

# **Perspectives on Health and Development**

**DARG One-Day Conference, University of Liverpool, Wednesday  
14<sup>th</sup> May, 2003**

**10.30-11.00: *COFFEE***

**11.00: WELCOME** (Katie Willis)

**11.15-11.45: SESSION I: HIV/AIDS**

**11.15:** Helen Elsey 'What challenges and opportunities do sector wide approaches offer for HIV/AIDS mainstreaming?'

**11.45:** Lorraine Young & Nicola Ansell 'Children's migration in the context of HIV/AIDS in southern Africa.'

**12.15:** Felicity Thomas 'The impact of HIV/AIDS on the livelihoods of female-headed households in northern Namibia.'

**12.45-2.00: *LUNCH***

**2.00-3.00: SESSION II: HEALTH & 'NEO-LIBERAL DEVELOPMENT'**

**2.00:** Dragos M. Simandan 'Performing the pathological landscape in neoliberal times.'

**2.30:** Mauricio Espinel & Martin Birley 'The impact of road construction in Ecuador.'

**3.00-3.30: *TEA/COFFEE***

**3.30-4.30: SESSION III: GENDER AND HEALTH**

**3.30:** Sally Theobald 'Gender mainstreaming in health sector reform: Experiences from Africa and Asia.'

**4.00:** Rachel Tolhurst 'Lessons learnt from action research on gender, equity and malaria in the Volta Region, Ghana.'

## Abstracts

### **Elsley, Helen (University of Southampton) ‘What challenges and opportunities do sector wide approaches offer for HIV/AIDS mainstreaming?’**

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The presentation is based on the findings of a one-year project funded by DFID and managed by the Liverpool School of Tropical Medicine (HIV/AIDS Knowledge Programme). The project focused on gathering and sharing information on experiences of mainstreaming HIV/AIDS within the main development sectors and on experiences of mainstreaming gender within the health sector. The project focused on countries that are currently reshaping the work and funding mechanisms of their key sectors through sector-wide approaches (SWAs).

SWAs are a relatively new approach to the relations between donors and national governments and the mechanisms of development aid. SWAs are being widely developed in aid-dependent countries and have grown out of concern for the previous situation dominated by a multitude of contradictory or overlapping donor projects which added to government workloads often without producing sustainable benefits. Under SWAs, national governments take the lead in developing a coherent policy and expenditure programme for a particular sector. Donors then work in partnership with government to fund the entire sector programme, rather than supporting separate projects.

The systems, structures and emphasis on equity and efficiency of SWAs all offer opportunities for addressing HIV/AIDS within development sectors. The researcher spent three months in Uganda working with various development ministries, particularly Education and Agriculture, both at national and district level, to document experiences of mainstreaming HIV/AIDS and, where possible, to support the process. This presentation looks at some of the opportunities and constraints to mainstreaming HIV/AIDS in countries like Uganda where SWAs are dominating sectoral development.

### **Espinel, Mauricio and Birley, Martin (Liverpool School of Tropical Medicine) ‘The impact of forest road construction in Ecuador.’**

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The government of Ecuador currently has no health impact assessment policy, no procedures and no capacity to undertake assessments. However, it is engaged in a series of development projects with major health consequences. These projects, like a road in the north of the coast near the border with Colombia, are severely disrupting the livelihoods of indigenous forest dwelling peoples causing malnutrition and psychosocial disorder, changing the prevalence of vector-borne diseases and generating an epidemic of sexually transmitted diseases. It is probably too late to prevent any of this. However, by knowing the consequences of such projects, interventions can be implemented to reduce the negative effect of such factors on the population. Additional

consequences seen in the area are: migration, intensive deforestation, land use change, ancient community practices lost.

This paper presents a description of the area, analyses the results of an evaluation of the changes telling how this case study of the health impacts of a road have been presented at a high level, high profile national government seminar under the auspices of the WHO launching a process of incorporation of health impact assessment policy and practices which finished introducing the obligation to do Health Impact Assessment in the National Environmental law.

The lessons learned will increase the capacity of the Ecuador government to manage its development more effectively and could be used to reproduce the experience in other countries of the region. Finally the paper analyses how less ecologically disruptive economies where natural ecosystems are respected and valued and wealth resides in stocks of various types of capital determining that human, social capital while protecting natural capital should better protect and enhance health. After the incorporation with the global economy this reality confronts an increasing income economy, which is unlike to enhance health quite apart from its ecological devastating consequences.

