Repositioning Human Health in Development

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People's health is closely linked to the environment in which they live and work, a Tibetan farmer and children.

The relationship between human health and development is undisputed. On the one hand, a healthy human resource is the precondition of human development. On the other, human health is one of the goals pursued by human development.

This is clearly indicated in the Millennium Development Goals (MDGs): four of the eight goals are direct health indicators (eradicate extreme poverty and hunger, reduce child mortality, improve maternal health, combat HIV/AIDS, malaria, and other diseases) and three are closely health-related (achieve universal primary education, promote gender equality and empower women, ensure environmental sustainability).

Interestingly, despite the clear and close connection between human health and development, the thoughts and practices on the ground at different levels, including policy, programme, project, and day-to-day work, has not well reflected the virtual relationship between the two. Health is widely perceived as the business of the health sector, and that is, in most countries, dominated by medical knowledge, technologies, and professionals who have been trained in medical schools. As a consequence of this thought, and other related factors such as the sector or theme-oriented funding mechanism, development agencies around world may or may not work on health issues. It seems normal if a development agency pays no attention to health issues but focuses on other development issues such as agricultural technology extension and better management of natural resources, and a bit abnormal if the agency chooses to work on health issues while it has no medical expertise and has no funding for health issues.

In fact, health goes far beyond medicine. Its widely accepted definition by the World Health Organization (WHO) clearly states that: "Health is a state of complete physical, mental and social well-being not merely the absence of disease or infirmity (WHO 1948)." Early research by WHO revealed that human health is affected by four categories of factors, namely, biological factors such as gene and sex; environmental factors including natural and social environments; health care services, and behaviour and lifestyle. Lalonde (1974) and Labonte (1993) further argue that health is affected by biological factors such as age, sex and ethnicity; personal or family circumstances and lifestyles such as education, income, employment, risk taking behaviour, diet, exercise, recreation and leisure; the social environment such as culture, social

networks, and community participation; physical environment such as air quality, housing, crime, civic design and transport; and public services such as access to health service and quality of services. The recent efforts by WHO on social determinants of health further broaden this list by incorporating global issues, health systems level issues and lifecycle issues as the important determinants of human health, which is manifested by the nine knowledge networks of the Commission on Social Determinants of Health, namely, Early Child Development, Employment Conditions, Globalisation, Health Systems, Measurement and Evidence, Priority Public Health Condition, Social Exclusion, Urban Settings, Women and Gender Equity.

Health service today, which is mainly used as the vehicle of medicine and medical technologies, is only one of many factors that affect human health.

Since health is affected and determined by many factors, the measures for maintaining and improving it should be multiple and holistic and should not be limited to the health sector; it is the responsibility of every individual and organisation, including development agencies.

In fact, development agencies that focus on natural resource management, agricultural production, and environmental conservation can encounter numerous health issues and also have opportunities to address these issues in their daily work. For example, disease epidemic, particularly water-borne diseases, always follows a disaster, such as a flood or an earthquake. The introduction or extension of new agricultural production or environmental conservation technologies, which are the jobs of some development agencies, may create new hazards to women and men's health. The widespread use of chemical pesticides was an example of such.

Development agencies can also do much to avoid, minimise, or redress adverse health outcomes by taking an integrated and holistic approach. For example, preparedness for disasters such as floods and earthquakes should include how to prevent and control possible disease epidemic. The research on climate change should include examining its health implications, thus the strategies and measures for mitigation and adaptation will pay attention to maintaining and improving health and minimising adverse health outcomes to the most possible extent. A health impact assessment should be undertaken prior to the introduction of any new technology to identify existing or potential health implications, thus necessary measures can be taken to prevent, mitigate, or reduce the negative consequences. The decision should be made by taking into account the benefits brought about by the new technology, and existing or potential health and other costs. In some cases, small measures can be taken to avoid a big health hazard.

Thus, health should be treated as a crosscutting issue on which every person and organisation has a stake, like gender and equity, rather than as the business of the health sector alone.

There are many ways to work on health issues and to contribute to human health. For development agencies where Health is not a primary objective, like ICIMOD, the first step is awareness raising (or putting awareness into action if the awareness is already there). Every staff member should be aware of his/her responsibility for mountain people's well-being, in which health is the core; and aware that he/she can do something to maintain and improve people's health. Second is to undertake health impact assessment prior to the introduction of any programme or project. This can be done by using a simple checklist or more systematic health impact assessment tools (see Scott-Samuel, 1998; Birley et al, 1998; NHS Health Development Agency, 2002). Health impact assessment can ensure that the health and well being of people who are likely to be affected by such programmes and projects is maintained or enhanced. Third is to make decisions taking all factors into account and establish trade-offs, which usually require a participatory, transdisciplinary, and equitable approach.

References

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