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## History of International Aid

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# History of International Aid

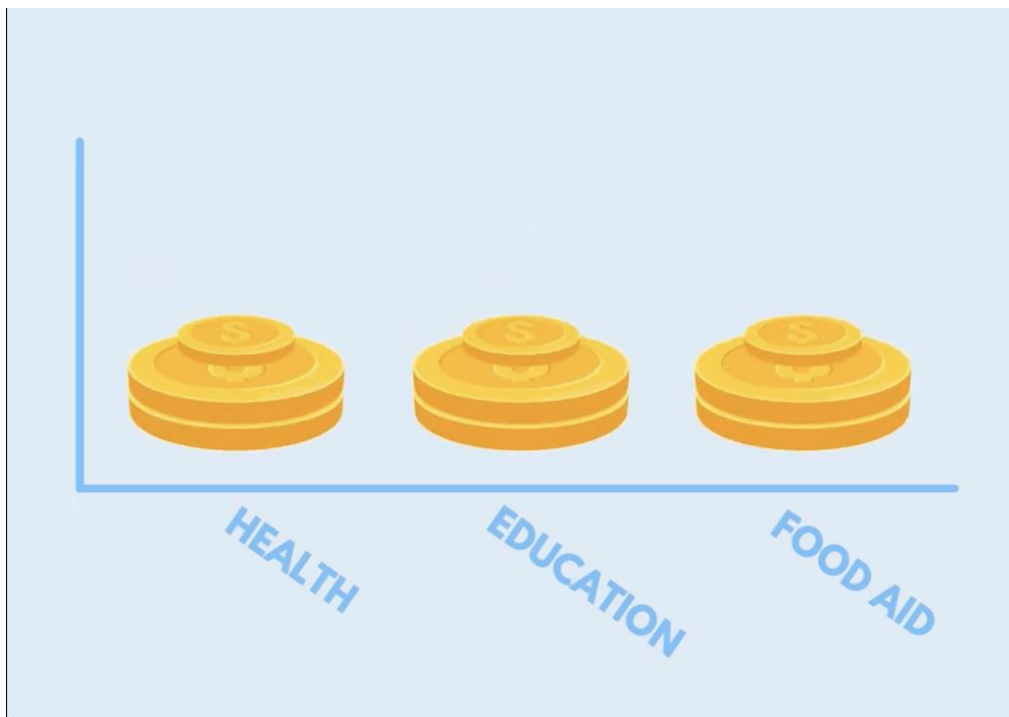
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## Introduction

The following interactive discussion questions are based on a fictional animated storyline developed from Chapter 2 of the third edition of *An Introduction to Global Health* by Michael Seear and Obidimma Ezezika. The storyline and questions are intended to provide students with the opportunity to understand trends that shaped the modern aid industry, the origins of foreign aid institutions and organizations, and the history that led to current large-scale foreign aid initiatives.

There are questions for each of the five modules of the storyline as well as general reflection questions at the end. To answer the questions associated with the storyline, students will be required to explore external resources linked with the questions and integrate the acquired information with that available in the storyline. In some instances, students may also need to conduct independent research to learn more about a concept or topic to answer the questions adequately. Before watching the video, students are encouraged to read Chapter 2 of *An Introduction to Global Health*, 3<sup>rd</sup> edition.



# Module 1: Before World War I

Public Health Initiatives have been around for a long time. They can be found as early as the time of the Roman Empire, where its largest cities had access to clean water, public baths and toilets. Fast forward to the early 1800s and you have the first recognizable eight projects created by the Spanish.

The king of Spain at the time made a guy named Xavier de Balmis help with smallpox outbreaks. His crew and volunteer orphans set sail to distribute a newly discovered vaccine to Spanish colonies. Why volunteer orphans? They were the vaccines! The vaccine was inside them! Because they didn't have refrigerators back then, the vaccine was kept alive in the bodies of these orphans. Thank goodness we have better vaccine storage and ethics now!

Communicable diseases have always been around, but in some periods in history, they have been much deadlier than others. One of those periods was during colonialism, where in the 19<sup>th</sup> century countries such as Britain and France viewed their colonies as sources of money, labor, and resources. Any development done in these colonies like building roads, railways, and ports, was to benefit European settlers, not the local people.

