Understanding and Tackling Social Exclusion

Final Report to the WHO Commission on Social Determinants of Health From the Social Exclusion Knowledge Network

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Umuntu ngumuntu ngabantu.

(A person is a person because of other people)

Exclusion consists of dynamic, multi-dimensional processes driven by unequal power relationships interacting across four main dimensions - economic, political, social and cultural - and at different levels including individual, household, group, community, country and global levels. It results in a continuum of inclusion/exclusion characterised by unequal access to resources, capabilities and rights which leads to health inequalities.

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The Social Exclusion Knowledge Network

This is the final report of the Social Exclusion Knowledge Network (SEKN) to the WHO Commission on the Social Determinants of Health. It considers the meanings attached to the term 'social exclusion' around the world, presents a conceptual framework for understanding social exclusion in the context of health inequalities and critically reviews knowledge on some existing policies and actions aiming to address social exclusion. Policies and actions included in this report were selected to provide diversity in terms of global reach, the actors involved and the focus of the actions. We have not undertaken a comprehensive review of all potentially relevant policies and action, nor did we not seek to include only policies/actions that could be labelled *a priori* as good practice: judgement was dependent on the appraisal. The 'actors' involved included national and local governments, multi-lateral agencies, community groups and non-governmental organisations and private sector organisations. The policies and actions included approaches to poverty reduction/eradication, the provision of new services, initiatives to improve access to existing services and/or to improving the co-ordination of policies and new strategies for policies and actions to address social exclusion. More details of these appraisals can be found in the SEKN Background Papers.[1]

The Meaning of social exclusion

The report draws attention to an important distinction between 'social exclusion' used to describe a ***state*** experienced by particular groups of people (common in policy discourse) as opposed to the relational approach adopted by the SEKN. From this perspective exclusion is viewed as a dynamic, multi-dimensional process driven by unequal power relationships. In the SEKN conceptual model exclusionary processes operate along and interact across four main dimensions - economic, political, social and cultural - and at different levels including individual, household, group, community, country and global regional levels. These exclusionary processes create a continuum of inclusion/exclusion characterised by an unjust distribution of resources and unequal access to the capabilities and rights required to:

- Create conditions necessary for entire populations to meet and go beyond basic needs.
- Enable participatory and cohesive social systems.
- Value diversity.
- Guarantee peace and human rights.
- Sustain environmental systems.

[1] Available on the WHO CSDH website or contact j.cox@ Lancaster.ac.uk for more information

Constitutively exclusionary processes restrict participation in economic, social, political and cultural relationships which negatively impact on health and wellbeing. Instrumentally, these restrictions result in other deprivations, e.g. poor labour conditions or absence of paid work, leading to low income, poor nutrition, etc., which contribute to ill-health.

Social exclusion has most policy salience in Western Europe where it was first developed. Although it has spread well beyond the EU it does not have equal policy/action salience in other regions, nor does it have the same meanings across any particular global region. As a description of an extreme state of disadvantage, the concept is particularly problematic in regions and countries where large proportions of the population are living in poverty. In these contexts, alternative discourses have greater relevance for policy and action. However, the relational approach to social exclusion adopted by the SEKN helps to broaden the global relevance of the concept and has particular advantages including:

- Providing a wider lens to understand the causes and consequences of unequal power relationships.
- Making explicit the links between exclusion and a 'rights' approach to the social determinants of health.
- Directing analytical attention to interactions between relationships and outcomes at different levels e.g. community, nation state and global regions.
- Highlighting both *active* and *passive* exclusionary processes.
- Recognising that exclusionary processes will impact in different ways to differing degrees on different groups and/or societies at different times.
- Recognising an inclusion/exclusion continuum and allowing for the possibility of inequitable inclusion and extreme exclusion as well as the possibility of differential inclusion/exclusion along different dimensions, hence having global relevance.
- Avoiding the stigma of labelling particular groups as 'excluded'.
- Acknowledging the potential for groups and/or nations to actively resist exclusionary processes and their ensuing negative consequences.

The measurement of social exclusion

Given the definitional issues, there can be no single set of indicators of social exclusion which would have equal salience in different global regions and nation states. Additionally, most available indicators provide descriptions of 'states' of exclusion, neglecting (with notable exceptions) the relational nature of these 'states' and the exclusionary processes generating them. Dedicated indicators of social exclusion have also been the object of methodological criticism for example, failing to distinguish between risk factors and

outcomes, being unable to prioritise or measure the interaction between factors and emphasising economic and social dimensions whilst giving less attention to political and cultural dimensions. Measures of the relationship between social exclusion and health outcomes are also highly problematic. Measures of social exclusion can themselves be 'exclusionary' as people most severely affected by exclusionary processes –the stateless, the homeless, marginalised indigenous people and people living in institutions – are often the least likely to be counted. This limitation of quantitative measures is compounded by the neglect of the voices of people most severely affected by exclusionary processes.

In an attempt to move beyond the limitations of formal quantitative indicators the SEKN has used case-studies to provide a window on the nature and scale of exclusionary processes and their impacts. These thematic case-studies focus on economic inequalities and poverty, displacement, HIV and AIDS, and cultural discrimination. The SEKN believes that the nature and impact of exclusionary processes can only be adequately 'represented' through both quantitative and qualitative data – through both indicators and stories. This is the only way to maximise effective policy and action to address exclusionary processes.

Appraising policy and action to tackle social exclusion

Universal provision:

The report reviews evidence on the impact of universal welfare systems in OCED countries historically and new universal systems introduced in countries such as Venezuela, South Africa and Brazil. Universal welfare systems played a key role in the economic and social development of OECD countries by reducing poverty, reversing exclusionary processes, promoting social cohesion and improving population health. Despite pressure to reduce spending, recent research shows that OECD countries have continued to increase spending on social protection and essential services. However, the decades since the late 1970s have seen a move away from universal collectivist provision of social security, social protection and essential services such as health and education funded through taxation and social insurance and provided by national governments towards individualistic models of welfare and social protection, a greater reliance on targeted means-tested policies, minimal state involvement and a reliance on 'market'-oriented approaches and private sector provision of essential services. This has been particularly apparent in low and middle income countries.

More recently the advantages of comprehensive systems of social protection and universal public provision of services such as healthcare, education, water, sanitation, etc are again

being recognised and their introduction in countries such as Venezuela, South Africa and Brazil has been associated with major improvements in access and use of services, reductions in poverty levels and there is evidence of positive health and educational outcomes and greater social cohesion and solidarity. Public provision of social protection and essential services also has the potential to generate significant multiplier effects in local. Funding these services is clearly an important challenge. There is a need for multi-lateral agencies and donors to rise to this challenge and develop ways for universal systems of social protection and essential services free at point of use to be funded in low- and middle-income countries, including global tax systems.

Targeting and selectivity

The report also presents evidence on the role and limits of targeted policies aimed at addressing social exclusion. Targeted means-tested cash transfers can lead to improved household incomes in the short term, with evidence that in the longer term they can increase household assets and create positive incentives for people to seek work to continue to raise their living standards. These policies can also trigger wider multiplier effects in local economies by investing resources in local service providers (as would be the case with universal provision as well). Targeted means-tested policies providing access to essential services such as healthcare and education are also resulting in significantly increased coverage. However, research has also highlighted important social and administrative disadvantages to selective/targeted policies. Whilst these policies may promote greater economic inclusion, they have limited potential to promote social and political rights and cultural diversity – the necessary conditions for more inclusive and cohesive societies (Lauthier, 2004). The dominant focus on economic aspects of exclusionary processes and neglect of other dimensions, including political and cultural aspects, can also reduce the effectiveness of policies. Other limitations of selective means-tested policies include:

- The amount of money transferred to households is typically very low and is often insufficient to provide sustainable pathways out of low-income living.
- Differential access to information, complex eligibility rules and stigma all restrict the reach of selective policies, disadvantaging those in most need.
- Considerable resources are spent on policing compliance with conditionality.
- There is great potential for fraud in complex systems for proving eligibility and monitoring compliance, poor quality governance systems, low paid staff and inadequate training.
- The complexity of eligibility processes and fraudulent systems encourage leakages of resources to people who are not eligible.

- Delayed or incorrect payments to recipients and/or service providers frequently arise because of complex systems combined with weak administrative processes.
- Perverse incentives can be created by eligibility rules or provider payment systems.
- Inadequate state funding can undermine the effectiveness of policies.
- Targeted policies may reduce absolute poverty and disadvantage but leave inequalities between the poorest and the rest of society unchanged or, in the worst situations, widening.

Conditional transfer programmes are a particular type of targeted policy that is dominating the global scene. A growing body of research suggests that these programmes can have significant positive impacts including poverty reduction, improved living standards and improved health and educational outcomes. However, potential benefits notwithstanding, not only do these policies have all the limitations of unconditional targeted action they are open to other criticisms. Some programmes, for example, fail to provide the services people require to meet the conditions, and/or pay little attention if any to the often poor quality of services. When conditionality refers to labour market participation, the quality and sustainability of employment is often neglected or ignored. Furthermore, evidence on the 'value added' nature of 'conditionality' *per se* is inconclusive; whilst other evidence suggests if conditions 'fit' with household priorities – to protect child health for example - 'conditionality' is not needed. Perhaps most importantly, is a large body of evidence accumulated over many years that conditional and even punitive forms of transfers are counter-productive for social cohesion, wellbeing and productivity.

Insurance based schemes targeting the poor are being proposed by some commentators as an effective approach to providing access for people on a low income to essential services such as healthcare and/or protecting against the risk of natural hazards and ill-health. Some low- and middle-income countries, for example, are introducing state-subsidized healthcare insurance schemes, often in partnership with private sector organizations. Evidence suggests that these schemes are associated with an increase in public resources directed at poor people which leads to an increase in health-service users. However, critics point to problems with equality of access to effective services, to the poor quality of services, neglect of preventive services and to poorer health outcomes associated with these systems. These systems have similar problems to other targeted policies/actions: complex and restrictive eligibility procedures, high risk of fraud and corruption and limited capacity to meet demand. Another model of social insurance, more common in Asia, is schemes run by NGOs which protect people against catastrophic health events and/or environmental hazards such as

floods and drought. Whilst large scale examples of these schemes in India have been reported to be very successful, the example included in the SEKN appraisals in Bangladesh illustrates the limits of such schemes in very poor communities where the resource base is insufficient to fund adequate cover.

Capacity and infrastructure

Lack of capacity and infrastructure severely restricts programmes aiming to extend rights to basic services, particularly but not exclusively in low-income countries. These programmes require extensive and long term capital investment, including investment in training and development. Both universal and targeted policies to reverse exclusionary processes can be undermined by resistance from established professional groups and negative attitudes towards people living on low incomes. Partnerships with civil society and/or private sector organisations can increase capacity, but private sector partners must be incentivised to produce positive outcomes and not to ration services to minimise costs with unintended adverse health consequences for users.

Strategic initiatives for policy development and co-ordination

Several multi-lateral and pan-regional agencies are proposing new more collective directions for policies and actions to reverse exclusionary processes and promote greater social cohesion. These approaches emphasise universal approaches with some targeting of particularly disadvantaged groups including: the ILO's Global Campaign on Social Security and Coverage for All and the Decent Work agenda; UNDP Poverty Reduction Programmes; CEPAL/ECLAC Social Cohesion Contract; PAHO Health Exclusion Initiative; the UN Commission on Human Rights Special Rapporteur on the Right to Health and the EU Annual Joint Reports on Social Protection and Social Inclusion. Multi-lateral agencies and pan-regional bodies are also seeking to promote and support better co-ordination and cross-national learning about policies/actions with potential to reverse exclusionary processes and promote inclusive development including, for example, the UN framework for Unified Action and the EU Open Method of Co-ordination.

At country level initiatives to improve co-ordination and integration of policies/actions across government departments and sectors can have important positive impacts on the circumstances of disadvantaged groups. They have succeeded in raising the profile of social exclusion and poverty within global regions and country contexts and increased joint working across departments and sectors. However, these initiatives tend to work with narrow

definitions of social exclusion, focusing on extreme states of exclusion in small population groups rather than seeking to impact on the wider societal processes generated in these states. There is little evidence that mainstream working has changed significantly as a result of these initiatives or that public understanding of social exclusion and/or inequalities has changed. There is also a tendency for actions to be funded as discrete short-term projects rather than aiming to change the existing provision to better meet the needs of all sections of a population.

Community action and non-governmental organisations

Historically large scale social movements (e.g Anti-apartheid movement) and formal civil society organisations (e.g. trade unions) have been powerful drivers of social reform. States must therefore recognise that peaceful civic action for change is an essential element of democratic processes whilst also ensuring appropriate regulation of civic society action. It is now widely accepted that people who are the targets of policies and actions have a right to be actively involved in the design, delivery and evaluation of these policies and actions. devalued and the potential is lost for this knowledge to shape more appropriate, acceptable and potentially more effective responses.

Community involvement can be the key to successful policy and/or action to reverse exclusionary processes but it cannot solve large-scale structural problems. Community involvement can only be effective when embedded in effective state action to provide decent living standards for all and universal access to essential services. In this context, community involvement can ensure that the full range of relevant knowledge – lay and professional, scientific and experiential – informs policy and action and hence increases the likelihood of these policies and actions being appropriate, acceptable and effective. However, in many countries the knowledge of lay people, particularly indigenous peoples, is devalued and ignored. Without support, community activists can be damaged by their experiences – blamed by their communities for failing to deliver real change and held accountable by professionals for the communities they represent. Professional workers will often resist the challenge to their power-base, which is inherent in effective community involvement.

NGOs have an established role working to reverse exclusionary processes at global, national and local levels through advocacy, monitoring the impact of policies/action, mobilising community action for change, providing technical support and training to improve governance systems, providing channels for negotiation and giving a voice to the most disadvantaged sections of society. They often act as pressure groups to change

repressive/discriminating policies, legislations and programmes, delivering services to support economic and human development. NGOs need to attend to issues of representativeness, transparency and good governance, but it is unrealistic to expect them all to be fully representative of the groups they seek to represent. Larger, relatively resource-rich NGOS have an important role advocating for progressive change at a global level and supporting smaller national and local NGOs building capacity and working in partnership, rather than duplicating efforts or competing for resources.

Multi-lateral agencies and other international donors can act as role-models and promote good practice in their own relationships with non-governmental organisations and communities. In their funding policies they can provide incentives for governments to work effectively with communities and NGOs, resource capacity building for non-governmental organisations, community action and community involvement, and simplify regulations for grants so that smaller community and voluntary groups can access funds and hence develop capacity. They also have a powerful advocacy role, promoting legal protections for non-governmental organisations and community action within nation-states.

The private sector and exclusionary processes

The SEKN work has identified a role for the private sector working with other partners, notably multi-lateral agencies, national governments and civil society organisations to increase service capacity and extend access to basic services. However, serious contradictions and constraints on these approaches were also highlighted, including

- Resources directed to profits rather than extending access or improving quality.
- Inequalities in quality of services in parallel public and private provision and resources and professional personnel being 'captured' by the private sector.
- A bias towards urban areas and acute care in private sector provision, neglecting preventive care and popular health-promotion.
- Perverse incentives for private providers to increase throughput rather than focus on outcome, which can increase exclusionary processes.
- The limitations of insurance-based approaches in protecting against risks in populations experiencing severe poverty.

Although private companies can contribute to a reversal of exclusionary processes by employing disadvantaged groups, even when labour conditions fall far short of good practice, this pales into insignificance compared to the powerful exclusionary processes generated by market mechanisms at a global level. Legislation protecting the terms and

conditions of paid labour is reasonably well developed in high-income countries but has been under attack in recent years, and even in the most regulated economies there are segments of the labour force where conditions are very poor. In many countries of the world such legislation is non-existent. Voluntary initiatives to promote compliance standards and to encourage greater social responsibility in the private section can lead to improved labour conditions and may have wider impacts on exclusionary processes, but the reach and impact of these initiatives are insignificant set against the powerful exclusionary processes driven by current global trade relationships. Wider social movements including action by large international NGOs are increasing the pressure on the private sector to comply with higher labour standards and demonstrate greater social responsibly in terms, for example, of investing in low communities and protecting the environment. However, as the reports of the Globalisation and Employment Conditions Knowledge Networks powerfully demonstrate, these initiatives are having only a marginal impact on the scale of exclusionary processes currently driving social and health inequalities around the globe.

Recommendations for action

The policies and actions appraised by the SEKN are diverse. Very few have been subject to a robust evaluation, so the SEKN appraisals have, of necessity, had to be pragmatic, making use of whatever data on process and/or impact was available. At one level all seek to reduce or eradicate poverty and/or its many adverse consequences, including extending access to essential services, particularly healthcare and education. But underlying this commonality are profound differences in the ultimate aim of these policies and actions, some seeking to establish publically funded universal provision to reduce inequalities across societies, whilst others have the narrower aim of improving the conditions of the poor. In this context, rather than detailed recommendations on specific policies or actions the SEKN has identified higher-level lessons for policy and action aimed at reversing exclusionary processes.

Recommendation theme 1: The advantages of the concept of social exclusion

The concept of social exclusion provides a unique framework for understanding the social determinants of health inequalities and for developing more appropriate and effective action to address them. Diversity in the meanings attached to the concept of social exclusion should not be allowed to mask the commonality of exclusionary processes around the world and their fundamental expression, in terms of inequalities in human dignity, human rights and human health. In this context, national governments, international agencies, civil society and private sector actors should:

1. Recognise the underlying relationship between social inclusion and human rights: action to promote and protect human rights will reverse exclusionary processes and promote social cohesion.
2. Be clear about the added value the concept will bring to understanding the problems to be targeted and shaping the actions to be taken.
3. Promote public debate about the potential benefits and dis-benefits of the concept as a framework for policy and action.
4. Only use the term 'social exclusion' when more precise and informative descriptors of the phenomena to be targeted, such as food insecurity or racism, are not available.
5. Focus on the multi-factorial relational processes driving differential inclusion and conditions of extreme exclusion, rather than solely on ameliorating the conditions experienced by groups labelled as 'social excluded'.
6. Attend to all the dimensions of exclusionary processes - social, political, cultural and economic – and the interactions between them when developing, implementing and evaluating policy and action.
7. Consider the value of using the SEKN conceptual model as a tool for developing more comprehensive policy and action to address social exclusion and as a framework for evaluation.

Recommendation theme 2: The primacy of universal rights and full and equal inclusion

The primary aims of policies/action aimed at reversing exclusionary processes should be to:

- Promoting full and equal inclusion to social systems
- Provide universal access to living standards which are socially acceptable to all members of a society, including access to the same level and quality of health and educational services, safe water, sanitation and 'decent work', as defined by ILO.
- Respect and promote cultural diversity.
- Address unequal inclusion as well as situations of extreme exclusion.

Recommendation theme 3: The responsibility of the State

The State must have the primary responsibility for reversing exclusionary processes, and promoting full and equal inclusion for all groups whilst respecting cultural diversity by:

- Ensuring human rights are met and protected, including at the very least funding and overseeing universal provision of healthcare, education and social protection

- Establishing and maintaining accountable and transparent political and legal systems.
- Developing conditions which require and support other actors, including public and private sector organisations and non-governmental organisations, to act to reverse exclusionary processes and promote full and equal inclusion for all groups whilst respecting cultural diversity.
- Resisting the actions and influence of international agencies likely to increase exclusionary processes.
- Promoting and supporting community empowerment.

Recommendation theme 4: Social movements and community empowerment

Social movements and community empowerment are essential if exclusionary processes are to be resisted and reversed and full and equal inclusion is to be achieved. Not all social movements are a positive force and the state has a role in regulating action by civil society in all its forms but state regulation can be actively oppressive, restricting the legitimate voice and action of civil society, or can inadvertently undermine civil society action – as can the action of multilateral agencies, donor organisations and private corporations. 'Community involvement' is is too often used as an instrument for delivering policy designed by other actors, rather than as a mechanism for genuine participation and empowerment. If social movements and community empowerment are to fulfil their potential to reverse exclusionary processes and promote full and equal inclusion, then national governments, international agencies, civil society organisations and other actors seeking to address social exclusion must:

- create and maintain the conditions – including transparent, accountable and participative political and legal systems, mechanisms and institutions – necessary for genuine delegation of power and control over the design, implementation and evaluation of action to the people/groups who are the target of the policy/action.
- international agencies and national governments need to:
    - Recognise the political legitimacy of civil society and 'community voice'.
    - Involve civil society in all its forms in policy development, implementation and monitoring.
    - Enact and implement legal protection for civil society organisations within an appropriate regulatory framework.
    - Design policies which transfer real power to the people who are targeted.
    - Resource policy implementation to support 'community' empowerment.

- Reform professional education to give greater status to lay and indigenous knowledge.

Recommendation theme 5: The role of multilateral agencies and donor agencies

Multilateral agencies and donors have a major contribution to support states in reversing exclusionary processes and promoting full and equal inclusion for all social groups whilst respecting cultural diversity. However, these same actors have also been responsible for driving powerful exclusionary forces. In the future:

- A minimum requirement from these agencies must be to ensure their policies and actions 'do the poor no harm'. They should build on existing frameworks to develop ways of assessing the exclusionary/inclusionary impact of their own policies and actions, and those of others, and acting on the results.
- They should take positive action now to reverse exclusionary processes and promote positive inclusion by:
  - Promoting egalitarian relationships between countries and regions.
  - Working to support the extension and protection of human rights.
  - Contributing to the development of conditions which
    - require and support other actors, including public and private sector organisations and NGOs, to act to reverse exclusionary processes and promote positive inclusion.
    - Promote and support genuine community empowerment.

Recommendation theme 6: The limitations of targeting and conditionality

Targeted policies and actions, especially those based on conditionality, can be stigmatising and disempowering, reproducing exclusionary processes and exacerbating inequities. They have high transaction costs, problems with uptake and are subject to 'leakage'. In this context

- Targeted policies and actions should only be implemented within a framework guaranteeing human rights and universal access to essential services and socially acceptable living standards.
- Conditionality should only be incorporated into policies and actions where there is convincing evidence that it is necessary to achieve the intended outcome.
- If policies and actions must be based on conditionality, they will be less stigmatising and more likely to build social cohesion and collective capacity for action if:

- The conditions are located at the level of communities and/or groups rather than individuals or households.
- Conditions are prioritized by these communities and/or groups rather than being centrally determined.
- Policies and actions are administered and monitored locally through participative mechanisms.
- The services and/or resources necessary for conditions to be met must be available and readily accessible.

Recommendation theme 7: The limitations of insurance-based approaches

In some country contexts, national social insurance systems are an important funding mechanism supporting comprehensive and universalistic welfare systems free at the point of use. These systems are demonstrably powerful drivers of positive inclusion, promoting social solidarity and cohesion across social groups. The insurance principle has also underpinned collective action by disadvantaged groups aimed at reversing exclusionary processes through, for example, labour movement organisations, mutual societies and co-operatives. Increasingly, however, means-tested subsidised insurance, typically involving private sector 'for profit' organisations, is being promoted by national governments, international agencies and/or large scale NGOs as a way of protecting against the risks experienced by people most severely affected by exclusionary processes. The problems with subsidised healthcare insurance schemes have been described in detail by the CSDH Health Systems Knowledge Network. The same problems are likely to arise with similar means-tested subsidised insurance schemes aimed at protecting people living in the most disadvantaged conditions from other risks, such as adverse environmental events like flooding and crop failure. In this context:

- Insurance-based systems of social protection should only be implemented within a public policy framework oriented towards a guarantee of human rights and universal access to essential services and socially acceptable living standards.
- Means-tested subsidised insurance schemes should be avoided which are aimed at providing protection from risks for people most severely affected by exclusionary processes.

Recommendation 8: The need for policy/action co-ordination

The complexity and multidimensional nature of exclusionary processes require policy/action responses which cut across government departments and sectors. There is therefore a

need for initiatives which aim to support greater co-ordination across sectors and actors. These initiatives work more effectively when the following conditions are in place: In general initiatives aimed at improving the co-ordination and/or integration of policy work more effectively if the following conditions are in place:

- Monitoring systems combining objective indicators with experiential/subjective understandings and capturing dynamic processes, not just describing changed states.
- Explicit recognition that action to address exclusionary processes requires formal mechanisms to manage inevitable political processes. International agencies can help to establish social exclusion and poverty as bi-partisan issues at a national level.
- Strong and senior political commitment and leadership.
- Institutions established to take the initiative forward independent of the state, with credibility as knowledge brokers/translators, the power to make decisions, to hold others to account for action e.g. a Standing National Commission or an Independent Board.
- Institutional actors with credibility and stature to act as champions for policies/actions.
- A process to ensure sustainability of the initiatives in the longer term by integrating changes into mainstream policy-making processes and service delivery systems.
- Resources and time for capacity-building e.g. technical skills and competencies for problem definition, knowledge generation, translation, implementation and monitoring.

The initiatives appraised also point to the value of ensuring adequate opportunities for sharing of learning across national and sub-national contexts.

Recommendation theme 9: The role of the private sector

The SEKN has not looked extensively at the private sector's role in helping to reverse exclusionary processes but our work and that of others suggests that private sector provision of essential services, notably healthcare, results in two-tier services and undermines the public sector where it exists. In theory at least, the private sector can be a powerful force to reverse exclusionary processes as an employer, by complying with high labour standards and by developing greater social corporate responsibility across a wide spectrum of issues. There is also increasing evidence that corporate social responsibility can have significant benefits for the companies involved in building labour skills, increasing demand for products and producing reputational gains. To date, however, most social corporate responsibility initiatives are voluntary and their reach is relatively modest and when it is driven only by philanthropic values, it can reinforce exclusionary processes through paternalistic attitudes and discrimination. In this context social responsibility by corporate bodies and non-governmental organisations should be an expectation enshrined in national and international

legislation, and the benefits of corporate social responsibility should be more carefully analysed and publicised.

Recommendation theme 10: Measurement, monitoring and evaluation

Systems to support policy and action development, implementation and evaluation should:

- Aim to capture the dynamics of exclusionary processes, not just describe changes in states of exclusion.
- Combine objective indicators with experiential/subjective understandings i.e. incorporate both quantitative and qualitative data - indicators and stories.
- Collect and use both qualitative and quantitative data on the experiences of people most severely affected by exclusionary processes.
- Aim to incorporate data and stories on all dimensions of exclusionary processes – social, economic, economic and cultural.
- Seek to obtain 'evidence' on the impact of exclusionary processes on health status and health inequalities.
- Evaluations of policy and action should give equal attention to outcomes and to factors shaping implementation.

The SEKN conceptual framework, described in Chapter 2, could be a useful tool to support the development of systems for measurement, monitoring and evaluation.

Recommendation theme 11: Future research

More research is needed on:

- Understanding the forces driving exclusionary processes in specific societies, linking global, regional, and local levels.
- Understanding the relationship between processes of exclusion and the creation and maintenance of health inequalities.
- Describing and evaluating the action of social movements and community groups in addressing exclusionary processes.
- Funding systems to support universal systems of healthcare, education and social protection in all countries of the world. These systems need to take account of the global nature of corporate enterprises.
- Evaluating the impact of policies and actions with potential to reverse exclusionary processes, promoting equal and full inclusion and greater social cohesion.
- Testing the specific contribution of conditionality to the effectiveness of policies and actions aimed at reversing exclusionary processes.

- Exploring the role of international agencies as drivers of exclusionary processes and/or actors promoting positive inclusion.
- Developing more robust systems for requiring corporate social responsibility through international and national legislation and regulation.
- Extending methods and tools for policy impact analysis so that policies can be assessed for their potential impact on exclusionary processes and/or their reversal.

PART I INTRODUCTION

This first part of this report consists of a single chapter which describes the relationship between the SEKN and the WHO Commission on the Social Determinants of Health; how the SEKN has organised itself; and who has been involved in the work. It then moves on to explain how knowledge on social exclusion has been identified and appraised, commenting on the limitations of the work, before describing how the rest of the report is structured.

Chapter 1 The Social Exclusion Knowledge Network and its Work

1.1 The Social Exclusion Knowledge Network

In 2005 the World Health Organisation (WHO) established the Commission on Social Determinants of Health (CSDH) to draw attention to and stimulate action on the wider social processes that lead to health inequalities at global, regional, national, and local levels. The Social Exclusion Knowledge Network (SEKN) is one of nine such networks set up by the Commission to collate global knowledge on action to address the social determinants of health. More information on the work of the Commission and the other knowledge networks can be found at: http://www.who.int/social_determinants/en/).

This is the final report of the SEKN. The SEKN consists of four regional hubs, individual representatives from other regions and representatives from the Commission secretariat. The global reach of the SEKN is shown in Figure 1 below.

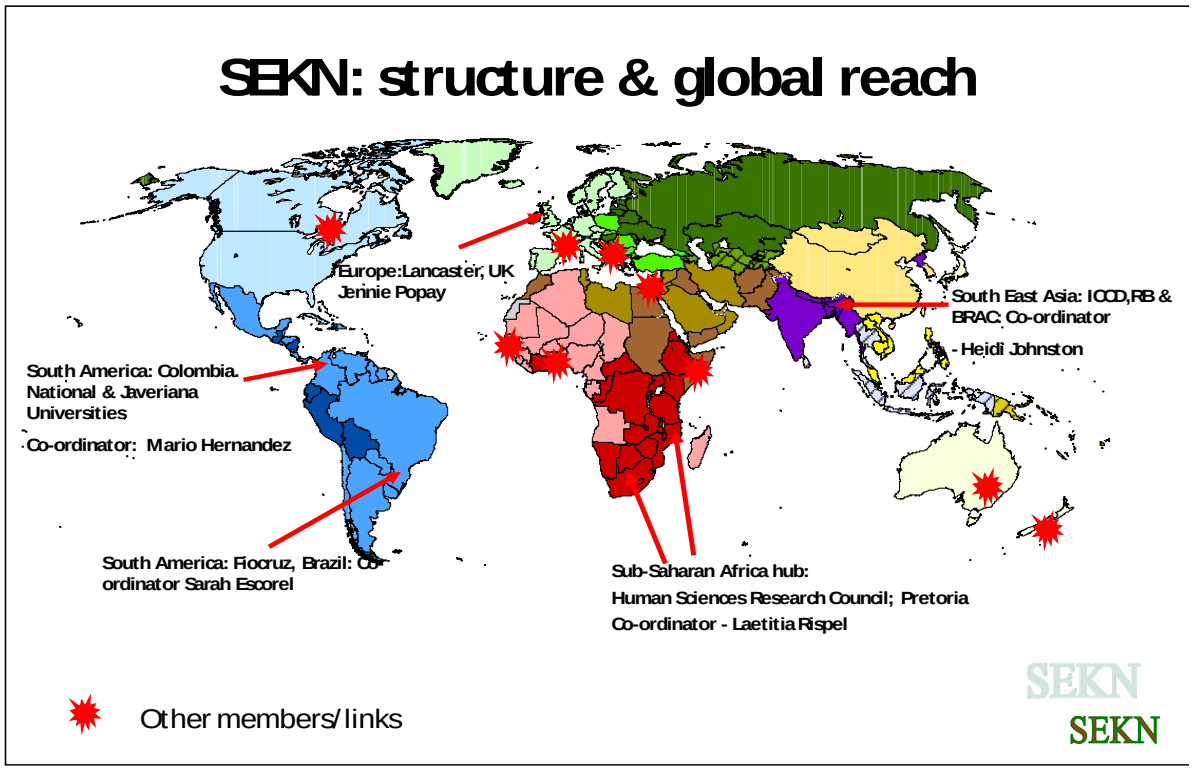


Figure 1: SEKN: Structure and Global Reach

The four regional hubs are: Sub-Saharan Africa (based at the Human Sciences Research Council in Pretoria, South Africa); South East Asia (based at ICDDR, B in Dhaka, Bangladesh); Europe (based at the Institute for Health Research, Lancaster University, England) and Latin America (based at Fiocruz, Rio de Janeiro, Brazil and the National University of Colombia and Javeriana University, Bogota, Colombia). The Europe Hub also provides a co-ordinating function. In addition to these regional hubs the network has had representatives from the WHO Western Pacific and Eastern Mediterranean Regions as well as representatives from other knowledge networks, from the Commission's civil society facilitators and from the WHO commission secretariat in Geneva and London. The important contribution made by these members has been invaluable, but inevitably the work of the network - and particularly the policies and actions appraised - has been largely confined to the global regions where SEKN hubs were based. Even within these regions the limitations of resources and time have restricted the number of countries included in the work. Details of the full membership of the SEKN and other individuals who have contributed to our work can be found on page 4 of this report.

The SEKN has been working to a challenging timetable. The hubs in Sub-Saharan Africa (SSA), South East Asia (SEA) and Europe formally began work in the last quarter of 2006 while the Latin American hubs were established in January 2007, giving us around 9 months to complete our programme. Our devolved structure has enhanced our ability to access global knowledge and established a firm foundation for future collaborative action at a global level to address the health consequences of social exclusion. However, participatory processes are time-consuming and in the short term our inclusive structures have exacerbated the time constraints facing us. Hence the SEKN work programme, particularly the number and type of policies/actions appraised and the depth of the appraisals, have been determined by a combination of pragmatism and the scope of the work agreed with WHO.

1.2 The SEKN work programme

The SEKN has collated knowledge on:

1. The meanings attached to the notion of 'social exclusion', the relationship between social exclusion and health inequalities and the nature of alternative discourses informing policy and action to address the same social reality.
2. Existing policies and actions aiming to address social exclusion, which therefore - at least in theory - have the potential to improve health and reduce health inequalities.

The policy and/or action appraisals were of two main types: firstly, appraisals of particular policies/actions without detailed attention to the country context in which they are being implemented; and secondly, more extensive country case-studies. The latter aimed to:

- assess the current impact of exclusionary social processes on key social determinants of health in particular country contexts;
- provide summary descriptions of a range of policies, programmes and/or institutional arrangements aimed at addressing exclusionary processes; and
- focus in more detail on a small number of policies/actions identified.

Globally, few policies and actions are explicitly described as addressing social exclusion, so we had to use a conceptual framework (described in the next chapter) to decide on relevance. As a consequence of time constraints, the policies and actions selected are neither exhaustive of all potentially relevant actions nor are they necessarily the most obvious or largest initiatives aiming to address social exclusion. Additionally and importantly, selection of a particular policy/action is not intended to signal an endorsement by the SEKN or to suggest that they represent examples of good practice in addressing social exclusion. On the contrary, our aim has been to appraise policies/actions in order to form a judgement about the relative merit of different approaches.

In this context the selection criteria included: global reach; diversity; availability of relevant documentation and potential for comparative analysis within and across global regions.

- ***Global reach***: we aimed to identify and appraise policies from as many countries and global regions as possible. However, we could not include action/policies from WHO EMRO and have included only one policy appraisal from Australia in the WHO WPRO.
- ***Diversity***: we aimed to collate knowledge on a range of policies/actions in terms of:
  - The 'lead' agents involved in the policy/action
  - The substantive focus of the policy/action
  - The target of the policy/action
  - The level at which policy/action was implemented.
- ***Availability of relevant documentation***: within the time available it was necessary to confine literature reviews largely to the English language literature, but some literature in Spanish, Portuguese and French was also included. The appraisals were also confined to policies/actions for which descriptive and evaluative information was readily available. The country case studies are primarily but not exclusively focused on countries with regional hubs.

- ***Potential for comparative analysis within and across global regions:*** where possible examples of policy/action models that were common across countries and global regions were included for review. These included examples of conditional cash transfer schemes, approaches to integrating service development and delivery and methods for extending rights to healthcare.

With these criteria in mind, SEKN hubs used personal and professional contacts at international, national and/or local level and non-governmental organisation (NGO) facilitators working with the WHO CSDH to identify potentially relevant policies and actions. Inevitably, we identified a far larger number of potentially relevant policies/actions than we had time to appraise. We are therefore establishing a database of those not yet appraised and intend to seek funds to develop this database and undertake further appraisals.

The policies and actions selected for appraisal involve multi-lateral agencies, national and local government, non-governmental organisations and community groups., and focus on topics such as poverty reduction/eradication, the provision of new services, initiatives to improve access to existing services and/or to improving the co-ordination of policies. More details of the policies and actions appraised are included in the SEKN Background Papers listed in Table 1 below. Further details on how to obtain copies of these papers are available from the UK hub: j.popay@lancaster.ac.uk

Table 1: SEKN Background Papers

Background paper No:	Title	Authors/Editors
SEKN BP1	Social Exclusion: A narrative review of literature	Jane Mathieson, Jennie Popay with others
SEKN BP2	Social Exclusion: Policy Discourse in the European Union: A Briefing Paper	Etheline Enoch
SEKN BP3	South African Country Case Study	Laetitia Rispel, Boitumelo Molomo, Sellinah Dumela
SEKN BP4	Rapid Appraisals of Social Inclusion policies in Selected Sub-Saharan African Countries	Laetitia Rispel, Cesar da Sousa, Boitumelo Molomo
SEKN BP5	Social Exclusion in North Niger: a rapid appraisal	Jane Mathieson with ,Almoustapha Alhacen
SEKN BP6	Social Exclusion in Ghana: a rapid appraisal	Nina Barker
SEKN BP7	Social exclusion, voice and action: perspectives from Civil Society	Collated by Hani Sarag & Kabir Karim
SEKN BP8	The UK Social Exclusion Policy Initiative: A Country Case Study	Jane Mathieson, Ute Kowarzik, Jennie Popay
SEKN BP9	Social Exclusion Rapid Policy Appraisals in Selected European Countries,	Etheline Enoch
SEKN BP10	South Australia's Social Inclusion Initiative: A Rapid Appraisal Case Study	Lareen Newman, Katherine Biedrzycki, Jan Patterson, Fran Baum
SEKN BP11	Bangladesh Country Case Study	Heidi Johnston, Syed Masud Ahmed, Nidhi Khosla, Simeen Mahmud, Sabina Faiz Rashid, Anna Schurmann, Wendy Werner
SEKN BP12	Brazil Country Case Study	Sarah Escorel with others
SEKN BP13	Argentina Country Case Study	Hugo Spinelli
SEKN BP14	Andean Countries Report: Colombia, Peru and Venezuela	Mario Hernández with others
SEKN BP 15	Social Exclusion rapid policy appraisals in the Latin American region	Mario Hernandez, Sarah Escorel with others.
SEKN BP 16	Social Exclusion rapid policy appraisals in Brazil	Sarah Escorel

1.3 Approach to knowledge collation and analysis

The country case studies and policy/action appraisals are unavoidably diverse. In all cases the work has been based on the identification and analysis of secondary data sources whether in the form of published or grey literatures and/or routine statistics. In a few cases primary data were collected through semi-structured interviews but the scope for this was constrained by the time involved in seeking ethical approval in some country contexts. Overall, primarily due to time constraints, the scope of evidence reviewed in the appraisals (including both the amount of evidence included and the depth and sophistication of the synthesis across sources) is very limited and rudimentary when compared with Cochrane-style systematic reviews of evidence. In particular, there is very limited consideration of cost effectiveness and/or financial data.

Notwithstanding the diversity, the appraisals were all undertaken within a broad analytical framework developed by the SEKN. Country case studies included one or more of the three elements described below whilst specific policy/action appraisals included only the third.

i. High level overview within a country with the aim of:

a. Establishing if the concept of social exclusion has local relevance and if so, what are its origins (e.g. United Nations or donor agencies) and meanings;
b. Identifying any alternative policy discourses focusing on the same reality (e.g. poverty, deprivation, labour market segregation, gender discrimination etc);
c. Obtaining information on policies/actions aimed explicitly or implicitly at addressing social exclusion and/or promoting social inclusion (however defined).

ii. Collation of 'evidence' on policies/actions aimed at addressing social exclusion (some of which were described as focusing on social inclusion, while others were not described as focusing on either social exclusion or inclusion). These were identified during interviews or through other channels including secondary sources, the literature review and personal contacts.

iii. In-depth appraisal of one or more of the policies/actions identified. This work included attempts to obtain information on the experiences of people implementing the policies/actions and the groups targeted by the policy/action, including limited focus group work with beneficiaries of programs for poor people. .

In broad terms the in-depth policy/action appraisals sought to:

- Describe the policy/action and the context in which it was being introduced e.g. the country context; why the policy/action was introduced at a particular time, in a particular place and the factors that supported or constrained the development and/or implementation of the policy/action;
- Review evidence of the intended or unintended impact of the policy/action on social exclusion/inclusion and, if available, on population health/health inequalities;
- Comment on the potential for the transfer of the policy/action to other groups, countries etc., and difficulties which might be associated with that process.

Detailed sets of questions relating to each stage of a case study and/or policy/action appraisal were also developed. These were used both to inform the analysis of secondary data and the collection and analysis of primary data from key informant interviews where these were conducted. The analytical framework and related questions are included in Appendix 1.

1.4 The structure of this report

The remainder of this report is divided into three parts. Part II consists of two chapters focusing on the meaning and measurement of social exclusion. Chapter 2 describes the general approach to the concept of social exclusion adopted by the SEKN and presents the conceptual model we have developed to highlight the relationship between social exclusion and health inequalities and to inform our empirical work. The global salience of the concept of social exclusion is considered, as is the relationship between social exclusion, population health and health inequalities. Chapter 3 considers approaches to assessing the nature, scale and impact of exclusionary processes providing four thematic case studies of exclusionary processes as well as describing some of the formal approaches to measurement which are available or being developed. Part III provides an overview and synthesis of the appraisals of policies and actions undertaken by the SEKN. Chapter 4 considers the relationship between actions and policies aimed at reversing exclusionary processes and the promotion and protection of human rights. A typology of the actions and policies appraised by the SEKN is then presented focusing on the types of actors involved and the 'theory of change' underpinning different actions and/or policies. Inevitably, the typology masks great complexity as many of the policies/actions appraised involve partnership working between different 'actors'. For pragmatic reasons, therefore, the next four chapters consider in turn: policies and actions led by the State in all its forms (Chapter 5); the role of community action and non-governmental organisations (Chapter 6); initiatives

at the global, regional and national levels to develop strategic approaches to the development and/or co-ordination of policies/actions targeting social exclusion (Chapter 7); and the role of corporate social responsibility in the private 'for profit' sector (Chapter 8). Part IV presents a summary of the key messages from the work of the SEKN in Chapter 9, followed in Chapter 10 by the recommendations of the SEKN to the WHO Commission on the Social Determinants of Health.

PART II: DEFINING AND MEASURING SOCIAL EXCLUSION

Part II of this report focuses on issues related to the definition and measurement of social exclusion. Chapter 2 describes the general approach to the concept of social exclusion adopted by the SEKN and presents the conceptual model we have developed. The global salience of the concept of social exclusion is considered, as is the relationship between social exclusion, population health and health inequalities. Chapter 3 presents a series of thematic case studies to explore the nature, scale and impact of exclusionary processes, before describing some of the formal approaches to measurement which are available or being developed.

