



Time for change:

Fees for health and education

The Millennium Development Goals (MDGs) are desperately off-track, especially in sub-Saharan Africa. Moreover, the hoped-for commitments in 2005 to debt relief and aid have been piecemeal and inadequate. There remains a pressing and shameful priority for the world's leaders to address child poverty, particularly in Africa:

- 8,000 children under five die every day in sub-Saharan Africa from preventable causes.¹
- 40.3 million children are out of school in sub-Saharan Africa² and the first MDG target, on achieving gender parity in education, will be missed this year.

Unless there is an accelerated push towards achieving the MDGs, generation upon generation will be consigned to a life of poverty, disease and early death.

There is no denying that the world's leaders have not gone far enough this year. So far only \$20 billion of additional aid per year has been committed by 2010 (including the amounts committed to debt relief) to achieve all the MDGs³ (this is in contrast to the \$50bn additional aid in 2006 that was being called for). This additional aid will not be fully available until 2010. An estimated additional \$18 billion per year is needed to achieve the health MDGs⁴ (4–6) and \$5.5 billion per year⁵ to achieve the education MDGs (2–3) alone. This money is needed now, in 2005, to ensure the MDGs can be put back on track. This puts even greater pressure on the resources available to achieve the MDGs.

Save the Children UK's research shows that:

- fees for essential health services and primary education stop poor children using health services or attending school
- the removal of these fees is a small but essential step towards achievement of the health and education MDGs, which will deliver tangible and immediate results
- the World Bank's policies on fees are ambiguous and, in health, are regressive, even though this year world leaders have agreed that these basic services should be free
- the World Bank needs to urgently operationalise support for free essential health and primary education services throughout its loans to Africa and the International Monetary Fund (IMF) needs to take action to support this.

It's time for change: swift action must be taken at the highest levels to ensure that the World Bank and the IMF support immediate progress on the health and education MDGs.





Fees: blocking progress on the MDGs

Twenty of the 24 countries in sub-Saharan Africa which contribute to 90 per cent of the world's child deaths charge fees for health services. Save the Children UK's research⁶ shows that if fees for essential healthcare were abolished in these 20 countries,⁷ about 250,000 children's lives could be saved every year.⁸ The abolition of fees in these countries would cost less than US\$1 billion per year and would, according to the World Health Organisation's (WHO) criteria, represent a 'very cost-effective' intervention.

Fees for primary education remain widespread and are a particular barrier for girls. Among the 20 countries in sub-Saharan Africa with the highest proportions of girls out of school, at least eight charge tuition fees for primary education.⁹ In many more countries, parents have to pay charges for textbooks, uniforms and transport.¹⁰ Based on the net enrolment increases achieved in The Gambia, Lesotho, Tanzania and Uganda when fees were abolished, our research shows that if fees were abolished in the 13 sub-Saharan African countries known to still charge tuition fees, as many as 4.5 million more children would go to school within three years.¹¹

The real cost of health and education

The table below illustrates the cost of primary education and essential healthcare as a proportion of income. It shows that fees represent a considerable proportion of income in some of the poorest countries and are consequently unaffordable by many. The equivalent cost in the US of treating an episode of illness in Lindi district, Tanzania, would be \$63, or £26 in the UK. The equivalent cost of tuition fees in the Democratic Republic of Congo (DRC) for one child for one year would be \$2,213 in the US or £922 in the UK. These figures of course understate the relative expense for the poor who have an annual income far below the national average.

Table: Examples of the estimated costs of health and education¹²

Country	Nature and value of the charge	2003 Gross National Income (GNI) per capita (US\$)	% of GNI per capita	Equivalent cost for UK based on UK GNI per capita (£15,774)	Equivalent cost for US based on US GNI per capita (US\$37,870)
DRC	Cost of tuition and registration for primary education including the teacher's incentive per child per year \$5.84	\$100	5.84	£922	\$2,213
	Cost of additional school charges – textbooks, uniforms, school maintenance and supplies \$13.59		13.59	£2,143	\$5,145
Tanzania (Lindi district)	Cost of treating one episode of acute illness \$0.50	\$300	0.17	£26	\$63
	Cost of hospital admission \$7.20		2.40	£379	\$909



