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SEXUAL ABUSE

Oxfam scandal
casts doubt on
aid sector

RELIGIOUS FAITH

The growing
clout of African
independent churches

MILITARY RULE

Lasting impacts
are felt in
Argentina



Chronic diseases

Monitor

Trade policy in the Trump era | Protests in Iran | A former Colombian child soldier tells her story | Downsides of globalisation | Human Rights Watch on right-wing populism | Nowadays: Family planning and mobile phones in Ghana | Imprint 4

Debate

Ellen Johnson Sirleaf is an unconvincing choice for Mo Ibrahim Prize | The impacts of Oxfam's sexual abuse scandal | Kenya is deeply split | Rwanda's President is the wrong man to chair the AU | Tasks for international cooperation 11

Tribune

HANS SPITZECK

Why African Instituted Churches matter in the development context 16

SEBASTIÁN VARGAS

The dark legacy of Argentina's military dictatorship 18

MONIKA HELLSTERN AND HANS DEMBOWSKI

Why prudent taxation is needed to achieve the SDGs 20

Focus: Chronic diseases

INTERVIEW WITH ALEJANDRO CALVILLO

Unhealthy diets have led to a diabetes crisis in Mexico 24

HEDWIG DIEKWISCH

To stem non-communicable diseases, international alliances must clearly define roles of civil society and pharmaceutical industry 26

KARIM OKANLA

Cancer has become a top health concern in Benin 28

INTERVIEW WITH MARTIN KOLLMANN

Neglected tropical diseases cause life-long suffering 30

DAMILOLA OYEDELE

Poor people tend to neglect early symptoms of hypertension in Nigeria 33

SANDIP CHATTOPADYAY

Because of weak health-care infrastructure and other challenges, Indian patients struggle to manage high blood pressure well 34

INTERVIEW WITH ZAFRULLAH CHOWDHURY

Dialysis saves lives, but is very expensive – a new non-governmental centre provides essential services in Dhaka 35

FELIX LEE

Chronic respiratory problems are a consequence of Chinese fuel emissions 38

FOCUS

Chronic diseases

Sugar crisis

Unhealthy diets, obesity and diabetes are causing suffering in Mexico. Alejandro Calvillo, the founder of a consumer-rights group, demands better policies. **PAGE 24**

Global cooperation

Cancer has become a major health threat in Benin. International alliances are dealing with related matters, but critics warn that the pharma industry is pursuing business interests in this context. Hedwig Diekwisch, a German civil-society activist, assesses the matter. **PAGE 26**

Vicious cycle

Cancer has become a major health threat in Benin and other African countries. Patients are trapped in poverty, fear, ignorance and superstition. Weak health-care services compound problems, as Karim Okanla, a university lecturer, writes. **PAGE 28**

Breaks on development

Neglected tropical diseases tend to have chronic impacts. Martin Kollmann, a physician who works for CBM, the international non-governmental organisation, discussed the challenges in an interview with D+C. **PAGE 30**

Masses affected by hypertension

Ever more people around the world have high blood pressure. While prosperous people find support, the poor are left to themselves. Journalist Damilola Oyedele reports from Nigeria and scholar Sandip Chattopadhyay from India. The countries are far apart – but the hypertension scenario is similar. **PAGES 33, 34**

Affordable dialysis

People with kidney failure need dialysis. In Bangladesh, Gonoshasthaya Kendra (GK), a non-governmental health-care organisation, has set up a new centre in Dhaka to provide services at low rates. GK founder Zafrullah Chowdhury explains the approach. **PAGE 35**

Sickening air pollution

Smog affects the lungs and the cardiovascular system. It also causes cancer. Felix Lee, a German newspaper correspondent in Beijing, provides an account of Chinese people's air-pollution related health problems. **PAGE 38**

Trapped in a vicious cycle

For a long time, non-communicable diseases (NCDs), the most important of which are chronic, were considered to be diseases of the better off. The poor were not much affected by hypertension, diabetes and cancer. To put it crudely, they died too early to worry much about NCDs. Their problem was that they did not get enough food, not that they were eating unhealthy products.

That was then. Life expectancy has risen in most places. Internationally, the number of people who are overweight is now twice as high as the number of those with insufficient calorie intake. Development has resulted in people living longer lives, and one implication is that chronic NCDs have become more common. Humans are mortal. If infectious diseases, violence or accidents do not kill us, an NCD will eventually cause our death. Blood pressure and blood-sugar levels tend to increase with age, and accordingly strokes, heart attacks, kidney failures and other terminal crises become more likely. Cancer becomes more likely with age as well. (Some kinds of cancer are infectious, but it often becomes chronic and requires long-term management.)

Unfortunately, masses of people get ill far too early in life. Ageing is not the only cause of NCDs spreading. Another one is that major food corporations are promoting unhealthy products. Moreover, air pollution makes respiratory illnesses more likely. NCDs are complex conditions. Over-simplification must be avoided, but it is true that the main drivers of the NCD plague include:

- food that contains too much fat, sugar and/or salt,
- the consumption of tobacco and alcohol,
- lack of physical exercise and
- stress, time pressure and lack of rest.

If an NCD is managed well, patients normally do not suffer devastating consequences for a long time. Even most kinds of cancer can be kept in check. The problem is that the majority of people living with an NCD today belong to low-income groups. Most are not in a position to manage their health issues well for the rest of their lives. All too many lack access to professional health care. And even if they are diagnosed, they probably cannot afford all relevant medications and treatments. Families are overburdened, especially as an unchecked NCD reduces a patient's ability to work and earn money.

Health has socio-economic aspects, and poor patients get stuck in vicious cycles of deprivation. They lack information, services and resources. Knowing they are unlikely to get the support they need, many do not even want to be diagnosed, so their health deteriorates faster than it has to. Steps to contain the problem early on are much cheaper than interventions at later stages. For good reason, the NCDs are on the agenda of the Sustainable Development Goals. Relevant targets include reducing premature mortality from NCDs by one third by 2030, making relevant NCD medication affordable and accessible and achieving universal health coverage. These things are indeed vital issues for fighting poverty and making societies more inclusive.

Personal behaviour matters too, of course. NCD patients should exercise regularly and adopt healthy diets. However, a sensible lifestyle is not only an issue of personal discipline, but of money too. Gym memberships are expensive. In urban settings, traffic and air pollutions keep people from exercising outside. Many hard-working and time-stressed urban people, moreover, find fast food affordable – but not restaurants that serve healthy food.

► You'll find all contributions of our focus section plus related ones on our website – they'll be compiled in next month's briefing section.



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Debate



#MeToo in the aid sector

Oxfam staff-members are guilty of sexual abuse in Haiti, and the international non-governmental organisation kept the affair secret for eight years. The events are totally unacceptable, and the way the charity has been dealing with them raise questions. In Britain, right-wing populists are now demanding cuts in the aid budget. A comment by Sabine Balk of D+C/E+C's editorial team. **PAGE 12**

Tribune



The dictatorship's dark legacy

In many Latin American countries, the military played an extra-constitutional role in the 20th century. Argentina is a striking example, because its dictatorship was particularly brutal. Even 30 years after it ended, the armed forces' relations with society in general remain tense, writes journalist Sebastián Vargas. **PAGE 18**

In touch with God and the people

In Africa, roughly one in four Christians belongs to an African Instituted Church. International development agencies would be well advised to consider cooperation with these institutions. The independent churches' developmental effort reaches many people – including members and non-members. Hans Spitzack, a political scientist and Protestant theologian, assesses the matter. **PAGE 16**

INTERNATIONAL TRADE

The Trump jolt

Washington's stance on trade has become protectionist under President Donald Trump. The USA's partners are bewildered. Whether the end of multilateralism must be expected, is another question.

By Hans Dembowski

Karl Brauner, the deputy director-general of the World Trade Organization (WTO), is worried about the future of his institution's system for settling trade disputes. It has been quite successful in the past, but it may soon lack a sufficient number of arbitrators to take decisions. In the fall, at the latest, a new arbitrator must be appointed. The problem is that the Trump administration has been blocking new appointments for several months.

Brauner says it increases his concerns that most WTO members are not in panic mode in view of Washington's current stance. The dispute settlement panels are crucial for preventing trade wars, he points out. So far, all members are playing by the rules, and that is true of the USA too, in spite of Trump's protectionist rhetoric. Brauner stresses that the recent tariffs Washington has imposed for punitive reasons on solar panels and washing machines are, in principle, WTO compatible, and, if other countries do not agree, they can appeal to the WTO

dispute settlement system. A lack of arbitrators, however, would make the system unviable, and the result could be real trade wars with escalating sanctions and potentially devastating impacts.

The WTO has only made little progress since it adopted an ambitious agenda to liberalise global trade in Doha in 2001. It has nonetheless achieved some success. For one thing, its existing rules have given rise to complex multilateral trade relations. Moreover, member states adopted a new agreement on trade facilitation in 2013. It is geared to speed up customs procedures on borders. Brauner says the agreement proves that the WTO is not ineffective, but he admits that the USA under Trump is no longer a global leader, along with the EU, as it has been in the past.

Mexico is the country that has most to fear from US protectionism. Its economy is particularly interdependent with the USA. Mexico does about half of its foreign trade with its northern neighbour. Trump has been insisting the North American Free Trade Agreement (NAFTA) must be renegotiated, and the consequences may prove far-reaching for Mexico.

Luis de la Peña Stettner, the former president of USEM, the association of Mexican employers, reports that Trump's election victory came as a shock. In the mean-

time, however, the sense of doom and gloom has dissipated, according to him. Mexican business leaders now understand that their country cannot only rely on north-bound exports, but must consider all directions. In his eyes, Mexico serves as a bridge between North and South America, and it can also be node linking Europe to Asia. De la Peña says the "Trump jolt" was healthy in the sense of making Mexican managers considering opportunities they should have noticed earlier. He regards greater diversification and a more cosmopolitan outlook as healthy.

QUESTIONS OF ETHICS

De la Peña is in favour of international exchange as a matter of principle. In late January, he told a conference hosted in Bonn by the Konrad-Adenauer-Stiftung (KAS), which is close to Germany's Christian Democrats, and Germany's Association of Catholic Entrepreneurs (BKU) that young Mexican business leaders benefit from interaction with their German counterparts. For instance, they are exposed to ethical standards they are not accustomed to. Relevant issues include the demand for transparency and an anti-corruption attitude, according to de la Peña.

Not everyone agrees that German companies are in a position to claim ethical leadership, however. Cornelia Schmidt-Liermann, a member of Argentina's parliament, says that mid-sized business in Germany apply high standards, but major corporations such as Deutsche Bank, VW and Siemens are known for malfeasance in international scandals. Stephan Werhahn of Steinbeis Hochschule, a private Berlin-based college with close ties to business, praises the way US courts have ensured that consumers were compensated in the course of the diesel scandal. In his eyes, it casts a bad light on Germany that the same did not happen here. Hubertine Underberg-Ruder, a business owner, argues that market economies need renewal "from inside" after the global financial crisis. And according to Ulrich Hemel of the BKU, the big question is how ethical standards can be enforced in systemic ways that do not depend on interventions by courts.

Nixon Kariithi, a business journalist and professor of media affairs from Johannesburg, defends German car makers. He says their production lines are making a dif-



German car manufacturers are making a difference in South Africa.

ference in South Africa. He expresses the hope that similar industry hubs will be established in Kenya and Nigeria. Kariithi emphasises the relevance of trade facilitation, moreover, since red tape and long waiting times hinder intra-African trade to the detriment of economic development.

Dominik Ziller of Germany's Federal Ministry for Economic Cooperation and Development (BMZ) agrees that trade helps to fight poverty. The BMZ spends \$ 5 billion annually on "aid for trade". The civil servant admits that boosting trade is a side-effect and not the main goal of many of the related measures. Ziller warns however: "Unrestricted markets do not automatically trigger growth to the benefit of everyone",

so classic infrastructure programmes are of lasting relevance.

The BMZ opposes social and environmental dumping. In recent years, it has been focusing on garments production. One lesson, according to Ziller, is that environmental and social standards are hard to enforce:

- when competitors do not live up to them, and
- when consumers do not pay attention to the issues.

In the eyes of Peter Fischer-Bollin of KAS, Trump's presidency does not necessarily mean that the age of multilateralism has ended. He finds it encouraging, for example, that the Trans-Pacific Partnership is now set to be launched soon by the 11 remaining

partners even though Trump pulled the USA out of the negotiations last year.

Argentina's government believes in multilateral cooperation as well. Legislator Schmidt-Liermann belongs to President Mauricio Macri's centre-right party and knows what topics he will put high on the Agenda of this year's G20 summit in Buenos Aires. Social inclusion and gender justice matter, she says, as everyone must get the education "he or she" needs for gainful employment, especially as work life is increasingly marked by technological change. In her eyes, other core issues are the future of work, infrastructure and food security. Her government also wants the global community to cooperate on fighting tax avoidance.

Reducing waiting times

The agreement on trade facilitation is the greatest success the WTO (World Trade Organization) has achieved since being established in 1994. The goal is to make it easier to import and export goods by reducing red tape on borders. An obvious implication of easier trade is lower costs.

According to Karl Brauner, a high ranking WTO officer, it costs the equivalent of \$40 to get a container of exports across the German border. The comparative sum in Sudan is \$430. The huge difference shows that trade facilitation is a worthy goal. The WTO agreement on this matter was agreed at the ministerial conference in Bali in 2013 and came into force last year. Two thirds of signatory countries had ratified it 12 months ago.

According to the agreement, all WTO members must make their customs rules transparent and spell them out on online platforms. Companies

must be able to get all procedures done in one place, relying on a "single window" system. The information government agencies provide must be legally binding, and their fees must be proportionate to the work they actually do. If a country intends to change its rules, moreover, it must consult the

business community its new rules will affect. In Brauner's eyes, this is a "small, but important step" towards more democratic participation in public affairs.

In various countries, implementation of the agreement has moved ahead, Brauner reports. In Uganda, the time needed to get a shipment out of the country has been reduced by 90%, he says, and imports take 50% less time than before.

Accordingly, Ugandan companies' chances of being included in international value chains has grown. Moreover, simpler procedures mean more transparency and less scope for corruption, according to Brauner.

Holger Görk of the Kiel Institut für Weltwirtschaft supports Brauner's favourable assessment. In his view, trade facilitation may even be more important than reducing tariffs. He says that, on Uruguay's borders, the waiting time for identical products may vary from one to 31 days, for example, so it is very hard for companies to plan. Indeed, fresh goods may actually perish before they are brought to the market. An average of 15 government agencies per country are involved in trade matters, Görk says, and in Nigeria, 50 agencies have a say. Unsurprisingly, importers and exporters appreciate being able to get all bureaucratic procedures done in a single place. Görk says, the evidence shows that trade facilitation works as cross-border flows of goods are increasing in South America, for example. (dem)



Business leaders do not know how long it will take to get their goods into the country: the port of Montevideo, Uruguay.

CIVIL SOCIETY

Third point of view

Tens of thousands of people have taken to the streets in Iran in December and January. According to experts, these protesters fundamentally question the system of the Islamic Republic. Young people and women play a prominent role. It remains to be seen whether these protests will evolve into some kind of coherent opposition to the government.