An esteemed-powered rail and sea transport spread over the world; it quickened the movement of humans and of course the diseases that humans came with. Large cities and major ports in North America became plagued with smallpox, the plague, yellow fever, and cholera. This resulted in an enormous number of deaths and disease outbreaks, stimulating the development of large health organizations in the 19<sup>th</sup> century to help manage them.

Organizations like the International Sanitary Bureau in 1902 made up of the United States and others from South America which is known today as the Pan-American Health Organization. Also, the office International Hygiene Public in 1907.

Alongside health aid, there was also humanitarian aids, like food aid, whose roots lied in early responses to famines such as the Irish Potato Famine in 1850 and the Bihar Famine of India in 1873. Wars were another stimulus behind international Aid, and some of the first NGOS. For example, the 1859 Battle of Solferino, where traveling Swiss businessman Henry Dunant, arrived at a battlefield of wounded men who were simply left to die. Horrified, Dunant organized and paid to treat the wounded from both sides.



A few years later in 1863, the International Community of Red Cross would be created to help all people who were suffering from war, floods, and diseases. Just when it sounded like things were maybe getting under control, World War II occurred. A war fueled by the tension between the Western and Eastern Blocks over opposing political ideologies of capitalism and communism.

International Aid was crucial during this time to help citizens, like during the Soviet blockage in 1948, prompting one of the earliest large-scale Aid initiatives., where the United States, Britain and France provided the population of West Berlin entirely by air with 2.3 million tons of foods, coal, and other supplies.



## Questions

1. In the 1800s, Xavier de Balmis “refrigerated” the smallpox vaccine in the body of volunteer orphans through variolation, so it could be distributed to the Spanish colonies. Use this link ([Early Efforts at Control](#)) to answer the following questions:
  - a. What is variolation, and how was smallpox acquired through this method clinically different from smallpox acquired naturally?
  - b. What are the similarities and differences between variolation and vaccination?
  - c. What is one disadvantage or danger of variolation?
2. The two main disadvantages of charity food aid are that it depoliticizes food poverty and is unable to provide a sustainably healthy and nutritious diet. Use this link ([Food Poverty](#)) to answer the following questions:
  - a. How does charity food aid depoliticize food poverty?
  - b. How do limitations in charity food aid options lead to a failure in meeting food security and food sovereignty goals?

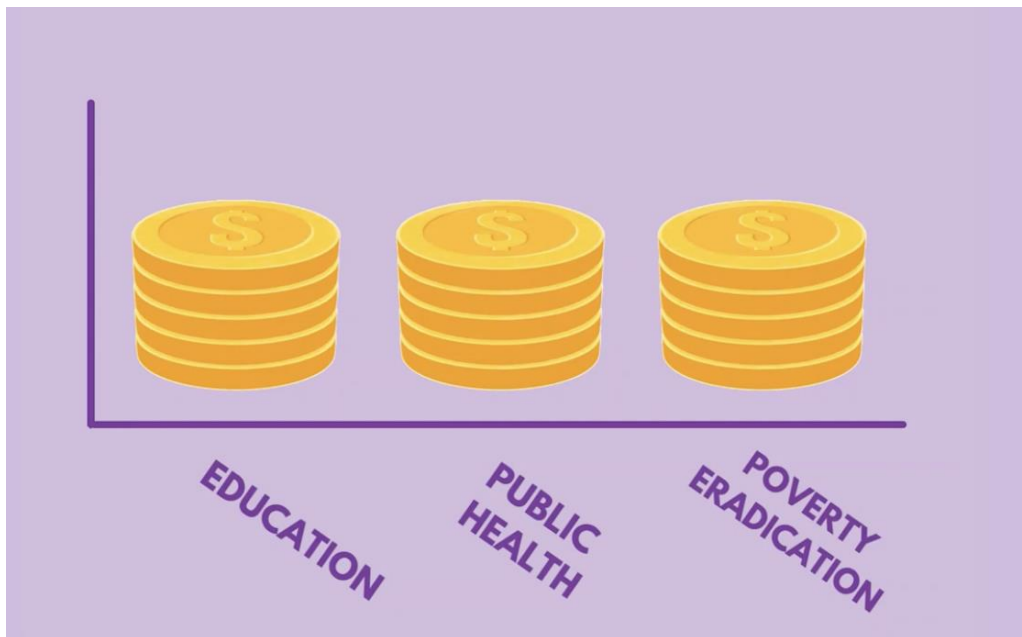


## Module 2: 1940s to 1950s

When the war ended in 1945, it left countries with mass casualties and to piece back to their shambled economy and health of their people, but for some it also catalyzed social movement towards their freedom.

