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4

DEVELOPMENT

The past, present and future contributions of health geography

Elijah Bisung, Jenna Dixon and Isaac Luginaah

We live in a world characterized by major disparities in terms of the conditions in which people live, grow and work. The daily realities for many of the world's citizens stand in stark contrast to those in high-income countries. For instance, 2.5 billion people lack access to adequate sanitation facilities, one in nine people in the world are undernourished and 2.7 billion people struggle to live on less than two dollars per day (FAO/WFP, 2015; WHO/UNICEF, 2015). These same realities determine local and global patterns and disparities in health and well-being. Even within high-income countries where living conditions are much better, income inequalities are significant. They are believed to manifest in inequalities in health outcomes through erosion of social cohesion, disinvestment in social services, and disparities in other social determinants of health. In the face of these disparities, physical environmental conditions, particularly climate change and the associated severe environmental events, are posing new and reemerging health risks to societies. This is especially so for the vulnerable and those already living in impoverishment in the Global South. The question of how to tackle these issues (i.e., how to improve living conditions, reduce inequalities, and use the environment sustainably) has been the focus of development since the end of World War II.

This chapter seeks to present various perspectives on geographies of health and development. First, accounts of development and articulation of alternative approaches to development post-World War II is presented. Post-development is then explored as a critique of, and alternative to, development. Finally, the chapter explores the links between geographies of health and developments and presents anticipated future research directions.

Defining “development”

The meaning – and debate around the meaning – of development is well documented and need not be repeated here (Willis and Kumar, 2009; Potter et al., 2012). However, it is important to set the stage for understanding how current approaches to, and agenda for, development evolved. Literature on “development” traces the origins of modern usage of the term to the late 1940s. Specifically, many researchers cite a speech by US president Harry Truman in which he referred to some areas as “undeveloped” and challenged “prosperous” nations to take responsibility for developing these areas in their own image:

[W]e must embark on a bold new program for making the benefits of our scientific advances and industrial progress available for the *improvement and growth of underdeveloped areas*. More than half of

the people of the world are living in conditions approaching misery. Their food is inadequate. They are victims of disease. Their economic life is primitive and stagnant. Their poverty is a handicap and a threat both to them and to more prosperous areas. For the first time in history, humanity possesses the knowledge and the skill to relieve the suffering of these people.

(Truman, 1949, n.p., *emphasis added*)

The focus on development, as conceptualized through a lens of modernity, continued to dominate in Cold War-era politics. The rise of free-market or neoliberal order from the 1960s gave birth to a development agenda based on the assumption that “well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets and free trade” (Harvey, 2005, p. 2). This rise has, in part, led to a dominance of the market, rising inequalities, erosion of collective values, and rolling back of the state with respect to the provision of welfare and social services. In response, alternative conceptions of development emerged to shift attention from economic growth and to put human well-being at the center of development (Payne and Philips, 2010). This wide terrain of alternative development theories coalesces around two major approaches: human-development and environmental approaches.

Human-development approaches

Initial work on basic needs spearheaded by the International Labor Organization in the 1970s helped lay the foundation for the human-development approach to development. This approach stressed the importance of creating social and economic opportunities for all persons to realize their human potential. The major idea is that basic human needs must be the first priority of development. Thus, the approach placed emphasis on two elements: (a) meeting families’ minimum survival needs, including adequate food, shelter and clothing; and (b) ensuring access to essential social services such as health, education, transport, water and sanitation. The approach also underscored the importance of creating opportunities for people to participate in political and decision-making processes (International Labor Organization, 1976).

Another major contribution to the human-development approach came from Amartya Sen’s work on poverty, deprivation, inequalities, and gender. Sen (1999) suggests that development should be seen as the removal of factors that leave people with little opportunity to exercise their free-agency capabilities and hinder the fulfillment of their freedoms. Sen focused on *freedoms* as the major driver of human capabilities and achievement. Thus, the object of development should be about the enlargement of choices and removal of *unfreedoms*, which create opportunity for individuals to exercise their reasoned agency. This ultimately allows people to live free from economic and social deprivation and marginalization. Sen’s ideas and extensive earlier writings helped influence the landmark Human Development Report, first launched in 1990, which tried to conceptualize and measure human development based on a range of choices. These include the choice to live a long and healthy life, to be educated, and to have access to resources needed for a decent standard of living. Additional choices include political freedom, human rights and personal self-respect (United Nations Development Program, 1990).

