Understanding the Links between Agriculture and Health

Agriculture and Health in the Policymaking Process

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Earlier briefs in this series make the case that there is added value for the agricultural and health sectors in working more closely together to address problems of human well-being that fall at the intersection of the two sectors. Yet the divisions between the two sectors are wide and difficult to bridge. Building the space and providing sufficient incentives and resources for collaborative activities between them will require changes in government policy—itself not a straightforward endeavor. Moreover, the sharp human and financial resource constraints in developing countries compound the challenge.

This brief describes some of the important barriers to effective collaboration between the two sectors and suggests ways to overcome them. First, though, why does policy matter in this context? Policy states how government intends to prioritize the allocation of resources under its control for what is perceived to be the best interest of society. Poor health and stagnant or declining agricultural productivity are among the most fundamental challenges to improved human welfare and economic growth. Government has the responsibility for providing many of the institutions, infrastructure, and resources—key public goods—without which many farmers, in particular, will remain unhealthy, unproductive, and mired in poverty. Thus the policies and actions of government are a critical component in enabling individuals, particularly in rural areas, to live healthier and more productive lives.

CHALLENGES TO LINKING AGRICULTURE AND HEALTH IN POLICY PROCESSES

The seeming inability of members of the agricultural and health sectors to work together effectively and regularly is not surprising given divisions in institutional organizations and their different worldviews and functions. A recent institutional study of how the health and agriculture sectors in four African countries address malnutrition elucidates some of these divisions (see text box).

The Agriculture-Nutrition Advantage (TANA) Project

As an activity of the Agriculture-Nutrition Advantage project, an institutional study was conducted in Ghana, Mozambique, Nigeria, and Uganda between 2002 and 2004. This study examined the opportunities for and barriers to expanding linkages between the agriculture and health communities in order to more effectively address the problem of malnutrition in these countries, with a particular focus on gender. The larger project sought to improve food security and reduce poverty and malnutrition by bringing these two communities closer together so that they combine their scarce resources to utilize them more effectively. The analysis and examples in this brief draw in part on the results of this project.

Institutional divisions. The TANA project found that the sectoral organization of government, with separate agriculture and health ministries and associated institutions, reflects a relatively rational ordering of government tasks. Each sector sees itself as self-contained, with its own individual and usually non-duplicative mandates. This organization has generally proven adequate in enabling governments to manage many of the development challenges they face. This organization of government has the perverse effect, however, of setting the sectors up as competitors in many contexts, particularly over budget allocations to each. This competition renders collaborative efforts more difficult to undertake. In the belief that any such work will result in a net loss in resources for their own institutions, sectors may be unwilling to share resources, even when cross-sectoral approaches are optimal, such as those needed to address linked problems of agriculture and health. As a nutrition officer in Nigeria noted, "Funding is at the core of why there is little interaction between agriculture and health. Everyone wants to be in charge. If [the Ministry of] Health writes . . . proposals that include some agricultural components, Agriculture is unhappy with Health, as Agriculture feels that Health is trying to take resources that should be theirs." The possession by government sectors of distinct and relatively unique areas of expertise is one way in which they are able to make justifiable claims on resource allocations from government. Under conditions of limited resources, conflicts over allocations of those resources actually may result in less collaborative activity, rather than more collaboration to maximize the use of what is available.

Selective worldviews. Agriculture and health professionals have their own selective worldviews in which certain features are prioritized and addressed, while much of the world beyond these areas of expertise is viewed as irrelevant to sectoral objectives. Within the public sector at least, the prime objective of agriculturalists tends to be maximizing agricultural productivity, while for health professionals it is providing health services and preventing ill health. Although attaining these two objectives could be mutually reinforcing, there is little immediate obvious overlap. Moreover, different training paths and institutional backgrounds hinder the development of any common focus. These backgrounds determine how professionals in each sector define the public policy problems they face, the language they use to assess the problems, and the tools that they will bring to bear on them. And each sector has its own performance indicators for judging its own success and that of individuals working within it. As a Ugandan researcher noted, "Even if agriculture and health officers sought greater collaboration at the district level, each would be responsible for reporting on an individual set of indicators—thus there is an inherent disincentive built into this reporting structure against collaboration."

