-positive), 1990 and 2009

Source: Millennium Development goals report, 2010

Note: All tuberculosis-related figures are the midpoint in a range. The complete data series of ranges and corresponding midpoints are available at <http://mdgs.un.org>

The 2010 MDG Report stated the following: Intensive control efforts have cut deaths from malaria by 20%, with major advances in hard-hit African countries. The use of mosquito nets in Africa is rising rapidly, with lifesaving benefits for children. More African children are receiving the recommended medicines for malaria, but accurate diagnosis remains critical. Tuberculosis prevalence and mortality are also declining. Up to six million lives have been saved since 1995, thanks to an effective international strategy for the diagnosis

and treatment of tuberculosis.

With TB, the prevalence rate has also decreased. Sub-Saharan Africa had a huge increase between 1999 and 2005, but is slowly decreasing again, while other countries showed a downward curve during this same period. Sub-Saharan Africa also has the highest death rate from TB, followed by Eastern Asia and then Southern Asia.

When looking at MDG 6, sub-Saharan Africa lags far behind the other countries when it comes to combating HIV/AIDS, malaria and other diseases. As revealed in Figure 7.2 in the beginning of Chapter 7, the MDG's show that sixty per cent of the total targeted goal has been reached.

Ensure environmental sustainability

Environmental sustainability is a requirement for self-sufficiency. By improving environmental sustainability the burden of donor countries to enhance third world countries can be relieved.

TARGET 7a:

To integrate the principles of sustainable development into countries policies and programmes and reverse the loss of environmental resources.

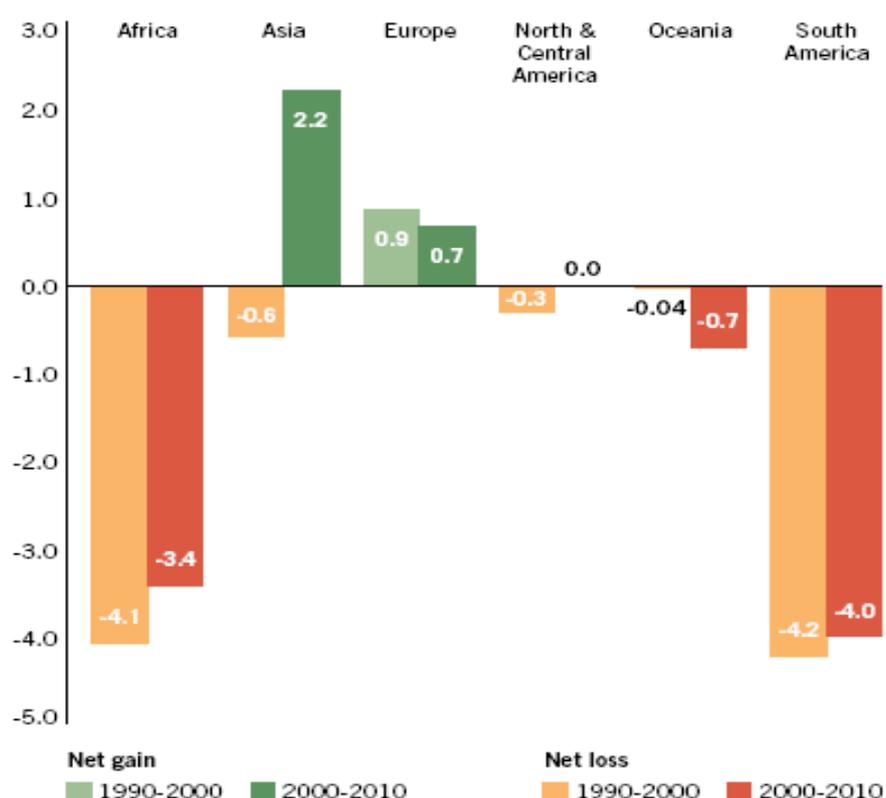


Figure 7.42: Net change in forested area between 1990 and 2000 and between 2000 and 2010 (million hectares per year)

Source: Millennium Development goals report, 2010

Note: The composition of regions in this figure is different from the rest of the report. In this chart, Oceania corresponds to what in the MDG regions is Oceania and Australia combined; Europe in the MDG regions is part of the developed regions; and North and Central America have been included among the underdeveloped regions along with Latin America.

According to the MDG 2010 report, forests are disappearing rapidly in South America and Africa, while Asia – led by China – registers net gains.

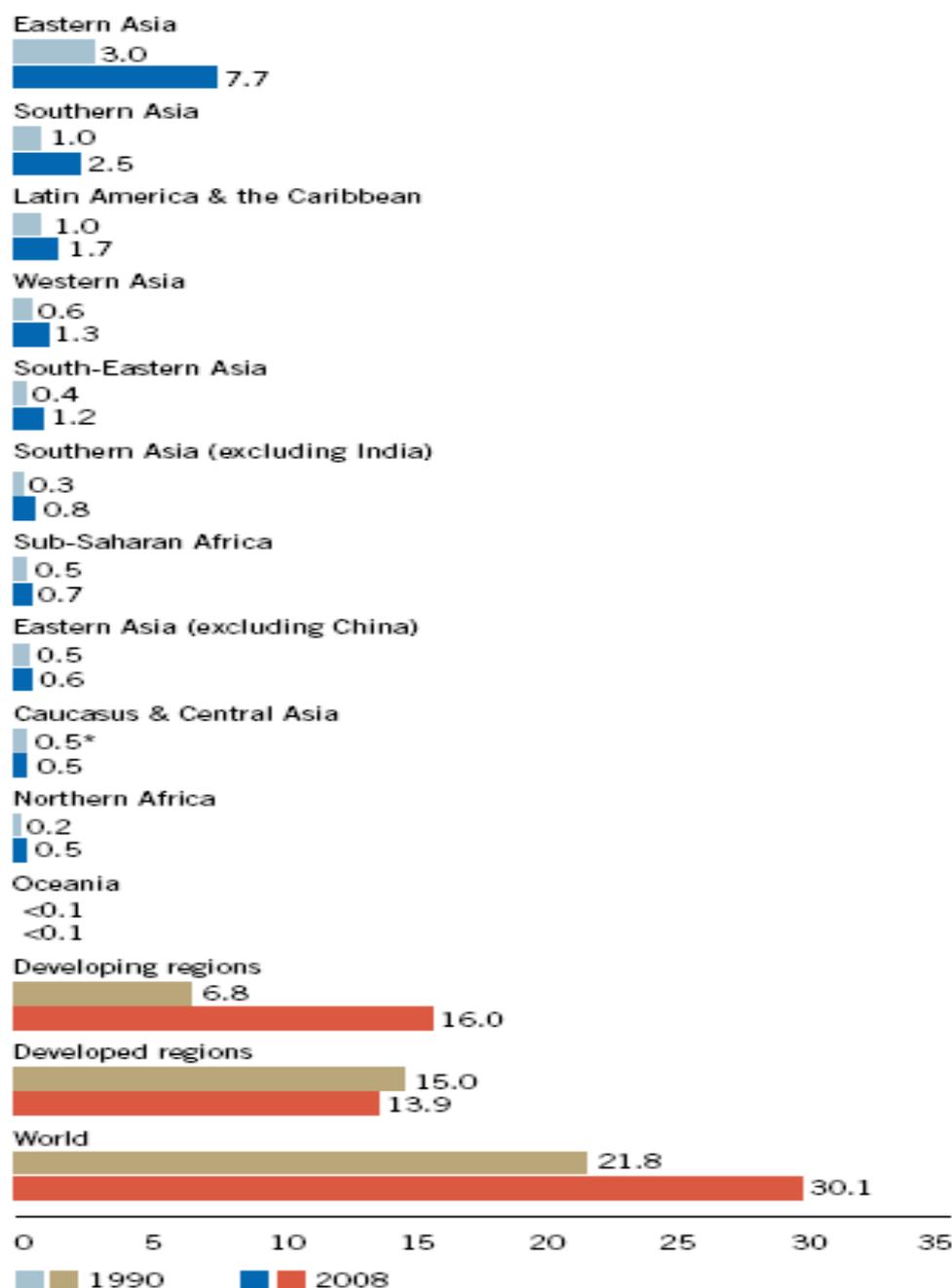


Figure 7.43: Emissions of carbon dioxide (CO₂), 1990 and 2008 (billions of metric tons)

Note: Data for Caucasus and Central Asia refer to 1992.