CHAPTER 2: THE MEANING OF SOCIAL EXCLUSION AND HEALTH INEQUALITIES

2.1 Defining social exclusion

The notion of 'social exclusion' has generated a significant literature in the last few decades, predominantly from the northern hemisphere, and it has become the focus of action at global, regional, national and local levels by international agencies, regional actors such as the European Union (EU), national and local government and civil society agencies. However, it remains a problematic and contested concept. Some of the extensive English, Spanish and Portuguese language literature considering the meaning and policy relevance of the concept is reviewed at length in SEKN Briefing Paper 1 whilst SEKN Background Papers 2, 4, 11, 12 and 13 consider the salience of the concept from the perspectives of different global regions.

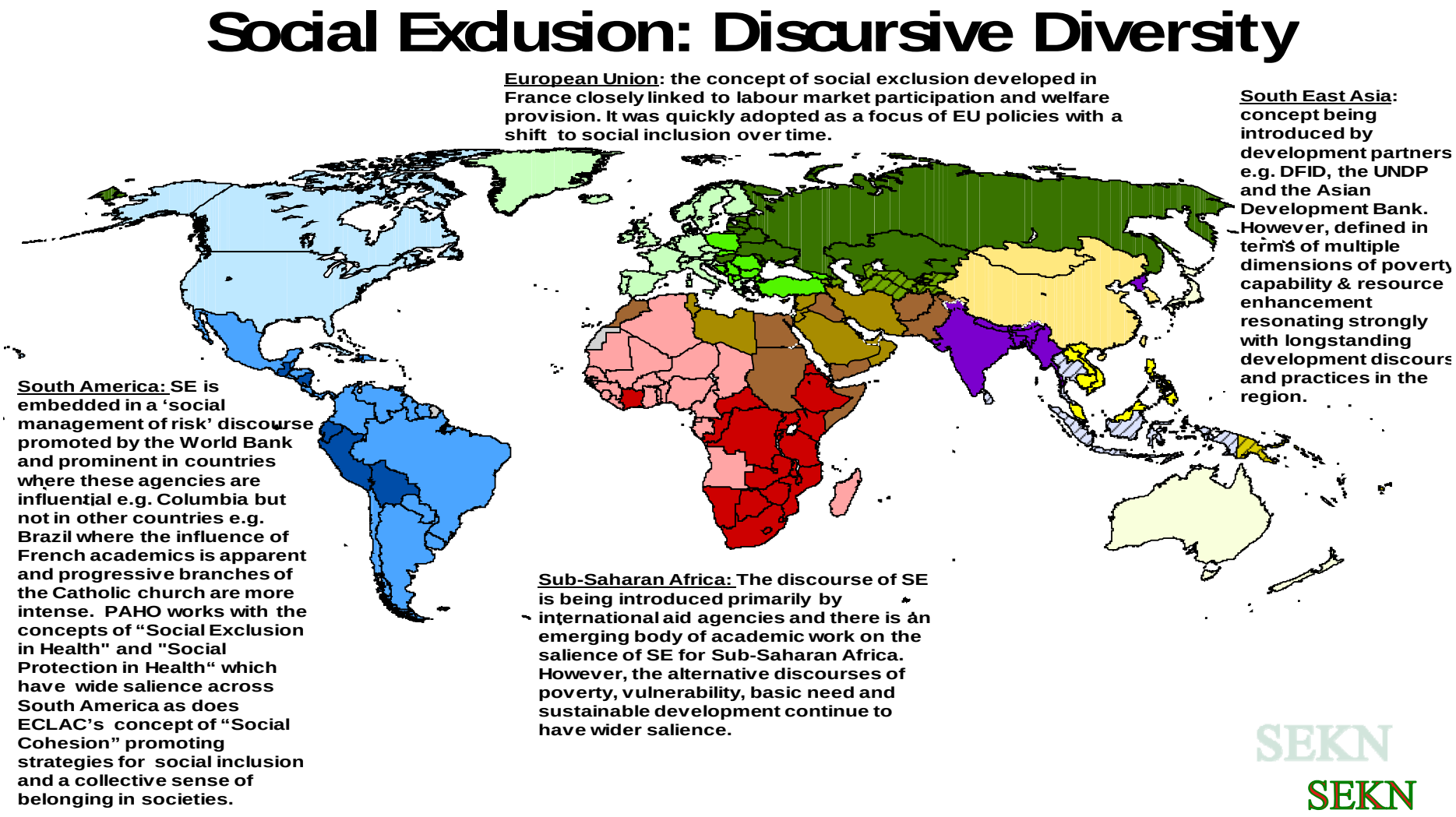
An important distinction must be made between the use of the phrase 'social exclusion' to describe a ***'state'*** as opposed to its use to describe multi-dimensional ***processes***. In a policy context, social exclusion is most commonly used to describe a 'state' in which people or groups are assumed to be 'excluded' from social systems and relationships. In most definitions this state is seen to be associated with extreme poverty and disadvantage. As one author notes, the term is now so widespread that it has become 'a cliché used to cover almost any kind of social ill' (Bessis, 1995). Many definitions include 'indiscriminate' lists describing groups excluded or at risk of exclusion, what they are excluded from, the resultant problems and the 'actors' responsible for excluding groups. Beginning in France in the 1970s, a discourse of social exclusion (and inclusion) as a 'state' and policies and actions informed by this concept have spread from the North to the South, mainly through the efforts of United Nations agencies such as the International Labour Organisation (ILO) and the work of individual nation states such as the aid programmes of the Department for International Development (DFID) in the United Kingdom.

However, as Figure 2 illustrates, the work of the SEKN has highlighted important nuances in the nature of social exclusion discourses around the world, and importantly in some regions alternative discourses addressing the same or similar social realities appear to have greater policy/action salience. In Sub-Saharan Africa, for example, the dominant discourse continues to be focused on poverty, marginalisation, vulnerability and sustainable development. Even within global regions, social exclusion is not a uniform concept. In Latin America, the concept is embedded in a 'social management of risk' discourse promoted by the World Bank. This discourse is prominent in countries where these agencies are

influential, for example in Columbia, but not in other countries, such as Brazil, where the influence of French academics is apparent and the progressive branch of the Catholic church is more influential. However, PAHO concepts of “Social Exclusion in Health" and "Social Protection in Health“ also have wide salience across Latin America as does CEPAL/ECLAC’s (Economic Commission for Latin America and the Caribbean) concept of “Social Cohesion” promoting strategies for social inclusion and a collective sense of belonging in societies. In south-east Asia, as in other global regions, the term social exclusion is being introduced by international development agencies but the discourse retains a focus on multiple dimensions of poverty and on concepts of capability and resource enhancement that resonate with previous discourse and practice in the region.

In some regions and countries, notably Europe and Australia, the concept of social exclusion is being overtaken by its mirror, social inclusion, whilst work by the SEKN has also highlighted overlaps between the concept of social exclusion and related concepts such as social cohesion, social capital, social justice and human rights and constituent elements of these concepts such as empowerment, emancipation, disaffiliation and marginalisation. These overlaps and the implications for policy and action are discussed in more detail in the SEKN Background Papers. Suffice it to say at this point, that in considering the relevance of social exclusion as a conceptual framework for policy and action to address the social determinants of health, the WHO Commission must acknowledge and take account of this existing diversity in the meanings attaching to the term.

Figure 2: The global salience of a social exclusion discourse



2.2 The SEKN approach to social exclusion

The first task for the SEKN was to develop a definition of social exclusion which would have global relevance and help to meet the objective of the CSDH to turn existing knowledge on the social determinants of health into actionable global and national agendas. The SEKN believes that a relational perspective is best suited to this purpose. As Amartya Sen (2000:8) has argued, by 'forcefully emphasizing - and focusing attention on – the role of relational features' the concept of social exclusion can increase understanding of the nature and causes of deprivation, poverty and inequity and contribute to the development of more appropriate and effective ways of addressing these inequities.

The essence of a relational perspective on social exclusion is vividly captured in the Nguni proverb quoted at the beginning of this report. As the proverb suggests, human beings become social through the relational webs they create and sustain or, as another translation of the proverb suggests: "All things depend on all other things for their existence". Relational interdependence is the driving force in all social systems: the weaker these relationships, the weaker the force for progressive and sustainable change and development. Recognising social systems as interdependent reveals the wider costs of exclusionary processes which restrict the ability of groups, whole nations and global regions from participating fully in these social systems. A focus on relational interdependence in the working of any social system also makes explicit the individual and collective self interest inherent in pursuing policies/actions to promote positive inclusion: we all gain by creating more inclusive cohesive social systems even if the redistribution of economic resources and power is a pre-requisite for these gains. The definition of social exclusion developed the SEKN is presented below highlighting key elements of this relational perspective.

The SEKN Definition of Social Exclusion: A Relational Perspective

Exclusion consists of dynamic, multi-dimensional processes driven by unequal power relationships. These operate along and interact across four dimensions - cultural, economic, political and social – and at different levels including individuals, groups, households, communities, countries and global regions. Exclusionary processes contribute to health inequalities by creating a continuum of inclusion/exclusion. This continuum is characterised by an unjust distribution of resources and unequal capabilities and rights required to:

- Create the conditions necessary for entire populations to meet and exceed basic needs
- Enable participatory and cohesive social systems
- Value diversity
- Guarantee peace and human rights
- Sustain environmental systems

Building on the work of Sarah Escorel (1999) the SEKN went on to develop a conceptual model of social exclusion to inform our work. This is shown diagrammatically in Figure 3 below and highlights four dimensions of the power relationships that constitute the *continuum* from inclusion to exclusion – economic, political, social and cultural. We recognise that these relational dimensions are analytical constructs and that in reality social, political, economic and cultural relationships are interconnected and overlapping. Here they are utilised as heuristic devices to aid understanding of exclusionary processes, to illuminate pathways between these processes, population health and health inequalities and to provide a framework for appraising policies and actions seeking to intervene in these processes. The key characteristics of each dimension are described below:

I. The *social dimension* is constituted by proximal relationships of support and solidarity (e.g. friendship, kinship, family, clan, neighbourhood, community, *guanxi*[2], social movements) that generate a sense of belonging within social systems. Along this dimension social bonds are strengthened or weakened;

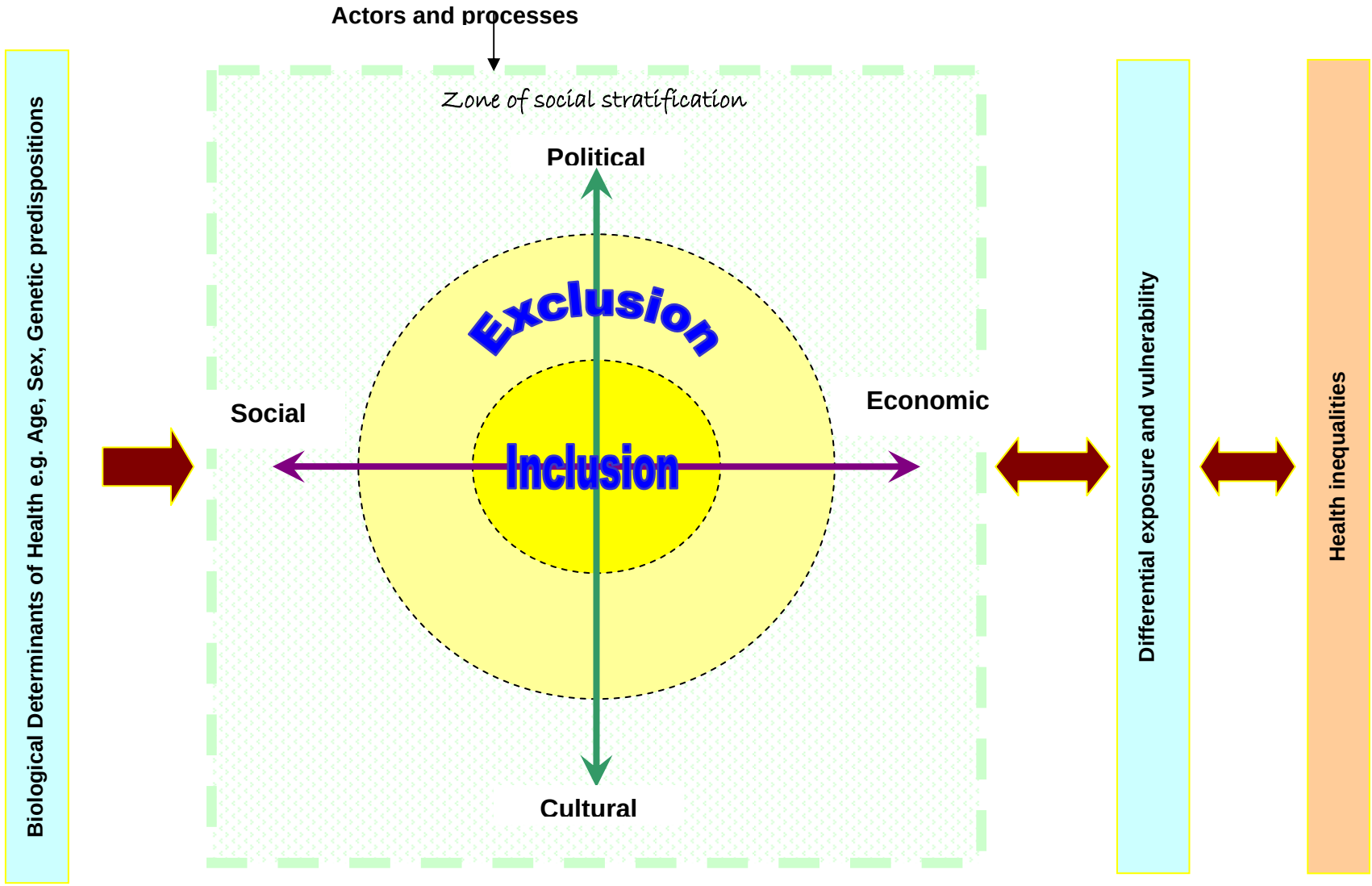
II. The *political dimension* is constituted by power dynamics in relationships which generate unequal patterns of both formal rights embedded in legislation, constitutions, policies and practices and the conditions in which rights are exercised - including access to safe water, sanitation, shelter, transport, power and services such as health care, education and social protection. Along this dimension, there is an unequal distribution of opportunities to participate in public life, to express desires and interests, to have interests taken into account and to have access to services.

III. The *cultural dimension* is constituted by the extent to which diverse values, norms and ways of living are accepted and respected. At one extreme along this dimension diversity is accepted in all its richness and at the other there are extreme situations of stigma and discrimination.

IV. The *economic dimension* is constituted by access to and distribution of material resources necessary to sustain life (e.g. income, employment, housing, land, working conditions, livelihoods, etc).

[2]*Guanxi* is a central concept in Chinese society describing, in part, a personal connection between two people in which one is able to prevail upon another to perform a favour or service, or be prevailed upon. (Source: Wikipedia, last updated 31.8.07)

FIGURE 3: THE SEKN MODEL OF SOCIAL EXCLUSION



In the model, exclusionary processes are located within social systems (e.g. the family, households, nation states, global regions, etc) shown in the central square of the diagram. For simplicity's sake, the model assumes that these processes and their impact on health inequalities operate in the context of pre-determined biological determinants (shown to the left of the diagram). This suggests that biological determinants are separate and immutable but there is a growing body of research revealing the complex interactions between biology and society with powerful influences on health. Within social systems interactions between the four relational dimensions of power – social, political, economic and cultural - generate hierarchical systems of social stratification along lines of gender, ethnicity, class, caste, ability and age. In turn, moving to the right of the diagram, these stratification systems, and the unequal access to power and resources embedded in them, lead to differential exposure to health-damaging circumstances whilst at the same time reducing people's capacity (biological, social, psychological and economic) to protect themselves from such circumstances, and restricts their access to health and other services essential to health protection and promotion. These processes create health inequalities which, as the arrows suggest, feed back to further increase inequities in exposures and protective capacities and amplify systems of social stratification.

In the SEKN model the pathways linking the impact of exclusionary processes to health inequalities are both c*onstitutive* and *instrumental*. In terms of the former, having the right and freedom to participate in economic, social, political and cultural relationships has intrinsic value, and the experience of restricted participation can be expected to have negative impacts on health and wellbeing. Instrumentally, restricted participation in these relationships results in other deprivations: for example, being excluded from the labour market or included on disadvantaged terms will lead to low income, which can in turn lead to poor nutrition, housing problems etc., which contribute to ill health.

2.3 The advantages of the SEKN approach to exclusion

From the perspective of the social determinants of health, understanding *exclusion as a dynamic multi-dimensional process operating through relationships of power* has a number of advantages including:

- Providing a comprehensive approach to understanding the social determinants of health and the interactions between them.
- Moving debates beyond the political discourse in which social exclusion is typically a euphemism for poverty and disadvantage, providing a wider lens to understand the causes and consequences of unequal power relationships. From this perspective,

exclusion is revealed as a process driven by unequal power relationships and generating multiple inequities, including but not restricted to material poverty, thus informing the design of more appropriate and effective action for change.

- Making explicit links between exclusion and a 'rights' approach to the social determinants of health, emphasising social, cultural and economic rights alongside political and civil rights.
- Directing analytical attention to interactions between relationships and outcomes at different levels - individual, family, community, nation state and global region. The impacts of exclusionary processes operating at the global level can be 'grafted' on to the dynamics of exclusion operating at other levels with unforeseen consequences for global regions, nation states, neighbourhoods, families and individuals.
- Revealing the existence of both *active* and *passive* exclusionary processes. Active exclusionary processes are the direct and intended result of policy or discriminatory action including, for example, withholding political, economic and social rights from migrant groups or deliberate discrimination on the basis of gender, caste or age. Passive exclusionary processes, in contrast, arise indirectly, as for example when fiscal or trade policies result in an economic downturn leading to increased unemployment.
- Recognising that exclusionary processes impact in different ways and to differing degrees on different groups and societies at different times: they remove people from social spaces they previously occupied and deprive people of rights of access in the first place.
- Recognising the existence of an inclusion/exclusion continuum. This does not deny the existence of extreme states but it helps avoid the stigmatisation inherent in an approach that labels particular groups as 'excluded', allows for the possibility of inequitable or adverse inclusion and extreme exclusion, and increases understanding of the processes at work and how these might be reversed to avoid extreme exclusion.
- Helping to shift the focus from apparently passive victims of exclusion towards the potential for the agency of groups and/or nations to actively mould and/or resist exclusionary processes. Agency is a contested issue in the literature on social exclusion with attention having been directed at the causal role of a wide range of 'agents' ranging from globalisation, multi-nationals and international agencies such as the World Bank and the IMF, through nation states and their institutions, to the belief that some disadvantaged groups exclude themselves.
- Recognising diversity, rejecting the notion that inclusion requires compliance with dominant political, social, cultural and/or economic norms. A relational perspective also highlights the salience of 'identity' and 'recognition' as an aspect of the processes that

generate differential exclusion and inclusion in social systems (e.g. caste systems, gender, ethnicity, stigmatising illness, etc.,)

Finally, static definitions that view social exclusion as a 'state' produced by the poverty experienced by minority groups in a particular society are not readily applicable to countries or global regions in which the majority of populations are living in poverty, excluded from formal labour markets, and have little if any entitlement to social protection in cash or kind. A relational perspective, in contrast, allows the concept to be translated from its individualistic roots in Western Europe into a global frame, and enables an analysis of the processes that exclude whole nations and continents from full participation in the global community, from a just share in the benefits accruing from social and economic development and, perhaps more importantly, from having a voice in the nature and direction of such development.

2.4 Key points on defining social exclusion

- The concept of social exclusion is not equally salient around the world and alternative discourses may have greater relevance for policy and action
- Social exclusion is most commonly used in a policy context to describe a state of extreme disadvantage experienced by particular groups in a society. This limits the global relevance of the concept and restricts its value as a way of understanding the problems of inequality and developing policies and action to address these problems.
- A relational approach to defining social exclusion has greater investigative and operational advantages. This approach focuses on exclusion as consisting of dynamic multi-dimensional processes embedded in unequal power relationships, interacting across cultural, economic, political and social dimensions and operating at the level of individuals, communities, nation states and global regions.
- A relational understanding of social exclusion has the following advantages:
    - Providing a wider lens to understand the causes and consequences of unequal power relationships
    - Making explicit the links between exclusion and a 'rights' approach to the social determinants of health
    - Directing analytical attention to interactions between relationships and outcomes at different levels e.g. community, nation state and global regions
    - Highlighting both *active* and *passive* exclusionary processes
    - Recognising that exclusionary processes will impact in different ways to differing degrees on different groups and/or societies at different times
    - Recognising that there is an inclusion/exclusion continuum
    - Avoiding the stigma of labelling particular groups as 'excluded'

  - Allowing for the possibility of inequitable inclusion and extreme exclusion
  - Acknowledging the potential for groups and/or nations to actively resist exclusionary processes and ensuing negative consequences
  - Recognising diversity and hence providing for global relevance
- There is little research adopting the concept of social exclusion as an analytical lever for understanding the causes of health inequalities, but knowledge gap links between social exclusion and health inequalities can nevertheless be identified at both a theoretical and empirical level.
- Both constitutive and instrumental pathways link exclusion to health inequalities:
  - Constitutively: restricted participation in economic, social, political and cultural relationships will negatively impact on health and wellbeing.
  - Instrumentally, these restrictions result in other deprivations, for example, poor working conditions or complete exclusion from paid work in the formal or informal economy, leading to low income, poor nutrition, etc., which contribute to ill-health.
- The SEKN model of social exclusion may provide a useful guide to the development of policies and actions aiming to reverse exclusionary processes and an 'audit' framework to assess the appropriateness and impact of such policies and actions.

CHAPTER 3: ASSESSING THE PROBLEM AND MONITORING ACTION

3.1 Introduction

> *There is disease based exclusion; class based exclusion; the exclusion drawn out of the behaviour of health workers and the issue of marginalised and displaced people and refugees. Quite often there is a pattern of social exclusion of rural and informal settlement areas, and there is social exclusion on the basis of religion. Social exclusion is very broad based in terms of how it manifests. There are certain pathways ..., some of those are in policy-making, some of those are in budget allocation, some of those are in the attitude and behaviour of health workers, some of it is in the way health messages are targeted and accessible to people, others are lack of understanding of social and cultural factors in the implementation of plans.*
>
> *(Comment by a respondent interviewed for the South African case study, SEKN Background Paper 3)*

Developing and targeting policy and action to address social exclusion and monitoring implementation and impact requires an understanding of the nature and scale of the phenomenon. However, gaining this understanding is a complex and problematic endeavour. Although the number and sophistication of indicators of social exclusion is increasing, there is no consensus on how it should be measured. Indeed, the discursive diversity discussed in the previous section means that there can be no single set of indicators of social exclusion which would have equal salience in different global regions and nation states. Additionally, most of the available indicators provide descriptions of 'states' of exclusion, neglecting (with notable exceptions) the relational nature of these 'states' and the exclusionary processes generating them. They also neglect the voices of those most severely affected.

There is ample evidence to suggest that the perspectives of people experiencing poverty and disadvantage are not the same as professionals, policy makers and politicians with the power to act. These diverging views were brought sharply into focus in a recent global initiative by editors of scientific journals to disseminate knowledge on the nature of poverty and action to address it. One journal asked a wide range of commentators worldwide—including eminent global health advocates Jeffrey Sachs and Paul Farmer, health reporters, activists, health researchers, and people living in poverty - which interventions, in addition to alleviating hunger, they thought would best transform the lives of the world's poorest people. The international development experts highlighted a range of political, social and economic interventions with a particular focus on low-cost bio-medical and/or healthcare related interventions including insecticide-treated bed nets, artemisinin-based combination therapy for malaria, trained community health workers, promoting breast-feeding, and vaccinating all children. In contrast, members of poor rural communities in Ayacucho, Peru talked about the

wider social determinants of health including housing, food, family, and social interactions (Yamey, 2007).

In an attempt to move beyond the limitations of formal quantitative indicators, in the first part of this section we present an empirical picture of the nature and scale of exclusionary processes and their impacts through four thematic case studies focusing on economic inequalities and poverty, displacement, HIV and AIDS, and cultural discrimination. Case study evidence was obtained from various sources, including academic literature, international agency reports, journalistic accounts, the SEKN Background Papers and direct accounts of exclusion disseminated through civil society organisations (CSOs). In the second part of this section we consider some of the available indicators relevant to the measurement of social exclusion, drawing particular attention to their limitations from the perspective of the SEKN conceptual framework.

3.2 Case Studies illuminating nature and impact of exclusionary processes

Case study 1: Social exclusion, inequality and poverty

The concept of social exclusion in national and international policies has been criticised for being 'a broad screen, a curtain, which [hides] problems of desperate destitution' (Gore & Figueiredo,1997:44): irrelevant to regions and countries where a majority of people are experiencing severe poverty. As a commentator in the South African SEKN research noted:

> *...about 25 million people in our country are really suffering from one kind of poverty or another. That is not a small proportion of people excluded from the normal life of the society. In fact it's a normal life ….*

However, as Sen argues (2000:6) 'the real importance of the idea of social exclusion lies in emphasizing the role of relational features in the deprivation of capability' and thus highlighting the causal relationship between poverty and wider inequalities in societies.

Inequalities in income and wealth at global and national levels are striking. According to the UN-sponsored World Institute for Development Economic Research in 2000, 1% of adults in the world owned 40% of the world's wealth[3] and the richest 10% owned 85%. In contrast, the bottom 50% of the world's population owned only 1.1% of global wealth. Geographical

[3] In this study wealth was defined as what people owned, such as property, land, shares and cash minus their debts or what they owed.

inequalities in the distribution of wealth are equally striking, with households in North America, Europe, Japan and Australia owning around 90% of global wealth. Sharp inequalities are also apparent within global regions. In Latin America, for example, inequalities in income and wealth have grown dramatically since the 1970s and the continent now has the highest Gini coefficient in the world. In European countries the income of the richest 10% of the population is between 20% and 30% higher than the poorest 10%; in Latin America the incomes of the top 10% are between 200% and 300% higher than those of the bottom 10% (CEPAL et al, 2007: 28-33).

These global inequalities are replicated at country level. In the UK, for example, the share of national wealth owned by the richest 1% of the population grew as a proportion of the national share from 17% in 1991 to 24% in 2002, while the share of the bottom 50% fell from 8% to 6% over the same time period (Lansley, 2007). There is also evidence of growing geographic polarisation across Britain, with rich and poor living further apart and the poorest and wealthiest households increasingly segregated from the rest of society (Dorling et al, 2007).

The World Bank (2007a) argues that the numbers of people experiencing extreme poverty (defined as living on less than US$1 a day) fell between 1981 and 2004 from nearly 1.5 billion to just under 1 billion. But there are regional variations: in Latin America, for example, the number of people living in poverty increased from 136 million to 205 million between 1980 and 2006, although the proportion decreases from 40.5% to 38.5%. Fifteen per cent of the population of the region are officially defined as indigent: they do not have enough income to meet basic needs. Sub-Saharan Africa (SSA) is the world's poorest region, with half of its people living on less than US$1 per day, and during the 1990s both average income in the SSA region and the percentage of the people living below the US$1 poverty line scarcely changed (Kakwani, et al, 2005).

The World Bank definition of severe poverty – at US$1 a day - is also problematic. For example, the UNDP's International Poverty Centre argues that the severe poverty line should be set at US$1.50 a day to reflect increasing costs of basic necessities (Kakwani and Son, 2006). Using this figure the proportion of the world's population experiencing extreme poverty was 36% and not 21% in 2001 and the numbers of people in severe poverty rose by 800 million to around 2 billion. Additionally, although the World Bank has argued that two elements — material and social needs — should be combined in the measurement of poverty, research to establish social needs has not been forthcoming and subsequent measures used by the Bank have only updated the cost of basic material needs, ignoring the

need for resources to meet changing patterns of consumption and roles and obligations. If these are included the scale of world poverty is dramatically greater than World Bank figures suggest.

However they are measured, no global region is free of inequalities and poverty. In the European Union, for example, it is estimated that 15% of the population are at risk of poverty and in the UK 10.4 million people (18% of the population) were living in households receiving less than 60% of the median income before housing costs and 12.8 million (22% of the population) after housing costs in 2005/06 (HBAI team, 2007).

It is now widely accepted that women are disproportionately affected by socio-economic inequalities and that they have fewer pathways out of disadvantaged positions. The UNDP (1995) has argued, for example, that women constitute 70% of the world's poor. However, there is little gender-disaggregated data to substantiate this figure and available data suggest that the pattern of gender inequalities in income poverty is particularly complex. For example, in Latin America where regional data are available, gender differences in income poverty were found to be small, and while women in rural areas were poorer than men, in urban areas the proportion of men in poverty was on a par with or higher than women in 10 out of 17 countries (UNIFEM, 2002). The widespread approach to measuring gender inequalities in income poverty by comparing the position of households headed by males and females is also problematic. As Chant (2003) has argued, this ignores the heterogeneity of female-headed households, contributes to their negative stereotyping and deflects attention from the experience of income poverty amongst women in male-headed households. In this context, she argues, poverty relations should be understood as (gendered) power relations: '…command and control over resources may be equally, if not more, important as levels of resources in determining individuals' experiences of poverty' (2003:63).

What then of the causes of poverty and economic inequality? Despite the persistence, over centuries, of discourses which blame individuals and cultural practices, the weight of research clearly suggests that the causes of poverty and inequality are embedded in the structures of social systems and relationships – in exclusionary processes – and not in individual inadequacies. At both global and local levels *history* has played a part. In LEDCs, for example, colonial systems left economies structured for the expropriation of natural resources to support growth in the northern hemisphere, rather than building infrastructures to support local social and economic development. Enduring inequalities in high-income countries also have their roots in historical inequalities in patterns of social and

economic development. *Geography* also plays a part: recent research has shown how location near to harbours, climatic conditions and associated patterns of infectious diseases have all helped to shape inequalities in social and economic development and in health both globally and locally (Sachs et al, 2000).

The legacies of history and the influences of geography have been compounded by contemporary patterns of trade. Globalisation and the pursuit of free trade, for example, have been associated with an expansion of poor quality jobs in the formal sector as standards of labour practices are not formally included in world trade agreements and most initiatives to promote greater corporate responsibility for conditions of labour are voluntary and poorly monitored. There has also been an increase in people working in the informal sector where labour conditions are particularly problematic. As a result, around 25% of the employed labour-force globally is defined as living in poverty and the proportion of the labour-force working in the informal non-agricultural economy ranges from 20% in developed economies to over 55% in Latin America, between 45% and 85% in Asia and 80% in Africa. In Sub-Saharan Africa and South Asia 89% of the employed population earn less than US$2 per day[4]. Having no work at all – either poorly paid or informal – is also an important aspect of the economic dimension of exclusionary processes in all regions of the world. As Forrester (1997) writes about France, people are obliged every day to search for a job which does not exist. Low productivity in the agricultural sector is a particularly important barrier to poverty reduction in low-income countries. Despite rapid urbanisation in all countries, UN figures suggest that in 2005 more than half the population in less developed regions still lived in rural areas and in the least developed countries this was estimated to be more than 70%, and extreme poverty is concentrated in rural areas.

The powerful forces driving poverty and inequality through global trading relationships are related to and exacerbated by other factors. Unsustainable models of economic growth and trade, for example, are contributing to environmental degradation lowering living standards in rural areas. These problems are aggravated in low-income countries by population growth, fuelled in turn by poverty. Climate change resulting from the pursuit of economic growth is an increasingly important driver of poverty and inequality – affecting most severely the poorest and most vulnerable people and areas in the world. This in turn is leading to conflict as demand outstrips the carrying capacity of the land, as in Dafur. Conflict, however it begins, generates greater poverty and inequality, reducing per capita income and displacing large

[4] Globalisation and Employment Conditions Knowledge Networks' final reports

umbers of people from their homes and livelihoods. These processes, underpinned as they are by gender disparities in rights, entitlements and capabilities, also drive gender inequalities in the experience of poverty.

The policies of global multilateral agencies not only failed to address these drivers of inequality and poverty but have actually deepened exclusionary processes. For example, the structural adjustment policies of the World Bank and the IMF in the 1980s and 90s, and neoliberal policies aimed at supporting economic growth, were responsible for significant increases in the numbers of people living in poverty, cuts in basic services such as health and education and a shift towards selective rather than universal approaches to poverty reduction. Many national governments have either been unable or unwilling to resist the conditions imposed by these agencies. More generally, weak systems of governance and corruption also contribute to the continuation and deepening of inequalities around the world. Whilst these may be a particular feature of some low income countries, recent corruption scandals in high income countries remind us that no countries or regions are free of such problems. All these exclusionary processes are grafted on to and reinforce systems of discrimination operating within and between national states along lines of gender, class, race, age and ability.

The experience of extreme poverty

Don't ask me what poverty is because you have met it outside my house. Look at the house and count the number of holes. Look at my utensils and the clothes that I am wearing. Look at everything and write what you see. – Kenya 1997

Poverty is humiliation, the sense of being dependent on them, and of being forced to accept rudeness, insults, and indifference when we seek help. – Latvia 1998

In my family if anyone becomes seriously ill we know that we will lose him because we do not even have enough money for food so we cannot buy medicine. – Vietnam 1999(Source: Narayan et al, 2000)

The growing recognition of the complexity and multidimensionality of poverty and the shift towards concepts related to social exclusion is captured in the comments below taken from the Government of Mozambique's Action Plan for the Reduction of Absolute Poverty (PARPA) for 2006-09:

> *Poverty was initially considered as the lack of income—money or negotiable goods—necessary to satisfy basic needs. Because this monetarist definition did not cover all the manifestations of poverty, the definition was broadened over time to cover such aspects as a lack of access to education, healthcare, water, and sanitation, etc. At present, the definition of poverty has also come to include aspects such as isolation,*

> *exclusion from society, powerlessness, vulnerability, and others. The definition used for PARPA II is the impossibility, owing to inability and/or lack of opportunity for individuals, families, and communities to have access to minimum basic conditions, according to society's basic standards*.

The UN estimates that in 2004 17% of the world's population (1.2 billion people) did not have sustainable access to a safe water supply and 41% (2.6 billion people) did not have access to decent standards of sanitation. Worldwide, an estimated 1.3 billion people have no access to effective and affordable healthcare, while annually an additional 150 million people in 44 million households face financial catastrophe as a direct result of having to pay for healthcare.[5] In 2001-2003, 17% of the world's population and 30% of people living in SSA were undernourished – 830 million people in the developing world (Watkins, 2006).

However, stark as they are, numbers do not capture the complexity of the experience of extreme poverty: when people living in extreme poverty talk about their experience, assets and capabilities are more important than income. The absence of physical, human, social, political and environmental assets is linked to vulnerability and exposure to risk. A lack of access to basic infrastructure – particularly roads, transport, water, and health facilities – is critical. Lack of basic skills, such as literacy, increases vulnerability. The psychological aspects of the experience are also important: the absence of voice, power, and independence, the vulnerability to exploitation; rudeness, humiliation, and inhumane treatment by society; and the pain associated with unavoidable violations of social norms and inability to maintain cultural identities, for example, by participating in traditions, festivals, and rituals. Together these experiences can lead to a breakdown of social relations (Narayan et al, 2000). Given the scale and nature of the problem it is perhaps not surprising that the primary focus of much policy and action is on groups experiencing extreme poverty. However, from a relational perspective the causes of extreme poverty and therefore the most sustainable solutions are to be found in the relationship between poverty, affluence and unequal power within and between countries and global regions.

Focus on Bangladesh

Bangladesh is one of the poorest, most disaster-prone countries in the world: here also there are inequalities with extremes of poverty found, for example, in the temporary alluvial islands - or *chars* - deposited by the country's three major rivers, and in informal settlements in urban areas. Bangladesh is 137th out of 177 countries on the 2006 UN Human Development Index (Watkins, 2006) and 167th out of 209 countries for gross national income (adjusted for

[5] (OIT-OPS, 1999).

purchasing power parity) according to the World Bank per capita statistics (World Bank 2007b). Half of the population is poor, 31% is chronically poor and almost a quarter (23%) is living in extreme income poverty (Sen and Hulme 2004). Female-headed households are disproportionately affected: more likely to live in poverty, less likely to own their homestead, less likely to include literate adults, and more likely to experience under-five mortality (BRAC, 2004). Population density, at 1001 per square kilometre, is the world's highest for developing countries. Nevertheless, around 75% of the population lives in rural areas – a figure which is decreasing with rapid urbanization (Streatfield, 2007) and the depth and severity of poverty are greater here, even compared with the dire conditions of Bangladesh's informal urban settlements.

Despite significant gains in recent years, social indicators continue to paint a grim picture of the impact at country level of powerful exclusionary forces: under-five mortality is 77 per 1000, life expectancy 63 years, and adult literacy 52% for men and 33% for women (Watkins, 2006). Populations living in extreme poverty have little or no asset base, are highly vulnerable to shock (e.g. natural disaster, illness requiring prohibitively expensive treatment or the death or disability of an income-earner), and mainly depend on wage-labour for survival.

Living on the Bangladesh Chars

Constantly on the run
In just one year Mahe Alam and Sona Khatun and their three children have been forced to move three times. They just added the finishing touches to their brand-new bamboo hut.
"We don't have the money to buy our own piece of land. We have to rent and that's why we are always given the piece of land most prone to be flooded. It is only a question of time before we will have to move again. We are always worried, especially during and immediately after the flooding," explains Mahe Alam. But even though the family is constantly on the run Mahe Alam never considered moving his family to the mainland. "I'm a poor man and I will never be able to raise the money to buy my own piece of land on the mainland. I would not be able to take care of my family anywhere else but here," says Mahe Alam, from Kurigram. FROM: SKEEM, MAIKEN THE CURSE AND THE BLESSING OF THE CHARS 2001 RANGPUR, DINAJPUR RURAL SERVICE (RDRS) HTTP://WWW.RDRSBANGLA.NET/FRONTEND/CHAR.HTML

Every year, as the melting snow and ice from the Himalayas combines with the monsoon and runs into the Gangetic Delta of Bangladesh, the rivers rise. When the rivers flood the temporary alluvial islands – *chars* - the people living there are forced to leave their houses and fields. When the tides recede erosion can pull land and houses into the rivers. In addition to annual flooding, tornadoes and cyclones occasionally cause havoc on the coastal *chars.* Despite these known hazards an estimated 5 million Bangladeshis live on the *chars,* accepting loss and uncertainty as part of their lives.

> *When at last our houses become decent and the land grows fertile, erosion comes and we have to begin all over again, explains Hayatun, a woman from Rulipara char. (Saussier, 1998)*

During the floods, the challenges of storing and cooking food, accessing safe water and maintaining sanitation often lead to malnutrition and diarrhoea. Because of the remoteness of the *chars* only minimal and relatively poor public services, such as health facilities and schools, are available. Travelling to the mainland for necessities or emergencies can be very difficult during the wet season. Private boats link *chars* to the mainland, but their timing and frequency is erratic, and the cost of a charter boat during an emergency is beyond the reach of most households (Ashley et al, 2000). During the dry season when much of the river dries up people must walk for long distances on a scorching sandy riverbed. In addition to extreme material poverty and environmental vulnerabilities, people living on the *chars* have minimal access to opportunities to enhance their capabilities and resources, further contributing to the chronic, intergenerational transfer of extreme poverty.

Living in informal settlements in urban areas[6]

Bangladesh has an urban population of about 35 million, just over 25% of the total population. The capital, Dhaka, with a population of over 9 million, is the fastest growing mega-city in the world with an estimated 300,000 to 400,000 migrants, mostly poor, arriving in the city annually (World Bank, 2006). Its population is projected to grow to around 20 million in 2020, at which point it is expected to be the world's third largest city. It is predicted that Bangladesh will have an urban population of almost 50 million by 2015 (Islam et al, 2006). Viewed in terms of population density rather than percentage of population living in urban areas, the entire country will become a megalopolis or an urbanized area in the next 3-4 decades (Streatfield, 2007). In this context, issues of urban extreme poverty are paramount.

In Bangladesh informal settlements are typically built on empty government land or private vacant land, with low-quality housing and very high population density. They are usually located in marginal areas poorly served by public services or utilities and vulnerable to natural disasters. The flimsy housing materials in the informal settlements provides little

[6] This section draws from Rashid (2007): *Strategies to reduce social exclusion among populations living in slums in Bangladesh*, a background paper for the SEKN.

protection from fire or monsoon rain[7], often leading to their collapse. Many are built on waste or polluted spaces subjecting residents to noxious fumes (Islam et al, 2006), with abysmal sanitation. Uncollected garbage and excreta are dumped in drainage ditches, which clog during rainstorms, leading to flooding and spreading of waste. Latrines are few so children use alleyways as toilets. At night women also use the alleyways, preferring to avoid the risk of rape or sexual harassment associated with walking though the area at night. Other public infrastructure such as schools, health clinics, water and electricity are rarely available because these informal urban settlements are considered illegal establishments, so residents experience a constant threat of eviction.

Eviction
For Madhia and Razia's [adolescents] mother, the move to a new 'slum' on the outskirts of Dhaka city after eviction from their previous informal settlement posed many problems. They had left behind old networks and did not know of anyone in this new settlement. The locality was well-known for crime and violence but rent was extremely cheap. The single mother worried about sexual abuse of her daughters but needed to work long hours outside the home, to support her family. She usually locked them inside their rooms and left for work. . (Rashid, 2005)

The government's National Housing Policy acknowledges the rights of the urban poor to housing, shelter, and food (ASK, 2000; Ministry of Works, 1993). However, despite a High Court Order forbidding the eviction of people living in informal settlements without rehabilitation, they continue to be demolished by successive governments (Daily Star, 1999). Continued pressure from local human rights organizations, local and international agencies and large-scale protests by people who live in these settlements have largely been ignored, with no real effort by the government to help the urban poor. It is reported that around 135 settlements were cleared between 1975 and 2005 and the eviction in Agargaon (one of the largest informal settlements in Dhaka city) affected an estimated 40,000 residents in 2004 (Barrett and Dunn, 2006). The threat of eviction is problematic not only because of the ever-present threat of one's home and possessions being destroyed but also because people who live in informal settlements and NGOs hesitate to invest limited resources in improving livelihoods and living conditions because of the very real fear of losing their capital investment.

