Chapter 3
Toward Health as an Achievable Social Justice Goal: The Capabilities Approach

Before moving into the 'guts' of the chapter, I briefly outline the main thrust of this book. This work seeks to deepen our understanding of the key links between health and human development for women in a high HIV prevalence setting. It does so by offering a joint health and development lens through which to understand the capabilities, constraints and opportunities for women to be healthy in the developing world generally, and in South Africa specifically. It brings the theory of good health together with the practice of development: e.g., interventions and programs that promote the well–being and success of women and girls. It maps the challenges facing women in this environment – socio–cultural and biological factors that increase their risk of HIV acquisition – and identifies interventions in two areas of import to women's health: the health system, the main vehicle for delivering care, and the economic sector, which enables a variety of other capabilities for women.

In the former, an array of improvements can be made in the delivery of health and HIV services to enhance timely HIV treatment and prevention. In the latter, the focus is on selected development programs that have successfully enabled women to move out of poverty and economic dependence on men, to achieve an economic empowerment that places them on a surer–footed development path, in keeping with the notion of development as freedom. Ultimately, what this work aims to achieve is a powerful agenda for women's health and their capabilities in South Africa, which has great relevance for women, worldwide.

Background to the Problem: Health and Social Justice

As academics and practitioners of international development and health, when we cast our critical eye on the health of women and children in South Africa, what we see should shock and appall:

HIV prevalence in pregnant women is 30%. This is equivalent to one in three South African women living with HIV: a figure that has remained constant for a decade. What's more, 40% of maternal mortality in pregnant women and children is attributed to HIV–related infections in South Africa – a disease that is both preventable and treatable – with antiretroviral medicines freely available in the public health system. What this amounts to is a problem of social justice, development and public health. The South African case fits into a larger picture: a global health revolution taking place around the world, yet with persistent health inequalities and an uneven distribution of good health.

Against the background of 50 years of achievements in life expectancy and reductions in maternal and child health – even in settings such as Egypt and China – development gains in

South and southern Africa have been rolled back due to HIV. Life expectancy has declined across the region. Today, a child in Mozambique can expect to live to age 39. Infant, child and maternal mortality have risen. Subsequently, the region will not achieve Millennium Development Goals 4, 5 and 6, in maternal and child health and HIV. Now for some good news.

Central to this story are two salient facts that have garnered little attention. First, the public health system in South Africa, despite being overstretched, is tremendously adaptable, and health providers, incredibly resourceful. A host of changeable factors exist in the operational delivery of health services that allow for strengthening the public health system as a necessary first step to arrest premature mortality in women and children. As an entry point, there is great scope for particular systems' interventions to improve the health of South African women and their infants – with health personnel – the committed nurses, doctors and lay counselors – a core part of this task. Indeed, the health system can be conceptualized as a transformative social system that allows individuals to link to care, information, support and resources that allow them to manage their health. When services work as planned, women are transformed by their encounter with the health system. This fits with the South African health department's own vision for *batho pele* or people first. The health system can be a transformative social system for patients in South Africa, linking them to life-saving medicines.

Second, the evidence base reveals that – owing to the contribution of social determinants of health to health status, those factors that affect health but lie outside the realm of healthcare, such as employment, living and working conditions, violence against women as a socio–cultural norm and access to food security – good health is not achieved solely by access to and even provision of good health care. This reality underscores the importance of a fundamental set of enabling economic and social conditions that allow girls and women to gain hold of the reins of human development: education, economic independence, employment, and freedom from violence. The second fact is that the background conditions that enable health are within reach in South Africa; such programs exist. It is the combination of health systems and development interventions that would place women and girls on the optimal path of well-being. Herein lies the vision, the possibility, of a new women's health and development paradigm in South Africa: one that asks 'what are women able to do and to be'?

Across the South African state and civil society, the problem of women's health and development is lamented. Yet there is political will and support for women and women's health across key sectors of society. The country is a robust staging ground for an array of development and social service agencies, universities, foundations and international organizations. There are ample examples of programs that propel women forward on their development path.