Source: Millennium Development goals report, 2010

MDG 2010 report stated that, despite the downturn in economic activity, global greenhouse gas emissions continue to rise. Figure 7.43 indicates that it is largely Asia and Latin America that are responsible for the emissions. African countries with lower rates of industrialisation emit far less. Africa and South America shows the largest forest

losses, while most other countries' shows gains in their forrests. Accros the world emissions of carbon dioxide have increased, with Eastern and Western Asia in the lead.

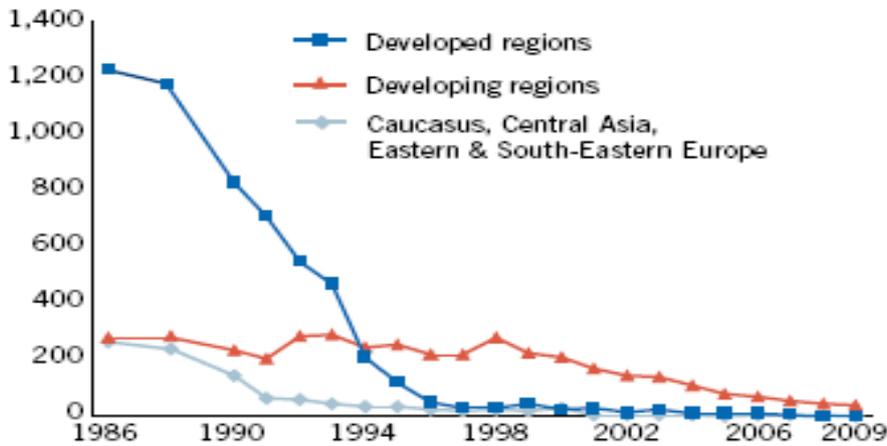


Figure 7.44: Consumption of all ozone-depleting substances (ODSs), 1986-2009 (thousands of tonnes of ozone depletion potential)

Source: Millennium Development goals report, 2010

The Montreal Protocol is not only helping to restore the ozone layer, but to curb climate change.

TARGET 7b:

To reduce biodiversity loss by 2010 and in so doing achieve a significant reduction.

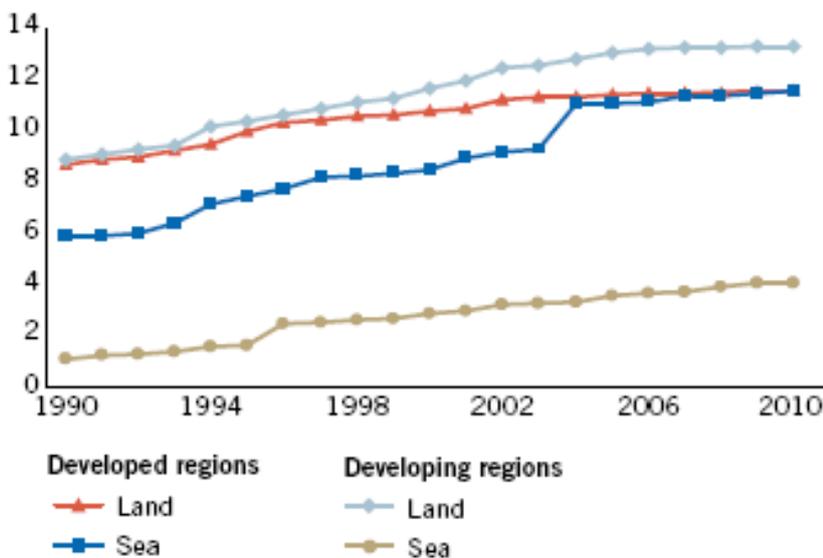


Figure 7.45: Proportion of terrestrial areas protected and proportion of coastal waters (up to 12 Nautical miles) protected 1990-2010 (percentages)

Source: Millennium Development goals report, 2010

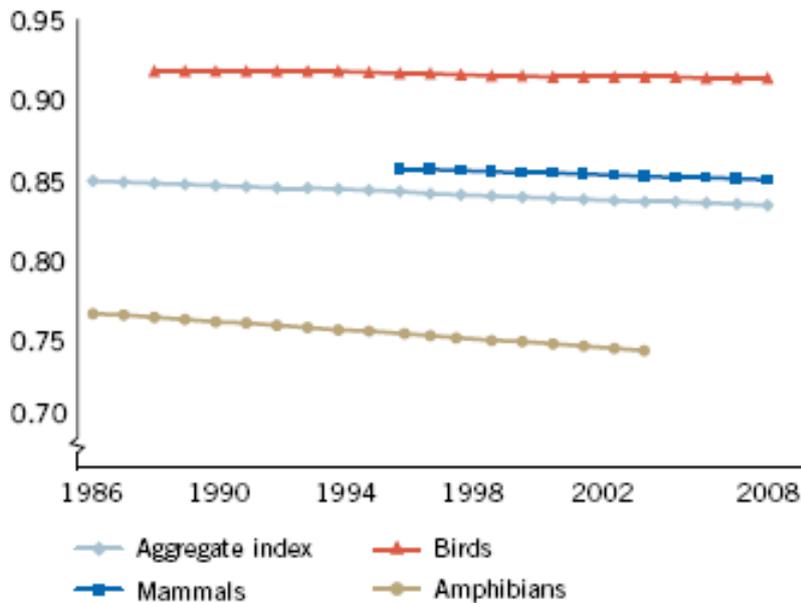


Figure 7.46: IUCN Red List Index of species survival for mammals (1996-2008), birds (1988-2008) and aggregate index (1986-2008)

Source: Millennium Development goals report, 2010

The MDG 2010 report found that added effort and innovative approaches are needed to meet new targets for the conservation of priority ecosystems. Figure 7.46 shows the proportion of species expected to remain extinct in the near future in the absence of additional conservation action. According to the MDG 2010 report, a Red List Index value of 10 means that the species in question is of lesser concern, since it is not expected to become extinct in the near future. A Red List Index value of 0 indicates that species is extinct.

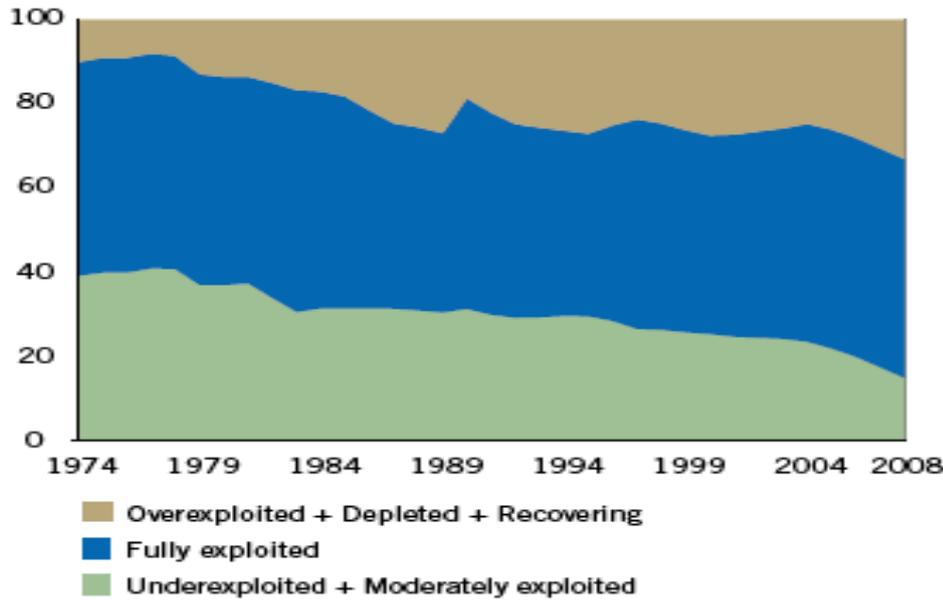


Figure 7.47: Status of the exploited fish stocks, 1974-2008 (percentages)

Source: Millennium Development goals report, 2010

According to the MDG Report 2010 global marine resources are continuing to decline.