By Katja Dombrowski

“What we are witnessing at the moment is definitely a turning point,” says Parastou Forouhar, an Iranian artist, author and activist who lives in Germany. The last time Iran experienced major protests was in 2009, after Mahmoud Ahmadinejad, then the incumbent president, was declared victorious in elections. The opposition claimed electoral fraud and started the greatest unrest since the Islamic Revolution, which had ended the monarchy in 1979.

In 2009, “people wanted to know what had become of their votes,” Forouhar said during a panel discussion hosted by the Heinrich Böll Foundation in Frankfurt, Germany. This time, however, the protests lack a common concern, a charismatic leader and a widely-shared demand.

According to Forouhar, young people under the age of 25 are currently the main activists. “This generation wants to achieve something in life, but they see no future.” Their main grievances include corruption, mismanagement and paternalism. The artist says they find “religious laws particularly repressive”. Iran’s government consists of two distinct sides, but many demonstrators do not support either of them. They generally reject the Islamic Republic, Forouhar argues. Observers consider President Hassan Rouhani to be a reformer, whereas the supreme leader, Ali Khamenei, the most powerful man in the state, leads the conservatives. “There is potential for a third point of view, a new opposition,” says Forouhar.

The German-Iranian political scientist Azadeh Zamirirad also speaks of a “turning

point in protest culture”. However, the scholar from the German Institute for Foreign and Security Affairs (Stiftung Wissenschaft und Politik – SWP) stresses that Iranian civil society is very active, and demonstrations are not unusual. Rather, they are typical of the Islamic Republic. “They are practically part of everyday life,” says Zamirirad. It remains to be seen whether the latest protests will grow into a coherent movement that is entirely independent of the political elites. The Iran analyst recognises three dimensions of the protest:



More and more Iranian women take off their headscarve and wave it around on a stick like the “girl from Enghelab Street” did.

1. Reformers are still pitted against hard-line conservatives, and this conflict was probably the starting point.

2. People are rising up because of unemployment, corruption, inflation and precarious livelihoods.

3. Outsider groups who are neither affiliated to the reformists nor the conservatives are making their voices heard for the first time.

In response, institutions are changing, Zamirirad has observed. For example, the government is reassessing the freedom of association. A revolution in the form of

an armed uprising is not necessary, she says, if civil society gradually obtains more freedom. As an example, the scholar cites the obligation to wear a headscarf, which is becoming increasingly lax. The cloths are becoming more colourful and sliding back. “Millimeter by millimeter, women are fighting for their rights.”

During the protests, some women tore off their headscarves. “That can’t be stopped in the long run.” The mullahs will have to drop the headscarf requirement one day, Zamirirad emphasises. “There is a tradition of a strong women’s movement in Iran – there are more women in parliament than clergymen, you have to let that melt in your mouth.” Forouhar, the artist, agrees that women who protest against the mandatory wearing of the headscarf in public spaces indicate social change.

Vida Movahed started the trend at the end of December. She climbed onto an electrical box in Tehran’s Enghelab Street, removed her headscarf and waved it on a stick. In Forouhar’s eyes, “this is a symbolic picture – because she’s a woman, she’s standing up there, and she’s wearing normal clothes.” Movahed was arrested, but released shortly afterwards. Her action has encouraged others to follow her example. “Even a fully veiled woman in a chador stepped onto an electrical box and waved a cloth,” says Forouhar. “When something like this happens, it inspires hope.”

CHILD SOLDIERS

Back to a normal life

It is estimated that there are about a quarter of a million child soldiers worldwide. Many were forcibly recruited, yet some children and adolescents from rural Colombia joined armed militias voluntarily in the hope of a better life. The transition back into normal society is arduous – the child protection centres of Don Bosco Mission, a Catholic non-governmental organisation, offer support.

By Linda Engel

If you sit opposite Claudia (name changed) you can see that she is a likeable young woman, who has a good sense of humour, noticeable dimples and red strands in her long black hair. The student dreams of travelling to as many countries as possible and “making full use of her life”. Claudia is a former child soldier who has made it back to a normal life.

The 20-year-old woman comes from a rural area of Colombia. Her father was a single parent and raised her and four other siblings. Money was tight. When the enthusiastic student went to 11th grade, the family’s economic hardship became overwhelming. When Claudia was 16 she saw no other way out than to join the armed militia group that was a regular presence in her village. Claudia shared her story with us in late January at an event Don Bosco hosted in Bonn.

Poverty is the main reason why minors (young people) join the rebels. In addition to the best-known rebel group FARC-EP (Fuerzas Armadas Revolucionarias de Colombia – Ejército del Pueblo), the UN has repeatedly accused other groups such as ELN (Ejército de Liberación Nacional) of recruiting children.

The 2016 peace agreement between the FARC and the Colombian government ended 50 years of civil war. This tentative agreement made it easier to work with the victims of the civil war, Father Rafael Bejarano says. He directs Ciudad Don Bosco in Medellín, the child-protection centre where Claudia lives. Domestic companies, for example, have been hiring victims of armed conflict. Yet, in spite of the agreement with

the FARC, Colombia is still far from peace, Bejarano regrets. The rebels’ political and criminal motives were intertwined, especially as militant groups’ funding depended on the drug trade. In late January, the Colombian government suspended the peace talks with the ELN rebels – for the time being.

Claudia tells the story of her everyday life during the 15 months she spent with the fighters. She learned how to handle weapons and participated in armed clashes with government forces. She recalls being very scared. “You can’t forget times like that, but



The former child soldier Claudia (name changed) from Colombia has returned to a normal life.

you can come to grips with the memories,” she says.

While on an errand in the city, she was arrested by government soldiers one day. That was her salvation. At first she came to live with a family, later she would move to Ciudad Don Bosco in Medellín. The long road of reintegration had begun. Claudia’s advantage, according to her supervisor Olga Cecilia García Flórez, was that she had been attending school for a long time before joining the militia. Many of the children arrive at the Don Bosco not only in poor physical

and mental health, but they are also illiterate. Most missed several years of formal education.

Claudia remembers, however, that her early years in the centre were very depressing. A ray of hope was her brother, whom she reunited with at the Ciudad Don Bosco. He had joined an armed militia group before her and was also captured by the military.

Around 250 former child soldiers are presently cared for in the Ciudad Don Bosco. In addition to the house in Medellín, Don Bosco has another centre in Cali. The traumatised children and adolescents receive a foster family in the community, the caregivers try to give them a sense of belonging and prepare them for a future in society, Father Rafael reports. When the young people leave the child-protection centre, they have been taught vocational skills, from hairdressing to car mechanics. Father Ra-

fael says that the children come to the child-protection centre voluntarily, and this contributes to the centre’s success.

Over the past years, Don Bosco has looked after over 2,300 former child soldiers in Colombia. The two institutions in Medellín and Cali not only train young people, but also help them to cope with the traumas. Claudia stayed at Ciudad Don Bosco for three years and has recently left the programme. She is presently fulfilling her dream of studying health management – with the help of a Don Bosco scholarship.

GLOBALISATION

People dying of hunger are “being murdered”

The global economy produces enough food to feed everyone on the planet – but it is distributed unevenly. Jean Ziegler, member of the Human Rights Council Advisory Committee, says since hunger is human-made, humanity can end it.

By Monika Hellstern

“A child dying of hunger today is being murdered”, says the former UN special rapporteur on the right to food. While one third of the food produced worldwide is thrown away every year, 815 million people suffered from under-nutrition in 2016, according to the Food and Agriculture Organization (FAO). In the previous year, 38 million fewer people were affected. Every year, about one percent of the world’s population dies from hunger and its immediate consequences.

Ziegler emphasises that people who lack access to food simply cannot afford it. The reasons are structural, Ziegler argues, and one issue is the liberalisation of the world economy. Multinational corporations buy land in the global south to produce goods for the global north, weakening subsistence farming and production for local markets. Additionally, climate change and natural disasters lead to famine, while food speculation increases food prices. For all these reasons, people struggle to get the provisions they need.

Humanitarian aid organisations are chronically underfunded in acute hunger crises. Ziegler recalls that only \$ 247 million of the required \$ 4 billion were committed to the World Food Program (WFP) at the donor conference on the hunger crisis in spring 2017. At the same time, private investors are becoming more involved in humanitarian aid, and they intend to maximise profits. Launched in September 2017, the Humanitarian Impact Bond raised 25 million Swiss francs for the International Committee of the Red Cross (ICRC), which is using the money to finance three rehabilitation

centres in the Democratic Republic of the Congo, Mali and Nigeria. Once pre-agreed development goals are achieved, the private investors will receive repayments, including interest and perhaps even an extra profit. The repayment is guaranteed, among others, by the governments of Britain, Belgium, Italy and Switzerland. Ziegler sees a dangerous trend that could erode the moral basis of humanitarian aid.

At an event hosted by medico international, an international non-governmental

tence and sovereignty through market liberal restructuring and globalisation.

A working group of the UN Human Rights Council is currently working on a draft agreement for an international agreement on business and human rights. Although it may take years to come into force, Ziegler hopes the agreement will replace companies’ ineffective voluntary commitments and serve to better protect the human rights of workers and people affected by business operations. The agreement would force nation states to establish laws that compel companies to respect human rights in their global supply chains. It could also empower victims of rights violations to sue companies for compensation.

Ziegler places the greatest hopes in a “planetary civil society”, which is resisting global injustice. One example is La Via Campesina, an international movement of peasants and farm labourers. La Via Camp-



La Via Campesina activists at a demonstration for sustainable development during the Rio+20 conference.

organisation, in Frankfurt, Ziegler said in February that governments around the world are too closely linked to financial elites, and that official development cooperation supports unjust structures through its cooperation with despots and multinational corporations. Moreover, the governments are increasingly losing regulatory compe-

esina campaigns for the principle of food security – the right of every country to provide for itself. This approach is meant to give all people access to a sufficient amount of healthy and nutritious food. Ziegler also praises the World Social Forum, an annual meeting of civil society organisations critical of globalisation.

GLOBAL GOVERNANCE

Fighting for democracy at home is not enough

Human Rights Watch (HRW) sees undemocratic regimes, especially those of Russia and China, taking advantage of democratic governments no longer promoting human rights the way they used to do. At the same time, the international non-governmental organisation's recently published World Report emphasises that authoritarian populism can be resisted successfully.

By Hans Dembowski

The international community is currently not paying sufficient attention to violence and arbitrary state action. HRW argues that the suffering in Yemen, Syria and Myanmar

is being exacerbated because the perpetrators of serious crimes feel free to act. Western governments increasingly tend to look away.

According to Kenneth Roth, the organisation's executive director, the USA is led by "a president who displays a disturbing fondness for rights-trampling strongmen and the United Kingdom preoccupied by Brexit". Roth argues in the report keynote that these two "traditional if flawed defenders of human rights" are no longer playing the global roles they used to. Because of racist and anti-refugee activism in Europe, Germany, France and other countries have not filled the gap. Roth states that democracies such as Australia, Brazil, Indonesia, Japan and South Africa should also be doing more.

The good news is that, according to Roth, the wave of right-wing populism in the west looks weaker than it did one year ago. He applauds French President Emmanuel Macron for winning last year's election by confronting the right-wing Front National (FN) head on.

His principled stance, Roth argues, allowed him to prevail over FN candidate Marine Le Pen with a huge margin. The HRW leader praises Macron for standing up to "autocratic rule in Russia, Turkey and Venezuela, and a willingness to support stronger collective European Union action against Poland's and Hungary's assault on rights". However, Roth wishes the French president was less reluctant to confront rights abuses in China, Egypt and Saudi Arabia.

Roth points out that centrist and centre-right leaders of other European countries have tried to pre-empt the populists' appeal by adopting some nativist positions, but such strategies only made populists stronger. That was the case in Austria, the Netherlands and the German Land Bavaria, for example.

With regard to German Chancellor Angela Merkel, the HRW director states that forming the new federal government was made difficult by the fact that the populist AfD won seats in the Bundestag in the September elections. Roth insists, however, the AfD was strongest in those areas where mainstream politicians copied their approaches and weakest where they were firmly resisted. Roth concludes: "Principled confrontation rather than calculated emulation turned out to be the more effective response."

With regard to the USA, Roth also has some good news. He states that President Donald Trump is destructive, but he finds the broad resistance his administration is facing encouraging. Civil society, the media, judges and even some members of Trump's Republican party have limited his impact. In a similar way, Roth praises civil-society activism in Poland and Hungary.

Fighting for democracy and the rule of law at the national level is good, Roth argues, but it is not enough. In this context, he refers to Saudi Arabia and Libya, for example:

"With a seeming green light from western allies, Saudi Arabia's new crown prince, Mohamed bin Salman, led a coalition of Arab states in a war against Houthi rebels and their allies in Yemen that involved bombing and blockading civilians, greatly aggravating the world's largest humanitarian crisis. Concern with stopping boat migration via Libya led the EU – particularly Italy – to train, fund and guide Libyan coast guards to do what no European ships could legally do: forcibly return desperate migrants and refugees to hellish conditions of forced labour, rape and brutal mistreatment."

Roth also points out that the lack of western powers' involvement in human-rights issues gives scope to authoritarian regimes, including especially those of Russia and China, to violate human rights at home and encourage abusive action abroad.



https://www.hrw.org/sites/default/files/world_report_download/201801world_report_web.pdf

Planned parenthood via mobile phone

A staggering 57,000 teenage girls got pregnant in Ghana in the first half of 2017. Young people do not get adequate sex education, but civil-society organisations are doing something to change this. They organised a forum to discuss sex, reproductive health and related rights in Northern Ghana in an effort to solve this problem. Teenagers and women of child-bearing age were the prime target.

Acceptance rate for contraceptives in the Northern region of Ghana is hovering around 22% for married women and 27% for unmarried women. In the eyes of Peter Dakurah of the Planned Parenthood Association of Ghana, those ratios are too low and show that people are neither properly informed about contraceptives nor have adequate access to them. Addressing the forum in Tamale, he said: “When people are able to freely exercise their choice of contraceptives, control their fertility, have fewer children

at paces that don’t affect their health, this has a positive impact on the economy.”

A group of curious teenage girls surrounded a midwife at a round table in the auditorium. They were discussing reproductive health and sex. Hafsat Yurizaa, a teenage girl, explained the problems they face. “Many health-care providers deny young people services or are not friendly to us when we visit health centres.” In her eyes, youngsters are left at risk of “peer misguidance”.

To improve things, some health facilities are lowering and even removing barriers. Rebecca Azumah is a senior midwife at the regional health directorate. She points out: “We are now on Instagram, Twitter, Facebook – we are on all the social media. When young women need information, they can type in their mobile phone whatever question they have, and they will get somebody who will provide reliable information.”

For some people, such information comes too late. Alhassan Nafisah is 17 years old and eight months pregnant. “I didn’t know how to protect myself, otherwise I wouldn’t be pregnant now,” she says. She regrets that she has had to drop out of school. Many young girls are often forced to live with the boys that got them pregnant. Alhassan is one of them. “My parents said I should go and stay with him – so I did, even though I didn’t like it.”

Tamara Sulemana works with the Northern Sector Advocacy and Awareness Center (NORSAAC), a gender-based organisation helping women and young girls. “The young people today are sexually active,” she explains. She says they need sex education and access to contraceptives. Otherwise, she warns, there will be even more teenage pregnancies.

