

Preface

A friend and development practitioner once told me that development is a messy business. It lacks a clear beginning and a clear ending, it often entails unforeseen consequences, and it cannot happen in isolation—multiple policy sectors must be involved to establish the conditions for ‘development’ to occur. My own experience is more closely tied to community health, where I have seen that one cannot hope to address ‘health’ without considering livelihoods, conditions within the physical and social environment, and the constraints and opportunities that come with economic development and national policy. Creating the conditions to allow people to live a healthful and content life is also a messy business. I have also observed that those who work in programs of economic development and those who work in public health and health care delivery frequently function as though their project occurs in an environment devoid of history, culture, and the influence of any institution, object, or policy other than their own. Although I believe that such tunnel vision often comes out of necessity, it does not honor the intricacies of the health-development web.

During the past 20 years, international rhetoric began to acknowledge the cyclical interaction of education, health, economic growth, political harmony, and well-being. Recent endeavors like the Millennium Development Villages give hope that the health and development sectors are becoming more cohesive and adopting whole, sustainable methods toward the goal of human development. In terms of programming, however, much has yet to change in order to employ a holistic approach to truly human development. Many programs continue to treat health and economic development as separate and somewhat unequal enterprises. The main purpose of this book, therefore, is to discuss how health and development, by various definitions, interact with each other across local, national and global scales.

This book has three specific learning objectives. The first is to introduce the reader to the idea that there is not one single operational definition of health or of development. The diverse actors which engage in development and/or health programming rarely operate from the same definition. Because of this, they often seek very distinct outcomes, and yet, these outcomes are homogenized under a single, titular goal of ‘health’ or ‘development.’ By acknowledging that there are different definitions, one can better understand that there are diverse program choices to

make, and that there is a multiplicity of outcomes by which to gauge whether or not a program is successful and development is being achieved. In this book, I adopt the position that there is not a single, correct definition, nor can there be given the diversity of cultures, needs, and desires found on a planet of six billion people. Rather, I look at several of the more common definitions of and approaches to health and development as utilized by the World Health Organization and the World Bank, and attempt to show how the operational definition influences programming efforts by these two agencies. This informs the content of Chaps. 1 and 2. I selected these two institutions because they are recognized as global authorities in health and in development, but they are not the only actors engaged in these fields. A more comprehensive exploration of global actors is well beyond the scope of my abilities to discuss. Further, because my goal herein is to explore how actors and policies interact at global, national and local levels, I provide only a general summary of these two institutions. There are many good sources that provide more in-depth analysis than do I.

The second goal of this book is to describe how actions that occur in different geographical scales and different institutional domains impact each other. Meso-, macro-, and micro-policy realms, and the impacts of the same, are inextricably linked. In Chap. 3, I look at how global political and economic forces interacted with domestic forces in Chile and Sri Lanka. Prior to the 1970s, both countries had adopted very different domestic policies in regards to social welfare and economic development, and yet by the 1970s, both states were engaged in dramatic policy restructuring in response to domestic and international pressures. The national policy shifts, in turn, impacted local options and outcomes vis-à-vis health and material wealth. I use these examples to show that macro-level policy change affects community-level change, and I ask how much of an impact locally-initiated programs can have on national goals and outcomes. In fields like development and health, fields that are driven by technocrats and experts, often the expertise of local community and individuals is overlooked or devalued, and cultural differences are ignored. Often, but not always. In Chap. 4, I use examples of community-based health care and micro-enterprise from South Africa and Bangladesh to examine the successes and failures of locally-based innovations and their interactions with national programs and priorities. Even though the trickle-down effects of national policy are frequently more forceful than locally-initiated change, the smaller scale enterprises can resonate across the national landscape. Failed states and countries emerging from conflict are especially challenging contexts for improving human health and development. The political and fiscal situation is such that actors which operate on a more local basis are best able to deliver necessary goods and services. In Chap. 5, I look at the difficulties and opportunities of harnessing small-scale operations to realize national gains in failed and conflict-ridden countries using case studies from Haiti and Rwanda.

The final goal of this book is to illustrate how the public and private sectors need each other. Examples from Chaps. 2–5 show how intergovernmental organizations and state institutions work with non-governmental actors, but this is not the main focus of each chapter. Chapter 6 looks specifically at public-private partnerships

that formed to address global health care gaps. The goal is for readers to understand that geopolitical conditions in the twenty-first century necessitate public and private sectors working together. Although these different institutions may not have the same explicit goal, both public and private agents can gain through strategic alliances and methodological innovation.

In closing, this book is meant to introduce the reader to the interactions that occur across health and development, and across different operational institutions and scales. I hope that the case studies in each chapter help to solidify the more conceptual discussion that occurs through most of Chap. 1, and at the beginning of each chapter. I hope, too, that the reader gains some appreciation for the diversity found in the fields of health and development, and uses this book as a beginning rather than an end to her or his own exploration of the topics.

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