Damage done in the past

From the late 1970s, structural adjustment programmes were widely implemented across Africa and involved sweeping economic and social changes, including dramatic cut-backs on spending for social services. By the 1990s, real per capita government expenditures on education and health in sub-Saharan Africa were lower than in 1980. In Tanzania, for example, per capita expenditure on healthcare fell from \$7 in 1980 to \$2 in 1990.¹³ From 1980 to 1988 total public spending on education in sub-Saharan Africa fell in real terms from \$11 billion to \$7 billion.¹⁴

User fees were adopted as a result of the reductions in social sector spending, and the World Bank and IMF were the main proponents, as demonstrated through a series of key policy papers.¹⁵ By 1998 nearly 75 per cent of World Bank health projects in sub-Saharan Africa planned to establish or expand user fees.¹⁶

World Bank current position on fees for healthcare and primary education

The World Bank's official position on fees for health and education is described in its *Issue Brief* published in 2003.¹⁷ It states that 'the World Bank does not support user fees for primary education... Where governments do levy user fees, the Bank helps to reduce the burden on poor people by recommending, and providing finance for targeted subsidies.' The Bank's position on health is equivocal. On the one hand, it states that it 'supports the provision of free basic health services to poor people... and helps countries to finance these activities using other measures'. On the other, it argues that in poor countries 'cost-sharing' may be necessary. The Bank maintains that 'well-designed and implemented user fees can mobilize additional resources from better-off groups that can in turn be used to improve

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Essential healthcare must be free

The concept of 'essential healthcare packages' arose out of the *World Development Report 1993*. However, there is no agreement on what is considered to be 'essential'. Usually, it includes basic curative care, and all proven cost-effective preventive services, such as immunisation, family planning, antenatal care, etc.

Save the Children UK is calling for free essential healthcare and an abolition of fees for: consultation, tests, a basic package of curative and preventive healthcare, and essential care for catastrophic illness, such as caesarean section and neonatal resuscitation. Only if these in-patient services are made free will the desired reductions in maternal and child mortality be achieved.

The World Bank's most recent policy on health user fees

In its most recent policy statement for sub-Saharan Africa (2005),²¹ the World Bank takes a more proactive approach, presenting user fees for health not only as 'a necessary evil', but also as bringing important benefits if they are well-devised and well-implemented. The World Bank also asserts that free universal access to a basic package of health services is unfeasible in poor countries:

*'The expectations that poor governments would finance a basic package of the most cost-effective interventions for the entire population is now viewed by many as neither realistic nor perhaps the best use of public funds. Typically, curative services, especially hospital-based in-patient care, are more expensive. Many households can afford to pay for less costly basic healthcare, and the government's financing of more costly hospital care can act as a crude form of risk-pooling through a tax-based subsidy for the poor.'*²²