**Simandan, Dragos M. (University of Bristol) ‘Performing the pathological landscape in neoliberal times.’**

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In this paper I argue that the geographical study of disease has to account for the irreducible textuality of disease formations and I exemplify this idea by analysing the dynamics of tuberculosis in Romania, before and after the country’s neoliberal and democratic turn in 1990. The institutional reform of the national health system and the broader neoliberal reordering of social life has been underwritten by pervasive tropes of collective pathology that have constituted the social body as being in deep need of neoliberal therapy. I study the articulation between the embodied performance of tuberculosis and its economic context by using Michel Foucault’s work on governmentality and Judith Butler’s research on the discursive inscription of bodies.

**Theobald, Sally (Liverpool School of Tropical Medicine) ‘Gender Mainstreaming in Health sector Reform: Experiences from Africa and Asia.’**

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The paper first introduces the concept of Sector Wide Approaches (SWAs) which are currently gaining popularity in aid-dependent countries; particularly in the health education and agricultural sectors. The concept of gender mainstreaming, and associated strategies are then outlined. SWAs offer new challenges and opportunities to gender advocates in health and other sectors. The paper explores the potential synergies between the goals of SWAs and gender mainstreaming from a theoretical perspective. Drawing on the experiences of organising and facilitating a workshop on mainstreaming gender in SWAs the paper then outlines associated challenges, experiences and tensions. Representatives attended the workshop from Ministries of Health, civil society, donors

and academics from Africa and Asia. Key tensions include different conceptualisations of the gender mainstreaming process and institutional capacity. The paper concludes with recommendations.

**Thomas, Felicity (University of Sheffield) ‘The impact of HIV/AIDS on the livelihoods of female-headed households in northern Namibia.’**

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Women play a key role in rural livelihoods in Africa, and in Namibia constitute 70% of those working in subsistence agriculture. Women in Namibia have disadvantaged access to natural resources and are vulnerable to livelihood shocks and poverty. Over 22% of all Namibian adults are now infected with HIV/AIDS, further threatening the viability of such livelihoods. This research will investigate the impacts of HIV/AIDS on the most marginal rural households headed by women, who in addition to coping with loss of remittances and labour are often responsible for caring for sick family members and orphaned children. The research will be conducted in the Oshana region of northern Namibia, which has a high proportion of female-headed households and one of the highest HIV/AIDS seropositive rates in Namibia. The research will be informed by the sustainable livelihoods framework and research outputs will help inform decision-makers and NGOs in the development of appropriate and targeted interventions to help mitigate the impacts of HIV/AIDS on rural livelihoods.

**Tolhurst, Rachel (Liverpool School of Tropical Medicine) ‘Lessons learnt from action research on gender, equity and malaria in the Volta Region, Ghana.’**

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There is currently a focus in international health on the importance of addressing diseases of poverty. Attention to gender is a crucial part of a poverty focused response to the challenges posed by infectious disease in developing countries. Current malaria control strategies focus on local initiatives to improve the use of preventative measures and prompt appropriate treatment at the primary level. However, in most cases, health management teams do not have the capacity to monitor the impact of such control strategies on the poorest and most disadvantaged or take steps to improve the access of these groups to effective prevention and treatment.

This paper describes a TDP funded project carried out in the Volta Region of Ghana, which aimed to develop a methodology for action research into equity, gender and malaria at the district level. The project trained multi-disciplinary teams comprised of District Health Management Team members and officers from other local government departments, to carry out qualitative research into community perceptions of malaria, including preventative measures, health seeking behaviour and the impact of illness, with a focus on how this differs by gender, age and socio-economic status. This research was used to enable the teams to identify priority issues and develop strategies to address them, together with the community members. The paper outlines the main findings of the research and discuss the lessons learnt about the strengths and weaknesses of the methodological approach.

**Young, Lorraine & Ansell, Nicola (Brunel University) ‘Children’s migration in the context of HIV/AIDS in southern Africa: implications for policy.’**

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The impacts of the HIV/AIDS pandemic in southern Africa has resulted in children engaging in migration both to receive care and to assist relatives. Despite this, little attention has been paid to the consequences of these movements. Qualitative research, undertaken with children and guardians in four communities in Malawi and Lesotho, revealed that in the short term children found migration traumatic, often moving over long distances and between urban and rural areas. Further, children are seldom consulted or informed about these migrations. Commonly migration fails where children feel ill-treated in their new household or when caregivers’ circumstances deteriorate, resulting in renewed migration and trauma. This paper advocates policy interventions at two levels as a means for reducing the difficulties faced by young migrants:

1. Facilitating sustainable care arrangements at the household level by reducing the economic costs of caring for children. This would enable children to live with those relatives best able to meet their non-material costs (e.g. grandparents), reduce resentment and diminish the need for multiple migrations.
2. Creating children-centred approaches that increase familiarity with potential caregivers and empower children to express their preferred living arrangements within the family decision-making process. This would not only foster stronger kin ties but also enable children to understand and cope with migration decisions.