This book draws on the evidence of what has been shown to be effective for women's health and development. These programmes can be replicated and scaled. These kinds of interventions targeting employment, education and gender empowerment allow women to stay in school, to achieve educational qualifications, to gain access to credit, income and employment; and they are challenging the traditional notions of what women in this region are

able to do and to be.

Bringing the Conceptual and the Empirical Together

Using the capabilities framework to better ground our understanding of the role of health as a building block of development, I explore the 'special nature of health'; health as a central capability; good health as a normative social goal; and the implications for women's well–being. In the capability view, the moral concern for state and society is the reduced capability of individuals due to ill health, and the role of health inequities that are socially–constructed, and in turn, changeable. When we look to women's ability to be healthy, we see the explicit links between women's ability to develop freely and flourish, i.e., their prospects for development and their ability to live long and healthy lives, free from premature death due to a preventable or treatable disease. I not only make the argument that investing in women and women's health makes economic sense – an argument leveled in many other quarters particularly at the UN–level – I use the capabilities approach to explore a set of important social justice questions today, which hold fundamental relevance for the global health agenda.

This chapter discusses the theoretical concepts surrounding health and social justice in relation to this problem. These conceptual underpinnings are not esoteric: ideas of social justice inform policy debates, which subsequently impact on resource allocation choices in the public health sphere. The chief challenge is to balance health with other social ends in the policy space. In a South Africa where health outcomes for the majority population are poor, and social inequalities in health are a concrete product of an apartheid system, how do we frame, view and approach health as social justice in this context?

In this chapter, key concepts and themes germane to the problem of poor health in women and girls with HIV are covered and the debates attached to health and social justice are reviewed. Ultimately, a conceptual framework in which to locate and investigate the connections between health, development, social justice and capabilities is provided. As will be argued, the capabilities approach allows us to identify what good health entails. The capabilities framework affords us greater understanding of the problem and possible responses. Such an approach is relevant to other countries and settings since health policies and goals are embedded in national plans and legislation of virtually every country, but the reality of good health for citizens remains elusive for most nations, globally. While there is no magic bullet to the complex problem of premature mortality in pregnant women and children with HIV in South Africa, such an approach provides an analytical framework to advance our understanding and to guide action.

To chart a course where good health is an appropriate goal of society requires some treading of philosophical ground – how good health is enabled through social arrangements. We begin by cursorily recalling the role of the state and how justice as fairness was broadly conceived.

SOCIAL JUSTICE AND ETHICS

The pursuit of a just, fair society, and how that society should be optimally arranged and governed for the benefit of citizens, has been a focal point of debate for political philosophers since ancient times. Philosophers have reflected on the ways in which a just society could be achieved by considering the normative relationship between state and society, and the necessary prerequisites for citizens to shape a life of meaning. Aristotle observed:

> "In the state, the good aimed at is justice; and that means what is for the benefit of the whole community. Now all men believe that justice means equality in some sense… they are in limited agreement … they hold that justice is some entity which is relative to persons, and that equality must be equal for equals. The question we must keep in mind is, *equality or inequality in what sort of thing*?[1] For this is a problem, and one for which we need political philosophy" (1981, p. 207).

In the Aristotelian view, within the state, the good or goal we seek is justice, or what benefits the whole community. This means equality – but equality of what? Theorists — ancient and contemporary — have debated this problem. Many of the salient questions raised revolve around the conception of social justice held by the state, and the ethics of a given society, and the content of rights to ensure equality.

Ethics can be defined simply as the system of moral values and principles that govern the conduct of individuals and institutions. Isaiah Berlin has sought to elucidate the often indistinct notion of the role of ethics in the quest for social justice. He has written movingly of "the pursuit of the [platonic] ideal" (i.e., a perfect state). Berlin notes:

> "These beliefs about how life should be lived, what men and women should be and do, are objects of moral inquiry; and when applied to groups and nations… are called political philosophy, which is but ethics applied to society.

On the basis of ethical thought, Berlin continues: "Ethical thought consists of the systematic examination of the relations of human beings to each other, the conceptions, interests and ideals from which human ways of treating one another spring, and the systems of value on which such ends of life are based" (1990, pp. 1-2).