Though the human-development approach is a major intervention in development theory and practice, bringing together a wide range of perspectives that previously received little attention, critical questions remain about how far this approach departs from concerns with economic growth. For example, two decades after the launch of the first Human Development Report, the Human Development Index (HDI) still uses Gross National Product (GNP) – the total value of all final goods and services produced and income earned by citizens within a nation in a particular year – as a key component and indicator of people’s standard of living. Notwithstanding these concerns, development researchers, practitioners, and national statistics offices have used HDI as the basis for measures of well-being that reflect the aspirations, values and priorities

of societies beyond economic measures. Examples of such measures include the Canadian Index of Wellbeing, the Australia National Development Index, the New Zealand Social Report, and the UK Measures of National Wellbeing.

Environmental approach

For much of the 20th century, the environment was regarded as natural capital that could be exploited for productivity and economic growth (Wellis and Kumar, 2009). There was a general optimism that technological innovation would allow humans to “harness nature on an ever-larger scale” (Woodhouse, 2002, p. 141). However, environmental critics of development objected, warning against unabated economic growth without due regard to the environment. Early contributors to these debates include Meadows et al. (1972) and Erlich (1972). When the World Commission on Environment and Development (the UN’s Brundtland Commission) published its report in 1987, it presented sustainable development as a consensus aimed at redefining the trade-offs between the environment and economic growth. The Commission’s report defined “sustainable” development as that which “meets the needs of current generations without compromising the ability of future generations to meet their own needs” (Brundtland, 1987, p. 16).

The Commission’s concept of development supports strong economic and social development that meets the needs of populations equitably. At the same time, it is concerned with the impacts of economic growth on the environment – now and in the future. Debates around the meaning, usefulness, and practical implementation of sustainable development started almost immediately after the report was released. Particularly, critics pointed to a mismatch between the report’s emphasis on economic growth, on one hand, and the environmental agenda it espoused, on the other. In another breath, the concept was seen as a loose deployment of the value of integrating environmental concerns into development, with little theoretical contribution to the field of development (Payne and Philips, 2010).

The Sustainable Development Goals (SDGs) represent, to date, the most concrete global development agenda and blueprint that attempts to achieve development objectives sustainably. In 2012, the UN Conference on Sustainable Development (Rio+20) created the High-Level Political Forum (HLPF), tasked with tracking and facilitating the implementation of Agenda 2030 and its SDGs. This process culminated in the adoption of 17 SDGs in September 2015 at the UN General Assembly. The SDGs, presented in Table 4.1, can be understood as a universal call to action to end poverty and hunger in all parts of the world while ensuring people live in a peaceful, prosperous and environmentally sustainable global society. These 17 goals build on the successes, as well as address some of the failures, of prior efforts, namely the Millennium Development Goals (MDGs). However, there are concerns that the SDGs have failed to articulate a strong global effort that is committed to eradicating severe poverty in a sustainable way. Health geographers have contributed to this conversation, noting the contradictions between urgent economic growth and combating climate change, as well as the lack of clear funding measures and regimes (see, for example, Herrick, 2014).

Post-development as a critique of development

In the past few decades, post-development has emerged as a strong critique of the whole enterprise of development, both its practice and its theory. While there are many scholars critical of development, the defining difference between critical and post-development perspectives is the call for alternatives to development rather than alternative ways of development. Key contributors to post-development theory include Ferguson (1990) and Escobar (1992, 1995).