Opportunities for upward mobility among the extreme poor are few. Available paid labour activities include rickshaw-pulling, leather tanning, rag-picking, working in the brick kilns, brick breaking and sex work. These activities all expose the labourer to increased risk of

[7] The term 'informal settlement' is used to avoid the derogatory associations with the word 'slum' and its translations: an area that combines to various extents inadequate access to safe water, sanitation and other infrastructure, poor structural quality of housing, overcrowding, and insecure residential status.

health shocks, and have limited opportunity for personal development. A recent study of 400 rickshaw-pullers found that 75% had experienced at least one financial crisis in the past five years and 67% had had a health-related crisis. Sickness, disease and death were common. Twenty nine per cent of rickshaw pullers reported the death of a child (Sen and Hulme 2004). Both the char populations and urban dwellers living in informal settlements face extreme environmental hazards and basic infrastructure which could help them lift themselves out of extreme poverty is absent. Both populations are aware of their vulnerability to numerous types of financial shocks – health crisis, theft, eviction, extortion - that will almost inevitably drive them deeper into poverty.

Case Study 2: Social Exclusion, displaced people and the logic of the camp

The concept of 'displacement' typically includes people displaced from their land and livelihood by complex interactions between exclusionary processes including economic processes, conflict, discrimination, genocide, environmental degradation and climate change. It also includes 'stateless' people who, lacking formal identity documents such as birth certificates, have never had the right to reside within the boundaries of a nation state. Finally, and less usually, 'displacement' is used in this report to refer to people living in informal settlements around the world: displaced from the mainstream of their society and despite having formal citizenship status, denied the rights other citizens take for granted.

The scale and experiences of displaced people - the stateless, refugees, asylum seekers and residents of informal settlements – dramatically illustrate the complexity of exclusionary processes and their impact both globally and locally. As Diken and Lausten (2005) argue, such people live in a 'state of exception' where the laws applying to citizens are not recognised. This is nowhere more evident than in the camps that characterise the 21st century. Moorehead (2005:156) writes of the refugee camps of Guinea, along the border with Liberia:

> *They exist along the very margins of life, whether inside the camps or outside, so poor that, in a literal way, they have nothing. Most of them do not even have a bucket, and they think about one and talk about one with longing. […] Poverty is very hard to describe. It is an absence, a nothingness not easy to put into words. But the poverty of camp refugees is about more than not just having things; it is about controlling one's own life. Their poverty curbs and crushes all hope and expectation. Kuankan's refugees are destitute in possibilities.*

But as East argues (2007) 'camps' are not necessarily a physical or geographical entity and in an important sense they are becoming a routine feature of life around the globe. In the

United Kingdom, for example, asylum seekers' live in a 'state of exception' in another form of camp:

> *Living on small amounts of support payments or even food vouchers with no cash allowance, which pushes the asylum seeker out of the normal functioning of system; to be prevented from finding paid work; living according to the government's choice of residency; and minimum geographical mobility (Diken and Lausten, 2005: 88).*

Similarly, residents of informal settlements around the world, such as the *favelas* of Brazil, also live in a 'state of exception' denied the rights available to other members of their societies by the dictatorship of drug gangs, unofficial militia and police.

According to the Office of the United Nations High Commissioner for Refugees (UNHCR 2007), at the end of 2005, the number of people with 'official' refugee status, or protected or assisted by the UNHCR because they were at risk, stood at 21 million. A year later this had increased by 56% to 32.9 million. The single largest increase (contributing to this figure of 32.9 million) has occurred among internally displaced persons, estimated at around 12.8 million. The 2006 figures for stateless persons also show a marked increase compared to the figures for 2005. By the close of 2006, there were an estimated 9.9 million refugees globally. Of the people recognised as refugees by the UNHCR, around half were being supported through UNHCR assistance programmes, of which the vast majority were living in African and Asian countries, often in refugee camps. The countries with the highest number of refugees in 2006 were Pakistan and Iran, who together accommodate 20% of the world's refugees. The countries of origin of the greatest number of refugees in 2006 remained Afghanistan, followed by Iraq. The three other main source countries were Somalia, the Democratic Republic of the Congo and Burundi - but these exclusionary processes are evident in all regions of the world. Official figures such as these do not, of course, include the millions of people in informal settlements displaced from the mainstream of their own societies despite having formal citizenship.

Focus on Colombia: internal displacement

More than 40 years of armed conflict has given Colombia the largest number of displaced people in the western hemisphere (*Alto Comisionado de Naciones Unidas para los Refugiados*, 2007) and the second highest proportion of displaced people after Sudan (IDMC, 2007). The first cycle of political violence began in 1948 after the murder of the popular leader and presidential candidate Julio César Gaitán, and lasted until 1953. After a decade of relative peace with growing inequalities a second cycle began in 1964 with the establishment of the first communist guerrilla movement by a group of peasants fighting for

lands: *Fuerzas Armadas Revolucionarias de Colombia (FARC)*. Although other guerrilla groups developed during the 70s and 80s, these were dwarfed by the growth of drugs traffickers who set up paramilitary groups to resist the guerrillas. Paramilitary groups grew very fast, fuelling a new cycle of murders and displacement. In the 1990s a new, more sinister, relationship began to develop between paramilitary groups, local politicians and some members of the military forces: relationships which have recently been exposed. Despite the 'democratic security policy' of the current government the war between the paramilitary groups and the guerrillas continues, with both sides using drugs money to fund their activities. These cycles of conflict have forced many people off their land with more than 3 million people displaced in the last decade alone.

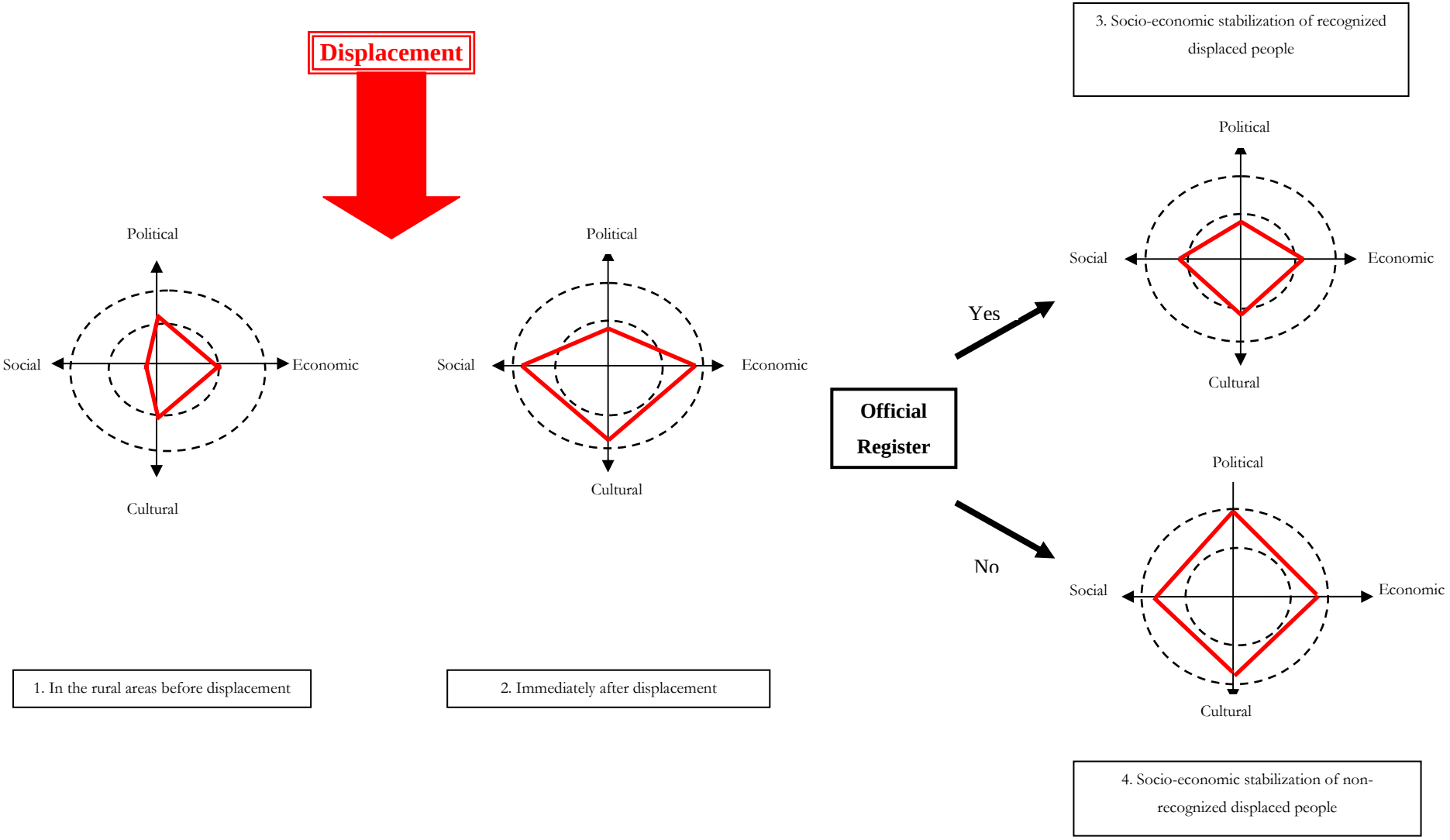
Figure 4 seeks to illustrate the impact of exclusionary processes associated with the experience of displacement. Initially, people displaced from their land by conflict experience dramatic deterioration in their resources and capabilities across all dimensions. Women from rural areas represent almost half of displaced people (47%) and, together with children aged 15 or less, they bear the brunt of the displacement, suffering not only human rights abuses, but also material deprivation and political and cultural discrimination. There are high numbers of female headed households amongst displaced people, with dependency ratios higher than the national average for such households (Ojeda and Murad, 2005). When they arrive in urban areas, displaced people are forced to live in high risk areas, on the fringes of the city or in precarious living conditions. They have low educational attainment with high drop-out rates, low or no employment, high rates of teenage pregnancies and 93% of displaced households live below the poverty line (Econometría-SEI, 2005; Ibañez et al., 2006). These households have poor health outcomes, with a higher burden of disease and worse nutrition status than poor people in non-displaced areas (PMA, 2003)

Although the Colombian state developed a policy addressing the precarious situation of displaced people after 1997 in response to a Constitutional Court ruling, inequalities remain. Displaced people are required to register with specific authorities (civil and military) before they can access services. After registration they are eligible for the subsidised means-tested programs providing access to health services and education as well as conditional cash transfers available to all local residents living on low incomes.

Figure 4 illustrates the contradictory pressures generated by the registration process: if displaced people register there may be some amelioration of exclusionary processes: they will have greater access to health services and education, political rights and more

opportunity to integrate socially. However, registration also makes them more visible and puts them at risk of discrimination and victimisation. It is not possible to put figures on the numbers not registering because of these risks but many do not and hence do not receive the resources and services established by the State and are pushed further towards the margins of society (Hernández et al., 2006).

Figure 4: Displacement and exclusionary processes



Focus on Thailand: Citizens of Nowhere

In April 2007 Seth Mydans[8] a journalist with the International Herald Tribune reported on the circumstances of the millions of stateless people around the world: 'citizens of nowhere, forgotten or neglected by governments, ignored by census takers'. He catalogued the extreme poverty experienced by these people driven into statelessness by war and conflict, racial and ethnic tensions and what he refers to as 'the quirks of history'. As Mydans highlights, with no citizenship rights people who are the most vulnerable in the world have few advocates: they are frequently subjected to exploitation, forced to work for little if any reward and persecuted for their religious beliefs. Whilst human rights groups are making an important contribution, they tend to focus on the abuse suffered and meeting basic needs rather than addressing statelessness as the primary cause of the problems. The largest group of stateless people are in Thailand but they are spread around the globe and the scale of the problem is increasing. Mydans describes the ambitious programme established by the government in Thailand to determine its stateless people's rights to citizenship but DNA tests and initiatives to establish effective population registration systems will only ever be partial solutions. More sustainable solutions to the global tragedy of statelessness require an end to war, racial conflict and discrimination around the world.

[8] International Herald Tribune on April 1st 2007.

Focus on Egypt: the experience of asylum seekers

On April 2nd 2007 a group of Sudanese asylum seekers were imprisoned for picketing outside the UNHCR building. This is an edited extract of their story produced in full in SEKN Background Paper 7.

> We were 9 men, two women and two children. At about 9.30 a.m. they transferred us to the Dokki police station. There an officer with an eagle and a star beat us up himself. They took us downstairs to a basement. Everyone passing by would beat us with a stick on our backs or shoulders. We were tied, each two or three together. In a small room, with a semi-rounded platform, they forced us on top of the platform with our faces towards the wall. They started searching us. They insulted us and insulted our country. They called us black and abused our mothers with obscenities. Then they closed the door and left. After about 5 minutes about 20 men entered the room. They took off their top clothes. They got razors out of their mouths and started beating us. We withdrew into the toilet and this is how we remained: them in the room and we on top of each other in a very small toilet. After about three hours, the police started to call for us, one by one, for the interrogation. Each of us signed a paper where there was only one question and one answer: What is your name? Then a police truck came and took away the men to the prosecution.
>
> On the 6th of April we went to court, which ordered a 15-day extension of our imprisonment. The lawyers did not know about the date and so none of them was there. We returned to the Giza police station and remained there, in the same situation, for another 15 days. They did not bring us any food. We had no money on us and lived on the charity of the other inmates. We returned to the same judge on the 19th of April. He commented: “You have cleaned up and have gained weight!! It seems that prison is good for you”. This time we had a lawyer with us, who asked for our release. The judge extended our imprisonment for another week. We were summoned to the judge for the third time. The judge told us, and these are his exact words: “You must stop politics and never go to UNHCR again. If you do return to UNHCR you will be sentenced to 6 years in prison and will never see the sun again”. We were returned to the Giza police station. They photographed us and took our finger prints and we were released four days later, to the state security intelligence office in Sheikh Zayed city. They blindfolded us for 9 hours. They were terrifying and terrorizing us.

Focus on Brazil: Brazilians still living under dictatorship".

This was the headline of a series of stories published in the newspaper *O Globo* in August 2007 comparing the daily life of 1.5 million people living in *favelas* in Rio de Janeiro with the experience of Brazilians during the military dictatorship (1964 -1985). In most urban *favelas* buildings have basic utilities such as electricity and water but inequalities persist: the illiteracy rate is almost double that of the general population (25.7%, compared to 14%) as is the unemployment rate (19.1%, compared to 9.9%). Despite working around 6 hours more a week the average monthly income of *favela* households is US$ 354, compared to US$ 1200 in other households.

These figures do not begin to capture the regime of terror to which *favela* residents are subjected. Twenty-two years after the end of military dictatorship, people living in Rio's *favelas* live in a 'state of exception' comparable to that experienced by refugees with their fundamental rights – formally guaranteed by the constitution – routinely violated by armed groups trafficking in drugs, the militia (informal security) and the police. These 'dictators' govern the *favelas*: they judge what is good or bad, dictate rules and set punishments for failure to obey, extending their influence into all aspects of social, political, cultural and economic life.

Torture, execution, and exile are common punishments in the *favelas.* Public torture, widely used against political activists during the military dictatorship, continues to be used by the *favela* dictators to instill fear in residents. Beatings are widespread: for domestic violence, theft or a simple misunderstanding with the wife of a drug dealer. People are suffocated with plastic bags, shot thought their hands, knees or feet or lacerated with swords, axes and knifes. Gang members who do not obey the rules are punished in the same way.

There is no way to estimate the number of executions because the bodies disappear – removed to clandestine cemeteries. This tactic, used effectively by Brazil's military dictatorship, undermines the formal legal process – with no evidence of a crime no culprit can be identified and charged. In the fourteen years from 1993 until 2007 the *favela* 'dictators' have been associated with the disappearance of more than 7,000 people – compared to 136 people reported missing during the 21 years of the military regime according to the NGO *Tortura Nunca Mais* [No More Torture].

On May 23, 2006, Sebastião da Silva Marques, 45 years old, left the house to buy bread. Two young armed drug-trafficking "soldiers" accused him of being "X-9" (police informer) and took him to their leader in a favela *to the West of the city. Condemned to death he was forced to dig his own grave. According to a witness, in exchange for US$ 1,200 the police had told the drug dealers that Sebastião was an informer.*

On August 10, 1993, Jorge Carelli an employee of the Oswaldo Cruz Foundation (Fiocruz) was using a public phone in Manguinhos where he lived when civil policemen mistook him for a criminal. Carelli was taken away in a police car and has never been found. Advocacy by officials of Fiocruz led to a police investigation which found traces of blood, hair and a bullet hole in the car. Twenty two police men were prosecuted for the murder of Carelli, but all were acquitted. In 1999, the state government accepted responsibility for his death and agreed to pay a monthly pension and compensation to Carelli's parents.

"In the favela*, you lose your children for trafficking or to the police. Young criminals of Barra [a neighborhood where wealthy families live], when caught by the police have good lawyers and are soon released or go to rehabilitation clinics. Our children are executed": Joel, 61 years old, street market worker, who sons have all been murdered.*

An incalculable number of people have been exiled: forced to abandon their homes by drug dealers or the militia just as political activists were forced to leave the country during the military dictatorship. At least two hundred families were expelled from Vigário Geral when the traffickers of Parada de Lucas invaded the community. Reflecting this situation, the rate of homicides among young people aged 15 to 24 years living in Rio's *favelas* in 2007 was seven times higher than residents in other age groups and three times higher than young people living elsewhere in the city.

Wallace, 13 years old, was in 5th grade. He shined shoes and dreamed of being a football player. In 2004 he went to play with friends and was found dead in a drain. His sister explained what had happened. The police had approached the boys wanting information about traffickers. "My brother said he was not a bandit, but the police called him a black boy and shot him in the head with his rifle. The next day I found the brain of my brother around the floor, holes in the walls of the bullets and lot of blood".

In Morro da Formiga, Paulo Andre da Silva, a community leader, refused to pay a fee to the drug dealers. They beat him then executed him in front of the family. The body was burned in a pyre made of tyires. The same had happened with Ronaldo da Conceição, another community leader in the favela: *killed and burned on top of the hill in August 2000.*

The journalist Tim Lopes, from TV Globo, disappeared on June 2, 2002, while investigating complaints from residents of Vila Cruzeiro, Penha of drugs being sold at a dance and prostitution of minors. Caught with a micro-camera by members of the local drug gang, he was taken to the top of the hill, "judged" and sentenced to death.

The homes of residents of the *favelas* are frequently invaded by traffickers, militiamen and police without court orders.

In the middle of a night of September 2006, in one of the largest favelas *of the north side of the city, ten bandits armed with rifles, grenades and machine guns ordered Antonio to open the door. Frightened, Antonio, got his wife and three children out of bed and waited in the corner of the room while the criminals searched his home looking for members of a rival gang expelled from the* favela *weeks earlier. Antony describes what happened: "The guy was obviously on drugs. He carried grenades tied to his waist and a machine gun. They stayed around ten minutes and turned everything upside down. When leaving they said that we shouldn't leave the house. I feared they would slip and drop the grenades or start shooting. I felt humiliated. Sometimes I want to cry because I can't do anything, I feel powerless".*

Nowhere is safe. Complexo da Maré, a house which served during the day as a nursery for 270 children, was used during the evenings by a drug gang to pack the marijuana and cocaine they sold. The police found out and surrounded the nursery, shots were exchanged and two of the gang died in the nursery.

The 'borders' established over the years of wars between rival drug traffickers, militias and police undermine residents' right to freedom of movement and barricades and curfews are common. In the *favela* of Praia de Ramos the militia has erected walls and gates in an attempt to prevent drug traffickers from neighbouring *favelas* from entering but also restricting the movement of the 5000 inhabitants. After 10 p.m. the gates are patrolled by members of the militia dressed in black and inhabitants are only admitted with identification. Physical barriers and armed conflicts disrupt basic public services: telephones are not repaired, areas have no post for weeks and residents fearful of leaving their homes do not use local health services. Armed conflict between gangs, militia and police in Complexo do Alemão affected around 4,800 children, who either had no school to attend or were transferred to a single school, where thousands of students went to study for only two hours a day.

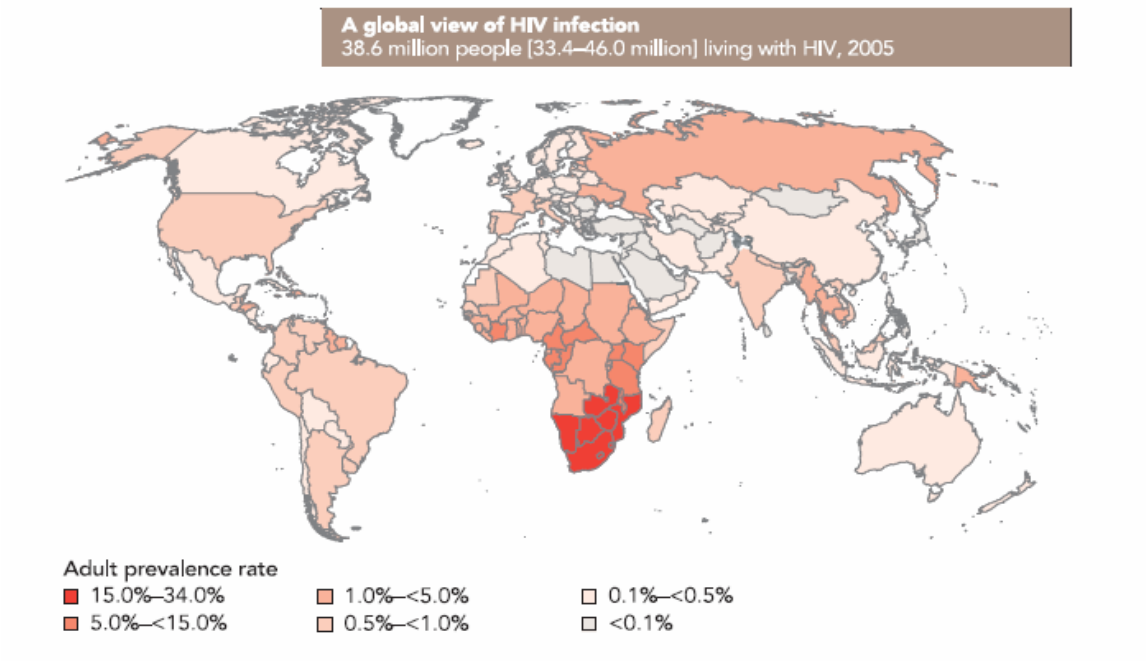
The reach of the dealers and militia often extends far beyond drug dealing and *favela* security to control of all aspects of life. They censor the music people can listen to, tap telephone calls and even dictate the colour of the clothes people can wear because they identify certain gangs. In some *favelas* they control the sale of cooking gas (preventing legitimate gas deliveries) and clandestine cable TV connections. They arbitrate in feuds between neighbours and family members, forbidding residents to call the police, prevent residents forming community associations freely and determine which community candidates will be put forward for election to local government posts.

When the militia took charge of the Favela Kelson's, in Penha, they expelled the president of the resident association and threatened him with death. In an interview with a local newspaper a community leader said: "They expelled the drug traffic and today the dictatorship of militia rules. They stole my dignity. They say that community leaders are involved with drug traffic. I am asking the Group of Special Areas Police to intervene because of the threat of many deaths and also to help reinstate me… I have done everything officially and I am at risk but so far I have not been successful (...) 200 people were killed in Kelson's". A few days after this interview the community leader was kidnapped and disappeared. Relatives testify that he was killed by the militiamen denounced by him.

Case Study 3: Exclusionary processes and HIV and AIDS

The HIV and AIDS epidemic is both a cause and a consequence of exclusionary forces. Although few parts of the globe have been left untouched, as Figure 5 shows, and with some exceptions, it is those countries and social groups most affected by exclusionary processes and experiencing the greatest social, economic, cultural and political disadvantage which have been at greatest risk of infection. Once infected, people belonging to these groups and/or living in these geographical areas are further disadvantaged because of limited access to services for diagnosis and treatment. The disability and ill health arising from AIDS and the stigma and discrimination associated with HIV status thus combine with other exclusionary processes to exacerbate social, economic, political and cultural inequalities. Despite progress being made in a small but growing number of countries, the AIDS epidemic continues to outstrip global efforts to contain it, with no part of the globe left untouched (UNAIDS, 2006).

Figure 5



By the end of 2005, just over 38 million people were living with HIV, with an estimated 4 million new infections worldwide (UNAIDS, 2006). In the same year, almost 3 million people died of AIDS-related diseases. More recently the UNAIDS is reporting a decline in the total number of infected people to 33 million globally.

Focus on Southern Africa

As Figure 5 demonstrates, Southern Africa is the epicentre of the global HIV epidemic, home to one third of the 38.6 million people infected with HIV worldwide and with 34% of global AIDS related deaths occurring in this region. The severity of the epidemic in Southern Africa is closely linked to exclusionary processes including the region's poverty, women's relative lack of empowerment and high rates of male worker migration. Even with knowledge of how to protect oneself from infection, such information may not be usable in the situations of extreme economic and social disadvantage which characterise the daily lives of many people – particularly young people and women - in the region.

The key factors driving the epidemic in Southern Africa include poverty, culture, stigma and discrimination. Poverty works through a myriad of interrelations including unequal income distribution and economic inequalities between men and women which promote transactional sex. The overlap of gender and socio-economic inequalities is especially harsh in South Africa, where many women depend on social grants, remittances from male partners and other kin, and other inconsistent and informal sources of income. All this has further weakened women's economic status, aggravating gender inequalities and exacerbating their exposure to HIV risk (NEDLAC, 2006).

Gender inequalities in patriarchal cultures, where women are accorded a lower status than men, have serious implications for choices women can make in their lives especially regarding when, with whom and how sexual intercourse takes place (Meyer-Weitz et al., 1998). Such decisions are frequently constrained by coercion and violence in women's relationships with men. For example, whilst male partners may have sex with sex workers or engage in multiple relationships, their female partners or spouses may be unwilling to insist on the use of condoms during sexual intercourse for fear of losing their main source of livelihood. Many women are thus left unprotected and exposed to HIV infection.

HIV and AIDS is one of the most stigmatised medical conditions in the world. Stigma interferes with HIV prevention, diagnosis, and treatment and can become internalized by people living with HIV and AIDS (UNAIDS, 2006). HIV infection, as with other STIs, is widely perceived as an

outcome of sexual excess and low moral character – rather than as a disease of poverty and inequality. As a result there is a strong culture of silence and denial by people living with HIV and AIDS because of fear of rejection and isolation by close relatives and the community at large (Johnston, 2001). The woman quoted below describes how stigma and social isolation are experienced: stigma is more severe for women than for men (Achmat, 2001).

> *I know personally I've had to put up with, 'you can't use our cups, you can't use our knives, you can't use our forks, you have to bring your own stuff to the office, hmm, so that you can…' You know, you kind of start getting isolated by people. People don't tend to want to talk to you because of knowing what your status is and I think it is plainly through total ignorance* (Muslim woman living with HIV, Cape Town, South Africa).[1]

A vicious cycle of poverty and deprivation of social and basic needs leads to an increased prevalence of HIV and AIDS. Increasingly young people are feeling the brunt of this pandemic as they are forced to take leadership roles within the household: caring for parents dying of AIDS and earning an income for the family. This often leads young people to turn to risky sources of income, such as commercial sex work, as a means of supporting the family. The young people themselves then become more vulnerable to HIV and any social achievements in health and education efforts are reversed (UNDP, 2005). The impact of HIV on young people will inevitably worsen if things do not change significantly. In Kenya, it is anticipated that a 15-year-old will have a more than 60% chance of death from AIDS9.

Focus on Bangladesh[10]

Bangladesh continues to have a low HIV prevalence rate: less than 1% of the general population. The first known case of HIV in Bangladesh was reported in 1989, and the most recent government data reports 874 people living with HIV, and a total of 240 AIDS cases (NASP 2004; ICDDR,B, 2006). However the most recent serological surveillance data indicate an epidemic for the first time in Bangladesh amongst a sub-group of male injecting drug users (IDU). In just twelve months (2005/06) HIV prevalence in such male drug users has increased from 4.9% to 7% in one city, and prevalence in one neighbourhood has increased from 7.1% to 10.5%. This is just one of the indicators of the imminent danger of an HIV and AIDS epidemic facing Bangladesh (NASP Sixth Round 2004-2005[11]). These figures are considered underestimates given that the surveillance system only covers most-at-risk populations; voluntary testing and counselling facilities are limited, and high levels of stigma

[9] US Census, www.hdr.undp.org
[10] This section draws from: Khosla N. 2007. *HIV/AIDS interventions in Bangladesh: What can the application of a social exclusion framework tell usk* SEKN Background Paper 11.
[11] NASP Sixth Round. 2004-2005; *National HIV serological surveillance,2004-2005 Bangladesh* 6th technical report. NASP,

surround HIV infection. There is little incentive for HIV testing because care facilities and treatment for HIV positive people are extremely limited.

Factors contributing to the emerging HIV epidemic in Bangladesh include:

- Proximity to high-prevalence countries like Myanmar, Nepal and India;
- Unsafe blood transfusions and use of non-sterile injecting equipment;
- Unsafe injecting drug practices such as needle-sharing;
- The high mortality burden of infectious diseases e.g. malaria and diarrhoea leads to relative complacency about vulnerability to HIV among some stakeholders;
- A prevailing view that conservative social and religious norms are protective factors;
- Low condom use in marital and non-marital, commercial and same-sex practices;
- Low level of awareness of STI and HIV/AIDS in the general population;
- Low levels of literacy;
- High levels of poverty;
- Extreme gender inequality and
- Inequitable access to healthcare information and services.

There is a limited discourse on protecting the human rights of those affected and infected by HIV and AIDS but the majority of prevention efforts – at international, national and community levels – tend to be epidemiologically-based, focussing on biomedical efforts and changing behaviour to reduce high risk behaviours among the most at-risk sub-populations such as commercial sex workers, injecting drug users, men who have sex with men, transgendered *hijiras* and people living with HIV and AIDS. These interventions are attractive because they directly target high risk groups and are readily measurable, for example in terms of the number of condoms distributed or HIV information booklets produced and distributed. However, these approaches subject targeted sub-populations to high levels of stigma and social exclusion. They also allow the underlying inequities predisposing these populations to HIV infection to be ignored, contributing to a continuation of the conditions which forecast an HIV epidemic in Bangladesh.

Case Study 4: Social exclusion, discrimination and cultural and social identity

Discrimination on the basis of cultural, social and/or racial identity generates powerful exclusionary processes. These exclusionary processes can be systematic and intentional - resulting from policies which deliberately discriminate against members of a particular group, community or society and embedded in formal institutions of the state, as in the case of the

Apartheid regime in South Africa. This is also the case with proposed new policies in Australia restricting the rights of aboriginal peoples. Discriminatory processes and practices are deeply embedded in the operation of labour markets: for example, the majority indigenous Tuareg in North Niger represent only 1% of upper management personnel and 15% of workers and employees in the uranium mining industry which has polluted their traditional lands and thus compromised their livelihoods. Discriminatory processes may also be sanctified by religion, tradition and cultural practices – as exemplified by India's caste system - and embedded in dominant social attitudes, behaviours and prejudicial practices. They may also arise unintentionally: even policies aimed at addressing social exclusion may inadvertently stigmatise and discriminate against people who are the targets of such policies. For example, it has been argued that regeneration initiatives targeting disadvantaged areas in the UK exclude and stigmatise groups living in disadvantaged neighbourhoods (Davies, 2006).

Many of the historic injustices affecting indigenous peoples and/or minority ethnic groups have their roots in colonization. Although in some instances the interaction between indigenous and non-indigenous societies led to mutual benefit and cultural transfer, typically it involved dispossession of land and territory, environmental degradation, subjugation and loss of the right to autonomous development, pressure to assimilate and at worst, genocide. It has more recently been recognised that indigenous people – of whom there are an estimated 370 million - often possess a unique body of cultural and environmental knowledge, the preservation of which is important for global sustainable development. Yet, this knowledge is devalued[12] and there are repeated reports of indigenous peoples being the victims of bio-piracy, or the unauthorised use of their traditional knowledge and biological resources.

Contemporary macro-economic pressures and globalisation interact with long-standing, more localised, exclusionary processes arising from discrimination. For example, Basu (2002) has argued that the civil unrest in India in the 1990s was the result of upper class Hindus resisting attempts by Hindu lower castes and non-Hindu minority communities to improve their position in the context of economic liberalisation. Similarly, research by Beall (2002) reveals how municipal sweepers in Faisalabad – a group, originally linked to the Hindu Churha caste, which converted to Christianity in the 19th century to escape caste oppression – was culturally and social marginalised but economically integrated with stable,

[12] The devaluation of 'lay knowledge' is discussed in SEKN Background Paper 7 with specific reference to indigenous peoples in Australia.

albeit low-paid, employed in the local government sector until technological innovations supported with aid monies resulted in the casualisation of labour and increasing deprivation, financial insecurity, and economic marginalisation. Violence and conflict are also closely associated with discrimination and reinforce exclusionary processes. The UNDP (2007) estimates that three-quarters of all conflicts have an ethnic or religious dimension. These typically involve restrictions on the economic and political rights of indigenous peoples and minority ethnic groups and the suppression of cultural identity.

Focus on India: the 'untouchables'

The Indian caste system classifies the population into four groups widely believed to be created by the gods. Caste is therefore fixed at birth. In this context the Marathi term *Dalit* – which means broken people - was made popular by the leaders of the anti-caste movement in the post independence period after 1947. *Dalits* are composed mostly of the Untouchables, the servant caste. The Indian Constitution identified the 'untouchables' as a scheduled caste on the basis of their social-economic-cultural disadvantage and made provision for improving their circumstances. However, approximately 166 million *Dalits* re still subject ti discrimination and exclusionary processes in India today[13].*Dalits* are socially and physically separate. They must live outside the village in rural areas and in prescribed areas in cities. They are denied basic human rights: not allowed to own property or to use public and common property like wells, tube wells, tanks and temples. Stringent social sanctions are applied if 'rules' are broken including physical abuse. *Dalits* also do the dirtiest menial jobs like cleaning toilets and in some part of the country they carry the night soil of others on their heads. Everywhere in the country sweeping is still done with brooms designed thousands of years ago, even in the most developed parts of New Delhi. Severe poverty forces *Dalits* to do work that presents acute risks to life and causes many painful diseases.

On rainy days, our existence was absolutely miserable. We were allowed to enter the village only through the byways, and these would be all slushy with mud when it rained. The outcasts and village people would squat on either side of the path, defecating. Rain water, mixed with faeces, stagnated in puddles on the path through which outcasts, field labourers and rice planters had to pass. Our legs would itch, infected with scabies. Later, at night, red ants would discover the wounds and feed on them. Oozing pus, the discoloured skin of our legs would resemble a leper's. From: Karikalan I (2002) Oorakali. In Basu T (eds) *Translating caste. Stories, essays, criticism*. New Delhi: Katha

[13] 2001 India Census.

Focus on Europe: Romany people

This is an edited extract from the 2006 report by Mr Alvaro Gil-Robles, Council of Europe Commissioner for Human Rights, on the human rights situation of the Roma, Sinti and travellers in Europe.

> *There is a lot of prejudice and discrimination against Roma. We find it hard to do things that others take for granted. We encounter problems because of who we are every day. Our government turns a blind eye to racial crimes committed against Roma. Quite often we have problems with the police, they suspect we all must be criminals. We don't want to be given preferential treatment, we just want the same opportunities as everyone.*

The Roma are a Pan-European minority comprising approximately ten million people. Their history and culture are integral to European history and culture. However, the general perception is often quite different: even in countries where the Roma have been living for centuries they are frequently viewed by the majority population as foreigners in their home countries. In the most horrendous manifestation of persecution, an estimated half a million Roma were exterminated in the Holocaust. This history has resulted in a loss of confidence in the state authorities and society as a whole, pushing many Roma communities to isolate themselves from the rest of society as a measure of self-protection. Human rights concerns faced by Roma in Central and Eastern Europe have attracted attention in recent years – partly due to the accession process to the European Union. However, there has been less attention given to the situation of Roma in Western Europe where they continue to experience prejudice and discrimination.

In many countries health indicators such as life expectancy, child mortality, rates of infection and chronic diseases among Roma/Gypsy communities reveal dramatic inequalities compared with majority populations (UNDP,2002). Lack of access to healthcare contributes to the poor health of Roma people, in large part due to lack of identity documents including birth certificates. Problems are compounded by prejudiced attitudes amongst service providers with widespread reports of health professionals refusing to provide treatment or services even in universal services such as the UK's National Health Service (European Monitoring Centre on Racism and Xenophobia, 2003).

In terms of wider social determinants of health, despite the availability of funds evidence suggests that local authorities often fail to provide water, electricity, sanitation, transport links

and improved housing to Roma communities. Access to public housing may also be restricted by the imposition of conditions - for example, Roma people are less likely to be able to reach minimum educational levels than other groups. School non-attendance and school dropouts continue to be unacceptably high among Roma children in many EU countries, including the UK, and have even increased during the past ten years. While poverty and, in certain communities, traditions create additional barriers to education, discriminatory practices and prejudices and lack of transport are major contributory factors. In countries as diverse as Slovakia, Finland and Denmark Roma children are frequently placed in special classes without adequate psychological or pedagogic assessment and follow a reduced curriculum. For example, in Slovakia, in some regions 80% of Roma children are in specialised institutions and only 3% enter secondary school. This segregation reduces Roma children's chances for further education, and their employment potential increases stigma, denying them and non-Roma children the opportunity to know each other and to learn to live as equal citizens.

Focus on Latin America: Andean Indians

There are between 40 and 50 million people indigenous people in Latin America who speak more than 400 languages (Patrinos & Skoufias, 2007). The proportions vary across countries from between 8% -10% of the population. Since colonization began in the 15th century, indigenous people have experienced systematic discrimination and denial of their ethnic identities. In almost all countries of the region, national identities were built on the negation of ethnic and cultural diversity. Citizenship rights were restricted to the white population and initially only to men. Indigenous people were treated as children or minors (Muñoz, 2006). The impact of these exclusionary processes is clearly seen in the limited political, socio-economic and cultural rights amongst Latin America's indigenous people, who have been systematically excluded from their traditional 'homeland' territories, resulting in the gradual loss of many indigenous cultures and languages.

Only in the last few decades of the 20th century, in response to indigenous movements across Latin America, have political constitutions begun to give formal recognition to cultural diversity. However, despite this formal progress, there remain many barriers to genuine equal inclusion of indigenous people, and their right to cultural autonomy continues to be severely restricted. Stavenhagen (2007), a UN special envoy, argues that these communities have suffered from a process of "cultural encapsulation" or systematic isolation which has driven these peoples into situations of extreme deprivation and systematically excluded them from traditional territories.

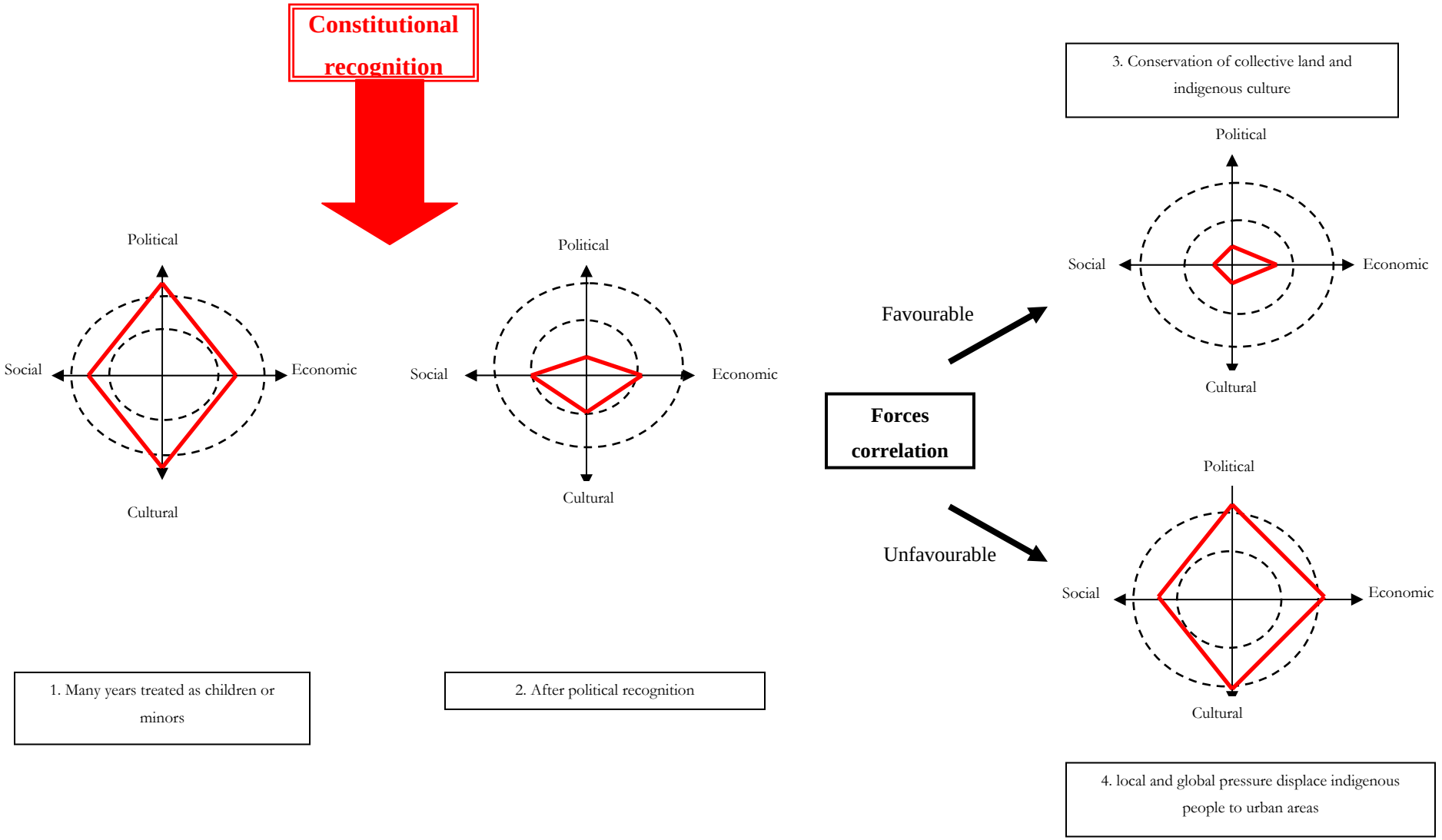
Indigenous people have poorer access than the descendents of colonizing nations to goods and services including food, housing, health, education, water and sanitary infrastructure and these inequalities are even greater for women (BID, 2004). They are over-represented amongst those living in poverty in all countries in Latin America, with women particularly severely affected.