What we are concerned with, however, is not solely aspirational notions of ethics and justice, although there is room for aspiration. Our notions of ethics must be rooted. Larry Churchill reminds us that everyone is capable of ethical thought and action. We need not be philosopher kings and queens. He states "Ethics, understood as the capacity to think critically about moral values and direct our actions in terms of such values, is a generic human capacity… it is common to us all" (1992; also quoted in Farmer, 2005, p. 204). Our notion of social justice must also be grounded in the real. It cannot be a right or claim that exists only on paper, a vague promise of some future benefit that never arrives. It must translate into action (see Bilchitz,

2001, 2003a-b; Leibenberg, 2003). In the words of Daniel Berrigan, "One learns… to discover what is right, what needs to be righted – through work, through action" (quoted in Farmer, 1999, p. 18). Even so, such theories give us a blueprint for how social justice is conceived and how it can be realised.

Theories of justice are bound by a common thread: a vision of how such a just society could be realised. Much of the debate turns on the reach and role of the state vis-à-vis its citizens. One such theory, the social contract, is derived from the writings of classical political theorists Thomas Hobbes, John Locke and Jean-Jacques Rousseau, as well as contemporary theorists, notably John Rawls (Hobbes, 1962; Locke, 1960; Rousseau, 1997; Rawls, 1971 and 1993).

Because of its importance as a social justice framework in political philosophy and as a building block in the evolution of the state's role in ensuring social justice, I discuss it in brief fashion below. I conclude the narrative by highlighting its limitations vis-à-vis the problem in question, and introducing Amartya Sen's capability approach.

The Social Contract

While the theorists' interpretations of and their contributions to the explicit and implicit workings of the social contract differ, the thinkers cited have employed this theory to advance the notion of what the purpose and particular obligations of government entail. In its most simple form, the social contract is a framework that establishes relationships between individuals and their state (and between individuals).

According to the basic design, citizens enter into a contract, a covenant, with their state, in exchange for the benefits of citizenship. In the ideal, individuals constitute themselves as a society for the welfare of the collective and of the individual because the sovereign state is committed to serving the "good" of the larger community. Significantly, this compact that binds citizens to their government is characterised by justice (Rawls, 1971). For Rawls, "society" is a cooperative venture "marked by conflict as well as by an identity of interests"; each society must grapple with a set of choices, including social justice principles for selecting social arrangements, distributing benefits and burdens: ensuring the welfare of society (1993).

Ensuring Social Welfare

Most scholars and practitioners, together with citizens, agree that the state's role in a just society is to ensure the delivery of basic services, such as water, electricity and health care. When it comes to the health of citizens, nations view health as too important to be left entirely to chance (Titmuss, 1958; Daniels, 1984; Allotey, 2007; DFID, 2004a-d; Garmaise, 2006). This is why laws and codes regulate the health and safety of populations, and public institutions have been established to promote health (Krieger and Emanuelle-Birn, 1999). Marmot et al observe that almost all high-income countries organise their health care systems around the principle of universal coverage – an approach requiring that everyone gain access to the same range of services, according to preferences and needs, regardless of social status, income or other

demarcation (2008). The role and extent of state intervention in enhancing social welfare varies by country, and the South African Government's responsibility in this sphere is vast. "Indeed," Hassim writes: "South Africa is regularly described as the developing world's largest and most generous welfare state" (2007, p. 1).

That the state has a role in addressing social welfare is nothing new. This is the particular province of social policy. Social policy and its practitioners emphasise that states have responsibility for social security, improved welfare and protection, including health (Mkandawire, 2001; Titmuss, 1974; Tarantola, Byrnes, Johnson, Kemp et al, 2008; Razavi and Hassim, 2006; MacPherson and Midgley, 1987). Social policy also recognises that promoting and protecting social welfare might not result from *laissez-faire* market economics, thus requiring particular interventions on the part of the state (Spicker, 1995; Haagh and Helgo, 2002). As Dahl notes: "without government intervention and regulation a market economy inevitably inflicts serious harm on some persons; and those who are harmed or expect to be harmed will demand government intervention" (1998, p. 174; Karger, Midgely and Brown, 2003, see pp. 3-18).

