

# Development for Health

## Annotated Bibliography

### Introduction

Of the vast literature on health-related matters, we offer here a selective listing of recent and classic English-language publications that focus on the relationships between development and the politics of health. Some of the most penetrating contemporary work in this field has been undertaken by Southern feminist networks and women health professionals, in the context of women's health and rights, much of this in preparation for the 1994 International Conference on Population and Development. Their insights into exclusion, and the social institutions through which it is maintained, are of wider application in the field of health and development; and hence are highlighted here. A sample of journals that take a multi-disciplinary approach to health matters is included, together with international health organisations and health-related networks.

Like the *Reader* itself, the bibliography is aimed at practitioners and academics with an interest in exploring the links between development and health. It does not cover detailed aspects of health care, nor does it include material of a highly specialised medical nature.

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**Ehtisham Ahmad, Jean Drèze, John Hills, Amartya Sen (eds):** *Social Security in Developing Countries*, Oxford: OUP, 1991.

A broad-ranging collection of authoritative papers gathered under the auspices of the United Nations University, focusing on social security - including employment generation, provisioning of health care and education, land reform, food subsidies, and social insurance - and how both state policies and public action can act to reduce human deprivation and eliminate vulnerability.

**Marge Berer with Sunanda Ray:** *Women and HIV/AIDS: An International Resource Book*, London: Pandora Press, 1993.

An excellent overview of the issues relating to HIV/AIDS, covering all the necessary factual information regarding the disease and its transmission as well as descriptions of a wide variety of initiatives and projects to combat HIV. It highlights many issues which would otherwise remain hidden without its strong gender analysis.

**British Medical Association:** *Medicine Betrayed: The Participation of Doctors in Human Rights Abuses*, London: Zed Books, 1992.

An authoritative and informative account of the responsibilities of physicians in protecting human rights, this provides a thoughtful ethical commentary, an overview of international law relating to torture and medical experimentation, and practical guidance for medical practitioners and policy-makers alike. The context in which doctors may commit gross violations of human rights is itself one that is often conditioned by fear, ignorance, or extreme coercion. The Working Party which prepared this book address controversy and dilemmas head-on. Some recommendations are provocative and will stimulate necessary debate.

**Peter Coleridge,** *Disability, Liberation, and Development*, Oxford: Oxfam, 1993.

Taking as his point of departure the systematic oppression and marginalisation of disabled people, the author examines the social attitudes that give rise to this, and looks at ways in which such exclusion can be overcome. The book thus offers an insight into the processes of liberation and empowerment that are the touchstone of development.

**Rebecca J. Cook:** *Human Rights in Relation to Women's Health: The Promotion and Protection of Women's Health through International Human Rights Law*, Geneva: WHO, 1993.

This document examines the relevance of international human rights to the promotion and protection of women's health, and provides a framework for future analysis and for collaboration among organisations concerned with these issues. The document explains the mechanisms at international, regional and domestic levels that are available for holding states accountable for their compliance with human rights treaty obligations concerning women's health.

**Sonia Correa with Rebecca Reichmann:** *Population and Reproductive Rights: Feminist Perspectives from the South*, London: Zed Books in association with DAWN/New Delhi: Kali for Women, 1994.

Brings a Southern feminist perspective to bear on conventional debates on population, and examines the inter-linking of economic processes, demographic dynamics, and women's lives. Analysing the effects on women of past and present fertility management policies, the author argues for the indivisibility of health and rights. She identifies the challenges to be tackled by women in the South, and suggests strategies for political action by the international women's movement.

**Robert Desjarlais, Leon Eisenberg, Byron Godd, and Arthur Kleinman:** *World Mental Health: Problems, Priorities, and Responses in Low-income Countries*, Oxford: OUP, 1995.

Based on the collaboration of over 120 experts worldwide, this book represents the first systematic attempt to survey the suffering caused by mental health problems. It brings together information on mental health illness and behaviour that influences health and potential for human development, and on the promotion of mental health as defined by the World Health Organization - that mental health is not simply the absence of detectable disease, but a state of well-being in which the individual can fulfil his or her full potential. Arguing that there are diverse consequences of mental health problems, and political, social and cultural forces which bear on them, the book provides examples, rather than bare statistics, to describe global patterns and international linkages of problems and solutions. It shows how people in different settings deal with these and points to concrete opportunities for developing more appropriate interventions. It concludes with an Agenda for Action and an Agenda for Research.

