

FutureGenerations

Graduate School Applied Community
Change and Conservation

SEARCHERS WHO ARE IMPROVING HEALTH IN THE MIDST OF POVERTY

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Occasional Papers of the Future Generations Graduate School explore community-based approaches to social development, health, nature conservation, peace building, and governance. Faculty, alumni, and partner organizations present their field studies and applied research.

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Searchers Who Are Improving Health in the Midst of Poverty

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World Federation of Public Health Associations

Public Health in a Globalized World:
Breaking Down Political, Social and Economic Barriers

Great Debates Session: Poverty, Development and Health

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Global health has now moved to center stage on the world's agenda. As we all know, the richest man in the world -- Bill Gates -- and another one of the richest men in the world -- Warren Buffet -- have now directed their fortunes to the goal of reducing global health disparities. The rock star Bono has used his considerable powers of persuasion and moral conviction to draw the world's attention to the plight of AIDS victims and the ultra-poor of Africa and our moral responsibility to share our resources in combating these human scourges.

The British Prime Minister Tony Blair and his Chancellor of the Exchequer Gordon Brown have expended major political capital in promoting increases in development AID for Africa, and President George W. Bush has done more than any other US president to increase official foreign aid, giving prominence to HIV/AIDS and malaria. Only a few days ago, the Bill and Melinda Gates Foundation donated \$500 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

However, we cannot escape the nagging question of how can we most effectively use these growing resources and growing public concern for the maximum benefit of those in need? Is the world setting itself up for more frustration, failure and disillusionment? After all, the top-down approach to development assistance from Western countries over the past four decades has been a failure in the view of many knowledgeable observers. Improvements in public health, and particularly in reducing child mortality, have been perhaps the greatest success of Western aid. But, studies have shown no discernable relationship between foreign assistance and economic growth and, in fact, the World Bank itself has even concluded that its own investments over the past four decades have not merely been ineffective in promoting economic growth, they have in fact harmed economic growth because the funds made available from the World Bank have solidified and strengthened corrupt and inefficient systems of development and governance.

Proposals for pushing even greater amounts of money into developing countries are ignoring the failures of past grand schemes of foreign assistance.

Why has the \$2.3 trillion dollars spent by the West over the past four decades not had more of an impact in promoting health and decreasing poverty?

The economist William Easterly addresses this issue in his provocative new book, *The White Man's Burden*. His view is that we need to abandon the grandiose plans of the Planners and that we begin to develop new and effective ways for supporting those people he calls Searchers -- those who are working at the grassroots level and who are experimenting and learning by trial and error to solve local problems of poverty and health. Easterly says,

"A Planner thinks he already know the answers; he thinks of poverty as a technical engineering problem that his answers will solve. A Searcher admits he doesn't know the answers in advance; he believes that poverty is a complicated tangle of political, social, historical, institutional, and technological factors. A Searcher hopes to find answers to individual problems only by trial and error. A Planner believes outsiders know enough to impose solutions. A Searcher believes only insiders have enough knowledge to find solutions, and that most solutions must be homegrown" (Easterly, p. 6).

My objective, in the few minutes that I have available, is to highlight the work of several Searchers that I have had the privilege of knowing personally with the hope that all of us can draw inspiration from their work and the work of others like them.

Carl and Daniel Taylor and Future Generations

Carl Taylor grew up in the villages of India as the son of medical missionary parents and worked as a medical missionary himself in the villages of Northern India in the 1950s. He founded the Department of International Health at the Johns Hopkins University School of Public Health in the 1960s and became one of the architects of the Declaration of Alma Ata in 1978 and the Health for All movement. He has been one of the world's leading proponents for community-based, comprehensive and inter-sectoral approaches to health improvement. Now 90 years old, he has just returned from two years in Afghanistan as Country Director for Future Generations, an organization founded by his son Daniel.

Daniel Taylor has spent his life as a community-oriented environmentalist and educator, gaining recognition for his role in working with the Chinese

government in establishing protected areas in Tibet that are managed by the local population, including a vast area on the Tibetan side of Mt. Everest.

Daniel and Carl led a series of workshops with major development organizations in the 1990s which formed the basis of their book entitled *Just and Lasting Change: When Communities Own Their Futures*. This book reviews a series of grassroots community health and development programs around the world that they have mentored. The book sets forth a paradigm for development which they call SEED-SCALE. SEED is an acronym for "Self-Evaluation for Effective Decision-Making," while SCALE is a three-fold acronym, depending on whether you are referring to SCALE one, SCALE squared, or SCALE cubed: SCALE one is "Successful change as a learning experience," SCALE squared is "Self-help centers for action learning and experimentation," and SCALE cubed is "Systems for collaboration, adaptive learning and extension." The SEED-SCALE methodology provides practical steps for working with communities, responding to their priorities, and moving forward in a systematic way that can lead to sustainable activities at scale.

