

First aid, second opinion



Frans Bieckmann
Editor in Chief
editor@thebrokeronline.eu

Is Africa sick? Some Africans may suffer from diseases, but to refer an entire continent to the sickbay makes no sense. There are problems, to be sure. Corruption, a bad business climate and the disadvantages of being landlocked can all be easily diagnosed. As can some harmful conditions imposed from the outside, such as market access restrictions, or at the other extreme, too much liberalization. But just as with the infamous 'Dutch disease', no diagnosis can ever fully capture the complexity of an organism such as human society. The Netherlands continued to function quite comfortably during the years it suffered from this serious illness.

Development studies, like medical science, have evolved in recent decades. Development practice, which started with sticking plasters and other simple forms of first aid, now knows more or less how to perform more complex operations such as fixing a broken leg, and even to examine the internal workings of the nervous system. However, changing circumstances generate new diseases, and knowledge about the complex workings of state and society is still far from mature – or is ignored. Often too many doctors gather around the patient, each forcing their own prescriptions and, at times, medicines from their own drug companies.

When lives are at stake, it is essential to scrutinize continually how things are going. That is what the Policy and Operations Evaluation Department (IOB) of the Netherlands Ministry of Foreign Affairs has done. It conducted an ambitious evaluation of eight years of Dutch development cooperation with Africa, which accounted for €5.8 billion, or about half of the entire bilateral aid budget.

This issue of *The Broker* features an eleven-page special report on the IOB evaluation of the Dutch Africa policy. *The Broker* was granted exclusive access to the draft report. Journalist Ellen Lammers compiled a summary of the findings, which was sent to Africa specialists and development experts around the world. A selection of their comments and observations can also be found in this issue. The full texts of their responses, and of the summary, can be found on the website. *The Broker* invites all readers to contribute to the debate.

The special report gives an overview of the evaluation. Here we point to just some of the remarkable conclusions. In particular, there is the implicit conclusion that the provision of general budget support (GBS) and the focus on specific sectors in African countries have achieved, at best, mixed results. The decisions to introduce budget support and the sectoral approach were perhaps not so strange. As some respondents point out, many other progressive donors chose this same path. The sectoral approach facilitates the very necessary donor coordination and cuts down on bureaucracy. The IOB and many of the respondents praise Dutch development cooperation for taking the lead in this.

One unintended consequence of the sectoral approach is that agriculture was quietly dropped from the Dutch development policy. Not only the rural poor, but also civil society appear to have become victims of the increasing focus on only one or two sectors in a country. The IOB report correctly asks whether sector support fits with 'good governance',

the dominant theme of Western development thinking over the past decade. If civil society is excluded, good governance is reduced to a very narrow conception of building the capacity of state apparatus.

The IOB report praises the Dutch coherence policy, and the government's efforts to integrate defence and development policies. Moreover, the IOB concludes that it is partly thanks to Dutch aid that many more Africans now have access to health care and to education.

Recent calls for more independent assessments imply that the IOB evaluations are not critical enough. This evaluation of the Dutch Africa policy does not support this view. In the report, the IOB – with one foot inside and the other outside the Ministry of Foreign Affairs – shows that it is not at all afraid to criticize past and present policy choices. Questions can be asked, however, about the premise of the evaluation, and whether IOB has been able to see beyond the current development paradigm. In fact, what has been investigated is whether policy intentions were put into practice and have yielded the desired results, measured as short-term outputs. Such an approach in the best case will affirm chosen policies. If the results are not optimal – which is inevitable given the complex mingling of national and international political, economic and societal processes – one can only point out policies that should not be chosen again. And, accordingly, move on to the next policy hype, or partial solution, together with the herd of other (progressive) donors.

A different kind of evaluation is needed, one that includes a much more integrated analysis of national and regional dynamics – (geo)political, economic, societal, environmental, etc. – in the South, coupled with an analysis of which external factors (development policies are only one of them) may have influenced matters either positively or negatively. Analytical tools for this have yet to be developed.

If the Dutch government's efforts to achieve 'policy coherence for development' and an 'integrated policy of development, diplomacy and defence' (3D) are to be taken seriously, then such an evaluation approach seems the only appropriate one.

The IOB report gives one astonishing example of the lack of coherence (although not phrased as such) in Dutch foreign policy. Between 1998 and 2006, 90% of the €1100 million spent on debt relief was in fact used to cancel export credit debts, rather than for poverty reduction. And, via a complicated process, 5–10% of this amount ends up in the coffers of the Dutch Ministry of Finance, providing a windfall of €500 million in 2008.

The picture that emerges is of a doctor who treats the patient's broken arm one year, a bad back the next, and later maybe a head injury. Never the whole body. Nor the environment in which the patient became ill. It is even less likely that the doctor entertains the possibility that he himself might have been the cause of the patient's recurring physical problems.

One last question: who should assess the treatment itself? Here the IOB evaluation offers some help: in most cases the Dutch government paid 'little more than lip service' to ownership, and development cooperation is still mainly 'donor driven'.

Maybe next time the 'patients' themselves should be allowed to judge their doctor's treatment? ■