As the number of independent countries grew the Western and Eastern Blocs grew further apart. They would spend the next few decades playing tug of war for political influence over the newly independent countries, trying to persuade them to be on their side with financial and military aid. In this process a lot of foreign aid was wasted on tyrants.

Around this time was also the infamous International Bretton Woods Conference in 1944, which resulted in the creation of the powerhouse international agencies; The International Monetary Fund and the World Bank, initially created to rebuild larger western countries. These agencies along with the general agreement on tariffs and trade, changed the world by establishing a new global economic order, based on western capitalism.



A few years later, in 1949, the United States, a primary contributor at the time, made the point for program. This program gave financial aid to developing countries in need after the war.

For European countries, the United States created the Marshall Plan, where they were given financial aid to rebuild their nation. Control of how to use their aid, offered low interest loans



without conditions attached and allowed these countries to maintain their trade barriers that benefitted their countries, some even received debt forgiveness.

This helped rapidly repute and economically grow European countries, but when non-European countries, like countries in Asia or Africa, given the same treatment? No, they were not. This led to an uneven development between the East and the West. There were a lot of influential agencies created in the 1940s and 50s for financial aid, but also in health aid. Some of which you may recognize today, such as:

- The Food and Agriculture Organization in 1945
- The United Nations in 1945 and,
- The World Health Organization in 1948.

By the end of the 50s, New World Organizations were giving out more aid, lots of nations were rebuilding, and there was exciting progress in medicine, like new drugs and insecticides like DDT, chloroquine and penicillin that saved millions of lives.

International Aid projects were based on the optimistic feeling that growth was dependent on money, but nations would learn it was not as simple as that.

## Questions

1. The Point Four Program Provided Financial aid to developing countries who were in need after World War II. Use this link ([The Point Four Program](#)) to answer the following questions:
  - a. How was the program expected to benefit underdeveloped areas, the world economy, the United Nations, and the United States?
  - b. How was the program expected to contribute to general economic development, basic development, agriculture and forestry, development of resources and industries, and aids to governmental activities?
  - c. Briefly describe five limitations of the program.
2. The early success of the Marshall Plan helped influence the separation of aid into two camps. What were the two aid camps directed towards? Give an example of each.

## Module 3: 1960s to 1970s

Grooving into the 1960s, economic aid in this time was seen as the golden ticket to developing countries. The world bank created the International Development Association in 1960, to coordinate interest-free loans to poorer and newly independent countries.



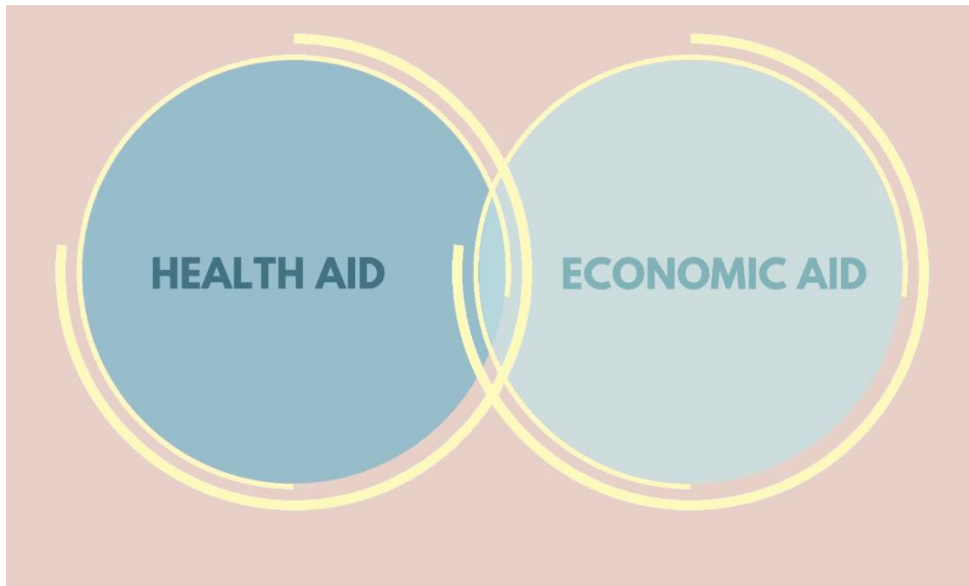
In the next year, the international organization called the Organization of Economic Cooperation and Development (OECD), was set up to administer the Marshall Plan, who in the following year, established the development assistant committee, a forum to discuss and give international aid. Individual countries even started joining forces, to create their own aid agencies called bilateral agencies.