Daniel and Carl have applied this paradigm to the field programs of Future Generations, an NGO which they founded a decade ago. Working in Tibet, northeast India, Afghanistan and Peru, they have facilitated the establishment of three-way partnerships: from the top-down, from the bottom-up and from the outside-in. They have created a vision of equity and empowerment and going to scale from the beginning using only minimum amounts of funding.

In Peru, Future Generations has been working with the Ministry of Health to strengthen a program of local administration of health centers of the Ministry of Health throughout the country. Through this program called CLAS (a Spanish acronym for *Comite Local de Administracion de Salud*), local communities form their own legal entities and begin to manage the affairs of the health center, giving the community a voice and a stake in their own health care by allowing them to control all the funds generated locally. This has led to increased utilization of services and increased resources for local programming. Now, one-third of the health centers in Peru are managed under this scheme. Future Generations

operates several model SCALE-squared centers of teaching and experimentation within the CLAS program.

In Afghanistan, Future Generations has been supporting the empowerment of women through literacy training with a health focus and through training women to become Community Health Workers. These women live, sleep and eat together for five-days, sharing their life experiences and at the same learning the basic skills required of Community Health Workers. Since women in Afghanistan have almost no opportunities to come together and talk frankly about their lives, this safe environment has proven to be a powerful means to empower these women to improve the lives of their fellow villagers.

Future Generations' programs in Tibet, China, and in Arunachal Pradesh, India, are based upon SEED-SCALE principles of community partnership, equity and empowerment. The program in the state of Arunachal Pradesh is now going to scale by training every member of the Panchayati Raj (the local village ruling body) in the state in SEED-SCALE principles. In rural Tibet, which is one of the poorest areas of China, Future Generations has partnered with the government of China in focusing on community-based conservation, income generation, and training volunteer village development and health workers called Pendebas. This program has been so successful that the government is now scaling up the work in a major portion of this vast geographic area which is the size of Europe.

Future Generations has recently established an innovative masters program in applied community change and conservation for professionals around the world who are currently involved in community work. Students enter the two-year program on a part-time basis while continuing their normal work activities. They participate in internet-based course work and, in addition, they meet with their fellow students and the faculty for one month each semester for shared learning and field visits. The students spend one month in the first term in India, then in the United States in the second term, in Peru in the third term, and finally in Nepal and Tibet in the final term, graduating at the base of Mt. Everest. I teach in this program, and we are now half-way through with our second cohort of students.

Daniel and Carl Taylor are Searchers. They have dedicated their lives to finding workable and effective processes and principles which are at the same time empower communities and women. They view the SEED-SCALE process as just and lasting because the community is a full partner and external funding is not required to maintain the processes for community change that have been initiated.

Raj, Mabelle and Shobha Arole in Jamkhed, India

Raj and Mabelle Arole were students at Johns Hopkins, and Carl Taylor was their mentor. Afterwards, they went off to one of the poorest areas of central India and established the Jamkhed Comprehensive Rural Health Project in 1970. They learned quickly from their early mistakes, the most important being their failed attempt to rely on nurses to provide leadership for community-level work. They found out that illiterate local villagers themselves could be trained to carry out the activities that the Aroles had envisioned for the nurses and that these women could become powerful leaders within their communities.

The Aroles learned by living and working with the local people and began to teach and empower them to more effectively care for themselves. By working with the local people as partners and learning from them, they have been able to empower women and communities, address issues of inequity, and achieve remarkable changes in health and development over a 35-year period. The infant mortality rate has declined from 176 deaths per 1,000 live births at the outset to 20 at present. Childhood malnutrition, which was present in 40% of the children at the outset, has disappeared. And, the quality of life has improved dramatically as a result of community-led programs of income generation, water conservation, basic education, and raising the self-esteem of adolescent girls, among many other activities.

Now, Shobha Arole, their daughter, directs the Project and Raj runs a training institute at Jamkhed, which has received 11,000 grassroots health workers from around India and 2,000 health workers from 100 different countries outside

of India. The villagers themselves do most of the teaching of the students through informal training sessions in the villages. As the Aroles learned, there is no better way to empower someone than to give her or him an opportunity to teach others. The Arole's wonderful book, entitled *Jamkhed*, tells this inspiring story in great detail.

Abhay and Rani Bang in Gadchiroli, India

Abhay and Rani Bang were also students of Dr. Carl Taylor's at Johns Hopkins. They set out to central India in the mid-1980s to contribute to the health and well-being of the villagers. In Gadchiroli, India, they have established a world-class community health program with field research and training. They call their program SEARCH, which is an acronym for the Society for Education, Action and Research in Community Health. A most appropriate name for two Searchers! They have created a partnership of trust and collaboration with the communities where they live and work.