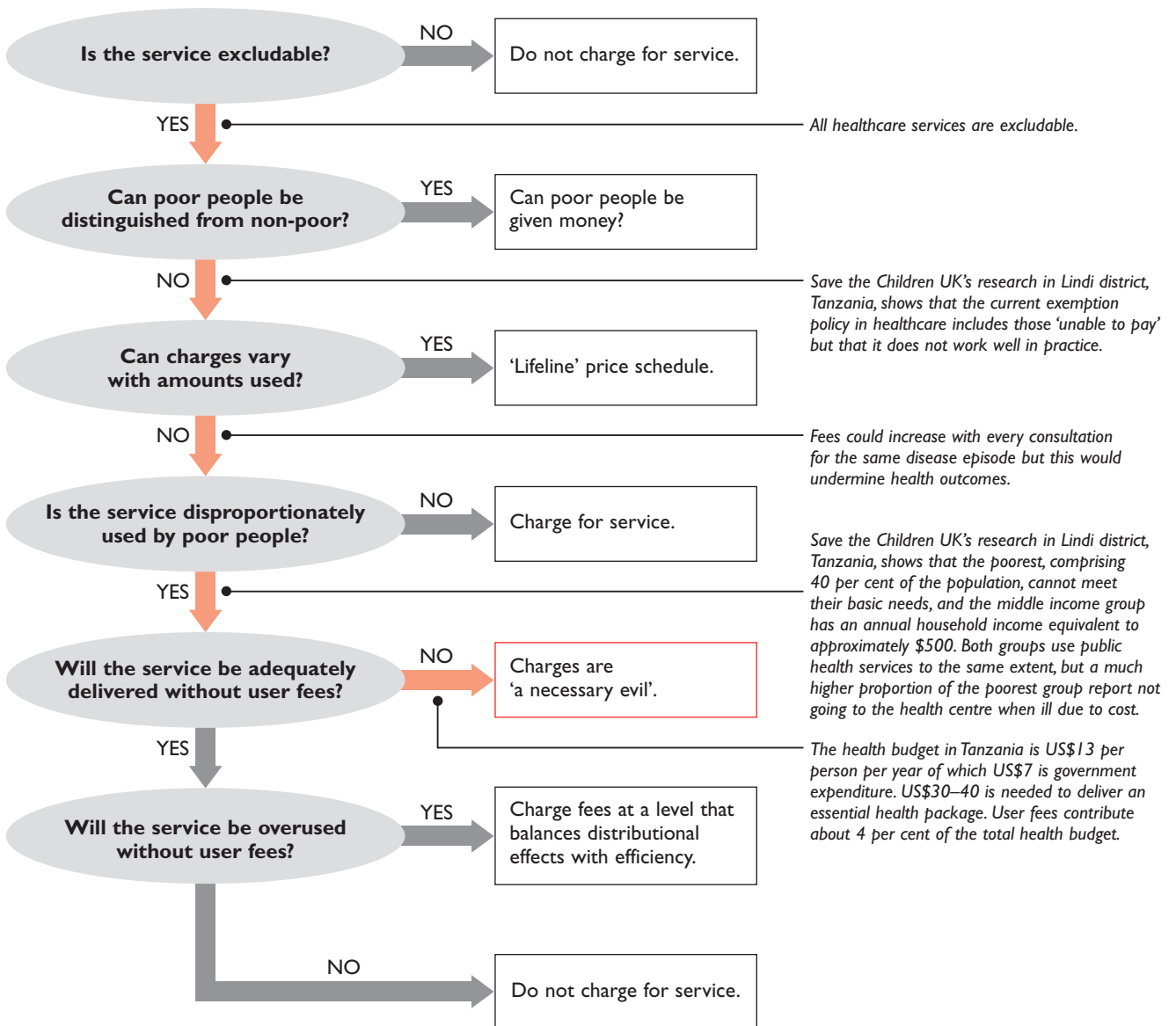


services for poorer groups. Such cost-sharing schemes can play a critical role in helping ensure essential services are available’.

Since the *Issue Brief*, the *World Development Report 2004*¹⁸ has been published and represents World

Bank policy on fees.¹⁹ It is titled ‘No blanket policy on user fees’ and includes a decision-making flow chart to determine whether fees for health or education (or other services) should be charged. Figure 1 shows that in practice, as illustrated for Tanzania, there are many

Figure 1: Example of applying the World Bank’s ‘No blanket policy on user fees’ in Tanzania



Source: Save the Children UK, *The Unbearable Cost of Illness*, 2005



circumstances where fees would be a 'necessary evil'. Earlier this year a new policy statement took an even weaker stance on fees for Africa (see *The World Bank's most recent policy on health user fees*, page 3).

Save the Children UK's research shows that the World Bank needs to have a clear commitment to free essential healthcare (see box, page 3) and primary education²⁰ for all.

World Bank policy in practice

World Bank funding is provided through Development Policy Lending, which provides resources direct into the government budget, and Investment Lending, which is tied to specific sectoral or project investments. Development Policy Lending comprises less than 20 per cent of World Bank lending operations, the remainder of which is Investment Lending, at around 80 per cent.

A recent review of Development Policy Lending²³ shows that, occasionally, conditions for lending include conditions related to user fees. For example, in sub-Saharan Africa during the period 1980–2004, 12 conditions and benchmarks for education and 15 for health were found, although these were out of a total of 28,773 conditions or benchmarks globally during that period.