LINKS

Northern Sector Advocacy and Awareness Center:

<http://www.norsaac.org/>

Planned Parenthood Association of Ghana:

<http://www.ppag-gh.org/>



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AWARDS

An unconvincing choice

Ellen Johnson Sirleaf, the former president of Liberia, has been named as the winner of the 2017 Mo Ibrahim Leadership Prize. The headlines of African newspapers celebrated her accordingly. The truth, however, is that Liberia is not an example of good governance.

By Vladimir Antwi-Danso

The Mo Ibrahim Prize is a \$ 5 million award paid over ten years. After those ten years, the Mo Ibrahim Foundation pays the laureate a further annual \$ 200,000 for the rest of her life. The prize is meant to encourage good governance. The criteria are clear. The awardee must have:

- served as an African country's head of state or government,
- left office in the last three years,
- won office in democratic elections,
- served the constitutionally mandated term and
- demonstrated exceptional leadership.

It should be easy to predict winners, but it is actually quite difficult. The Mo Ibrahim Prize is not awarded every year. The Prize Committee has pointed out this time it is meant to be "a standard for excellence in leadership in Africa, and not a 'first prize'". In other words, it is not designed to reward the best statesperson who recently left office.

Sadly, there are serious reasons to doubt Johnson Sirleaf's "excellence in leadership". Many Liberians would point out that she was involved in Liberia's obnoxious decade-long civil war, siding with Charles Taylor, the warlord who was sentenced to life-long prison by a UN court.

What happened after the war, however, matters much more. Johnson Sirleaf took office in a typical post-war situation. Economy and infrastructure were ruined. Institutions were dysfunctional. Security was fragile and society undisciplined. The Ebola pandemic of 2013 – 2016 made everything worse. The truth is that Liberia remains a traumatised and desperately poor country. Corruption is widespread, and people have little trust in the rule of law.

Unfortunately, Johnson Sirleaf's democracy track record is not speckles. In 2011, Johnson Sirleaf ran for a second presidential term even though she had previously promised to stay a one-term president. She set a destructive precedent, as several African heads of state have been introducing constitutional change in order to allow them several terms. A few days before the election date, she was awarded the Nobel Peace Prize. She declared it was a mere coincidence, but her opponent Winston Tubman argued that it boosted her chances of winning. Moreover, there were complaints of ballot stuffing and rigged electoral roles. Nonetheless, the president did not win 50 % of the votes in the first round, and Tubman dropped out of the run-off election, so Johnson Sirleaf was confirmed in office with 90 % of the votes.

At the time, Samwar Fallah, a Liberian journalist wrote in D+C/E+Z (issue 2011/12, p. 480): "Her high share of votes does reflect the real support the opposition enjoys in Liberia." Indeed, the event now looks like an unfortunate prequel of recent events in Kenya (see comment, p. 13).

The Mo Ibrahim Prize is awarded by an independent committee. Its chairman Salim Ahmed Salim has acknowledged that

things are less than perfect in Liberia. He has praised Johnson Sirleaf for assuming responsibility at a time of crisis and working "tirelessly on behalf of the people". He went on to admit that "such a journey cannot be without some shortcomings and, today, Liberia continues to face many challenges". His point was that she laid the foundations on which Liberia can now build.

To a considerable extent, the prize committee has rewarded Johnson Sirleaf not for excellent results, but for assuming responsibility in extraordinary difficult circumstances. While this is not entirely without merit, it does downgrade the idea that excellent leadership results in good governance.

Africa needs better governance, and the Mo Ibrahim Prize should encourage it – and it should not only reward top leaders for doing so. Apparently the prize committee struggles to find suitable ex-presidents and ex-prime ministers. Rather than occasionally rewarding a former head of state who have mixed credentials with huge sums, it should regularly award lower-level leaders who have convincing track records, perhaps with more moderate sums (see my essay in D+C/E+Z e-Paper 2017/12, p. 24).



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Ibrahim Prize for Achievement in African Leadership



OXFAM SCANDAL

#MeToo in the aid sector

Oxfam is being rocked by news about a case of sexual exploitation in Haiti. What happened eight years ago is indeed entirely unacceptable, and the way the international nongovernmental organisation (NGO) has been handling the matter raises questions. Depressingly, right-wing agitators see the revelations as an opportunity to attack official development assistance (ODA) in general.

By Sabine Balk

Conservative activists enjoy it when supposed do-gooders are caught not doing good. It has been made public that Oxfam staff working in Haiti immediately after the

such behaviour cannot be excused. Penny Lawrence, Oxfam's deputy leader in Britain, has resigned. Marion Lieser, the executive director of Oxfam Germany, has said that what happened "flies in the face" of what Oxfam stands for: "This is a slap in the face for many people who donate money, time or goods to Oxfam."

Oxfam must live up to the high ethical standards it preaches. The management must now answer some uncomfortable questions. The top leaders knew what happened in Haiti and even commissioned an investigation 2011. However, they made no public statements. They now argue they did take action by firing other staff members. Others are said to have quit the agency

in the Oxfam context. Moreover, the leadership promises to invest money in – and commit resources to – protecting people from harassment, exploitation and sexual abuse.

It remains to be seen whether Oxfam's public image can be restored. What is obvious, however, is that the scandal concerns all aid agencies rather than Oxfam alone. The British government and the European Commission are reconsidering their funding for Oxfam. Tax money contributes almost 50% to Oxfam's annual budget of €461 million. Private donors, of whom many are now deeply irritated, contribute the rest. It hardly consoles anyone that no donor money was allegedly spent on sex.

If Oxfam staff do something like this, what about many other, smaller agencies? Right-wing activists now argue something is wrong with ODA in general. Depressingly, there have been incidents of sexual abuse in Chad and even in British Oxfam shops. Medecins sans Frontiers and other NGOs have also disclosed misconduct of staff.

The Oxfam scandal is now being used to launch an attack on aid. Britain is one of the few industrialised nations living up to the decades old UN pledge of investing 0.7 % of gross national income in ODA. Jacob Rees-Mogg, a right-wing member of the Tory party, now wants aid to be cut in order for more money to be spent on needy people in Britain.

To thwart such attacks, development agencies need a new culture of transparency. Sexual abuse is unacceptable everywhere – whether in Hollywood, business, government, churches or civil-society organisations. However, human misconduct is not entirely preventable. That is especially true in settings where some people are much richer and more powerful than others.

It compounds the problems that some women and girls in desperately poor countries hope to escape the misery by marrying an expat and will be eager to please him any way he wants. Development agencies must be particularly careful. Moreover, they must create platforms so victims can make their suffering known without fear. Let's hope that Oxfam will now set the right example.



Oxfam is known to preach high ethical standards – now the organisation is being rocked by news about a case of sexual exploitation in Haiti after the earthquake in 2010.

devastating earthquake of 2010 paid women to participate in sex parties. Apparently, underage girls were involved too. Prostitution is illegal in Haiti.

What does this tell us about Oxfam? Well, certain individuals are guilty of misconduct. All Oxfam managers now say that

before being fired. Haiti's police was not informed however.

Oxfam managers are now doing their best to control the damage. They pledge to improve their agency's culture. An independent committee is to be set up to assess sexualised violence and sexual exploitation



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DEMOCRACY

Crisis of legitimacy

Kenya is politically split. On one side is a government awash with brazen impunity, unprecedented judicial intimidation and ruthless bureaucratic vengeance. On the other side is an opposition flirting with civil disobedience, testing the elasticity of the country's laws and plotting a comeback.

By Alphonse Shiundu

It is easy for academics to wade into the dichotomy of whether the East African country is still a democracy or is now under autocratic rule. The short answer is: it is complicated. The key pillar of any democracy is free, fair and credible elections, and the presidential elections of 8 August 2017 failed that mark. The Supreme Court annulled them because of procedural shortcomings. For several reasons, however, the rerun election on 26 October was unconvincing too:

- President Uhuru Kenyatta had used his party's majority in the parliament to change electoral laws.
- He publicly intimidated judges.
- The electoral commission was split, with one member fleeing to the USA and the chairman arguing for a long time that a free and fair election could not be guaranteed.
- One day before the election, the Supreme Court failed to convene sufficient judges, so it could not decide whether they should go ahead or not. Chief Justice David Maraga voted then next day, but that in itself does not lend elections credibility.

The greatest problem, however, is that the opposition boycotted the event. Presidential candidate Raila Odinga had demanded reforms to ensure the elections would be free and fair – to no avail. The polls went on, but they were disrupted by protests in many Odinga strongholds. Data showed that the majority of Kenyans – up to two-thirds of the registered electorate – did not cast their votes.

Kenyatta has since been sworn in for a second term. In narrow legal terms, this was correct. Kenyatta's problem, however, is his lack of legitimacy. He won in an unconvincing race.

In late January, Odinga staged a dramatic protest event, swearing himself in as the “people's president”. In formal terms, this step was absurd. In political terms, it was shrewd. The opposition leader managed to cast doubt on Kenyatta and make himself the focus of public attention.

It has become absolutely clear that his supporters will never accept Kenyatta as head of state. They suggest that the low voter turn-out shows that – had the elections been fair and Odinga had run – their leader would have won. This is a claim that cannot be proven, so they too have a legitimacy



Raila Odinga's symbolic “swearing in” event.

problem. Given that Kenyatta was set to win because Odinga had dropped out, it is plausible to say that some of Kenyatta's more lukewarm supporters stayed away knowing he would not need their votes. Nonetheless, Kenyatta's government struck back like a wounded buffalo, further undermining its own legitimacy. It temporarily shut down private TV stations. Next, the lawyers who had facilitated Odinga's oath were arrested. One of them was illegally deported to Canada on the grounds that this Kenyan-born man had become a Canadian citizen in the 1980s. The government suspended the passports of various opposition leaders. It has a track-record of displaying authoritarian

impulses, and that tendency is becoming ever more evident.

Western governments too have lost legitimacy. The traditional champions of “democracy” in Africa took the middle road of blaming “both sides” and calling for dialogue. In a patronising letter western envoys even asked Odinga to “recognise” Kenyatta as the president. Many Kenyans, however, have not forgotten that the same powers wanted to see Kenyatta tried by the International Criminal Court because of election-related violence in 2007/08. It is well known that the case collapsed because witnesses were intimidated in Kenya. The president, who first promised to cooperate with the ICC, later turned against it.

The stance of western governments does not look principled. One suspects that business interests matter more to them than democratic rule.

All summed up, Kenya now has a legal government without legitimacy and an opposition with legitimate grievances that is resorting to civil disobedience. The media system is in the stranglehold of a regime-leaning business elite, and civil liberties can no longer be taken for granted. How this will end, only time will tell.



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AFRICAN UNION

Wrong chairman

Tensions are becoming worse in the Democratic Republic of the Congo (DRC). Violence keeps flaring up. Paul Kagame, the Rwandan president and new AU chairman, is unlikely to be helpful in any kind of moderating role. The reason is that Rwandan interests play a role in the DRC's internal conflicts.

By Hans Dembowski

The DRC was supposed to hold elections last year. They were postponed to December this year. People wonder whether they will actually take place (see Christoph Vogel in D+C/E+Z e-Paper 2018/02, p.26). Many assume that President Joseph Kabila will try to cling

right kind of examples in recent years (see Vladimir Antwi-Danso in D+C/E+Z e-Paper 2018/02, p. 22). Unfortunately, other regional organisations have kept endorsing autocrats, and the Kagame-led AU is unlikely to change its stance.

For two reasons, Kagame cannot be considered an honest broker in the DRC. The first reason is his history of sponsoring militias that are involved in the neighbouring country's power struggles. Rwanda, moreover, is known to benefit from exporting natural resources that were mined in the DRC. Kagame thus lacks the disinterestedness he would need to be a convincing leader of any diplomatic intervention.

of expression and association. According to Human Rights Watch, journalists are harassed, people are detained illegally and some are tortured.

Nonetheless, many observers argue that Kagame is the right person to lead the AU. To some extent, their arguments are sound. It is true that Kagame is not the typical African strongman who uses power to exploit the country and enrich his family and friends. Kagame has a healthy understanding of economic development, and Rwanda has been prospering under his rule. After the horrific genocide in 1994, he rose to power as a victorious militia leader who ended the civil war, and some experts give him credit for reuniting his nation. He thus has the reputation of being a good administrator committed to the common good.

His technocratic competence may indeed do the AU good. Its head office was wiretapped by China, which had built the facility. This embarrassing fact was kept secret for months. An international organisation must obviously do a better job of shielding itself. An efficient administrator like Kagame might indeed make the difference.

Africa definitely needs more intra-African trade moreover. Kagame understands these issues, and perhaps he can speed up the AU's Continental Free Trade Area. He has earned the respect of donor governments and has been a powerful voice for pan-African interests in global affairs.

That said, Kagame's fain as a peace-builder in Rwanda is exaggerated. The truth is that, under Kagame's authoritarian regime, there are public rituals of remembrance, but differences between Hutus and Tutsis may not be mentioned. He insists that the distinction, which led to such terrible bloodshed, no longer exists. If people are not free to share their experiences, define their identities and express their views on such sensitive matters, a nation cannot come to terms with its history. Reconciliation depends on mutual understanding, not on keeping silent.

Kagame is certainly a better choice for the AU leadership than Robert Mugabe, Zimbabwe's recently ousted strongman, was three years ago. Mugabe had none of Kagame's merits, but all of his flaws. Unfortunately, Kagame too has proven to be a ruthless leader who is determined to stay in power at any cost. This attitude is harmful. It is certainly not what Africa needs.



A strong voice for pan-African interests: Kagame addressing the UN in September 2017.

to power, disregarding constitutional principles. Violence is erupting in various places, including, for example, the Ituri region.

In situations like this, international organisations should play a moderating role. They should put pressure on governments to accept the rule of law and respect human rights. The Economic Community of West African States has been setting the

The second problem is his history of authoritarian governance at home. He set a bad example by insisting on constitutional changes to allow him yet another term in office. He then won the presidential election with almost 98% of the vote last year. Such figures are implausible in a competitive democracy. The truth is that Rwanda is a police state which curtails the freedoms

GLOBAL AGENDA

Wishes and visions

Many people started the new year with good resolutions and wishes. People in Europe and North America tend to desire a more healthy lifestyle and more satisfaction. They want to lose weight, for example, or live in a more mindful way. People in crisis and war zones like in Yemen or Syria, in contrast, long for peace and security in daily life. Whether the wishes come true or not depends to a large extent on how much control individuals have over their fate.

By Sabine Balk

Elhadj As Sy, the secretary general of the International Federation of Red Cross and Red Crescent Societies (IFRC), presented a wish list for 2018 on the website of the British newspaper The Guardian. It is of long-term relevance and deserves permanent attention. His goals are attainable in principle, but Sy bemoans the lack of determined leadership and courage to ease human suffering. One might add that long-term visions and the willingness to act charitably are lacking as well.

The world needs solutions for all global crises, says Sy, proposing some changes. His first wish is that all children stuck in crises get a good education. They “should not lose the opportunity to contribute to their world tomorrow,” he writes. Unfortunately, 75 million of an estimated 462 million young people aged three to 18 in places affected by armed conflict, disasters and other emergencies are not receiving adequate schooling, according to Sy. An example he mentions are the displaced Rohingya people from Myanmar. Of course, girls and boys displaced by other crises around the world must not be forgotten either.

