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The money flows, the boy dies

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In July 2005, 22 heads of state gathered in Gleneagles, Scotland, and promised to double aid to Africa by 2010. Last week, nearly two years later, while traveling on the Mbale-Tirinyi highway in Uganda, we saw first hand that such bold pledges to increase aid flows are simply missing the point.

Vast volumes of money are currently flooding Uganda. However, instead of representing prioritized contributions to sustainable change, funds are simply fueling an "aid industry" of fragmented assistance. At the end of the day, yet again, it is Uganda's rural poor who suffer the most.

Our journey started in Sipi Falls, one of Uganda's best-kept secrets at the foothills of Mount Elgon. Having left the town of Mbale and proceeding towards Kampala, we saw a young boy lying unconsciously by the side of the road.

We turned the car around to assist as a crowd gathered. In the confusion and anger at the apparent hit-and-run accident, we found the mother and, together with a neighbor, put the child in our car and rushed back to Mbale. The boy was unconscious, clearly battling for his life.

During the 25 minute drive, we made numerous calls trying to alert the Mbale Regional Referral Hospital, one of 11 regional hospitals in Uganda. We hoped that our personal and professional contacts developed over years of working for the Ministry of Finance, in close collaboration with the Ministry of Health, the U.S. Agency for International Development, Mulago Hospital and the Infectious Disease Institute would help us save the boy's life.

Our hopes were shattered. At the casualty wing of the hospital, the medical staff was apathetic. There was no oxygen, no blood pressure monitor, not even a basic flashlight. No medical officer was present. When the boy died, the hospital staff seemed more concerned with disposing of the body than with the fact that a young life had just ended before us.

Yet this was the same regional referral hospital that had been recently cited by the state minister for health, Emmanuel Otala, as the first to be renovated with "adequately trained staff [and] enough equipment and drugs" through financing from the Japanese government.

The only evidence that we saw of this aid was a freshly painted and refurbished X-ray unit, locked, with a plaque noting the Japanese donation.

What was the problem at Mbale Hospital? Was it a staff that received only \$6,500 for training over the past two years from the badly stretched national budget? Was it because only \$130,000 was allocated for medical supplies over the same period?

We drove the dead boy home in silence. As we drove, we realized that in fact we had been surrounded by millions of dollars of medical assistance. A stone's throw from the casualty wing where we had stood was the recently built TASO (The AIDS Support Organization) building;

across the street was JCRC (Joint Clinical Research Center) - both U.S. government-supported institutions.

The U.S. government has disbursed nearly \$400 million in Uganda for HIV/AIDS-related activities under PEPFAR (the President's Emergency Plan for AIDS Relief). The budget for the next fiscal year alone is over \$200 million. Yet while TASO and JCRC remain among the largest beneficiaries of these funds, minimal benefits have spilled over to institutions such as the Mbale Hospital.

It seems ethically questionable that while on one side of a road certain organizations benefit from monumental amounts of donor assistance and equipment, on the other side children die because of a lack of the most basic facilities.

Over the past two years, 18 donor agencies have been directly involved in supporting the Ugandan health sector through no less than 111 projects at a cost of between \$280 million and \$300 million. Hardly peanuts. Yet out of these 111 projects, only two were specifically earmarked for regional referral hospitals.

Donor projects often run parallel to government systems, duplicating existing networks, undermining local institutions and hindering the sustainable improvement of the national health sector as a whole.

The majority of projects are characterized by gross inefficiencies. The donors say they prefer bypassing government structures for fear of contributing to corruption. While this may be a short term solution, it does little in the way of building accountability of national institutions or encouraging good governance.

Do the Gleneagles heads of state truly believe that more money is the key to Africa's rise out of poverty? How long can the aid industry continue to ignore the fundamental needs of countries like Uganda?

If only a small proportion of project funds disbursed in Uganda were reallocated in support of the national health system, our recent experience might have had a different ending.

Recipient governments need not underestimate their bargaining power. And Uganda should ensure that all external funds directed in any way toward its health sector carry a mandatory levy for support of strengthening basic health services.

More money is not the solution to Africa's poverty. The continent's real problem lies in aid hypocrisy.

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