

# In the Public Interest

Health, Education, and Water and Sanitation for All



Kate Raworth/Oxfam

 **Oxfam**  
International

 **WaterAid**

**SUMMARY**

*'It was a miracle for us that free primary education came. Otherwise, John [aged 11] would still be at home.'*  
Jane Nzomo, Kenya

*'Freedom translates into having a supply of clean water... being able to live in a decent home, and having a good job; to have accessible health care. I mean, what's the point of having made this transition if the quality of life of these people is not enhanced and improved? If not, the vote is useless!'*  
Desmond Tutu, 1999

Classrooms with teachers; clinics with nurses; running taps and working toilets: for millions of people across developing countries these things are a distant dream. And yet it is these vital public services — health, education, water and sanitation — that are the key to transforming the lives of people living in poverty.

Building strong public services for all is hardly a new idea: it is the foundation upon which today's rich country societies are built. More recently, developing countries have followed suit, with impressive results. Sri Lanka, Malaysia, and Kerala state in India, for example, have within a generation made advances in health and education that took industrialised countries 200 years to achieve. Building strong public services is not a new idea, but it has been proven to work. It should be at the very heart of making poverty history.

In the twenty-first century it is a scandal that anyone lives without these most basic of human rights, yet millions of families still do. Today:

- 4,000 children will be killed by diarrhoea, a disease of dirty water
- 1,400 women will die needlessly in pregnancy or childbirth
- 100 million school-age children, most of them girls, will not go to school.

This report shows that developing countries will only achieve healthy and educated populations if their governments take responsibility for providing essential services. Civil society organisations and private companies can make important contributions, but they must be properly regulated and integrated into strong public systems, and not seen as substitutes for them. Only governments can reach the scale necessary to provide universal access to services that are free or heavily subsidised for poor people and geared to the needs of all citizens — including women and girls, minorities, and the very poorest. But while some governments have made great strides, too many lack the cash, the capacity, or the commitment to act.

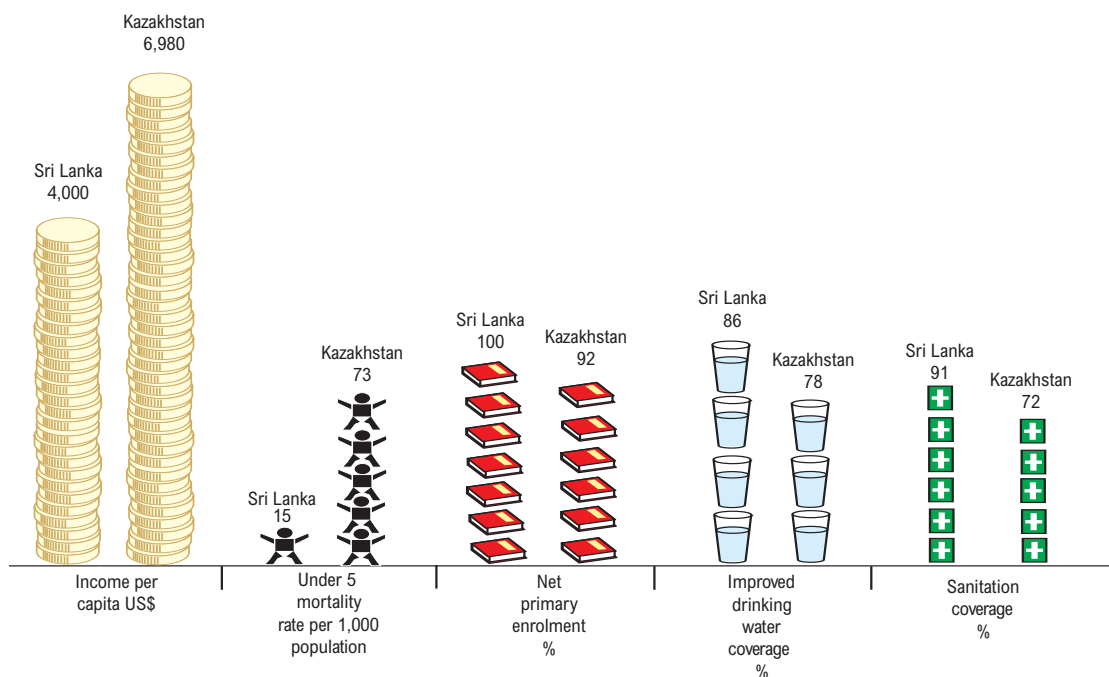
Rich country governments and international agencies such as the World Bank should be crucial partners in supporting public systems, but too often they block progress by failing to deliver debt relief and predictable aid that supports public systems. They also hinder development by pushing private sector solutions that do not benefit poor people.