Sy insists that education must be a priority in humanitarian action, not an afterthought. “It also needs to be specifically tailored to help children process the horrors they have witnessed, and to counteract the horribly compelling narratives put forward by extremist groups.”

This demand is spot on. Development experts know that education is the most

important means to promote development in poor countries. Education shapes the youngest people in society and can bring about long-term change. That is precisely why authoritarian regimes keep a tight grip on what is taught in schools. They want to

Sy’s second big wish is that 2018 may go down in history as the year when the world seriously mobilised for health emergencies. It is as important as the first one. In his eyes, the deadly rise of forgotten or unknown diseases – like Ebola, Zika, yellow fever and plague – was a reminder in recent years of how vulnerable we all are to the next public health emergency. Sy argues that weak health systems in developing countries and the dramatic economic inequality add to the problems. These matters are interrelated. The strong governmental



A primary school in a camp in Chad, where refugees from Sudan have settled.

nip independent thinking in the bud in order to thwart the emergence of opposition views in the long run.

Educating children and youth in the refugee camps and crisis regions according to the values of free and humane societies is obviously the best investment in the future. It will provide them good tools they can use when they eventually return home to rebuild their countries.

health systems that many rich nations have reduce the impacts of inequality. Poor countries, however, cannot afford such health systems and often lack the know-how to maintain them. As is true of the education sector, they need help from the industrialised countries. For the sake of humanity’s shared future, Sy must be heard. The international community must make his wishes come true.

AFRICAN INSTITUTED CHURCHES

Close to God and the people

African Instituted Churches (AICs) play a large role in Africa. Almost one in four of the continent's Christians belongs to them. These churches offer a sense of orientation and a spiritual home to ordinary people. Since their developmental efforts have a wide reach, they can be valuable partners for international-development agencies.

By Hans Spitzreck

African Instituted Churches (AICs) exist in almost all sub-Saharan African countries. The term applies to churches that are led by Africans and that have deviated from the colonial churches led by white people over the course of the 20th century. This trend should be understood partly as a rejection of European models and partly as resistance to white hegemony. The AICs have followed their own trajectory, cultivating indigenous spirituality. This kind of church only exists in Africa.

The struggle for independent churches began in the late 19th century. During the first wave, African churches arose in the context of the “Ethiopian” movement. It

emphasised a biblical reference to Africans, who were called “Ethiopians” in the original Greek text. A second wave began in the 1920s when African prophets started churches that focused on healing and prayer. This was a form of silent protest against colonial powers and missionary churches, which initially ignored, then condemned and sometimes even persecuted them. The new churches played a role in African independence struggles and the indigenisation movement.

African countries’ independence from colonial rule gave the AICs another boost, and it went along with the establishment of yet more churches. Nowadays, there is a multitude of denominations and organisational models (see box, p.17). Some 100 to 120 million people are estimated to belong to an AIC. In 2010, there were about 450 million Christians in Africa.

The theology of the AICs draws on a variety of sources and traditions. Their pan-African umbrella organisation, the Organisation of African Instituted Churches (OAIC), distinguishes three basic types:

- To “nationalist” churches, the fight for control and leadership matters very much.

Part of their divine calling relates to the conflict with Europeans. “Nationalist” is an external designation. They refer to themselves as “Ethiopian” (South Africa), “African” (West Africa) or “independent” (East Africa).

- The “spiritual” churches emphasise the power and gifts of the Holy Spirit. To a large extent, that reflects African culture. They are frequently associated with alternative forms of community life that do not fit European models. Such churches include the West African Aladura movement (prayer churches) as well as the Celestial Church of Christ and the Cherubim and Seraphim societies, the Roho or Akurinu churches in East Africa and the apostolic and Zionist churches in southern Africa.

- “African Pentecostal” churches are strongly future-oriented while at the same time staying true to their African roots. They were founded during the third wave, after national independence, and are influenced by the Evangelical movement around the world.

The AICs have in common that religious communication may be nonverbal. Music, dance, rituals, visions, dreams, clothing and flags are relevant, for example. For a long time, formal theological training was considered an expression of colonial paternalism. The independent churches’ top priority is to not impose any limits on the Holy Spirit. Most of their theology remains unwritten.



Worship in the Holy Spirit Church of East Africa in Bukoyani, Kenya.

Since the 1970s, the AICs have made focused efforts to tap their potential of fostering African-owned development. The OAIC was founded in Cairo in 1978. Pope Shenouda III, the leader of the Coptic Orthodox Church of Alexandria, initiated the step. The idea was to make Africa's indigenous churches contribute to African unity and self-determination. His action had great symbolic meaning given that the Coptic Church is Africa's oldest church. He wanted to forge a link with the independent churches of sub-Saharan Africa.

SELF-DETERMINATION

Nowadays, the OAIC emphasises local self-determination and direct access to the divine. Its guiding principle is community without poverty, exploitation or illness. The umbrella organisation promotes "solidarity with the poor, powerless and vulnerable" through its development programmes.

In the past decade, the anti-HIV/AIDS programme was a watershed, both in a social and theological perspective. The members of AICs are affected considerably by the pandemic since most of them live in poverty, with little access to education and health care. The OAIC wants to build just communities. In order to do so in spite of its limited means, OAIC General Secretary Nicta Lubaale relies on resourcefulness on the margins.

The OAIC engages in interfaith dialogue. On several occasions, Lubaale has represented the interests of African churches at the UN level in the debate on the Sus-

tainable Development Goals (SDGs). In July 2014, he organised the African Faith Leaders' Summit in Kampala to discuss the SDGs.

The OAIC has made astonishing achievements, particularly with regard to inter-church relations. Today, it works closely with the churches that arose from European missionaries. It has become a valued and trusted partner of the All Africa Conference of Churches (AACC). The World Council of Churches recognises the AICs as an independent confessional group.

CHURCHES AS DEVELOPMENT PARTNERS

Scholars from Humboldt University Berlin (HU) have recently been doing field research on whether AICs can serve as local partners for international development agencies. The country they considered was South Africa. So far, the results are quite encouraging. Especially in the field of education, the services of the AICs reach a large number of people, including members and non-members. Churches run schools, universities and training centres.

Occasionally, they join forces with other religious actors. As Marie-Luise Frost of Humboldt University's Research Programme on Religious Communities and Sustainable Development, points out, one example was the AICs' participation in events to celebrate the International Day for the Elimination of Violence against Women on 25 November 2017 in South Africa.

Frost encourages international-development agencies to take an unbiased look at the social work that AICs are doing. Their efforts should be assessed realistically. "Respect for the religious identity of the AICs is the key to successful cooperation", she stresses.

The AICs appreciate the unprejudiced interest of the researchers from Berlin. What matters particularly to African church leaders is that dialogue must take place on equal footing and the AICs must be involved in international development debates. Education is certainly a possible area of international cooperation.

LINKS

Organisation of African Instituted Churches:

<http://www.oaic.org>

African Initiated Churches and sustainable development in South Africa – potentials and perspectives:

https://www.rcsd.hu-berlin.de/de/publikationen/pdf-dateien/rd-2017-01_aics_sustainable_development.pdf/at_download/file



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Many churches, many names

The African Instituted Churches (AIC) have many different names. Each name emphasises a different aspect of their being. Even the "I" in the English acronym may stand for a variety of ideas.

"African Initiated Churches" stresses the fact that the churches arose on the initiative of Africans. "African Independent Churches" emphasises their independence from

missionary churches. "African Indigenous Churches" makes clear their cultural autonomy. The expression "African Instituted Churches" underscores the fact that they were founded and are led by Africans. This is the term the pan-African umbrella organisation OAIC (Organisation of African Instituted Churches) prefers. About one third of the AICs have joined it.

There is no scholarly consensus on whether African independent churches actually constitute a group of their own in theological terms. They are often categorised as Pentecostal or Evangelical churches. John Pobee, Thomas Oduro and John Gichimu are the most important African theologians who are shaping current discussions on the classification and social role of the AICs.

Examples of AICs include the Celestial Church of Christ in Benin, the Cherubim and

Seraphim societies in Nigeria and the Zion Christian Church, which has the most members of any religious community in South Africa. In the Democratic Republic of the Congo, the most well-known AIC is the Kimbanguist Church.

The church landscape in East Africa includes the African Brotherhood Church, which developed as a self-help organisation for the people of the provincial city of Machakos, Kenya, and the Holy Spirit Church of East Africa, which is based in western Kenya. (hs)

LATIN AMERICA

The grim legacy of dictatorship

Throughout the 20th century, the military played a major role in the politics of most Latin American countries. Argentina is a striking example because its military dictatorship was especially brutal. Even three decades after it ended, relations between the armed forces and society remain tense.

By Sebastián Vargas

A 2017 report by Latinobarómetro, a polling institute, showed that public opinion in Argentina is polarised over the armed forces. According to the study, only 50 % of the people trust the military. Apparently, it is perceived not just as a protective institution, but also as a threat.

Military rule was murderous in Argentina. The generals grabbed power in 1976 and their regime only fell after losing the Malvinas (Falklands) war in 1983. Influenced by the USA, they promoted conservative nationalism and claimed to protect the status quo. They opposed any kind of redistribution of income or wealth, and even liberal forces were hounded as supposedly leftist insurgents. Experts reckon that their state terrorism claimed about 30,000 lives. In Chile, in comparison, where military rule lasted much longer, repression killed about 4,500 people. Today, the populations of Argentina and Chile are almost 45 million and 18 million respectively.

After Argentina's last military junta collapsed in 1983, various governments faced a fundamental problem: they needed to decide how to deal with the armed forces. According to Paula Canelo, a sociology professor at the University of Buenos Aires, this meant solving the "military question". The impacts of military rule had to be dealt with some way. Canelo says that "the armed forces had historically shown a clear tendency to create their own definitions of their purpose, doctrine and mission". That mission was typically directed against an internal threat, not an external one.

The sociologist also sees "crucial significance in the fact that the armed forces absolutely compromised themselves by

committing serious crimes". As a result they are still being "totally rejected by one part of civil society". Criminal action and defeat in the Malvinas war plunged the armed forces into deep crisis.

NEW SOCIAL MOVEMENTS

It was clear from the very first democratically elected administration that any attempt to address the "military question" would have to focus on human rights. The reason was the pressure applied by numerous activist groups, the most prominent of which was the "Mothers of the Plaza de Mayo". This organisation demanded information concerning the fates of missing relatives.

Canelo argues that President Raúl Alfonsín (1983 – 1989) wanted to see a small group of perpetrators to be sentenced to exemplary punishments, so the rest of the military institutions could be absolved from blame. The relevant trial, which took place in 1985, is known as the "Juicio a las Juntas" (the reckoning of the juntas).

In 1986, the Alfonsín administration passed the "Ley de Punto Final" (full stop law). It was supposed to ensure that the list of accused culprits would not grow any further. Nonetheless, there was a steady stream of new indictments, and that prompted a series of military rebellions. Canelo says that they were directed "against the 'progressives' in the military and government, who were considered incapable of upholding a general amnesty". Under such pressure, the Ley de Obediencia Debida (law of due obedience) was passed in 1987. It exempted all lower ranks from prosecution for any crimes committed during the "dirty war", provided they were not considered "excesses".

The military had thus achieved its objective, but the majority of Argentinians regarded the legislation as a betrayal of the promise that law and justice would prevail. People rallied against the military, demonstrating around barracks and displaying their determination to defend the new democracy.



The administration of Carlos Menem (1989 – 1999) decided to let bygones be bygones as far as the armed forces were concerned. In 1991, it granted amnesty to junta dictators, ushering in a phase of considerable harmony between the government and the army. According to sociologist Canelo, "the new heads of the armed forces were strengthened". Criminal proceedings were put on ice, and state agencies no longer showed interest in human-rights abuses.

The government's decrees did not reconcile the armed forces with society, however. On the contrary, they triggered opposition and gave rise to new social movements. The best-known organisation is HIJOS (Hijos e Hijas por la Identidad y la Justicia contra el Olvido y el Silencio – Sons and Daughters for Identity and Justice Against Oblivion and Silence). Its activities include the public naming and shaming of military people who were involved in the crimes of the dictatorship. The HIJOS thus created a form of public justice that the judicial system had been unable to deliver.

IMPORTANT ALLY OF THE USA

The ensuing years were marked by military defeat in the war over the Malvinas Islands (1982) and a soaring national debt. Argentina had to adopt tough structural-adjustment policies devised by the International Monetary Fund and the World Bank. Public spending was cut, the economy was deregulated and opened up to the world market. At the same time, the country's military alliances changed. President Menem withdrew Argentina from the non-aligned movement, forged close relations with the USA and, in 1990/91, joined the international alliance for the Gulf War.

Argentina has since contributed soldiers to UN peacekeeping missions in far-

away places like Cyprus, Kuwait, Kosovo and Libya. This new role for the armed forces on the world stage is known as “active engagement”. This policy has made Argentina one of the United States’ most important allies outside NATO.

While these new international alliances were being forged, however, the defence budget was cut. It still is comparatively small. A new defence law was enacted, moreover, which strictly separates defence against external threats from internal-security issues. The armed forces are to confine their activities exclusively to national defence and may only be deployed to address military and external threats. As a matter of principle, they are banned from getting involved in matters of internal security.

Unfortunately, this principle is not enforced resolutely. Christian Castillo, a sociology professor at the University of La Plata, argues that two institutions – the Gendarmería and the Prefectura – were given everything they need to suppress social unrest by force. Semi-military action is thus still possible with regard to domestic-security issues such as drug trafficking, terrorism, organised crime, gun running and ethnic conflicts. In view of the country’s traumatic

past, it is unsurprising that many citizens are uncomfortable with this scenario.

MORE INDICTMENTS

After Argentina’s devastating financial crisis in 2001/02, the defence budget was cut further. Moreover, human-rights groups insisted on dictatorship crimes being prosecuted once more. Trials resumed. Between 2007 and 2016, around 1000 members of the military and security forces were taken to court, and some 300 guilty verdicts were handed down. In the eyes of sociologist Canelo, this new judicial activism partly served to “restore the state’s lost legitimacy”.

The administrations of Néstor Kirchner (2003 – 2007) and Cristina Kirchner (2007 – 2015) were ambivalent about the military. On the one hand, at a highly symbolic official ceremony in 2004, President Néstor Kirchner ordered that all photographs of former dictators and Junta generals be removed from the walls of the military academy. At the same time, he created an illegal espionage and intelligence apparatus.

Since the inauguration of the new administration led by President Mauricio Macri in 2015, attempts are once again being

made to secure impunity for convicted soldiers and to suppress police investigations against their civilian accomplices. This could be related to the fact that the incumbent president’s family profited massively from the dictatorship. The Macri Group grew from seven to 47 companies during those years, and the junta even nationalised private debts it had incurred.

In November 2017, the submarine ARA San Juan disappeared with 44 servicemen on board off the coast of Argentina. Ever since, voices on various sides have demanded to increase the military budget. The government seems unconcerned, however.