Health aid was also taken off with some big wins. Smallpox, a virus that killed hundreds of millions of people in the 20<sup>th</sup> century, was eradicated just through vaccinations. The concept of how to improve population health outcomes was beginning to shift.

In the 1960s, there was a push for western style healthcare, such as urban hospitals packed with high technology, but by the 70s, there was a realization that this style of healthcare was not as useful for non-western or rural regions. These hospitals were out of reach for people in rural regions, where there were often high rates of diseases resulting from poverty, malnutrition, poor sanitation.

Rural health needs in green countries, started to be addressed instead by rural clinics and barefoot doctors. Not doctors who were barefooted, but they were unconventional in the eyes of western medicine. Barefoot doctors were local individuals, from farmers to medical students that trained in basic and traditional medicine, traveling throughout rural regions to give care.

It was an example of the power of social medicine outside of western medicine and it inspired the Alma Atta declaration in 1978, an international conference that identified health as a fundamental human right and recognized the importance of primary HealthCare in global health.



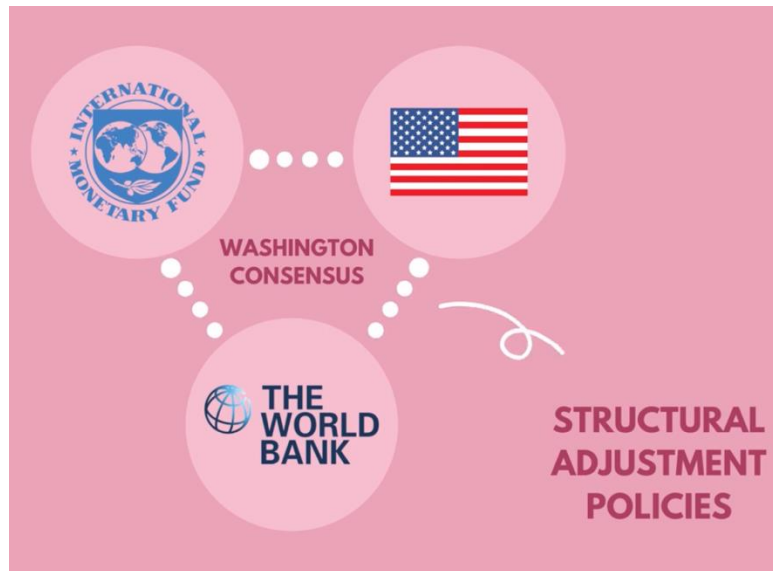
The 1970s ended with little common ground between health aid and economic aid, while health aid focused on the health of vulnerable populations, the expectations of economic aid, was to enhance the financial growth of nations, in hopes that some of that prosperity would trickle down to its people. Of course, it didn't entirely work out that way.

## Questions

1. Although there was a push for Western-style healthcare in the 60s, this style of healthcare was nonsuited for Non-Western or rural regions.
  - a. What are the two reasons why Western-style healthcare was not suited for Non-Western or rural regions?
  - b. How were rural health needs in growing countries addressed?
  - c. An example of Non-Western healing is the Indigenous medicine when. Briefly, describe how its approach differs from Western-style healthcare, Use this link ([Medicine Wheel](#)) to answer the question.
2. Near the end of the 60s and 70s, health aid and economic aid diverged in their goals and efforts. What was the major difference in the motivation between the two types of aid?

## Module 4: 1980s to 1990s

The 1980s, also known as the lost decade, sounds very ominous, and it was. The debt of the developing world was only getting larger. In 1989, the Washington consensus, an agreement the international monetary fund, World Bank and the United States proposed a solution to the global debt crisis, through structural adjustment policies (SAPs).