Save the Children UK has researched the World Bank project database to see to what extent fees are included in project design.²⁴ The vast majority of relevant projects were financed through Investment rather than Development Policy Lending.

Health

The Issue Brief states: 'The Bank supports the provision of free basic health services to poor people... and helps countries to finance these activities using other measures.'

Among the 47 countries in sub-Saharan Africa, the World Bank supports health in 32.

Save the Children UK's research shows that:

- in 28 of these countries, fees are charged for essential healthcare
- in almost half of these countries (13), user fees are an integral part of World Bank project design and in some instances form an explicit part of the project's financing. Sometimes alternative financing is included but there is no evidence this is intended as a move away from fees
- in a further six countries user fees are an integral part of project design but the project does make an explicit attempt to put in place specific mechanisms to protect the poor – beyond exemptions for poor people, which do not work (see *How the World Bank justifies its position on fees*, page 7)
- in **only two countries do projects actively support free treatment** – these are both HIV and AIDS-related projects
- in the remaining seven countries relevant information on financing is not provided.

There is evidence that in two countries (Uganda and Madagascar), where user fee abolition has occurred, the World Bank has shown signs of opposing abolition. In Uganda, before fees were abolished, the World Bank predicted that the use of services by the poor would only increase by 2.3 per cent²⁵ when in fact out-patient utilisation increased by 77 per cent and the poor benefited disproportionately.

Education

The Issue Brief states: 'the World Bank does not support user fees for primary education ... the Bank helps to reduce the burden on poor people by recommending, and providing finance for targeted subsidies.'

The World Bank only supports primary education in 21 of the 47 countries in sub-Saharan Africa. Save the Children UK's research shows that among these 21 countries:

- in four countries fees are charged for tuition and **in two of these the World Bank project is designed to see fees abolished**



- in 12 more countries other fees or charges are in place and **in nine of these the World Bank project is working to reduce these charges but sometimes only by providing free textbooks**²⁶
- in three countries (Chad, Mozambique and Senegal) **school-related charges**²⁷ **comprise a part of the project design.**

The IMF also plays a part

The IMF plays an indirect role in keeping fees in place through its advice to governments and the economic conditionalities attached to its borrowing. Fees are usually charged because the resources in the recurrent sector budgets are too small to deliver services and so cost recovery is promoted.

A recent review of IMF programmes by its Independent Evaluation Office showed that current account deficits are recommended for shrinkage in 60 per cent of country cases. Fiscal deficits were projected to narrow in 70 per cent of cases.²⁸ The rate of fiscal adjustment is often over-estimated, partly because of inflated estimates of growth and investment projections. Negative growth actually occurs more than ten times as often as IMF programmes predict. This means that fiscal adjustment should be slower, and governments should be able to expand their economies more than the IMF recommend, so as to promote growth and investment. UNDP recommends that, contrary to the IMF's approach, growth should be investment-led and that the public investment within larger fiscal deficits can promote private investment, leading to growth and poverty reduction.²⁹

The IMF's recommendations to reduce fiscal deficits affect the ability of Ministers of Finance to attract and allocate increased financing, and in turn on Ministers of Health and Education to increase their budgets. The majority of IMF programmes do not include an analysis of their poverty or social impacts. In Rwanda in 2001, for example, the government was forced to cut its fiscal deficit

projection for agreement to be reached on its Poverty Reduction and Growth Facility (IMF funding), despite the significant need to increase poverty reduction expenditure post-genocide. Rwanda charges fees for both health and education.

In Ethiopia, in order to meet education MDG 2 by 2015, the government will need to spend more than \$800m per year on education by 2015. This represents a 75 per cent real increase on their budget of 2003/04. Even though enrolment rates are rising, net enrolment for 2003/4 was still only 57.4 per cent³⁰ and drop-out rates are increasing. Schools which often have more than 100 children to one teacher have virtually no resources for actually delivering a quality education, which means they often rely on contributions from families. While primary education in government schools in Ethiopia is officially free, households continue to have to pay many other charges.³¹ Increased recurrent budgets would reduce pressure for unofficial payments by parents, enhance the quality of education offered, and help reduce drop-outs by enabling improvement in the teacher-pupil ratio.