In the past three-and-a-half decades, Argentina’s political leaders have tried in various ways to find an answer to the pressing – yet still unresolved – question of the role that the military should play. Nonetheless, the nation has still not come to terms with the human-rights violations committed during the dictatorship.



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The Mothers of Plaza de Mayo protested against an amnesty for crimes committed during the military dictatorship in Argentina.

GLOBAL GOVERNANCE

Taxes serve SDG achievement

Global goals cannot be achieved unless governments are properly funded. Scholars close to non-governmental agencies call for a global tax organisation, while experts from four global-governance institutions make proposals to boost aid effectiveness in the context of building tax systems.

By Monika Hellstern and Hans Dembowski

In theory, a global wealth tax could close entirely the financing gap the international community faces in achieving the Sustainable Development Goals (SDGs). This is a conclusion that Alex Cobham of the Tax Justice Network and Steven J. Klees of the University of Maryland reached in a study produced on behalf of the International Commission on Financing Global Education Opportunity. The project's co-directors were Klees, Adriano Campolina of Action Aid and Winnie Byanyima of Oxfam.

According to the scholars, most low and lower-middle-income countries still have not substantially increased their tax revenues. They see two main reasons:

- International donor agencies promoted sales taxes too much, neglecting taxes on income, profits, assets and capital gain.
- Tax havens facilitate tax avoidance and evasion in a “race to the bottom”.

According to UNESCO, low-income and lower-middle-income countries need an additional \$ 39 billion to meet SDG targets for primary and secondary education. Cobham and Klees argue that improving global taxation could fill the gap. They suggest two types of response:

- global reforms to support domestic tax generation and
- globally-levied taxes.

The authors reckon that tax revenues worth \$ 600-650 billion are lost due to multinational corporations' tax avoidance and evasion every year. Developing countries are hit in particular. For the sake of more transparency, corporations must be required to report profits and sales country by country, the authors demand. Better taxation of personal income and wealth is another way to

increase revenues. This approach is, in principle, endorsed by the OECD (Organisation for Economic Co-operation and Development), the umbrella organisation of donor governments. The NGO authors go further, however, contemplating something like a global register of financial wealth.

Most relevant measures can be implemented by national policymakers, Cobham and Klees state, but they argue that a globally representative, intergovernmental tax body might help to deliver results. They point out that the established governance arrangement favours a small group of rich countries, mainly OECD members (see Mick Moore in D+C/E+Z e-Paper 2018/01, p. 25). A global institution could boost transparency and serve as a forum to define tax rules. Options would include:

- a global wealth tax and/or measures to support domestically-levied wealth taxes and
- a global financial transactions tax and/or measures to support regionally-levied financial transactions taxes.

The authors reckon that a global wealth tax levied at one percent annually could cover the entire SDG financing gap that is estimated at \$1.4 trillion, while a global financial transactions tax may generate up to \$360 billion. A downside of globally-levied taxes, Cobham and Klees admit, is that they might affect governance at the nation-state level. The reason is that strong national taxation systems are interrelated with representative democracy. A global system would thus have to be transparent and made accountable to the public.

STATE-BUILDING AND SOCIAL JUSTICE

On behalf of the G20, the group of 20 leading economies, a team of experts from multilateral institutions have assessed how to improve external support for tax-related capacity building. Like the NGO authors, they argue that more government revenues are needed for the SDGs to be achieved. In their eyes, however, some progress has been made in terms of mobilising domestic rev-

enues in developing countries. According to their report the median tax ratio in low-income countries rose from about 10% of gross domestic product in the early 1990s to 13% in 2013. Lasting growth, however, is said to be difficult to achieve with a tax ratio below 15%. The implication is that many countries are not collecting enough tax money.

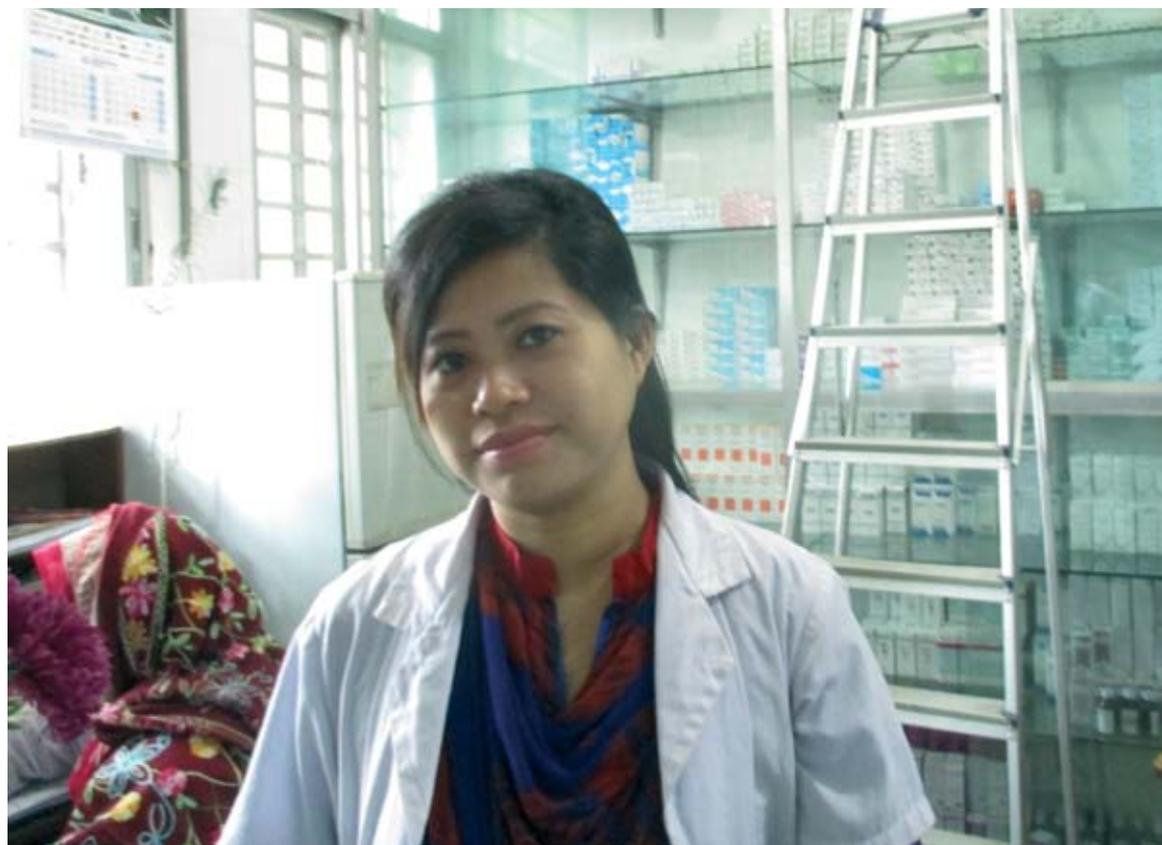
The experts work for the International Monetary Fund (IMF), the OECD, the World Bank Group and the UN. Their paper does not express the four international organisations' official policy, but the authors emphasise that it reflects broad consensus among them. A core message is that “strong tax systems are key for both equity objectives and enhancing state building”.

The authors stress that short-term revenue maximisation is likely to trigger bad administrative practices such as harassment of tax payers. They insist that mid-term strategies spanning five to ten years are needed to shore up a country's tax system. Policies must be redefined, the administration must be modernised, and laws must be rewritten in a coherent way.

The report reiterates that success depends on “enthusiastic” national ownership. Donor action is set to fail unless it is closely aligned to the target country's policymaking. As country ownership cannot be taken for granted, however, the report urges multilateral and bilateral donors to contribute to bringing it about. They want donors to convince various stakeholders of the need for tax reforms and recommend cooperation with business leaders, civil-society organisations and the media. They warn that failure is likely if the general public considers the reform agenda unfair or unreasonable.

The snag, which the paper does not acknowledge, is that, according to the principles first spelled out in the Paris Declaration on Aid Effectiveness of 2005, country ownership is something donors must respect, not bring about. If they appreciate the partner country's sovereignty, shaping and creating country ownership cannot be their job. Perhaps they can endorse policies a national government is embarking on, but it would be inappropriate to counteract that government.

Donor harmonisation is another lasting challenge of the aid-effectiveness agenda. According to the report, a multitude of donor agencies are involved in tax matters in developing countries. The IMF is report-



To achieve the SDGs, good health care is needed – and it will require sufficient public funding: a Bangladeshi pharmacist.

ed to have counted 208 related programmes and 50 providers in sub-Saharan Africa alone, with five to six agencies actively involved per country on average.

The expert team states that cooperation and coordination of donors has improved. The main reason is that they rely on innovative benchmarking systems such as TADAT (Tax Administration Diagnostic Tool) and ISORA (International Survey of Revenue Administrations). Nonetheless, the report bemoans that the information flow among donor agencies tends to be haphazard and often depends on individual staff members' personal networks.

To improve matters, more systematic interaction is recommended. In particular, the tax experts appreciate cooperation with regional tax organisations. In their view, donor agencies are well advised to involve initiatives like the African Tax Administration Forum (ATAF) or the Pacific Islands Tax Administrators Association (PITAA). Important reasons are that these organisations are familiar with their world region's problems and attitudes, serve information sharing and help to reinforce country ownership. The authors stress that a G20 priority of recent

years was to involve developing countries in decision-making concerning the global tax system. The international tax landscape is said to be changing fast, with developing countries having much to gain because "they suffer, in relative terms, the largest revenue losses from cross-border corporate tax avoidance". The expert team acknowledges that several developing countries are joining relevant networks and fora, but warns that making these structures work effectively "requires more than just membership".

As is typical for documents produced by multilateral relations, the report shies away from discussing member countries' conflicts of interest. In this case, it matters that donor governments are not necessarily keen on modifying the international tax system in ways that makes major corporations, that are based within their borders, pay more taxes in developing countries (see Dereje Alemayehu in D+C/E+Z e-Paper 2018/01, p.28, and Catherine Ngina Mutava in D+C/E+Z e-Paper 2018/01, p.30). Perhaps the experts had this in mind when they wrote that effective support for building tax systems requires whole-of-government approaches on all sides.

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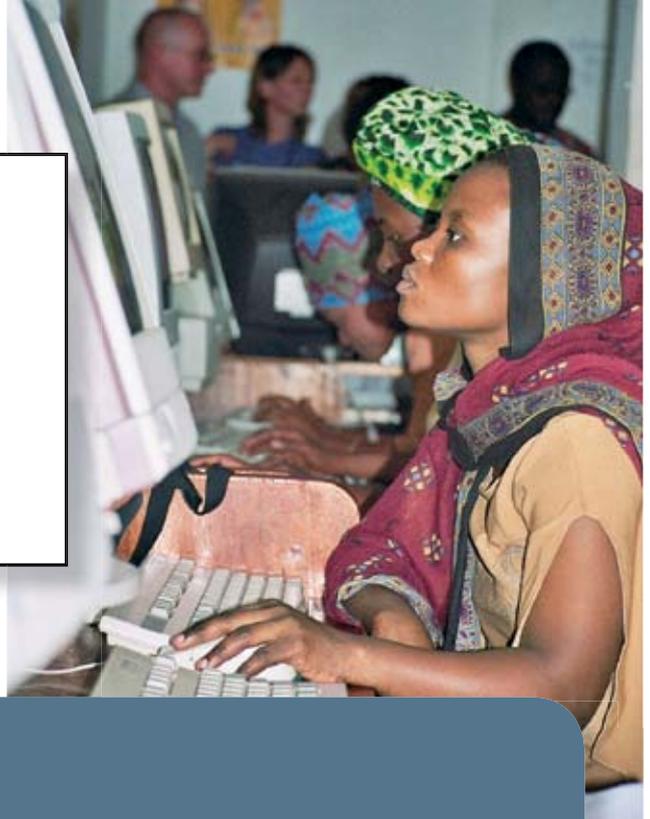


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Air pollution in central Delhi.

Chronic diseases

In developing countries and emerging markets, ever more people suffer from hypertension, diabetes, cancer and respiratory illnesses. Some are affected by more than one chronic or non-communicable disease (NCD). Masses of patients must manage complex conditions for the rest of their lives. Those who are financially well-off have access to medical services, can afford treatments and find it easier to adopt healthy lifestyles. Education helps to understand the situation – whereas fast food, soft drinks and lack of exercise compound the problems.

Sugar crisis in Mexico

Poor nutrition, obesity and diabetes have triggered a serious health crisis in Mexico. Alejandro Calvillo, founder of a consumer-protection organisation, campaigns against the food lobby and fights for sensible health policies – such as the soft-drink tax.

Alejandro Calvillo interviewed by Sonja Peteranderl

How bad is the diabetes crisis in Mexico?

Today, Mexico is talking about an epidemic of overweight and obesity that affects 72 % of adults and one third of children and adolescents. In 2016, diabetes mellitus caused more than 100,000 premature deaths in the country, which led to the Ministry of Health to declare an epidemiological emergency.

Why did the crisis reach such proportions?

The problem of obesity was identified a few decades ago, but researchers who pointed

it out were ignored. Instead of introducing preventive measures that would have slowed down the problem, the doors were opened to the big multinational corporations in the food and beverage industry, while at the same time neglecting Mexican agriculture. As a result, ultra-processed products proliferated across the country. They are also known as junk food, containing ingredients from monocultures such as wheat, corn or soybeans and artificial substances. New eating habits developed, with industrial products replacing traditional drinks and foodstuffs. Due to a lack of regulation, junk food became more accessible and affordable in Mexico (also see article in D+C/E+Z e-Paper 2018/02, p. 6).

What is the role of soft drinks such as coke or soda?

The consumption of sugary beverages is a huge problem. For several years now, Mex-

ican per-capita soda consumption has been the world's highest. The problem is the high sugar content and the use of corn syrup with high fructose content. These drinks not only make people overweight and obese because fatty tissue grows in the body. They also lead to metabolic damage that makes the development of diabetes and cardiovascular diseases more likely, and these are the main causes of death in Mexico today.

Mexico is even known as the "Coca-Cola nation"...

Coca-Cola products are sold not only in the country's 21,000 large Oxxo stores, but also in small shops and restaurants. The corporation paints their walls and provides them with table cloths and kitchen utensils. In some rural communities, Coca-Cola signs welcome visitors. Although the company has stated that it does not advertise for children under the age of 12, marketing efforts are made even in amusement parks.

Are certain groups, such as children or rural people, particularly affected?

The poor have less access to healthy food and less information about the damage



Because the soft drink is so popular, some people call Mexico the Coca-Cola nation.

caused by junk food and sugary drinks. Neither people with a lower level of education nor children have sufficient information to withstand the million dollars worth of advertising and the prominence of unhealthy food in everyday life. Unfortunately, this is true of indigenous communities as well. In the Altos de Chiapas region, for example, Coca-Cola's per capita consumption is 2.25 litres per day. A recent study shows that overweight and obesity have increased significantly in rural areas, while they have stabilised in urban areas.

How does the disease change the everyday life of those affected?

Many poorer individuals only find out that they have diabetes when a wound on a foot does not heal, or when they start to go blind, and the doctor finds that they have retinal damage. It is common for people with diabetes to develop complications. The most common complications are vision problems and loss of vision. Amputations are needed too, and kidney failures occur. Many diabetics take drugs, but most of them do not manage the disease well. The quality of life of the individuals concerned deteriorates. If diabetes is diagnosed early on and managed well, complications and consequential damage can be largely avoided.