The world can certainly afford to act. World leaders have agreed an international set of targets known as the Millennium Development Goals. Oxfam calculates that meeting the MDG targets on health, education, and water and sanitation would require an extra \$47 billion a year. Compare this with annual global military spending of \$1 trillion, or the \$40 billion that the world spends every year on pet food.



Needed: 1.9 million more teachers like this.  
Jaishree Patel/Oxfam

**Figure 1: Sri Lanka: less income than Kazakhstan, but healthier, better-educated people**



(Sources:

Income per capita: GNI in purchasing power parity in international dollars, World Bank World Development Indicators Database 2004.

Child survival: under-5 mortality rate per 1,000 population, 2003 data from UNICEF: [www.childinfo.org/areas/childmortality/u5data.php](http://www.childinfo.org/areas/childmortality/u5data.php).

Schooling: net primary enrolment rate, 2002-03 data from UNDP: <http://hdr.undp.org/statistics/data/indicators.cfm?x=117&y=1&z=1>.

Water: percentage of the population with access to improved drinking water, 2002 data from UNICEF: [www.childinfo.org/areas/water/countrydata.php](http://www.childinfo.org/areas/water/countrydata.php).

Sanitation: percentage of population with sanitation, 2002 data from UNICEF: [www.childinfo.org/areas/sanitation/countrydata.php](http://www.childinfo.org/areas/sanitation/countrydata.php))

## Public success: governments that ensure essential services for all

To assess the performance of developing country governments, Oxfam has devised an Essential Services Index. This ranks countries in four social areas — child survival rates, schooling, access to safe water, and access to sanitation — and compares their performance with per capita national income. The comparison shows that some governments have consistently punched above their weights. Even though more than one-third of Sri Lanka’s population still live below the poverty line, its maternal mortality rates are among the lowest in the world. When a Sri Lankan woman gives birth, there is a 96 per cent chance that she will be attended by a qualified midwife. If she or her family need medical treatment, it is available free of charge from a public clinic within walking distance of her home, which is staffed by a qualified nurse. Her children can go to primary school free, and education for girls is free up to university level.

Compare that with Kazakhstan. Even though Sri Lanka has 60 per cent less income per capita, a child in Kazakhstan is nearly five times more likely to die in its first five years and is far less likely to go to school, drink clean water, or have the use of a latrine (see Figure 1).

Sri Lanka is not unique. Most recently, Uganda and Brazil have doubled the number of children in school, halved AIDS deaths, and extended safe water and sanitation to millions of people. In the Malaysian state of Pulau Penang, the public water utility company supplies water to over 99 per cent of the population and sets a subsidised price for the first 20,000 litres of water used by a household each month.

Successful governments have achieved results by providing universally available essential services which work for women and girls; abolishing fees in health and education and subsidising water and sanitation services; building long-term public capacity to deliver services; expanding services into rural areas; investing in teachers and nurses; and strengthening women's social status and autonomy as users and providers of services.

