

Joint Session on Poverty and Human Development

Discussion

A number of comments and questions were posed after the presentations. Here is a summary of the discussion:

Decline of poverty and globalisation

Q. According to Prof. Shah statistics show that there is a decline in poverty during the 90s and the 2000s on account of globalisation. But is the decline in poverty level really due to globalisation, is it not because of agricultural growth and empowerment of the poor?

Ghanshyam Shah: I agree, whatever decline there has been in poverty it is not due to globalisation in the form it has taken in India, that is, liberalisation.

Health of the urban poor

Q. Comment to Prof. Bhutta: I was glad to hear that you pointed out the rural-urban disparity. I think the urban poor have been neglected by existing policy makers. Their needs have not been taken into account when discussing safety nets for the poor. In Bangladesh for example, the whole issue of water and sanitation is not discussed in connection with health policies.

Zulfiqar Bhutta: It is a broad issue. The urban poor are often living in squatter settlements are not recognised by current programmes. There is in fact very little official knowledge about the extent of their health problems and thus there are few people who used it in policy discussions. In Pakistan, in the recent expansion of lady care health workers programme, the government just arbitrarily decided at behest of the Bank that there would be no more expansion in urban populations, as if the poor only live in rural areas. Recent statistics show, however, that in the South of the country the ratio between the rural and urban population is 50/50. So it is imperative for the people who are working in this area to bring this to the attention of the policy makers. But who are the real policy makers in health. We had a discussion in our panel toady. In developing countries, the people determining health policies are not people of the Health Ministry, they are ministers of finance. They give very limited funds for this. What we need is a discussion of the role of health in development. No country can develop with malnourished and sick population. Just as there is now investment in higher education, there must be investment in public health and in

primary education and health care. The pressure on our policy makers must come from civil society and opinion leaders.

State, market and civil society

Q. At the beginning we started with this equation, the state, the market and civil society in a very unproblematic fashion. But, having listened to the presentation it is clear that these concepts are very problematic in South Asia. Can we taken the civil society for granted in South Asia?

Meera Nanda: I have come to believe that there is a degree of relative autonomy between state, civil society and market in South Asia. Economic development and industrialisation does not automatically translate into lessening of poverty and of injustice. They do not automatically lead to a modernisation of culture either. It requires active intervention of intellectuals or who, I don't know who will speak for the things I am talking about. I do not think businessmen or government ministers will do it. It has to be done by intellectuals and that is why post-modernism has been extremely problematic because there has been a betrayal of the duty of intellectuals.

Health policy and implementation at the local level

Q. There are a lot of good policies on health issues like for example sewage treatment, water supply but the actual implementation happens at the local level. In India, for example, it is included the function that the urban municipality now have to take care of at the same time as funding is getting less. Now, the municipalities are already overburdened many task and to little funding. We are very good at formulating health policies in South Asia. Isn't this a matter of implementation at the local level?

Zulfiqar Bhutta: in my opinion health policy includes implementation. It means putting everything in place in a health system context both at the central and local government level, operationalising that policy.

Civil society and accountability

Q. I fully agree with Prof. Shah and Bhutta that the state has failed in South Asia in terms of good governance and this means that there has been a failure of institutions and the market with bad consequences for the human development. But what has been the role of the academicians in South Asia in bringing forth advocacy on account of human development and criticising the government for its corruption, etc.?

Q. It seems you all agree that there are problems because of an implicit lack of accountability. Prof. Shah said that the market should be tamed by the government and the civil society, and I agree. But using civil society as a panacea for all ills is not very enlightening according to authors like Neera Chandoke, John Harriss, etc. We

want education and health. Given the state of politics in South Asia, what are the real prospects of that what we want to achieve is really going to happen.

Zulfiqar Bhutta: When we say civic society, we mean civic society in its entirety, and what I want to emphasize, is the role that the intelligentsia and the academia play in this. In India, Pakistan and Bangladesh, there are people like you and me who are able to catch the ears of politicians or are able to influence them towards change. And it is the silence of these people to interfere in these matters, whether it is corruption in the health system or lack of evidence-based decision-making, which is really allowing the extremists at the other end to come through. Bring these people together and stand by their opinion. These are the people who are the political leadership of tomorrow, the broadminded leadership. It is a question of galvanising people together.

Alia Ahmad. I think a real problem is how to empower the poor clients in welfare services like health and education. When doctors and teachers do not even come to the institution to attend to them, what can students, patients or parents of child patients do to change the situation? People must have the right to ask for accountability, voice to do that, to protest.

Kerala as a model

Q. I have a question about poverty, public health and prejudices: I come from Kerala. How do you explain the achievements there in terms of health and poverty reduction despite the absence of strong economic growth? And that there is no Hindutva movement?

Zulfiqar Bhutta: We have looked into the achievements of Sri Lanka and Kerala in these matters. What are the implications of what they have achieved for the rest of South Asia? These countries had a set of policies right from independence about land reforms and about primary care and education and they implemented it. That made the difference. So the achievements today are the results of investment of decades. There are real lessons there for public health policy.

Meera Nanda: there are news about how Hindutva has made its ways into Kerala recently and also in Tamil Nadu, the bastion of rationalism it was thought. They have not yet played role, the left has held on. But the South is no longer a hold-out against Hindutva.

Modern reactionaries?

Q. This is a question to Meera Nanda about reactionary modernism. One can turn that term around and speak of modern reactionaries. I would like you to comment a little more on what do they react to? What makes them think like they do? What are the challenges they fear they are facing, which makes them react the way do react?

Meera Nanda: in the case of Hindu nationalism: at a more the practical level they criticize the preferential treatment of Islam in the constitution. At a more general level it is a fear of secularisation, of loss of ancient ways of living, to tell you the truth of

loss of caste. Due to democracy there is a change, some Dalits have managed to get up in society. This is the fear on part of the higher castes. It is expressed in terms of a nostalgia for lost harmony. It is the fear of growth of some liberal currents in society.

Reach of Hindutva ideology

Q. This is a question for Meera Nanda. I sympathise with what you have said, but I fear that you are exaggerating the influence of these forces. I come from IIT – Indian Institute of Technology. Nothing really has changed. The things we were teaching in physics 5 years ago we are still teaching. Whatever you are saying about Vedic science is limited to propaganda material of various organisations.

Meera Nanda: I am glad that nothing much has changed in IIT, though I could dispute you on that. But if ideas matter to society, superstitions backed by state power, change the temper, change the sort of climate of thinking. Things that were unacceptable 20 years ago are now accepted and they are not harmless. Vedic astrology became OK, then ... One things lead to another and these things are politicised. They actively use superstitions to bring people out in the streets. Next time they will do it again. I would be glad to proven wrong, but I have these worries.

Limits of enlightenment?

Q. If the enlightenment project has not done away with inequality and suffering, then what can you expect if not a reaction? If we have the knowledge that 55 % of the children dies because of lack of clean water and sanitation and nothing happens?

Meera Nanda: I agree, this is problematic. I don't think ideas come before social change, but it is certainly an important part of it. We need to rethink many things and we need a dialogue with religion on many important life and death matters. That has hardly come in India yet.

Buddhism and enlightenment?

Q. to Meera Nanda: in your book you suggest Buddhism as a way to a new enlightenment. Isn't that another way of facing backwards?

Meera Nanda: Why, Why? The original historic Buddha denied the spiritual stuff of atma. I was trying to find cultural resources from within Indic traditions, which contained a grain of cultural transformation, his key idea of the importance of the human senses and nothing else. It is a philosophical naturalism, which was later corrupted by his followers. This was what Ambedkar was discovering in Buddha.