**Ruth Dixon-Mueller:** *Population Policy and Women's Rights: Transforming Reproductive Choice*, Westport, Connecticut: Praeger, 1993.

The author's thesis is that the exercise of women's reproductive rights depends fundamentally on the exercise of their rights in other spheres. Population control policies and programmes would probably be unnecessary if women enjoyed their basic economic, political, and social rights, and had genuine reproductive choice. The author argues that by building on women's concerns about their survival and security, it is possible to address the 'coercive pro-natalism inherent in patriarchal inequalities in the family and society, without introducing an equally coercive 'anti-natalist' agenda.

**Deborah Eade and Suzanne Williams:** *The Oxfam Handbook of Development and Relief*, Oxford: Oxfam, 1995.

This 3-volume reference book outlines thinking, policy and practice in every area of development and emergency relief work in which Oxfam is involved. The first Volume introduces the approaches that inform Oxfam's work, focusing especially on human rights, social diversity, and strengthening local capacities. Chapter Five, 'Health and Development' is a comprehensive guide to topics such as the role of NGOs in health care, the policy framework, the health needs of specific population groups, health care provision, and the financing, planning and evaluation of health programmes. Chapter Six, 'Emergencies and Development', also has full sections on health and nutrition, shelter, water and sanitation, vector control, and food security. An annotated *NGO Resources Directory* comprises the third volume, and is also published separately.

**Hilary Goodman and Catriona Waddington:** *Financing Health Care*, Oxford: Oxfam, 1993.

In what has become a highly politicised ethical debate, this title in Oxfam's Practical Health Guides Series goes beyond the ideological positions on public versus private systems of health care, and examines the realistic options for poor communities to incorporate cost-recovery mechanisms for health and development services.

**Andrew Green:** *Introduction to Health Planning in Developing Countries*, Oxford: OUP, 1994.

This book covers all aspects of planning for health in developing countries. Within the context of a PHC approach, it emphasises the many factors that impinge on health, the different non-governmental agencies involved in health activities, and the need for participation in planning by communities. Equity is an important theme throughout the book. The need for combining planning techniques and political analysis is stressed, as is the importance of planning by a wide variety of professionals in addition to specialist health planners.

**Trudy Harpham and Marcel Tanner (eds):** *Urban Health in Developing Countries: Progress and Prospects*, London: Routledge, 1995.

Specialists in public health and urban development offer an inter-disciplinary approach to urban health. They present recent research priorities and discuss the management and financing of urban health services; the role of international agencies such as WHO, the World Bank, UNICEF, and local NGOs; trends in urban health policy; and progress and prospects for future improvements at strategic and conceptual levels.

**Betsy Hartmann:** *Reproductive Rights and Wrongs: The Global Politics of Population Control and Contraceptive Choice*, New York: Harper and Row, 1987 (revised 1993).

A critique of the economic, political, health, and human rights consequences of population control as practised by the US population establishment, national governments, and international agencies. The author argues that the real solution lies not in coercive population control programmes, but in the improvement of living standards, the position of women in society, and the quality of health and family planning services. She calls for a fundamental shift in population policy towards the expansion rather than the restriction of individual reproductive choice.

**Betsy Hartmann and James K. Boyce:** *A Quiet Violence View From a Bangladesh Village*, London: Zed Books, 1983.

An inspiring insight into the reality of villagers' lives, this book shows the nature of the structural barriers faced in overcoming poverty and exclusion. The perspective and priorities of people who live on the margins of survival is distant from the world of governments and bureaucrats, which appears only in the form of local village-level officials. The authors clearly show how much mainstream development fails to reach those most in need.

**Lori Heise with Jacqueline Pitanguy and Adrienne Germain:** *Violence Against Women: The Hidden Health Burden*, Discussion Paper No 255, Washington: The World Bank, 1994.

This paper illustrates both the extent and nature of the violence suffered by women around the world. It also describes some of the many initiatives underway to combat the problem, highlighting the ways in which health personnel in particular can be instrumental in this effort.

**Najmi Kanji et al:** *Drugs Policy in Developing Countries*, London: Zed Books, 1992.

This book emerged from a review of the WHO Action Programme on Essential Drugs, and includes material drawn from 13 country studies. The authors find that the commoditisation of health in industrialised countries, and the transfer of this ideology to the developing world, has today created a context in which the rationalisation of drugs policies and efforts to control the activities of multinational companies is widely seen as state interference in the free market. Analysing the political context, the authors define a framework within which to build rational drugs policies.

