The impact of development policies on health

A review of the literature

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Preface

Generalizations about the relationships between economic development and a population's health status are extremely difficult to make. In many countries economic development has clearly contributed to improving the quality of life and the health status of the population, as measured by indicators such as life expectancy, infant and child mortality, maternal mortality, literacy rates, and access to basic services. It is apparent, however, that economic growth, infrastructure expansion, and agricultural advances do not always coincide with improvements in human well-being. Indeed, there is growing concern that macroeconomic changes may have adverse consequences for poverty alleviation, health, and education. Health authorities are unable, alone, to overcome the resulting health problems.

Three major problems are contributing to a growing "health crisis" which has already increased the burden on the health sector to an insupportable level. Each of these problems has intensified during recent years, indicating the need for policy adjustment. These highly inter-related problems are: the magnitude and diversity of the health hazards associated with development; the cost of treating the diseases caused by industrialization and urbanization; and the need for macroeconomic adjustment, which has resulted in major cuts in the health budgets of many developing countries.

These three daunting problems raise important questions relating to the links between development policy and health status. Although well-planned development policies that incorporate social objectives have contributed to health and quality of life, conditions conducive to ill-health have frequently been created or aggravated by ill-conceived and improperly implemented development schemes. In most cases, the health sector must assume responsibility for the treatment and control of the negative health consequences, which arise largely from circumstances or policies beyond its control.

Over the past decade, the World Health Organization has given prominence to issues of health and development. Following the Conference on Primary Health Care at Alma-Ata in 1978, a programme of Intersectoral Action for Health was initiated in order to promote cooperation between government agencies in different sectors (such as agriculture, education, and health) and to address the health aspects of development policies. In

1986, the technical discussions at the World Health Assembly addressed the issues involved in intersectoral collaboration for health[1] and produced a number of recommendations which formed the basis for Resolution WHA 39.22.

Reflecting these international concerns, WHO and the World Bank began a joint initiative in 1988 on the effects of development policies on health. This initiative had two objectives: first, to review what is known about intersectoral linkages for the prevention of such effects and, secondly, to demonstrate through country studies that health concerns can indeed be taken into account in the design of sectoral development policies. The case studies, it was stressed, would focus on changes in policy that are feasible and implementable.

As an initial step in this collaborative effort, the present publication reviews the literature on the links between development policies and health conditions in five development sectors. While not a critical assessment of the literature, the review does seek to identify major gaps in past and current studies, and to make the case for future ones.

This review, by bringing together the results of diverse studies on the health effects of development policies, seeks to identify the immediate and underlying causes of increases in ill-health in each sector. Each chapter identifies policy components and problems that require further analysis and suggests changes that could help reduce health risks and adverse outcomes. The review provides a basis for future studies that could compare linkages across sectors, assess sectoral connections that heighten health risks, and identify important areas for policy intervention. In addition to serving as a useful document for countries, the review seeks to make key analyses in each development area accessible to policy-makers and analysts in planning authorities, ministries of health, donor agencies, nongovernmental organizations, and international agencies.

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[1] *Intersectoral action for health.* Geneva, World Health Organization, 1986.

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CHAPTER 1

Introduction

Development policies designed to improve the economic conditions and living standards of communities often have unintended effects on health. While these effects can be positive, many policies create additional health risks for vulnerable groups, thereby compromising the welfare objectives of development policies. Although international agencies and government ministries increasingly recognize these problems, additional efforts need to be made to identify changes in policy that can reduce the health risks arising from development and contribute to health improvement.

Development policies can create or exacerbate the diseases of poverty as well as the health problems of industrialization. Many poor countries now confront this double health burden. Not only must health authorities address the continued prevalence of malnutrition, respiratory infections, diarrhoeal diseases and fevers, and of infections due to viruses, bacteria, and parasites—they also face the emerging problems associated with industrialization and urbanization, including occupational hazards, cardiovascular diseases, cancers, substance abuse, and accidents. The increasing costs of these new problems place additional pressure on the limited national resources available for health service provision and public health activities.

Most development projects now include feasibility studies prior to approval, often with assessments of the environmental impact and occasionally with assessments of the health impact. Some development sectors have made notable progress in this respect. In the field of water resource development, for example, engineers have become more aware of potential environmental and health consequences, and genuine preventive action has become possible on an intersectoral basis.

Numerous obstacles, however, hinder the prediction and measurement of health risks arising from development policies. Planning

officials, whether from the health or other sectors, are rarely adequately trained in assessing effects on health. The process of assessment is hampered by poor background data on the population affected, by time restrictions, and by limited financial resources. The tools and methods available for assessment are often inappropriate or too remote from the decision-makers concerned.

