

# FEATURE

# Allocating good money after bad

BY SATISH PUNNA

Thirty years of federal aid to developing countries has not produced any real results, and its not getting any better. This was the message from the regional conference on Canada's role in development sponsored by the Canadian University Consortium on International Health and Development (CUCHID), last Friday at Dalhousie.

CUCHID consists of over 20 Canadian universities, including Dalhousie. It is concerned with Canadian Universities' stance on development issues. It has also developed the Collaborative Master's Program, for students from Third world countries who do not have the resources for graduate programs. The Dalhousie School of Nursing is currently involved in such a scheme with a university in Tanzania.

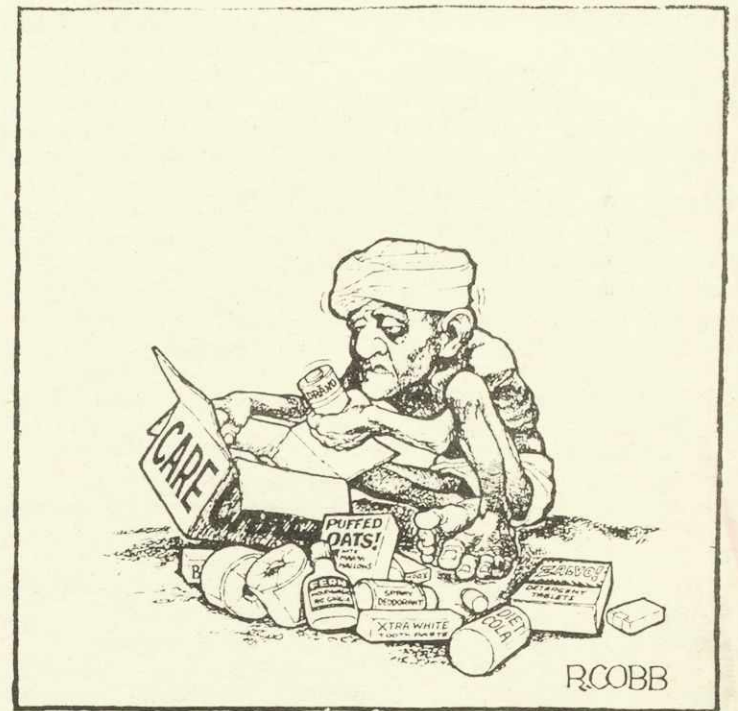
Speaking at the conference were Dr. Martine Durier-Copp, and Dr. Earl Reid, of the North-South Health Policy and Management Group.

"The bulk of aid is not effective," said Dr. Durier-Copp, speaking on Canada's contribution to overseas development aid (ODA). The total world ODA is approximately \$50 billion. Canada spends this much on domestic health and education programs, alone. The Canadian contribution to the world total is \$3 billion or 0.5% of our gross national product (GNP). This amount, like health and education funds, has been frozen by the federal government.

This money is administered by CIDA, the Canadian International Development Agency. According to Dr. Durier-Copp and others at the meeting, this is where the problem lies. Since its inception in 1968, CIDA has grown to a huge bureaucracy that many feel has become inaccessible to smaller, non-governmental groups dealing with overseas aid. One such group is CUCHID.

Compounding this problem are the rigid, formula driven aid packages that CIDA has historically developed. Of Canadian aid, eighty per cent is 'tied', meaning that a recipient country must meet certain policy requirements to receive it, and of this, two-thirds must be used for Canadian products. This aid begins to look like it is more of a benefit to the donor country than the recipient.

As an example, Canada is a major food-aid donor on the world scene, and food-aid uses up \$500 million of our total aid budget. The foods donated are mostly surplus agricultural and fishery products — from traditional Canadian industries. This continues despite strong evidence that food-aid is not cost-effective. It has been



proven to create a negative impact on the agricultural systems of recipient countries, and foster dependence on the donors. However, this type of aid is, according to Durier-Copp, "a very nice way the government to get credit for aid and provide commercial compensation."

The political agenda of the federal government and the influence of big business also cause problems in the field of international health, according to Dr. Earl Reid. "Agribusiness in the western world

## "More hospitals don't make people healthy"

has decided what they want, not what is best for the third world.", he said. The Canadian content requirement of aid results in large, development projects receiving funds, such as roads and hospitals. But "More hospitals don't make people healthy."

Health is tied to socio-economics in the third world, just like in Canada, and just as it is here, the basic problem there is poverty, and

"health care won't cure poverty." The major failure of overseas aid to date, according to these experts, is the continual rise of third world poverty. One billion people worldwide live below the poverty level.

To improve life in the third world requires the development of endogenous food programs, education, and proper sanitation. But these will not be effective unless the Third world countries are freed from poverty. According to Durier-Copp, governments of countries like Canada are not pursuing programs that will reduce poverty, and are in fact compounding the problems. The question remains: "is our aid program responsive to the needs of the Third world?"

From the frustration born of the "stalling and bureaucratic runaround" at the hands of CIDA, came some new strategies and plans. Among these was the suggestion by David Fletcher, a program coordinator with Dalhousie's Pearson Institute, that small groups such as CUCHID ally themselves to develop projects independently of CIDA.


It was also suggested that students who are sponsored to study in Canada be 'met half way,' so that they are not brought totally into our 'artificial' environment and told what is best for their own communities. Rather, it would be better to help them develop the skills to deal creatively with the particular issues unique to their homes.

It was also stated that third world problems such as poverty and malnutrition are not unlike those we experience here. Universities must show a commitment to the health systems in Canadian communities as well, because CIDA shows no interest in this. University students must become involved to change the political climate so that federal agencies such as CIDA are more effective in improving the lives of people in less-developed countries, and at home.

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