**Korrie De Koning and Marion Martin:** *Participatory Research in Health: Issues and Experience*, London: Zed Books, and Johannesburg: National Progressive PHC Network, 1996.

Based on the presentations at a 1993 International Symposium on Participatory Research in Health, this book brings together a wide range of experience and perspectives. It covers issues such as training, planning, research methods and evaluation from both the academic and practitioner angles. Contributors are drawn from all parts of the world, and from many occupations. It contains case-study examples of participatory research as well as critical analysis of the processes which result in success and failure. The work raises critical issues such as gender, race and class divisions, presenting these in the light of the different social, political and economic contexts in which research has taken place.

**Anne LaFond:** *Sustaining Primary Health Care*, London: Earthscan (with SCF), 1995.

The quality and availability of health-care services in developing countries suggests that support for these is not as effective as it might be. Programme benefits often fail to outlive external funding, and the aim to build sustainable services remains unmet. Reviewing experience in two African and three Asian countries, the author calls for an approach that goes beyond the operational aspects of health programmes to the wider structures and institutions that influence investment, planning, and management in the health sector.

**John J. Macdonald:** *Primary Health Care: Medicine in its Place*, London: Earthscan, 1992.

The author puts forward a strong argument for the continued relevance of the PHC approach as advocated at Alma Ata. The work includes a critical appraisal of the limitations of the medical model of health which still predominates

among health professionals. It also argues for much better inter-sectoral collaboration in working towards health goals.

**David R. Phillips and Yola Verhasselt:** *Health and Development*, London: Routledge, 1994.

Through a series of thematic chapters and regional and country case-studies, this book presents a broad but detailed description of the multi-faceted aspects of health and development worldwide. It focuses on issues such as the effects of economic adjustment and environmental change on health, the possibility of extending health services, socio-cultural factors in HIV/AIDS transmission, and the health of women beyond maternal and child health.

**Jon Rohde, Meera Chatterjee, and David Morley:** *Reaching Health For All*, New Delhi: OUP, 1993.

This work reviews a range of experience in community health programmes aimed at achieving 'Health For All'. Descriptions of different projects reflect the many ways in which the principles and theories of PHC are put into practice. These are supplemented with critical analysis of why projects succeeded or failed. It is a valuable source of case-study examples and analysis for those struggling to implement PHC.

**Gita Sen, Adrienne Germain, Lincoln C. Chen (eds):** *Population Policies Reconsidered: Health, Empowerment, and Rights*, Boston, Mass.: Harvard Center for Population and Development Studies and International Women's Health Coalition, 1994.

This book brings together writings by academics, policy-makers, health professionals, and activists in the fields of women's health and rights. From various perspectives and disciplines, the contributors argue that population policies should assure the rights and well-being of people who have already been born and who will inevitably be born, rather than attempting to limit the ultimate size of the world's population. Topics covered include sexual and reproductive health and rights, the women's health movement, population and the environment, human well-being and freedom, empowerment, and fertility control.

**Patricia Smyke:** *Women and Health*, London: Zed Books, 1991.

This book examines the linkages between women, health and development with the aim of providing a better understanding of women's health issues and the root causes of their problems. It offers a comprehensive overview of the major health issues facing women (serious illnesses, occupational health, mental health, reproductive health, disability and ageing, and women as consumers of health-related products). Addressing the question of why women so often fail to get the health care and health information they need, legislation, education, environmental factors, local customs and practices, armed conflict and violence are also discussed. Initiatives to improve women's health status are presented, including health education, advocacy, use of the mass media, and networking. The book includes case studies, a resource guide, and suggestions for action.

Other particularly relevant titles in this 10-volume series include: Esther Boylan (1991), *Women and Disability*, and Marilee Karl (1995), *Women and Empowerment: Participation and Decision Making*.

**Derek Summerfield:** *The Impact of War and Atrocity on Civilian Populations: Basic Principles for NGO Interventions and a Critique of Psycho-social Trauma Projects*, London: ODI Relief and Rehabilitation Network Paper 14, 1996.