Their pioneering studies demonstrating the mortality impact which community health workers can achieve by diagnosing and treating childhood pneumonia and by providing home-based neonatal care have set the standard for community health programs around the world. The Bangs have demonstrated through rigorous assessments of their field programs the exciting potential which lies in working in partnership with the community for health improvement. Similar programs of community case management of childhood pneumonia and home-based neonatal care are now being implemented around the world, and SEARCH is directly involved in providing leadership and supervision for scaling up the home-based neonatal care model throughout India.

John Wyon and the Census-Based, Impact-Oriented (CBIO) Approach

Carl Taylor discovered John Wyon when they were both medical missionaries in India in the 1950s and recruited him to be the field director for the Khanna Study in Northern India. The Khanna Study was the first serious community epidemiology study in the developing world as well as the first field

trial of a family planning program in the developing world. Through this experience, John became aware of the power of census-based approaches, vital events registration through routine systematic home visits, and health education in the home as a basic approach to family planning and health improvement.

The Khanna Study influenced the design of the Matlab MCH-FP program of ICDDR,B in Bangladesh, which in turn served as the model for Bangladesh's national family planning program. The Bangladesh family planning program has been hailed as perhaps the most successful family planning program in the world. The Khanna Study also served as a model for the world-renowned community health program at Narangwal, India, which Carl Taylor led in the 1970s, and the Narangwal Project in turn served as a model for the work of the Aroles and the Bangs.

John Wyon, in his subsequent years as a Lecturer at the Harvard School of Public Health, influenced a generation of public health professionals including Warren and Gretchen Berggren and me. The Berggrens applied the Khanna principles, which I refer to as the census-based, impact-oriented approach, at the Hospital Albert Schweitzer in the 1960s and later at Save the Children and World Relief, and these NGOs continue to apply these principles in their many programs around the world. I myself worked to apply these principles in the programs of an NGO called *Consejo de Salud Rural Andino* in Bolivia in the 1980s and 1990s, in my later work in Bangladesh and at the Hospital Albert Schweitzer in Haiti, and in my current role at Future Generations.

Larimer Mellon and the Hospital Albert Schweitzer

Larimer Mellon was a member of one of the wealthiest families in the US. In 1947, when he was 37 years old, he sold his vast ranch in Arizona to follow in the footsteps of Albert Schweitzer, the noted medical missionary and philosopher who worked in West Africa in the first half of the 20th century working. Larimer Mellon founded and built the Hospital Albert Schweitzer in Haiti and operated that institution until his death in 1989, when he was 79.

Larimer Mellon soon learned after HAS opened in 1956 that his dream of building a simple rural hospital was insufficient for improving the health of the local impoverished population. After the hospital was functioning well, he began to see the need for public health and community outreach as well as the need for water, irrigation, income generation programs, agricultural innovations, and literacy. In 1967, he recruited Warren and Gretchen Berggren to establish a community health program and he himself became a community development pioneer, devoting his own personal energies to working in community development activities.

HAS became a world leader in health improvement in impoverished populations. What emerged was an integrated system of community health, hospital referral care, and community development. HAS is one of the few programs in the world with a documented long-term impact on under-five mortality, a record even more remarkable given the political instability and worsening poverty of Haiti during the past two decades. HAS is celebrating its 50th anniversary this year.

Pieter Ernst and the Care Group Model of World Relief

Ten years ago a South African by the name of Dr. Pieter Ernst was working in child survival in Mozambique and tried out an approach used previously in malaria programs in Africa. The community selects one health volunteer for each 10 households. The volunteers meet monthly for one hour with a paid supervisor, and then, over the following month, they pass on the knowledge they gained to the mothers living in the 10 surrounding households. The volunteers become peer educators and teachers by example. These groups of volunteers came to be called Care Groups.

The volunteers, working only 1-2 hours a week, were taught messages during one-hour monthly meetings, and they shared these messages with their neighbors through visits to each home in the subsequent month. The volunteers also learned to report at the subsequent Care Group meeting all the births and deaths and cause of death for their 10 households during the previous month.

This approach proved to be extraordinarily successful in Mozambique, resulting in marked reductions in under-five mortality. The approach was later tried in Rwanda and Mali and Cambodia and also found to be highly effective there as well. All households were included, behaviors changed dramatically, and coverage of key child survival interventions increased dramatically. The simple process for registering vital events made it possible for the villagers themselves to see that child mortality rates were falling dramatically. Other organizations implementing community-based child survival programs have now adopted the Care Group methodology in Africa, Asia and Latin America.