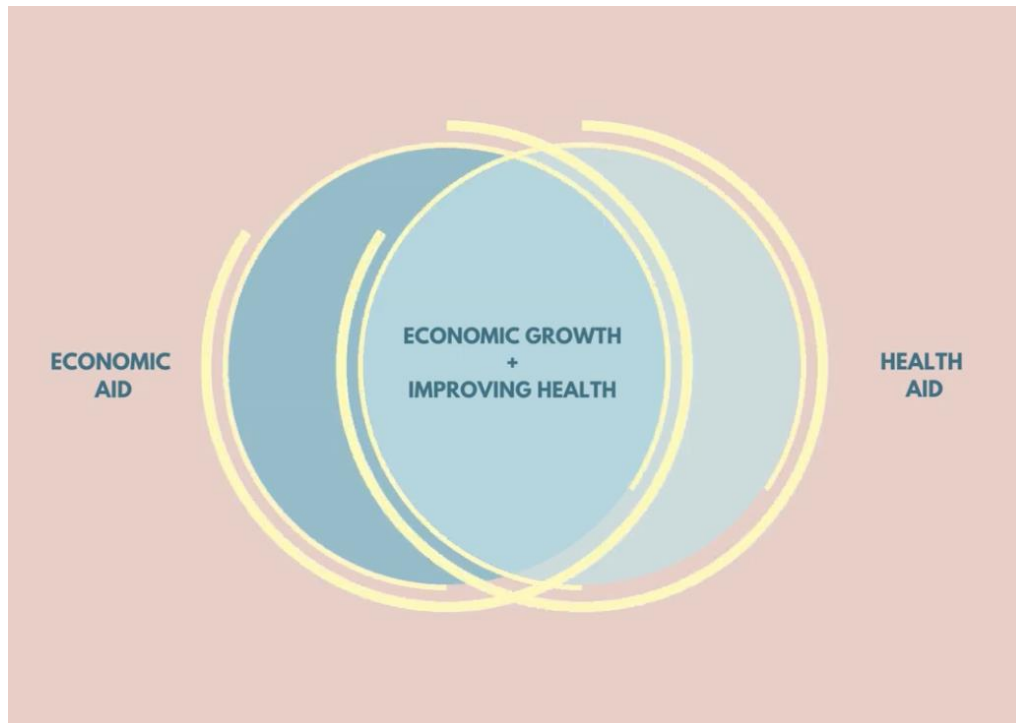
These policies called for privatization, which was part of a new emerging ideology called neoliberalism and it meant the government would have less control in industries and trading and private businesses and corporations would have more control. It also called for a reduction in spending on health education and food aid for the poor, all in exchange for loans and but this still didn't solve all the problems. In fact, it made things much worse, especially for the health of the most vulnerable populations.

For many countries, it worsened AIDS epidemics, exacerbated income inequalities, increased infant and maternal mortality rates, and that's just the tip of this iceberg. Despite 20 years of economic interventions, agreements and policies, more countries than ever especially developing countries were overwhelmed by that.

It was not until the 1990s that the World Bank and the international monetary fund responded to criticisms of their policies, by creating the highly indebted poor country's initiatives, HIPC, in 1996, their second try in 1999, they enhanced HIPC, and other programs aimed at absolute debt. However, not everything was lost in these decades, there was implementation of the Alma Atta Accord which promoted health as a right for all along with large spread



immunization, oral rehydration, and an emphasis on child and maternal health, saving millions of lives.



There was also growing recognition by the World Health Organization of changing the delivery of public health care services to fit the region and better suit the needs of different global communities as outlined in the influential 1993 World Development Report and a subsequent World Health Report in 2000. At the end of the 90s, slowly but surely, there was growing acceptance that economic growth needed to be combined with improving health because you could not have one without the other.

## Questions

1. Do you think privatization, or neoliberalism, threatens human rights?
2. Briefly explain why family spacing, female education, and food supplements were added to UNICEF's GOGI program?