Indigenous people in Latin America are resisting these exclusionary processes. Their social movements have produced formal political change and they are establishing culturally appropriate services. For example, indigenous schools can have positive impacts on educational achievements but coverage of these services is very low in Latin America, and indigenous children have the lowest rates of education in all countries – compounding their disadvantage into the future. Different models of healthcare have also been established with and by indigenous peoples with positive impacts on health outcomes. However, many of these services have closed due to lack of official support and today health services for indigenous people are typically part of government subsidized services provided for low-income people. For example, in Colombia, indigenous organizations can organize their own insurance schemes and deliver their own services under the umbrella of the national subsidized insurance scheme, but they have to operate as commercial organizations in line with the logic of the national scheme and there are restrictions on how they can invest their resources. These restrictions privilege medical models which focus on individualistic curative services - thus marginalizing the knowledge of indigenous peoples which focuses on equilibrium between nature and human beings - and service models which emphasise the wider social determinants of health (OPS, 2004). The same processes are highlighted in the case study of Australian indigenous people included in SEKN Background Paper 7.

The most profound impact of exclusionary processes on Latin America's indigenous people is the progressive loss of their territories. Indigenous communities operate systems of collective rather than private ownership of land – because land represents the 'mother of humanity' and their collective welfare depends on its sustainable use. Globalization is producing large scale exploitation of indigenous land for petroleum, oil palm and other bio-combustible products threatening systems of collective ownership, decreasing the production of food and displacing indigenous people to urban areas, threatening the security of their communities (BID, 2004).

Figure 6 below illustrates how the position of Latin America's indigenous people could move in different directions and to different degrees along the four dimensions of inclusion/exclusion highlighted in the SEKN conceptual model (page 22) depending on state action. This figure suggests that constitutional recognition of their collective citizenship in almost all LA countries is likely to have led to greater cultural and political inclusion and improved their social and economic positions. However, the figure also suggests that if national policies do not protect the rights of indigenous people, exclusionary processes, including those associated with globalization, will undermine these gains as indigenous people are displaced from their lands and forced into precarious living and working situations in urban areas.

Figure 6 Exclusionary processes impacting on indigenous people in Latin America



3.3 Indicators of social exclusion

The case studies presented above illuminate the nature and scale of social exclusion from a relational perspective combining both numerical data and people's stories to reveal the working of exclusionary processes in relation to economic inequalities and poverty, displacement and statelessness, and HIV and AIDS as diseases of poverty and cultural discrimination. In this section we consider some of the formal indicators and indices available globally, regionally and/or nationally that provide a different approach to understanding the nature and scale of social exclusion.

3.3.1 Measures at the global level

The SEKN has not been able to identify dedicated measures of social exclusion which would allow global comparisons between regions and countries. However, some available measures do provide a window on the global distribution of aspects of the SEKN model.

The Human Development Index (HDI), for example, is a composite measure across three dimensions of human development - length of healthy life, education and material living standards - covers 175 out of 192 UN Member countries. Although it does not include data on democracy, inequality or respect for human rights, it is a valuable tool for looking at aspects of social exclusion around the globe and importantly focuses on the relationship with aspects of population health. The UN Human Poverty Index 2, based on an understanding of poverty as 'primarily a denial of choices and opportunities for living a life one has reason to value' (Watkins K, 2006) provides a more detailed picture of the impact of exclusionary processes operating in MEDCs in relation to financial resources, labour markets, access to education and life expectancy.

Human Development Reports contain a wealth of other data relevant to an understanding of the nature and scale of exclusionary processes and their unequal impact globally. These include measures of the status of major human rights instruments and labour rights conventions, security (refugees, armaments, and victims of crime), and energy and the environment (Watkins 2006). There are also two composite indices which provide insight into gender inequities in the operation and impact of exclusionary processes: the Gender-related Development Index and the Gender Empowerment Measure. The HDRs also include measures of inequality in income or expenditure,

notably the Gini Index. One of the most frequently used comparative measures of income inequality, the Gini index measures the extent to which the distribution of income (or consumption) among individuals or households within a country deviates from a perfectly equal distribution. A value of 0 represents perfect equality, a value of 100 perfect inequalities. This is an important measure from the perspective of the SEKN, focusing attention on the unequal distribution of resources across societies rather than only on the poor.

Other global data relevant to an understanding of social exclusion can be derived from reports produced by the UN refugee agency (UNHCR), the UN Food and Agriculture Organisation (FAO), the International Labour Organisation (ILO) and annual reports on progress towards the Millennium Development Goals produced by the World Bank.

3.3.2. Measures at the regional level

Not surprisingly, measures of social exclusion are most developed in the European region or, to be more precise, in the EU where the concept of social exclusion was first popularised. In 2001 the EU member states agreed to use a common set of Indicators – the Laeken Indicators – in the production of their biennial National Action Plans on Social Inclusion. These are shown in Table 2 below and include ten primary and nine secondary indicators. The primary indicators are described in EU documents as covering 'the most important aspects of social inclusion' and the secondary indicators are intended to elaborate on the primary indicators or describe other dimensions of the problem.

Measures of income (including distributional measures) and of labour market participation are dominant, a reflection of the EU's social policy emphasis on paid work as a route to inclusion. However, two health indicators (life expectancy at birth and self defined health status by income level) and indicators of educational attainment are also included. The source of data for the Laeken indicators is the European Survey on Income and Living Conditions (EU-SILC), now available for 25 EU countries.

Table 2: The EU 'Laeken' indicators of inclusion/exclusion

Primary indicators:
1. Persistent at-risk of poverty rate
2. relative median poverty risk gap
3. long term unemployment rate
4. population living in jobless households
5. early school leavers not in education or training
6. employment gap of immigrants (national level measure)
7. material deprivation (to be developed)
8. housing (to be developed)
9. unmet need of care by income quintile (to be developed)
10. Child well-being
Secondary indicators: At-risk of poverty rate
1 At-risk of poverty rate
2. poverty risk by household type
3. poverty risk by the work intensity of households
4. poverty risk by most frequent activity status
5. poverty risk by accommodation tenure status
6. dispersion around the at risk of poverty threshold
7. persons with low educational attainment
8. poverty risk by accommodation status
9. Low reading literacy performance

Source: European Commission (2006) Portfolio of overarching indicators and streamlined social inclusion, pensions and health portfolio, Brussels.

3.3.3 Measures at the country level

The global and regional indicators discussed above are by definition available at a country level although there is diversity in the availability of data across countries within regions. Within Europe, for example, although all member states are expected to provide data on the Laeken indicators every two years the quality and coverage of available data is greater in the richer countries of Western Europe than in the new member states in Eastern Europe. More importantly, differences in measures of social exclusion at a country level also reflect differences in the way social exclusion is understood. For example, whilst it has been claimed that the Laeken indicators provide a common language for the discussion of EU policy to promote social inclusion, the particular indicators included are disputed and other measures are favoured in different EU countries linked to differences in the understanding of the problem labelled 'social exclusion'. In France there is a primary focus on labour market relationships and access to public services, particularly social protection through cash transfers. In the UK,

whilst still dominated by indicators of income poverty, labour market relationships and human capital (e.g. educational attainment) approaches to measuring social inclusion/exclusion also include an idiosyncratic set of other measures including fuel poverty, use of contraception, homelessness and several health-related measures reflecting the more eclectic focus of UK social exclusion policy (DWP, 2006).

Case studies of social exclusion conducted by the International Institute of Labour Studies in a sample of developing countries attached to ILO were carried out in preparation for the 1995 World Social Summit (Gore and Figueiredo, 1997). These also highlight important differences in understandings about the nature of the problem and, by implication, how it is to be measured and addressed. Some countries, for example India, focused strongly on exclusion from basic rights such as access to health, education, housing, water supply, sanitation and social security. Reflecting a relational perspective, no threshold was identified defining a state of 'exclusion', rather variations in access were examined in relation to geography, gender, age, income level, asset base, religion and caste (Appasamy et al, 1996). Other case studies focused on *a priori* identified groups of 'socially excluded people' but also emphasised the processes driving exclusion rather than simply describing 'states' of exclusion. In Peru, for example, the case study described the operation of processes of economic exclusion from labour, credit and insurance markets; political exclusion from property rights, social protection rights and basic public services; and cultural exclusion from membership of some social networks (Figueroa, 1996). All the case studies identified issues such as violence and personal insecurity as contributors to exclusionary processes.

These case studies illustrate the greater depth and sophistication in the measurement of social exclusion that can be achieved in country level studies, notwithstanding problems of data availability. However, one-off studies like these are not able to monitor trends in social exclusion/inclusion, which requires the routine collection of relevant data such as that used in the Laeken indicators. When data are available, approaches to measuring and monitoring exclusionary processes and their impacts can be more sophisticated at the country level as they are not subject to the constraints arising from the need for comparative data across countries or global regions. Some examples of country level approaches to measurement are described below.

In Sub-Saharan Africa, reflecting the dominant discourse on poverty described earlier, measures tend to focus on poverty, vulnerability and marginalisation rather than social exclusion/inclusion. In South Africa, Noble *et al* have attempted to develop provincial indices of multiple deprivations (PIMD). The key variables are age, gender, population group, employment status, occupation, education and income. However, the work is still at a theoretical and development stage, and each PIMD provides information about relative levels of deprivation within the province in question only, which is not comparable across provinces (Noble *et al,* 2006).

Country level indicators are also being developed in Latin America. In Venezuela, for example, Alberto Minujin (1998) has proposed a measure based on the idea of a *continuum* from inclusion through vulnerable states to exclusion. Using data on social and economic circumstances from the 1994 survey of households in Venezuela Minujin developed a classification of households into three groups - "excluded", "vulnerable" and "included" – based on income level, years of education, type of employment contract and duration of unemployment. Minujin's classification allows for the possibility that households can be poor because of their income but not excluded or vulnerable when measured by other indicators (Minujin, 1998: 198). The ability of Minujin's classification to reveal the complexity of social exclusion is inevitably restricted by the limitation of the data available – for example political and cultural dimensions are invisible in this approach. More importantly, however, like other indicators described here the approach is concerned to describe states rather than illuminating the processes generating these states.

In Brazil, a group of scholars led by Pochmann (2002) has developed a Social Exclusion Index based partly on the methodology used in the UNDP Human Development Index but considering a larger number of dimensions of economic and social life. Table 3 shows the dimensions, indicators and weight attached to each indicator in the construction of Pochmann's Index. Using data from the National Census of 2000 they produced an Atlas of Social Exclusion consisting of a series of maps illustrating the situation in 5,500 Brazilian cities for each of the eight indicators. Applying the same method to data from previous censuses allowed the group to consider the dynamics of exclusionary processes operating both within and between these cities. The Atlas aims to identify the regions of Brazil most severely affected by exclusionary processes over

time and to influence the development and implementation of public policy in order to reduce inequalities between areas.

Table 3 Pochmann's Social Exclusion Index

Dimension	Indicators		Weight
Life dignity	Poverty	% of households head with wage insufficiency	17,0
	Employment	% of population over 10 years old with formal jobs	17,0
	Inequities	% of household heads with income greater than 10 times the minimum wages and % of household chiefs with income up to 10 times minimum wage	17,0
Knowledge	Alphabetization	% of population over 5 years old able to read and write	5,7
	Educational progress	Media years in school of household head	11,3
Youth vulnerability	Youth presence	% of population aged up to 19 years old	17,0
	Violence	Number of homicides per 100.000 habitants	15,0
Exclusion			100,0

More work has been done on the measurement of social exclusion in Europe than in any other global region and there are also more theory-driven approaches to measurement here than elsewhere. An example often cited is Paugam's (1995) multi-dimensional approach to the measurement of what he refers to as 'social disqualification' in France.

Table 4 Examples of Theory Driven Approaches to Measuring SE in the UK

The Poverty & Social Exclusion in Britain Survey (Gordon et al, 2000; Pantazis et al, 2006)	***CASE measure of social exclusion (Burchardt et al, 2002)***	***The Bristol Social Exclusion Matrix (B-SEM) (Levitas et al, 2007)***
Dedicated cross-sectional survey conducted in 1999; Representative sample of 1,534 UK households. Eight indicators used to develop measures of four dimensions of social exclusion: • impoverishment; • labour market; • services; • social relations.	Used longitudinal secondary data from British Household Panel Survey to measure social exclusion along four dimensions of participation: • consumption; • production (including social activities); • political engagement; • social interaction	Suggest range of secondary and primary data can be used to measures SE in 10 domains: **Resources:** • Material and economic • Access to services • Social relationships **Participation** • Economic • Social • Cultural, education, • Political civic participation **Quality of life impact** • Health & Well being • Living environment • Crime, harm, criminalisation

Table 4 above briefly describes some of the theory-driven approaches to measurement developed in the UK. These approaches are discussed in more detail in SEKN

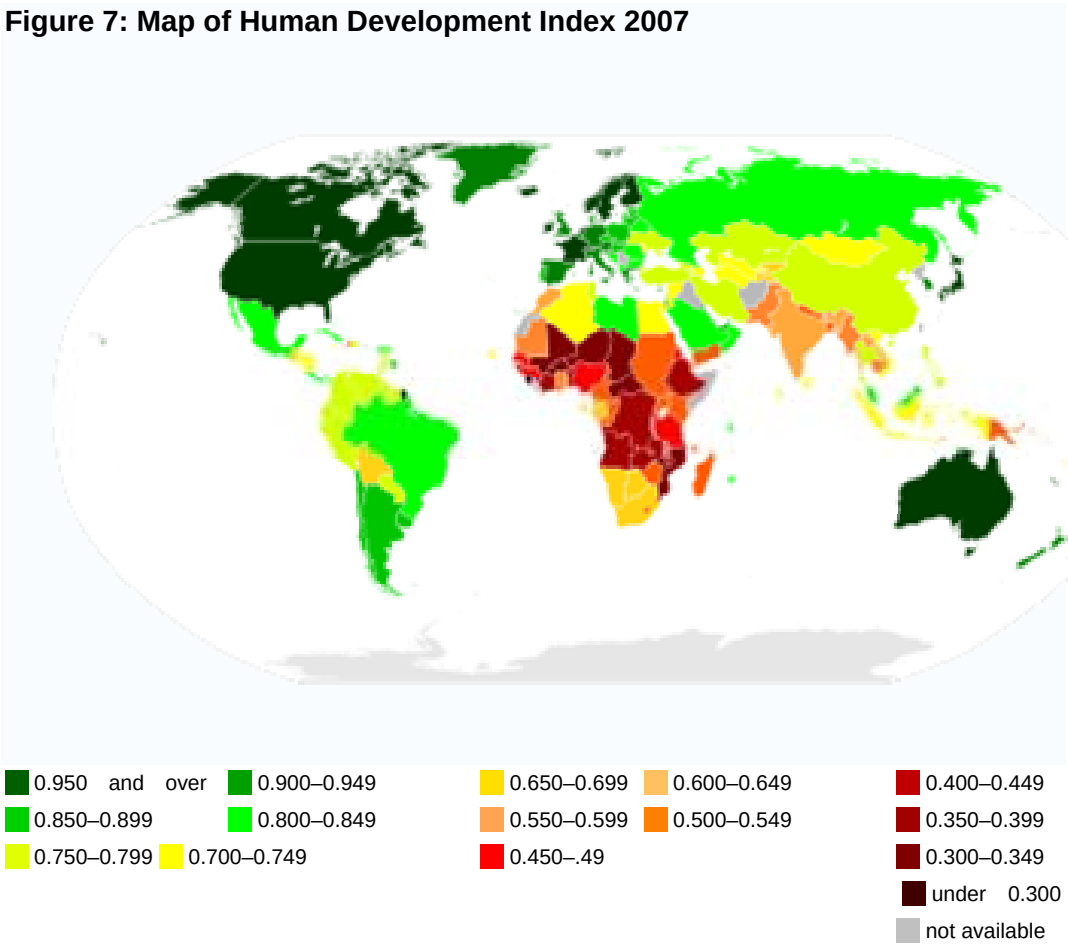
Background Paper 1. A common feature of these approaches is that rather than relying on a small number of idiosyncratic and separate indicators of social exclusion, they all involve an attempt to theorise key domains of social exclusion and seek to describe the relationship between them. These approaches use somewhat different labels for the domains they identify. However, there is a shared focus on four 'arenas' of participation: financial, labour market, services and social relationships whilst two of the three also make explicit references to political participation. The Bristol Matrix also emphasises cultural aspects of exclusion and the causal pathways between resources, participation and outcomes. These indicators also give some – albeit limited - attention to the relationship between social exclusion and health experiences.

3.3.4 Advantages and disadvantages of measures of social exclusion

The measures described above can provide valuable insights into the scale and distribution of exclusionary processes and their relationship with health and wellbeing. For example, the distribution of HDI scores shown in the world map in Figure 7 is a dramatic illustration of the unequal impact of exclusionary processes across global regions, with the particularly poor situation in Sub-Saharan Africa vividly illuminated.

The HDI also highlights significant inequalities between countries across and within global regions. For example, people in Norway (at the top of the HDI league) are more than 40 times wealthier than people in Niger (at the bottom of the league), live almost twice as long, and enjoy near universal access to primary, secondary and tertiary education, compared with only 21% of the population of Niger. Within Sub Saharan Africa the HDI scores vary from around 0.6 in South Africa to 0.3 or lower in some countries in West Africa. Variations between countries in converting wealth into wellbeing are also revealed. Whilst some countries have an HDI rank far below their income rank, others invert this relationship. In some cases these discrepancies result from specific problems (e.g. HIV and AIDS in Southern Africa). In many others they are likely to be the result of the failure to ensure access to basic living conditions (e.g. safe water, sanitation) services such as health and education and social protection for citizens.

Figure 7: Map of Human Development Index 2007



Finally, the HDI provides insight into trends over time in the nature and scale of exclusionary processes and their impact. For example, since the mid-1970s almost all regions have been progressively increasing their HDI score. East Asia and South Asia have accelerated their progress since 1990 whilst central and Eastern Europe and the Commonwealth of Independent States (the Baltic states), has also shown improvements following a catastrophic decline in the first half of the 1990s. However, Southern Africa is a major exception to this trend with HDI scores stagnating since 1990, partly because of economic reversal, but principally because of the catastrophic effect of HIV and AIDS on life expectancy.

The Laeken Indicators provide a more finely tuned picture of geographical inequalities in exclusionary processes and their impacts but are available only for the EU area. Using these indicators the EU has calculated the proportion of the population over 16 at risk of

poverty in member states (European Commission, 2007). In 2004, the EU average was 16% but national figures ranged from 9% in Sweden and 10% in the Czech Republic to 20% in Ireland, Greece, Spain and Portugal and 21% in Lithuania and Poland. In most countries, the proportion at risk of poverty was higher for women, the difference reaching 4 percentage points in Bulgaria and Italy, while at EU level the gender gap was 2 percentage points. Only in Hungary and Poland was the at-risk-of-poverty rate marginally greater for men. The young have the highest at-risk-of-poverty rate, at 19% for children aged 0-17, and 18% for the 18-24 age groups. The risk of poverty for children is particularly high in Poland (29%), Lithuania (27%) and Romania (25%).

EU Member States with the lowest income inequality are also among the countries with the lowest at-risk-of-poverty rate. The ratio of the income of those at in the bottom quintile of the income distribution, compared with that of individuals in the top quintile, was 4.9 for the EU in 2004. Member States with the highest disparities between those at the top and those at the bottom of the income distribution are Portugal (with a ratio of more than 8 to 1), followed by Lithuania, Latvia and Poland. There has been a common trend for income disparities to increase (Begg *et al,* 2006).

This section has sought to identify and describe some of the existing sources of data and formal indicators/measures that provide at least a partial window on social exclusion. However, despite some obvious benefits there are a number of important limitations associated with these data/indicators in terms of their ability to enhance our understanding of the nature, scale and impact of exclusionary processes.

Although there are an increasing number of dedicated indicators of social exclusion incorporating multiple dimensions and interactions between these, the relevance and utility of these approaches beyond the countries and regions in which they have developed will inevitably be limited. This is partly because of the lack of consensus globally regarding the meaning and salience of the concept of social exclusion, partly because of the lack of data in many countries and perhaps also because the conceptual basis for these measures – focusing as they do on issues relevant to the industrialised countries of the northern hemisphere – is not readily translated to low-income countries or regions with large rural populations and very different social, economic, cultural and political contexts. Dedicated indicators of social exclusion have also been the object of

methodological criticism. For example, the Laeken Indicators have been criticised for their reliance on batteries of single indicators, which fail to distinguish between risk factors and outcomes, and cannot prioritise or measure the interaction between factors. These measures of 'exclusionary states' also tend to emphasise economic and social dimensions, giving less attention to political and cultural dimensions.

Measures of the relationship between social exclusion and health outcomes are also highly problematic, even setting aside the SEKN's theoretical position that health is both constituent and instrumental in relation to exclusionary processes. Taking social exclusion as a state, inconsistencies in the ways in which social exclusion is defined and measured, lack of an agreed set of indicators, and the inclusion in some measures of a variety of health indicators as a component of or risk factor for social exclusion, rather than an outcome of the experience, all make it difficult to 'measure' the impact of social exclusion in health outcomes. Where health impacts are considered this typically involves a focus on a single dimension of social exclusion. For example, the relationships between health outcomes and poverty, labour market inclusion/exclusion, access to services, various aspects of identity, social capital/social cohesion and place have been extensively studied, as have the health experiences of homeless people, refugees and people with mental health problems. Some of this is reported by other knowledge networks. A recent systematic review of the relationship between mental health and social exclusion identified 72 references, but inconsistencies in the way in which social exclusion was defined and measured meant that the inferences to be made from the papers were limited (Curran et al, 2007).

A particularly important limitation of available quantitative approaches to the measurement and monitoring of social exclusion is that they can themselves be 'exclusionary', because people most severely affected by exclusionary processes – for instance, the stateless, homeless people, marginalised indigenous people and people living in institutions – are often the least likely to be counted. This limitation of quantitative measures is compounded by the neglect of approaches which capture the voices of people most severely affected by exclusionary processes. Consequently, a vital source of wisdom on the nature and impact of exclusionary processes and, more importantly, about appropriate and effective ways of addressing these processes has limited impact on policy and action. However, from the perspective of the SEKN, the

most important limitation of all the available measures – including the more sophisticated dedicated indicators of social exclusion – is that they are focused on providing 'objective' descriptions of states of exclusion, neglecting (with notable exceptions) the relational nature of these 'states', the exclusionary processes generating them and the subjective experience of the people most severely affected by these processes.

The complexity of the concept of social exclusion - its multi-faceted nature including both objective and subjective elements – cannot be fully captured in numbers and indicators and hence such numbers and indicators cannot be an adequate foundation for policy and action. Rather, the nature and impact of exclusionary processes can only be adequately 'represented' through both quantitative and qualitative data – through both indicators and stories. Only by combining understandings of the nature and experience of exclusionary processes obtained from both these sources will the effectiveness of policy and action be maximised.

3.4 Key points on assessing and measuring social exclusion

- Developing and targeting policy/action and monitoring implementation and impact requires information on the nature and scale of social exclusion.
- However, this is a complex and problematic endeavour because of:
    - The different meanings attached to social exclusion;
    - The availability and quality of relevant data.
- Approaches to 'measurement' focusing on the relational processes driving exclusion/inclusion as well as the experience of those most severely affected can better inform the development of appropriate and effective policies and action than measures focusing on describing static states of disadvantage.
- Relational approaches to 'measurement' highlight, for example:
    - Poverty as a humiliating experience of asset and capability deprivation resulting from social and economic inequalities, not individual inadequacies;
    - Displacement and statelessness as products of processes including conflict within and between nations, climate change, economic inequalities, etc.,
    - Disease as both the product of and contributor to exclusionary processes;
    - The exclusionary processes associated with cultural discrimination and the interaction between this and other dimensions of exclusion.
- Indicators and indices available at a global and country level whilst typically not focused specifically on social exclusion can provide important insights. However, they have limitations including:
    - An inability to have equal salience around the world;
    - A failure to capture the multi-dimensional nature of social exclusion;
    - An emphasis on describing 'states' of exclusion as opposed to illuminating processes generating these states.
- More sophisticated approaches to measurement are being developed but these:
    - Remain focused on 'states' rather than processes generating these states;
    - Have limited utility regionally and/or globally due to data limitations and the 'Western' orientation of the understanding of exclusion; for example, giving more emphasis to formal labour markets and welfare systems and less to cultural and political aspects of exclusion.
- Greater attention needs to be paid to capturing the wisdom of experience amongst

people most severely affected by exclusionary processes and ensuring this wisdom informs policy and action.

- Knowledge to inform the development, implementation and evaluation of policies and action should be drawn from both numerical indicators and accounts of experiences.

PART III: TACKLING EXCLUSIONARY PROCESSES: APPRAISING POLICY AND ACTION

In this part of the report we shift the focus to policy and action aimed at tackling exclusionary processes. In Chapter 4 the relationship between actions to promote and protect human rights and those focusing on reversing exclusionary processes is introduced and a typology of the actions and policies appraised by the SEKN is presented. This is then used to structure subsequent chapters which consider in turn: policies and actions led by the State in all its forms (Chapter 5); initiatives at global, regional and national levels to develop strategic approaches to the development and/or co-ordination of policies/actions targeting social exclusion (Chapter 6); the role of community action and non-governmental organisations (NGOs) (Chapter 7), and the role of corporate social responsibility in the private 'for profits' sector (Chapter 8).

Chapter 4 Contextualising and classifying the SEKN policy/action appraisals

The SEKN has not been centrally focused on human rights but a 'rights' perspective has strongly influenced our work. In its Preamble, the Universal Declaration of Human Rights points to the interdependence of civil, cultural, economic, political and social rights, mirroring the dimensions of social exclusion highlighted in the SEKN model. Indeed, the World Conference on Human Rights in 1993 argued that poverty and social exclusion caused significant violations in human rights and called for urgent action to address these, including action to ensure the participation of people experiencing poverty in decision-making processes. More recently, a United Nations Development Programme virtual round-table (UNDP, 2007) suggested that exclusion could be translated as the UN non-discrimination clause, defined by the Human Rights Commission to mean:

> *any distinction, exclusion, restriction or preference which is based on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, and which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise by all persons, on an equal footing, of all rights and freedom*

From this perspective, all policies and actions aiming to tackle dimensions of social exclusion – whether or not they are explicitly described in this way - are concerned to a greater or lesser extent with the protection and promotion of human rights, and this is no less the case with the policies and actions appraised by the SEKN. However, before presenting a synthesis of the results of these appraisals, two key issues need to be clarified.

Firstly, a major challenge faced by the network was that globally there are relatively few policies and actions explicitly described as addressing social exclusion or inclusion. In this context, we sought to identify policies and actions focusing on one or more of the four dimensions of the SEKN model and therefore, in theory at least, which had the potential to tackle exclusionary processes. Secondly, it is important to reiterate that the policies and actions appraised by the SEKN were not chosen because they were judged *a priori* to represent 'good practice' in tackling exclusionary processes. Rather, the aim

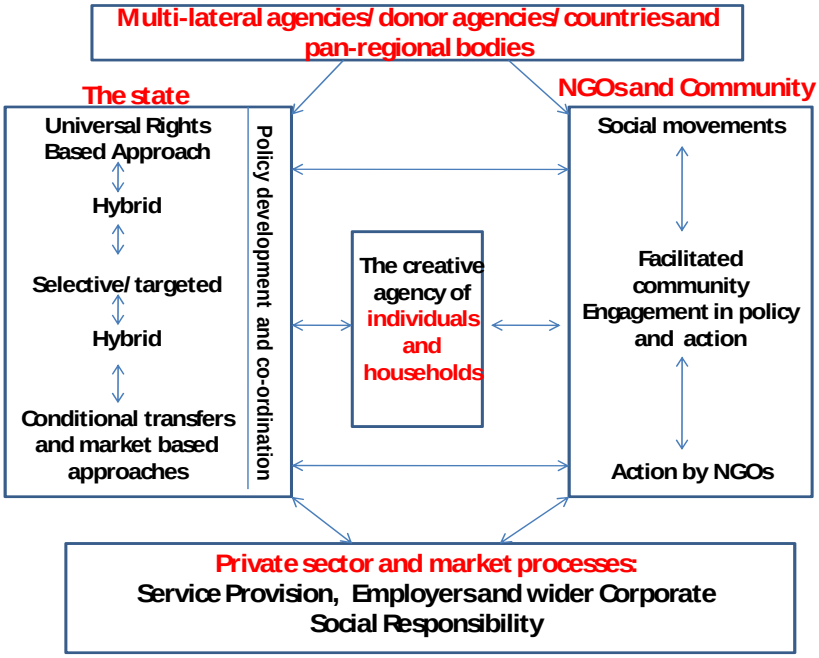
was to appraise a diversity of policies and action and identify the strengths and weaknesses of different approaches with a view to making recommendations for action. We also aimed to include approaches to policies and action which appeared to be particularly common and provided scope for comparisons across countries and global regions.

For the purpose of the appraisal synthesis presented here, policies and action have been grouped on the basis of two criteria: the lead 'actors' involved and the 'theory of change' underlying the policy/action. It is important to stress that whilst the typology identifies 'lead' actors most of the policies and actions appraised by the SEKN involved partnerships between more than one of these actors. So, for example, state initiatives to extend access to health care may involve working with private insurance companies and/or commercial health care providers.

The typology of actors and actions used to structure this part of the report is shown in Figure 8 below.

Figure 8

A typology of actors and actions to address exclusionary processes



As Figure 8 illustrates, five main 'actors' are involved in policies and actions judged by the SEKN to be addressing dimensions of exclusionary processes: individuals and households directly affected by exclusionary processes, the state in all its manifestations, not-for-profit organisations (NGOs) and community actors, multi-lateral agencies and pan-regional bodies such as the European Union, and private sector 'for-profit' organisations.

The policies and actions appraised by the SEKN can be grouped into those 'led' by nation states; those 'led' by NGOs, community groups and social movements and those led by private sector organisations. The actions of multi-lateral agencies and donor countries/agencies have only been appraised in so far as they are working in partnership with nation States, NGOs or private corporations or are strongly influencing the action of others. The fifth domain of action shown in the diagram is that of the individuals and households most directly affected by exclusionary processes. In the absence of other sources of support and/or when the support available does not provide for a decent quality of life, people adversely affected by exclusionary processes will act in whatever way they can to further their own interests. Whilst not formally appraised by the SEKN, the creativity and resilience reflected in these 'survival strategies' is described in some of the SEKN Background Papers.

The policies and/or actions which have been appraised can also be grouped according to the 'theory of change' underpinning them; though these 'theories' are typically not made explicit they can be derived from consideration of the nature, and where available the formal aims, of policies/actions.

State led policies/actions: Several 'theories of change' (not necessarily mutually exclusive) can be identified in state led policies:

- *Universalist policies:* reflecting theories concerning the value of social solidarity and collectivisation of risk, these policies extend rights to publicly funded services, typically to all citizens with no fee or only a small fee at the time of use.
- *Means tested targeted transfers:* reflecting theories concerning the value of targeting scarce resources on groups most in need; these policies involve transfers (in cash or kind) dependent on an eligibility test.

- *Conditional targeting:* reflecting theories concerning the 'irresponsibility' of poor people and the need for them to be 'incentivised' to adopt socially-valued behaviour; these policies provide transfers in cash or kind dependent on pre-defined reciprocal behaviour on the part of recipients.
- *Market based actions:* reflecting the social management of risk approach, theories underpinning these policies are concerned with the need to build self-reliance and consumerism to support people out of poverty. These policies typically promote market-based solutions, such as private insurance schemes, and typically involve private sector 'for profit' partners. Some cash transfer programmes are also underpinned by consumerist approaches structuring demand subsidies to draw poor people into market relationships.
- *Developing and co-ordinating policies:* reflecting an understanding of social exclusion as multi-dimensional, best addressed through joined-up working across different government departments, professional groups and/or sectors. These policies typically seek to promote greater partnership working across departments/sectors and attempts to change mainstream provision so it better meets the needs of disadvantaged people and communities, rather than providing new dedicated services.

In practice these different theories of change are combined in many country contexts, producing hybrid policy initiatives. For example, not all conditional transfers are targeted at particular low income groups (for example, the female secondary school stipend in Bangladesh) and universal services can be conditional (for example, child benefits in France).

Non-governmental Organisations (NGOs) and community action: Three main types of action are included under this heading: autonomous action by communities in pursuit of social, economic, political and/or cultural rights (ranging from small scale action by community groups to large scale social movements); community engagement in policy/action decision-making commonly facilitated by other actors such as the state, NGOs or the private sector; and the direct provision of services or other support by NGOs.

Private sector action: For the purpose of the SEKN work, private sector action has been divided two types: service provision, such as insurance, health care or education – discussed in this report in the context of state led policies and actions – and actions broadly labelled corporate social responsibilities. The latter actions, which include the activities of private corporations as employers and activities on a broader front, are discussed in a separate chapter.

Multi-lateral agencies: These include global agencies such as the various UN agencies, the World Bank, and pan-regional agencies such as the Union. As noted above the action of these agencies have been appraised only in so far as they work with or influence other actors, notably national governments. However, as many of the SEKN appraisals highlight, the theories of change underpinning the work of some of these agencies have had a profoundly negative impact on action aimed at tackling social exclusion. This is perhaps most obvious in relation to the widespread influence of neo-liberal theories and theories relating to the social management of risk strongly espoused by the World Bank. These theories call for a reduction in the role of the state in welfare provision, emphasis on targeting and conditionality rather than universal approaches to meeting basic needs, and reliance on market-based approaches to addressing poverty and inequality.

The chapters in this part of the report present summaries of SEKN appraisals of policies/actions discussed in more detail in SEKN Background Papers. The chapters consider in turn: state led policies and actions (Chapter 5); strategic initiatives by multi-lateral agencies, pan-regional agencies and nation states aimed at policy development and co-ordination (Chapter 6); community action and activities led by NGOs (chapter 7); and the corporate social responsibility of the private sector (Chapter 8).

Chapter 5 State-led policies to address exclusionary processes

5.1 Universal approaches

Universal approaches to addressing exclusionary processes are typically found in the OECD high-income industrialised countries. Although funding systems vary, these approaches all involve the state having the key function of financing (through taxation and/or forms of social insurance) and overseeing the provision of a range of services. In addition to the provision of universal systems for social security and social protection, healthcare and education (albeit not always free at point of use) the State has also played a key role in ensuring the infrastructure for other basic services, notably sanitation, water, transport and power. In most high income countries and some LEDCs, there has also been extensive state involvement in housing, although this provision is commonly targeted and means tested, as well as policy directly or indirectly promoting democratic processes and the cultivation of an active civil society.

The older 'welfare' systems of Northern Europe and other OECD countries have made an important contribution to tackling exclusionary processes, promoting social cohesion and population health improvements (See for example: Navarro et. al. 2006; Townsend, 2007). However, this type of state involvement has been under pressure over the past few decades. In many countries state-owned services such as railways, energy (e.g. electricity generation) and water have been sold to private providers and there has been increasing pressure to limit access to free healthcare (discussed in more detail in the report of the WHO Health Systems Knowledge Network). Free universal education services and the state provision of housing are also under pressure. For example, in England much public housing has been sold into private ownership (leaving the poorest quality stock still in the hands of local authorities who are now required to divest themselves of their responsibility for housing, transferring responsibility to civil society organisations. In England fees have also been introduced for university education alongside new forms of financial assistance involving both universal loans (with no or low interest) and means tested benefits in an attempt to maintain access for those on lower incomes. There is also an important debate about the continued relevance of the assumption that the 'nation state' is the appropriate organising principle for welfare

systems in the context of increasingly diverse populations and large scale movements of people across national boundaries (Clarke 2004; Sassen, 2000; Williams, 1989).

Notwithstanding these trends and debates surrounding publically funded universal provision, examples of this approach to policies and actions aiming to tackle exclusionary processes are still prominent in strategies to reverse exclusionary processes. The SEKN has not had the capacity to systematically appraise all these policies and actions but we have considered examples from a number of different policy fields and countries.

OECD countries, social security and social protection

In Europe and other OECD countries complex and comprehensive systems for social security and protection, closely linked to labour market policies, have emerged over more than 100 years out of a fragmented mosaic of voluntary, employer and state funded provision and workers co-operative schemes. In a recent review Townsend (2007) argues that the historical development of welfare provision in OECD countries highlights the benefits for social cohesion of universal approaches financed through taxation and/or social insurance and the value to governments of using "direct" measures to reduce poverty. He provides evidence that despite pressure to restrict spending the proportion of public expenditure allocated to these schemes has continued to grow in all OECD countries in recent years albeit at a slower rate. He also argues that countries which chose in the 1990s and early 2000s to give stronger weight to forms of social assistance other than social insurance schemes, including tax credits, have stumbled in their attempts to contain poverty at the same time as maintaining social cohesion and work incentives (Corak, 2005).

The conclusions of Townsend's review of OECD social security schemes are that:

- Historically, social security, albeit closely linked to labour market participation, was accepted by *all* OECD member countries as a major path to modernisation and sustainable growth and the principal means to reduce poverty. This path is being actively pursued by new member states of the OECD and the EU.
- A mix of universal (i.e. social insurance and tax-financed group schemes) and selective measures (i.e. aimed at particular groups tested) came to be developed.

Generally, the greatest weight came to be placed on "universal" contributory social insurance and then tax-financed group benefits.

- Three key components of comprehensive universal social security are identified by Townsend and he argues that if these are to be adopted in less economically developed countries they have to be modernised along the following lines:
  - *Contribution-based social insurance* depends on revenue willingly provided from wages by employers and employees. Transnational companies will have to be required to make contributions on behalf of subcontracted labour in countries with which they trade. Individuals will need to be contractually and not informally employed with beneficial results for the reduction of extensive violations of human rights — especially child labour and other labour violations. Individuals will also require rights when moving to, and/or employed in, other countries.
  - *Tax-financed group schemes* will be crucial for some groups unable to work, such as children, the severely disabled, the elderly and carers. The tax base cannot be applied only to one country because of labour mobility and globalisation.
  - *Selective social assistance* will depend on revenue from companies, and all countries, employing relevant labour and making cross-national profit[14].
- The path to social security of similar scale and importance for developing countries as for already industrialised countries has effectively been obstructed or not actively supported by donor agencies, at the same time as social security in the industrialised countries has continued to grow, or has remained at a high level, proportionate to GDP. This has fostered a remorseless growth of inequalities between rich and poor countries, and of inequalities within low-income and middle-income countries, especially those of considerable size and growing global economic importance, such as Brazil, India and China. The need for a catching-up exercise and for more coherent international development of social security systems has become urgent.

[14] In a supplementary report methods of finding the global revenue to meet social security rights, and bring current practices up-to-date are set out in some detail. The principal illustration is of a new application of the 1972 Tobin Tax, a Currency Transfer Tax, to raise quickly a sum much larger than current levels of Overseas Aid and Debt Relief for a UN Child Investment Fund to develop a system of child benefit in cash and kind in the poorest countries.

From the perspective of social exclusion, and given, as we shall show, that current policies focusing on poverty are emphasising targeting and conditionality rather than universality, Townsend's analysis of the cohesive potential of universal social insurance schemes is particularly important. As he notes:

> *The task is not just to re-introduce a successful historical model. It is to re-shape that model to meet new problems as well as problems that have been familiar for generations. The strength of a universalistic approach in social security, coincident with human rights, is in building coalitions between groups in society of a more varied kind, say, than those representing familiar ethnic or religious divisions. Social security systems have created cross-cutting and three generational social identities and have moderated multiple forms of discrimination. Shrewdly interpreted, universalism can encompass rights by gender, race, ethnicity, age and disability and give nationalism a stronger edge both in negotiating with outside powers and withstanding international shocks.* (Townsend, 2007:1)

Universal health care provision: three examples of new developments

In ***Venezuela*** the social policy initiative 'Barrio Adentro' aims to transform the healthcare system and has been a catalyst for initiatives aimed at wider social, political, cultural and economic development. The story, from the establishment of free primary care centres in informal settlements in Caracas to a national initiative providing primary healthcare to more than 70% of the population by 2006, is told in a recent book published by PAHO (2006) including evidence on the impact of Barrio Adentro. In the early stages of development Barrio Adentro staff identified illiteracy and malnutrition as key priorities for public health and in response the government announced additional 'social missions' to enhance rights to land, education, housing and cultural resources, to promote recognition for indigenous people, to increase people's personal skills and capabilities and to promote technological development. These and their early impacts are described in more detail in the PAHO report on Barrio Adentro.

The democratic health reform movement which began in **Brazil** in 1976 included the universal right to health enshrined in the new Constitution in 1990. Underpinned by the principles of universalism, decentralization, comprehensive care and community

participation, healthcare is delivered through the Unified Health System (SUS) to 75% of Brazil's population. All services at all levels of the health system are free of charge. In 1994 a Family Health Program (PSF) was created as part of SUS. Guided by the same principles the PSF provides universal access to primary care as the gateway to a publically funded healthcare system. Initially the PSF focused on poor areas but from 1998 onwards the approach was adopted by the Federal Government as a strategy for transforming the existing national model of health assistance and financial incentives were given to municipalities to encourage them to adopt the program. Under the PSF Family Health Teams (ESF) were set up covering a population of 3-4000 people, consisting of a general practitioner, a nurse, a nurse assistant and a 'community agent' selected from the local population. Some ESF's also had Oral Health Teams (ESB). By 2006, 82 million people (46% of Brazil's population) were covered by the Family Health Program.

South Africa introduced free healthcare in 1994 within the first 100 days of the new democratic government with the objective of improving access to essential health services and removing financial barriers. Primary health care is free for everybody and hospital care is free for children under 14 years, pregnant women, pensioners, persons receiving social grants, disabled people and unemployed people. Diagnosis and treatment for tuberculosis is also free, as are counselling and testing for HIV, services to prevent mother-to-child transmission of HIV, cervical screening at primary health care services and medico-legal support for survivors of sexual assault. However, health services are not strictly universal in that access is means-tested and the policy excludes people in formal employment earning more than $15 000 per annum unless they fit into another eligible group (e.g. pregnant women). People who are in an eligible group but have private medical insurance are also excluded.

South Africa, as is the case with other middle- and high-income countries, also has a substantial private healthcare sector – a situation which illustrates the problems generated for publically financed healthcare by parallel systems. There are significant disparities between sectors in health spending, the availability of healthcare professionals, access to and quality of care and coverage of population groups – with the private sector doing much better than the public sector. In South Africa, it has been argued that these disparities are one of the most serious impediments to an equitable

health system (McIntyre et al, 2002; McIntyre and Gilson, 2000; Sanders and Chopra, 2006). The private sector undoubtedly faces challenges including, for example, pressure of rising costs, criticisms of inequitable provision, unaffordability and decreasing access to care. Generally, private healthcare services tend to be biased towards urban areas and hospital-based treatment services, there is little interest in prevention and little if any attention to essential services in support of meeting the Millennium Development Goals (MDGs) (Rispel and Setswe, forthcoming). These and other problems associated with private 'for profit' healthcare are discussed at length in the final report of the WHO CSDOH Health Systems Knowledge Network.