Differing functions. Finally, there are substantive differences in the contributions each sector makes to the well-being of society. Agriculture is a productive activity, creating economic value and sustaining livelihoods. In contrast, the health sector is not a directly productive sector, but is concerned with reproduction of labor in households and in society. If a key objective of a government is to foster economic growth, then, particularly for the predominantly agrarian societies common in the developing world, agriculture will play a central role in development strategies. In

contrast, when broad human development objectives guide government action, the health sector receives prominence and agriculture plays a secondary role. These fundamentally different functions in a society's economy contribute to keeping the sectors apart.

OVERCOMING THE CHALLENGES TO LINKING AGRICULTURE AND HEALTH

The two sectors most commonly work independently or even at cross-purposes rather than in harmony. Yet both the agriculture and the health sectors are ultimately working to improve the material well-being of the population. Moreover, as highlighted in this series of briefs, many of the most pressing problems constraining human welfare lie at the intersection of their classic sectoral concerns. Consequently, mechanisms need to be put in place that respect the existing worldviews and functions of each, while also bringing about improvements in general well-being. A win-win outcome should be possible for both as they work to meet their primary objectives—increasing agricultural productivity, while at the same time sustainably improving the health status of the population. Several steps should be explored.

First, opportunities for agriculture and health professionals to undertake joint action should be encouraged to establish a pattern of such activities. Two areas—malnutrition programs and community development—are of immediate interest. The underlying causes of malnutrition include food insecurity in all its dimensions, including agricultural production; poor access to health care; and improper care for the nutritionally vulnerable. For substantial and sustainable reductions in malnutrition in most agrarian developing countries, the health and agriculture sectors need to undertake coordinated action to address its underlying causes. Successes in jointly reducing malnutrition can lay the groundwork for coordinated action on other health and agriculture issues.

In the classic model of community development, community leaders work as mobilizers to guide residents' actions to address local development challenges. Where community mobilizers require technical or broader public support, they can draw upon extension staff, primarily from the health and agriculture sectors, as facilitators. At the community level, development problems often are not neatly categorized into sectors and typically require attention from facilitators in both sectors. Lessons learned in undertaking cross-sectoral action at the community level have the potential to inform how sectoral managers interact at higher levels.

Another area to explore is advocacy to change government policy toward food and health issues and to transform current sectoral patterns of action. A compelling, evidence-grounded narrative must be developed on why health and agriculture issues require a joint public policy response. This narrative should be presented at all levels of public debate, from the grass-roots level, where political demands are made clear to local leaders, to the central government level, where individual policy champions can affect the content of government policy. Advocates must make clear how closer collaboration between agriculture and health will explicitly contribute to the objectives of developing countries' poverty reduction strategies or other dominant development strategy. In Uganda, for example, nutrition advocates participated in the 2003 revision of Uganda's Poverty Eradication Action Plan, ensuring that the plan highlighted improved nutrition as a desired development outcome requiring attention from across the sectors and, in particular, agriculture and health.

Finally, policymakers need to strengthen incentives to encourage health and agriculture professionals to work collaboratively. Community-led development processes place demands on local professionals to work together and, as such, constitute such an incentive. More formal incentive systems also have a role to play. For governments with policies that address development problems at the intersection of agriculture and health, government budgetary and expenditure oversight bodies can justifiably hold the sectors to account in this regard, seeking compliance with these priorities. Nigeria and Uganda are putting in place such oversight bodies both to oversee sectoral efforts to address malnutrition and to build accountability among the sectors in this regard. Similarly, at the individual or sectoral departmental level, annual performance appraisals can require documentation of joint sectoral activities. Joint activities should become part of what is expected of agriculture and health professionals, rather than being exceptional.

MOVING FORWARD

It is not easy to build a consensus within government that cross-sectoral action is needed to effectively address many of the key development challenges facing a society. Such a consensus, however, is needed. This brief suggests some initial steps to put in place the necessary policies and intersectoral relationships. These will not emerge from the normal operation of existing policy processes. Advocates for joint action must engage in the policy processes of governments if these health-agriculture issues are to be addressed in a substantive and sustainable way. ■

For further reading see T. Benson, *Improving Nutrition as a Development Priority: Addressing Undernutrition within National Policy Processes in Sub-Saharan Africa* (IFPRI, Washington, DC, 2005), unpublished manuscript; and C. Johnson-Welch, K. MacQuarrie, and S. Bunch, *A Leadership Strategy for Reducing Hunger and Malnutrition in Africa: The Agriculture-Nutrition Advantage* (Washington, DC: International Center for Research on Women, 2005).

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