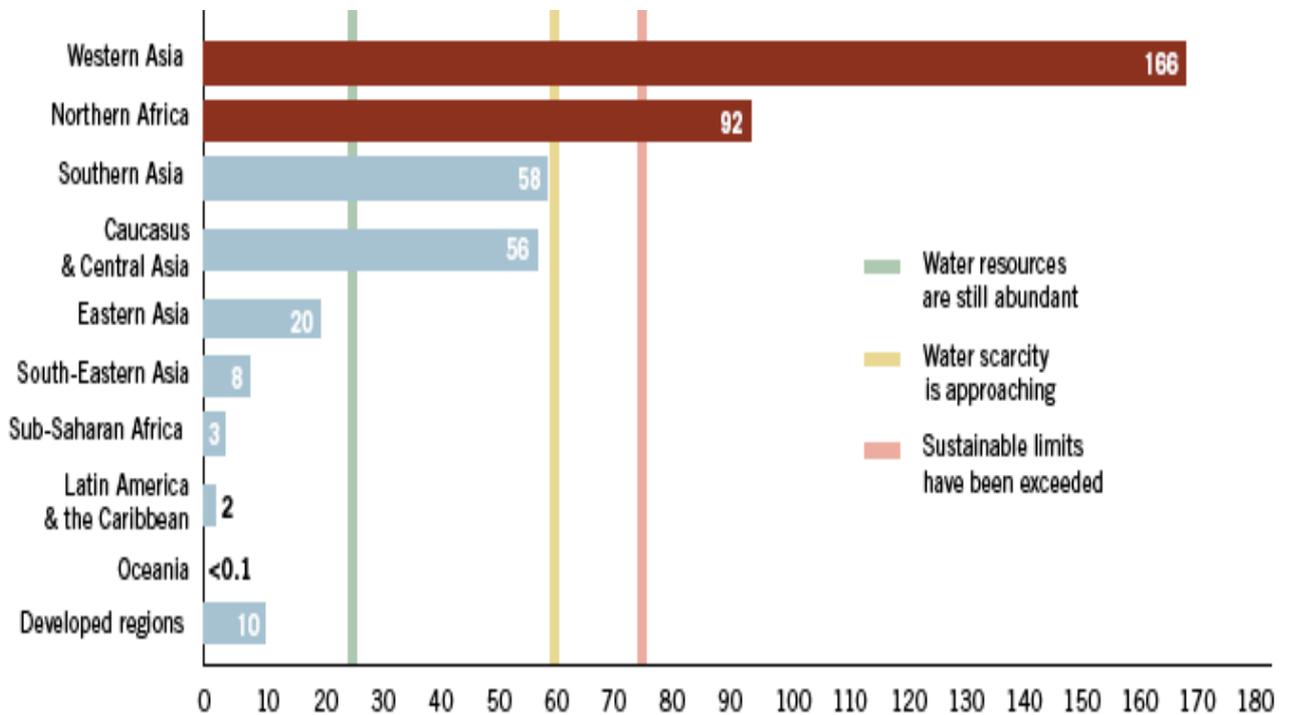


Figure 7.48: Surface water and groundwater as a percentage of internal renewable water resources, taking into consideration official treaties between countries, around 2005

Source: Millennium Development goals report, 2010

The limits for sustainable water resources have already been exceeded in Western Asia and Northern Africa when looking at Figure 7.48. When assessing the protection of terrestrial areas and coastal waters, improvement can be seen in developing and developed regions, but the protection of the land area of developing regions lags far behind, although it shows improvement as well. As far as protecting species is concerned, amphibians lag behind mammals and birds. Over 40% of fish stocks are fully exploited, with 30% being over exploited. (MDG Report, 2010)

TARGET 7c:

To halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation.

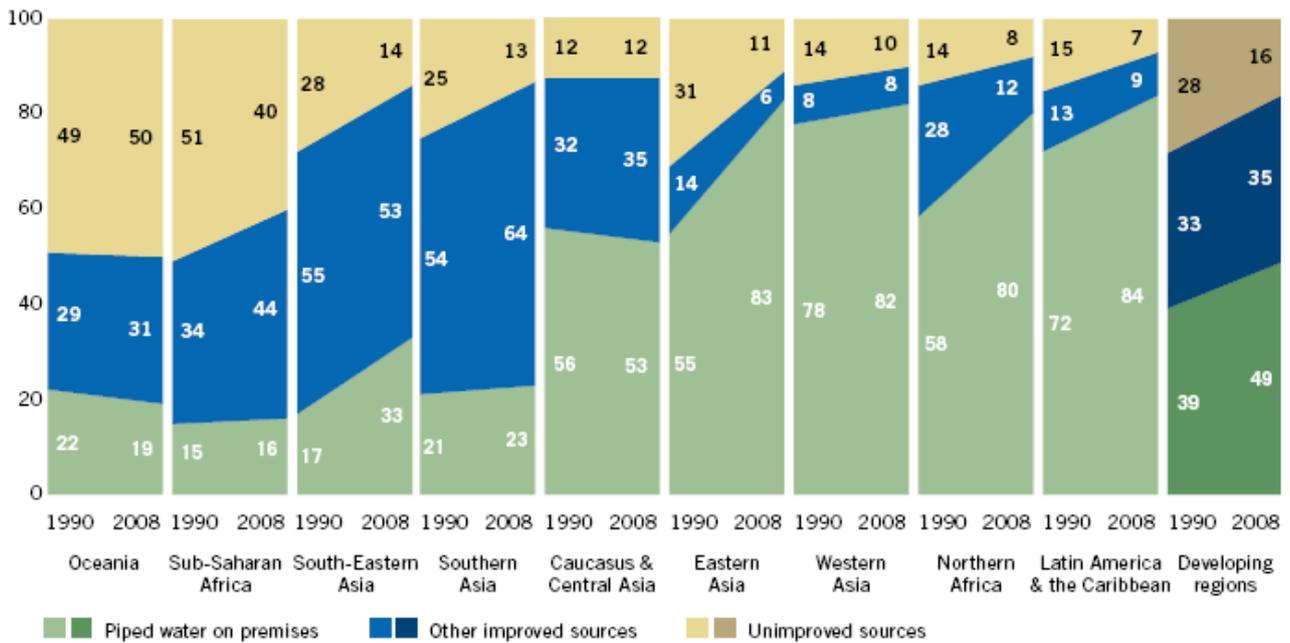


Figure 7.49: Proportion of population using different sources of water, 1990 and 2008 (percentages)