Despite the dominance of neo-liberal thinking on a reduced role for the state in the provision of healthcare, these services are still well funded in OECD countries and some low- and middle-income countries are attempting to establish similar systems. It has not been possible for the SEKN to undertake a comprehensive assessment of the impact on population health, health inequalities and exclusionary processes of these state-led initiatives to provide universal healthcare but there is some evidence of positive impacts even at this early stage and lessons for others wishing to move in this direction, summarised in Table 5 below. Common impacts across these policies include: significant increases in the coverage of healthcare provision (both primary and specialist care) and increased utilisation rates, particularly amongst women and children, and increases in user satisfaction. There is also evidence of positive impacts on population health from both Venezuela and Brazil, and in Brazil evidence of wider economic multiplier effects with an increase in employment in the healthcare sector. In South Africa the HIV and AIDS epidemic is presenting a major challenge for population health improvements with increases reported in infant and child mortality and maternal mortality remaining unchanged. However, it is arguable that the situation would be even worse without the healthcare reforms.

Table 5: Impacts and lessons from universal healthcare policies

Results and impact	Lessons and problems
Coverage: *Brazil by* 2006 82 million (46% of pop'n) covered; significantly increased coverage in poor regions in North & Northeast; 92% of cities had family health teams (ESF); over 50% had >70% coverage. Coverage higher in cities with poorer populations. *Venezuela* by 2006: 19.6 million (73% of population) covered; coverage of prenatal care up to 70%; dental services 71.4%. Improved geographical distribution of health personnel. *South Africa* free primary healthcare now provided in 90% of sub-districts in 3,500 public clinics and community health centres and 400 public hospitals. **Utilisation** *Brazil:* increased attendance at paediatric outpatient (102%), ante-natal (30%) and family planning. Higher coverage associated with increased use of prenatal care. In 2006 there were 79 million consultations . *South Africa*: Overall increase, especially preventive services (antenatal care, family planning) **Economic impacts** *South Africa* Fee revenue dropped by 30% (1.5% of total public health budget). Increase in drug expenditure attributable to policy less than 1% of total health budget. Brazil 1988 – 2006: 330,000 new jobs: 219,579 local people employed as community 'agents'; 80.500 new doctors, nurses & assistant nurses; 30,000 dental professionals. **Health impacts** *Venezuela* 2003-5: Accelerated decline in infant mortality & prevalent childhood diseases e.g. diarrhoea, pneumonia, meningitis, malnutrition). Increased identification & follow-up of chronic illnesses: diabetes, asthma, hypertension, cardio-vascular illness. *Brazil:* 1998-03 IMR rose in cities with low HDI and PSF coverage of less than 20% whilst in municipalities with low HDI but PSF coverage of over 70%, IMR declined by 19%. PSF coverage associated with reduction in hospitalization for CVA and amongst elderly people. *South Africa*: Improving population health not an explicit aim. Major health challenges in SA due to HIV/AIDS: infant and child mortality increased and maternal mortality constant since 1998 with child mortality slightly higher in rural than urban areas. However, situation could be worse if free healthcare were not widely available. **User satisfaction** *Brazil* 70% of professionals and users expressing satisfaction. People experiencing greater socio-economic difficulties more likely to evaluate the relationship with the PSF team positively. *South Africa* users complain of negative attitudes of staff.	**Lessons:** • Policies demonstrate that large scale programmes aimed at supporting accelerated social inclusion based on universal public provision is possible: a feasible alternative to 'social management of risk approach. • Venezuela and Brazil have used policies to promote community cohesion and democratic processes involving local people; • Improvements in access to & exercise of rights. • Venezuela shows that reversal of privatization, fragmentation & deregulation of publically funded health sector is possible. South Africa and Brazil show that major reform of discriminatory systems is possible. **Problems:** • Limited availability of trained health professionals and difficulties pre-dating policies (e.g. lack of investment in services, poor working conditions, low pay, shortage of medicines, poor staff morale) can threaten sustainability of these programmes. For example, high turnover of doctors in Brazil; negative attitudes amongst professionals towards users in South Africa alleging abuse of the system. • Venezuela depends on Cuban doctors which has caused tensions with workers in old system. Venezuelans are now being trained. • Venezuela and South Africa: Health professionals resist change but failure to involve existing services providers in establishing the new systems has created resentment and is impacting negatively on service quality and access. • In Venezuela there are concerns that a two-tier system is developing with older hospital system claiming to be starved of cash but government arguing it is addressing problem • In all three countries there is also evidence that people living on low incomes are still more likely to use the old hospital-based systems when they are unwell rather than the new primary care-based systems. • Some aspects of the services e.g opening times, are criticised • More than 80% of new jobs in Brazil linked to PSF filled by young women and only 25% have formal work guarantees.

Universal approaches to reducing child poverty: the case of the UK

In the UK the national strategy to eradicate child poverty, introduced by the 'New Labour' Government elected in 1997, includes four elements referred to in policy documents as: financial support for families, employment related opportunities and support, tackling material deprivation through promoting financial inclusion and improving housing, and investing in public services. In the 18 years before the New Labour government took power the number of children living in poverty in the UK had tripled to reach 34% or 4.3 million children - the third highest rates in the industrialised world. To date the percentage reduction in child poverty resulting from the strategy appears to have been modest (by 2005/06 the proportion had dropped to 30%) although importantly in absolute terms this resulted in 3.8 million fewer children living in poverty. However, the government has recently reiterated its commitment to halve child poverty by 2010 and to eradicate it by 2020.

The strategy combines universal and targeted approaches. A key universal policy has been the Child Benefit introduced in 1977 to replace the means-tested benefits in place since the late 1940s. Child Benefit is paid to the 'main carer' of a child or young person up to the age of 16 (or 18 for young people in full-time education or training). It is a simple, effective and popular way of providing financial support for families, and achieves near-universal coverage. It has been estimated that increasing the lower weekly rate of Child Benefit currently paid for second and subsequent children (UK£12.10) to that paid for the first child (UK£18.10) would lift a further 250,000 children out of poverty - albeit at a cost of UK£1.6 billion (US$ 3.2 billion) (Harker 2006:53). From 2009, pregnant women will also be able to claim Child Benefit from the 29th week of pregnancy. In the meantime it was announced in 2007 that a one-off cash payment of UK£120 would be given to all women in the 7th month of pregnancy, conditional upon them receiving professional health advice on diet and on stopping drinking and smoking. Other financial support for families is available through a complex mix of cash transfers paid through the welfare and tax systems, most of which are means-tested and/or have conditions attached. As in many other countries, conditionality is a core feature of the labour market policies introduced in the UK since 1997, and getting parents (especially lone parents) into work is a key strand of the child poverty strategy. Some of these means-tested and conditional policies are described respectively in sections 5.2 and 5.3.

Since 2003, Every Child Matters (ECM) has become the broad policy framework for improving outcomes for children, young people and their families in England. This framework emphasises service integration, prevention and early intervention, and cross-government/department working. Engagement of children, young people and their families in the decision-making and implementation process is a key policy objective. It aims to achieve outcomes shared by 11 government departments, most notably in the areas of health, safety, education and learning, health-related behaviours (e.g. smoking) and economic activity. Universal support is made available to all children and their parents, with more specialised targeted support to meet the needs of families and communities facing additional difficulties. For example, there has been significant new investment in the provision of subsidised pre-school care, and all three- and four-year-olds have the right to 12½ hours of free care regardless of the employment status of their parents. Overall there has been a substantial increase in expenditure on children's services, and by 2001-02, public spending per child had grown in real terms by almost 20% compared to 1996-07. Per capita expenditure was around UK£5,000 (US$10,000) per child in 2001-02, with expenditure on poor children estimated to be about twice as much as that on non-poor children; mechanisms to skew expenditure in favour of poorer children and their families included means-tested benefits, rationing of some services, needs-related provision and targeting of initiatives on areas of deprivation.

Universal approaches to education provision

The SEKN has also undertaken rapid appraisals of universal education policies in Botswana and Mozambique although there is little evaluative data available on these initiatives. Despite its relatively low income, Botswana – at 8.6% - has the second highest public expenditure on education in the world as a proportion of GNP. Primary school education is free for all children, attendance rates at 84% are impressively high and gender parity is achieved at primary level. Mozambique, also a low-income country, abolished primary school education fees in 2005 and a similar policy for secondary education is being considered. The impact of this policy on school registration and retention is not yet known but problems with implementation have been identified. For example, it is not clear whether additional budgetary allocations will be forthcoming from central government to cover the shortfall in school-generated revenue caused by the removal of fees. Nor is it clear whether school supplies, textbooks, school uniforms, and

other miscellaneous items, which were financed by households, will be covered by the state or by other means. The impact of the policies on student registration and the numbers of students completing their education will depend on the ability of households to meet these additional expenses if they are not covered by an increase in government support.

5.2. Unconditional selective policies

A second group of state-led policies appraised for the SEKN are based on a selective approach, targeting particular population groups. Typically the only eligibility requirements are some form of citizenship or residency status and in most cases these policies involve means-testing, with eligibility dependent on potential recipients being required to demonstrate that their income falls below a specified level. Three types of unconditional means-tested selective policies are described below: cash transfers, services and subsidised insurance for people living on low incomes.

Means-tested cash transfers

The provision of social grants is the South African government's biggest poverty relief programme, with annual cash transfers in the region of R50-billion (US$7.14 billion) to over nine million South Africans. These include old-age pensions and grants for child support, disability, care dependency and foster-care. Non-contributory and income-tested social assistance grants are provided to groups judged unable to provide for their own minimum needs, such as the disabled, the elderly and young children in poor households (Woolard, 2003). There are three types of social grants relating to children: child support grants (CSG) for children aged up to 14; foster-care grant for orphans aged up to 18 and the care dependency grant for disabled children aged up to 18. There are eligibility criteria (e.g. citizenship and a means test) but no other conditions.

Research suggests that this social assistance programme is helping to reduce poverty, contributing to social cohesion and having a positive impact on the economic opportunities of households (IRIF 2006). It has been estimated that a 10% increase in the take-up of old-age pensions reduces the poverty gap by 3.2%, while full take-up reduces the poverty gap by 6.2% (Masango, 2004). In addition to providing income in the short term, these social grants appear to promote second-order effects that have the potential to move people out of poverty in the longer term. Households receiving social

grants are more likely to send young children to school, provide better nutrition for children, and look for work more intensively and successfully than workers in comparable households that do not receive social grants (IRIF, 2006).

There are, however, constraints on this programme achieving its potential for poverty reduction. Most importantly, although the number of beneficiaries of these grants has risen rapidly since 1999, uptake remains low with huge estimates of unmet need (Woolard, 2003). Additionally, devolved administration of the system to province level was associated with a number of problems, including fraudulent grants, delays in approving and paying grant applications, and difficulties in accessing payment, with great inequity across provinces. Consequently, in 2004 the South African Social Security Agency (SASSA) was established to implement and administer social grants. Makiwane and Udjo have investigated allegations that the CSG has perverse incentives, for example, encouraging women, especially teenagers, to have more children (Makiwane and Udjo, 2007). However, the findings on this matter are inconclusive and further work has been commissioned to investigate the relationship between the CSG and teenage pregnancy.

In the UK, the Working Families Tax Credit (WFTC) was introduced in 1999 as part of the government's strategy to reduce child poverty. This provided support in the form of a tax credit to parents working 16 hours or more a week and earning low incomes below a threshold level. Up to 70% of childcare costs could also be paid by the State through a childcare tax credit. This was replaced in 2003 by the Working Tax Credit (WTC) available to all low-income adults working 16 hours or more, regardless of whether they had dependent children and an additional means-tested Child Tax Credit (CTC) for each child's main carer. There have been serious problems with the uptake of these tax credits. Estimates suggest that around a third of eligible families (600,000) failed to claim WFTC and although more low- and moderate-income families are reached by CTC than by the previous system, it was still estimated that around 18% of eligible families did not claim in 2004-5 (HMRC, 2007). There have also been administrative problems, including overpayment and error. Despite the problems, tax credits have contributed to an increase in household incomes for the poorest fifth of the population of around UK£3,000 per year in real terms between 1997 and 2004. Additionally, by raising low incomes in absolute terms, fiscal and benefits policy (including but not

restricted to tax credits[15]) has been progressive, benefitting the poorest families most. In 2005-06, cash benefits made up 61% of gross income for the poorest fifth of households and whilst the income before taxes and benefits of the top fifth of households is estimated to be 16 times greater than that of the bottom fifth, the ratio falls to four-to-one after taking account of taxes and benefits. In contrast, indirect taxes are regressive, taking 11% of gross income from the top fifth and 27% of income from the bottom fifth of households. Moreover, New Labour has not reversed the increases in wage inequalities that occurred in the 18 years before they were elected; overall income inequalities have remained largely unchanged and in 2005-06 the UK Gini coefficient was the highest in Europe at 0.35.

Means tested access to basic services

The second type of 'unconditional means-tested transfer' appraised by the SEKN involve transfers in kind i.e. policies extending rights to basic services for people living below specified income levels. The policies appraised by the SEKN involved direct access to services and subsidised insurance schemes.

Bana Pele (Children First) is an integrated poverty alleviation programme launched in 2005 in Gauteng Province in South Africa. It provides a package of free services for all children in receipt of child support, foster-care and dependency grants including:

- primary healthcare services at clinics and hospitals
- screening for disabilities and special needs
- psycho-social support by social workers
- school uniforms for learners in the first grade and school fee exemptions
- school feeding schemes and transport for children over 5km from school.

The programme also aims to maximise multiplier effects in the local economy through the use of local entrepreneurs as suppliers of school uniforms and food for feeding schemes. Additionally, in the longer term through the collective effort of local networks involving stakeholders - including community based organisations, local communities, health workers and teachers – the programme seeks to address other social problems affecting children, such as child abuse, exploitation, neglect and violence.

[15] Housing benefit and council tax benefit are other means-tested benefits estimated to have lifted 800,000 children out of poverty.

According to provincial government figures for 2007, 487,545 children under 6 years, 1.1 million children aged 7 to 14 years and more than 1.6 million parents are benefiting from the Bana Pele programme. This includes 310,000 primary school children exempted from school fees, 378,298 on the school nutrition programme, 40,000 receiving free school uniforms and 66,000 transported to school. In terms of job creation, about 25 women's groups have been involved in the manufacturing of the school uniforms and more women have secured employment as feeding scheme service providers. Whilst the programme is close to reaching its target in terms of the number of children benefiting, there have been problems with implementation and referrals across services are not yet working well. A formal impact assessment of the programme has not been done and there is no evidence as yet on the health and/or welfare impact (e.g. reduction in vulnerability).

The Basic Education Assistance Programme (BEAM) in Zimbabwe was launched in January 2001 as one component of the Enhanced Social Protection Project (ESPP). BEAM aims to prevent irreversible welfare losses for poor households who withdraw children and young people from school in response to increasing poverty. It provides assistance with school fees for children aged 6-19 years old who would otherwise be taken out of school and for children who have never been registered at school. Beneficiaries are selected at the beginning of the school year by local BEAM Community Selection Committees. An annual budget is allocated from central government and the level of school fees locally determine how many children can be helped. Problems have been reported with the design of the system: for example, support can only be given at the beginning of the school year and households cannot be compensated for an increase in fees during the school year. However, in 2005 BEAM assisted close to 1 million pupils representing 27% of all children enrolled in schools. In 2006 the budget was Z$414 billion and will assist an estimated 905,724 pupils. The initiative is not being formally evaluated so no assessment can be made about the transparency and fairness of the selection process or the success of the scheme in retaining children in school or increasing overall registration.

The Urban Primary Health Care Project in Bangladesh is a partnership between municipal governments and civil society aiming to provide health services for populations

living in informal settlements.[16] In this project, City Corporations work with NGOs which set up health centres with funding from the Asian Development Bank, UNDP, DFID, CIDA and EU. The poorest women and children living in these settlements are offered subsidised good quality primary healthcare services and constitute 75% of all beneficiaries. The ultra-poor receive services free. Coverage of primary care services increased from 400,000 people in 2001 to 5 million in 2004. Users are reported to rate the services as very good quality and as user-friendly. The NGOs initially rented accommodation but now have all purchased facilities. The project has been facilitated by the speed with which the NGOs have been able to adapt to the needs of the communities they serve. The project has expanded to six City Corporations and five municipalities and donors have promised continued support.

Sure Start local programmes (SSLPs) were established in 1999 as part of the English government's policies to reduce child poverty and social exclusion. These programmes are geographically targeted being set up in the poorest areas of the country. They offer integrated childcare and family support and aim to enhance early child development. All children under the age of four and their families living in the SSLP area were eligible. This had the advantage that SSLP services were universally available in the locality and potentially therefore less stigmatising than interventions targeting individuals. SSLPs have considerable local autonomy and do not have a prescribed curriculum of services. Instead, each SSLP was given freedom to improve and create services in response to local need. Children's Centres are a later development aiming to extend Sure Start services to all children in England.

Early results from a national evaluation of SSLPs (Melhuish et al, 2005) produced little evidence that service use and/or usefulness had increased, or that families' impressions of their communities had improved. On the positive side, mothers of 9-month-old children reported significantly less "home chaos" than controls, mothers of 3-year-olds in SSLP areas also reported less negative parenting, and 3-year-old children of non-teen parents exhibited fewer behaviour problems and greater social competence than those in comparison communities. On the negative side, the evaluation also found some evidence that carers and children from less disadvantaged households were benefiting

[16] This section is drawn from: Rashid SF. (2007). *Social Exclusion of Urban Populations that live in slums in Bangladesh,* a Background Paper for Social Exclusion Knowledge Network. ICDDR,B Working Paper. ICDDR,B: Dhaka, Bangladesh.

more from SSLPs then those from more disadvantaged households, for example, young mothers and workless households. There was no statistical difference in health outcomes between SSLP and comparator areas but these would not be expected so early in the intervention. Finally, there was considerable variation in performance between programmes, with some evidence that programmes led by health agencies became operational more quickly than those led by local government agencies and generated more beneficial effects, but available published reports do not elaborate on what these beneficial effects were.

Subsidised health insurance for the poor

In 2001 Colombia introduced reforms of health and social security systems underpinned by the "Social Management of Risk" (SMR) model and involving a shift from public subsidies for poor people to demand-side subsidies. The model for reform was named "Structural Pluralism" by its creators, the Mexican Public Health leader Julio Frenk, and the Colombian health economist Juan Luis Londoño de la Cuesta (Frenk & Londoño, 1997). This new system involves two healthcare insurance schemes based on the payment capacity of the individuals. The *contributory scheme* is financed by compulsory contributions of 12.5% from people in paid employment and covers 16 million people or 39% of the population. The *subsidized scheme* (SRHI) is aimed at poor people identified through a national survey and involves the State paying a *per capita* amount to private sector insurers to provide a benefit plan for 20.2 million low income people - 47.7% of the population - who also contribute 1% of any income. They receive a benefit package which is 60% of the package provided by the contributory scheme and the benefits are also delivered by different healthcare providers. This leaves 5.6 million people (13.3% of the population) ineligible for either scheme, too poor to pay the compulsory premium but not poor enough to be eligible for the subsidized scheme. The government has subsequently implemented a partial subsidy for these people, who can access free emergency healthcare in certain public facilities, the providers receiving a fee for services.

Studies of the SRHI scheme all report that it increases the resources directed at poor people who have higher health service utilization rates compared to people on low incomes who are not eligible (Flórez et al., 2007). However, many critics point to problems with equity in access to effective services, to the quality of services and to

health outcomes. For example, the maternal mortality ratio increased between 1996 and 2003; although it then began to fall by 2005 it was still at the 1998 level of 68 deaths per 100 000 live births. A major problem is the difference between the two benefits plans: poor people have a greater risk of ill-health but receive only 60% of the services received by people on higher incomes in the contributory scheme and the services provided may be of poor quality. Reflecting these differences, for example, poor women affiliated to SRHI are not eligible for preventive mammography, so they present at hospitals with later-stage breast cancer and have higher mortality than those in the contributory scheme (Velázquez et al, 2007). Evidence also suggests that infant and maternal mortality is higher amongst beneficiaries of the subsidized scheme compared to those who have no insurance, and are covered by the previous model of open public hospitals (Ramírez & Yepes, 2007) This is being interpreted by some groups as suggesting that the *per capita* payment is encouraging providers in the subsidized scheme to put in place administrative and geographical barriers to deter access and/or delaying referral to secondary care, putting mothers and children at risk whilst the fee for service for the uninsured is not having this perverse effect (Ramírez & Yepes, 2007).

In addition to access problems and possible differences in health outcomes between the schemes there are other problems with Colombia's subsidized health insurance scheme (Grupo de Protección Social, 2007) including:

- The information system for targeting has major weaknesses including:
    - Poor targeting e.g. 22.1% of eligible people have been excluded (i.e. 5.4 million people) and 26.7% of people whose income is too high have been included (i.e. 7 million people).
    - Failure to update: benefits continue to be paid to people who have died.
- The SRHI scheme is open to corruption and patronage at a local level involving politicians and paramilitary and guerrilla groups.
- Public resources are being invested in the private financial sector more than in health services
- There is no incentive for insurers to invest in prevention and health promotion.
- Social participation in health is reduced: service users are relegated to the role of individual consumers of healthcare preventing the system from having wider social cohesion benefits.

The government has announced the introduction of universal insurance cover in 2009 but despite public debate about the inequalities in the service provided under different schemes there is no intention to remove them at this stage.

Peru has introduced similar reforms in social protection systems to those implemented in Colombia. The "Integral Health Insurance" for low-income people was introduced in 2001 and the Free Scholar Insurance, introduced in 1997, provides healthcare access to children in low-income households provided they attend school – the application of the principles of conditionality to subsidised insurance. However, unlike Colombia, these schemes are financed in full from taxation and are managed by an autonomous public body, the "*Seguro Integral de Salud-SIS*". This public insurer has defined five different benefits plans for beneficiaries of the Integrated Health Insurance scheme, depending of age and patterns of demand: children less than 5 years old, children and adolescents, pregnant women, adults, and older people. This means-tested program covers 15% of the total population.

The SIS has increased the targeting of public resources to poor people (Portocarrero, 2005) and utilisation rates are higher amongst beneficiaries in comparison to non-affiliated poor people. However, the scheme has many operational problems and insufficient capacity to meet demand (Lenz & Alvarado, 2006; Petrera & Seinfeld, 2007). Other problems which have been indentified include: delays in the flow of resources between the SIS and public hospitals; too few service providers; limited accountability; limited attention to the quality and effectiveness of services; inadequate targeting and undue political pressure on decisions about eligibility.

5.3 Conditional cash transfers

The third type of 'state-led' policies appraised by the SEKN is 'Conditional Cash Transfers (CCT). Although the SEKN has not undertaken a comprehensive review of all such policies, our work and that of others suggests that CCTs are an increasingly common approach to policies aiming to address exclusionary processes. One of the oldest examples of this type of policy is the provision of child benefits in France where receipt has been conditional on children attending healthcare facilities and obtaining a programme of vaccinations. The most widely known example of the new generation of these policies is the Progreso initiative in Mexico, which provides cash transfers to low-

income families on condition that they register their children in school and attend a specified proportion of lessons.

Today, conditional approaches dominate poverty reduction initiatives around the world. In Latin America, CCT programmes include: Superémonos in Costa Rica; Atención en Crisis and Mi Familia in Nicaragua; Red Solidaria in El Salvador; Tarjeta Solidaridad in the Dominican Republic; PATH in Jamaica; Familias en Acción in Colombia; Juntos in Perú; Bolsa Familia in Brazil; Red de Protección and Promoción Social in Paraguay; Plan Jefes de Hogar Desocupados and Plan Familia de Inclusion Social in Argentina; and Chile Solidario in Chile. In the UK, they include Educational Maintenance Allowances, Lone Mothers Income Support and the New Deal programmes for selected groups, aimed at getting people into paid employment. In Africa examples include the GAPVU/INAS cash transfer programme in Mozambique and the productive safety net programme in Ethiopia, and in South East Asia the Female Secondary School Stipend Project (FSP) in Bangladesh. Many of these policies are led by the state in partnership with private sector companies and/or non-governmental organisations. Some, including micro-finance schemes are led by non-governmental organisations and are described in the next chapter. In Europe and North America these programmes are generally paid for by central government. In Latin America funds are provided by central governments with support from the World Bank and the Inter-American Development Bank (IADB). In other global regions funds are provided by other multilateral agencies, including for example the Asian Development Bank, national governments in the richer nations (e.g. DFID) other donor agencies and large NGOs.

Typically CCT programmes are means-tested and targeted at low-income individuals or families – although the conditional universal system of child benefits in France illustrates this is not inevitably the case. CCT programmes involve the payment of a regular cash benefit (the amount varies for example from US$4 a month in Jamaica through US$50 in Argentina, to US$240 a month for 16- to 18-year-olds in England) in return for recipients fulfilling specified conditions. Some programmes are aimed particularly at women and children and the conditions include: (i) ensuring children and young people attend schools/colleges, (ii) attending health services so that child development and nutritional status can be monitored and immunisation programs completed, and (iii) attending ante-natal care to promote healthier pregnancies and safer childbirth. Programa Bolsa

Familia, (PBF) appraised in SEKN Background Paper 12, is an example of this type of CCT.

PBF is a very large scale national conditional cash transfer programme focused on low-income families with dependent children, established in Brazil in 2003. It brought together a number of previous conditional cash transfers to low-income families established from the early 1990s in the newly democratic Brazil as part of a national government strategy to eradicate poverty. Bolsa Família operates in all urban areas; the stipend is means-tested and consists of cash payments for each pregnant or breastfeeding woman and for each child aged 6 - 16 in households meeting the income criteria, with an additional payment for the poorest households. The conditions to be met by recipients include:

- School registration of children aged 6 - 15 who must attend at least 85% of classes each month;
- Completion of immunization programmes for children under 7;
- Attendance at clinics for monitoring the growth and development of children;
- Attendance at pre-natal clinics and follow-up clinics by pregnant and breastfeeding women and participation in educational activities focusing on breastfeeding and healthy nutrition.

Penalties for not meeting conditions range from a warning through partial deductions to full suspension of the stipend and are frequently imposed regardless of the reason for non-compliance.

Families are registered at the municipal level but the decision regarding eligibility is made at federal level. The Federal government provides funds for the programme to the municipalities who are expected to provide the necessary health and education services and monitor compliance with the conditions. Municipalities are also expected to provide complementary services to increase the capacity of people living on low income to improve their standard of living and quality of life including, for example, adult literacy courses, training for work-related qualifications and facilities to help people obtain civil documents such as birth certificates.

Between 2003 – 2006 around US$ 6.1 billion were invested in Programa Bolsa Familia and in January 2007 around 11 million families received a stipend. Local surveys have explored people's experience of the PBF and how they spend the extra money. A majority of respondents - 85% - considered the programme good or excellent and 87% reported that family life has been better or much better since receipt of the stipend. On average the stipend is estimated to have increased household income by around 21% and the extra money is being spent on food, school equipment, clothing and medication. Overall, 86% of families say they are eating better or much better. Around two thirds of families report an increase in the quantity of food consumed and 66% of children in the households studied were eating 3 meals a day. The stipend is also contributing to the empowerment of women by giving them control over resources and there is evidence that adults in low-income households in receipt of the stipend (particularly men) are more likely to seek paid employment than those in similar households without the stipend

Whilst economic inequalities are still very large in Brazil (with the richest 1% of the population receiving the same share of national income as the poorest 50%) they have been reducing. Buoyant labour markets and favourable economic conditions have contributed to this reduction in inequalities but the development of more effective systems of social protection has also played a part. For example, estimates suggest that incomes from public transfers account for between 55% and 58% of the reduction in poverty, the PBF making a significant contribution. For example, in 2005, 11.2% (169,500) of the families receiving benefits from PBF moved out of poverty altogether and 36.6% (1,891,937) were lifted above the extreme poverty line[17].

There is also evidence that PBF is having important multiplier effects in local economies, particularly in the poorest regions. In municipalities in the Northeast Region, for example, between 13% and 45% of the population are in receipt of PBF stipends, and resources linked to the PBF are greater than local public income and all other federal transfers combined. In addition to reducing the pressure on families to migrate out of these

[17] Brasil. *Ministério do Desenvolvimento Social e Combate à Fome. Catalogo de indicadores de monitoramento dos programas do MDS*. Brasília: MDS; SAGI, 2007).

regions, these resources can be expected to make an important contribution to the social and economic development of cities.

Notwithstanding these positive equity effects, it is important to stress that the absolute level of resources transferred to the families covered is very low: the maximum PBF stipend allowed to a family living on a monthly *per capita* income of US$30 or less, regardless of the number of children in the household, would be US$70 a month - less than half the minimum wage. There are also problems with the coverage of the PBF. It has been estimated that 90% of the 15 million families registered for PBF met the eligibility criteria, yet only 79% of these families are in receipt of a stipend. Each municipality receives a maximum annual amount to spend and this is not necessarily sufficient to cover all households who meet the eligibility criteria. Ultimately, receipt of the benefits is dependent on the availability of resources at municipal level and there is no mechanism to expand resources when they run out. The family income required for eligibility is also extremely low (less than US$30 *per capita* per month). This inevitably excludes many families living on very low incomes and around half of families defined as 'indigent' – with monthly family *per capita* income of less than US$41 or.less than a quarter of the minimum wage – are not receiving the stipend. Evidence also suggests that uptake amongst eligible families is lowest in those on the lowest incomes.

Conditional cash transfer programmes, particularly those on the scale of PBF, are also complex and expensive to administer. Monitoring information is collected at municipal level but assessed federally and available information suggests that around two thirds of families are meeting the educational conditions and almost 100% are meeting the health-related conditions but the coverage and quality of monitoring information is problematic. For example, only a third of families subject to health-related conditions are being monitored. Local research also suggests that some municipalities are failing to provide the services families need to meet the conditions, and where they are available services (particularly schools) are often of poor quality. When PBF was introduced it was also the intention that municipalities would develop a range of complementary services to support people living on low income to develop their capacities, including for example adult training and education facilities. However, to date very few municipalities are providing these wider complementary services.

At the beginning of 2007 Argentina had around 1.5 million people in receipt of conditional cash transfers through two national schemes: the Plan Jefas y Jefes de Hogar Desocupados (PJJDH), and the Plan Familias por la Inclusión Social (PFIS). The Plan Jefas y Jefes de Hogar Desocupados (PJJDH) was established in Argentina in 2002 in response to growing social unrest caused by the high levels of unemployment and poverty resulting from the neoliberal reforms in the 1980's and 1990s. It aimed to establish the right to social inclusion for families initially through the award of unconditional cash transfers of 150 Argentinean Pesos (US$ 47.68 at December 2007). Eligible households included those: with dependent children or a disabled child of any age where the household head is unemployed (male or female); those in which a woman is pregnant; and those with unemployed young people or older people aged over 60 not in receipt of other social benefits. In 2002 conditions to receipt of benefit were introduced with beneficiaries having to choose to adhere to one of four conditions: voluntary community work; formal education; take up formal work related training; or find paid employment. These activities must last for at least 4 hours a day and failure to comply results in loss of benefit.

There were some novel aspects to PJJHD. Instead of the usual complex eligibility procedures, it involved a process of 'self targeting' whereby people made a simple declaration to identify themselves as eligible. Administration of the plan also has an element of civil society involvement. With the National Council of Administration, Execution and Control (CONAEyC) involving representatives from the government department, trade union movement, churches, and NGOs. Locally consultation councils have been established to oversee the scheme locally involving representatives from local government, trade unions, local businesses and social and religious organizations.
The plan has been criticized on a number fronts. The benefit is too low to cover basic needs and does not take account of household size (CELS, 2003; 2004). The scheme does not cover unemployed youth (a group at high risk of long term poverty) and there is no formal procedure for beneficiaries to challenge decisions. The scheme has not been formally evaluated and the local Consultation Councils have limited themselves to bureaucratic and administrative tasks failing to consider the quality or impact of the plan. However, there is evidence that 16% of the beneficiaries (340.000) shouldn't be receiving the benefit (Burion et.al, 2004; López Zadicoff, Paz, 2003) and in the five main regions around 25% of the beneficiaries do not meet the conditions (Ministerio de

Trabajo, 2003). The World Bank reported a reduction of the unemployment index of 2.5% (Galasso, Ravallion, 2003) but other data suggest that only 703 beneficiaries have paid employment in the formal economy whilst 94% of those who are working are involved in voluntary community work with no health or social protection (Ministerio de Trabajo, 2002; CELS, 2003).

The scale of the PJJHD is without precedents in Argentina: reaching 16% of all households in the country, and 40% in the poorest regions: 71% of beneficiaries are women and 60% of these are living alone with children. More than half of beneficiaries are aged under 35 (Ministerio de Trabajo, 2006).In 2003 the total PJJHD budget was approximately A$ 3.000 million (US$ 954 million) with 20% provided by the Treasury and the rest through a loan from the World Bank. However, between 2003 and 2007 the number of PJJHD households in receipt of benefit has fallen from 2 million to 1 million. The reasons for this decline include better availability of employment, mistakes in registration and children reaching the upper age limit. However, the most important factor has been the government's decision to transfer families to a new Plan Familias por la Inclusión Social (PFIS).

The PFIS, like PJJHD, is a conditional cash transfer involving payment of a regular cash benefit to eligible households with children aged under 19 (with no age limit for disabled children). However, it differs from PJJHD in that it aims to protect children rather than being a wage substitute. Additionally, the stipend varies accordingly to the number of children in a household (US$ 50 for one child, around US$ 60 for two children up to the maximum of around US$ 100 for a family with six children) and the conditions are different: immunization of children accordingly to the National Plan; regular attendance at pre-natal clinics by pregnant women; and regular school attendance of children. Compliance with conditions is checked twice yearly. The plan also aims to build the capacity of civil society by giving technical and economic support to civil society organizations to provide healthcare, childcare and educational services for children and adults, to support local councils and to organize exchange visits. The number of families receiving the stipend rose from 240,000 in 2005 to almost 400,000 in 2006 and the aim was to reach 700,000 families by 2007. The money transferred to families increased from US$ 71 million in 2003 to US$ 191 million in 2006 (Ministerio de Desarrollo Social 2006 y 2007). Although PFIS is at an early stage of development it has already been

criticized for undue emphasis on large urban cities and restricted access for families in rural areas or small municipalities.

The Female Secondary School Stipend Project (FSP) in Bangladesh[18] is another large-scale CCT programme – as the name suggests it is targeted at girls of secondary school age in rural areas but unlike the CCT progammes considered so far this is not means-tested. It was initially introduced at a local level in 1977 by the Bangladesh Association for Community Education but over time partnerships with the Bangladesh government and international agencies enabled the programme to be scaled up with additional funding from IDA/World Bank, the Asian Development Bank and the Norwegian Government and by 1994 it was a national programme. The aims of the FSP have evolved over time but the enduring objectives have been to increase female enrolment and retention in secondary education, to delay marriage, reduce fertility and increase female employment opportunities and earning potentials. The programme involves the payment of secondary school tuition fees for girls up to class 10 living in rural areas and a monthly stipend to their families paid regardless of household income. The conditions applied to receipt of support reflect the dual concern of the programme with education and marriage/fertility. The stipend is only paid if girls remain unmarried, attend recognised institutions, maintain at least 75% attendance and secure marks of at least 45% in annual examinations. When the programme was scaled up nationally, nearly twice as many girls as anticipated joined and by 2007 there were 2.3 million girls enrolled.

There are many barriers excluding girls from education in Bangladesh, particularly at secondary level, including the tradition of purdah, poverty, and the primacy of marriage and childbirth. The extent to which the FSSP has been able to combat such barriers is discussed in detailed in SEKN Background Paper 11, albeit with very little data. Despite the lack of robust evidence there is general agreement that the programme has made an important contribution to Bangladesh's dramatic progress in achieving gender parity in secondary education. In 1990 only 33% of enrolled secondary school students were female: fifteen years later this proportion had increased to 52%. However, the FSP is

[18] This section is drawn from: Schurmann A. (2007) *Review of the Bangladesh Female Secondary School Stipend Project Using a Social Exclusion Framework.* Background paper for Social Exclusion Knowledge Network. ICDDR,B Working Paper. ICDDR,B: Dhaka, Bangladesh. This is summarised in SEKN Background Paper 11.

only one of a number of policies aimed at increasing school registration and retention and the stipend only covers a small proportion of the full costs of secondary education.

Additionally, the programme makes insufficient provision for the multiple disadvantages faced by low-income families, thereby disproportionately benefiting land-rich families who can afford to put their children through primary school. The FSP also does little to retain students after enrolment and absenteeism and drop-outs are common, primarily due to lack of money, dislike of school and the need for children to work – reflecting enduring financial barriers to education. FSP is also expensive, directing 6% of the total public education budget and 14.5% of the secondary education budget away from those girls most severely affected by exclusionary processes.

It has been argued that the programme would be more effective and sustainable if it targeted the ultra-poor but this would be an unpopular move leading to loss of support from influential sectors of the population. Increased enrolment has also put a huge strain on the school system affecting the quality of education: learning achievements are reported to be low and worse for girls than boys, teachers are under-qualified and in short supply and infrastructure is poor, with a quarter of schools without toilets. The secondary school system has also been criticised for failing to prepare students for employment, focusing instead on entry to higher education.

As noted above, the FSP was part of a wider policy push to control fertility, to curb unsustainable population growth. As married girls are excluded from the FSP, there is a clear incentive for parents to delay girls' marriages and a report by the World Bank in 2002 argued that the impact on the age at which girls marry had been significant and immediate, reporting a fall between 1992-95 from 29% to 14% of girls aged 13 -15 years marrying and from 72% to 64% of those aged 16 -19. These trends are, however, not reflected in national data and there is some evidence that because the FSP results in money coming into households linked to female children, it has changed parent's perception of the value of their daughters, but there is no direct evidence that the FSP has had a significant impact on female empowerment or increased employment opportunities for girls. Indeed, it has been argued (Raynor 2004) that community support for the programme is dependent on it being seen as education to make women better wives and mothers rather than as a route to female empowerment.

Another type of CCT programme focuses on encouraging and supporting people into paid employment. In these programmes the conditions for receipt of cash payments include: willingness to access education and training, the active pursuit of employment and attendance at work motivation interviews. In the UK, Educational Maintenance Allowances (EMAs) and the New Deal for Young People (NDYP) are examples of these types of CCTs. These policies are part of a wide-ranging policy initiative in the UK aimed at promoting inclusion of young people by reducing the numbers not in education, employment and training (NEET). They sit alongside major reforms to universal education which aim to make provision more flexible, provide vocational advice and reduce the status divide between vocational and academic qualifications. New anti-discrimination legislation and other policies also aim to address the causes of under-achievement of children and young people from some ethnic minority backgrounds.

The UK Educational Maintenance Allowance is a means-tested weekly cash benefit paid to young people aged 16 -19 on condition that they remain in full-time education or vocational training and fulfil the conditions set out in a learning agreement relating to their attendance and punctuality. There are additional bonus payments for achievements and entry into the second year of training/education. Between 2004-05 and 2006-07 the number of young people receiving one or more EMA payments increased from just over a quarter of a million to over half a million and evaluation has reported that educational participation and retention rates post-16 were 6% higher than in comparison areas and higher than the average for all young men (8.6%) and for young people from lower socio-economic groups (9.1%). However, researchers also pointed out that means-testing and conditionality could be discouraging uptake and that similar schemes in other European countries, e.g. Denmark and Finland, are universal. ***

The New Deal for Young People (NDYP) established in 1998 provides a package of support intended to help young people find paid employment. Voluntary for the first six months of unemployment, receipt of benefit thereafter is dependent upon a young person accepting support including: a personal adviser, subsidised placements and intensive individual support including counselling and training. Research funded by the government found that NDYP has had a significant impact on movement out of unemployment, but the primary impact seems to be on movement into education and

training rather than paid employment. By 2006 just over a million young people had left NDYP with 47% moving into unsubsidised employment. However, the proportion of these young people finding sustained employment has been falling steadily since 1998 and the number of young people aged 16 -18 not in education, employment or training increased slightly from 10% in 2004 to 10.3% in 2006. There is also evidence suggesting that NDYP has driven some young people (unwilling to accept the support package) off the unemployment register and may leave some in severe financial hardship through the application of sanctions because of non-compliance. Around 13,000 young people are sanctioned each year primarily for failing to attend work-related interviews or for misconduct.

Conditional programmes aiming to get people into paid work are also a key strand of the UK's child poverty strategy. The rationale for the New Deal for Lone Parents (NDLP) is that children of lone parents are almost twice as likely to be poor than those living in a couple household, making up 40% of all children in poverty. The government has set a target for 70% of lone parents to be in employment by 2010. Participation in NDLP involves intensive support from a personal adviser aiming to build the recipient's confidence and provide practical help with job search techniques, applications and finding childcare. The NDLP is voluntary, but most cash benefits for low-income parents are either means-tested and/or conditional, with sanctions for non-participation. Lone parent income support, for example is a means-tested benefit paid to unemployed lone parents of dependent children, provided that they agree to regular work-focused interviews at local job centres. The overall impact of these policies is modest but positive: the employment rate amongst lone parents increased from 46% in 1997 to 56.5% in 2006 and nearly half a million lone parents had been helped into employment by the NDLP. Freud (2007:44) argues that the NDLP has more than paid for itself in fiscal terms but it is also likely that the buoyant economy in the UK has been a major contributing factor. There have also been a number of criticisms of these policies in the UK[19] notably:

- The potential negative effects of conditionalities, including non-uptake of benefits, stigma, and limited evidence of effectiveness;

[19] For more detail see SEKN Background Paper 8.

- Too much emphasis on supply-side issues, with little attention to job creation;
- Neglect of households with two parents relying on one wage earner;
- Failure to address inequalities between paid workers and the quality of paid work; and ignoring unpaid work, in particular women's household and childcare labour;
- The continued problem of low wages with nearly half of poor children in households with at least one adult working despite the introduction of the national minimum wage in 1999 (UK£5.52 in 2007);
- Tensions between a policy emphasis on labour market participation and policies aiming to improve parenting.

