most of the population who are displaced, raped, and psychologically traumatised by these conflicts and yet are concurrently expected to take care of those who are ill, injured, and dying, and to buffer the adverse socioeconomic effects of conflict.

Feathered nests

In the aftermath, sometimes even during these wars, African governments make arrangements with Western governments and banks to "structurally adjust" their debt repayment, or continue to trade their country's resources away, building economic empires both at home and abroad, while their populations slide further into poverty. Debts, which accumulate during the years of civil strife, even as they negotiate, stall social programmes that are cut at the expense of building a war machine.⁷

The effects of political insecurity and the growing debt burden, especially in sub-Saharan Africa, need to be brought centre stage in the aftermath of the world summit for social development. A cessation of hostilities and civil strife and managerially efficient government bureaucracies are the keys to successful economic development. Consequent rises in incomes, in turn, would lead to improved health.

Whatever paltry financial gains countries achieve, with or without adjustment, continue to be inadequately invested in education, transport, telecommunications, and industrialisation—the keys to development. Instead they are ploughed back into debt repayments rather than into the social sector, where the main recipients would be women and children.

Rigorous research examining any relation between structural adjustment and the fall in health indicators, especially of mothers and children, has so far been lacking.⁹ What does exist is largely anecdotal, and the World Bank and other agencies have felt justified in ignoring it. Nevertheless, structural adjustment programmes are often followed by civil unrest bordering on outright war as the social security net of the poor majority is eroded while the economic elite ride the storm.

Of course, governments in Africa should shoulder part of the blame for the fall in living standards and services in the social sector. Often they have not had sound economic policies in place before the International Monetary Fund and

World Bank offered their solutions. But both borrowers and lenders have the responsibility to offer viable solutions that take into account the political, economic, and sociocultural context of each country and the socioeconomic agenda of the government in place. African governments and regional bodies have to offer their own blunt analysis and solutions to the political and economic impasses that their countries face, including the potential negative effects of macrolevel policies, before Western governments and economic institutions offer theirs.^{5,6}

Many of the long term effects of structural adjustment, already difficult to predict, will probably be noticed only when they have become irreversible. These effects include the migration of health workers¹⁰ and of the general population itself. Migrants, especially rural poor people displaced by civil war, who are often uneducated or not highly trained, end up competing with the population of the country they have migrated to for the few available jobs, depressing wages even further for that group, lowering the standard of living, or leading to unemployment, civil unrest, and violence.

To avert this depressing scenario the global village requires those who wield economic power not to do so with total disregard for the political, socioeconomic, health, and cultural consequences to the recipients of major shifts in economic policies. These recipients are more often than not mothers and children, and they are the least empowered of all.

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Is aid to developing countries hitting the spot?

We need better ways of evaluating the effects of aid programmes

Scenes of warfare in sub-Saharan Africa remind us of the impact of conflict on human life, but this is but one part of the "silent emergency" of poverty in developing countries. A report released by Oxfam last month reminds us that today one in four of the world's people live in a state of absolute want, unable to meet their basic needs. It calls for concerted action to eradicate poverty and establish new structures for human security.¹

If sending Western aid to developing countries to alleviate poverty seems an exemplary response then the fall in the total sum allotted from \$61bn in 1992 to \$56bn in 1993 must be cause for concern.² Although such figures are politically useful in lobbying for more, *The Reality of Aid*, published last month by non-government organisations, raises some more

fundamental questions: Is aid hitting the spot? Are we sure that Western support and influence in developing countries ultimately alleviates poverty and helps development?

The 1980s: development's biggest failure

Ensuring economic development to reduce poverty generates little argument. Yet the 1980s witnessed the biggest failure of development yet as developing countries were thrown into financial crisis through rising interest rates and falling commodity prices. The response—structural adjustment—was expected to improve growth and help poor people, yet evidence that these arrangements make poor people worse off is compelling.^{3,4} After 15 years' experience

with such programmes in sub-Saharan Africa, little reliable evidence exists that adjustment promotes sustainable economic growth.^{1,5} Although adjustment packages now include measures to protect poor people, plenty of opportunity remains for aid to reduce existing debt and alleviate poverty. Oxfam advocates that at least a fifth of aid should be allocated to support basic services in health, water and sanitation, and education. Britain's aid programme is better than most in terms of its allocation to health care and social programmes, but much more could be done.

