



Editorial Note

Freedom for the Poor

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Amartya Sen in his collection of essays *Development as Freedom* (1999) provides an important entry point into the themes of *Development*, volume 44 (numbers 1-4). Sen discusses eloquently different forms of deprivation and unfreedoms, arguing that 'development has to be more concerned with enhancing the lives we lead and the freedoms we enjoy'. We need processes that allow freedom of actions and decisions as well as ensuring opportunities for people to act freely, individually and socially. We have to look squarely at the range of inequities that are leading to extreme deprivation for the world's poor, be they political, social, economic, gender or rights based.

Volume 44 looks at four areas of deep inequality that require a profound awareness of the integral links among economic development, social justice and human rights. The themes for the volume – poverty and health; child rights and women's rights; violence against women and the culture of masculinity; and food security – take up the proposal that development is a process of expanding real freedom for the poor with individual freedom as a social commitment.

The volume continues the past exploration of the *Development* journal on the social dimension of globalization, looking at how human development and the formation of social trust among the different development actors is needed to overcome deprivation and unfreedoms. The contributions aim to set out for *Development* readers the perspectives and realities of economically vulnerable groups around the world – whether living in the increasing pockets of urban poverty in wealthy countries or in the vast tracks of the poorest rural areas in South Asia and sub-Saharan Africa. Children's and women's lives feature prominently as the majority of the world's poor, and among the most exposed to ill health, inadequate nutrition, lack of rights, violence and insecurity.

Another feature throughout the volume is the increasingly nuanced analysis of culture and gender difference based on empirical evidence of the new types

of economic, social and political deprivation emerging from globalization. Each issue of the volume brings together the experience and insights of members of the policy, civil society and research communities as they confront the analytical and practical complexity of the issues facing international development. The journal issues will contribute to the on-going conversations among the development community and have been timed to feed into the public dialogues as important vehicles for social change and economic progress.

The first issue of the volume on 'Partnership in Health and Poverty' (44.1) continues the debate on health and equity begun in an earlier issue of *Development* (42.4) on 'Globalization: Rethinking health and equity'. Both issues are the result of the Society for International Development's partnership with the World Health Organization. The earlier issue, 42.4, thrashed out the important concerns for equity and health beginning with the impact of global forces on the health of local communities and leading to global strategies such as those involved with fighting for tobacco control and monitoring of the TRIPS agreements on the health of the poor. The journal aimed to shake the prescribed boxes in which people tend to discuss public health in order to build a strategic and holistic view of global health. Similarly, the current issue on poverty and health aims to break the idea that health is a technical policy issue and to show it clearly also as a political concern.

The issue aims to look at what 'putting poor people first' actually implies for public health policy and practice. Above all, it looks at how health and development professionals need to listen to the poor themselves as they describe their health as the major determinant of their physical, psychological and social well being. Ultimately, as WHO's contribution to the five year review of the World Summit on Social Development points out, it is the individual's good health that is their 'most precious asset' (WHO, 2000). It determines not only the individual's development and expression of freedom but also the possibilities for the communities' and nations' well being and the conditions for true sustainable development.

The testimonies in the journal issue show how good health is a major prerequisite for the poor to

have the freedom to develop. Bad health creates situations in which the poor are further disempowered as their rights are eroded or neglected, compounded by their inability to respond because of their lack of economic and human resources. Women and men who are struggling with ill health cannot live a fulfilled, dignified and happy life nor provide for their family and community who depend on them. The ill health of parents living in the world's urban slums and rural areas forces children into the work force. Evidence is mounting that there is a need for changed health processes that take into account the complex realities of the poor's lives and health needs.

In common with the earlier journal issue, the concern that emerges from 44.1 is not so much the need for greater technical knowledge for effective interventions but the need to find the financial and political will to change fundamentally the response of health systems to the needs of the poor. The journal contributors view health systems not as technical processes geared to the production and distribution of health-related goods and services but as a messy, dynamic political arena consisting of competing stakeholder interests. To quote Standing (2000), 'politics is intrinsic, not extrinsic, to health systems'. In a world of endemic conflict and insecurity, health systems have to be able to respond and work within massive social change. What works in one political reality may not translate into another.

When addressing questions of politics and agencies, questions need to be asked, for example, about the economic, social and political impact of the increasingly 'globalized' elites' behaviour and how it can be influenced. How can we encourage the elites to see it as in their interest to make alliances that will result in improved health and freedom for the poor? We also need to be very honest about the concept and realities of partnership, the conflict of interests, especially given the inequalities of power and resources that this concept often hides. What kinds of contracts are possible and acceptable between parties with different bargaining capacities? The journal starts to map out the opportunities and constraints of partnerships in health and poverty, asking for a new type of care and health support system, a vision that challenges

directly the innate conservatism of health professions and health systems.

Following the major statements emerging from the meeting 'Partnership in Health and Poverty: Towards a Common Agenda', from which most of the articles derive, the first section takes up health and poverty in a social context. Beginning with Deepa Narayan's survey of the voices of the poor that underlines the profoundly important health needs of the very poor around the world for development, the thematic section explores the various aspects of a health-focused approach to development. The articles provide insights into: the sustainable livelihoods approach to health; the need for building social trust as a strategy for health; a rights approach for children's particular health and development needs; and the way to 'invest' in the poor's health. The section stresses the need to treat the poor with dignity and to provide, through sensitive health systems, ways to restore their own agency to end economic and social deprivation.

In the on-line section, articles continue the *Development* journal's four year conversation on globalization and its impact on health and poverty. Taking up the recent evidence of the growing inability of health systems to cope with pandemics of communicable and chronic disease, the articles argue that health needs to be viewed as a global public good with very different political and financial approaches than past national and international mechanisms. The local and global section

focuses on national responses to changes in health systems, warning of the dangers of poorly conceived and inadequately funded health systems that have been privatized and decentralized too rapidly.

The four articles by Xavier Furtado, Mike Rowson, Wendy Harcourt and Lenore Manderson that were not part of the WHO meeting on partnership strengthen the civil society and research perspective. The additional articles bring out how civil society is an important agency for change at the local, national and international levels, with a particular focus on gender and women's health needs. They help bridge the arguments of the earlier *Development* issue on health and equity that presented civil society approaches to the politics of health.

Overall, the journal presents a framework where health is central to political, social and economic processes. Like Sen, the contributors to this journal issue go beyond income levels as the determinant of freedom, to define development as the process of expanding substantive freedoms such as the capacity to live long, in good health and in supportive, peaceful, crime-free communities. By putting health at the centre of a human development process, they aim to help build a development framework where all can enjoy social opportunities that lead to the expansion of human capabilities and ultimately to a sustained, enjoyable quality of life.

References

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