Source: Millennium Development goals report, 2010

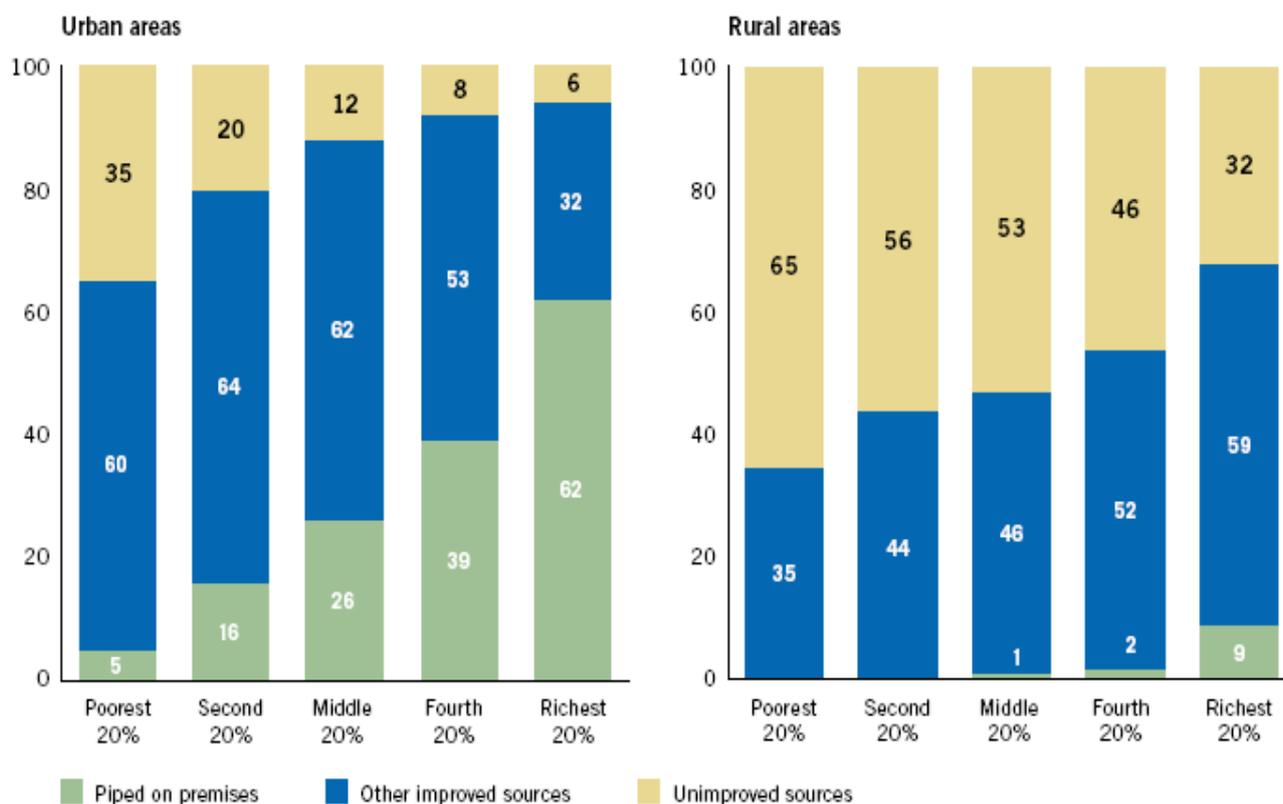


Figure 7.50: Proportion of population using different sources of water by wealth quintile, rural and urban areas, sub-Saharan Africa, 2004/9 (percentages)

Source: Millennium Development goals report, 2010

The world is likely to surpass the clean drinking water target, though more than one in one-people may still be without access to water in 2015. Poor, rural populations remain at a disadvantage in accessing clean drinking water, according to the MDG 2010 report.

Western Asia and Northern Africa have exceeded the limits of sustainable water. Northern Africa has exceeded this limit by more than double. Sub-Saharan Africa and Oceania show the biggest percentage of unimproved drinking water sources, with rural areas leading the way in accessing unclean drinking water. (MDG Report, 2010)

This and unclean drinking water may be one of the reasons sub-Saharan Africa and Southern Asia are battling with disease and deaths.

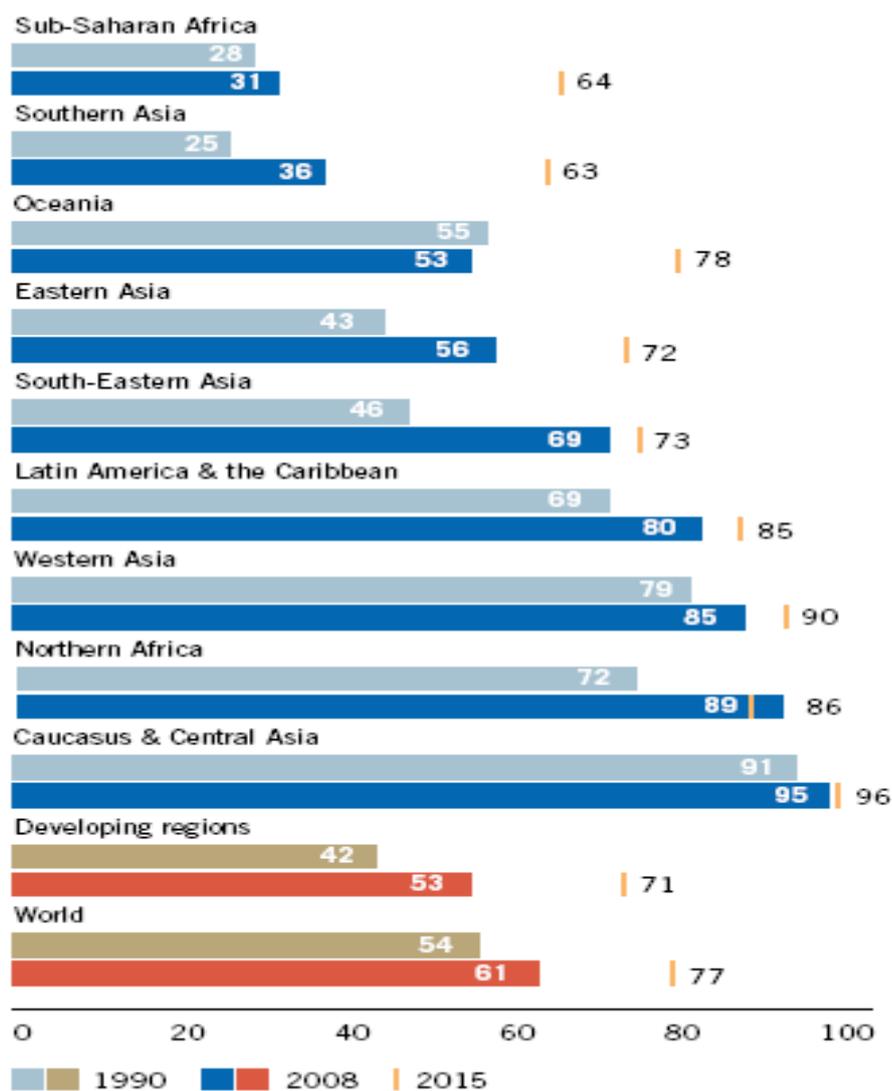


Figure 7.51: Proportion of population using an improved sanitation facility, 1990 and 2008 (percentages)