Often, even when health consequences are considered, the project modifications required to prevent ill-health may not be undertaken. Sufficient resources may not be available to support the health services needed to treat or control the anticipated health problems. Even with adequate resources, intersectoral cooperation in development planning is difficult to achieve. It is especially difficult to change broad national development strategies and international economic decisions that have negative health consequences.

Some economic policies have severe short-term effects on the welfare of poor populations, even if the long-term effects are calculated to benefit the economy and social welfare as a whole. For this reason, some population groups are especially vulnerable to the adverse effects of development on health; these groups include very poor people, children, women, and some working communities. While certain industrial, agricultural, and energy policies are designed to deal with the immediate health hazards associated with development initiatives, they often fail to provide adequate measures against adverse effects that develop in the long run, especially if those at risk belong to politically marginal groups.

For the purpose of this review, a policy is defined as a broad statement of goals, objectives, and means that creates the framework for government activity (Grindle, 1980). This statement is usually presented as an explicit written document, although a policy can also be implicit or unwritten. In some cases, the absence of an explicit policy may create health hazards. In many cases, failure to implement existing policies contributes to the adverse effects of development activities.

Development policies, for the purposes of this review, are defined as policies designed to encourage economic growth and improve infrastructure, services, industry, commerce, and community development. A broader range of policies also aim to stimulate social and political development. These policies are formulated at the national, regional, and local levels, and may be profoundly affected by international relations, by economic strategies and trends, and by bilateral and international assistance agencies. In addition, the government officials, agencies, and communities involved in making and implementing development policies influence the course and outcome of policies and programmes. The benefi-

ciaries of the policies may not always be those who contribute to, or bear the costs of, their realization.

Development policies and programmes are often thought of as synonymous, but maintaining a distinction between them can be useful from the analytical standpoint. In the implementation process, policies are transformed and modified to become programmes, regulations, guidelines, or the like. This process, too, can have unintended negative consequences for health.

This review considers the impact on health of development policies in five areas outside the health sector, all of which are closely linked to economic growth: (1) macroeconomic policies; (2) agricultural policies; (3) industrial policies; (4) energy policies; and (5) housing policies. The order of the chapters to some extent reflects the importance of each sector to economic growth in developing countries, as well as the potential significance of its impact on health. However, not all policies in each development sector that may adversely affect health are examined. In addition, the review is selective and does not examine policies in certain important areas (such as population, education, and transport). These nevertheless warrant future attention because of their potential effects on health.

In each of the five policy areas, the review of the literature seeks to identify the likely causal associations between policy choice and health outcome, the gaps in knowledge about these associations, and the policy measures that could mitigate negative health effects. Throughout the review, particular attention is given to groups that are especially vulnerable to the adverse effects of development policies. The review also draws attention to disciplinary boundaries that may have restricted previous research on critical intersectoral issues of development. While it does not offer a specific operational framework for action on these issues, it does aim at encouraging new thinking on the subject, as well as providing information for policy discussions and assistance in planning research.

The range of material available and the level of existing knowledge vary greatly between the five policy areas. In some sectors, important reviews of linkages between policy and health are readily available. No attempt is made to repeat this work. Often, however, even detailed reviews of the links between socioeconomic conditions and health have failed to investigate the origins of these conditions in specific sectoral policies. Policy recommendations, if they are offered at all, tend to be general and rarely include an analysis of the likely health costs and benefits.

Readers should bear in mind that this report is subject to the limitations common to reviews of material covering broad areas. It focuses primarily on English-language sources, and, even in the

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literature in English, important references may have been missed, despite the authors' best efforts to identify relevant documents. The report is also limited in its objectives. No attempt is made to weigh the costs and benefits of development policies in terms of health. The interactive effects of concurrent policies within and between development sectors are not explored. And the report does not analyse problems of country differences and ways in which the impact of development policies might vary according to national responses. Finally, no priorities for policy action in the development sectors are suggested, because of the great variations in health and social conditions across countries.

This review examines how national development policies may create conditions of ill-health for the communities they are intended to benefit, or for those overlooked in development planning. It explores how changes in policy and improvements in implementation can mitigate negative effects and enhance health conditions. The findings suggest that country case studies and other forms of analysis are sorely needed to improve our understanding of how the design and implementation of development policies affect health conditions in developing countries.

