



EDITORIAL

Building Social Capital for Health Information

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Unto us is born a new journal! The motivation for this journal is to meet the demand for objective, unbiased information on health. This journal fulfils one of the aspirations of Uganda Martyrs University which, in collaboration with CUAMM, seeks to gather and provide accurate health information. But it will only make a humble contribution to a wide variety of information required for health and human welfare. It is hoped that through similar journals or forums, other types of objective information can be generated and disseminated in Uganda and in the region. Creating systems for generating objective and trusted information is critical for building national social capital for health information. This in turn is necessary for national planning and development.

The concept of "social capital" has been re-engineered to reflect the level and use of knowledge within society. It includes the extent to which society can create, innovate and use knowledge. This new understanding of social capital is a reconstruction of the World Bank.¹

But the original idea of social capitalism was rooted in the trust of individuals in society. Later, it extended to the trust of the Government and its systems. Social capital was taken to be the trust, solidarity, friendship and good neighbourliness among individuals of a community. It included the social protection networks within a family and in the wider community. A society where individuals reasonably trusted each other, showed solidarity with one another and showed a spirit of good neighbourliness was regarded as community with high social capital. Most societal ideals have these elements of social capital.

The concept has expanded to include the trust of the Government, national systems and procedures.

However, growing distrust among people has disrupted this form of social capital. Thus, the original foundation of social capital – trust among individuals - has been lost and discarded. Instead trust began to be built on principles and systems. Trust is built where principles and systems are applied and used consistently and predictably. Where principles and systems are not applied consistently and transparently, trust breaks down. In a situation where neither individuals nor principles nor systems are trusted, people resort to "bonding capital".

Individuals with similar interests form networks, which leads to "social reconstruction". This is a continual rearrangement and networking of people around issues. Their sharing of similar views, trusting each other to some extent, finding solidarity with one another, and finding strength in numbers on an issue creates a social capital on that issue. The elements of social capital include credible civil society organizations (CSOs), independent research institutions, the academia, the UN system, and spontaneous bonding and networks of people around issues. In the final analysis, nobody, country or community can be taken for a ride through misinformation for too long in a society where there is sufficient social capital.

Governments all over the world, including developed countries, have, to varying degrees, lost the trust of their people about the information they produce or give out. Recent events leading up to the war and subsequent occupation of Iraq, for example, illustrate the extent to which information and Government systems can be manipulated by political leaders to pursue unpopular measures. However, while this erosion of the trust of Government leaders and systems (the intelligence system being the case in point) of the industrialized countries has occurred, their social capital is strong because of established bonding and social capital mechanisms.

In poor countries such as Uganda, there is little credible social capital to counter Government's views and measures. The few credible elements of social capital in developing countries are CSOs, the UN agencies and, to a less extent, donor agencies. But CSOs and donor agencies in Uganda are increasingly viewed as merely reflecting Government's views. After all, the donors fund over 50% of the Government's budget, and determine or influence most of its policies. It is therefore only expected that donor agencies work with and support whatever the Government says.

Many CSOs, both national and international, also funded by donors, often reflect without question the views of the Government. However, a number of well-known CSOs funded outside of Government's influence, such as, Uganda Debt Network have balanced views about social issues. But such CSOs are far between and are often overwhelmed by the chorus of one-sided view of issues given by the Government and donor agencies.

The views of UN agencies, usually objective and credible, are unfortunately often obscured by their diplomatic language. Therefore, the only credible and straightforward source of knowledge is the academia even though academic institutions are also partly funded and influenced by donor agencies. Academic institutions have an inherent freedom to express their views and to exercise a greater degree of objectivity.

In Uganda there is little objective examination of reports and information given by the Government. Most times such information is taken as gospel truth. Which is just as well. After all, if the information the Government provides is not correct, then which organization can provide authentic information in a poor country? But there is a growing unease with some data that are not consistent with the reality on the ground. Such data would require triangulation of information – getting the same data or information sets from different and independent sources.

But because of inadequate social capital this is not possible. Which creates a double problem: one, a complete distrust of the information the Government gives out as reports, statistics etc; and two, lack of authentic alternative information on the issues in question to be used for planning and policy decisions.

A typical example of information dilemma is on poverty. The Government's official position is that extreme poverty has reduced from 56% in 1992 to 35% in 2000.² But many people challenge this as not reflecting the reality on the ground. Another Government's source reports increasing mortality, malnutrition and misery among Ugandans.³ Which is actually another way of saying poverty is increasing.

UNDP (2003)⁴ (page 200) reports that 82.2% of Ugandans live below 1US dollar a day. This is obviously not consistent with the rosy picture painted by figures on poverty given by the Government. Who is correct? Do we all have the same understanding of poverty?

Another example is the inconsistency and therefore the little credibility of the infant mortality rates (IMR) and trends over the past 17 years. In 1990, IMR was reported to be 119/1000.⁴ In just 5 years without any significant social interventions on the ground, IMR was reported to have reduced by 34% to 80/1000 in 1995. This was not only inconsistent with the other related health indicators, such as maternal mortality, with which IMR always improves but also with the reported increase in IMR between 1995 and 2000 when poverty and HIV/AIDS prevalence were reportedly rapidly declining. One would have expected these improvements to impact positively on mortality rates. The contradiction and inconsistency suggest that there is something fundamentally wrong with these statistics. The only way to salvage the credibility of the statistics would be through triangulation of information. This would of course require independent, but expensive studies. And yet the alternative is worse – disbelief and dismal of such contracting statistics. However, through open and free forums and discussions, analysis can be used to build fairly credible pictures of the reality on the ground. This requires a good level of social capital.

This journal has been established to contribute to the building of this sort of social capital for health information. It will publish primary research findings as well as objective analysis of contemporary and topical health issues. The journal promises to be professional and objective, and truly reflect the ethos of an academic institution of higher learning. In producing this journal, the Department of Health Sciences of Uganda Martyrs University will collaborate with CUAMM, other Organizations and journals. Already in this issue two articles (by Dr Adriano Cattaneo and Dr Gavino Maciocco) were originally published by CUAMM in their journal *Health and Development*.

References

1. Castillo, Fatima 2003. Personal Communication. Dr Castillo is Professor of Anthropology, University of Philippines. She has worked extensively on social capitalism.
2. UBOS 2000, National Household Survey 1998-2000 Uganda Bureau of Statistics, Entebbe.
3. Statistics Department (Uganda) and Macro International Inc 2001 "Uganda Demographic and Health Survey 2000-2001. Uganda Bureau of Statistics Kampala, and Macro International, Washington DC.
4. UNDP 2003 Human Development Report 2003 Millennium Development Goals: A compact among nations to end poverty. UNDP, New York, Oxford. Oxford University Press.

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