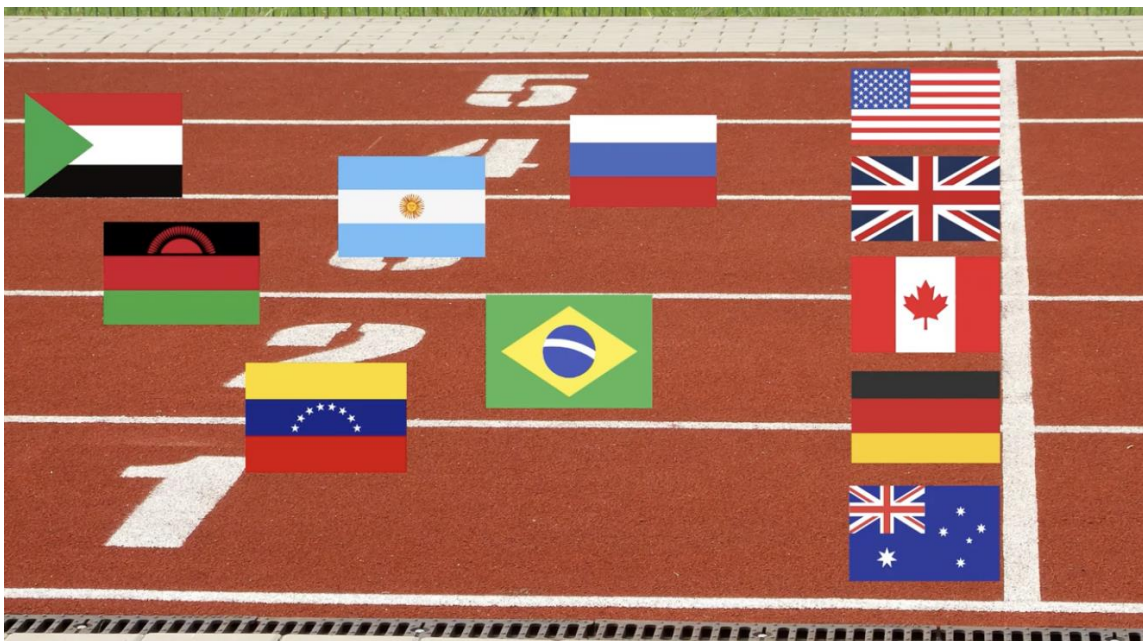
## Module 5: The New Millenium

We are finally here, The New Millenium, and so much has happened. Like the Millenium Development Goals created in 2000 by the UN, these catalyze the movement for global development, United Nations member countries were committed to achieving these goals, ranging from eradicating poverty and hunger to creating a global partnership for development.

Alongside the Millenium Development Goals (MDGs), there was the Development Assistance Committee, which provided a place for international donor countries, to come together and work towards the Millennium Development Goals. Additionally, new powerful aid donors, that were not members of the committee, emerged, like China, India, and Brazil.

There are also non-state actors, such as the Bill & Melinda Gates Foundation, a development NGO who are filling the gap in areas like vaccination, agriculture, and pursuing innovative projects that government donors find hard to do.

This involvement of both state and non-state actors has resulted in international aid pouring into education, public health, and poverty eradication. Throwing a donation almost doubled compared to the mid-1990s, and it worked, and countries reached their MDGs.



However, not all countries reached their goal. Progress toward these goals were uneven, because not every country began at the same start line. Absolute poverty was declining, but income inequality was getting bigger in many countries like Canada and the United States, and research was showing that this was bad for the health of societies.

The U.N created a new set of goals in 2015, with hopes of more equal development across countries, these were called the Sustainable Development Goals, otherwise known as the SDGs. They addressed global health issues, that the MDGs left out, like rising rates of income inequality, mental health disorders, and non-communicable diseases, such as diabetes, and heart disease.

The 21<sup>st</sup> century, also had pandemics, we've had to address through global collaboration of health and financial aid, like SARS, Ebola, and the largest one, COVID-19. International Aid has come a long way, and it's not finished yet, who knows what it's future will look like? and who will be the major players many years from now? That's something we would just have to wait to see.

## Questions

1. In the New Millennium, absolute poverty was declining. Use this link ([Reducing poverty by tackling social exclusion](#)) to answer the following questions:
  - a. Once established, what prompts a change in the absolute and relative poverty lines?
  - b. Is absolute poverty or relative poverty more useful and accurate when examining the context of poverty?
  - c. Discuss how the types of social exclusions causes poverty.
  - d. What does it mean when relative poverty is permanent and persistent?
2. The New Millennium saw “vertical eradication programs”.
  - a. How are vertical programs aligned with Western-style healthcare?
  - b. Compare and contrast vertical programs with horizontal programs regarding health and well-being. What are some prominent features of each?

## Additional Questions

1. Summarize broad trends/events that stand out to you, that have shaped the modern aid Industry.
2. To eradicate a disease, along with drugs, there is a need for education, behaviour change, and improved living conditions (Seear & Ezezika, 2017). Propose a simple intervention for diarrhoea that targets all highlighted areas.
3. During the New Millennium, what are some ways in which old and insufficient influences to global health continue to be practiced?



## Funding

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# Global Health & Innovation Lab

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