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CHAPTER 2

Macroeconomic policies

Since the mid-1970s, most developing countries have been increasingly obliged to make adjustments in their economies, in response to macroeconomic problems of imbalance between aggregate demand and supply, inflation, unemployment, and shortage of foreign exchange. The sources of these problems are both external and domestic. Adverse international economic conditions during the greater part of the 1970s and the early 1980s (e.g. oil shocks, world recession, deteriorating terms of trade, debt crises, etc.) have led to many major macroeconomic problems. These have been further compounded by the implementation of domestic policies that discriminate against traditional products and exports (Behrman, 1988).

Thus, in recent years, policies to cope with macroeconomic problems—usually called macroeconomic adjustment or stabilization programmes—have been implemented in several developing countries (Addison & Demery, 1985). They are often carried out in collaboration with the International Monetary Fund, the World Bank, and other international lenders, and the policy packages employed usually have a mixture of objectives. The short-term objectives generally include reductions in balance-of-payments deficits, inflation, and government budgetary deficits; the long-term goals may include the privatization of public enterprises, a shift towards a market-oriented system, or rapid economic growth. Policy measures typically include currency devaluation, reductions in government spending, monetary restrictions, trade liberalization, reform of pricing policies, and wage restraints.

This chapter reviews the available evidence on the impact of macroeconomic policies on the health status of poor people in developing countries. The literature on this subject addresses the relevant issues in terms of macroeconomic policies developed in the context of economic adjustment or stabilization programmes in developing countries. No special meaning is attached to the

distinction between adjustment and stabilization programmes in this review. Both types of programme are devised to deal with macroeconomic problems of the nature cited above. Their only difference is that stabilization programmes are intended to tackle short-term problems by effecting reductions in expenditure in order to adjust domestic demand to the reduced level of capital inflows (Davies & Sanders, 1988; World Bank, 1989). Adjustment programmes are designed to deal with the long-term structural causes of problems; as such, they encompass changes in relative prices and reforms of public institutions aimed at making the economy more efficient in the use of productive resources and thereby promoting sustainable growth.

The chapter is in five parts. The first presents the conflicting views of observers on the impact of macroeconomic policies on health status. The next discusses how policies to restructure public expenditure may affect social service provision. Evidence on the role of government expenditure *vis-à-vis* the nutritional status of the poor is discussed in connection with reductions in spending on public health and in food subsidy programmes. The third section highlights the relationship between trade policies and food supply and prices. Also discussed is the impact of the production of crops for export on the cultivation of food crops; and evidence is presented on the nutritional implications of policies to promote the production of export crops. The fourth section focuses on the distributional consequences of economic adjustment policies. Evidence is presented on ways in which adjustment policies may affect rural-urban terms of trade, and the consequences for poverty alleviation are discussed. Evidence is also presented on ways in which households may vary their nutrient intakes in response to changes in income and relative prices. The conclusions are given in the final section, together with the implications for policy design, methods, and research.

The choice of topics is constrained by the scarcity of relevant studies. Unfortunately, most studies in this area have focused on the nutritional impact of economic adjustment policies rather than on health. The consequences on health, if addressed at all, are usually treated theoretically: relatively few studies have attempted to measure or evaluate them. Given this bias in the literature, the evidence assembled in this review often emphasizes the impact of adjustment policies on household nutrition. The intention is not however, to equate nutrition with health. The authors recognize that the undue emphasis on nutritional effects is a serious shortcoming in the literature. This point is taken up further in the concluding section of the chapter.

Conflicting views on the impact of adjustment policies

Adjustment with a human face

Several observers have stressed that recent economic recessions and associated adjustment programmes in developing countries are having a markedly deleterious effect on health and nutrition among the poor of those countries (Jolly, 1985, 1988; Jolly & Cornia, 1984; UNICEF, 1984; Inter-American Development Bank, 1985; World Food Council, 1985). For example, in an analysis of the effects of economic adjustment programmes during the period 1982–84 in several Latin American countries, the Inter-American Development Bank (1985) concluded that "the social cost in terms of reducing living standards, high inflation, and high unemployment has been tremendous and unequally distributed". In another study, Jolly (1988) cited some evidence of rising malnutrition in African countries during the economic decline of the early 1980s. He reported that the proportion of children moderately or severely malnourished almost doubled between 1980 and 1983 in such countries as Botswana, Burundi and Ghana. Smaller increases were recorded for other countries, but base levels were high, e.g., 20% in Lesotho, 30% in Rwanda, and 45% in Madagascar. During the period in question, almost two-thirds of the developing countries recorded negligible or even negative growth in gross domestic product (GDP) per capita—the situation being worst in low-income African countries. Jolly argued that the effect of this decline in average per capita income is magnified in the case of the poor, since recessions result in severe cutbacks in employment and wages. He also cited the tendency for health and other social services to be cut more than other sectors of government spending.