Through its Poverty Reduction and Growth Facility (PRGF) 2001–2004, the IMF set a ceiling on the wage bill (which included the wage bill for teachers). This meant that even if the government could train enough teachers, they could not have hired more teachers above that ceiling in order to meet the acute shortage. In addition, not only was the sector constrained by a need for teacher training and book purchases, government spending was constrained by the IMF's target to reduce the fiscal deficit. The rapid fiscal adjustment within the last PRGF produced a 17 per cent reduction in overall national expenditure in 2000/01, which would certainly have undermined non-wage education spending.³² Under its new PRGF this year, the Ethiopian government must be able to expand poverty-focused spending through increases in concessional aid, expanding exports, and, while interest rates remain low, domestic borrowing.



How the World Bank justifies its position on fees

What the World Bank says:

- *You can protect poor people from fees through exemptions³³*

The evidence shows that exemptions do not work in practice.³⁴ They require some form of means testing, which is unfeasible in most contexts, and otherwise rely on subjective judgements which are open to abuse. Staff are often not paid and use fees to top up their salaries, leading to a conflict of interest in the granting of exemptions. If exemptions are in place they need to be funded and are often not.

What the World Bank says:

- *Out of pocket (personal) expenditures on public services are often a small amount of the overall personal expenditures on health³⁵*

This is true. Abolishing user fees will not be enough to achieve the MDGs nor will it solve the problem of poor people not being able to afford healthcare or education. Costs over and above official fees are multiple, including transport and opportunity costs, such as income lost. However, this should not prevent interventions that reduce personal expenditures, even if they do not eliminate them. In addition to efforts to abolish fees (and other charges for education), efforts to improve the income of poor households through safety nets and income promotion policies should be promoted.

What the World Bank says:

- *We agree that fees are bad for poor people but there is no other way to fund basic services in very poor countries³⁶*

Fees generate very small quantities of money (amounting to 5–10 per cent of recurrent healthcare budgets). Money is required to abolish them. Save the Children UK is not calling for abolition of fees without any means of ensuring this revenue is sourced from other means. However, the amounts involved are not substantial and would be very cost-effective. The aid commitments which have been made and, in particular, the 25 per cent increase in resources following the replenishment of the International Development Association (IDA)³⁷ can finance the abolition of fees. The World Bank should seize the opportunity to direct new IDA funds to specifically support fee abolition.

What the World Bank says:

- *User fees are more justified in health than education³⁸*

It's not entirely clear why the World Bank has more actively supported abolition of fees for primary education compared to health. The *World Development Report 2004* suggests that the reason is that if healthcare were made free, there would be inefficiencies introduced through frivolous demand which are not present if primary education is made free. However, utilisation rates in many poor countries suggest significant under-use of health services. This is likely to be the case even when the price is zero, at least for the rural poor, because of travel and other related costs.



Time for change

Mounting consensus against user fees

The Commission for Africa said:

"African governments should undertake to remove school fees for basic education, and donors should fund this until countries can afford these costs themselves."³⁹

"This Commission therefore recommends that governments abolish user fees. Where African governments remove fees for basic healthcare as part of reform, donors should make a long-term commitment to fill the financing gap until countries can take on these costs."⁴⁰

The G8 said:

"We support our African partners' commitment to ensure that by 2015 all children have access to and complete free and compulsory primary education of good quality, and have access to basic healthcare (free wherever countries choose to provide this)"⁴¹

The US Congress said:

"The Secretary of the Treasury shall instruct the United States executive directors to the international financial institutions and the International Monetary Fund to oppose any loan of such institutions that would require user fees or services charges on poor people for primary education or primary healthcare."⁴²

The UK Government said:

"... DFID strongly supports the removal of official user fees for basic healthcare."⁴³

"I [Gordon Brown] found user fees to be the single biggest peacetime barrier to increasing the number of children in education."⁴⁴

The World Health Assembly said:

Build "the institutional capacity to manage appropriate financing reform, *inter alia*, a move from user fees to pre-payment mechanisms and pooling systems, including tax-based and insurance systems, in order to achieve the goal of universal access and financial and social protection."⁴⁵