Theoretically, the social contract model has been a persistent and prevailing feature of the political philosophy landscape. Practically, it has also had wide application: its underpinnings are embedded in constitutional arrangements and fit with many countries' notions of government (Skinner, 1978; Ankerl, 1980; Dworkin, 1986; Nussbaum, 2008). Hence its presentation here: again, this is the normative conception that underpins the constitutions of countries. But this theory has its limitations and detractors. For example, Sen observes that much of this canon is preoccupied by the formation of just institutions, assuming that justice will then take care of itself in the by and by (Sen, 2009). Other critics question the supposed universality of the 'liberal individual' who is meant to be the agent of the contract. Among them, feminist and race-conscious philosophers have argued that the contract is not one characterised by freedom and justice. Rather, the contract is a vehicle by which women and non-whites have been manipulated and controlled: these groups are unseen; their views unheard (Pateman, 1988; Mills, 1997).

The objections to the social contract formulation also come from other quarters. Of relevance here, the contract is conceived in the Lockean tradition as one of "mutual advantage". In Gauthier's critique of the contract tradition, he contends that people of "unusual need" such as the disabled and children are not included (2008, p. 25). This excludes people who are ill and vulnerable or marginalised (refugees and migrants, for example). If independence is the *sine qua non* of membership in the contract, many people need not apply. Nussbaum observes: "Rawls imagines the parties throughout as "competent contracting adults". She continues, "Rawls explicitly omits… the more extreme forms of need and dependency" (2008, p. 27). Nussbaum observes that the social contract does a better job of establishing a framework for social justice than that of utilitarianism, but the built-in assumption of mutual advantage fails when great asymmetries of power obtain. Take, for example, the disabled (Nussbaum, 2006 and 2004).

Daniels, Kennedy and Kawachi agree: "Rawls did not talk about disease or health in his original account. To simplify the construction of his theory, he assumed that his contractors were fully

functional over a normal life span – *no one becomes ill or dies prematurely*" (2000).[2] Consequently, it is evident that Rawls excludes some conditions germane to our analysis: the main concern of this project is illness and early death attributed to HIV-related infection for these population groups: pregnant women and children under age six. Ake claims that justice in society can be understood as a "complete equality of the overall level of benefits and burdens of each member of that society" not just a few (1975). Thus, the exclusive nature of the social contract makes this framework less responsive and hospitable to the questions under exploration. The long-standing social contract tradition can, then, give us a relational picture of citizen and state, a framing of rights and duties. However, it falls short for the reasons cited.

In response to this omission, Nussbaum stresses that any useful theory of justice in the design of basic institutions needs to recognise and address the problem from the beginning. Consider those who are ill or dependent, she asks: "What, then, can be done to give the problem of care and dependency sufficient prominence in a theory of justice?" (2008). Yoked to that question, we must also inquire: what can be done to ensure that women are given equal standing in such a theory?

Nussbaum stresses the idea that all citizens "are equally entitled to a substantial set of preconditions for a dignified human life has held an enduring appeal throughout the centuries in Western legal and political thought less because intellectuals have favored it than because it has great resonance" in the lives of ordinary people (2008, p. 1). Today the policies that affect the development prospects of ordinary people, whether South African, British or American, are decided by public officials (e.g., the extent of rights to water, electricity and health and policies that regulate or control access to and delivery of those services), the ostensible representatives of the people; they may be determined through public deliberation or result from court judgments. The question of 'how we are to live' in a just society requires some clarity about how social justice can be realised in South Africa – a society where large numbers of people require medicines purchased by the state – and unusual need is the norm rather than the exception. What we are concerned with is a conception of social justice that can address health in a substantive way, and not just a constitutional right of access to health care.

This brings us to a central question and problem of global health today, one shared around the world. That good health should be part of a conception of a just society is not in dispute in political philosophy: the debate turns on the nature and reach of such a social justice claim. This takes us to a major source of debate about what people are entitled to - related to health in a just society: is it health or health care?

Just Health or Just Health Care?