## Public failure — when governments fail to act

*'In the health centre they get annoyed when they treat you. If you don't have any money they won't take you. Then what? Well, you'll just be left to die.'*

Marta Maria Molina Aguilar, mother of sick child, Nicaragua

For every Sri Lanka, there are other poor countries where millions of people cannot afford the fee to see a doctor, whose daughters have never been to school, and whose homes have neither taps nor toilets. In Yemen, a woman has only a one in three chance of being able to read and write. If she has a baby, she has only a one in five chance of being attended by a midwife. If she and her child survive childbirth, her child has a one in three chance of being malnourished and a one in nine chance of dying before their fifth birthday. If she lives in a rural area, her family is unlikely to be able to access medical care, clean water, or basic sanitation.

As well as devastating poverty, Yemen exemplifies the deep underlying inequality between the sexes: services routinely fail women and girls. Yet investing in women's welfare is the cornerstone of development — increasing both their life chances and those of their children. Across the developing world, women are more likely than men to fall ill, but less likely to receive medical care. They are expected to care for sick family members, but are often the last in the family to be sent to school and the first to be taken out when money is short. And it is — almost always, everywhere — girls and women who lose much of their day to hauling buckets of water over long distances.

The reality for the vast majority of poor people in developing countries is that public services are unavailable, or are skewed towards the needs of the rich, or are dauntingly expensive — and this drives up social inequality. Children still have to pay to go to school in 89 out of 103 developing countries, meaning that many poor children are forced to drop out of education. Most of them are girls. In one district of Nigeria, the number of women dying in childbirth doubled after fees were introduced for maternal health services. Deprived of public water services, poor consumers have to buy water from private traders, spending up to five times more per litre than richer consumers who have access to piped water. In many places, corruption is a major problem in both private and publicly provided services. Corruption and inefficiency mean patchy coverage, absentee staff, and charges for poor quality services.

The public services that do exist are kept afloat by a skeleton staff of poorly paid, overworked, and undervalued teachers and health workers. Teachers' salaries in least developed countries have halved since 1970. And there are not nearly enough of these public sector heroes to go around. In order to provide basic health care and education for all, the world needs 4.25 million more health workers and 1.9 million more trained teachers.

## Civil society: picking up some of the pieces

When their governments fail to provide services, most poor people get no education, health care, clean water, or sanitation. Those who do either have to bankrupt themselves to pay for private services or rely on civil society providers such as mosques, churches, charities, and community groups. These reach remote and marginalised communities and provide community-based services — for example, the home-based care for AIDS sufferers that has developed in hard-hit African countries such as Malawi. Informal provision of health care and education through local networks, often reliant on women's unpaid work, is common practice in many countries, especially for marginalised and vulnerable groups.

Civil society organisations can also develop and pioneer innovative approaches to service provision, and support citizens in claiming their rights to health, education, and water. But their coverage is partial, their services are hard to scale up, and the quality can vary greatly. In Zambia, for example, communities have clubbed together to build schools, but some of these lack even the most basic teaching materials and sanitation. The evidence shows that these kinds of citizens' initiatives work best when integrated into a publicly-led system, with their contribution formally recognised and supported by government. In Kerala state in India, and in Malaysia and Barbados, governments have built bridges to civil society, for example by funding the running costs of church schools, and have regularly monitored them to maintain standards.

## If the state is broken, the market does not solve the problem

Faced with failing government services, many have looked to the private sector for answers. Sometimes this has worked. Countries such as South Korea and Chile have achieved impressive welfare gains with high levels of private involvement in service delivery. But private providers are notoriously hard to regulate, and such services are prone to big inequalities and high costs and often exclude the poorest people, who cannot afford to pay for them. Market-led solutions have often undermined the provision of essential services and have had a negative impact on the poorest and most vulnerable communities. Water privatisation is the most notorious example, but under-regulated private sector involvement in health care in developing countries is also spreading rapidly.