New patterns of warfare mean that 90 per cent of victims of contemporary conflict are civilians. This paper is a critique of current methods of treating civilian trauma and argues that it is not appropriate to take Western psycho-social models and impose them on other cultures. Psycho-social trauma projects must be more culturally sensitive; relief workers need to apply a thorough knowledge of the historical, social, and political impact of the conflict with which they are dealing.

**Peter Townsend, Nick Davidson, and Margaret Whitehead:** *Inequalities in Health: The Black Report and The Health Divide*, Harmondsworth: Penguin Books, 1992.

Brings together two seminal works (the *Black Report*, first published in 1980 and *The Health Divide*, 1988) on the importance of poverty in determining health. Specifically examines the situation within the UK looking at the differential health and illness patterns across class and income divisions. The findings were the result of government-funded research which were published only through the persistent efforts of the authors, when the government of the day refused to produce any official report. The two reports demonstrate conclusively the scientific evidence in favour of the need for action to reduce poverty and material deprivation in order to improve the standard of health in the population. As a result, the politics of health care is a strong theme throughout.

**UNDP:** *Human Development Report*, Oxford and New York: OUP, (annual).

This annual publication takes the view that development is necessarily people-centred, and is a systematic attempt to identify and analyse those factors that can serve as indicators of human development (the Human Development Index). These include not only national economic performance, but also people's access to essential services, and the extent to which basic human rights are realised across a national society: how far people are, and feel, 'secure'. In 1995, the HDI was disaggregated, to produce the Gender-related Development Index (GDI). This reveals the nature and extent of women's exclusion both from the benefits of economic activity (such as improved health care and financial security), and from the opportunity to shape public policy. The *HDR* is, then, an excellent source of statistical information, and also demonstrates some of the ways in which social, economic, and political marginalisation affect people's lives.

**Gill Walt:** *Health Policy: An Introduction to Process and Power*, London: Zed Books/Witwatersrand University Press, 1994.

An analysis of the many direct and indirect influences on policy-making in the context of health, this book offers a framework within which to go about influencing change. The author examines areas such as the role of special interest groups, how the policy agenda is determined, and the arenas within which government and international institutions operate. Given the speed at which reforms are taking place in the public sector, this book offers a valuable tool with which to understand, and to shape, the policy debate.

**David Werner, Carol Thurman, and Jane Maxwell:** *Where There Is No Doctor: A Village Health Care Handbook*, Palo Alto, CA: Hesperian Foundation, 1993 (revised).

One of the most best-known and widely-translated books on community health care, this inspirational work (first published in 1977) explores the links between poor health and social, political, and economic exclusion. More than a self-help guide, it places empowerment, participation, and social justice firmly at the centre of development for health, arguing that 'the key to health lies in the people themselves'. It has been followed by several titles based on this

philosophy, also published by Hesperian Foundation. Prominent examples include David Werner and Bill Bower (1982), *Helping Health Workers Learn*; Murray Dickson (1983), *Where There Is No Dentist*; David Werner (1987), *Disabled Village Children*; and Susan Klein (1995), *A Book For Midwives*.

**World Bank:** *World Development Report*, Oxford and New York: OUP, (annual).

This annual publication reviews economic performance and trends, and is a valuable source of information as well as offering an insight into the thinking behind Bank lending policies. The *1993 WDR*, entitled *Investing in Health* is of particular interest. It examines the interplay between human health, health policy, and economic development, and advocates a three-pronged approach to improving these. Firstly, governments need to foster an economic environment that 'enables households to improve their own health'. Secondly, government spending on health should be re-directed to more cost-effective programmes that do more to help the poor. And thirdly, governments should promote greater diversity and competition in the financing of public health and the delivery of health services. Financing public health and 'essential clinical services would leave the coverage of remaining clinical services to private insurance, or to social insurance'. Further, the Bank argues, governments should encourage competition and private sector involvement even in publicly-financed health services.

**WHO:** *Primary Health Care - Report of the International Conference on Primary Health Care*, Alma-Ata, USSR, 6-12 September 1978, jointly sponsored by WHO and UNICEF, in '*Health for All*' Series, No. 1, Geneva: WHO, 1978.

The original document detailing the vision of Primary Health Care.

**WHO:** *Global Strategy for Health for All by the Year 2000*, in '*Health for All*' Series, No. 3, Geneva: WHO, 1981.

This takes the PHC strategy further detailing more specifically what must be done in order to achieve its goal of Health for All by the year 2000.