Source: Millennium Development goals report, 2010

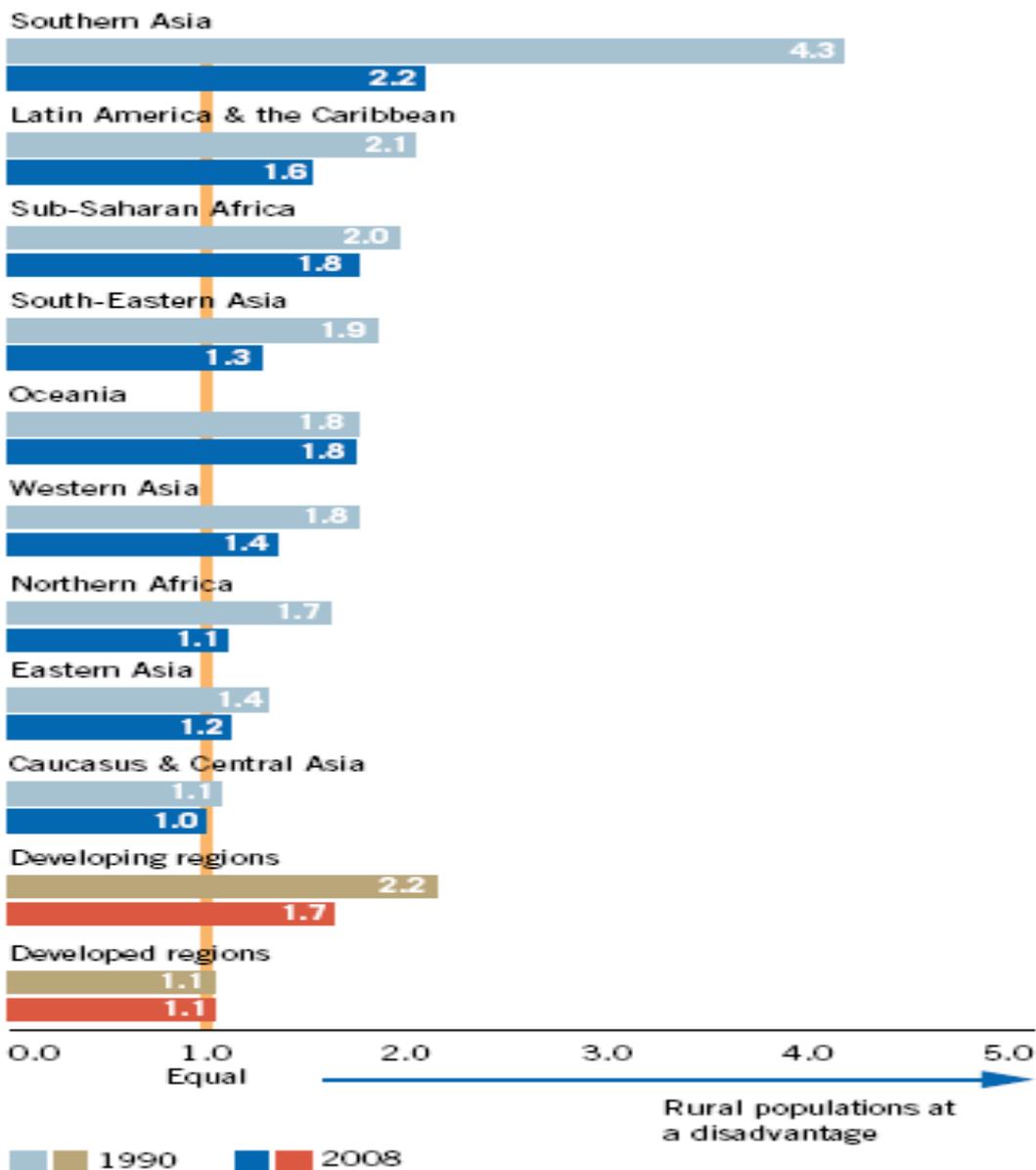


Figure 7.52: Urban/rural ratio of the proportion of population using an improved sanitation facility, 1990 and 2008

Source: Millennium Development goals report, 2010

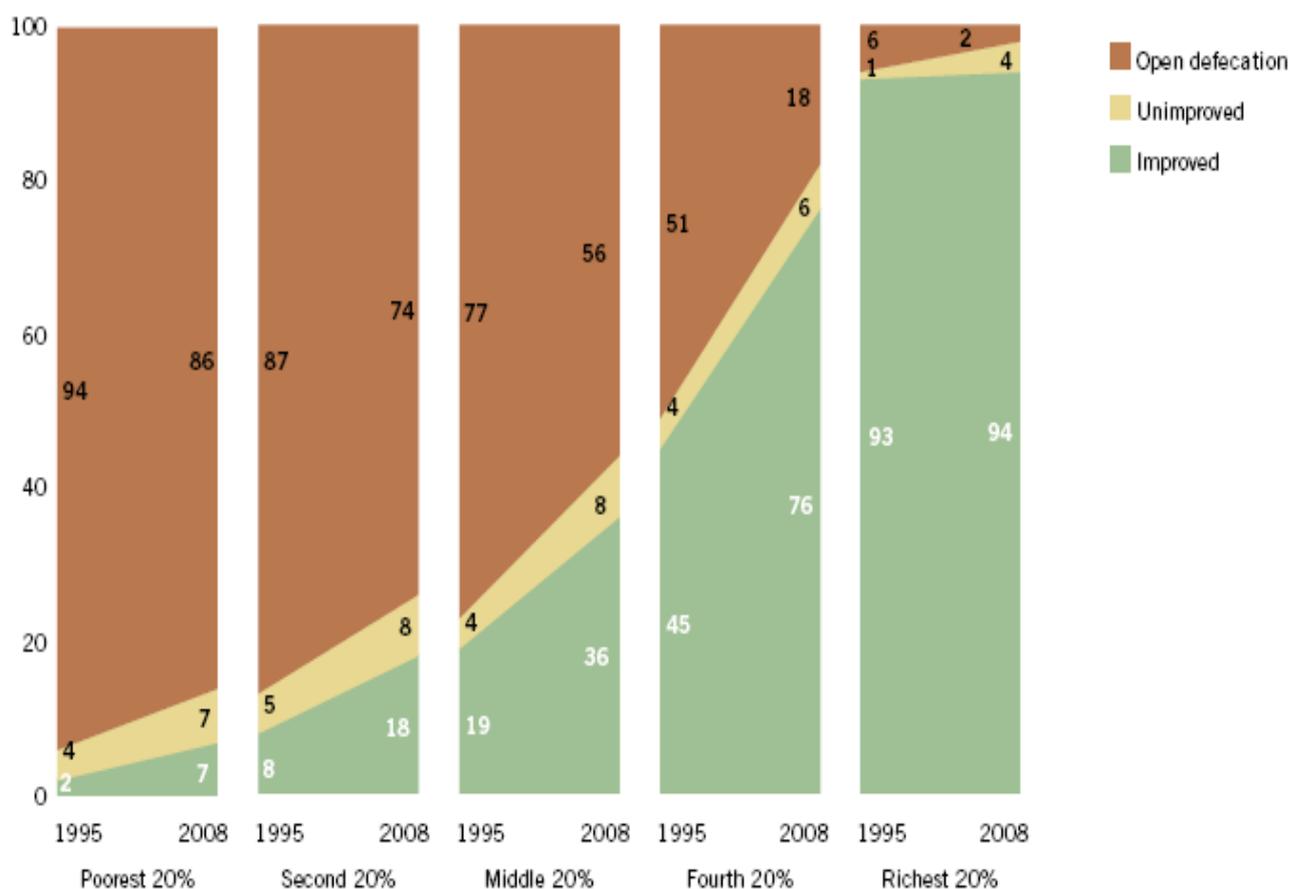


Figure 7.53: Proportion of population by sanitation practices and wealth quintile, Southern Asia, 1995 and 2008 (percentages)

Source: Millennium Development goals report, 2010

MDG 2010 report stated that over 2.6 billion people do not have flushing toilets and other forms of improved sanitation. Poor, rural populations remain at a disadvantage in accessing clean drinking water. The gaps in sanitation coverage between urban areas are narrowing. Improved sanitation has failed to reach the poorest households in parts of Southern Asia.

Sub-Saharan Africa and Southern Asia are also on top of the list of countries that require improved sanitation. Proper sanitation has also failed to reach the 40% of poorest households in Southern Asia, while the richest 20% reap the advantage.

According to Figure 7.2, MDG 7 to attain safe water is on track, while improved sanitation is only partially— 52% – on track in achieving the goals.

TARGET 7d:

To achieve a significant improvement by 2020 in the lives of at least hundred million slum dwellers.