To what extent do patients receive appropriate medical care from state agencies?

Overweight and diabetes cause considerable costs for families and the state, which leads to horrendous household expenditures. To give you an example: Hemodialysis, which is needed by people with kidney failure due to diabetes complications, is very expensive. If the state wanted to include them in the "Seguro Popular", the insurance with the largest coverage in Mexico, it would have to invest 80 % of its total budget – which is obviously impossible. We know that many hospitals deal with ulcer complications that cause gangrene by amputating limbs instead of applying less invasive but more expensive treatments.

Mexico introduced a tax on soft drinks in 2014 in the fight against the diabetes crisis. Does the "soda tax" work?

Studies have shown that the tax reduced the purchase of sugary beverages by 6.3% in its first year, and the impact was even greater on households with children (11%)



and poorer households (10.3%). In addition, the purchase of bottled water rose by 16.2%. Next, the soda-tax revenue – or at least a substantial share of it – should be used for measures to prevent overweight and obesity. In cooperation with other civil-society organisations, we have proposed to create a fund to prevent overweight and obesity, but the government is reluctant to impose this measure.

Do you see a rethink among the Mexican people so far?

The people have become aware of the harmfulness of some products such as sugary drinks, but there is a great ignorance of other unhealthy foods such as processed cereals, yoghurt and other products that are marketed as being healthy even though they contain a lot of additional sugar.

Government and corporations block reforms. You and other health experts even became targets of espionage attacks (see also D+C/E+Z e-Paper 2017/06, p.14). What's happening?

There were attempts to tap our computers and phones. The Israeli NSO Group sent me an infected link with a spy malware named Pegasus. The company only sells these systems to governments – to fight organised crime and terrorism. Two days after I received the link, another colleague who was in Congress to campaign for the soda tax increase got it too. At the same time, the computer of a prominent researcher from the National Institute of Health was infected with Pegasus. Thanks to an investigation, we know that a dozen journalists and members of non-governmental organisations campaigning for human rights and against corruption were

spied on. Based on the information available, our only convincing hypothesis is that public administrators provided espionage services to private-sector companies, which shows that the links between corporations and the government are close.

What power do corporations have over policymakers?

The food and beverage companies lobby legislators, buy scientists and sow public doubt. These are just some of the strategies they use to thwart sensible health policies. The National Strategy for the Prevention and Control of Overweight, Obesity and Diabetes, which the current government is implementing, is an example of how Mexico's food and beverage industry interferes with public policy. The policy's measures do not comply with the relevant international recommendations and guidelines. Some measures actually serve the interests of the food and beverage industries more than they help consumers. It is now mandatory to put a label with nutritional information on the front of food packaging, but the format is difficult to understand. The rule's implementation is unconvincing.

What must be done to control the crisis?

This health crisis requires a human-rights approach, which must be supported by policies to prevent overweight, obesity and chronic diseases. Experts recommend a holistic approach, tackling the problem at all relevant levels, from food production to policy implementation. The consumption of unhealthy food must be made more difficult, whereas the consumption of healthy food and beverages must be facilitated and promoted. Relevant issues include regulating advertising for children, introducing convincing labelling and regulating school meals to ensure that children receive healthy food and free drinking water. Further taxes on unhealthy foodstuffs would also make sense, and so would subsidies for healthy products.



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A global problem

Over 40 million people worldwide die from the consequences of non-communicable diseases every year. Cardiovascular diseases, lung diseases, cancers and diabetes cause 70% of these deaths. About 80% of the people at risk live in poor countries. International strategies and programmes should provide relief. Unfortunately, the pharmaceutical industry, which is pursuing its own self-interest, often has a seat at the table.

By Hedwig Diekwisch

As recently as the beginning of the twentieth century, most people died of communicable diseases like diarrhoea or tuberculosis. Today, non-communicable diseases (NCDs)

are the leading cause of death. Cardiovascular diseases are in the top spot worldwide. This trend is becoming ever more evident in poor countries as well. It is being driven to a large extent by urbanisation and lifestyle changes.

As is the case with communicable diseases, poverty plays a key role in the spread of NCDs. People with low income do not only contract NCDs more frequently, they also die from them disproportionately more often than people with high income.

Regional inequalities are evident as well. For instance, the average life expectancy in the comparatively wealthy European WHO region (a total of 53 countries) hovers between 72 and 81 years. According

to the WHO, in 2012, the mortality rate of poorer Eastern European countries like Russia, Moldova or Kazakhstan was more than double that of wealthy Western European countries like Germany or Switzerland.

At the same time, a chronic disease like diabetes exacerbates poverty. The reason is that people who are sick either work less or not at all and therefore contribute less to the household income. And without health insurance, survival often depends on whether a family can afford drugs and other kinds of therapy.

GLOBAL CAMPAIGNS

The rising number of cases of NCDs worldwide has been attracting growing global attention since the turn of the millennium. In 2000, the WHO began to address the issue directly, adopting strategies and action plans. In addition to regular reports on the global situation, the current action plan for 2013–2020 (WHO, 2013) proposes a variety of measures to national governments, including, among many others:

- taxing unhealthy food,
- implementing a ban on alcohol advertising,
- introducing programmes to make medication affordable by relying on generic drugs,
- setting up smoke-free zones.

In 2018, the UN will hold its third high-level meeting on the topic. This is necessary because the progress that has been made so far is not enough to meet the Sustainable Development Goals (SDGs). The SDGs envision that by the year 2030, the number of premature deaths will be reduced by a third. What is urgently needed are focused financial commitments to stop the spread of NCDs in poorer countries.

A CLEAR DIVISION OF LABOUR

In order for international partnerships and associations like the NCD Alliance or the Access Accelerated Initiative (see box, p. 27) to succeed, they must avoid conflicts of interest. In other words, their division of labour must be well defined.

- Bi- and multilateral agencies should provide the funding.
- Civil-society organisations should act as advocates and also implement projects.



Workers at a rice mill in Bangladesh: breathing in the dust often causes lung disease.

- The pharmaceutical industry should develop useful products and make existing medications available at fair prices.

The WHO, governments, donors and civil society should be responsible for ensuring access to medication. The pharmaceutical industry should support such efforts. Given the inherent conflict of interest, however, it must not be allowed to do the other actors' work.

This strict division of labour should apply not only to the pharmaceutical industry. The alcohol, tobacco and food industries are self-interested too. Transnational corporations are contributing to the spread of NCDs by mass marketing unhealthy products (see Dagmar Wolf in D+C/E+Z e-Paper 2018/02, p.6). In Brazil, for example, about 19 % of people were seriously overweight in 2016. Their number had increased by 60 % since 2006. Obesity is a risk factor for developing cardiovascular diseases, diabetes and cancer.

In a series of articles on NCDs for the medical journal *The Lancet*, renowned scientists recommended that industry to be completely excluded from the regulatory process. The trust in industry self-regulation and public-private partnerships that aim to improve public health tends to be great, but the researchers warn that there is no proof of involving corporate players in

policymaking is useless or – at the very least – harmless. According to them, government regulation and market intervention are the only evidence-based measures to reduce health risks related to alcohol, tobacco and processed food.

WHAT CAN BE DONE?

The WHO sees the key to halting the spread of NCDs in a broad-based policy approach. It is called Health in All Policies (HiAP) and is intended to have an impact on all disease-causing factors, including those that are outside the direct control of health-care providers. Relevant issues include education, environment, working conditions, living conditions, the transportation system, food, agricultural production, water, hygiene and more. Health-promoting measures should be taken in all policy areas. Fighting poverty and ending social inequality are considered to be crucial. They must be tackled with determination if the SDGs are to be met by 2030.

Another important issue is a holistic understanding of health care that does not focus on merely treating individual diseases, but takes into account the larger context. Cambodia, for instance, has incorporated the prevention and treatment of NCDs into its treatment programmes for HIV/AIDS.

This step made sense. After all, the basic requirements to prevent and manage HIV infections and NCDs are the same. Continuous treatment is needed, and strong support from family members and the (village) community are indispensable to make it happen. Success depends on patients' social inclusion.

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Big Pharma has a seat at the table

In recent years, trans-regional alliances have formed to fight non-communicable diseases (NCDs).

These include, for example, the NCD Alliance (see article in D+C/E+Z e-Paper 2018/02, p. 4), whose membership currently comprises 2,000 civil- society groups from 170 countries, as well as international non-governmental organisations (NGOs) and private-sector companies.

The role of the Alliance's consulting group seems problematic, however. It can:

- propose new goals for the NCD agenda,
- monitor progress and
- offer strategic advice on global campaigns.

Actors can become an active part of the consulting group by making a financial contribution to the Alliance.

The 16-head consulting group of the NCD Alliance cur-

rently includes representatives from five pharma multinationals: Eli Lilly, Merck, Novartis Foundation, Novo Nordisk and Sanofi. All five manufacture medications for diabetes and cardiovascular diseases. There is reason to fear that these companies will drive policy exclusively in the direction of drug-based solutions rather than tackle the root causes of the NCD "epidemic".

The Access Accelerated Initiative (AAI) was founded in Davos in 2017. It too also declared its mission to be the prevention and treatment of NCDs. It was brought into being by biopharmaceutical companies. Information about how

the organisation is structured and how it operates cannot be found on its website. However, secretariat services have been provided by the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA). With the exception of the World Bank, multilateral organisations are not involved. National governments are not involved either. (hd)

LINKS

NCD Alliance:
<https://ncdalliance.org/who-we-are/supporters-consultation-group>

Access Accelerated Initiative:
<https://accessaccelerated.org/>

Unaffordable treatment

Like in many other countries in Africa, cancer is becoming a major health threat in Benin. Patients who live in the Cotonou agglomeration and other cities at least have the chance to consult experts. They can turn to doctors in government-run hospitals or – if they have the money – private clinics. Rural people, however, are unlikely to find health-care providers in their vicinity. All too often, ignorance and taboos compound problems of poverty.

By Karim Okanla

Josephine A. is a 42 years-old food seller in Cotonou, Benin's most populous city. She has two handsome sons, aged 19 and 16 respectively. Until the last months of 2016, Josephine didn't have much to complain about. Life in a developing country is full of hardships, but she managed to make do with whatever resources were available.

Josephine was always able to feed her two boys. Paul, her 45 years-old husband, is a carpenter, and he never failed to give her 35,000 CFA Francs (the equivalent of about € 50) at the beginning of every month. She used the money for the upkeep of the family.

One morning, however, Josephine started feeling excruciating pain in her stomach. She took a pain killer, but to no avail. The pain lasted for several weeks. It got worse. Josephine was soon bleeding profusely, even when she was not having her periods.

She did not tell her husband, unsure of his reaction. Rather, she decided to see a gynaecologist, who carried out a cervical smear. But the gynaecologist could not decide exactly what kind of infection it was, so she encouraged Josephine to have her blood tested. Now, Josephine could no longer keep the secret for herself: she confided in her husband, who accepted to foot the bill, no question asked. Eventually, Josephine and Paul were directed to a cancer specialist in Cotonou, who diagnosed cervical cancer.

PERCEIVED AS A DEATH WARRANT

Cervical cancer, along with breast, prostate and liver cancer, is highly prevalent in Be-

nin. Many people here call cervical cancer a death warrant as many have lost loved ones to the disease. The truth is that it often affects women with meagre financial resources who struggle to pay for adequate treatment. If they cannot afford it, their condition is likely to keep deteriorating until they die. Cervical cancer affects young women too.

Breast cancer is similarly dangerous. A recent survey carried out by the Hubert Koutoukou Maga University Teaching Hospital in Cotonou found that it mostly affects women aged between 40 and 45 years. As for men aged 50 or more, they are terribly afraid of prostate and liver cancer.

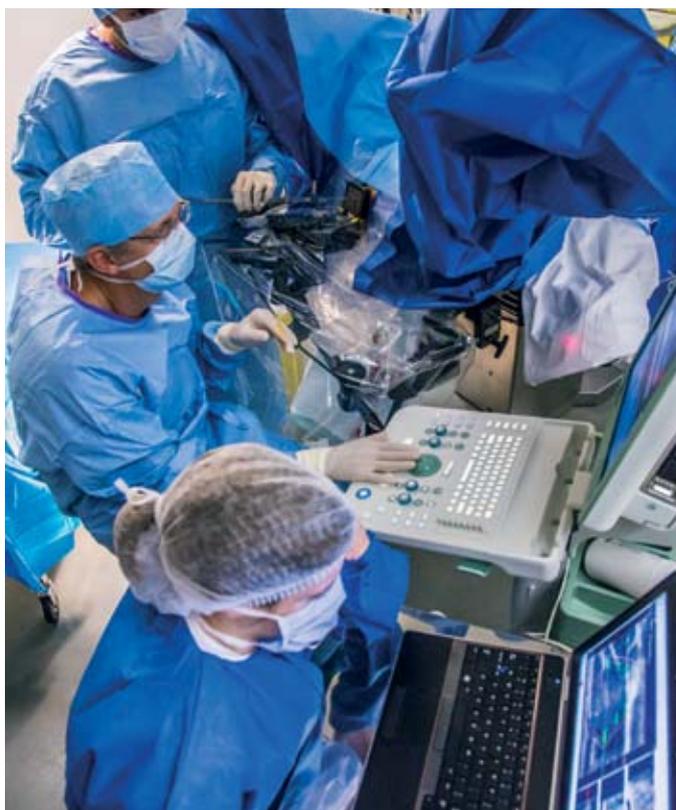
Depressingly, it is common for cancer patients to be stigmatised in their neighbourhood. They hide from public view and don't want to be seen as diminished human beings. The good news is that the healthy members of patients' extended families tend to be quite supportive.

Freddy Gnanon is one of Cotonou's few cancer specialists. He says the disease is still taboo in many parts of Benin, especially in rural areas (see box, p. 29). Many people believe that those who have cancer have been cursed by an angry divinity. In Benin, many people believe in Voodoo and related traditional practices. For some people, disease and death are closely associated with lack of respect for one of the divinities of the Voodoo pantheon.

Another challenge, according to Gnanon, is that many people think that cancer is incurable. The doctors say patients are afraid of the diagnosis so they only go to see a professional medical expert at a very late stage. At that point, modern medicine typically cannot help anymore.

If cancer is detected and treated at an early stage, it can often be cured. It matters, however, that many patients know they will not be able to afford those cures. Even if they suspect that they have cancer in early stages, an accurate diagnosis does not help them.

Cancer specialist Gnanon says that scientific research has not shown that cervical cancer is hereditary. It is caused by papillomavirus and is transmitted through sexual intercourse. There actually is an in-



Those who can afford it, go to Morocco, South Africa or France for up-to-date cancer care: radiosurgery in Paris.

novative vaccine that helps to prevent it. Unfortunately, a single dose costs 20,000 CFA, the equivalent of half a monthly minimum wage. Sex, of course, is a very intimate issue, and most young girls and women do not ask their parents or partners for money to protect them from cervical cancer.