The key contentions of post-development theory can be summarized in three major themes: First, post-World War II development policies, and other alternatives aimed at reforming it, have failed to achieve any

Table 4.1 The Sustainable Development Goals (SDGs)

SDG #	SDG
1	No poverty
2	Zero hunger
3	Good health and well-being
4	Quality education
5	Gender equality
6	Clean water and sanitation
7	Affordable and clean energy
8	Decent work and economic growth
9	Industry, innovation and infrastructure
10	Reduced inequalities
11	Sustainable cities and communities
12	Responsible consumption and production
13	Climate action
14	Life below water
15	Life on land
16	Peace, justice and strong institutions
17	Partnership for the goals

meaningful results in terms of providing a dignified standard of living for the world's population (Andreasson, 2005). Second, development is inextricably linked to modernization, which includes an extension of Western control of the Global South (Escobar, 1995). Third, a genuine interest in localized, pluralistic grassroots movements; Indigenous ways of knowing and doing; and critical examination of scientific knowledge, knowledge creation and discourse must accompany a rejection of development (Escobar, 1992). Beyond analyzing the successes or failures of development projects and interventions, post-development shifts attention toward an analysis of what development does, the actors involved, the beneficiaries and losers, and the power of development knowledge and discourse.

Not surprisingly, post-development theorists and proponents did not escape the critical lens of researchers and practitioners. Some scholars complained that to further their arguments, post-development proponents failed to recognize some of the successes of the post-World War II development agenda. Notable among these successes include the significant improvements in life expectancy in the so-called Third World and other advancements in science and technology (Pieterse, 2000). Others raised concerns with the tendency of post-developmental authors to ignore the diversity within both the *West* and the *Rest* as well as the complex landscape of development in favor of essentialized accounts (Corbridge, 1998).

Though arguments for a post-development paradigm did not gain much traction into the 21st century, significant contributions were made in terms of critical development theory, practice and policy. Ziai (2007) identifies two enduring legacies of post-development theory that are difficult to dismiss and, in many respects, profoundly contributed to development thinking and practice. First is the idea that the theory and practice of traditional development is Eurocentric and neocolonial (Ziai, 2007). For example, the enduring legacy and Eurocentric construction of labeling Western Europe and North America as developed and Africa, Asia, and Latin America as underdeveloped and needing to "catch up" with the perceived "good life" of the Western world is increasingly being questioned in the field of development. Second is the idea that traditional development practice and thinking is technocratic, authoritarian and sometimes disastrous. For

example, defining what development is, and how it should be measured and achieved, has always been the job of a technocrat or development expert, who sometimes will not be affected in any way if development is achieved or not (Ziai, 2007). Central to these contributions are “provocative investigations into the full gamut of the forms, structure and politics of inequality within nations and between individuals and groups in societies” (Payne and Philips, 2010, p. 144).

Geographies of health and development

Development geography, as with other cognate disciplines, is based on the understanding that the causes and consequences of inequalities in quality of life and standards of living involve a combination of social, economic, historical, political and environmental factors and process at various scales. In the context of development-health linkages, we often think of a good (or bad) standard of living (e.g., as measured by income and employment levels) as directly influencing health. But what about other dimensions of development, such as the quality of the institutions that govern us (e.g., security), the vitality and cohesiveness of communities (e.g., social capital), the environment we live in and grow (e.g., pollution), or the fairness of political and economic systems (e.g., access to opportunities)? These dimensions of development, too, have been shown to influence different aspects of human health in profound ways, and they are among the interests of health geographers who study the nexus between health and development. For example, over the past three decades, many studies have shown the health benefits of having trusting institutions and societies, which are sometimes tied to cultural values and fairness of economic systems.

Health geography and development geography have at their core many overlapping issues and naturally converge at some points. The most obvious grounding of the two sub-disciplines is the explicit causal relationship between health and development. That is, poor health hinders development efforts, and underdevelopment works against health (Luginaah, Bezner-Kerr, and Dixon, 2015). In addition, both sub-disciplines have a keen focus on *place*. Concern with both the attributes and subjective meanings of place unifies some of the issues that health and development geographers investigate. For example, while development geographers can be interested in how the attributes of place and interactions between places affect populations' standards of living, health geographers are interested in how these same factors influence experiences and distribution of disease and health (care).