- When China phased out free public health care in favour of profit-making hospitals and health insurance, household health costs rose forty-fold and progress on tackling infant mortality slowed. Services that were once free are now paid for through health insurance, which covers only one in five people in rural China.
- Chile was one of the first countries to implement private sector involvement in its health-care system. It also has the highest rate of births by Caesarean section in the world (40 per cent in 1997), largely because private hospitals have sought to maximise their profits from the extra costs of surgery and higher bed occupancy rates.
- Regulating private providers, especially powerful multinational companies, can be more difficult for weak states than directly providing services themselves. The global water market is dominated by a handful of US, French, and UK companies, such as Bechtel, Suez, and Biwater: the contracts they negotiate often 'cherry pick' the most profitable market segments, require guaranteed profit margins, and are denominated in dollars. If governments try to terminate these contracts, they risk being sued, as has been demonstrated by recent cases in Tanzania and Bolivia.

## Rich countries: pushing the private sector, breaking aid promises, and taking teachers and nurses from poor countries

Rich country governments and international agencies such as the World Bank can have a major influence on policies adopted by poor countries. For some of the poorest countries, donor aid is equivalent to half the national budget. Advice from outside experts, funded by aid, is highly influential in determining the kinds of reforms a government adopts.

Instead of helping to build public services, rich country governments and agencies such as the World Bank too often use this influence to push private sector solutions to public service failures. They see the increased involvement of the private sector as the key to increasing efficiency and improving services, but growing evidence shows that these solutions rarely work in the interests of poor people. The World Bank and the IMF often insist that governments introduce privatisation and increase private service provision in return for aid or debt cancellation. A 2006 study of 20 countries receiving World Bank and IMF loans found that privatisation was a condition in 18 of them, an increase compared with previous years.

What poor country governments *need* is aid that is well co-ordinated, predictable, and channelled through public systems and national budgets. What poor countries typically *get* is insufficient, unpredictable aid, disbursed through a jumble of different projects that directly compete with public services for scarce resources and staff. As much as 70 per cent of aid for education globally is spent on technical assistance, much of it to highly-paid Western consultants. A study of technical assistance in Mozambique found that rich countries were spending \$350 million per year on technical experts, while the entire wage bill for Mozambique's public sector was just \$74 million. In health, donor demands for numerous different 'vertical' initiatives waste officials' time, duplicate and undermine health delivery, and distort health priorities. Angola and the Democratic Republic of Congo, for instance, have each been required to set up four separate HIV/AIDS 'co-ordinating' bodies.



IMF-imposed ceilings on public sector wages and recruitment prevent governments from expanding health and education services. While the IMF is right that countries should manage their economies carefully, its overly rigid stance is incompatible with achieving the Millennium Development Goals on health, education, and water and sanitation. The World Trade Organisation and bilateral and regional 'Free Trade Agreements' may also threaten public services by limiting how governments regulate foreign service providers.

At the same time as they are urging developing countries to meet the MDGs on health and education, rich countries are aggravating skills shortages by taking thousands of their key workers. Of the 489 nursing students who graduated from the Ghana Medical School between 1986 and 1995, 61 per cent have left Ghana, with more than half of them going to the UK and one-third to the US.

Saodat and Osuda Hasanova fetch water two or three times every day: 'I've heard that in other places people just turn on a tap in their house and the water comes out. I would love a tap like that in our house'  
Shibanai village, Tajikistan.  
Karen Robinson/Oxfam

## What needs to happen

Change is possible, but it will take concerted action by developing country governments, supported, not undermined, by rich countries, and held to account by active citizens demanding their rights.

### Shift the political agenda

Political commitment and the will to reform is key to making services work, and to do this governments must feel the heat. They must be pressured to spend more on essential services and to spend it better. In Kerala state in India and in Sri Lanka, politically-aware citizens demanded services that performed well. Across the world, civil society organisations are getting debates on essential services into the newspapers and onto politicians' lists of priorities. In Kenya the national coalition of education groups, Elimu Yetu (Our Education) played a pivotal role in making free primary education a central election issue, ensuring it was introduced in 2002; the result was that 1.2 million children went to school for the first time. In 2005 the world's biggest ever anti-poverty coalition was formed, the Global Call to Action against Poverty (GCAP). GCAP saw over 36 million people take action in more than 80 countries. Its key demands include quality universal public services for all and an end to privatisation where it causes deprivation and poverty.