On the basis of the foregoing observations, UNICEF (1984), Jolly & Cornia (1984), and Jolly (1985, 1988) called for special measures to mitigate the impact of adjustment programmes on the poor. Referred to as "adjustment with a human face", these measures are intended primarily to raise the consumption levels of the poor to the basic-needs minimum during the adjustment periods when restraints on consumption levels in general are greatest. Jolly identified three types of policy action for improving the welfare of the poor in this context: first, the goals of the adjustment policy should clearly acknowledge a concern for basic human welfare and be committed to protecting the minimum nutritional levels of the most vulnerable segments of the population. Secondly, the implementation of the adjustment programme should include

measures to maintain a minimum floor for nutrition and other basic human needs, depending on what the country can sustain in the long run; measures to restructure the productive sectors in order to enhance the productivity of small producers (via easier access to credit, internal markets, etc.) and promote labour-intensive investments; and measures to solicit international support for these aspects of adjustment, particularly in the form of long-term finance. And, thirdly, a system should be developed for monitoring nutrition levels and the human situation during the adjustment period. Thus adjustment policies should not be concerned only with inflation, balance-of-payments problems, and the growth of the gross national product (GNP)—but also with nutrition and health conditions, food balances, and the development of human resources.

Uncertainty about impact of adjustment programmes

While Jolly and others have maintained that economic adjustment programmes systematically have a magnified adverse effect on health and nutrition in developing countries, others have argued that there is still considerable uncertainty about the overall impact of such programmes on the poor (Behrman, 1988; Preston, 1986). As Behrman suggests, household decisions are the most immediate determinants of health and nutrition, and such decisions are guided by the value of household assets and the price of goods. Since households have a considerable capacity for substitution among products, and even actitivities, in response to changes in economic variables, the impact of recession and adjustment policies on health and nutrition would, on average, be softened rather than magnified. Well-documented examples of the substitution possibilities available to households include: short-run and long-run migration in response to employment options; substitution of less costly sources of nutrients in response to adverse shifts in relative prices or income; and substitution of informal for formal sector activities (Behrman, 1988).

For the very poor, however, substitution possibilities can be severely limited. There are, for example, health risks associated with the substitution of less nutritious food items for more nutritious ones. Forced migration involving either household fragmentation or loss of accommodation is unlikely to be without its cost in health. Some households may lose their flexibility as regards consumption, production, or employment, if they have already made all the substitutions possible for them. And since unemployment involves health risks even in prosperous countries, it would be remarkable if it

did not involve them in more marginal situations. Consequently, there can be little uncertainty regarding the impact of adjustment programmes on the households in question. A decline in real income, which an adjustment programme will usually bring about (e.g., through higher commodity prices or reduced public spending for social programmes), can have particularly adverse effects on the health of the very poor.

The linkages between economic outcomes and health and nutritional status are both complex and dynamic in nature. This makes it difficult to formulate precise models and to pin down empirically the overall consequences of adjustment policies on the health status of the poor. In many cases the empirical basis for analysing and monitoring effects on health and nutrition is very weak; and often, deductions are made on the basis of imperfect information (Behrman, 1988). In his review of country case-studies which evaluated the impact of economic adjustment programmes on health and nutrition (e.g., Cornia et al., 1988; UNICEF, 1984), Behrman pointed out that these studies did not explicitly formalize the links between recession and adjustment policies and the deterioration in the health status of children. Instead, they used secondary data to characterize some of the links relating to unemployment, the composition of public expenditure, and major indicators of health and nutrition. In Behrman's view, these studies provide a useful catalogue of trends, but with relatively little direct evidence of a causal linkage between adjustment programmes and deterioration in health status.

Both Jolly and Behrman acknowledge, however, that recessions and adjustment policies could have adverse effects on the health and nutrition of the poor. The differences in their findings are only a matter of degree. While Jolly and others claimed that adjustment policies had a significant deleterious effect on health and nutrition, Behrman suggested that the impact may be only slight. Behrman's conclusion was based on his review of selected studies which analysed the links between adjustment policies and the nutritional status of households, primarily through households' responses to changes in relative prices and income. These studies, as well as those assembled by Cornia et al., are discussed in other sections of this chapter.

Links between economic adjustment policies and health

It is not an easy task to describe in detail the main links between economic adjustment policies and health or the nutritional status of

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