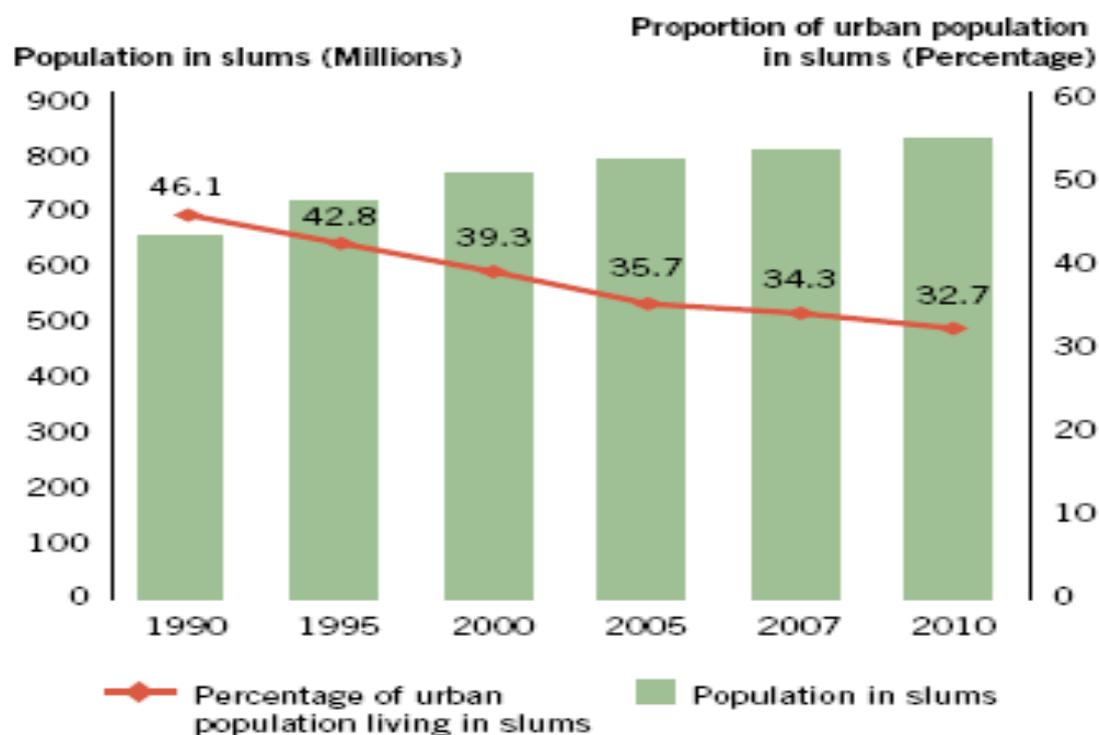


Figure 7.54: Population living in slums and proportion of urban population living in slums, developing regions, 1990-2010

Source: Millennium Development goals report, 2010

Although there was an increase in people living in slums, the percentage of total population has decreased. Thus making the figures non comparative. MDG 2010 report found that, growing urbanisation is outpacing slum improvements, calling for new and realistic national and local targets.



Develop a global partnership for development

Underdeveloped countries place a burden on the rest of the world. With prosperity the whole world benefits, with decline the whole world suffers. A significant MDG goal is a global partnership for development where the world works together to ensure a sustainable environment for all.

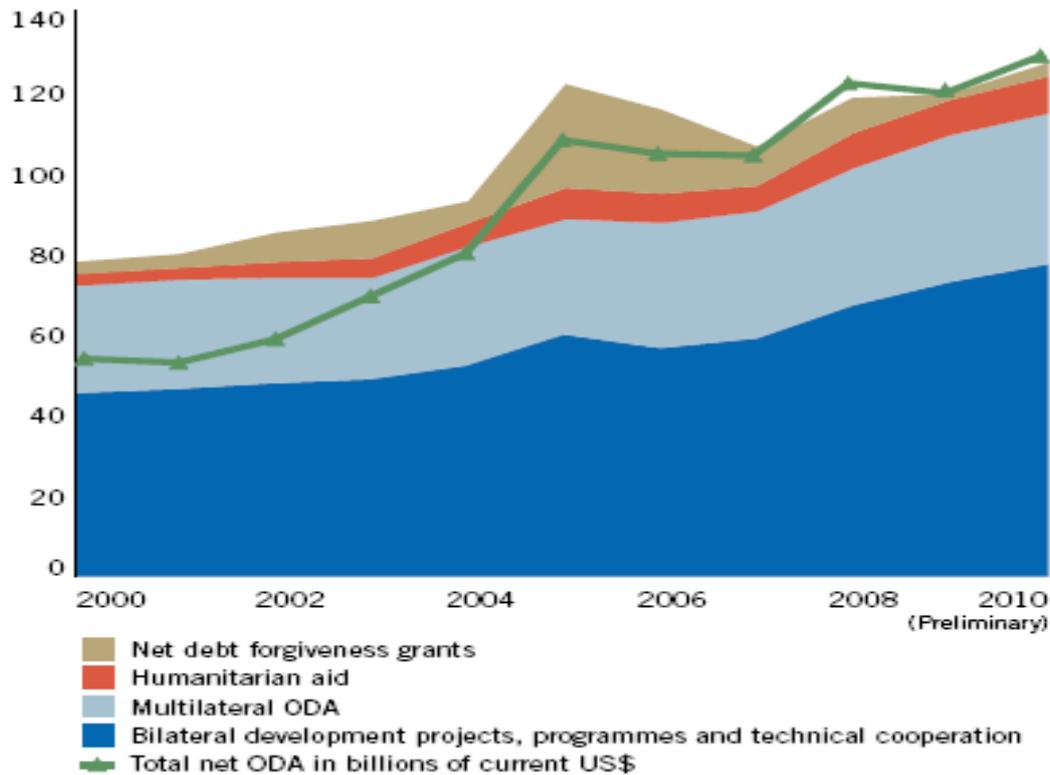


Figure 7.55: Official development assistance (ODA) from developed countries, 2000-2010 (Billions of constant 2009 US\$ and current US\$)

Source: Millennium Development goals report, 2010

According to the MDG 2010 report, aid to developing countries is at a record high, but falls short of promises made in 2005. Individuals should be urged to have less debt, thus ensuring less debt for a country.

When evaluating MDG 8, it is clear that bilateral funding contributes the biggest portion towards ODA funding. Net debt forgiveness aid reached a high in 2005, but decreased the following year, bringing it back to the same upwards gradient curve it had in 2004 before the steep increase in 2004-2005, according to Figure 7.55. Developed countries

decreased average tariffs on imports for developing and least developed countries, but exports reached a sharp drop in 2009, interrupting the downward trend of developing countries' debt service ratio.

TARGET 8a:

To address the special needs of the least developed countries, landlocked countries and small island developing states.

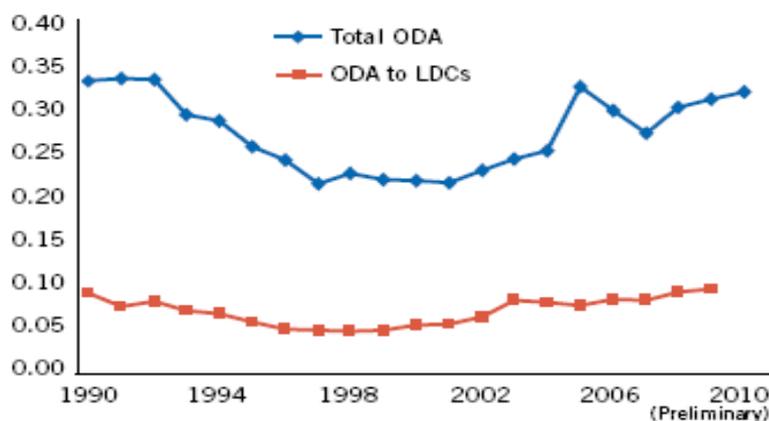


Figure 7.56: Net official development assistance from OECD-DAC countries as a proportion of donors' gross national income to all developing countries and to the least developed countries (LDC's), 1999-2010 (percentages)

Source: Millennium Development goals report, 2010

From above graph it is clear that contributor's from less developing countries have less monies to contribute towards donor funding when comparing to developing countries contributions.

TARGET 8b:

To further develop an open, rule-based, predictable, non-discriminatory trading and financial system.