Other CCT programmes, such as those in Mozambique, Ethiopia and Ghana, involve the transfer of cash payments in exchange for participation in public work programmes which focus on sustainable development: for example, soil and water conservation projects. The Ethiopian programme also involves extensive community participation and is discussed in more detail in Chapter 6 on Civil Society action.

Table 6: Benefits and Limitations of Conditional Cash Transfer Programmes

Positive results and impacts	Problems, limitations and criticisms
• Reduction of poverty and increase of consumption, including nutritious food. • Increase in school registration and attendance. • Increased uptake of preventive services including child development monitoring, vaccination, prenatal/antenatal care. • Improved education and health outcomes e.g. decreased incidence of diarrhoeal disease. • Reduced child labour. • Increase in health-related knowledge and healthy behaviour. • Empowerment of women & communities. • Reduced household asset depletion: less likely to sell food in an emergency e.g. to pay medical fees; avoiding selling assets to buy food. • Increased accumulation of assets: resources used for productive investment e.g. education, livestock.	• Low coverage and stigma. • Limited attention to increasing access to and quality of services. • Limited attention to outcomes of services. • Primary focus on economic disadvantage and human capital development with limited attention to socio-cultural exclusionary processes. • Limited intervention in quality or availability of employment. • Possible perverse incentives e.g. increase in teenage pregnancies or poor nutritional status of children in order to maintain the cash transfers. • Greater burden for women. • Administration problems: inefficiencies due to complex system, high transaction costs and high risk of corruption. • Potential negative impact on social cohesion.

The evidence reviewed above and elsewhere (see, for example, Lagarde *et al*, 2007) suggests that conditional transfer programmes are associated with a range of positive outcomes in the short to medium term including modest but important health status outcomes. The most common benefits reported are listed in Table 6 above.However, there are also important disadvantages associated with these programmes and questions remain regarding their cost-effectiveness and the appropriateness of such programmes in low-income settings, with more limited capacity in health and educational systems.

The disadvantages of conditional transfer programmes highlighted in Table 6 mirror those associated with unconditional selective transfers, but an additional critical issue relates to the evidence for the added value of conditionality. This is particularly important given the potentially negative impact of 'conditionality' on stigma, social cohesion and equity. It has been argued (Das *et al,* 2004) that there is 'ample evidence' that given cash or services without conditions, household consumption patterns would be very different than those reported for these programmes. However, the SEKN has found relatively little evidence to support this statement and the evidence identified requires careful interpretation. As the authors of a recent systematic review of the outcomes of CCT involving health interventions argue (Lagarde *et al,* 2007) there is a need for 'a better understanding of which components play a critical role'.

The assumption underpinning conditional programmes is that certain behaviours (e.g. sending children to school, completing vaccination programmes, obtaining and retaining paid employment) have society-wide benefits but that individuals – particularly poor people – will not behave appropriately unless required to do so. Conditional transfer programmes are administratively complex and expensive which, because they are typically means-tested, do not have the 'social cohesion' bonus associated with universal approaches and may be stigmatising. In this context the added value of conditionality is a key issue for evaluation yet few studies have addressed this question. Research suggests, however, that when basic needs such as food, shelter and clothing, are not met these, rather than preventive healthcare, will be household priorities. For example, Kremer and Miguel (2003) have shown that de-worming programmes had a large

positive impact on school attendance when pills were given away but the introduction of a small payment led to an 80% decline in their use. Similarly, Nahlen and colleagues (2003) found that if households in Western Kenya had been given cash instead of insecticide-treated bed-nets they would have spent the money on food and clothing with bed-nets being a 'distant priority'. One implication of this research is that ensuring that household incomes are sufficient to meet basic needs should be a priority for policies aimed at population health improvement. There is some evidence that conditionality (as opposed to extra resources) is not required to support or promote responsible parenting. For example, evaluation of unconditional cash transfers aimed at children (e.g. the CSG in South Africa and Child Benefit in the UK) found that linking conditions associated with child health and/or education to qualify for receipt of these benefits had limited additional value, if any, as parents already spend extra resources on food, clothing and school fees. Evidence from Brazil and South Africa also suggests that receipt of child benefits has the added benefit of incentivising parents to seek paid employment.

5.4 Key points on state-led policies to tackle social exclusion

- In the economic and social development of OECD countries, state-led universal provision of comprehensive social security systems, basic services such as healthcare and education and social infrastructure (water, sanitation, power, etc.,), has played a key role in reducing poverty, reversing exclusionary processes, promoting social cohesion and improving population health.
- Research on public social spending in OECD countries suggests that:
    - Higher spending levels are linked to lower rates of poverty and inequality.
    - This public spending can be consistent with above average economic growth.
    - Spending has continued to increase as a percentage of GDP in recent years.
- Some middle- and low-income countries are pursuing universal approaches to social development in general and the provision of social services and social protection in particular, albeit that some universal systems are being introduced gradually.
- Universalist policies are associated with improvements in access and use of services and reductions in poverty levels, and there is evidence of positive health and educational outcomes and greater social cohesion and solidarity.
- Targeted (selective) transfers of services and/or cash typically, but not always, involving a means test and/or conditional transfer programmes, can also have

significant positive impacts including poverty reduction, improved living standards and improved health and educational outcomes.

- Universal and selective approaches to reversing exclusionary processes have the potential to generate multiplier effects in local economies particularly when these are consciously designed into programmes through, for example, mandating the use of local enterprise to provide services.
- However, selective programmes (conditional and/or non-conditional) can also have significant problems including:
    - low take-up amongst eligible groups and leakages to the non-eligible through lack of information, complex eligibility requirements and/or stigma.
    - Inefficiencies due to complex administrative systems required to monitor compliance, leading to irregular/erroneous payments and increased fraud.
    - Failure to provide the services people require to meet the conditions.
    - Lack of attention to the quality of services.
- Creation of second class 'conditional' 'inclusion' is at best neutral in that social cohesion at work can undermine it.
- In selective and/or conditional transfer programmes the amount of money transferred to households is typically very low and/or the services provided are of poor quality. When conditionality refers to labour market participation the quality and sustainability of employment is often neglected or ignored.
- Both universal and targeted policies to reverse exclusionary processes may be undermined by resistance from established professional groups and negative attitudes towards people living on low incomes.
- Lack of capacity and infrastructure severely restricts programmes aiming to extend rights to basic services, particularly in low income countries.
- Partnerships with civil society and/or private sector organisations can increase capacity for service transfers but
    - Private 'for profit' involvement in the provision of basic service such as healthcare and education involves a transfer of resources to profits which could be used to extend access to or improve the quality of service.;
    - If the private sector is involved in service provision it must be incentivised to produce positive social and/or health outcomes, not to maximise throughput which can lead to damaging rationing of services.

- There are severe limits to the capacity of low-income groups to support market-oriented solutions to risk-management such as micro-insurance.

- Research suggests that when resources are available parents will spend them to meet basic needs: food, clothing and education; most people do not want to be incentivised through conditionality to be responsible, caring parents.
- There is evidence that increased household living standards through receipt of unconditional benefits can be an incentive for parents to seek paid employment.
- The added value of conditionality – an expensive and potentially stigmatising approach to reversing exclusionary processes which does not have the 'social cohesion' bonus of unconditional universal approaches - remains unproven.
- Conditional programmes may be more likely to reverse exclusionary processes, offer greater transformational potential and have more impact on social cohesion, if they:
  - Focus on 'conditionalities' at community rather than individual/household level.
  - Foster community involvement in programme design and delivery.
  - Involve higher levels of cash transfers.
  - Attend to the quality and sustainability of services.

Chapter 6 Strategic initiatives for policy development and co-ordination

6.1 Introduction

This chapter considers two types of strategic initiatives. The first involves initiatives by multilateral and pan-regional bodies aiming to promote new directions for policies and actions with the potential to reverse exclusionary processes. The second involves initiatives by national governments or state agencies within countries aiming to promote better co-ordination and integration of existing policies and services, or reform of services to better met the needs of groups most severely affected by exclusionary processes. A comprehensive review - both in terms of locating the full range of strategic initiatives in existence at international, national and local levels and appraising the impact of individual initiatives – was beyond the resources available to the SEKN. Rather, the SEKN selected a small number of initiatives at different levels (global, regional, country and intra-country), describing the form they take and exploring their potential contribution to action to address exclusionary processes. The examples discussed below include at global/regional level: the Economic Commission for Development of Latin America and Caribbean (ECALC); the International Labour Organisation's (ILO) Global Campaign for Social Security and Coverage for All; the UNDP Poverty Strategies Initiative; the Framework for unified UN action and the European Union's Social Protection and Social Inclusion Strategy. At country level the initiatives appraised include the social exclusion policy initiative in the UK, the Social Inclusion Initiative in the state of South Australia, the Nigerian National Poverty Alleviation Programme and Ghana's National Social Protection Strategy,

6.2 Global and regional Initiatives for policy development and co-ordination

CEPAL/ECLAC: *Contract for Social Cohesion*

The Economic Commission for Latin America and the Caribbean (CEPAL/ECLAC) has developed a proposal for addressing social exclusion and poverty which centres on a new collective and political 'Social Cohesion Contract'. CEPAL/ECLAC defines social cohesion as "the dialectic relationship between the established mechanisms of social inclusion or exclusion, and the responses, the perceptions and the disposition of the people about the way in which these mechanisms work". (CEPAL, 2007: 136; Sojo y Uthoff, 2007). The aim of the CEPAL/ECLAC Social Cohesion Contract is to reduce inequality in societies and enhance people's sense of belonging. In order to build this

contract CEPAL/ECLAC argues that it is necessary to obtain measures of exclusion and discrimination, and to analyze their causes. For the measurement of social cohesion, CEPAL/ECLAC proposes a combination of objective dimensions (e.g. Laeken indicators) and subjective dimensions (e.g. questions included in the region-wide public opinion survey conducted at intervals in 18 Latin American countries – the "Latinobarometer"). CEPAL/ECLAC suggests that these indicators of social cohesion should be organized into three groups: "distance indicators" of inequality between social groups; "belonging indicators", including levels of trust in persons and institutions and perceptions of participation; and "institutional indicators" concerned with democratic structures and processes, institutions of the state and the family.

The central elements of the Social Cohesion Contract proposed by CEPAL/ECLAC are:

- "Labour flexi-security": i.e. "to move labour protection from the employment to the person"[20];
- Education for increasing capabilities, including promoting values of multiculturalism and democracy;
- Financial strategies that promote social solidarity through universal social protection systems;
- Progressive structure of taxation;
- Local multi-sectoral programs targeting disadvantaged groups.

All these strategies would be implemented within a framework recognising the respective rights and duties of states, civil society, markets and individuals.

The ILO Strategy

The International Labour Organisation (ILO) is promoting two principal strategies for addressing social exclusion: the extension of universal social protection, particularly in social security and healthcare, and the development at local level of an integrated model for action against social exclusion. The concept of "decent work" is central to these strategies. ILO defines decent work as "productive work in conditions of freedom, security and human dignity" (ILO, 1999). This definition implies a guarantee of fundamental rights in labour, the formalization of informal labour relationships especially

[20]This concept is also under consideration in the European Union where is has been criticised by civil society organisations as resulting in or contributing to the privatisation of welfare and a reduction of the role of the state in social protection.

for young people and women, the promotion of "social dialogue" and trade unions, and social protection for all as workers in the context of globalization. The ILO approach rejects the use of public resources to fund conditional cash transfers to increase consumption, favouring instead the transfer of such resources to informal productive units to support their transition to modernity through higher productivity and better income for their workers (Levaggi, 2006:81-82).

PAHO: Extending Social Protection to Health Protection

The ILO is working with the Pan American Health Organisation (PAHO) to develop a strategy for the "extension of social protection in health". According to PAHO, "health exclusion" is a component of the wider concept of social exclusion and is defined as a situation when "a group or person lacks access to goods, services and opportunities that improve or preserve their health status that other individuals or groups are enjoying" (OPS, 2003: xiii). The strategy to extend social protection to health is defined by PAHO and ILO as

> *public interventions oriented to guarantee all citizens access to effective health care and to reduce the negative impact, both economic and social, of (i) adverse personal circumstances (including for example, disease and unemployment), (ii) collective risks such as natural disasters and over-population and/or (iii) the specific risks experienced by vulnerable social groups* (OPS, 2002: 4).

PAHO conceptualises social protection in health as a human right, in contrast to policies underpinned by the social management of risk approach advocated by the World Bank, which conceptualises social protection in terms of economic risk. As proposed by PAHO the right to social protection in health has three components: (i) guaranteed access to health services with the elimination of economic, social, geographic and cultural barriers; (ii) guaranteed financial security of households; and (iii) guaranteed quality of healthcare which is respectful of human dignity. In order to understand the current scale and the causes of health exclusion, PAHO is developing a methodology for measuring this phenomenon in Latin America (OPS, 2003).

The UNDP Poverty Strategies Initiative and the Framework for unified UN Action

In response to a commitment made at the 1995 World Social Development Summit (WSDS) the United Nations Development Programme (UNDP) launched the Poverty

Strategies Initiative (PSI). With US$20million from multiple funders this programme aimed to assist countries in analysing and raising public awareness of the extent, distribution and causes of poverty, creating political space for debate on national priorities and formulating national policies and strategies to fight poverty. In 2000 an evaluation of the impact of the programme in 18 countries was carried out by UNDP (Grinspun, 2001). From a social exclusion perspective key findings of this evaluation were that:

- Most measures of poverty neglect relational aspects e.g. between poor and non-poor, powerful and powerless – measurement needs to be more dynamic.
- The agency and resilience of poor people is severely limited by structural constraints; household coping strategies disproportionately affect women and can exacerbate poverty and disadvantage by reducing long term asset formation.
- Social spending as a proportion of discretionary spending was higher than had been thought but the proportion of public expenditure on basic social services was well below the 20% agreed at the WSDS, partly due to debt repayment but also because significant funds are diverted to defence expenditure.
- The fight against poverty is a deeply political issue concerned with disparities in the distribution of wealth, power and opportunities – UN agencies may be best placed to act as impartial advisers in convening national debates on poverty.
- National institutions play a decisive role in translating knowledge into policy. The establishment of official Working Groups or National Commissions with a poverty reduction mandate was a significant spin-off of the PSI programme in many countries and donor agencies need to co-ordinate their efforts and make long-term investments in establishing and supporting these institutions.
- Bolder action for capacity development is required to strengthen the ability of local actors to identify problems in need of action, to commission work on the nature of problems, interpret the results and use them for policy purposes.

Overall the research pointed to three critical factors required for action to nurture policy change and encourage public commitment on poverty reduction:

- The right institutional actor – within or out-with government – with sufficient credibility and stature to become the standard bearer of policy reform.
- The ability to broker processes ensuring the sustainability of policy reform beyond the short-term.

- Deliberate efforts to institutionalise policy reform processes and move poverty beyond narrow political agendas to make it a national non-partisan issue.

Poverty reduction remains one of the four interrelated development areas structuring the work of the UNDP, but along with other UN agencies UNDP is currently undergoing a process of reform which has the potential to significantly improve capacity to address the complex dynamics characterising exclusionary processes. The Framework of Unified UN Action seeks to bring together the work of disparate UN agencies at country level with the aim of reducing duplication and increasing the synergies across agencies and donors. Pilot work in eight countries is currently testing a model in which UN agencies operate through a single 'resident co-ordinator' providing support for the development and implementation of a comprehensive National Develop Plan aimed at achieving the Millennium Development Goals.

The European Union's strategy for social protection and social inclusion

Between 1974 and 1994 the EU member states implemented three major anti-poverty programmes. As these programmes progressed the concept of social exclusion became more established and between 1994 and 1999 the EU implemented an action programme to combat exclusion and foster solidarity (Progress). Following this, at the 2000 Lisbon Summit, European Council Heads of State formulated a strategy to combat social exclusion in the EU and make a decisive impact on the eradication of poverty by 2010. The strategy underlined the need to improve the understanding of social exclusion and to organise policy co-operation across member states so that knowledge of how to address social exclusion could be shared. Co-operation was to be based on an 'Open Method of Co-ordination (OMC) consisting of the following elements (Stubbs and Zrinscak 2005):

- All member states would adopt common objectives in the fight against poverty and social exclusion and each state to produce a bi-annual National Action Plan on Social Inclusion (NAPs/incl) providing data on poverty and social exclusion, describing and assessing the impact of policies and setting out future action plans.
- Common social inclusion indicators - Laeken indicators – would be used (see Section 3.3.2 page 61).
- New member states would produce mandatory Joint Inclusion Memoranda outlining their country situation and political priorities on poverty and social exclusion prior to full membership.

- The EU council would produce a Joint Report on Social Inclusion as the formal response to bi-annual NAPs/incl submitted by member States. From 2005 this became the annual Joint Report on Social Protection and Social Inclusion.
- Country reports and the EU Council's annual Joint Reports are intended to contribute to shared learning on policy and practice to promote social inclusion across the EU.

There are widespread concerns that there has been a loss of momentum around poverty and social exclusion in the EU since the 2000 Lisbon commitment, and official figures suggest around 78 million people are at risk of poverty in the EU (EARN, 2007). In recent research in nine Members States, for example, 50% of respondents felt that poverty and social exclusion were still low on government agendas (O'Kelly & Litewska, 2006). Notwithstanding these important concerns, it is clear that the EU social inclusion policy initiative and the National Action Plans initiated by Member States can provide useful learning about effective action to address exclusionary processes.

Country action plans are very diverse, reflecting in part different political priorities and differences in policy dynamics. The Irish National Action Plan 2007-2016 (www.socialinclusion.ie.) is structured around a life cycle framework identifying 12 high level goals in relation to children (with goals focusing on education and income support); people of working age (with goals focusing on employment, participation and income support); older people (with goals focusing on community care and income support), people with disabilities (with goals focusing on employment and participation) and communities (with goals focusing on provision of housing, primary healthcare and the integration of new migrants). In France, in contrast and reflecting its welfare history, action is focused strongly on social protection and the labour market, and in the UK significant differences have emerged in the approaches adopted by the devolved administrations of England, Scotland, Wales and Northern Ireland. There are also varied policy initiatives in EU member states to foster inclusion of the Roma peoples. Such diversity in approaches provides a rich basis for comparative analysis and, although Kelly and Litewska (2006) argue that little formal evaluation of country action plans had been undertaken, there is a formal audit process in place in all Member States. Resource constraints have meant that the SEKN has restricted its detailed appraisals to activities underway in the UK/England but SEKN Briefing Paper 9 provides brief descriptions of plans and activities from a wider group of EU countries which could be appraised in the

future.

6.3 Country level initiatives for policy development and co-ordination

England's Social Exclusion Policy Initiative

In 1997 the newly elected New Labour Government began to implement a government-wide strategy aimed at addressing social exclusion based on the assumption that social and economic problems are interconnected and therefore require solutions which cross departmental boundaries. This policy initiative developed over three phases: during phase 1 (1997-2001), a dedicated Social Exclusion Unit (SEU) was established in the Cabinet Office directly accountable to the Prime Minister, with a formal Ministerial Network operating as a 'sounding board'. The SEU focused on developing new policies for selected 'socially excluded' groups and areas, including school truants, people sleeping on the streets, teenage pregnancy, 16 -18 year olds not in education, employment or training and neighbourhood renewal/regeneration. In its second phase (2001-2006), the SEU was transferred to the Office of the Deputy Prime Minister and shifted focus away from developing new policies to consider ways in which the mainstream activity of central and local government and existing public services could be transformed to better meet the needs of disadvantaged groups. During phase 3 (Spring 2006 to the present), the SEU was abolished and a Social Exclusion Task Force (SETF) was established back in the Cabinet Office. The focus also narrowed to what was termed 'deep' exclusion i.e. 'those experiencing entrenched and deep-seated exclusion [who] are often harder to reach and harder to engage'.

The SEU policies reflect theories of change at the heart of the UK Government's reform agenda, including building a new social contract between government and the people in which rights are accompanied by responsibilities, and full membership of society is conditional upon the fulfilment of responsibilities; focusing on labour market inclusion as the primary means to achieve social integration; emphasising preventive activities with early interventions targeted at 'critical transition' points in life as a means of breaking cycles of deprivation; and 'joined up working' to address complex, multi-dimensional problems.

The work of the SEU raised the profile of social exclusion nationally and contributed to the development of better relationships across government departments at a national

level and between the government and the voluntary sector. This success was due in part to its close association with the Prime Minister (which gave the work a high political profile), the status of SEU reports as Government policy, links to influential Treasury-led Spending Reviews and high level outcome targets set for government departments by the treasury (Public Service Agreements), and its emphasis on policy delivery mechanisms, principally new approaches to support joint work across government departments.

There are, however, areas of concern. Arguably the 'reach' of the social exclusion policy initiative has been more limited at local level than nationally. As reported in SEKN Background Paper 8, although local policy-makers and practitioners are aware of the social exclusion discourse, its impact on the substantive work being done has been marginal with traditional ways of understanding policy problems - for example, problems of multiple disadvantage - being 'rebadged' as problems of social exclusion. More generally, there are concerns about the narrowing focus of the social exclusion agenda over time, with its current emphasis on people described as 'entrenched excluded', tapping into an enduring preoccupation in England with the notion of the 'undeserving' poor. As the population groups targeted become more narrowly defined the initiative has less potential to contribute to social cohesion at a societal level, is less concerned with the wider social inequalities which generate extreme states of exclusion, and runs a greater risk of stigmatising that groups that are targeted.

There are also questions about the effectiveness of the policies implemented in the UK since 1997, aimed at addressing social exclusion. For example, in their independent review of the UK's National Action Plan for Social Inclusion for 2003-2005, Bradshaw and Bennett (2004) point out that although most key indicators of poverty and social exclusion had moved in the right direction, much of this was to do with the performance of the UK economy - increased employment and, to a lesser extent, tax and benefit policies. They also expressed concerns about the degree to which poverty and social exclusion policy was being mainstreamed across government departments and the devolved administrations, and pointed to slow progress on relative poverty and the need for policies which are more redistributive in impact.

South Australia's Social Inclusion Initiative (SII)

The Social Inclusion Initiative in South Australia was established by the new Labor State Government in 2002. It aimed to facilitate a whole-of-government or 'joined up' approach to social inclusion and exclusion, modelled on the English SEU in its focus on partnerships and innovation. However, unlike the English SEU the SII has an independent Social Inclusion Board reporting directly to the Head of Government. Although it has occasionally taken a place-based approach to its work, most of the activities of the SII have focused on specific issues, the first three topics it worked on being drugs, homelessness and school retention: activities which received almost AUS$80 million in new funding over the five years of the SII. Since then the SII has undertaken work on mental health, suicide prevention, disability, youth offending, youth leadership, and Aboriginal health. Key lessons from the experience of the SII include the value of

- Political commitment from State Premier and Treasury involvement.
- Producing evidence-based action and evaluation of models of innovative ways of working and best practice identified from around the world.
- A high profile 'champion' in the role of the Chair of the Independent Board and acting as a Commissioner for Social Inclusion, and Board members who are respected leaders and experts in the area, all independent of government and the public service with authority to work with government agencies and service providers to build relationships and trust, in order to achieve cultural change in the State bureaucracy;
- A willingness and ability to set firm targets for change, focusing on both improved outcomes for people and on systems change but operating within a State-wide vision and framework for action set by South Australia's Strategic Plan, published in 2004
- Ability to achieve immediate action by linking the production of SII reports with simultaneous negotiations with the government's response, so plans for action with allocated funding are released immediately in response to the SII reports.

The SII has raised the profile of social inclusion in the State of South Australia and has had some impact on people's lives, but there is a view that alongside focussing on 'those who are socially excluded' the SII should widen its focus to encourage broader cultural change to address the beliefs, attitudes and actions of 'those who are doing the excluding'. Additionally, the traditional silo approach of individual agencies has probably

been the major barrier to more joined-up ways of working. Evaluations have shown that the SII has been a catalyst for an increase in partnership work but there is a perceived need for greater capacity among public servants at all levels, and among service providers and the community, to better understand social inclusion and the needs of disadvantaged individuals and groups, and to strengthen the ability to work in partnership. There are also questions about the continuity of the SII, if and when a change of government occurs. Mainstreaming SII initiatives into the ongoing work of other agencies and departments would contribute to sustainability but the SII has found that other agencies often have difficulty in taking over responsibility for initiatives they see as unfunded 'non-core' business. Incorporating targets relevant to social inclusion more widely into South Australia's Strategic Plan will also contribute to sustainability.

Nigerian National Poverty Eradication Programme (NAPEP)

As noted earlier the UNDP has been a key player in poverty reduction strategies in many countries including Nigeria. Despite previous programmes and enormous wealth from oil reserves, around 70% of Nigeria's population were living in extreme poverty when the new democratically elected federal government came to power in 1999. On the recommendation of three presidential panels and with donor advice a National Poverty Eradication Programme (NAPEP) commenced in 2001/2, the aim of which is to co-ordinate and monitor all poverty eradication policy in the country, integrating activities in four sectors: the Youth Empowerment Scheme, the Rural Infrastructure Development Scheme, the Social Welfare Services Scheme (including education and primary care), and the Natural Resources Development and Conservation Scheme

NAPEP has established structures at all levels nationwide, overseeing policy formulation, co-ordination, monitoring and review of NAPEP activities. It is chaired by the President and includes ministers from 13 ministries involved in poverty alleviation activities, the Chief Economic Adviser to the President, the National Co-ordinator of NAPEP and country representatives from UN and donor agencies. Below NAPEC there is a National Assessment and Evaluation Committee (responsible for monitoring NAPEP activities) chaired by the Vice-president and a National Co-ordination Committee with executive responsibility for implementing decisions of the National Poverty Eradication Council and ensuring that activities of ministries and other agencies involved in poverty alleviation are co-ordinated. Membership of this committee is wide-ranging. There are

also co-ordination committees in all 36 Nigerian states and monitoring committees have been established in all 774 local government areas.

NAPEP is funded through tax revenue and additional resources from the private sector and donor agencies such as the World Bank, the United Nations Development Programme, the European Union, the UK Department for International Development, the Japanese International Co-operation Agency, and German Technical Assistance. A Poverty Eradication Fund (PEF), administered by the National Poverty Eradication Council, funds special projects alongside the mainstream poverty alleviation programmes funded by participating ministries. The NAPEP programme therefore consists of policies and programmes within government ministries and special intervention projects. Since January 2001, NAPEP interventions projects have included:

- Youth empowerment scheme: around 700,000 young people trained in practical trades between 2001/5, paying N3,000 monthly to trainees and N3,500 to trainers.
- The Mandatory Attachment Programme: 40,000 unemployed graduates found training placements with a monthly stipend of N10,000.
- Direct Credit Delivery: loans to potential entrepreneurs and farmers to support productive ventures to fight poverty including:
    - Farmers Empowerment: the pilot involves 7,200 farmers in 12 states.
    - Micro-Credit Schemes: by December 2005, over N450 million had been released through 54 groups/Micro Finance Institutions (MFIs).
    - The Promise-Keeper Programme: a collaboration with faith-based organisations to provide interest-free loans for income-generating economic ventures.
    - The Multi-Partner Matching Funds Scheme: seeks to enlarge the funds available for loans at optimal interest rates.
- The KEKE NAPEP project: now in its second phase involves purchase of 4,000 diesel Piaggio three-wheeler automobiles (KEKEs) for commercial transportation in state capitals and viable urban centres.
- Youth information Centres to be established nationwide by NGOs
- Community Skills Development Centres: so far 47 established in 13 states in collaboration with UNDP.

- Establishing special training units in VVF Centres: under this scheme, NAPEP purchased and delivered equipment and tools to the 10 VVF centres nationwide. NAPEP also established a Special Micro Credit Scheme for all trainees.

There has been no formal evaluation of the impact of the NAPEP as a mechanism for delivering greater integration across government departments; nor is there extensive evaluation of individual programmes and/or projects included in NAPEP. However, commentators have noted a number of problems with NAPEP activities including:

- Little if any impact on the wellbeing of the poor because they fail to address basic structural inequalities in Nigerian society.
- Inadequate community participation.
- Unequal awareness of the programme with much greater awareness amongst the educated elite than people who have literacy problems.

Additionally, research suggests that the Nigerian Government's wider economic reform programme has undermined attempts to reduce poverty and that the incidence of poverty is rising despite the NAPEP initiative (Ezelola, 2005).

Ghana's National Social Protection Strategy

The NSPS in Ghana is a new unifying framework for social protection efforts which will be piloted from 2007 to 2012. In Ghana social protection is used as an umbrella term for policies, programmes and institutions addressing social inequality, poor health, economic crisis, vulnerability and exclusion which attempt to 'protect individuals and their households from poverty and deprivation.' NPSP was developed with the involvement of UNICEF, the World Bank, UNDP, DFID and GTZ as well as national stakeholders, and aims to provide a stepping-stone out of extreme poverty and to empower and enable people living in extreme poverty to contribute to economic development.

The NSPS includes the new Livelihood Empowerment Against Poverty Scheme (LEAPS) developed on the basis of an extensive review of the international literature, alongside existing social protection programmes including a supplementary feeding programme, micro-finance, education capitation grants and skills training for young people. Beneficiaries will be supported by LEAPS for two years and then re-directed to other existing programmes and services. For LEAPS to fulfil its aims the NSPS has to strengthen these other programmes and services. A range of implementation challenges

facing LEAPS has been identified including the need to build the capacity of the ministries responsible for implementing LEAPS, identifying skilled personnel (particularly with IT skills), the lack of visibility and public support for the strategy because of the stigma attaching to poverty, overlapping roles of institutions involved and inadequate human, financial and logistics for effective delivery of services. Independent consultants are to be commissioned to provide and support systems for implementation, monitoring and evaluation.

6.4 Key points on initiatives for policy development and co-ordination

- Several multi-lateral and pan-regional agencies are proposing new more collective directions for policies and actions to reverse exclusionary processes and promote greater social cohesion. These approaches emphasise universal approaches with some targeting of particularly disadvantaged groups in contrast to the individualist market neo-liberal approaches that have been dominant in the past 30 years. These initiatives include:
    - ILO's Global Campaign on Social Security and Coverage for All and the Decent Work agenda.
    - UNDP Poverty Reduction Programmes.
    - CEPAL/ECLAC Social Cohesion Contract.
    - PAHO Health Exclusion Initiative.
    - UN Commission on Human Rights Special Rapporteur on the Right to Health.
    - EU Annual Joint Reports on Social Protection and Social Inclusion.
- Multi-lateral agencies and pan-regional bodies are also seeking to promote and support better co-ordination and cross-national learning about policies/actions with potential to reverse exclusionary processes and promote inclusive development including, for example, the UN framework for Unified Action and the EU Open Method of Co-ordination.
- At country level initiatives to improve co-ordination and integration of policies/actions across government departments and sectors can have important positive impacts on the circumstances of disadvantaged groups. They have succeeded in raising the profile of social exclusion and poverty within global regions and country contexts and increased joint working across departments and sectors. However, these initiatives tend to work with narrow definitions of social exclusion, focusing on extreme states of

exclusion in small population groups rather than seeking to impact on the wider societal processes generating these states. There is little evidence that mainstream working has changed significantly as a result of these initiatives or that public understanding of social exclusion and/or inequalities has changed. There is also a tendency for action to be funded as discrete short term projects rather than aiming to change the existing provision to better meet the needs of all sections of a population.

- A number of generic lessons can be gleaned from international and national initiatives aiming to support better co-ordination and integration of policies and actions with potential to reverse exclusionary processes. In general these initiatives will work more effectively if the following conditions are in place:
    - Systems for measuring and monitoring which combine objective indicators with experiential/subjective understandings and aim to capture the dynamics of exclusionary processes, not just describe changes in states of exclusion.
    - An explicit recognition that action to address exclusionary processes in general and poverty in particular are political and therefore require formal mechanisms to manage these political processes. International agencies can be effective arbitrators at national level in some contexts.
    - Strong and senior political commitment and leadership.
    - Institutions established to take the initiative forward which are independent of the state, have credibility as knowledge brokers/translators, have the power to make decisions and can hold others accountable for acting individually and/or in partnership to deliver change. Examples include a Standing National Commission, an Independent Board or a 'champion';
    - Key success factors including:
        - Institutional actors which have credibility and stature to act as champions for the policies/actions involved.
        - A brokering process which ensures sustainability of the initiatives in the longer term by integrating changes into mainstream policy-making processes and service delivery systems.
        - Institutional reforms which move the social exclusion and poverty discourse beyond narrow political agendas making them non-partisan.
    - Resources and time dedicated to capacity-building – in terms of the technical skills and competencies required for problem definition, knowledge

generation and knowledge translation, and policy/action implementation and monitoring.

- Opportunities for sharing of learning across diverse national and sub-national contexts: diversity in policies and actions reflect different political priorities and policy dynamics but the same diversity provides a rich basis for comparative analysis and learning.

Chapter 7 Community action and non-governmental organisations

7.1 The 21st Century silver bullet

In 1993 the World Conference on Human Rights called for urgent action to ensure the participation of poor people in decision-making processes affecting their lives. The same call punctuates international and national discourses on health inequalities, sustainable development, social protection and welfare reform. The lexicon is as diverse and confusing as that associated with social exclusion, with words such as involvement, empowerment, consultation and participation being used interchangeably. Linked to this are the arguments proposing that effective action on social and economic development, and especially on poverty 'eradication', is dependent on the mobilisation of resources and assets in communities targeted by such action. A third related strand of debate and action is focused on the need for stronger democratic processes. These debates are framed as the need for renewal in 'old' democracies, where participation in national and local elections continues to fall, and as fostering democratic processes in country contexts in which human rights and democratic processes are weak or non-existent.

Whatever the socio-political context, the primary focus of attention in these debates is on the potential of communities, variously defined as a force to mobilize demand for transparency and accountability in public and private sector governance. It is also argued that if the target groups of policies are involved in policy decision-making and implementation, provision will be more acceptable, more accessible and hence more effective and positive outcomes will be more sustainable. It can thus be argued that the participation and/or empowerment of the people targeted by policies and actions aiming to address exclusionary processes is becoming the silver bullet of the 21st century. But ,as was the case with the pharmaceutical 'revolutions' of the 19th and 20th centuries, the potential benefits of this new 'silver bullet' will depend on the nature of the community actions involved as well as on the context within which these actions take place.

The term 'community' is problematic as is the related term 'civil society'. As commonly used, 'civil society' refers to all sections of society which are not part of the state; hence it includes the private, voluntary and 'not for profit' sectors as well as lay communities. It is therefore too broad and amorphous a term to be useful to the work of the SEKN. The word 'community' is no less problematic: it can be used to refer back to an apparently

golden age when social relationships between people were stronger, and reciprocity and exchange were common, although there is little robust evidence that such a golden age ever existed. More formally, the word refers to a group of people who share something in common: this might be living in the same neighbourhood (communities of place) or a characteristic such as being consumers of a service, having a particular medical condition or sharing a common ethnic identity (communities of interest). It is this latter understanding of the word community which has informed the work of the SEKN.

For the purposes of the work of the SEKN, three types of community action have been identified:(i) large scale social movements typically aiming for political change and social transformation; (ii) policies and actions, which may be sponsored by the State, NGOs or others, that seek to promote community involvement in decision making and/or community empowerment, and (iii) action by formal non-governmental organisations (NGOs) to address exclusionary processes such as delivering services. Whilst the focus of this chapter is on the potential for social movements, community action and involvement to contribute to greater equality and social cohesion, the SEKN also recognises that social movements and community actions, such as those characterised by xenophobia, are strongly exclusionary and appropriate state regulation of civil society action in all its forms is important.

7.2 Social movements and exclusionary processes

Social movements in Latin America

Social movements have had a major impact on political developments in Latin America involving, for example, indigenous people, trade unions, peasants, women and young people. During the years of structural adjustment and labour market relaxation people's movements were put under considerable pressure. In the early nineties, for example, the number of trade unions and their membership was declining. Despite this, trade unions in state institutions and enterprises were active leaders of the social movements that resisted the privatization of public services in the mid 1990s. Others social movements involving agricultural peasants, urban unemployed people, young people and feminists increased their activities in response to globalization. All these movements were influential in the political changes which resulted in centre-left governments being elected in many Latin American countries since 1999, including for example, Venezuela, Brazil, Chile, Argentina, Uruguay, Bolivia and Ecuador. In Argentina, for example, in the

1990's the social movement "piqueteros" lead to major welfare reforms including to the new conditional cash transfer programmes introduced to increase the living standards of poor households in the 2000's.

Latin American social movements are involved in actions addressing all four dimensions of exclusionary processes highlighted in the SEKN model. Action by feminist movements has revealed the relationship between gender segregation, unequal pay and unpaid domestic work. They have also highlighted the differential impact on women of the economic crisis (Juliano, 2001; Jaggar, 2002). Latin American feminist movements are also promoting a new development model aimed at promoting greater gender equality (Caicedo, 2007). The *Movimento dos Trabalhadores Rurais sem Terra* (MST) in Brazil is arguing for action more radical than the programmes based on subsidies for the poor, advocating instead structural rural reform underpinned by a new economic development model centred on an internal market (Coletti, 2004; Sampaio, 2007). Urban unemployed people in Argentina allied their movement to traditional trade unions and adopted a range of actions in pursuit of better working conditions, including road blocks, domestic exchange and the occupation of enterprises by unemployed people called *empresas recuperadas* (Iñigo y Cortarelo, 2004; Rodríguez, 2004).

In the case of Latin American indigenous movements, the central claim is for recognition of their culture, autonomy and collective ownership of their ancient lands. A well-established effective movement is the Zapatistas in Chiapas, Mexico. This movement has established its own systems to provide food, housing, education and health services, with traditional health providers complementing occidental medicine (Álvarez Gándara, 2004). The Zapatista health services have delivered important health outcomes sometimes in very short timescales, including a sharp decline in maternal mortality (Villarreal, 2007; Joel, 2006). The indigenous communities in the north of Guatemala have been developing similar services including healthcare provision combining traditional and occidental medicines, with very good results (Albizu *et al:* 2005).

Social Movements and labour conditions:

Social movements play an important role in pushing for greater social responsibility in the private sector. In the past the early labour movement was influential in negotiating

better terms and conditions at work. Today social movements still focus on labour conditions but the type of action has changed, including consumer boycotts and campaigns to pressure industry and government into taking action on abuses of employment practices in both developed and developing countries. Additionally neo-liberal policies have undermined the labour movement in some countries whilst at the same time, associated with globalisation, new forms of community organisations and alliances are developing, including informal worker alliances in developing countries and the "fair-wear" garment workers and anti-child labour campaigns in Europe, the USA, Latin America, and Australia. In Norway a broad alliance of unions and community groups has formed *For velferdsstaten* (For the Welfare State) to campaign against market liberalism, and privatisation and in favour of social welfare and public services.

Social Movements in South Africa

Ballard *et al* have studied social movements which emerged in the late 1990's in post-apartheid South Africa, in the context of the particular prominence of social movements in the country's recent political history (Ballard *et al*, 2005:621). The focus of post-apartheid social movements are diverse and include land equity, gender, sexuality, racism, environment, education, conditions of formal and informal labour, access to infrastructure, housing, eviction, HIV/AIDS treatment, crime and safety, debt and geopolitics. The authors note that these movements focus both on the material improvement of poor people's lives, and on legal rights, social and environmental justice, and stigma and discrimination experienced by certain groups (Ballard *et al*, 2005:624). Ballard *et al*'s study shows that these social movements are driven by worsening poverty, with struggles addressing both labour and consumption issues. Some of these movements confront issues of social exclusion in terms of gender, sexuality and citizenship which are at the intersection of the politics of recognition and redistribution, but they also provide a vital counter-balance to promote the needs of the poor in political agendas. The authors note that these

> *social movements are not spontaneous grassroots uprisings of the poor, as they are sometimes romantically imagined, but are dependent to a large extent on a sufficient base of material and human resources, solidarity networks and often the external interventions of prominent personalities operating from within well-resourced institutions* (Ballard *et al*, 2005: 627).

Formal civil society organisations can therefore be pivotal resources supporting the emergence and sustainability of wider social movements.

7.3 Community participation and empowerment

Many of the policies and actions considered so far, whether led by the state or NGOs, aim to support the active participation of those being targeted. However, there are major variations in both the form of participation on offer and on the degree of power given to the individuals and/or communities involved. In Venezuela for example, neighbourhood health committees were a key element of the Barrio Adentro initiative. Initially, these committees, elected from local residents, were responsible for identifying accommodation in the Barrio for new doctors and the clinics they were to open, but in some instances they appear to have become a powerful force promoting local social cohesion. They retain oversight of the strategic development of healthcare in their neighbourhoods and over time their role has extended and they are now able to make proposals for funds to support interventions to improve the health of local people. By 2006 there were almost 9,000 elected neighbourhood health committees registered with the National Health Committee Co-ordinating Office set up by the Ministry of Health, and many more committees linked to local clinics are not registered. These committees are becoming involved in the implementation of other social missions in their neighbourhoods and are seen as a key building block in the new participative democracy the Venezuelan government is seeking to build. However, whilst the vision is grand there is little solid evidence yet on the functioning of these committees.

The National Health System (SUS) in Brazil has social participation as a constitutional principle, which is implemented through a system of health councils at national, state and local level and health conferences held at each level every four years where the main goals for health policies are established. The Primary Care Program – Programa Saúde da Família (PSF) – as a part of SUS also promotes social participation through local health councils. Fifty per cent of the membership of health council are users of health services and 50% are representatives of health professional groups and service managers. As in Venezuela, the Brazilian health councils at all levels are deliberative. An ambitious attempt at community participation research, however, conducted in cities with over 100.000 inhabitants where PSF was implemented, suggests that the system is not

operating well. On average, 96% of the local communities did not know that an assessment of health needs in a locality was supposed to be done with community participation. Only a minority of residents (22% to 39%) knew where to go if they had a complaint about health services, few people knew about the existence of the health councils (8% to 26%) and the proportion of people participating in their Local Health Council ranged from 0% to 26%. Similarly, only around a quarter (28%) of health professionals surveyed knew about the existence of the Local Health Councils.

Several Bangladeshi initiatives appraised by the SEKN have involved community participation of some form. For example, the community management committees given responsibility for running the water points were a significant factor in the success of that scheme (Rashid, 2007). Government initiatives have also sought – less successfully – to promote community participation in the delivery of essential services. The government's 5-year (1998-2003) Health and Population Sector Programme (HPSP) included a component to motivate service users to monitor the performance of public providers at local level. Selected NGOs formed local stakeholder committees, and provided training/capacity building in participation and deliberation for service users. Women and men, elite and landless people, were transparently recruited to participate in committees. On the positive side there was strong and varied participation and diverse membership, awareness about public health facilities was raised, community demand for public health was increased and doctors were pressured to be present during working hours and not to levy illegal fees. However, more negatively, community awareness was low about the committees and the opportunities they offered to provide feedback to the healthcare system. The committees lacked authority and political capability to enact decisions and with the implementation of the new health sector programme in 2003, which did not continue these stakeholder committees, most have disbanded (schumann & Mahmud, 200&).