Access to cancer care is very hard to come by and awfully expensive in Benin. According to Gngangnon, chemotherapy is generally out of reach. Most specifically, a single session of a breast cancer therapy known as Trastuzumab costs 30 times the minimum monthly wage in Benin. Lucky patients recover after 18 sessions, but many patients need more sessions.

Even the cheapest doses of chemotherapy are beyond the reach of many people. Compounding the problems, public-sector health institutions tend to lack the prescribed medication, so patients must turn to more expensive private-sector pharmacies. There is no government policy to provide free treatment to the masses of Benin's underprivileged people, most of whom depend on insecure employment in the informal sector (see my essay in D+C/E+Z e-Paper 2017/11, p. 16).

According to the above-mentioned university survey, 70 % of breast-cancer patients in Benin only decide to consult a doctor at stages III or IV of the disease. Under such circumstances, the death rate is very



high. As in rich nations, one reason people shy away from getting the diagnosis is that they are afraid of the therapy. Breast amputations tend to reduce women's self-esteem and self-confidence. Chemotherapy, moreover, often makes people lose their hair – with similar results. In a least-developed country like Benin, however, many patients worry as much about not being able to afford the therapies that might help them.

Medical equipment is in extremely short supply. Radiotherapy and nuclear medicine are plainly unavailable in Benin, Gngangnon says. Radiotherapy would help many patients, but the relevant machines are lacking. He laments that he cannot provide this treatment to the patients who come to his private health clinic in downtown Cotonou. Gngangnon says that health-care providers sometimes even run out of morphine, which is needed to reduce the terrible pain some patients suffer.

What worries Gngangnon further, is the increasing consumption of alcohol and tobacco by young people. This constitutes, in his opinion, an aggravating factor. Respiratory problems due to toxic fumes and air pollution contribute to the worsening cancer epidemic in Benin.

Patients who can afford to do so go to Morocco, South Africa or France for professional care. They must spend huge sums of money. The treatments often cost several thousand euros. Food-seller Josephine cannot raise sums like that – and her family's livelihood has become precarious because of her condition. She is increasingly unable to earn money, but she needs ever more money for health care.

If the outlook stays bleak for patients like her, people will keep shying away from getting the appropriate diagnosis early on. Unless people see doctors as soon as they suspect they may have cancer, medical interventions will always come too late. To escape this vicious cycle, Benin needs better health care.



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A daunting challenge

For a long time, the authorities in Benin didn't pay much attention to cancer. It was not considered a serious threat to public health. People thought that cancer was a problem of prosperous western nations, perhaps because of their genes or perhaps because of their lifestyles.

That attitude is now changing fast. This disease is affecting an ever increasing number of people, and the death toll has gone through

the roof. According to Freddy Gngangnon, a cancer specialist, the various kinds of this disease now kill as many patients as do HIV/AIDS, tuberculosis (TB) and malaria combined.

Government agencies know that they must do more than fight TB, HIV/AIDS or malaria. Thanks to financial support provided by the Global Fund, considerable progress has been made on these fronts. Now the nation must rise to the daunting challenges of cancer.

Awareness raising is an important first step. Myths and superstitions must be debunked. In cooperation with patients' associations and other civil-society groups, government agencies are running sensitisation campaigns. At major traffic roundabouts and along thoroughfares in Cotonou and Porto-Novo, non-governmental organisations post billboards that invite young men and women to carry out early cancer detection.

Some posters advertise traditional medicine, especially regarding prostate cancer, but so far there is

no scientific proof of herbal medications actually helping. It is not even clear whether traditional healers are authorised by law to provide cancer patients with treatments. The matter is blurry because they are permitted to cure headaches or stomach problems, for example.

A large number of people resort to witch doctors rather than consulting specialists. Benin – like most African countries – is not in a position to deal with this huge health hazard. Cancer has become a top priority, it can no longer be neglected. (ko)

“Major obstacle for development”

More than 1 billion people suffer from neglected tropical diseases (NTDs). Most of these largely infectious diseases cause chronic problems and life-long suffering. Typically, chronic diseases are understood in a more narrow sense to be non-communicable. However, the dire consequences of many untreated NTDs are chronic disease and disability. Thus, they contribute significantly to the global burden of chronic conditions and their consequences such as stigma, exclusion and poverty. Martin Kollmann, a physician who works for the non-governmental Christoffel-Blindenmission (CBM), explained the implications for the affected people, their families and communities.

Martin Kollmann interviewed by Katja Dombrowski

According to the World Health Organization (WHO), 1 to 1.5 billion people suffer from neglected tropical diseases (see D+C/E+Z e-Paper 2018/01, p.7), and up to half a million people die every year. Nevertheless many of those diseases are still not well known in industrial countries. What are NTDs, and which of them are the most prevalent?

NTDs are a group of 20 diseases. This group is very heterogeneous: some diseases are caused by viruses, others by bacteria, worms or other pathogens. What they have in common is that they are all diseases of neglected and marginalised people. Poor hygiene, weak health systems and a lack of accessible clean water and sanitation make NTDs thrive. The most common ones – the so-called „big five“ – are trachoma and river blindness, which lead to permanent visual impairment or blindness, elephantiasis, which causes severe swelling of parts of the body and is thus very stigmatising, schistosomiasis and soil-transmitted intestinal worms that lead to anaemia, growth inhibition and developmental disabilities. The „big five“ are responsible for about 90 % of the global NTD burden. Other well known examples include leprosy, sleeping sickness, Buruli ulcer and Chagas.

Which of those 20 diseases are chronic?

Most NTDs lead to chronic disabilities that are often very stigmatising, particularly elephantiasis and blindness. Trachoma and river blindness are the leading infectious causes of visual impairment and blindness (see D+C/E+Z e-Paper 2017/06, p. 29). NTDs are also a major poverty trap. They often put an end to a person’s economic productivity. Working-age adults are particularly affected, and that has major implications for their families and communities: a farmer who becomes blind stops being the family’s breadwinner. His children become caretakers and often can’t attend school. Thus, the disease affects the next generation, keeping it trapped in a cycle of NTDs, disability and poverty. Examples for more acute NTDs include dengue fever, rabies and snakebites, recently added to the WHO list.

Mainly people in developing countries suffer from NTDs, particularly women and children. What are the main implications for these – already disadvantaged – groups?

The Sustainable Development Goals (SDGs) pledge to “leave nobody behind”. We all have to understand that we cannot achieve the SDGs if we don’t overcome the massive burden of NTDs. They are a major obstacle for development. The required comprehensive and inclusive approaches include prevention, treatment, rehabilitation and care (continuum of care). For all this it is very important to systematically include affected people with disabilities in our programme work and to promote full inclusion in all aspects of social life. CBM works hard to ensure that these important issues are better understood, make all NTD work inclusive and social settings become empowering. Stigmatisation and other psycho-social consequences of NTDs, such as depression and anxiety, for example, must also be addressed. Without such comprehensive and inclusive approaches, a sustainable solution is not feasible.

Can the NTDs be treated successfully or – even better – prevented, for instance through immunisation, and ultimately eradicated?

As already mentioned, the group is very heterogeneous. Better immunisation is being developed for certain diseases, dengue fever, for example. For other NTDs, the focus is on reducing or eliminating the risk of transmission. That can be done for instance by mass drug administration (MDA) of the entire population at risk and improved hygiene and sanitation. Apart from better infrastructure, we need to achieve sustained behaviour change. In order to stop the spread of trachoma, for instance, the people at risk must wash faces regularly. They need access to clean water and toilets – and use them. If water must be fetched from far away, which is often the case, the people’s priority is drinking and cooking – not hygiene. That’s why clean water must be accessible close to the home. Toilets reduce the breeding opportunities of certain flies that transmit trachoma and other diseases. Children and women are most affected by active trachoma, and if faces are kept clean, the chance of interrupting transmission is very good. Good and cost-effective eyelid surgery can save people who are threatened by blindness, a long-term impact of trachoma. Certain diseases such as Guinea worm have almost been eradicated; for others the focus is on eliminating them as a public health problem, rendering targeted population programmes unnecessary.

The fifth Progress Report of the London Declaration on NTDs was published in December 2017. It shows impressive achievements in combatting the NTDs. What is the biggest success?

Well, progress towards eliminating trachoma for example has been very encouraging. If we intensify our efforts, we can achieve the WHO Trachoma Alliance goal of providing quality eye lid surgery to those immediately threatened by blindness from trichiasis by 2020. Moreover, the active disease will also be eliminated as a public health problem in many countries by then – but not everywhere. Progress is slowed down particularly in areas of conflict and crises. Overall, we are making promising progress however. The same is true for river blindness. In Latin America, there are only six small transmission zones left. In Africa, which is by far most affected, the number of new cases of blindness has dropped dramatically. That’s a huge success. The drugs required for elimination have to be successfully distributed

year after year, to large populations, even during periods of instability and to very remote areas. However, elimination will take longer in conflict areas such as South Sudan, the Central African Republic and parts of the Democratic Republic of the Congo. CBM has been active in Burundi for a long time, and from our experience there we know that a lot can be achieved even in post-conflict countries. Interrupting transmission of elephantiasis is within reach too. As with trachoma,

the most important measures are mass drug administration to all communities at risk, improvement of hygiene and sanitation and strengthening health systems particularly at grassroots levels. Now we must also step up support for the many people already affected by chronic disease and disability.

So there are good drugs and successful programmes for many NTDs, but local circumstances can hinder action?

Yes, that's right for many, but one has to differentiate. There is typically no shortage of drugs for mass drug administration against the "big five". Pharmaceutical companies have pledged to donate sufficient amounts until elimination has been achieved. The challenge is to reach consistently all people at risk for as long as it takes. Weak infrastructure is another big problem. It enhances the risk of infection, developing chronic disabilities and complicates adequate treat-



Mass immunisation against trachoma in Ethiopia.

ment and care. We have to double our efforts to raise awareness for these diseases and their consequences at all levels, develop local capacities and improve existing diagnostic and treatment tools. Concerning other – less frequent – NTDs, however, we still often lack the appropriate means. Funding and support have to increase and action must be accelerated.

So how is this done and how can affected countries' health systems be strengthened? CBM for example works only within national programmes – in close collaboration with affected communities and local health services. Typically, needs are greatest in remote rural areas. Through targeted training, support and awareness activities we help to ensure that drugs and other interventions are reaching those most in need. Improving water, sanitation and hygiene (WASH) and developing local capacity to plan, implement and monitor all activities are other crucial aspects of our work. The cooperation with partners is equally important. We

systematically support the health ministries and local partners in countries such as the Central African Republic, the DR Congo and South Sudan, for instance, and collaborate with other international organisations and the WHO, including financial support. Our goal is to share CBM's vast expertise and experiences with the global NTD community and thus make a lasting positive impact on the lives of affected people and communities.

Where do you currently see the greatest deficits in the international fight against NTDs? In a twin-track approach, we must reinforce our efforts for prevention and treatment and at the same time, work towards a true continuum of care – ensuring social inclusion and rehabilitation of people with chronic disabilities. To achieve all this, money is still short. We already have existing diagnostic and therapeutic tools for the “big five” – but they must be constantly developed further. However, for many other NTDs suitable diagnostics and therapeutics are still lacking.

Thus, research and development remain vitally important. Above all, we must raise awareness and the understanding that we cannot achieve the SDGs if we don't end NTDs. They must be seen exemplary for negligence and underdevelopment.

LINKS

German Network against NTDs:

<http://www.dntds.de/en/start-en.html>

Fifth Progress Report of the London

Declaration on NTDs:

http://unitingtocombatntds.org/wp-content/themes/tetloose/app/staticPages/fifthReport/files/fifth_progress_report.pdf



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A social divide

Hypertension affects about one third of Nigerians. To what social stratum patients belong makes a difference in how they handle their condition.

By **Damilola Oyedele**

According to a 2016 report by the World Health Organization, some 45% of Africans suffer from high blood pressure. In Nigeria, the data indicated a 35% prevalence of hypertension.

The report's author, Abdikamal Alisalad attributed the rising incidences to unhealthy lifestyle choices and urbanisation. Men were said to be slightly more at risk than women. Alisalad said lifestyle choices including poor diet full of sodium and cholesterol fats and lack of adequate exercise are key contributors. Moreover, people are generally getting older, and the risk of hypertension increases with age.

One reason why hypertension is less common in rural areas is that people there tend to do many kinds of physical work, which means they exercise their bodies. Moreover, their traditional diets normally do not include much fat or salt.

Hypertension is considered to be Nigeria's most common non-communicable disease, causing about 44% of sudden deaths. The condition can lead to heart attack, stroke, kidney damage and other organ failures. If hypertension is managed well, these disasters can be prevented.

Two thirds of Nigeria's 180 million people live below the poverty line. To them, health insurance is a luxury. Only the rich and the upper middle class have good access to all kinds of health care. Therefore, they are more likely to consult specialists when they experience early symptoms like headaches, chest pain, breathing difficulties, blurry vision or constant tiredness. They are diagnosed early, and they can afford the many tests needed to evaluate to what extent vital organs are damaged. They also have the financial means to pay for appropriate treatment.

Their life changes after they are diagnosed, but it is not in immediate danger. They

are told to exercise more, adopt a healthy diet and take specific pharmaceuticals.

The fate of the poor and the lower middle class is completely different. Typically, they ignore early symptoms, hoping they will go away by themselves. If that does not happen, they try to cure them with cheap over-the-counter medication. Some people resort to traditional medicine. Without a proper diagnosis, however, these methods must fail.

The vast majority of poor hypertension patients only go to a hospital when it is al-



likely to follow instructions: "If the doctor tells them to use less than one gram of salt per day, they know what to do." He adds that proper diets tend to be more expensive than what people usually pay for their food, and that is another reason why it is easier to convince prosperous people of changing their habits.



Among other things, regular health check-ups serve to detect hypertension early.

ready too late – in emergencies or when their symptoms have become debilitating. Some cannot be saved. In other cases, vital organs have been damaged. Compounding the problems, the health facilities they turn to tend to be poorly-equipped government clinics.

Yemi Raji, a kidney specialist at the University College Hospital in Ibadan, points out that three stages are essential for managing hypertension properly: detection, evaluation and treatment. All three must be done properly to keep patients safe. "Certain special drugs are very important and may prolong patients' lives, but these drugs are very expensive," he says. People from the lower economic strata often cannot afford them.

Knowledge matters very much. Raji says that better educated people are more

Raji provides some basic tips for the prevention and control of hypertension. Healthy diets

- are low in sodium-rich salt and have moderate doses of potassium-rich salts,
- include fruit and vegetables and
- are low in fat and cholesterol.

Raji also recommends regular exercise, getting adequate rest and general health consciousness. Having one's blood pressure checked from time to time obviously helps to detect hypertension early.



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Silent killer

Ever more Indians suffer from high blood pressure. Hypertension (HTN) causes stroke deaths and coronary heart disease. The nation must rise to this challenge.

By Sandip Chattopadhyay

The prevalence of hypertension is increasing in rural as well as urban communities. Researchers argue that changing lifestyles and diets as well as urbanisation are driving the trend. It also matters that life expectancy is generally rising, and blood pressure tends to increase with age.