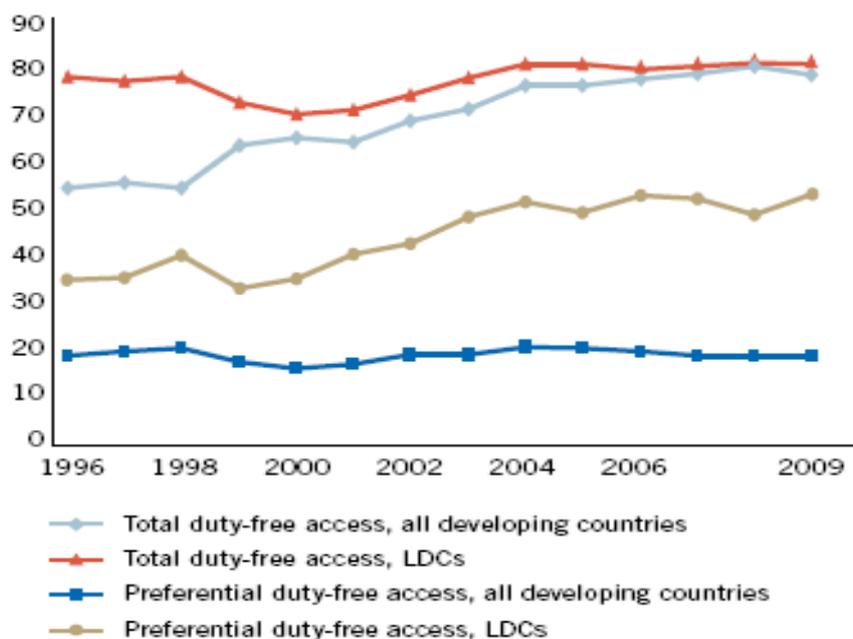


Figure 7.57: Proportion of developed country imports from developing countries and from the LDC's admitted free of duty, all duty-free access and preferential duty-free access, 1996-2009 (percentages)

Source: Millennium Development goals report, 2010

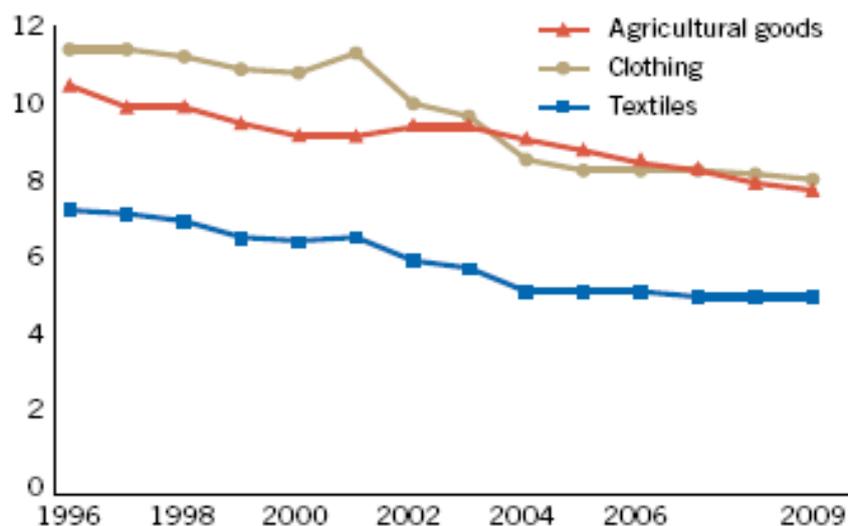


Figure 7.58: Developed countries' average tariffs on imports of key products from developing countries, 1996-2009 (percentages)

Source: Millennium Development goals report, 2010

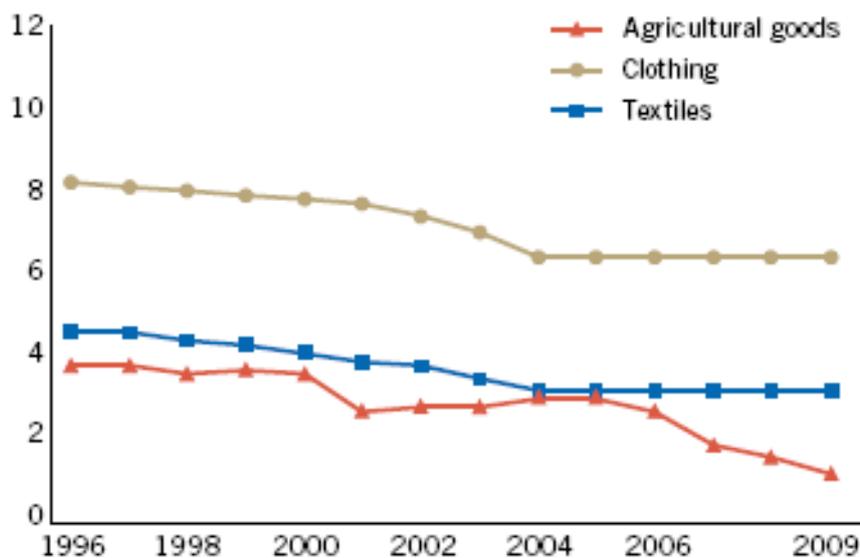


Figure 7.59: Developed countries' average tariffs on imports of key products from LDC's, 1996-2009 (percentage)

Source: Millennium Development goals report, 2010

According to the MDG 2010 report, preferential duty-free access is calculated by subtracting total duty-free access all products receive, from normal duty free access under the most favoured-nation treatment (MFN) regime. Tariffs on agricultural products from developing countries continue to fall, but continue to be exchanged for clothing and textiles. This may lead to high volumes of clothing and textiles being imported from less developing countries to other countries.

TARGET 8c:

To deal comprehensively with developing countries' debt.

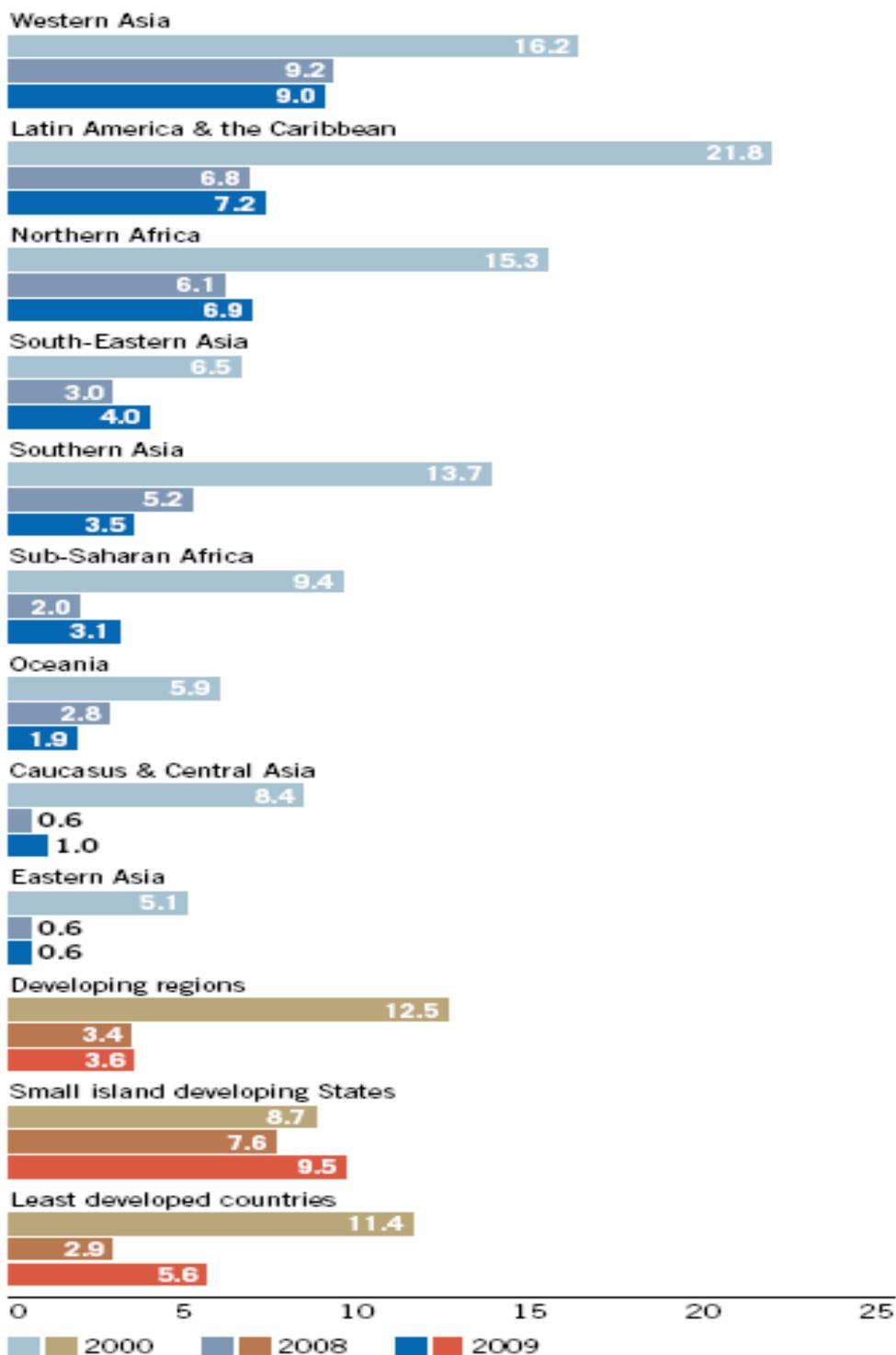


Figure 7.60: External debt service payments as a proportion of export revenues, 2000, 2008 and 2009 (percentages)

Source: Millennium Development goals report, 2010

TARGET 8d:

To make available the benefits of new technologies, especially information and communications, in co-operation with the private sector.