The 1998-2003 5-year plan also experimented with community ownership of health facilities. The community was expected to donate the land, and construction costs were shared between the local community and central government. However, membership of the community groups was biased toward the local elite and relatives of the chairperson. Leadership was poor and in the absence of defined structures, unequal relationships were reproduced between rich and poor, and men and women, and little value was given

to the voices of those with low status. The government was also unwilling to mobilize resources and by 2001 all the clinics had fallen into disuse.

Community participation is also a feature of some of the conditional cash transfer programmes reviewed earlier. In the Zimbabwe BEAM programme, for example, beneficiaries are selected by a committee which includes at least six members elected each year from the local community. The Productive Safety Net programme in Ethiopia explicitly aims to build community involvement and cohesion through participative planning of the public works programmes which provide employment for beneficiaries. An evaluation reported that 75% of the public works supported by this programme reflected community preferences and 60% of these were judged to be technically sound.

In the UK, as elsewhere, community participation is a central feature of government policy aimed at addressing exclusionary processes. Whilst the pursuit of community participation, empowerment and mobilisation of community assets are prominent in state-led policies to address exclusionary processes, evaluations rarely focus on the impact or experience of participation, empowerment and mobilization. There has, however, been a recent review of English research on initiatives aiming to involve communities in health-related decision-making in the UK (Popay *et al* 2007) Although the evidence is limited, the review suggests that community participation can increase the effectiveness of initiatives seeking to address exclusionary processes. Involving residents in the management of public housing, for example, can result in more efficient use of resources, quicker repairs, greater social cohesion amongst tenants and heightened political awareness. There is also evidence that policies promoting community participation can improve relationships between local people and service providers and improve people's perceptions of the areas in which they live. Research also suggests that participation can have physical and mental health benefits for the individuals involved and increase their personal human capital (through training and skills development, for example) but, done badly, participation may have negative health impacts.

The review found a large volume of good quality research on the factors which enable and/or constrain effective community participation in decision-making in the UK context. The barriers identified include misuse of power by professionals who control both the

agenda for participation and who is to be involved, a lack of appropriate skills and knowledge on the part of professionals, practices of engagement which exclude people, (including for example, the style and timing of meetings and a failure to accommodate cultural diversity and accessibility issues), high transaction costs for lay participants (in terms, for example, of the time commitment required and travel costs), and a range of cultural and attitudinal constraints including negative stereotyping of disadvantaged communities by professionals and local politicians. Research suggests that communities may actively resist participating in decision-making, particularly when their past experience of participation is that it does not influence the decisions that are made. This has particular salience in the context of local policies which are required to deliver outcomes for national and international stakeholders when the demands of community participation may be given low priority. Initiatives to engage the recipients of policy in planning and implementation may also be compromised when expectations are too high and, in particular, when too much reliance is placed on the ability of local planning structures to alleviate intractable social problems which require macro solutions. The appropriateness of deliberative approaches to community engagement, placing an unrealistic emphasis on the pursuit of consensus, is also questioned in the literature.

Whilst these findings are derived largely from research on the UK experience of community participation in decision-making, many are echoed in the policy appraisals undertaken for the SEKN around the world.

7.4 Non-governmental 'not for profit' organisations and exclusionary processes

A recent 'virtual round table' sponsored by UNDP (2007) identified a number of different roles of non-governmental organisations (referred in the report as civil society organisations) in relation to social exclusion including:

- Advocating against abuses by the State and monitoring the application of constitutional provisions.
- Enhancing 'bargaining power' of marginalized groups through mobilisation and organising inclusive mechanisms for dialogue e.g. citizen report cards.
- Mitigating the excesses of fundamentalists/extremists by providing channels for negotiation and voice within a multifaceted/multi-ethnic society.

- Training members of political bodies to enhance the quality of governance and promoting education to popularize democratic norms and culture.
- Acting as pressure groups to change repressive/discriminating policies, legislations and programmes.
- Supporting the economic and human development of excluded groups through targeted microfinance, employment, and other poverty reduction initiatives.

In a report commissioned by the UN Volunteers and UNDP for a national forum in Mozambique, Montserrat and de Sousa (2006) argue that the role of NGOs should be located in a country's broader development agenda. The authors highlight a number of constraints on NGOs' contribution to development in Mozambique which have wider relevance. These include a restrictive legal framework requiring NGOs to form associations, and NGOs' dependency on foreign aid monies influencing their agendas and undermining their sustainability. They argue that voluntarism can provide a bridge between informal and formal civic society action and that government, volunteers and formal civil society organisations, together with the private sector, should be major national actors in development. However, they also argue that in order for voluntarism and NGOs to be developed, three major axes were identified for action by government, civil society organisations and international agencies: 'lobbying' and advocacy, capacity-building and the creation of an enabling environment, within the context of the Millennium Development Goals (Montserrat & de Sousa, 2006)

The SEKN civil society reference group has provided case studies which illustrate the diverse roles of NGOs in relation to exclusionary processes (SEKN Background Paper 7). These case studies describe work by Street Kids International in Canada, and AfriAfya in Kenya to develop HIV/AIDS tools relevant to the needs of young people in Kenya, and activities by the network of Indigenous Researchers, Indigenous Organisations and Indigenous Community people in Canada aiming to reverse the marginalisation of indigenous knowledge systems in health services. Two case studies describe how the Association for Health and Environmental Development and the Association for Human Rights Legal Aid in Cairo are working to protect the rights of Sudanese refugees. The role of civil society organisations in highlighting problems is also illustrated by the work by Central Australian Aboriginal Congress on the social

causes of ill-health amongst Australia's aboriginal peoples and similar work on discrimination against Dalits by the Mahatma Ghandi Labour Institute in India.

The SEKN work in Brazil also highlighted the role of NGOs working to help *favela* communities to rid themselves of the drug dealers, militia and corrupt police and to reduce violence. AfroReggae, the NGO created in 1992, after the slaughter of Vigário Geral has done some of the most successful work in the *favelas,* establishing itself over a 15-year period in four other *favelas* of the city, with more than 75 projects, one of them involving military police in workshops with young people. The Favelas Observatory, part of the Center of Studies and Solidarity Actions of Maré, has been established to develop new policies to improve conditions in the *favelas* including most recently policies designed to provide young people with a route out of crime. More initiatives aiming to reverse exclusionary processes operating within the Rio *favelas* are described in SEKN Background Paper 16. In the next section summaries are provided of some of the other detailed appraisals of NGO action undertaken by the SEKN.

Focus on NGO action in Bangladesh:

Health Watch and *Health Equity Watch* in Bangladesh provide examples of the advocacy and monitoring roles of NGOs,monitoring Bangladesh's performance in promoting the health of its people. They provide professional oversight and monitoring of health policy, producing critical analyses and developing and publishing alternative policy recommendations in regular reports (Schumann * Mahmud, 2007).

The work of the Grameen Bank, BRAC and thousands of smaller organisations provide a powerful illustration of the role of NGOs as providers of microfinance services[21]. These initiatives are targeted at people with no material collateral. As with the state-provided cash transfers discussed earlier, the cash available in these schemes is conditional on attendance at weekly meetings involving education and discussion about health issues and human rights, skills-building and social networking. The scheme uses social rather than physical collateral: encouraging women to develop broader social networks and offers a platform for 'piggy-back' interventions through the weekly members' meetings. In

[21] This section is drawn from: Schurmann A. 2007. *Microcredit, Inclusion and Exclusion in Bangladesh.* Background paper for Social Exclusion Knowledge Network. ICDDR,B Working Paper. ICDDR,B: Dhaka, Bangladesh.

2004 there were more than 20 million active clients nationwide and research suggests that microfinance participation is associated with reduced vulnerability to financial shocks, increased knowledge about and use of qualified healthcare providers, increases in health knowledge, higher contraceptive use, improved nutritional status especially amongst girls, and a reduction in desired family size. However, research here and elsewhere also suggests that credit can increase the vulnerability of poor people with no entrepreneurial skills, trapping them into debt, and evidence of the acceptability and compliance with conditions has not been identified. Additionally, most microcredit enterprises work at too small a scale to achieve efficiency of scale and yield meagre earnings, so they are limited in their transformational capability.

BRAC, the largest non-governmental 'not for profit' organisation in Bangladesh is involved in a wide range of activities focusing on reversing exclusionary processes with various partners including other civil society organisations, the government, international donors and private sector organisations. With funding from CIDA, DFID, EU, NOVIB and WFP, BRAC is undertaking a multi-dimensional social and economic development project focusing on the ultra-poor – typically people too poor to participate in micro-finance initiatives[22]. Launched in 2002, this project provides income generation skills training, access to health services, a monthly stipend (US$0.17/day) for subsistence, social development training promoting greater awareness of rights and social justice issues, and mobilization of local elites for programme support. Evaluation found that 55% of the 5,000 poorest households from the poorest districts in the country were able to gain sufficient resources to benefit from joining a microcredit program. The proportion of people in these areas living on less than US$1/day decreased from 89% to 59% during the first three years of the project and chronic food deficit fell from 60% to around 15% for households participating in the project. Factors contributing to the success of this project include work with the local elite to create an enabling environment for the programme, the provision of health education and identity cards to facilitate access to local health facilities, the provision of training and refresher training for income generating skills; and the installation of latrines and tube-wells to improve sanitation and

[22] This section is drawn from: Ahmed SM. 2007. *Capability Development Among the Ultrapoor: BRAC's Challenging the Fontiers of Poverty Reduction/Targetting the Ultrapoor Programme in Bangladesh.* Background paper for Social Exclusion Knowledge Network. ICDDR,B Working Paper. ICDDR,B: Dhaka, Bangladesh.

reduce disease. BRAC and other civil society organisations are also involved in providing beds in hostels for low-income women working in the garment industry (Rashid, 2007).

Non-governmental organisations in Bangladesh are also providing models for delivering essential services in informal settlements which are being taken up by central government. Government policy, for example, does not allow a water supply to be provided to households with no legal land-holding permit, often the case in informal settlements (Rashid, 2007). In this context the NGO Dushtha Shasthya Kendra (DSK) offered to act as guarantor for the security deposit and bill payments for two water points in an informal settlement. Initially the scheme failed to adequately address local governance issues and *Mastaans* (thugs) took control of water supplies, demanding bribes for access to water. In response, a community management strategy was developed involving the election of two water management committees (one comprised of women, one of men) elected from the local community to manage the water point, pay bills to the public water authority (WASA) and to pay instalments to DSK. After four years, DSK had recovered all their costs, WASA was receiving payments on time, and the community was receiving water regularly. The initiative was scaled up in 1992 from two water points to 88, benefiting more than 200,000 people and WASA is currently replicating the model with 110 community managed water systems, and plans to expand into one of Dhaka's largest informal settlements.

Insurance-based approaches to addressing exclusionary processes and the delivery of essential services have also been developed by civil society organisations sometimes in partnership with the state and/or private companies. 'Micro-insurance' schemes are a nascent concept receiving increasing attention from donor agencies and multi-national organisations, with 37 million people now covered by such schemes in South Asia (Roth 2007). A micro-health insurance scheme (MHI) has been introduced in Bangladesh where 25% of the population faces catastrophic health costs every year with 62% of health care costs being out of pocket payments[23]. Although there is a public healthcare system, the distribution of state subsidies is very unequal, with the wealthiest 20% of

[23] This section drawn from Werner W. 2007. *Microinsurance in South Asia: Risk Protection for the Poor?* Background paper for Social Exclusion Knowledge Network. ICDDR,B Working Paper. ICDDR,B: Dhaka, Bangladesh.

population receiving 26% of government financial subsidies for health and the poorest quintile receiving16%. The MHI scheme in Bangladesh offers basic healthcare at a subsidised rate to the poor and ultra-poor and is a joint initiative of BRAC and two smaller NGOs - Grameen Kalyan and Proshika - in partnership with the private sector insurance company Delta Life. The aim is to (i) reduce households entering poverty as a result of a health crisis, and (ii) increase access to and utilization of healthcare. The insurers stipulate which health facilities are to be used and this has led to the insured seeking care from trained licensed providers as opposed to untrained providers or self-treatment. The MHI scheme has increased access to and use of basic health services. However, because of the extreme poverty of the people targeted, the premiums have had to be kept low and the scheme is only able to cover basic healthcare. It will not, therefore, succeed in reducing the likelihood of essential emergency health costs being a catastrophic expense for low-income households, unlike similar schemes in India, which have proved better able to spread the risk of catastrophic expenses.

Focus on NGOs in Ghana:

ISODEC, a large NGO working in Ghana, has been responsible for many initiatives extending people's rights to essential services, and has blocked policy decisions which would have reduced access. A nationwide campaign to expand the geographical availability of antiretroviral treatment (ARVT) began because only two hospitals in Accra were providing ARVT. As many people could not afford the time or money to travel to Accra on a regular basis, ISODEC campaigned for the government to introduce regional centres. ISODEC organised conferences, issued press releases and organised a petition asking for ARVT to be extended to all regions. In 2005 the government announced a nationwide service with the aim of reaching 15,000 people in need of treatment. By the end of 2006 there were 10 centres covering all regions in the country. Although ARVT is still not completely free, geographical access has been extended.

ISODEC formed a coalition with other partners to resist the privatisation of water: After considerable lobbying the government eventually revised the original conditions from overall privatisation to a management contract, and although not a great improvement, the coalition succeeded in obtaining some concessions. Similarly, ISODEC campaigned against the government's plan to sell Ghana Commercial Bank shares to a private investor such as Barclays who would be more likely to close branches outside the main

cities, thus excluding many poor people from banking facilities. As a result of pressure the government made the shares available to ordinary Ghanaian citizens who wanted to buy them.

Focus on transnational NGO action

Civil society action across national boundaries through the work of large international non-governmental organisations such as Oxfam and Christian Aid and through networks of national NGOs also has an important role to play in addressing exclusionary processes. As at national level, international civil society action includes advocacy; monitoring and service delivery, but also importantly capacity building within civil society.

Participants in the UNDP round-table referred to earlier highlighted many high profile actions by international NGOs and networks of national organisations which had or were having significant impacts on exclusionary processes. These include the debt relief campaign (Jubilee 2000, Christian Aid, GCAP, etc.,), security and post-conflict reconciliation (Oxfam, Save the Children) and citizen participation in poverty reduction strategy projects (CIDSE, EURODAD, AFRODAD, World Development Movement and Christian Aid). Many of these initiatives involve larger, relatively resource-rich NGOs working in partnership with smaller national and local NGOs, including for example work monitoring the impact of water privatization (Public Citizen, Commonwealth Foundation, Christian Aid) and work analysing and enabling civil society action through the development of a civil society index (CIVICUS with local country partners).

The European Anti-Poverty Network (EAPN) is an example of a regional coalition of NGOs and community groups fighting against social exclusion in the 15 Member States of the EU. It also brings together 23 specialised European organizations. EAPN aims 'to promote and enhance the effectiveness of action against poverty and social exclusion and to lobby for and with people and groups facing poverty and social exclusion' (CIARIS, 2007). EAPN has produced a Manifesto for an inclusive Europe which calls for:

- Mainstreaming combating social exclusion in all EU policies & programmes.
- An Observatory to monitor the situation of poverty and social exclusion and the policies and practices deployed at all levels.

- Support for social protection systems and public services in formulating the annual broad economic policy guidelines.
- Revision of the Amsterdam Treaty (Article 137) to: a) provide mechanisms for the effective guarantee of legal rights to all citizens and residents of the EU, b) make combating poverty and social exclusion an objective of the Union, c) submit the adoption of annual broad economic policy guidelines to the democratic process, and d) provide a legal base for civil dialogue between NGOs and the Institutions of the EU.

Representativeness and Non-governmental organisations

There have been problems in the relationships between international NGOs and their national counterparts – the latter sometimes feeling international NGOs are not always as collaborative and supportive as they could/should be. There is clearly scope for more co-ordination of action between national and international NGOs and multi-national organisations, such as the UNDP, and donors may have a role in promoting this. Some have also argued that international NGOs should concentrate their action on advocacy around global concerns such as debt relief and more inclusive equitable development, and increase their role in supporting capacity development and providing technical assistance to national NGOs, rather than undertaking direct service delivery in country.

There are also enduring debates about the 'representativeness' of NGOs, particularly the larger ones. Given the diversity in the scale of operation of non-governmental organisations and community groups (global, regional, national, local) and the activities they are involved in, their relationship with the constituencies they may claim to serve will always be problematic. However, it is important to recognise that challenges to the 'representativeness' of NGOs are sometimes used in an attempt to discredit organisations posing legitimate challenges to unfair practices and traditional power bases. It is unrealistic to expect all NGOs to be fully representative and participative. It is, however, reasonable to expect them and their funders to be vigilant about 'representation'. The aim of non-governmental organisations focusing on exclusionary processes should be to operate in ways which promote inclusion and participation in all aspects of their internal organisational structures and processes and their externally directed actions. The ultimate aim must be to support people most severely affected by

exclusionary processes to act in their own interest, but realistically this is likely to be a long-term objective.

7.5 Key points on community action and non-governmental organisations

- Historically large scale social movements, including the involvement of formal civil society organisations such as trade unions, have been powerful drivers of social reforms including e.g. labour movements' campaigns for improved labour standards around the world, workers voluntary co-operatives providing health and welfare protection in Europe in 19th/20th centuries, and the anti-apartheid movement in the 20th century. However, social movements and/or community action may also contribute to exclusionary processes (for example, social movements seeking to restrict asylum provision, or racist movements. In this context, whilst peaceful civic action for change is an essential element of democratic processes, regulation by the state is appropriate.
- People who are the targets of policies and actions aiming to reverse exclusionary processes have the right to be actively involved in the design, delivery and evaluation of these policies and actions.
- Their involvement would ensure that different forms of knowledge – lay and professional, research and experiential – inform policy and action. However, some forms of 'knowledge', particularly indigenous knowledge, are routinely devalued and the potential is lost for this knowledge to shape more appropriate, acceptable and potentially more effective responses.
- Community involvement can be the key to successful action to reverse exclusionary processes but
    - It cannot solve macro structural issues.
    - Real power must be transferred.
    - It should be part of a wider process strengthening participative democracy.
    - It can damage activists if appropriate support is not put in place.
    - Professionals/paid workers may resist the challenge to their power-base.
    - Technical assistance and training – of paid workers and lay people - is important.
- Non-governmental organisations (NGOs) have an established role to work to reverse exclusionary processes at global, national and local levels through advocacy and

monitoring, mobilizing and providing channels for negotiation and a voice within a multifaceted/ethnic society, training in good governance etc., acting as pressure groups to change repressive/discriminating policies, legislations and programmes; and delivering services to support economic and human development.

- All NGOs need to attend to issues of representativeness, transparency and good governance, but it is unrealistic to expect them all to be fully representative of the groups they seek to represent.
- Larger, relatively resource-rich NGOS have an important role advocating for progressive change at a global level and supporting smaller national and local NGOs building capacity and working in partnership rather than duplicating efforts or competing for resources.
- The state's response to social movements in general and civil society organisations in particular can vary from active support to peaceful co-existence and from neglect to control and oppression.
- National governments need to:
    - Recognise the political legitimacy of civil society and 'community voice'.
    - Involve civil society in all its forms in policy development, implementation and monitoring.
    - Enact and implement legal protection for civil society organisations
    - Design policies which transfer real power to people who are targeted.
    - Resource policy implementation to support 'community' empowerment.
    - Reform professional education to give greater status to lay/indigenous knowledge.
- Multi-lateral agencies and other donors can
    - Act as role models and promote good practice in relationships with civil society.
    - Provide incentives for governments to work effectively with communities and NGOs.
    - Resource capacity building for civil society and community involvement.
    - Promote legal protections for civil society action within nation States.
    - Simplify requirements for funding so that smaller community-based organizations and voluntary groups can access funds and hence develop capacities.

Chapter 8 The private sector, corporate social responsibility and exclusionary processes

8.1 The scope of corporate social responsibility

In Chapter 2 it was argued that most of the actors identified by the SEKN as having a potential role in reversing exclusionary processes are also implicated in generating and driving exclusionary processes. This is perhaps particularly obvious in relation to the private 'for profit' sector. The SEKN has not undertaken substantial work on the exclusionary processes associated with the operation of markets but other WHO CSDOH knowledge networks have considered the health implications of globalisation and employment conditions in more depth (the Globalisation and Employment Conditions Knowledge Networks[24]). In the face of this evidence, including the extent of slavery, child labour, exploitative working conditions, etc., it is clear that the private sector is a major driver of exclusionary processes. Some dimensions of these processes were explored in Chapter 3 which considered the impact of globalisation and the operation of largely unregulated markets on economic inequalities and poverty.

However, as the Bangladesh garment industry case study (below) illustrates, even the most exploitative labour conditions can have unintended positive benefits, greatly in excess of the action of national governments. Private sector organisations (including shareholders) can also, in theory at least, make a more formal contribution to policies and/or actions to reverse exclusionary processes and promote greater social cohesion. Earlier chapters considered the role of the private sector working in partnership with other actors, notably the state, to deliver services such as healthcare and health insurance, including the significant problems which such involvement may entail. This chapter is concerned with the potential for the private sector to contribute to a reversal of exclusionary processes through the way they operate their plants, including employment standards and through the development of greater corporate social responsibility. Corporate social responsibility can be defined in broad terms as a situation in which a commercial company goes beyond what is mandatory for them and consciously works to produce additional benefits for communities they are linked to. A recent report from the

[24] *Towards Health-Equitable Globalisation: Rights, Regulation and Redistribution*. Final report to the Commission on the Social Determinants of Health from the Globalisation Knowledge Network. Labonte, R and Schrecker, T. 2007.
Final Report from the Employment Conditions Knowledge Network (EMCONET). 20th September, 2007.

Centre for Global Development (Warden, 2007) identifies six approaches for commercial organisations to consider if they wish to develop a role in the fight against global poverty - approaches which are equally relevant to action to reverse exclusionary processes:

- Standards compliance: adhering to high standards for workers' rights, environmental protection and other operational issues.
- Charitable giving: through a company foundation or by supporting public or not-for-profit charitable organisations.
- Commercial leverage: companies doing well by doing good.
- Development entrepreneurship: where an explicit commitment to the poor is the core business strategy.;
- Policy advocacy: using the company's influence to improve the policy environment in a host or home country, supporting the extension of human rights through legislation and improved governance systems.

Examples of wider social responsibility initiatives are the provision of resources in cash and/or kind to improve local schools, and introducing educational initiatives to promote hand-washing and distributing free soap in communities with high rates of diarrhoeal disease. Corporations typically benefit from their CSR activities through contributing to a more highly skilled local workforce and better informed consumers, opening up new markets for their products (e.g. for soap); and by improving their public reputation.

The potential for compliance with high operating and employment standards and greater corporate social responsibility to reverse exclusionary processes is the focus of this short chapter. It is important to stress, however, that the SEKN work on corporate social responsibility has been very limited and few examples of relevant actions have been formally appraised by the network. The chapter is divided into three sections: the first provides a case study of the Bangladesh garment industry to illustrate how private sector action can have unintended positive impacts in reversing exclusionary processes; the second section is concerned with the potential for standard compliance to enhance these impacts; the third section provides examples of corporate social responsibility action on a wider front.

8.2 The garment industry in Bangladesh: exploitation and transformation[25]

The Multi Fibre Arrangement (1974-2004), also known as the Agreement on Textile and Clothing, imposed quotas on the amount of textiles and garments developing countries could export to developed countries. While the arrangement has been criticized as unfairly protectionist for developed countries, it was not negative for all developing countries. The EU imposed no restrictions or duties on imports from the very poorest countries, and in Bangladesh the arrangement contributed to the massive growth of the garment industry. Ready-made garments are now the leading national export, accounting for around three-quarters of annual gross domestic product, the overwhelming majority of exports, and employing an estimated 2.5 million workers.

Garment manufacturers sought women employees because they provided low cost labour, were perceived to be docile and have low occupational mobility. Previously there had been little attention to women's rights, with minimal avenues for women to exercise leadership. Bangladeshi women have few opportunities to access the formal labour market and there is highly discriminatory investment in girls' education and health compared to boys'. *Purdah* and early marriage and childbirth restrict women's mobility and women have a subservient role in society. However, the garment industry has begun to change women's position. Approximately 80% of employees in the garment industry are women – in stark contrast to women's employment in non-export industries, estimated at 7%. This puts the impact of this sector on women's participation in the formal economy into dramatic relief.

On the positive side, increased female employment is leading to:

- Increased attention to women workers' rights.
- Increased activities aiming to organize women and cultivate female leaders.
- More workforce options for women with relatively higher and more regular wages.
- More support in households for girls' education due to incentive of future income.
- Women having greater ability to negotiate public spaces when commuting & working.

[25] This section is drawn from Khosla N. 2007. *The Readymade Garment Industry in Bangladesh: A Pathway to Social Cohesion?* Background paper for Social Exclusion Knowledge Network. ICDDR,B Working Paper. ICDDR,B: Dhaka, Bangladesh.

- Increased empowerment of women as their economic role in households increases their power and hence their ability to negotiate a fairer distribution of household resources.
- Increased preference for delayed marriage and childbirth.

Wages in the garment industry are low, however; there is high stress and working conditions are poor and hazardous. Research conducted in 2006 in six Dhaka factories by the international civil society organisation War on Want reported women regularly working 80 hours a week for £0.05 an hour. The factories included in the research were supplying the UK stores Primark, Tesco and Asda, which have all made a commitment to pay a minimum wage of UK£22 a month – calculated as a living wage in Bangladesh. However, War on Want claimed that wages started at UK£8 per month. In 2006 workers in the industry went on strike led by the National Garment Workers Federation and won a 50% rise in the minimum wage to UK£12 a month – still well below a living wage. There have also been a number of major fires and building collapses in the last few years which killed or injured hundreds of people.

The case study of the Bangladesh garment industry powerfully illustrates the potential benefits which can accrue when major companies locate in low-income countries and also points to the potentially profound social changes this can trigger even when conditions fall far short of good labour practice. It points to how much greater this contribution could be if operating and employment standards were high and private sector companies took their 'corporate social responsibility' more seriously.

8.3 Standards compliance and exclusionary processes

There is a long history of initiatives aiming to promote higher operating and employment standards in the private sector. These are described in detail in the report of the Employment Conditions Knowledge Network. Whilst legislation protecting the terms and conditions of paid labour is reasonably well developed in high-income countries it has been under attack in recent years and even in the most regulated economies there are segments of the labour force where conditions are very poor. Immigrant workers without a legal status are particularly vulnerable to exploitation. The deaths in February 2004 of 21 Chinese cockle-pickers, drowned in the dark by incoming tides in Morecambe Bay in North West England, brought working conditions into the limelight and provided a vivid

warning that no country – no matter how rich – is free of seriously hazardous working conditions. Following this disaster, under the provisions of the Gangmasters (Licensing) Act 2004, a Gangmasters Licensing Authority has been set up to curb the exploitation of workers in agricultural, horticultural, shellfish-gathering and associated processing and packaging industries. But many workers, particularly foreign workers including those legally entitled to work in the UK, still experience very poor working conditions, inadequate living conditions, and hostility from more established population groups with whom they are perceived to compete[26].

In low-income countries and at an international level, operating and employment standards legislation and formal regulatory frameworks are much less well developed. For example, labour standards are not a component of global frameworks on trade or capital or labour movements, and although they are included in some "free" trade agreements, they are often ambiguous or lack enforcement provisions. Although the International Labour Organisation is pursuing its 'decent work' agenda including new labour standards, it will take time to get international agreement on these standards and the ILO will have no power to enforce them. An increasing number of companies, often in response to pressure from civil society or politicians, have voluntarily adopted codes in relation to labour and occupational health and safety standards in their own companies and in contracts with international suppliers, but monitoring and enforcing these is problematic.

Most multi-lateral initiatives, such as the Ethical Trading Initiative (ETI) are voluntary. The ETI is an alliance of 29 companies, trade unions and NGOs aiming to promote compliance amongst more than 20,000 supplier companies worldwide with a Code of Labour Practice focusing on discrimination, health and safety, working hours, wage levels and provision of social protection including pensions and child labour. Voluntary initiatives can have positive impacts. An independent evaluation of the impact of the ETI Code of Labour Practice (Barrientos & Smith, 2006) for example, reported improvements in health and safety standards, reduced working hours, compliance with minimum wage regulations, enhanced social protection - including pension provision and a reduction in

[26] SEKN Background paper 8

child labour - with the greatest impact being on health and safety standards. This evaluation focused on countries as diverse as the UK and China.

However, given the scale of the problems generated by poor working conditions globally, it seems clear that voluntary initiatives will inevitably be limited in their impact. The authors of the report on the evaluation of the ETI Code of Labour Practice referred to earlier, for example, note that 'serious issues frequently remained' in relation to freedom of association and discriminatory employment practices and that the improvements they identified were not being felt by the most marginalised temporary or causal labour – a picture likely to be repeated around the globe. Attempts to improve working conditions and encourage voluntary compliance with labour codes are also undermined by developments such as the 'Export Processing Zones'. EPZs involve exemptions from part or all of labour codes as well as other fiscal and financial incentives to attract foreign investors. The International Confederation of Free Trade Unions (ICFTU) reports "serious shortcomings in the application and enforcement of all eight core labour standards, particularly with regards to the lack of trade union rights of workers including the right to strike, discrimination and child labour."

8.4 Corporate social responsibility beyond standard compliance

The United Nations Global Compact on corporate citizenship is a voluntary initiative launched in 2000. It is probably the world's largest voluntary alliance seeking to promote greater corporate social responsibility, with over 3,000 private companies signed up in 2006. This initiative includes standard compliance and the broader aim of advancing 'responsible corporate citizenship and universal social and environmental principles to meet the challenges of globalization'. The ten principles are listed in the Box below.

The 2007 UNDP Report includes impressive examples of partnerships with commercial companies established under the umbrella of the UN Global Compact aiming to reverse exclusionary processes. Growing Sustainable Business, for example, has supported ten projects in Kenya that are expected to generate over US$70 million in additional revenues and impact directly on 42,000 beneficiaries. A UNDP partnership with the ANZ Bank in Fiji is reported to have led to 60,000 new bank accounts being opened in rural areas, significantly increasing access to credit, and this has now been extended to the Solomon Islands and Tonga.

The UN Global Contract Principles

Human rights:

1. The support and respect of the protection of international human rights.
2. The refusal to participate in or condone human rights abuses.

Labour conditions:

3. The support of freedom of association and recognition of the right to collective bargaining.
4. The abolition of compulsory labour.
5. The abolition of child labour.
6. The elimination of discrimination in employment and occupation .

Environment:

7. The implementation of a precautionary and effective programme on environmental issues.
8. Support for initiatives demonstrating environmental responsibility.
9. The promotion of the diffusion of environmentally friendly technologies.

Anti-corruption:

10. The promotion and adoption of initiatives to counter all forms of corruption including extortion and bribery.

Ref: **www.unglobalcompact.org**

Given the primacy of the profit motive in the private sector, there will inevitably be limits to the potential for voluntary initiatives established in the name of corporate social responsibility to address social exclusion. In recognition of these limits, the large international NGO War on Want (WoW) is orchestrating a global campaign for greater corporate social responsibility. As part of this campaign WoW is targeting shareholders in an attempt to gain support for resolutions to be passed at Annual General Meetings. These would require companies to appoint independent auditors to inspect the premises of companies working on contract to supply goods to large multi-nationals to ensure that workers in supplier factories and farms are guaranteed decent working conditions, a living wage, job security and the right to join a trade union of their choice. War on Want's campaign is part of a much broader social movement involving a range of civil society actors focusing on corporate accountability (Christian Aid, War on Want, World Development Movement) and fair trade and market access for poor countries more generally (Trade Justice Movement coalition, Third World Network, Christian Aid, Oxfam, International Gender and Trade Network).

8.5 Key points on the private sector and exclusionary processes

- The SEKN has given relatively little attention to the specific contribution the private sector can make to reversing exclusionary processes. Other knowledge networks, particularly those focusing on globalisation and employment conditions, have dealt with relevant issues in much greater detail.
- The role of the 'for profit' sector in providing essential services such as healthcare and health insurance were discussed in Chapter 5. This work has identified a role for the private sector working with other partners, notably multi-lateral agencies, national governments and civil society organisations to increase service capacity and extend access to basic services. However, the work has also highlighted serious contradictions and constraints on these approaches including
    - Public resources being directed to profits which could be used to extend access to and/or improve the quality of services.
    - Gross inequalities in quality of services in parallel public and private sectors of healthcare, and resources and professional personnel being 'captured' by the private sector.
    - A bias towards urban areas and acute care in private sector provision neglecting preventive care and popular health promotion.
    - Perverse incentives for private providers to increase throughput rather than focus on outcome, which can increase exclusionary processes.
    - The limitations of insurance-based approaches in protecting against risks in populations experiencing severe poverty.
- Beyond service provision private sector organisations may contribute to reversing exclusionary processes in two broad ways: complying with high standards in operation and employment in their own companies and the companies which supply them; and action to extend corporate social responsibility on a wider front.
- Private sector companies may contribute to social transformation by employing disadvantaged groups even when labour conditions fall far short of good practice, but this is not an alternative to improving employment conditions.
- Legislation protecting the terms and conditions of paid labour is reasonably well developed in high income countries, but it has been under attack in recent years and even in the most regulated economies there are segments of the labour force where

conditions are very poor. Legislative protection of workers is urgently required in all areas of the world and particularly in the context of globalisation.

- There is some evidence that voluntary initiatives to promote compliance with higher operating and employment standards and support greater corporate social responsibility can lead to improved labour conditions and have wider impacts on exclusionary processes, but the reach and impact of these initiatives are insignificant set against the powerful exclusionary processes driven by current global trade relationships.
- Community action and action by non-governmental organisations has significant potential to increase pressure for greater corporate social responsibility in the private sector including demanding greater formal regulation of labour conditions and environmental protection and more rigorous monitoring of compliance.

PART IV: CONCLUSION AND RECOMMENDATIONS

This part of the report consists of two chapters. In Chapter 9 the key messages from the work of the SEKN are summarised. Chapter 10 presents the main recommendations from the SEKN to the WHO Commission on the Social Determinants of Health.

Chapter 9 Tackling social exclusion – an overview

9.1 The network and it approach to social exclusion

In this penultimate chapter the key points made in earlier chapters are reviewed before turning, in the final chapter, to the recommendations the SEKN wishes to make to the WHO Commission on the Social Determinants of Health. As noted at the beginning of this report, the Social Exclusion Knowledge Network (SEKN) is one of nine global knowledge networks established to support the work of the WHO Commission on the Social Determinants of Health which is due to report in the spring of 2008. In this final report a summary of the global knowledge collated by the SEKN is summarised. More details on the SEKN's work are included in the background papers listed on page 28.

The knowledge collated by the SEKN has focused on:

- The meanings attached to the term 'social exclusion' around the world, related discourses informing policy and practice in cognate areas and the relationship between social exclusion, the social determinants of health and health inequalities.
- Existing policies and actions aiming to address social exclusion and therefore having the potential to improve health and reduce health inequalities.

Globally, there are few policies or actions specifically labelled as addressing social exclusion. The SEKN has therefore had to rely on a combination of theory and pragmatism to select policies and actions to be appraised. Additionally and importantly, selection of a particular policy/action is not intended to signal an endorsement by the SEKN or to suggest that the policies and/or actions included represent examples of good practice in addressing social exclusion. On the contrary, our aim has been to appraise a diversity of policies/actions in order to form a judgement about the relative merit of different approaches. Policies and actions included in this report were selected to provide diversity in terms of global reach, the actors involved and the focus of the actions. We have not undertaken a comprehensive review of all potentially relevant policies and action, nor did we not seek to include only policies/actions that could be labelled *a priori* as good practice: judgement was dependent on the appraisal. The 'actors' involved included national and local governments, multi-lateral agencies, community groups and non-governmental organisations and private sector organisations. The policies and actions included approaches to poverty

reduction/eradication, the provision of new services, initiatives to improve access to existing services and/or to improving the co-ordination of policies and new strategies for policies and actions to address social exclusion. More details of these appraisals can be found in the SEKN Background Papers.[27]

The SEKN believes it is important to distinguish between the use of the phrase 'social exclusion' to describe a ***state*** experienced by particular groups of people as opposed to a relational approach to understanding social exclusion in which it is used to describe multi-dimensional ***processes*** which lead to differential inclusion and exclusion in social systems. In a policy context, social exclusion is most commonly used to describe a 'state' in which people or groups are assumed to be 'excluded' from social systems and relationships. In most definitions this state is seen to be associated with extreme poverty and disadvantage. As one author notes, the term is now so widespread that it has become 'a cliché used to cover almost any kind of social ill' (Bessis, 1995). Many definitions include long lists describing groups excluded or at risk of exclusion, what they are excluded from, the resultant problems, and the 'actors' responsible for excluding groups. Beginning in France in the 1970s, a discourse of social exclusion (and inclusion) as a 'state', and policies and actions informed by this concept, have spread from the Northern Hemisphere to the South, mainly through the efforts of United Nations agencies such as the International Labour Organisation (ILO) and the work of individual nation states such as the aid programmes of the Department for International Development (DFID) in the United Kingdom.

The SEKN has adopted a relational approach to understanding social exclusion. From this perspective exclusion is viewed as a dynamic, multi-dimensional process driven by unequal power relationships. In the SEKN conceptual model exclusionary processes operate along and interact across four main dimensions - economic, political, social and cultural - and at different levels including individual, household, group, community, country and global regional levels. These exclusionary processes are assumed to create a continuum of inclusion/exclusion characterised by an unjust distribution of resources and unequal access to the capabilities and rights required to:

[27] Available on the WHO CSDH website or contact j.cox@ Lancaster.ac.uk for more information

- Create the conditions necessary for entire populations to meet and go beyond basic needs.
- Enable participatory and cohesive social systems.
- Value diversity.
- Guarantee peace and human rights.
- Sustain environmental systems.

Both constitutive and instrumental pathways link social exclusion to health inequalities. Constitutively exclusionary processes restrict participation in economic, social, political and cultural relationships which negatively impact on health and wellbeing. Instrumentally, these restrictions result in other deprivations, e.g. poor labour conditions or absence of paid work, leading to low income, poor nutrition, etc., which contribute to ill-health.

Commonly used, to describe a state of extreme disadvantage, the concept of social exclusion has most policy salience in Western Europe where it was first developed. Although it has now spread well beyond the EU it does not have equal policy/action salience in other regions, nor does it have the same meanings across any particular global region. As a description of an extreme state of disadvantage, the concept is particularly problematic in regions and countries where large proportions of the population are living in poverty. In these contexts, alternative discourses appear to have greater relevance for policy and action. However, the relational approach to social exclusion adopted by the SEKN helps to broaden the global relevance of the concept and has particular advantages including:

- Providing a wider lens to understand the causes and consequences of unequal power relationships.
- Making explicit the links between exclusion and a ‘rights’ approach to the social determinants of health.
- Directing analytical attention to interactions between relationships and outcomes at different levels e.g. community, nation state and global regions.
- Highlighting both *active* and *passive* exclusionary processes.
- Recognising that exclusionary processes will impact in different ways to differing degrees on different groups and/or societies at different times.

- Recognising an inclusion/exclusion continuum and allowing for the possibility of inequitable inclusion and extreme exclusion as well as the possibility of differential inclusion/exclusion along different dimensions, hence having global relevance.
- Avoiding the stigma of labelling particular groups as 'excluded'.
- Acknowledging the potential for groups and/or nations to actively resist exclusionary processes and their ensuing negative consequences.

9.2 The meaning and measurement of social exclusion

Developing and targeting policy and action which address social exclusion and monitoring implementation and impact requires an understanding of the nature and scale of the phenomenon. Gaining this understanding is, however, a complex and problematic endeavour. Although the number and sophistication of indicators relevant to the measurement of social exclusion is increasing, there is no consensus on how the concept should be put into operation and measured. Indeed, the discursive diversity discussed earlier means that there can be no single set of indicators of social exclusion which would have equal salience in different global regions and nation states. Most of the available indicators in fact provide descriptions of 'states' of exclusion, neglecting (with notable exceptions) the relational nature of these 'states' and the exclusionary processes generating them.

Although there are increasing numbers of indicators dedicated to the measurement of social exclusion, incorporating multiple dimensions and interactions, their relevance and utility beyond the countries and regions in which they have developed will inevitably be limited. Dedicated indicators of social exclusion have also been the object of methodological criticism: the European Union's Laeken Indicators, for example, have been criticised for failing to distinguish between risk factors and outcomes, and being unable to prioritise or measure the interaction between factors. These measures of 'exclusionary states' also tend to emphasise economic and social dimensions, giving less attention to political and cultural dimensions. Measures of the relationship between social exclusion and health outcomes are also highly problematic: inconsistencies in how social exclusion is defined and measured, lack of an agreed set of indicators, and the inclusion in some measures of a variety of health indicators as a component of or risk factor for social exclusion, rather than an outcome of the experience, all make it difficult to 'measure' the impact of social exclusion in health outcomes.

A particularly important limitation of available quantitative approaches to the measurement and monitoring of social exclusion is that they can themselves be 'exclusionary' as people most severely affected by exclusionary processes –the stateless, the homeless, marginalised indigenous people and people living in institutions – are often the least likely to be counted. This limitation of quantitative measures is compounded by the neglect of the voices of people most severely affected by exclusionary processes. Consequently, a vital source of wisdom on the nature and impact of exclusionary processes – and, more importantly, about appropriate and effective ways of addressing these processes - has limited impact on policy and action.

In an attempt to move beyond the limitations of formal quantitative indicators the SEKN has used case-studies to provide a window on the nature and scale of exclusionary processes and their impacts. These thematic case-studies focus on economic inequalities and poverty, displacement, HIV and AIDS, and cultural discrimination. The SEKN believes that the complexity of the concept of social exclusion - its multi-faceted nature including both objective and subjective elements – cannot be fully and sufficiently captured in numbers and indicators and hence formal indicators cannot be an adequate foundation for policy and action. Rather, the nature and impact of exclusionary processes can only be adequately 'represented' through both quantitative and qualitative data – through both indicators and stories. This is the only way to maximise effective policy and action to address exclusionary processes.