Why is allocating aid for projects such a complicated business? Surely donors just finance activities known to reduce poverty? Unfortunately, the world is not that simple. Poverty is about politics, and inequities in resources and power have no overnight solution. Targeted activities providing short term improvements in poverty or health may look good in consultants' reports to donor agencies, but their implementation often interferes with existing structures and does not address underlying economic, political, and organisational problems. Supporting activities in countries where success is likely to be high almost certainly means that the donor is not helping places where the need is greatest. In areas of deprivation, structures for organising things are weakest and doing anything is hard. Donors cannot guarantee success in areas of need. There has to be risk, and efforts may fail without it being someone's fault. Bureaucratic demands for measurable success may also lead donors to plump for safe, well worn approaches. These demands sometimes compel them to avoid tricky problems such as institutional reform. Improving these is vital but difficult to do and not easily measured.

The need for accountability remains

Yet the complexity is no excuse for a lack of accountability among donors. Ensuring that money is well spent—in other words, doing what it was allocated for and benefiting those for

whom it was intended—is even more important as an increasing proportion of British aid is being channelled through the European Union.² Although this will allow greater harmonisation of the aid effort, the calls for greater transparency provide an opportunity to review the impact on poverty of various forms of aid. This should be a part of the process of improving the effectiveness of aid and should avoid academics hijacking the process with highly complex analysis of data.

What is needed is more accessible information about the successes and failures, focusing on end points relevant to the inputs and activities, in a form of audit rather than an attempt to provide scientific proof. Although donors constantly do this through their own monitoring mechanisms, common methods for evaluation would help; wider access for donors and non-government organisations to the lessons learnt and successes achieved would augment the existing wealth of institutional knowledge that informs efforts to ensure that aid is spent effectively. Such methods could also improve accountability to the public paying for the aid and, ultimately, to the people in developing countries whose lives are being affected by it.

Greater public insight into development, not only through reports describing outcome but also through descriptions of the realities of implementation, can only enhance the public's understanding of aid and help campaigns to increase budgetary allocations.

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Protecting adolescent girls against tetanus

Would save many lives in the developing world

Time and again tetanus has been described as a neglected disease.¹ An estimated 8 million babies and 2 million children and adults may die from tetanus during the 1990s, mostly in developing countries—despite the World Health Organisation's call to eliminate the disease by this year. Vaccination to prevent post-abortion and maternal tetanus has been largely ignored. The primary aim of prevention programmes has been to eliminate neonatal tetanus²; the two commonest prevention programmes—immunisation of preschool children and of pregnant women—have omitted adolescent girls.

Fauveau and colleagues collected data on 1101 cases of maternal tetanus in developing countries published between 1958 and 1990: 27% were attributed to post abortion and 67% to post partum sepsis.³ One third of all cases described were from Nigeria, which has a high rate of induced abortion, many of them performed under septic conditions. In a population based study in south east Nigeria, which found high rates of reported abortion,⁴ we also found that a high proportion of girls were seronegative for antibodies to tetanus—so that they were at a high risk of infection (unpublished observation).

Ekanem *et al* report that many unvaccinated pregnant women are young and single, and lack of money is cited as the main reason why they do not register at health centres when pregnant. This shows the negative effect of incorporating tetanus vaccination with prenatal services for which fees are charged.⁵ Vaccinating adolescent girls would therefore reduce tetanus related maternal deaths in Nigeria and could have a similar impact in other places where abortion rates are high and tetanus vaccination coverage is low.

Current monitoring is ineffective

The World Health Organisation is now promoting vaccination of all women of childbearing age by screening a woman's tetanus toxoid vaccine status at every contact with the health services,⁶ but this approach says little about adolescents. Most developing countries still administer tetanus toxoid only to pregnant women and since WHO's policy is delivered through health facilities, adolescents will be poorly covered because most are not regular attenders. Paradoxically, the success of a policy to vaccinate women of