

Poverty, Development and Health *Final Document*

PART I – GENERAL BACKGROUND

Objectives of the Workshop:

Keeping in mind the present global context, the main objectives of the workshop were as follows:

- To understand the nature of poverty and vulnerability
- To understand, who are the poorest and more vulnerable persons today
- To understand their difficulties of access to different services, especially health services
- To Understand the ways for listening to the voices of the poorest and more vulnerable groups
- To identify the challenges and opportunities for advocacy for improving the lives of the poorest and vulnerable persons
- To provide an opportunity for persons working for and with poor and vulnerable populations for networking and exchanging knowledge and experiences

Participants:

The workshop involved project managers, representatives of non-governmental organisations, expatriate volunteers and persons with long experience of working along with poor and vulnerable populations from the following countries –

Asia: China, India, Indonesia, Mongolia, Nepal, Pakistan and Philippines.

Africa: Angola, Comores, Congo, Ghana, Liberia, Mozambique and Zimbabwe

S. America: Bolivia, Brazil and Guyana

Europe: Italy and Spain

N. America: USA

Methodology:

The workshop was organised in sessions of keynote presentations and group discussions on three main themes:

Poverty – Who are the poor and criteria for identifying them

Equity and access to services, especially health services

Listening and understanding the voice of the poor

PART II – WORKSHOP CONCLUSIONS

Poverty And Vulnerability:

Poverty is not related only to economic aspect but it is multi-dimensional. It is related to powerlessness, to not being counted, to not being considered, to be excluded, to be unheard. Poverty is related to exploitation, oppression, victimisation and violence. It is also related to migration, forced displacement, rising urbanisation, loss of livelihoods.

Poor are excluded from productive processes, are unaware about their own rights and duties, lack self-confidence and lose their cultural identity. Poverty is in lack of choice, instability and violence forcing people to lose homes, livelihoods and belongings to become migrants, displaced and refugees.

Among the poor, the more vulnerable are those who are dependent and who have no say in decisions regarding their lives. These include women, disabled persons, minorities (ethnic, religious or linguistic), refugees, old persons without families, illegal emigrants, shelter-less and street dwellers, landless peasants, persons associated with disease conditions like leprosy, tuberculosis, AIDS, etc.

Social and cultural traditions can worsen the conditions of specific groups like persons belonging to lower castes in certain parts of South Asia, children victims of sexual and labour exploitation, widows, single mothers, uneducated persons, wives of alcoholics, bonded (slave) labours, prisoners, etc.

Criteria for measuring poverty and identifying the most vulnerable groups, need to be adapted to each single context. Poor have limited access to food, water, information and services like education and health. In rural contexts, the materials and services are less available while it is relatively easier to organise communities. In urban contexts, the material and service availability is better but there are difficulties of access to these by the poor, while there are additional problems of over crowding, violence, crime and substance abuse. In urban contexts, it may be more difficult to organise communities. In both rural and urban contexts, the rights of the poor and powerless are negated, while economic-alimentary equilibrium is very fragile and there is increased vulnerability to infections, ill health and disability.

Impact Of Changing Global Context:

Domination of free market economic philosophy based on maximising the profits for those with power, worsening of ecological situation, growing power of multinational corporations, weakening of national and local decision making and weakening leadership roles for international organisations like United Nations, World Health Organisation, etc. as well as for national governments in developing countries, are some of the characteristics of the present global context. At the same time, the power of international financial organisations like World Bank, International Monetary Fund and World Trade Organisation, who have assumed a major role in deciding national policies for

reducing national budgets for health, education and social services, forcing structural adjustment programmes requiring privatisation, promotion of vertical programmes and “services for those who can pay” philosophy. These changes have seen an increase in the number of the poor, making new poor and worsening the lives of the poor, decreasing their access to services.

As far as voluntary organisations are concerned, availability of funds, especially for promoting comprehensive and integrated development programmes, has decreased. New organisations, consultancy firms and foundations created by multinational and trans-national corporations, have appeared, promoting specific single agenda vertical programmes for their own image-building. The funding is usually for limited periods, focussing on specific activities, without considerations about comprehensive health needs of vulnerable target groups or sustainability, accompanied by unrealistic performance targets, promoting universal standard recipes without an understanding of local needs or situations. As far as health services are concerned, while role of World Health Organisation is marginalised, organisations like World Bank have become the major players for funding vertical single-agenda vertical programmes and research activities.