### Make services work for women

Investing in basic services that support and empower women and girls means promoting women as workers, supporting women and girls as service users, protecting them from abuse, and combining these measures with legal reforms that improve the status and autonomy of women in society. In Botswana, Mauritius, Sri Lanka, Costa Rica, and Cuba, the high proportion of women among teachers and health workers was instrumental in encouraging women and girls to use the services. Progress is often achieved by simultaneously working with women's groups, changing laws, and challenging harmful beliefs. In Brazil, women's organisations working within and outside government ensured that the 1988 Constitution reflected the importance of women's reproductive health. Women's movements have continued to influence public health policy in Brazil: an integrated women's health programme has been established (Programa de Assistencia a Saude da Mulher – PAISM) and special health services are now available to victims of rape.

### Tackle the workforce crisis

*'As long as there is breath in my body, I will continue to teach. I am not teaching because of the pay but because I love the job and I love children.'*

Viola Shaw-Lewis, 76-year-old teacher, Kingsville public school, Liberia

Public sector workers must be seen for the heroes they are, and put at the heart of expanding services for all. All successful countries have built an ethos of public service, in which public sector workers are encouraged to take pride in their contribution to the nation, and society in turn is urged to grant them status and respect.

Pay on its own does not always increase motivation, but it is the first priority where earnings are currently too low. Better pay needs to be matched with better conditions. Housing is a major issue for most teachers, especially women teachers in rural areas. Governments must work with trade unions to achieve improved pay and conditions, combining them with codes of conduct to ensure that workers do their jobs.

Drastically scaling up the numbers of teachers and health workers is a huge task that requires strategic, co-ordinated planning between poor country governments and aid donors. Governments must invest in competent managers and planners to produce and implement clearly costed plans. In Malawi, donors are now funding a salary increase for public health workers, stemming the tide of doctors and nurses leaving for other countries and improving the quality of care on the wards.

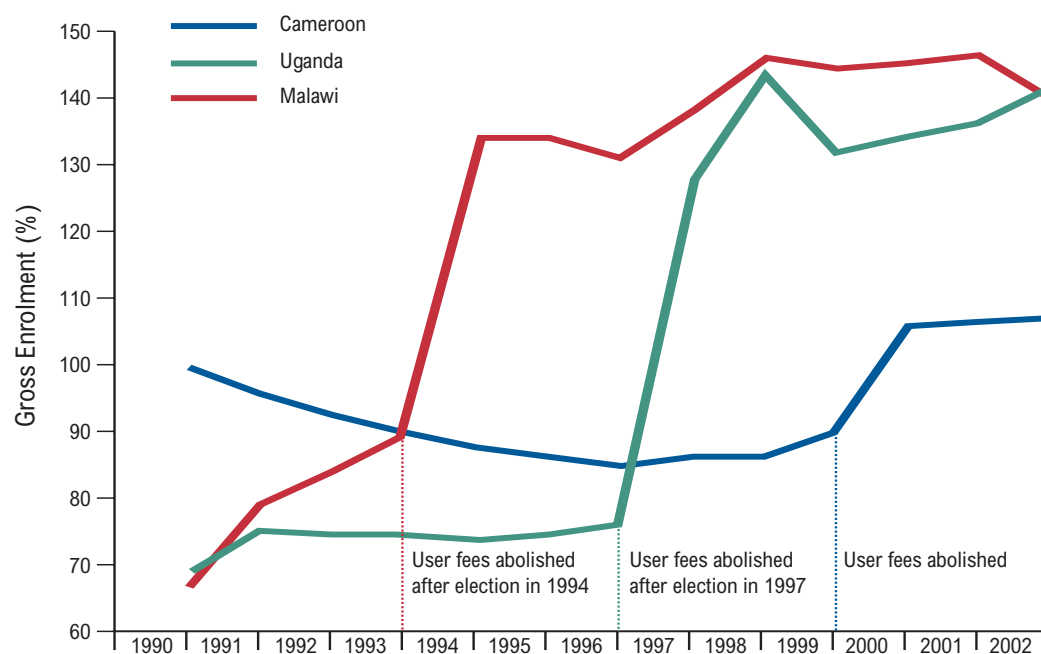
### Fight corruption and build accountability