Through these themes, development approaches to health geography are wide-ranging and share many similarities with peers in other areas of health geography. Yet a few notable, though highly overlapping, clusters have emerged in the scholarship. The first has its roots in the early days of medical geography, with a focus on documenting and mapping disease prevalence, and has extended through contemporary spatial disease ecologists who draw on new techniques, such as genetic landscape mapping (Young et al., 2017). Another area finds scholars who approach health questions from a more traditional development geography perspective and focus on how ecology and environment directly impact the health of local populations. This cluster includes a diverse array of research, from health geographers who are investigating water-insecurity challenges (Bisung et al., 2015) to those looking at the health implications of global climate change (Labbé et al., 2016). Likewise, there are those who are responding to the emergence of an increasingly globalized and urbanized Global South and its implications for both health and development (Kuuire et al., 2016; Atiim and Elliott, 2016). While health geographers in high-income countries have long been interested in equitable access to health care, this is also becoming of increasing interest in lower-income contexts (Dixon, Luginaah and Mkandawire, 2014).

Theoretically, health and development geographers have found common ground in the political ecology of health (PEH) framework, which advances knowledge on how patterns of health are produced through biological expression of ecological and societal living conditions and arrangements of power (Richmond

et al., 2005). PEH has deep roots in radical development geography and Third World political ecology. PEH investigations take a holistic approach to tease out the complex interactions between socio-political and ecology factors across multiple spatiotemporal scales, with a focus on arrangements of power, economic activities, living conditions, and interactions between humans and their environment. Examples are investigations on the socioecological determinants of health among First Nations in Canada (Richmond et al., 2005) and ecological determinants of access to water in rural Kenya (Bisung et al., 2015).

In addition, traditional investigations under the broad theoretical banner of social production/political economy of disease have strong linkages within development geography. At its core, political economy of disease frameworks emphasize the economic and political determinants of, and barriers to, health and well-being. The rise of political economy of health approach in the second quarter of the 21st century was linked to global changes in politics, environment and science. Just as alternative approaches to development questioned the post-World War II dominance of neoliberal ideas during this period, health researchers engaged in a radical critique of how economic systems, particularly capitalist economic systems, operated to harm health and health care (Navarro, 1986). Attesting to the continued relevance of this framework, health geographers continue to demonstrate how diseases and health – including inequalities – are produced by the structures of economic and political systems, including the unequal power relationships inherent in and produced by these systems. Examples include work on welfare restructuring and health (Artazcoz et al., 2016), war, violence, and health (Berry and Berrang-Ford, 2016), and the political economy of tobacco control and pharmaceuticals (Bump and Reich, 2013; Holloway, 2014). Also addressed are social inequalities in health, particularly with respect to the health outcomes associated with racial and ethnic discrimination (O'Campo et al., 2016), gender violence and discrimination (Infanti et al., 2015), and historical injustices, dispossession and colonization (Richmond and Ross, 2009).

Future directions

Where is research on the geographies of health and development headed? Current links between social inequalities and health will continue to receive research and maybe genuine policy attention. So too will the issue of environmental justice, particularly in relation to disproportionate risk or marginalization of specific groups (e.g., the poor, the aged, the disabled, Indigenous populations). This last point will become especially important in light of the changing demographic profile of much of the world's low-income countries. That is, researchers' understanding of vulnerability must adapt along with an aging and urbanized Global South. Further, embodiment of absolute poverty and other vulnerabilities related to food, water, and noxious industrial substances will also receive much attention.

While the rapid spread of infectious diseases across borders has been the most manifest form of global health geographies, economic and health-policy regimes, which are often tied to the development aspirations of nations, have contributed to an interconnected health world with greater mobility of people and ideas. As the world becomes increasingly globalized, health geographers with a focus on place-awareness and social theory will be in a better position to answer some of the complex questions around mobility of people and health that impact development. For example, health geographers are likely to place medical tourism – a practice enabled by trade liberalization and globalization – under a critical lens, considering, for example, the social, legal, economic and policy implications of medical tourism for both the host and destination countries in ways that erode health equity (e.g., Crush and Chikanda, 2015). Finally, development is inherently political and power-laden, with constant struggle over resources and freedoms, including freedom of opportunity and economic choices. Taking a critical approach to the political economy of health and drawing on post-development theory, health geographers are well-positioned to advance knowledge on how these struggles are embodied to produce health outcomes.

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