What the World Summit may say:

"We agree to support the establishment and implementation of country-led 'quick win' initiatives consistent with long-term national development strategies,... including... the elimination of user fees for primary education and health services."⁴⁶

Recommendations

The World Bank and, indirectly, the IMF have, in the past, been strong proponents of fees. While the 2003 World Bank position on fees is relatively clear and the position against fees for education is particularly strong, the application of the *World Development Report 2004* framework for both health and education in practice leaves a great

many countries, especially in sub-Saharan Africa, in a situation where fees are the 'necessary evil'. Furthermore, for health, the Bank's position has shifted to lend further support to user fees in 2005. There has been a significant change in the policy discourse this year concerning fees, in particular for healthcare. Free healthcare has become widely acknowledged as a desirable step towards achieving the MDGs (see *Mounting*



consensus against user fees, page 8). Now it's time for the World Bank, with support from the IMF, to change.

Analysis of the World Bank project portfolio shows that the education portfolio relies much less on fees than health, which reflects the stronger position and action which the Bank has taken

against school fees. However, for both health and education there is very little evidence that the World Bank projects are working to help governments move away from fees to alternative types of financing.

Words are no longer good enough; action is needed urgently to achieve the MDGs.

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What the World Bank must do

1. Make a clear commitment to free essential healthcare and primary education for all and a delivery plan for implementation in its forthcoming Africa Action Plan to be finalised at the World Bank and IMF annual meetings in September 2005.
 - **Free essential healthcare includes:** free consultation, tests, a basic package of curative and preventive healthcare, and essential care for catastrophic illness, such as caesarean section and neonatal resuscitation.
 - **Free primary education includes:** free registration, tuition, textbooks, school maintenance and supplies, as well as not having any additional charges or contributions, such as for Parent Teacher Associations and non-compulsory uniforms.
2. Eliminate all remaining conditions within Development Programme Lending which support the implementation of user fees for health and education.
3. Commit new resources to Development Programme Lending in sub-Saharan Africa to support the abolition of fees for health and education and take measures to ensure this funding is long term (at least five years), and disbursements are highly predictable within each year and over several years.

4. In new and existing health and education investment projects initiate discussions with governments on alternatives to fees. Task Managers should ensure in any new health-related projects that the project budget does not rely on income from fees by providing matching funds through budget support into the recurrent budget.

What the IMF must do

1. The IMF's Independent Evaluation Office must carry out an in-depth review of macroeconomic programme conditionality. This should examine how fiscal space for poverty-reducing expenditure can be widened to include an analysis of its impact on health and education budgets and poor children's access to services.
2. Analyse the potential poverty and social impact of its programmes before it puts them in place, to ensure that it allows countries to fully implement poverty reduction strategies and attain the MDGs, and to justify the adjustment that it is recommending.⁴⁷



Notes

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- 2 UNESCO, *Education for All The Quality Imperative: EFA Global Monitoring report 2005*, UNESCO 2004
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- 4 UN Millennium Project, *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals*, 2005
- 5 Global Campaign for Education, *Will they ever learn? A briefing for the UK G8 Presidency*, 2005
- 6 Save the Children UK briefing paper, *Killer Bills*, 2005
- 7 These 20 countries are those that currently charge fees for health among the 24 countries in Africa that contribute to the group of countries that make up 90 per cent of child deaths globally.
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- 9 The 20 countries with the highest proportions of girls out of school are: Somalia, Niger, Ethiopia, Burkina Faso, Mali, DRC, Guinea-Bissau, Sierra Leone, Central African Republic, Eritrea, Sudan, Benin, Chad, Burundi, Comoros, Côte d'Ivoire, Guinea, Senegal, Mozambique and Angola (underlining denotes countries that charge tuition fees). Sources: Save the Children UK programmes; R Kattan and N Burnett, *User fees in primary education*, World Bank, 2004; UNESCO Institute for Statistics. (Note, data was not available on the number of girls out of school for a number of countries.)
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- 19 Office of Paul Wolfowitz, President of the World Bank, letter to Mike Aaronson, Director General, Save the Children UK, 8 August, 2005
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