In many cases, improved salaries, status, and conditions for public sector workers have helped to reduce small-scale corruption. At the level of society as a whole, strong public education services and public awareness campaigns can play an important role in promoting a culture of trust, honesty, and respect for the rule of law. Corruption also needs to be tackled at the political level. Multi-party democracy and the emergence of civil society and a free press are proving to be central in this fight. In Costa Rica and Kenya, for example, press scandals have led to the prosecution of senior officials.

Civil society is also playing an increasingly important and vocal role in holding political leaders to account, tracking government expenditures on essential services, and highlighting instances where money is going missing. Citizens need a formally recognised role in public oversight. WaterAid has set up feedback mechanisms between water user groups and local governments in Nepal, India, Bangladesh, Ghana, and Ethiopia. In Malawi education groups track government spending to the primary school level. The Social Watch international network unites citizens' groups in over 60 countries to regularly monitor the performance of their governments in the provision of essential services.

As Figure 2 shows, abolishing user fees for primary schooling and basic health care can have an immediate impact on the take-up of services. For water, which no-one can do without, the issue is not take-up but improving access for poor people and ensuring that a finite resource is shared equitably. Fees must then be structured to ensure that a minimum daily amount is free or affordable for poor people.

**Figure 2: Abolishing fees gets education on the agenda and kids into school**





## Rich countries must support public services

Rich countries need to support developing country governments and peoples in implementing the kinds of measures outlined above. They must stop bypassing and undermining governments by pushing for the expansion of private service provision. They must meet their 36-year-old commitment to give 0.7 per cent of their income in foreign aid. This aid must be long-term, predictable, and targeted to countries that demonstrate their commitment to increase coverage of quality essential social services. It should be focused especially on providing salaries and the running costs for public systems, wherever possible through sectoral and direct budget support. This must further be supported by the full cancellation of debts for all the poor countries that need it. Rich governments must also reduce their active recruitment of professionals from poor countries to work in rich country health and education services.



Over-crowded health clinic, Nicaragua.  
Carlos Galial/Intermon

## Conclusion

Within a generation, for the first time in history, every child in the world could be in school. Every woman could give birth with the best possible chance that neither she nor her baby would die. Everyone could drink water without risking their lives. Millions of new health workers and teachers could be saving lives and shaping minds.

We know how to get there: political leadership, government action, and public services, supported by long-term flexible aid from rich countries and the cancellation of debt. We know that the market alone cannot do this. Civil society can pick up some of the pieces, but governments must act. There is no short cut, and no other way.

To achieve these goals, developing country governments must fulfil their responsibilities, their citizens must pressure them to do so, and rich countries must support and not undermine them. In the words of Nelson Mandela:

*'Poverty is not natural. It is man-made and it can be overcome and eradicated by the actions of human beings. And overcoming poverty is not a gesture of charity. It is an act of justice. It is the protection of a fundamental human right; the right to dignity and a decent life. While poverty persists, there is no freedom.'*

Speech at launch of Make Poverty History campaign, Trafalgar Square, London, 3 February 2005