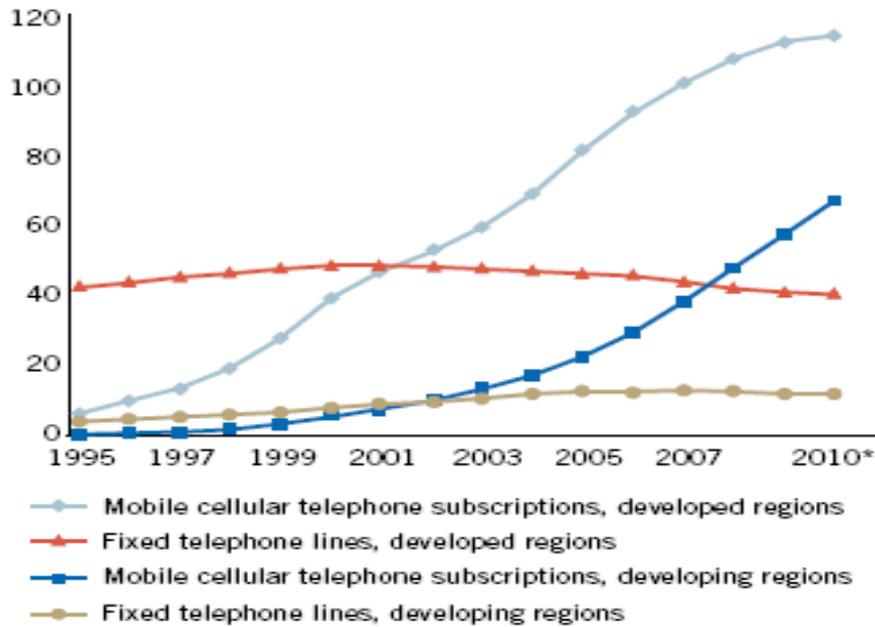


Figure 7.61: Number of fixed telephone lines and mobile cellular subscriptions per 100 inhabitants, 1995-2010

Note: Data for 2010 are estimates.

Source: Millennium Development goals report, 2010

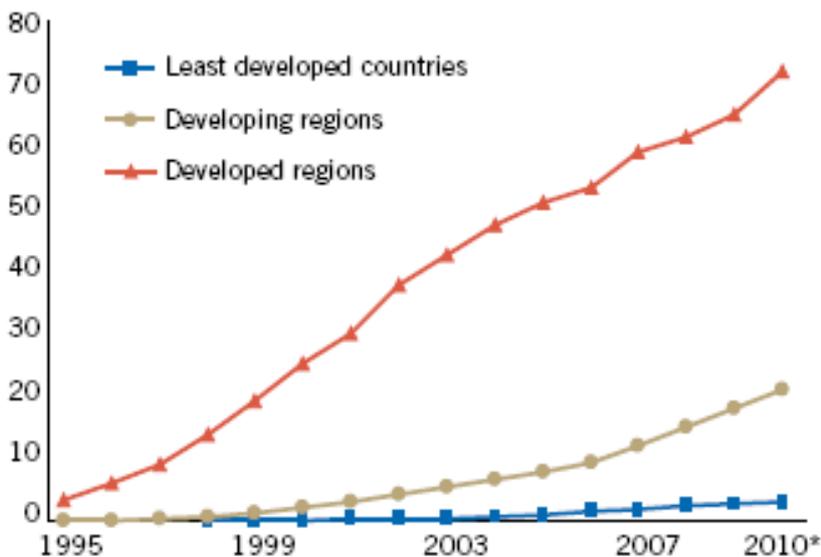


Figure 7.62: Number of Internet users per 100 inhabitants, 1995-2010

Note: Data for 2010 are estimates.

Source: Millennium Development goals report, 2010

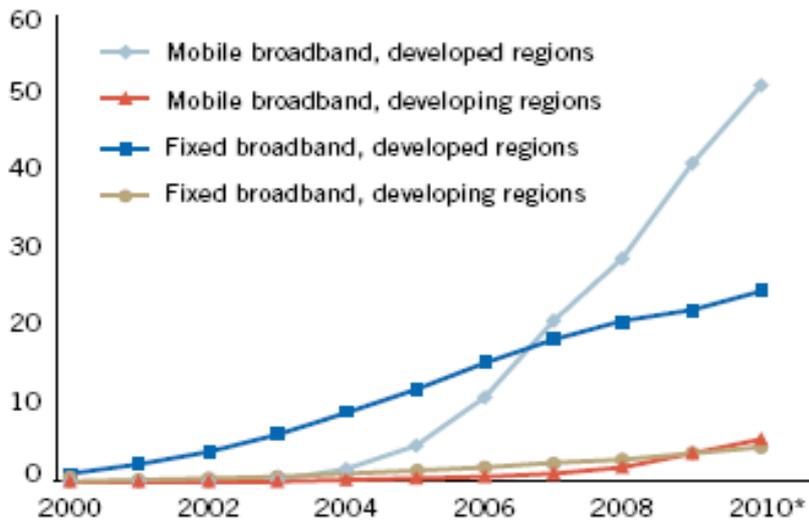


Figure 7.63: Fixed broadband subscriptions and mobile broadband subscriptions per 100 inhabitants, 200-2010

Note: Data for 2010 are estimates.

Source: Millennium Development goals report, 2010

The availability of mobile phones, telephone lines, and Internet- and broadband connections has increased over the last decade, making the benefits for technology more available to everyone. Two thirds of the world's population have yet to gain access to the Internet, when evaluating Figure 7.60 - Figure 7.63. According to MDG Report 2010, high-speed Internet connections that are now more widely available, have promising applications for development in the future.

7.5 Conclusions made from Empirical Review conducted in 7.1 – 7.4:

On page 128 a summary graph was depicted on how far each of the MDG goals were reached and how far they still need to go to reach their planned goal for 2015.

- MDG 3 - Gender equity, reached 86% of their goal.
- MDG 7 – Safe Water (100%) and Improved sanitation (50%), reached 77% of their goal.
- MDG 1 – Extreme Poverty (100%) and Hunger (38%), reached 72% of their overall goal.
- MDG 2 – Education, reached 61% of its goal.
- MDG 6 – Infectious diseases, reached 60% of its goal.
- MDG 4 – Child mortality, reached 50% of its stated goal.
- MDG 5 – Maternal Mortality, only grasped a staggering 32% of its goal.
- MDG 8 – Develop a Global partnership for development, cannot be measured.

Some of the MDG goals have made great progress, but the goals are less than 70% reached.

All eight these MDG goals are interwoven into each other and cannot be looked at as an individual goal. How can Infectious diseases be diminished if sanitation facilities are poor and people suffer from inadequate nutrition? Maternal mortality can also be linked to child mortality.

More monies need to be raised to ensure the feasibility of the goals. All must work together, public, private and donor sectors, if a solution needs to be attained in the near future.

A glance at the goals in general does not provide a good overall picture, as none of these goals has been met. Maybe the solution would be to lower the bar of each goal, as it seems that the G8 leaders (at the 2000 Summit) did not grasp the magnitude in reaching these initial goals.