9.3 Appraising policy and action to tackle social exclusion

The universal imperative

The decades since the late 1970s have seen profound changes in the policy discourse on poverty, inequality and welfare provision at the level of multi-lateral agencies and nation states, leading to significant changes in policies and action relevant to social exclusion. Triggered initially by the oil crisis of the 1970s and driven by global processes of trade liberalisation, these changes have involved a shift away from universal collectivist provision of social security, social protection and essential services such as health and education funded through taxation and social insurance and provided by national governments - approaches exemplified in the welfare provision developed in Europe and the OECD countries in the 20th Century and the widely accepted

CEPAL/ECLAC model of economic and social development in Latin America. Instead, neo-liberal thinking has become dominant, emphasising individualistic models of welfare and social protection, a greater reliance on targeted means-tested policies, minimal state involvement and a reliance on 'market'-oriented approaches and private sector provision of essential services.

Universal welfare systems played a key role in the economic and social development of OECD countries by reducing poverty, reversing exclusionary processes, promoting social cohesion and improving population health. Despite pressure to reduce spending, recent research shows that OECD countries have continued to increase spending on social protection and essential services. Today these countries spend on average one eighth of their GDP (12.6%) on public social security cash benefits and more than a fifth (20.9%) on public social services and social security together (excluding education). Evidence that reducing spending promotes higher economic growth is inconclusive whilst substantial spending of more than a sixth of GDP is often consistent with above-average economic growth (Townsend 2007). Reviewing the evidence on the OECD experience, Peter Townsend argues that 'the strength of a universalistic, human rights approach to social security is in turning to future advantage what, after extraordinary struggle, proved to be a highly successful strategy in the past' (Townsend, 2007:.vii). The prize to be achieved is in reducing financial hardship whilst also promoting social cohesion, political inclusion and cultural diversity.

Over the past decade the advantages of comprehensive systems of social protection and universal public provision of services such as healthcare, education, water, sanitation, etc., funded through taxation and social insurance, have again been recognised partly through the campaigning work of international agencies including ILO and UNDP and major civil society organisations such as Oxfam, and a growing body of evidence suggesting that these approaches are the most effective, efficient and sustainable way of reversing exclusionary processes along the four dimensions identified in the SEKN model: social, economic, cultural and political (Oxfam, 2006; Mkandawire 2005; ILO, 2005; 2006; Chung & Muntaner, 2006; UNDP 2007; Townsend, 2007). Comprehensive publically funded social security and services for three groups in particular – children, the disabled and the elderly – are central to these approaches.

The historical investment in OECD countries is far in excess of the proportion of national income devoted to social services and social security in low- and middle-income countries today. However, some countries are pursuing universal approaches to social protection and the provision of health, education and other essential services, even though they may be introduced in stages. These universalist policies in, for example, Brazil, Venezuela and South Africa, are associated with major improvements in access and use of services, reductions in poverty levels and there is evidence of positive health and educational outcomes and greater social cohesion and solidarity. Public provision of social protection and essential services also has the potential to generate multiplier effects in local economies particularly those consciously designed into programmes through, for example, mandating the use of local enterprise to provide services.

Mirta Roses Periago, Director of the Pan American Health Organization, notes in her foreword to the appraisal of the Venezuelan 'Barrio Adentro' that it provides an alternative model to that which is currently dominating social protection policy globally. Whilst many governments are seeking to improve health through self management, personal responsibility and the transfer of responsibility for care from the state to civil society with reduced public expenditure, Venezuela is one of a number of countries experimenting with a model of co-responsibility between the State and its citizens with the state acting as guarantor of social rights. Funding these services is clearly an important challenge. In Venezuela oil reserves have obviously made the Barrio social missions experiment easier to implement. By 2005 around US$5 billion from this source had been invested in social missions to supplement mainstream budgets for government departments. This has implications for the transferability of such policies, but countries like South Africa and Brazil have also implemented universal policies without the benefit of additional 'windfall' resources. There is a need for multi-lateral agencies and donors to rise to this challenge and develop ways for universal systems of social protection and essential services free at point of use to be funded in low- and middle-income countries, including global tax systems. The ILO is currently undertaking work on this linked to their global campaign on Social Security and Coverage for All.

The impacts and limits of selectivity and conditionality

The work of the SEKN suggests that contemporary policies aimed at reversing exclusionary processes are more likely to be selective, targeting groups living in poverty

and involving some kind of means-test. Targeted means-tested cash transfers can lead to improved household incomes in the short term, with evidence that in the longer term they can increase household assets and create positive incentives for people to seek work to continue to raise their living standards. These policies can also trigger wider multiplier effects in local economies by investing resources in local service providers (as would be the case with universal provision as well). Evidence from evaluations of the South African Child Support Grant and the Child Benefit in the UK suggests that mothers will spend cash benefits on promoting the health and wellbeing of their children through, for example, the provision of more nutritious food, clothing, payment of school fees and purchase of school equipment. Targeted means-tested policies providing access to essential services such as healthcare and education are also resulting in significantly increased coverage.

However, research has also highlighted important social and administrative disadvantages to selective/targeted policies. Whilst these policies may promote greater economic inclusion, they have limited potential to promote social and political rights and cultural diversity – the necessary conditions for more inclusive and cohesive societies (Lauthier, 2004). The dominant focus on economic aspects of exclusionary processes and neglect of other dimensions, including political and cultural aspects, can also reduce the effectiveness of policies. For example, the Female Secondary School Stipend in Bangladesh (which is not means-tested) does not address the cultural barrier to girls' education generated by Purdah therefore parents still hesitate to send girls to school and girls who do go suffer harassment. Increasing the social and economic capability of girls was not an explicit aim of this programme and it therefore has limited transformational potential.

Other limitations of selective means-tested policies include:

- The amount of money transferred to households is typically very low and is often insufficient to provide sustainable pathways out of low-income living.
- Differential access to information, complex eligibility rules and stigma all restrict the reach of selective policies, disadvantaging those in most need.
- Considerable resources are spent on policing compliance with conditionality.

- There is great potential for fraud in complex systems for proving eligibility and monitoring compliance, poor quality governance systems, low paid staff and inadequate training.
- The complexity of eligibility processes and fraudulent systems encourage leakages of resources to people who are not eligible.
- Delayed or incorrect payments to recipients and/or service providers frequently arise because of complex systems combined with weak administrative processes.
- Perverse incentives can be created by eligibility rules (e.g. claims that young women are getting pregnant to obtain the CSG in South Africa) or provider payment systems (e.g. a *per capita* subsidised insurance system in Colombia with no attention to outcomes may be leading to problematic rationing of services).
- Inadequate state funding can undermine the effectiveness of policies.
- Targeted policies may reduce absolute poverty and disadvantage but leave inequalities between the poorest and the rest of society unchanged or, in the worst situations, widening.

Globally, there has been a rapid move to attach conditions to the receipt of targeted transfers of cash or services. These conditional transfer policies raise important evidential questions and issues of principles and values. A growing body of research suggests that conditional transfer programmes can have significant positive impacts including poverty reduction, improved living standards and improved health and educational outcomes. However, potential benefits notwithstanding, not only do these policies have all the limitations of unconditional targeted action they are also open to other equally important criticisms. Some programmes, for example, fail to provide the services people require to meet the conditions, and/or pay little attention if any to the often poor quality of services. When conditionality refers to labour market participation, the quality and sustainability of employment is often neglected or ignored. Furthermore, evidence on the 'value added' nature of 'conditionality' *per se* is inconclusive; whilst other evidence suggests if conditions 'fit' with household priorities – to protect child health for example - 'conditionality' is not needed. The widespread and indiscriminate use of programmes designed around conditionality and aimed at the most disadvantaged individuals and households is particularly problematic given, as Townsend (2007:ix) notes, a large body of evidence accumulated over many years that 'the more conditional and even punitive forms of transfers are counter-productive for

social cohesion, wellbeing and productivity'. Conditionality can therefore be argued to create a form of second class inclusion and/or citizenship undermining any attempt to promote greater social cohesion. The SEKN believes that the combination of a limited evidence base for the added value of conditionality, and the problematic values underpinning conditionality (e.g. the perceived notion that people living on low incomes lack social responsibility), present a powerful case for avoiding these programmes. However, realistically the network recognises that there is considerable political investment in conditional programmes and in this context evidence suggests that these programmes will be more likely to have positive outcomes and offer greater transformational potential at individual and societal levels if they:

- Focus 'conditionalities' at community rather than individual/household levels and involve communities in programme design and delivery.
- Provide higher levels of cash transfers.
- Pay more attention to the quality and sustainability of services.

Insurance schemes for the poor

As already noted, social insurance was and remains a dominant approach to the funding of the now mature welfare systems found in the OECD countries. These state-sponsored social insurance systems developed out of a patchwork of voluntary workers co-operative schemes and schemes provided by more enlightened employers. Insurance schemes are being proposed by some commentators as an effective approach to providing access for people on a low income to essential services such as healthcare and/or protecting against the risk of natural hazards and ill-health. Some low- and middle-income countries, for example, are introducing state-subsidized healthcare insurance schemes, often in partnership with private sector organizations. Evidence suggests that these schemes are associated with an increase in public resources directed at poor people which leads to an increase in health-service users. However, critics point to problems with equality of access to effective services (typically the benefits under these schemes are restricted, compared with benefits available to higher-income groups), to the poor quality of services, neglect of preventive services and to poorer health outcomes associated with these systems. It is possible that these problems are a result of *per capita* payment systems which encourage providers of subsidized schemes to create administrative and geographical barriers to deter access and/or delaying referral to secondary care. These systems have similar problems to

other targeted policies/actions: complex and restrictive eligibility procedures, high risk of fraud and corruption and limited capacity to meet demand. Another model of social insurance, more common in Asia, is schemes run by NGOs which protect people against catastrophic health events and/or environmental hazards such as floods and drought. Whilst large examples of these schemes in India have been reported to be very successful, the example included in the SEKN appraisals in Bangladesh illustrates the limits of such schemes in very poor communities where the resource base is insufficient to fund adequate cover.

Capacity and infrastructure

Lack of capacity and infrastructure severely restricts programmes aiming to extend rights to basic services, particularly but not exclusively in low-income countries. These programmes require extensive and long term capital investment, including investment in training and development. Both universal and targeted policies to reverse exclusionary processes can be undermined by resistance from established professional groups and negative attitudes towards people living on low incomes. Partnerships with civil society and/or private sector organisations can increase capacity, but private sector partners must be incentivised to produce positive outcomes and not to ration services to minimise costs with unintended adverse health consequences for users.

9.4 Strategic initiatives for policy development and co-ordination

Several multi-lateral and pan-regional agencies are proposing new more collective directions for policies and actions to reverse exclusionary processes and promote greater social cohesion. These approaches emphasise universal approaches with some targeting of particularly disadvantaged groups, in contrast to the individualist market neo-liberal approaches dominant over the past 30 years. These initiatives include: the ILO's Global Campaign on Social Security and Coverage for All and the Decent Work agenda; UNDP Poverty Reduction Programmes; CEPAL/ECLAC Social Cohesion Contract; PAHO Health Exclusion Initiative; the UN Commission on Human Rights Special Rapporteur on the Right to Health and the EU Annual Joint Reports on Social Protection and Social Inclusion.

Multi-lateral agencies and pan-regional bodies are also seeking to promote and support better co-ordination and cross-national learning about policies/actions with potential to

reverse exclusionary processes and promote inclusive development including, for example, the UN framework for Unified Action and the EU Open Method of Co-ordination.

At country level initiatives to improve co-ordination and integration of policies/actions across government departments and sectors can have important positive impacts on the circumstances of disadvantaged groups. They have succeeded in raising the profile of social exclusion and poverty within global regions and country contexts and increased joint working across departments and sectors. However, these initiatives tend to work with narrow definitions of social exclusion, focusing on extreme states of exclusion in small population groups rather than seeking to impact on the wider societal processes generated in these states. There is little evidence that mainstream working has changed significantly as a result of these initiatives or that public understanding of social exclusion and/or inequalities has changed. There is also a tendency for actions to be funded as discrete short-term projects rather than aiming to change the existing provision to better meet the needs of all sections of a population.

A number of generic lessons can be learned from international and national initiatives aiming to support better co-ordination and integration of policies and actions with potential to reverse exclusionary processes. In general these initiatives will work more effectively if the following conditions are in place:

- Systems for measuring and monitoring which combine objective indicators with experiential/subjective understandings and aim to capture the dynamics of exclusionary processes, not just describe changes in states of exclusion.
- An explicit recognition that action to address exclusionary processes in general, and poverty in particular, are political and therefore require formal mechanisms to manage these political processes. International agencies can be effective arbitrators at national level in some contexts. The aim should be to establish social exclusion and poverty as bi-partisan issues.
- Strong and senior political commitment and leadership.
- Institutions established to take the initiative forward independent of the state, with credibility as knowledge brokers/translators, the power to make decisions and holding others accountable for acting individually and/or in partnership to deliver

change. Examples include a Standing National Commission, an Independent Board or a 'champion'.

- Institutional actors with credibility and stature to act as champions for the policies/actions involved.
- A process to ensure sustainability of the initiatives in the longer term by integrating changes into mainstream policy-making processes and service delivery systems.
- Resources and time dedicated to capacity-building – in terms of the technical skills and competencies required for problem definition, knowledge generation and knowledge translation, and policy/action implementation and monitoring.

The initiatives appraised also point to the value of ensuring adequate opportunities for sharing of learning across national and sub-national contexts; although diversity in policies and actions reflect different political priorities and policy dynamics it also provides a rich basis for comparative analysis and learning

9.5 Key points on community action and non-governmental organisations

Historically large scale social movements, including the involvement of formal civil society organisations such as trade unions, have been powerful drivers of social reforms including, for example, trade union campaigns for improved labour standards around the world, workers' voluntary co-operatives providing health and welfare protection in Europe in the 19th and 20th centuries, and the anti-apartheid movement in the 20th century. However, social movements and/or community action may also contribute to exclusionary processes (e.g. social movements which seek to restrict asylum provision, or racist movements). In this context, whilst states must recognise that peaceful civic action for change is an essential element of democratic processes, regulation of civic society action is also appropriate.

It is now widely accepted that people who are the targets of policies and actions aiming to reverse exclusionary processes have a right to be actively involved in the design, delivery and evaluation of these policies and actions. Their involvement will ensure that the full range of relevant knowledge – lay and professional, scientific and experiential – informs policy and action and hence increases the likelihood of these policies and actions being appropriate, acceptable and effective. In many countries, particularly but not exclusively those with strong scientific communities, the uncodified knowledge of lay people, particularly indigenous people's, are routinely devalued and the potential is lost

for this knowledge to shape more appropriate, acceptable and potentially more effective responses.

Community involvement can be the key to successful policy and/or action to reverse exclusionary processes but it cannot solve large-scale structural problems. Genuine engagement with lay communities must also involve a transfer of real power, and resources must be dedicated to support lay people to become involved in policy and/or action. Without support, community activists can be damaged by their experiences – blamed by their communities for failing to deliver real change and held accountable by professionals for the communities they represent. Community involvement in action to reverse exclusionary processes can only be effective when embedded in effective state action to provide decent living standards and essential services. It is also important to recognise that professional workers will often resist the challenge to their power-base, which is inherent in effective community involvement. The agencies involved should therefore ensure that appropriate training and technical support is available – for both professionals and community activities – to support the cultural change which is required and to increase knowledge and skills.

NGOs have an established role working to reverse exclusionary processes at global, national and local levels through advocacy, monitoring the impact of policies/action, mobilising community action for change, providing technical support and training to improve governance systems, providing channels for negotiation and giving a voice to the most disadvantaged sections of society. They often act as pressure groups to change repressive/discriminating policies, legislations and programmes, delivering services to support economic and human development. NGOs need to attend to issues of representativeness, transparency and good governance, but it is unrealistic to expect them all to be fully representative of the groups they seek to represent. Larger, relatively resource-rich NGOS have an important role advocating for progressive change at a global level and supporting smaller national and local NGOs building capacity and working in partnership, rather than duplicating efforts or competing for resources.

The state's response to social movements in general and civil society organisations in particular can vary from active support to peaceful co-existence, and from neglect to control and oppression. National governments need to:

- Recognise the political legitimacy of civil society and 'community voice'.
- Involve civil society in all its forms in policy development, implementation and monitoring.
- Enact and implement legal protection for civil society organisations within an appropriate regulatory framework.
- Design policies which transfer real power to people who are targeted.
- Resource policy implementation to support 'community' empowerment.
- Reform professional education to give greater status to lay and indigenous knowledge.

Multi-lateral agencies and other international donors also have an important role to play, supporting genuine community engagement in policy and actions to reverse exclusionary process to ensure that a real sharing of power. They can act as role-models and promote good practice in their own relationships with non-governmental organisations and communities. In their funding policies they can provide incentives for governments to work effectively with communities and NGOs, resource capacity building for non-governmental organisations, community action and community involvement, and simplify regulations for grants so that smaller community and voluntary groups can access funds and hence develop capacity. At an international and national level they also have a powerful advocacy role, promoting legal protections for non-governmental organisations and community action within nation-states.

9.6 Key points on the private sector and exclusionary processes

The SEKN has given relatively little attention to the specific contribution the private sector can make to reversing exclusionary processes. Other knowledge networks, particularly those focusing on globalisation and employment conditions, have dealt with relevant issues in much greater detail. In Chapter 5 the role of the 'for profit' sector in providing essential services such as healthcare and health insurance was discussed. This work has identified a role for the private sector working with other partners, notably multi-lateral agencies, national governments and civil society organisations to increase service capacity and extend access to basic services. However, serious contradictions and constraints on these approaches were also highlighted, including

- Public resources being directed to profits which could be used to extend access to and/or improve the quality of services.

- Gross inequalities in quality of services in parallel public and private sectors of healthcare, and resources and professional personnel being 'captured' by the private sector.
- A bias towards urban areas and acute care in private sector provision, neglecting preventive care and popular health-promotion.
- Perverse incentives for private providers to increase throughput rather than focus on outcome, which can increase exclusionary processes.
- The limitations of insurance-based approaches in protecting against risks in populations experiencing severe poverty.

Beyond service provision, private sector organisations can contribute to reversing exclusionary processes in two broad ways: complying with high standards in operation and employment in their own companies and the companies which supply them, and extending their role in relation to corporate social responsibility.

Private sector companies may contribute to a reversal of exclusionary processes by employing disadvantaged groups, even when labour conditions fall far short of good practice, but this is not an alternative to improving employment conditions. Legislation protecting the terms and conditions of paid labour is reasonably well developed in high-income countries but has been under attack in recent years, and even in the most regulated economies there are segments of the labour force where conditions are very poor. Legislative protection of workers is urgently required in all areas of the world, particularly in the context of globalisation.

There is some evidence that voluntary initiatives to promote compliance standards and to encourage greater social responsibility in the private section can lead to improved labour conditions and may have wider impacts on exclusionary processes, but the reach and impact of these initiatives are insignificant set against the powerful exclusionary processes driven by current global trade relationships. Wider social movements including action by large international NGOs are increasing the pressure on the private sector to comply with higher labour standards and demonstrate greater social responsibly in terms, for example, of investing in low communities and protecting the environment. However, as the reports of the Globalisation and Employment Conditions Knowledge Networks powerfully demonstrate, these initiatives are having only a

marginal impact on the scale of exclusionary processes currently driving social and health inequalities around the globe.

This chapter has provided an overview of the key messages arising from the work of the WHO Social Exclusion Knowledge Network. These messages relate to the diverse meanings attaching to the concept of social exclusion; the distinction between social exclusion understood as an extreme state of disadvantage or as multi-dimensional processes generating profound inequalities in societies including health inequalities; the challenges of measuring the concept however it is defined and the benefits and limitations of current policies and actions focusing either directly or indirectly on reversing exclusionary processes. The recommendations for action flowing from this work are many and varied focusing on questions of values and principles to questions of data and interpretation, from matters of detail to high level strategic action by international agencies and global corporations. In the next chapter we turn to consider some of these implications for action focusing primarily on high level questions rather than matters of detailed policy formulation. These implications for action are framed here as recommendations to be considered by the WHO Commission on the Social Determinants of Health as they decide on the content of their final report but it is hoped that they will be seen to have wider relevance for all those agencies with a role to play in reversing exclusionary processes and promoting greater social cohesion at all levels in our global society.

Chapter 10: Recommendations for action

As noted at the end of the previous chapter, the work of the SEKN reported here raises important principles concerning the value placed on social justice, equity and social cohesion in the formulation of policy and action, and empirical questions about how social exclusion is best understood and measured from a policy and/or or action perspective - particularly from the perspective of social determinants of health. The policies and actions appraised are diverse, and few of them are explicitly labelled as focusing on social exclusion. Very few have been subject to a robust evaluation, so the SEKN appraisals have, of necessity, had to be pragmatic, making use of whatever data on process and/or impact was available. At one level all seek to reduce or eradicate poverty and/or its many adverse consequences, including extending access to essential services, particularly healthcare and education. But underlying this commonality are profound differences in the ultimate aim of these policies and actions, some seeking to establish publically funded universal provision to reduce inequalities across societies, whilst others have the narrower aim of improving the conditions of the poor.

These reasons make it inappropriate for the network to make detailed recommendations on specific discrete policies or actions. Rather, the strength of the SEKN work is in highlighting higher-level lessons for future policy and action, aiming to reverse exclusionary processes. These are considered below under the following thematic headings:

- The policy/action advantages of the concept of social exclusion
- The primacy of universal rights and full and equal inclusion
- The responsibility of the state
- Social movements and community empowerment
- The role of multilateral agencies and donor agencies
- The limits of targeting and conditionality
- The limitations of insurance based approaches
- The need for policy/action co-ordination
- The role of the private sector
- Measurement, monitoring and evaluation
- Future research.

Recommendation theme 1: The advantages of the concept of social exclusion

The concept of social exclusion provides a unique framework for understanding the social determinants of health inequalities and for developing more appropriate and effective action to address them. Defined in relational terms the concept focuses attention onto exclusionary processes arising from unequal power relationships within and between societies, rather than focusing only on states of extreme disadvantage experienced by groups labelled as socially excluded. The SEKN model presents exclusionary processes as comprised of four inter-related dimensions - social, economic, political and cultural. These exclusionary processes, the drivers of the social determinants of health inequalities, produce systems of social stratification characterised by differential conditions of inclusion, including situations of extreme exclusion. As a result groups have differential access to the resources required to protect and promote their health.

There is huge diversity in social relationships of power and control within and between societies and global regions and how exclusionary processes are expressed. Similarly, there is diversity in the meanings attaching to the concept of social exclusion, its acceptability as a framework for policy and action across global regions and nation states, and within popular discourse. This diversity should, however, not be allowed to mask the commonality of exclusionary processes around the world and their fundamental expression, in terms of inequalities in human dignity, human rights and human health. In this context, national governments, international agencies, civil society and private sector actors should:

8. Recognise the underlying relationship between social inclusion and human rights: action to promote and protect human rights will reverse exclusionary processes and promote social cohesion.
9. Be clear about the added value the concept will bring to understanding the problems to be targeted and shaping the actions to be taken.
10. Promote public debate about the potential benefits and dis-benefits of the concept as a framework for policy and action.

11. Only use the term 'social exclusion' when more precise and informative descriptors of the phenomena to be targeted, such as food insecurity or racism, are not available.
12. Focus on the multi-factorial relational processes driving differential inclusion and conditions of extreme exclusion, rather than solely on ameliorating the conditions experienced by groups labelled as 'social excluded'.
13. Attend to all the dimensions of exclusionary processes - social, political, cultural and economic – and the interactions between them when developing, implementing and evaluating policy and action.
14. Consider the value of using the SEKN conceptual model as a tool for developing more comprehensive policy and action to address social exclusion and as a framework for evaluation.

Recommendation theme 2: The primacy of universal rights and full and equal inclusion

The primary aims of all policies and action aimed at reversing exclusionary processes and promoting full and equal inclusion should be to:

- Provide full and equal membership of social systems.
- Provide universal access to living standards which are socially acceptable to all members of a society, including access to the same level and quality of health and educational services, safe water, sanitation and 'decent work', as defined by ILO.
- Respect and promote cultural diversity.
- Address unequal inclusion as well as situations of extreme exclusion.

Recommendation theme 3: The responsibility of the State

The State (in all its manifestations including national and local government, state officials, providers of public services, the judicial system, etc) must have the primary responsibility for reversing exclusionary processes, and promoting full and equal inclusion for all groups whilst respecting cultural diversity by:

- Ensuring human rights are met and protected, including at the very least funding and overseeing universal provision of healthcare, education and social protection
- Establishing and maintaining accountable and transparent political and legal systems.

- Developing conditions which require and support other actors, including public and private sector organisations and non-governmental organisations, to act to reverse exclusionary processes and promote full and equal inclusion for all groups whilst respecting cultural diversity.
- Resisting the actions and influence of international agencies likely to increase exclusionary processes.
- Promoting and supporting community empowerment.

Recommendation theme 4: Social movements and community empowerment

Social movements and community empowerment are essential if exclusionary processes are to be resisted and reversed and full and equal inclusion is to be achieved. The SEKN recognises that not all social movements are a positive force for greater inclusion and more cohesive societies and that the state has a role in regulating action by civil society in all its forms. However, state regulation can be actively oppressive, restricting the legitimate voice and action of civil society, or can inadvertently undermine civil society action – as can the action of multilateral agencies, donor organisations and private corporations. 'Community involvement' is widely recognised as key to successful policy and action to reverse exclusionary processes. However, such involvement is too often used as an instrument for delivering policy designed by other actors, rather than as a mechanism for genuine participation and empowerment. If social movements and community empowerment are to fulfil their potential to reverse exclusionary processes and promote full and equal inclusion, then national governments, international agencies, civil society organisations and other actors seeking to address social exclusion must:

- create and maintain the conditions – including transparent, accountable and participative political and legal systems, mechanisms and institutions – necessary for genuine delegation of power and control over the design, implementation and evaluation of action to the people/groups who are the target of the policy/action.
- international agencies and national governments need to:
    - Recognise the political legitimacy of civil society and 'community voice'.
    - Involve civil society in all its forms in policy development, implementation and monitoring.
    - Enact and implement legal protection for civil society organisations within an appropriate regulatory framework.
    - Design policies which transfer real power to the people who are targeted.

- Resource policy implementation to support 'community' empowerment.
- Reform professional education to give greater status to lay and indigenous knowledge.

Recommendation theme 5: The role of multilateral agencies and donor agencies

Multilateral agencies and donors have a major contribution to support states in reversing exclusionary processes and promoting full and equal inclusion for all social groups whilst respecting cultural diversity. However, these same actors have also been responsible for driving powerful exclusionary forces. The impact of the neo-liberal policies, promoted by the World Bank from the 1980s onwards, on inequalities around the world is a particularly dramatic example of these perverse actions, but there are many more. In the future:

- A minimum requirement from these agencies must be to ensure their policies and actions 'do the poor no harm'. They should build on existing frameworks to develop ways of assessing the exclusionary/inclusionary impact of their own policies and actions, and those of others, and acting on the results.
- They should take positive action now to reverse exclusionary processes and promote positive inclusion by:
  - Promoting egalitarian relationships between countries and regions.
  - Working to support the extension and protection of human rights.
  - Contributing to the development of conditions which
    - require and support other actors, including public and private sector organisations and NGOs, to act to reverse exclusionary processes and promote positive inclusion.
    - Promote and support genuine community empowerment.

Recommendation theme 6: The limitations of targeting and conditionality

Many contemporary policies and actions addressing social exclusion are typically targeted at groups most severely affected by exclusionary processes, increasingly designed around the principle of conditionality. Whilst these policies and actions have proven benefits, there is little evidence that the 'conditionality' aspects are necessary to achieve these benefits. Conditional programmes rest in part on the unproven

assumption that people affected most by exclusionary processes are irresponsible parents or inadequate citizens. There is good evidence that this is not the case – at least at a population level. Targeted policies and actions, especially those based on conditionality, can be stigmatising and disempowering, reproducing exclusionary processes and exacerbating inequities. Conditional programmes have high transaction costs, problems with uptake and are subject to 'leakage'. In this context

- Targeted policies and actions should only be implemented within a framework guaranteeing human rights and universal access to essential services and socially acceptable living standards.
- Conditionality should only be incorporated into policies and actions where there is convincing evidence that it is necessary to achieve the intended outcome.
- If policies and actions must be based on conditionality, they will be less stigmatising and more likely to build social cohesion and collective capacity for action if:
    - They provide higher levels of cash transfer and/or high quality services
    - The conditions are located at the level of communities and/or groups rather than individuals or households.
    - Policies are designed and delivered and conditions prioritized by these communities and/or groups rather than being centrally determined.
    - Policies and actions are monitored locally through participative mechanisms. Provide higher levels of cash transfers.
    - The services and/or resources necessary for conditions to be met must be available and readily accessible.

Recommendation theme 7: The limitations of insurance-based approaches

In some country contexts, national social insurance systems are an important funding mechanism supporting comprehensive and universalistic welfare systems free at the point of use. These systems are demonstrably powerful drivers of positive inclusion, promoting social solidarity and cohesion across social groups. The insurance principle has also underpinned collective action by disadvantaged groups aimed at reversing exclusionary processes through, for example, labour movement organisations, mutual societies and co-operatives. Increasingly, however, means-tested subsidised insurance, typically involving private sector 'for profit' organisations, is being promoted by national

governments, international agencies and/or large scale NGOs as a way of protecting against the risks experienced by people most severely affected by exclusionary processes.

The problems with subsidised healthcare insurance schemes have been described in detail by the CSDH Health Systems Knowledge Network. The same problems are likely to arise with similar means-tested subsidised insurance schemes aimed at protecting people living in the most disadvantaged conditions from other risks, such as adverse environmental events like flooding and crop failure. Although such schemes may offer protection to some, evidence from the healthcare field suggests that limited coverage, frequent exclusion of the very poorest, and weak capacity, will severely limit their ability to reverse exclusionary processes. Like other means-tested provision such schemes are likely to be stigmatising and hence be associated with low take-up and high transaction costs. They may only provide protection for minor events, produce a two-tiered system of care, and can introduce perverse incentives with private sector companies rationing protection to maximise profits, with the potential to create negative consequences for health and wellbeing. In this context:

- Insurance-based systems of social protection should only be implemented within a public policy framework oriented towards a guarantee of human rights and universal access to essential services and socially acceptable living standards.
- Means-tested subsidised insurance schemes should be avoided which are aimed at providing protection from risks for people most severely affected by exclusionary processes.

Recommendation 8: The need for policy/action co-ordination

The complexity and multidimensional nature of exclusionary processes require policy/action responses which cut across government departments and sectors. There is therefore a need for initiatives which aim to support greater co-ordination across sectors and actors. The initiatives appraised by the SEKN suggest that at international, country and local level such initiatives can have considerable benefits. However, these initiatives will work more effectively if the following conditions are in place:

- An explicit recognition that action to address exclusionary processes in general, and poverty in particular, are political and therefore require formal mechanisms to manage these political processes. International agencies can be effective arbitrators

at national level in some contexts. The aim should be to establish social exclusion and poverty as bi-partisan issues.

- Strong and senior political commitment and leadership, and institutional actors with credibility and stature to act as champions for the policies/actions involved.
- Institutions established to take the initiative forward independent of the state, with credibility as knowledge-brokers/translators, the power to make decisions, and holding others accountable for acting individually and/or in partnership to deliver change. Examples include a Standing National Commission, an Independent Board or a 'champion'.
- A process to ensure sustainability of the initiatives in the longer term by integrating changes into mainstream policy-making processes and service delivery systems.
- Resources and time dedicated to capacity-building – in terms of the technical skills and competencies required for problem definition, knowledge generation and knowledge translation, and policy/action implementation and monitoring.

The initiatives appraised also point to the value of ensuring adequate opportunities for sharing of learning across national and sub-national contexts; although diversity in policies and actions reflect different political priorities and policy dynamics, it also provides a rich basis for comparative analysis and learning

Recommendation theme 9: The role of the private sector

The SEKN has not looked extensively at the private sector's role in helping to reverse exclusionary processes but our work and that of others suggests that private sector provision of essential services, notably healthcare, results in two-tier services and undermines the public sector where it exists. In theory at least, the private sector can be a powerful force to reverse exclusionary processes as an employer, by complying with high labour standards and by developing greater social corporate responsibility across a wide spectrum of issues. There is also increasing evidence that corporate social responsibility can have significant benefits for the companies involved in building labour skills, increasing demand for products and producing reputational gains. To date, however, most social corporate responsibility initiatives are voluntary and their reach is relatively modest, with the largest such initiative sponsored by the UN enlisting only around 3,000 companies to date. When corporate social responsibility is optional it will be subservient to economic considerations and therefore insecure. Additionally, where private sector social responsibility is driven only by philanthropic values, it can reinforce

exclusionary processes through paternalistic attitudes and discrimination. In this context social responsibility by corporate bodies and non-governmental organisations should be an expectation enshrined in national and international legislation, and the benefits of corporate social responsibility should be more carefully analysed and publicised.

Recommendation theme 10: Measurement, monitoring and evaluation

The complexity of the concept of social exclusion - its multi-faceted nature, including both objective and subjective elements – has important implications for the design of systems to support policy and action development, implementation and evaluation. In particular these systems should:

- Aim to capture the dynamics of exclusionary processes, not just describe changes in states of exclusion.
- Combine objective indicators with experiential/subjective understandings i.e. incorporate both quantitative and qualitative data - indicators and stories.
- Collect and use both qualitative and quantitative data on the experiences of people most severely affected by exclusionary processes.
- Aim to incorporate data and stories on all dimensions of exclusionary processes – social, economic, economic and cultural.
- Seek to obtain 'evidence' on the impact of exclusionary processes on health status and health inequalities.
- Evaluations of policy and action should give equal attention to outcomes and to factors shaping implementation.

The SEKN conceptual framework, described in Chapter 2, could be a useful tool to support the development of systems for measurement, monitoring and evaluation.

Recommendation theme 11: Future research

More research is needed on:

- Understanding the forces driving exclusionary processes in specific societies, linking global, regional, and local levels.
- Understanding the relationship between processes of exclusion and the creation and maintenance of health inequalities.
- Describing and evaluating the action of social movements and community groups in addressing exclusionary processes.

- Funding systems to support universal systems of healthcare, education and social protection in all countries of the world. These systems need to take account of the global nature of corporate enterprises.
- Evaluating the impact of policies and actions with potential to reverse exclusionary processes, promoting equal and full inclusion and greater social cohesion.
- Testing the specific contribution of conditionality to the effectiveness of policies and actions aimed at reversing exclusionary processes.
- Exploring the role of international agencies as drivers of exclusionary processes and/or actors promoting positive inclusion.
- Developing more robust systems for requiring corporate social responsibility through international and national legislation and regulation.
- Extending methods and tools for policy impact analysis so that policies can be assessed for their potential impact on exclusionary processes and/or their reversal.

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Appendix 1: The analytical framework of the SEKN country case study/policy appraisal

1. DESCRIPTION

A. Provide a description of the country context:

Collating available information on the geographic, social and economic characteristics of the country in which the policy is based (obviously this will not apply to policies at international level). An alternative to presenting data in the report is to use available data to allocate a country to one of the categories developed by Chung & Muntaner (2006).[28]

B. Provide a 'picture' of social exclusion (or a specific element of this) in the location where a policy/action is being developed and/ or delivered.

The location may be international/national or local. The picture of the location and relevant data collection could be framed by the following questions:

- Is social exclusion (or an element of it) defined explicitly in policy? Or is there a similar concept?
- What is the impact of social exclusion, on what outcomes, at what level?
- Who is affected?
- Through which institutions and processes?
- What are the main constraints to tackling social exclusion?
- Where are the entry points and opportunities for doing so?

a. ***Describe the policy/action response to social exclusion***

The nature and focus of the questions shaping data collection here will depend on whether the focus of appraisal is a particular policy/action or a country/agency delivering a range of relevant policies/actions/programmes. The key questions to address in describing specific policies/programmes/institutional arrangements and/or community actions include:

- What is the nature of the policy/action/programmes?
- What 'theory of change' underpins it (or is the theory of change explicit)?

[28] Chung, H. Muntaner, C. (2006) Welfare State Matters: A typology multilevel analysis of wealthy countries. *Health Policy*; 80(2) 328-339

- Is there any explicit link being made between the focus on social exclusion and pathways to health inequalities?
- Who is targeted by it? Who designed and delivered it? What, if anything, was the particular role of the health system?
- What evidence, if any, was used in the process of policy development and/or delivery? When was it delivered and over what period? What institutional arrangements are involved (including who funded it, and if a donor agency, provide a link to the donor's information about criteria, program objectives)?
- What enforcement mechanisms/incentives, if any, are built into the policy/action/programme for the deliverers and/or the target group?
- What evidence is there on impact (intended or unintended; positive or negative) and how robust is the evidence?;
- How much is being spent (which donors? what program?)?
- In what social/economic/cultural context is it being implemented?
- Is the policy/action/programme being monitored and/or formally evaluated?
- What methods are being used and who is involved?
- What action, if any, is being taken to sustain the policy/action/programme into the future?

2. EXPLANATION:

The focus here is on identifying factors which may help ***to explain*** why the policy/action came about and why it had the impact (intended or unintended; positive or negative) it had. Key questions structuring the data collection would include:

- How did the policy/action/programme originate?
- What type of 'case' was made for the policy/action/programme e.g. economic/cost effectiveness, equity and social justice, etc?
- Do these policies/actions have any historical significance – has social exclusion been a political issue in the past?
- Were there any particular contextual factors in the policy delivery location which shaped implementation and/or impact positively or negatively?
- What influence did the prevailing political local/national/international climate have on the emergence/development and/or delivery of the policy/action/programme?
- How did the target group react to the policy?

- Were they involved in developing, delivering and/or evaluating the policy/action/programme?
- If government policy/action what other factors helped the issue onto the political agenda?
- What groups had influence on policy development/delivery/impact, including for example:

  Ministers/politicians – particularly the health ministry
  Media
  Advocacy groups
  Civil society
  Private sector
  Non-governmental/ community based organizations
  International donor organizations
  Other.
- What was the role of evidence in the process of policy development?
- Was there any obvious public debate about the policy/programmes/actions?
- Were there any obvious tensions/conflicts in the policy development and/or delivery process?
- What kind of barriers to the successful implementation and/or impact of the policy/action/programme can be identified including political, technical, funding, public opinion support, professional motivation/ implication?

Conclusions drawn from the data analysis should seek to highlight lessons or insights policymakers and practitioners can draw from the experience of a particular policy/action/programme or country. For example, is it possible to identify particularly important elements of the development phase of the policy/actions? Which elements worked best? What were the most useful resources? Which resources could have improved the policy/actions had they been available, etc?

3. TRANSFERABILITY: GENERALISABILITY

Finally the analyst should attempt to assess the feasibility of generalizing from the policy/action/programme appraisal and/or case study to other situations/conditions. There are two broad and not mutually exclusive approaches to exploring the potential for generalizing for a single policy/action case involving the development of theoretical

and/or empirical arguments: making a theoretical case and/or making an empirical case. The exploration of generalisability will be aided by cross-case comparisons.

Appendix 2: Abbreviations used in the report

AFRODAD	African Forum and Network on Debt and Development
AIDS	Acquired Immune Deficiency Syndrome
ARVT	Anti-retroviral treatment/ therapy
BEAM	Basic Education Assistance Programme
BRAC	Building Resources Across Communities, Dhaka Bangladesh
CASE	Research Centre for Analysis of Social Exclusion, London School of Economics, United Kingdom
CCT	Conditional Cash Transfer
CIDSE	Co-operation Internationale pur le Developpement et al Solidarite (international Co-operation for Development and Solidarity)
CUVUCUS	World Alliance for Citizen Participation
CSDH	Commission on Social Determinants of Health
CSG	Child Support Grant
CSO	Civil Society Organisations
CSR	Corporate Social Responsibility
CTC	Child Tax Credit (UK)
DFID	Department for International Development, UK
DSK	Dushtha Shasthya Kendra (Bangladesh)
DWP	Department for Work and Pensions, UK
CEPAL/ECLAC	Economic Commission for Latin America and the Caribbean
EMA	Educational Maintenance Allowances (UK)
EMRO	Eastern Mediteraean Region Office of World Health Organisation
EAPN	European Anti-Poverty Network
EPZ	Export Processing Zones
ESPP	Enhanced Social Protection Project (Zimbabwe)
ETI	Ethical Trading Initiative
EU	European Union
EURODAD	European Network on Debt and Development
FSP	Female Secondary School Stipend (Bangladesh)
GAPVU	Gabinete de Apoio a População Vulnerável, Mozambique
HDI	Human Development Index

HIV	Human Immuno-Deficiency Virus
HPI	Human Poverty Index
HSRC	Human Sciences Research Council, South Africa
IADB	Inter-American Development Bank
ICDDR,B	Formerly International Centre for Diarrhoeal Disease Research, Bangladesh
ICFTU	International Federation of Free Trade Unions
IILS	International Institute for Labour Studies
ILO	International Labour Organisation
IMF	International Monetary Fund
IPC	International Poverty Centre
IRIF	Inter-Regional Inequality Facility
ISODEC	Integrated Social Development Centre (Ghana)
KN	Knowledge network
LEAPS	Livelihood Empowerment Against Poverty Scheme (Ghana)
LEDCs	Less economically developed countries
MEDCs	More economically developed countries
MFI	Micro Finance Initiatives
MHI	Micro Health Insurance Scheme
NAPEC	National Poverty Eradication Council (Nigeria)
NDLP	New Deal for Lone Parents (UK)
NDYP	New Deal for Young People (UK)
NSPS	National Social Protection Strategy (Ghana)
NGOs	Non governmental organisations
OECD	Organisation for Economic Cooperation and Development
OMC	Open Method of Co-ordination (European Union)
PAHO	Pan American Health Organisation
PARPA	Mozambique Action Plan for the Reduction of Absolute Poverty
PEF	Poverty Eradication Fund (Nigeria)
PSE	Poverty and Social Exclusion
PSI	Poverty Strategies Initiative
RSA	Republic of South Africa

SA	South Africa
SASSA	South African Social Security Agency
SDH	Social Determinants of Health
SEKN	Social Exclusion Knowledge Network
SETF	Social Exclusion Task Force (UK)
SEU	Social Exclusion Unit (UK)
SII	Social Inclusion Initiative (South Australia)
SMR	Social Management of Risk
SRHI	Subsidized insurance scheme (Colombia)
SSA	Sub Saharan Africa
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNHCR	Office of the United Nations High Commissioner for Refugees
WFTC	Working Families Tax Credit (UK)
WB	World Bank
WHO	World Health Organisation
WOW	War on Want
WSDS	World Social Development Summit
WPRO	Western Pacific Region Office of WHO