In the developing countries, the multi-national corporations and international financial institutions find willing partners among some civil society representatives like politicians and institutions, interested in short term gains. Representatives of organisations and institutions working for the poor and oppressed, challenging the policies and practices, which worsen the lives of the poor, can face harassment, detention, violence and even death.

At the same time, the new instruments and technologies of communication, can give an opportunity for raising consciousness and organisation of poor communities for influencing their own lives and the collective lives of their communities as well as for a political change. Individuals and organisations from both, South and North of the world, can promote advocacy action to raise voice and create awareness about negative impact of globalisation, such as the People’s Health Movement.

EQUITY AND ACCESS TO SERVICES, ESPECIALLY HEALTH SERVICES:

Health has different dimensions – physiological, spiritual, physical, mental, social and cultural. It is a result of interplay between individuals and their environments. Health resides inside the persons, the primary units of a health system. Health requires awareness about basic human rights and the possibility to influence changes in the health service system so that they respond to the basic health needs of the people. Health requires participation of the different stakeholders including community members, traditional healers, traditional birth attendants, health workers, local artists, local community leaders, etc.

Health does not reside inside the walls of buildings of health structures – inside these structures reside the pharmaceutical industries and curative health care, which dominate and marginalise critical health action, health information and preventive care.

Most of the national health budgets go to high technology institutions catering to the needs of limited number of citizens while primary and community health services receive a small percentage of available limited resources. Primary and community health services may be inaccessible due to long distances, lack of or high cost of transport, lack of qualified personnel, high fees of the services, etc. The health personnel may work with very low salaries, in some situations unpaid for long periods, facilitated for working with vertical programmes promoted by international organisations through payment of incentives and per-diems. Often, the pharmaceutical industries promote unnecessary drugs and their combinations, while ignoring the “unprofitable” essential drugs.

To improve the access of the poor and marginalised groups to the health services, organisation of the communities and information about disease prevention is necessary, so that communities can fight against factors influencing negatively on the harmony between individuals and their environments. While the health personnel needs training, community members also need training. The organisations of the health services must involve the beneficiary communities in the decision making process. Preventive medicine and traditional medicine need to be given more importance. At the same time, organisations working with poor communities need to network, share ideas and information, working together to ensure equal access for different disadvantaged groups like women, children and persons with disabilities.

Listening And Understanding The Voices Of The Poor:

The poor do not have power. The power is linked to access to information and skills, access to funds, visibility and political strength. It is also linked to brute force, like the men-women relationships, often with the approval of traditions, culture and social support systems. Managers, administrators, donors have more power the clients.

It is difficult to listen to voices of the poor, since their knowledge and skills are not seen as useful or important. Project managers and donors feel that they know the problems and the best solutions. The poor may not be articulate or may not speak the language spoken by project managers and donors. Project managers and donors do not have the time to stop or visit or understand the living environments of the poorest. There are cultural barriers to listening to the poor, who are seen as ignorant and uneducated.

Real development and transformation comes only if project managers and donors can listen to their clients and discuss their own ideas with them. Once the community is transformed, they will become the subjects of their own development. It is not enough to visit the poor in their living realities but project managers and donors need to live with them to understand their concerns and ideas. Facilitating the communities to organise themselves through activities like Self-help Groups (SHG) can be useful.

Project proposals can not be developed simply from good intentions and ingenuity, for this preparatory work in the communities is necessary and skills of project managers are needed, who need to play the role of catalysts. Networking and horizontal exchange of information between self-

help groups and community-based organisations is essential for their capacity building. Identifying and involving community leaders is an important part of reaching the communities.

There may be areas linked to traditions, cultures and social ethos of the communities, with which project managers and donors may not agree. Changes in such areas can come only through involvement and empowerment of oppressed groups and victims, who need to become the protagonists for a social change.