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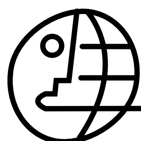

Guest Editorial

Partnership in Health and Poverty

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This special edition of the *Development* journal brings together a set of papers and ideas discussed at a meeting on 'Partnership in Health and Poverty Reduction' which took place at the World Health Organization in Geneva in June 2000. The meeting was organized by WHO in partnership with WB, EC, DFID and SID. Strong interest in the theme was expressed by governments of developing countries, UN agencies and bilateral agencies, IMF, WB and regional banks, key civil society organizations and academic institutions.

The basic idea reflected in many of the articles is that protecting and improving the health status of poor and vulnerable people can lead to significant reductions in human poverty. Rightly, many would argue that this is in itself not a new concept. However, the reality is that in the recent past health has often been taken for granted. It has been seen as a matter best left to health services – to be fixed when it goes wrong. But we are learning that the poorest people often are unable to access health services. This is particularly true in the case of women. Some countries just do not have the resources whilst others do not allocate what resources they have, to ensure access to basic health services to everyone.

At times, protecting and improving health has been considered an unproductive drain on national budgets. And poverty reduction programmes still tend to pay little attention to health. *The UNDP Poverty Report 2000* concludes that interventions for improved health and interventions for poverty reduction have been pursuing different tracks.

This is, fortunately, now changing. Good health is increasingly being seen as an asset, and certainly one of the most precious assets of poor and vulnerable populations. This concept of health connects well with current development thinking which emphasizes that:

- the purpose of the development process is human well-being – social as well as economic, equitable and sustainable – as opposed to economic growth per se; and

- the routes from poverty to development must be based on protecting and improving the inherent strengths – or assets – of the poor.

People's abilities to develop their assets, to be productive, to learn and make use of their knowledge are all, at base, heavily dependent on their health status – physical and mental. That is why protecting and improving the health status of poor and vulnerable populations are an important development strategy. In addition to ensuring access to basic but good quality health services, an enabling environment conducive to good health is essential. If health interventions are to make a maximum impact on poverty they will need to be planned and implemented as an integral part of a broader, holistic development strategy. In WHO we recognize that the responsibility for protecting and improving health cannot *only* lie with the health sector. We need to encourage other actors in the development process – social, economic and environmental – to share this responsibility.

Better health for the poor means adopting human rights and human security perspectives. Such an approach is dependent on the active participation of poor people, themselves, in the process. We, who work in international organizations, have to learn to listen to the poor and to find ways to enable them to play a role in shaping their own health agenda.

There is no short cut to poverty reduction. The multiple deprivations which are characteristic of poverty require us to work at all levels, with both short and long-term objectives. Isolated interventions are unlikely to have long-term, sustainable impact. We need to strive for synergies between different forms of social investment. The production of global public goods needs to be matched by country action that reflects the realities of the vulnerable and poorest populations. There is little point in building clinics if people cannot reach them, or afford to pay for their services once there. And short-term objectives of reducing the burden of communicable disease have to be complemented by longer-term efforts which address the underlying determinants.

Similar messages were echoed subsequently at the Special Session of the UN General Assembly entitled World Summit for Social Development and Beyond – known as Copenhagen +5. Whilst we must all feel frustrated by the very limited progress which has taken place in implementing what was agreed at the World Social Summit in 1995, we must also recognize the significant shift that has occurred in the international development discourse: that there must be a social pillar to complement the economic growth pillar; that poverty eradication has become a legitimate political objective; that the critical role of social policy is now accepted in international and national policy debates. This includes a central role for health.

Whilst the 1995 Summit saw health simply in terms of supply of basic health services – part of a wider safety net – Copenhagen +5 looked at health policy as a core instrument for poverty eradication and endorsed a series of new initiatives on health, many of which WHO is specifically requested to promote. We will do this by emphasizing that future action must take account of the dual poverty and health linkages, i.e. health's contribution to poverty reduction and the impact of poverty on health.

The June meeting of partners has identified a number of actions which could form the basis of a strategic framework for analysing, planning and evaluating future work on health in poverty reduction. These have been incorporated in a joint statement which includes recommendations on health systems, development policies, country level processes and development aid.

So I believe that health really is beginning to take its rightful place at the heart of the development agenda. I hope that the following articles will serve to confirm that its place is wholly justified and will stimulate action accordingly.