Exact, up-to-date statistics are hard to come by. Some years ago, a systematic review (Anchala et al, 2014) of existing studies was published. The conclusion was: “About 33% urban and 25% rural Indians are hypertensive. Of these, 25% rural and 42% urban Indians are aware of their hypertensive status. Only 25% rural and 38% of urban Indians are being treated for hypertension. One-tenth of rural and one-fifth of urban Indian hypertensive population have their BP under control.” Experts reckon that things have since become worse.

Another team of medical researchers did a survey of almost 50 villages and 20 urban wards in a central Indian district (Bhadoria et al., 2014). They found that 17% of more than 900 respondents had high blood pressure. The prevalence was more than 21% in urban areas and almost 15% in rural areas. Central India is not typical, but mostly rural and underdeveloped. The cities there are small-townish. According to the survey, the causes of HTN included physical inactivity, age, consumption of salt and tobacco, overweight and obesity.

The scholars stated clearly: “There is a need for comprehensive health promotion programmes to encourage lifestyle modification.” Referring to long-term data, they pointed out that the HTN prevalence increased 10 times among villagers “in the past three to six decades”. The respective figure was 30 times for urban people.

The national government is aware of the challenge of non-communicable diseases (NCDs). Last year, it launched the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS). The idea is to:

- act at the district level,
- promote healthy behaviour,
- screen people at risk to ensure early diagnosis and
- provide treatment to patients, including, if necessary referral to higher facilities.

The Ministry of Health and Family Welfare proudly declared that India is “the first country globally” to adopt the World Health Organization’s NCD Global Monitoring Framework and Action Plan at the national level.

The aspirations are good. Screening programmes to detect and track HTN make sense. Pre-hypertension should be noticed as well. All too often, patients do not even know that they are at risk. Health-care workers should support them at the local level. Patients deserve support for adapting their lifestyle to their health requirements, and their condition must be monitored regularly. To increase the people’s knowledge of NCDs, information should be incorporated in all education and awareness raising programmes.

PRIVATE HEALTH CARE IN THE CITIES

The problem, however, is that India’s governmental health-care system is traditionally weak and overburdened. Some progress has been made, but considerable gaps are still evident (see Ipsita Sapra on mater-



Exercise helps – Yoga camp with the topic of blood-pressure reduction in Amritsar in 2013.

nal mortality in D+C/E+Z e-paper 2017/08, p. 21). Patients in need often do not get access – and many people do not trust health-care institutions anyway. Nation-wide NCD screening and medical support are visions for the future, not something that is reliably available today.

Unsurprisingly, private health care has become a huge market in India. Generally speaking, it is not hard to get an appointment with a good cardiologist or medical specialist provided one has the ability to pay the consultation fee. Specialist doctors are available in all big agglomerations like Kolkata, Mumbai or Chennai for example. Specialty clinics and private health-care providers are active in smaller cities as well, but not in remote rural areas where they would be unlikely to make substantial profits.

In the cities, consultant doctors give reliable advice if one visits them at their own chamber. However, they are prone to pushing for unnecessary clinical and pathological investigations which, of course, cost money. This is especially true of doctors

who work for one of the major corporate health-care chains. Depressing stories of unnecessary hospital admissions abound, and complaints of overbilling are common as well.

The Indian Medical Association (IMA) does not seem to be in control of the health-care market. To some extent, corporate players are free to do what they want. Compounding the problems, patients do not have strong organisations or associations that might protect their interests.

In India, many middle-class people have health insurances that cover the costs of hospitalisation and expensive treatment. However, patients' families must bear the costs for consulting a doctor, clinical trials or medication bought in pharmacies. Such costs put a considerable strain on the household budget.

Doctors suggest regular exercise, but that advice is hard to follow. Gyms are very expensive. Heavy traffic, congestion and air pollution mean that regular walking along streets and allies is not an option. Most public parks are very small,

and the large ones are often used for political events and commercial exhibitions. In western cities, cycling has become fashionable, but in India, it remains very dangerous. Managing life with hypertension is not easy, even for those who can afford private health care.

LINKS

Anchala, R., et al, 2014: Hypertension in India: a systematic review and meta-analysis of prevalence, awareness, and control of hypertension. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4011565/>
 Bhadoria, A. S., et al, 2014: Prevalence of hypertension and associated cardiovascular risk factors in Central India. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3966094/>



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More than 50 % below the market price

Gonoshasthaya Kendra (GK), a non-governmental healthcare organisation, has set up a new dialysis centre in Dhaka. The goal is to make affordable life-serving services available to people who suffer from kidney failure, as GK leader Zafrullah Chowdhury told D+C/E+Z.

Zafrullah Chowdhury interviewed by Hans Dembowski

What are the reasons of kidney failure?

Diabetes can cause kidney failure, and so can hypertension, skin diseases during infancy, kidney infections, frequent change of antibiotics and adulterated food. Heavy use of painkillers is another reason. Kidneys are small, fist-sized organs that purify blood. If they fail, the person concerned needs dialy-

sis, a treatment that requires big machines. The treatment is simple and life-saving, but it is expensive and time consuming. Every week, a patient needs three sessions of four hours.

How many people in Bangladesh need dialysis?

About 1 million people do, and every year, an additional 50,000 new patients need dialysis. Many cannot afford the treatment however. Private health-care providers charge 3,000 to 8,000 Taka per session. That is roughly the equivalent of \$ 30 to \$ 80. Dialysis has to be supplemented with a haemoglobin enhancer which costs 1,800 Taka per week. Blood examinations every three months cost approximately another 3,000

Taka. Families struggle to make those payments. They end up selling assets like land or a house, but run out of money eventually and the patients drop out of the treatment scheme – which is their death sentence. In Bangladesh, families are on their own because we do not have a government-run national health service that covers everyone as is the case in Taiwan, Iran or Britain, for example.

Germany has something like that too.

Yes, I know, and Bangladesh needs it too. Instead, we are copying the American model





GK dialysis centre in Dhaka.

of private health care. Global institutions like the World Health Organization and the World Bank are paying too little attention to health economics. I think European donor governments should promote, at the global level, the kind of governmental health care that works so well in their own countries. The challenge is twofold. Services must not only become available, but affordable too. The free market does not deliver that. To cover everyone, solidarity is more important than competition. And in regard to non-communicable diseases, we must consider that availability and affordability are both long-term issues. If you are diabetic or suffer from hypertension, you must take your pills every day for the rest of your life. It is not like taking an antibiotic for a few days. People who depend on dialysis need a session every other day. Making that happen is a huge challenge.

What is GK's contribution?

We have set up a new dialysis centre at our hospital in central Dhaka. We have the capacity to handle 400 patients per day in four shifts. Presently we are treating on average 215 patients per day. Some of them travel from afar, up to 400 kilometres, for this purpose. We charge less than 50% of the mar-

ket price. Our rates range from 800 Taka to 3,000 Taka. We cross-subsidise services for the poor. Our own costs are about 2,000 Taka, and we hope the centre will break even in three years.

As your colleague Rezaul Haque explained in D+C/E+Z last year (e-Paper 2017/05, p. 28), GK runs a non-governmental health insurance that charges wealthy members more in order to be able to provide health care to the poor. The rates you charge members for individual services once again depend on what income group they belong to. One way to keep your costs low is to rely heavily on paramedics and only refer patients to academically trained doctors when needed. Unlike private-sector providers you are not keen on huge returns. But even though your centre is very big by South-Asian standards, it seems like a drop in the ocean. You treat a few hundred patients of thousands who are in need. Moreover, for Bangladesh's poorest people, even 800 Taka is a lot of money.

Well, we actually treat 25 patients who are destitute entirely free of charge. But you are correct, of course, GK cannot solve all of our country's health-care problems. We do our best, setting examples of what can – and

must – be done. And yes, we are decentralising our services and will soon open two smaller dialysis centres in Sylhet and Rangpur. Moreover, we want to expand the existing centre in Dhaka.

How can GK afford such major investments?

No foreign donors are involved so far. We got support from local business people and philanthropists. I also got a discount from the German manufacturer that makes the best dialysis machines. Things could and should be easier, however. In Bangladesh, you pay one percent tax when you import industrial machines, but the rate is at least 31% for medical equipment. Moreover, philanthropic donations are not tax-deductible. We face many challenges. That said, we always welcome donations including from Germany or other rich nations, if people there want to support us.



ZAFRULLAH CHOWDHURY is the founder of **Gonoshasthaya Kendra**, a non-governmental health-care organisation in

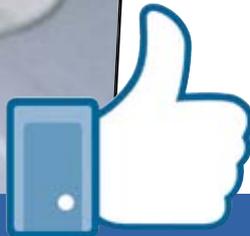
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Screenshot: <https://www.facebook.com/GonoshasthayaDialysisCenter>



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Western Uganda produces great quantities of bananas, yet not all are consumed locally. The United Nations Industrial Organization (UNIDO) has...
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Poisonous air is making us sick

Smog has been identified as a leading cause of lung cancer. It is harder to gauge exactly how devastating and lasting the impacts of serious air pollution are. Large areas of China are frequently blanketed by a brown haze of hazardous air pollution.

By Felix Lee

Surgeon Zhao Xiaogang wanted to express in words what he experiences at the hospital every day. So he wrote an admittedly satirical poem about respiratory disease. The opening line describes what Zhao has seen on a growing number of computer tomography images: “I am the lung’s ground glass opacity (GGO).” The murkiness has “fed on

the delicious mist and haze,” and is in good company with “my fellows swimming in every vessel. My people crawl in your organs and body.” The poem is an ode to broken bronchia and lung cancer.

A translation of the poem was published in a medical journal in the USA a little more than a year ago. Soon, Chinese news sites picked up the story, and it went viral on the internet. Zhao was surprised at how strongly his words seemed to resonate. He said: “I wrote this poem to bring ordinary people some common knowledge of pulmonary disease, lung cancer and other illnesses that result from constant exposure to smog.”

The health consequences of air pollution are a huge and widely discussed is-

sue in China today. In October, the government took ambitious steps to clean up the air, closing tens of thousands of factories and coal-fuelled power plants across North-Eastern China. In one of China’s hardest-hit regions, the greater Beijing metropolitan area, smog levels are lower than they had been in years. But other parts of the country are still cloaked in the brown haze of the noxious air that China has become known for. And it is only a matter of time before the economic pressure reaches a boiling point, forcing the government to allow the factories around Beijing to re-open. Then the city will disappear in a new cloud of smog.

Pervasive air pollution results from decades of a booming economy and runaway growth. China’s heavy-industry sector has become huge. In 2016, Hebei, the province surrounding Beijing, produced more steel than the rest of the world put together. Moreover, coal-fuelled power plants cover two-thirds of the People’s Republic’s ener-



The protection masks offer are limited, but in China’s smog-engulfed cities – like Shanghai, for example – they have become a regular outdoor accessory.



gy needs. It is no wonder that China spews more particulates and greenhouse gases into the atmosphere than any other country.

FINE PARTICLES LINKED TO LUNG CANCER

It is a well-established fact that people who are regularly exposed to smog show a much higher incidence of lung cancer. Burning coal and other fuels releases huge amounts of particulate matter into the air. The finest particles, anything less than 2.5 micrometres (PM 2.5) pose the greatest health risks. When breathed in, they can work their way into the alveoli in the lung and into blood stream next.

In China's cities, airborne fine particulates are a toxic concoction of nitrogen oxide, carbon monoxide and sulphur dioxide. These tiny particles spread throughout the body, where they can trigger deadly carcinomas. While some may form quite quickly, cancer more often develops slowly and stealthily over several years. It is impossible to accurately predict just how many people in China will develop lung cancer in coming decades. It is similarly difficult to gauge the health consequences of long-term exposure to smog. It is clear, however, that they can result in irreparable debility and premature death.

Song Jiali, a doctor at the renowned Xuehe Hospital in Beijing, knows first-hand that smog leads to chronic lung disease. In her office, she explains the process, using a laser pointer to highlight the white spots on an X-ray of a female patient's lung. "This is not a smoker's lung," the 58-year-old physician points out. It is a steel worker's lung. The doctor has dedicated most of her career to the effects of smog on the airways, a problem the Chinese government denied until just recently.

Song explains that sulphur dioxide reacts with water to form sulphuric acid, an irritant that inflames the eyes, skin and airways. When first exposed to smog, a healthy person will experience temporary symptoms like headaches and nausea. Fine dust particles may build up in the lungs, causing inflammation long before cancer has a chance to develop. The body responds by mounting an immune attack, and patients frequently experience a hacking cough, often with discharge. For healthy people, temporary exposure is not particularly problematic, and the coughing will go away with the smog once the immune system is not longer battling with alien particles in the lungs.

People forced to breath in smog, exhaust fumes and other poisonous particles on a regular basis are not so lucky. The contaminants can cause irreversible damage to the lungs. Doctors speak of "chronic obstructive pulmonary disease" or COPD. The symptoms include a chronic cough, which can develop into chronic bronchitis if the mucous membranes in the lungs are damaged.

SHORT BREATH AND CARDIOVASCULAR DISEASE

A healthy set of lungs responds easily to the body's changing oxygen needs. But chronic bronchitis narrows the airways so not enough air can pass through. The result is shortness of breath. Over time, respiratory distress causes the lung tissue to over-expand, leading to pulmonary emphysema. The heart beats faster to compensate for the lack of oxygen, overworking the heart muscle and ultimately resulting in serious cardiovascular disease.

The elderly, children – whose organs are not yet fully developed – and people with weak hearts are particularly susceptible to the risks of smog. "Extreme exposure to contaminants weakens the immune system and can facilitate breathing problems and cardiovascular disease," Song notes. The Beijing Health Department issues a health warning when the haze over the Chinese capital thickens, and that happens with alarming regularity. Song says: "This is why the number of strokes and heart attacks immediately shoots up when air pollution levels rise." Polluted air changes the heart-beat and can put the entire autonomous nervous system off kilter, she says.

Scientists have demonstrated how quickly the body responds to poisonous air. According to doctor Song, the first symptoms – an overall feeling of malaise and a dry cough – occur within 15 minutes of exposure. An inflammatory response generally begins after two to three days, and around a week of exposure to smog results in a constant irritation in the lungs.

People who have sustained lung damage from smog are advised to go to a place with cleaner air as quickly as possible. This is easily said, but hard to do in China. In some winters, more than 800 million people live in central China under a thick blanket of haze for weeks on end. Even neighbouring countries like South Korea, Japan and Taiwan suffer from the air pollution that blows over from China.

Face masks are a very common sight across East Asia. People want to protect their lungs from the contaminated air. And while a face mask is an integral part of almost any Chinese urban dweller's outfit today, their effectiveness was only recently tested by scientists at the University of Massachusetts Amherst. Researchers found that the most popular washable cloth masks primarily filter large particulate matter from the air, allowing the smaller ones to pass right through. Worse yet, wearers tend to breathe more heavily under a mask, so they may actually be inhaling more of the dangerous tiny particles. More effective prevention methods include surgical masks and indoor air filters that remove particles under PW 2.5. These options are very expensive though, and only the wealthy can afford to buy them.

Studies in the USA have also found that a vitamin-rich diet can help counteract the negative health impacts of smog exposure. Scientists discovered that the lungs of children in Mexico City who drank a glass of orange juice every morning were less affected by the fine airborne particulates than those of children who did not start the day with a glass of juice. Beijing-based doctor Song, however, cautions: "I wouldn't count on orange juice alone."



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Page 15



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