Sen states: "In any discussion of social equity and justice, illness and health must figure as a major concern" (2004, p. 21). Much of the literature is dominated by equality of opportunity to be healthy, together with access to health care. But, as Peter and Evans point out, theories of social justice are quiet on health broadly and health inequalities specifically. The authors write: "Turning to the literature on moral and political philosophy, one finds few direct efforts to deal

with health equity. Theories of social justice are generally silent on the topic of health" (2001, p. 3).

As noted by Anand, Peter and Sen, and in separate publications by Ruger (2006a-b), Peter and Evans (2001) and Daniels, Kennedy and Kawachi (2004), philosophers and applied ethicists who address health tend to limit the focus to health *care*. Ruger argues that philosophers have been slow to give health (as opposed to health care) any special moral significance because philosophers, such as Rawls and Daniels, make the assumption that health is not an appropriate focal point for evaluating social justice claims (2006a-b). Implicit in this discussion is the complexity of measuring good or ill health.

Peter and Evans observe that, at first blush, health (and greater equity in health) as a social goal would seem obvious. Nevertheless, underneath this seemingly simple proposition is a labyrinth of intricate issues related to the meaning of health and how it is assessed, what good health actually encompasses, its socio-biological constitution, and the factors that affect the distribution of health status across and within populations as a consequence (2001, p. 25).

What does it mean to be healthy?

While health is inevitably bound up with biology, it can never be a value-free notion (Canguilhem, 1991; Peter and Evans, 2001). As Peter and Evans note, "value judgments are required in order to make distinctions between normal and abnormal, healthy and pathological, and even medical disease versus deviation from some other non-medical social norm" (2001, p. 26). Health is therefore seen as a product of complex biological and social *valuations*. A focus on biomedical factors alone can obfuscate the distributional issues that impact on the social basis of health.

At the same time, a pure concentration on social factors may obscure biological ones. As a state of being, only partial control can be obtained over our own health. At birth we take on a specific biological and social heritage that casts an imprint on our health projection over the course of our lifetimes. Prior to adulthood, we are exposed to a spectrum of physical and social environments over which we have little control (Evans et al, 2001). The World Health Organization's definition is often employed as an all-encompassing definition of health (see also Ruger, 2009), though not without its limitations.

WHO Definition of Health – Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1948).

So far, the WHO definition proffers an understanding of what health is but this definition is too broad at present. If we applied this definition as the test of 'healthy' to South African society, very few individuals would pass. As we discussed in chapter 1, the health of South Africans is appallingly poor: with more than 5.7 million people living with HIV, of a total population of 48 million. We need to root a definition of health and a conception of social justice in this context,

and find a way to define and measure health that is relevant to South African society. What further definitions or measures do we have from other fields?

Peter and Evans stress that turning to bioethics and medical ethics, the focus is on the rationalisation of greater equality in health care and the rights of individual patients (2001). Combing the public health literature churns up more in the way of ethics over the last few years (for recent books on ethics and public health, see Ruger, 2010; Göstin, 2010; Daniels, 2008; Powers and Faden, 2008; Segall, 2009), and there is now a growing link between public health and human rights (Mann, 1995; 1999; Gruskin and Tarantola, 2000; Galvão, 2005; Roseman et al, 2005; Gruskin et al, 2005; Hassim, Heywood and Berger, 2007). Before his death, one of the founders of the health and human rights field, Jonathan Mann, lamented that traditional public health began as a social movement, but "at least in its contemporary form, [it] is struggling to define and articulate its core values" (1997, p. 8).

In a theory-building article, which seeks to overcome divisions between medicine and ethics on the one hand, and public health and human rights on the other, Mann remarked on a: "long-standing absence of an ethics of public health" and called for the building of bridges that would connect these disciplines, with a view to strengthening coherence and identity, and selecting professional roles and responsibilities (1997). However, this view is not held by Krieger (1999) who claims that health and social justice have always been tied in a common pursuit, and major advances in health have equally contributed to a just society in a deliberate way (see Starfield, 2006; McNeill, 2003; Robertson, 1996). The question is whether society can offer the ways and means to realize good health by continuing as is.