## Recommendations

### Developing country governments need to:

- Make sustained investments in essential education, health care, and water and sanitation systems and services. Specifically, they must emphasise preventative reproductive health policies and actively combat the HIV/AIDS pandemic.
- Abolish fees for basic education and health care and subsidise water for poor people.
- Enhance equity by making services work for women and girls and by improving their social status.
- Work with civil society and the private sector within a single, integrated public system.
- Train, recruit, and retain desperately needed health workers and teachers.
- Improve the pay and conditions of existing workers.
- Build an ethos of public service, in which both the public and essential service workers are encouraged to take pride in their contribution.
- Ensure citizen representation and oversight in monitoring public services and facilitate the participation of civil society in local and national planning and budget processes, including agreements and contracts signed with donors, the World Bank, and the IMF.
- Take a public stand and act against corruption.

### Rich countries, the World Bank, and the IMF need to:

- Halt the pursuit of inappropriate market reforms of public services through aid conditions, technical advice, and trade agreements.
- Keep their promise to give 0.7 per cent of their national income as foreign aid and to allocate at least 20 per cent of that aid to basic services.
- Fully implement international commitments to improve aid quality, including the Paris commitments on aid effectiveness. Ensure that such aid is co-ordinated, predictable, and long-term, including further debt cancellation and increased budget and sector support.
- Financially support the removal of user fees in basic health care and education and the subsidising of water fees for poor people.
- Fully finance the Global Fund to Fight AIDS, TB and Malaria, and the Education for All Fast Track Initiative, ensuring that they support governments and public systems, rather than duplicating their activities.
- Work with poor countries to recruit, train, and retain 4.25 million new health workers and 1.9 million teachers, and invest in the skills of public utility and local government staff responsible for delivering water and sanitation services.
- Reduce the active recruitment of health and other professionals from poor countries.

## Civil society needs to:

- Act together to demand quality public services, including free health care and education and subsidised water and sanitation services.
- Continue to build worldwide popular movements demanding government action, such as the Global Campaign for Education, the Global Call to Action against Poverty, and the women's movement.
- Engage in local and national planning processes.
- Work with national parliaments to monitor budget spending, to ensure that services are reaching the poorest people, and that corruption is not tolerated.
- Challenge rich country governments, the World Bank, and the IMF when they fail to support public services.
- Work closely with government and other non-state providers to ensure increased innovation, learning, co-operation, and accountability in the provision of essential services.



*I lack the equipment and diagnostics; I get the training but then I don't have the tools. There are a lot of heroes here but their salaries don't match what the doctors do.'*

Aregar Baghdasaryan, a doctor at Vayk polyclinic, Armenia

Toby Adamson/Oxfam



## In the Public Interest

### Health, Education, and Water and Sanitation for All

This report shows that building strong public services in developing countries is at the heart of making poverty history. Doing this could transform the lives of millions of people — and, with political leadership, it is well within the grasp of our generation.

Governments must take responsibility for providing essential services that are well staffed, affordable for even the poorest people, and accessible to all. Civil society organisations and private companies can make important contributions, but they must be integrated into strong public systems. International donors are crucial partners, but too often they block progress by failing to deliver debt relief and predictable aid that supports public systems, or push private sector solutions that do not benefit poor people.

© Oxfam International 2006

[www.oxfam.org](http://www.oxfam.org)

ISBN 978-085598-590-5



Oxfam International is a confederation of twelve development organisations which work in more than 100 countries throughout the developing world to find lasting solutions to poverty and injustice: Oxfam America, Oxfam Australia, Oxfam-in-Belgium, Oxfam Canada, Oxfam GB, Oxfam Germany, Oxfam Hong Kong, Intermón Oxfam (Spain), Oxfam Ireland, Novib Oxfam (Netherlands), Oxfam New Zealand, and Oxfam Quebec.



 **WaterAid**

**WaterAid - water for life**

The international NGO dedicated exclusively to the provision of safe domestic water, sanitation and hygiene education to the world's poorest people.

Charity registration number 288701