

## Invited Commentary

# Making nutrition and health more equitable within inequitable societies

What could we all do better to achieve greater equity in what we do, given that we most often work in countries that are suffering appalling social inequities? I would like to think that you often ask yourself this question – as I do. Allow me to share with you some of my thoughts.

When we help to put in place the processes and mechanisms that will drive sustainable development in nutrition and health, this work needs to be inseparable from helping to generate the will and intention to change underlying structural social inequities. To achieve this, there are two basic approaches and motivations, one of which I term ‘ethical’ and the other ‘political’.

These two philosophies, either of which can drive us to become more involved in lessening social inequities, represent not packages of universal solutions, but rather paths to follow in order to do what needs to be done, and by whom and with whom – as well as against whom. Living as we do in a mean, unfair and selfish world, in general we all tend to start with the first, the ethical approach. The challenge we face is to graduate to the second, political approach. Let me explain why.

### The ethically led approach

As is true for slavery, we are likely to view extreme poverty and misery with horror. We have an ethical response to such a situation, a response that is primarily rooted in a feeling of humanity. The attitude is clearly top-down.

The growing new development ethics that calls for working with the poor as protagonists and not merely as recipients has, so far, remained mostly a top-down approach. It represents mostly the view of academics, of intellectuals, of church leaders, of international bureaucrats, and of some politicians.

Beneficiaries have remained mostly passive in this approach, merely being counted as the ‘object’ of the process. This ethically motivated philosophy assigns the lead role to us, the ‘moral advocates’, who are trained and train ourselves to follow the cascading process, starting from a needs assessment, as shown in Box 1.

The inherent weakness of this approach is that people other than those who are impoverished take

the responsibility at each step to move the process from entitlement to enforcement. The people for whom this process has been devised – those who live in poverty – are not involved. They remain weak. Indeed, the ethical (charitable) approach may actually mystify,

#### Box 1

##### **The ethical approach**

*This approach is ‘top-down’. It is used by the World Bank, the United Nations and almost all aid agencies. It assumes that experts know what people need, is top-down, and generates programmes often carried out with little or even no real local consultation. The evidence shows that this approach, often enacted on a large or even vast scale, is generally unsuccessful, unless guided by the communities it is meant to support.*

##### **Needs**

Entails assessing needs requiring fulfilment, using ‘objective’ field research techniques



##### **Entitlements**

Entails granting selected identified needs the status of entitlements to be honoured by society



##### **Rights**

Entails translating accepted entitlements into actual rights\*



##### **Laws**

Entails delegating to governments the legitimisation of selected rights by promulgating them as laws



##### **Law enforcement**

Entails seeing that the laws get enforced by government institutions†

\*Promoting these rights is not in itself a progressive political act.

†Often a very weak or non-existent process not involving the people affected.

alienate and further weaken them. So the process does not work.

### The politically led approach

The sequence of this more bottom-up political approach is shown in Box 2. Here, commitments and progressive learning and empowerment are involved. The people who live in poverty become agents.

This better represents needed development actions as seen from the perspective of development's beneficiaries. In this approach, the beneficiaries are clearly the protagonists of the process. The process is mostly politically motivated and assigns a key role to 'social activists and political advocates' who advance the cascading process shown in Box 2.

The ethically and politically led approaches, as simplified in Boxes 1 and 2, can both contribute to sustainable changes in the health and nutrition of the poor. They are complementary, but are likely to be synergistic only when the ethically driven process really does engage with civil society and becomes more politically savvy.

The political philosophy gives a real chance to influence the choice of needed investments in health and nutrition, as well as influencing redistributive and social protection measures and priorities, and at the same time addresses the poverty driving the ill health and malnutrition we (as professionals) are left to deal with.

This politically led process gives the people strength. With such strength coming from an organised community, we (as citizens as well as professionals) can play our part as partners in effectively influencing how governments allocate their resources, so that programmes under strong community control become the norm.

We need to re-establish the will and intent to change the structural inequities that drive ill health and malnutrition. Our strength will come from building alliances with the people themselves, and learning from them as well as encouraging them to contribute what they already know. They have the greatest interest in pushing for the needed changes in the system that perpetuates structural inequalities, and that sets the boundaries within which we (as professionals) are 'allowed' to intervene.

### Acknowledgement

Thanks are extended to my colleagues in the People's Health Movement, and to the communities with which we work, for inspiring this commentary.

#### Box 2

##### *The political approach*

*This approach is 'bottom-up'. It is used by local communities and their representatives in partnership with some civil society organisations such as the People's Health Movement (www.phmovement.org). It assumes that people usually know what they need, and that they should be encouraged to inform and guide qualified professionals who work with them. The evidence shows that this approach is generally successful, but typically on a small scale.*

##### **Felt needs**

Freely and spontaneously expressed by organised communities

Entails consciousness raising



##### **Concrete demands**

Felt needs articulated into demands each addressing perceived causes

Entails social learning



##### **Claims and effective demands**

Based on concrete demands, people make claims\* and effective demands†

Entails mobilisation and empowerment



##### **Organised people's actions**

Initial mobilisation of own and other available resources

Entails gains in self-confidence



##### **Real use of power**

Within or challenging the law; acquiring, using and progressively controlling needed external resources

Entails exercising political power



##### **Consolidation of new power**

Entails development of power

This all leads to new felt needs, and the cycle begins again

\*Claims correspond to entitlements in Box 1.

†When people are willing to invest their own resources to fulfil their felt needs.

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