F. H. Abed in Bangladesh

In the aftermath of the devastation of the war between East and West Pakistan in which three million Bangladeshis gave their lives and which enabled Bangladesh to become a nation in 1971, F. H. Abed returned to his homeland, leaving behind a comfortable job as an accountant with a large corporation in England. He founded the Bangladesh Rural Advancement Committee, now known as BRAC, and began to organize relief services for those whose lives had been devastated by the war. Learning from their early failures, F.H. Abed and his colleagues modified their approach to exclude local elites from their activities and work with only the poorest of the poor.

As a result, BRAC's partnerships with communities flourished as the organization learned how to respond effectively to their needs and interests. BRAC learned how to scale up effectively by standardizing and strengthening training and supervision. Their success led to further international donor support, which made further scaling up possible. Through effective management and the visionary leadership of F. H. Abed, BRAC's programs have become largely sustainable with locally generated resources.

BRAC/Bangladesh has now become the largest national NGO in the world. It has started a university and now has a world-class school of public health. BRAC now recently established a major program in Afghanistan and is developing programs in Sri Lanka, east Africa and Pakistan. It has fully integrated

its health activities into other village development activities, providing programs in women's empowerment, literacy, basic education, micro-credit, nutrition, income-generation activities, and many more.

Implications

The Searchers that I have cited have all been able to unleash the power of community partnerships and create dynamic programs which achieve demonstrable and lasting results, which can grow to serve large populations, and which others can emulate. These Searchers have been able to build long-term community partnerships and relationships of trust.

These Searchers are inspiring leaders who have led by example and by service. They are the type of leaders that others want to follow, and their programs are ones that others want to emulate.

The people and programs that I mention here are but a few of the many inspiring examples around the world that give us hope for the future. These people and their programs, and others like them, are the trainers and the training grounds for tomorrow's leaders in community development and community health.

We are still learning how to work with poor communities to improve their health and to demonstrate those improvements. Community-oriented public health has always been the weakest of the pillars of public health, the other two being disease-oriented public health and services-oriented public health. While the goal of disease-oriented public health is to control a specific disease within a population and the goal of services-oriented public health is to ensure that services reach those who need them, the goal of community-oriented public health is to improve the health of a geographically defined community or set of such communities, in partnership with these communities using local resources.

These three pillars of public health might usefully be thought of as the three legs of a stool -- each are complementary to the others, and each is essential to the optimal functioning of public health in society. But, unfortunately,

community-oriented public health has so often been by far the weakest of the three legs of the stool.

We are standing at the threshold of exciting new advances in improving the health of poor communities, thanks to the pioneering work of people like Carl Taylor, the Aroles, the Bangs, John Wyon, Pieter Ernst, F.H. Abed, and others as well. Scientific knowledge is beginning to accumulate in bits and pieces, and this knowledge is entering the practice of community health, much like early scientific advances a century ago began to enter into the practice of curative medicine for individual patients.

The Working Group on Community-Based Primary Health Care of the International Health Section of the American Public Health Association, which I Co-Chair, is in the midst of a systematic review of the effectiveness of community-based primary health care in improving child health. We are working in collaboration with the World Health Organization and a panel of global experts. We hope that the findings from our review, which will be available in the spring of 2007, will provide further impetus to the momentum for strengthening community-oriented public health.

Vaclav Havel wrote that:

Hope is a state of mind, not of the world.
Either we have hope within us or we don't;
it is a dimension of the soul,
and it's not essentially dependent on
some particular observation of the world
or estimate of the situation.

Hope is not prognostication.
It is orientation of the spirit,
an orientation of the heart;
it transcends the world that is immediately experienced,
and it is anchored somewhere beyond the horizons.

Hope, in this deep and powerful sense,
is not the same as joy that things are going well,
or willingness to invest in enterprises
that are obviously heading for success,

but rather
an ability to work for something because it is good,
not just because it stands a chance to succeed.
The more propitious the situation
in which we demonstrate hope,
the deeper the hope is.

Hope is definitely not the same thing as optimism.
It is not the conviction that something will turn out well,
but the certainty that something makes sense,
regardless of how well it turns out.

The Searchers that I have mentioned today have had this kind of courage and hope -- even when the prospects for success were dim. Our troubled world needs vision and leadership. We all need to take courage from these Searchers and others like them and hope that somehow we can reduce the growing disparity between the absolute poor and the absolute affluent of our world and, at the same time, reduce the number of children and adults who die tragically from readily preventable or treatable health problems -- which today numbers more than 15 million people. These disparities and these tragic deaths are among the greatest moral and political challenges of our time.