To that end, egalitarian theories tend to focus on the distribution of certain goods such as health care, utilitarian theories focus on the utilities of satisfaction, desire and preference. Whereas liberal theories of justice, notably that of (again) Rawls, have viewed health as a natural good: "health and vigor, intelligence and imagination, are natural goods; although their possession is influenced by the basic structure, they are not so directly under its control" (quoted in Ruger, 2004a, p. 1075). In contrast to these natural goods, Rawls developed a list of primary goods society is meant to safeguard to some extent. These include: "rights, liberties, and opportunities; income and wealth; and the social bases of self-respect" (1993). Nussbaum writes: "Rawls' evident concern is that no society can guarantee health to its individuals"(2000a, p. 88). Rawls has been the dominant voice on social justice theory for a generation; this view has had great influence.

Sen moved to quietly and politely question Rawls on this point: Sen emphasizes that we should attend not only to the distribution of primary goods, but also to how effectively people are able to use those goods to pursue their ends. Sen has stated that the primary goods focus is insufficient, as it does not take into account individual health (and functioning) and environmental health, among other issues (see Sen, 1992, pp. 26-28; see also Robeyns, 2003, pp. 9-10). Looking at goods or resources is not the same as looking at the choices one has to pursue those goods (Sen, 1992, p. 38).

Norman Daniels and others suggest that the demand for equality of access or entitlement to health services – as opposed to good health – is the proper claim that should be lodged. Daniels attests that "*health is an inappropriate object*, but health care, action which promotes health, is appropriate"[Emphasis mine.] He continues, "a right claim to equal health is best construed as a demand for equality of access or entitlement to health services… " He emphasises: "a right to health embodies a confusion about the kind of thing which can be the object of a right claim" (quoted in Ruger) (2004a, p. 1075). Ruger disagrees with Daniels. She stresses that one must not assume that more and better health care is all that is needed to improve health. The main effect of health care may depend on the type of care and often on other factors (2004a, p. 1076). Sen concurs: "We must go beyond the distribution of health care to get to an adequate understanding of health achievement and capability" (2004, pp. 23-24). A persistent feature of health clinics in Africa, including South Africa, is to show up at a clinic and find the drug you require is not stocked. That is access to health care but is it sufficient? The answer is obvious.

In response to the bias in ethical theory against health (as opposed to health care) as the focal variable of social justice, Ruger suggests that "we lack a moral framework" for viewing health, and that a capability view of health provides us with just such a moral underpinning (2006, p. 1002) (see also Ruger, 2009 and 2010).

If the social covenant in South Africa and other nations is truly to be characterised by justice and equality for all, we need a theory of social justice that includes a sufficient conception of health: one that is inclusive of all people, those who are dependent and disabled, especially those who are ill, and those who care for them; women and children, as well as men; one that looks at the health and development prospects of and quality of life for all people within our particular social context and their entitlements. To address this gap, we now turn to the capabilities approach.

HEALTH, DEVELOPMENT AND SOCIAL JUSTICE: MAKING THE CONNECTIONS MORE EXPLICIT

Robust conceptual frameworks allow us to move across disciplines and see phenomena in a new and powerful way. The capabilities approach (CA) offers such a view.

The Capabilities Approach: Advancing Human Development

The CA is valuable because it asks the important question, of relevance to this particular development problem: what are people actually able to do and to be? Are they able to be free from premature illness and early death? Are they able to make choices that will allow them to create a life with meaning and to flourish? Hence its suitability for this particular problem of poor health of girls and women with HIV in South Africa. Importantly, Nussbaum takes the query further. She asks:

> "Are they [individuals] really able to do and to be these things, or are there impediments, evident or hidden, to their real and substantial freedom? Are they

> able to unfold themselves or are their lives, in significant respects, pinched and starved?" (2008, p. 1).

The capabilities approach is a paradigm for advancing human development (Alkire, 2003). What does that mean?

Human Development

Human development is a field of practice that seeks to improve the quality of life of individuals, with their agency and freedom to choose serving as essential aspects for a life of dignity and flourishing. Development, as it is used here and throughout this project aligns with Sen's notion of holistic development that can be seen as "a process of expanding the real freedoms that people enjoy" (1999, p. 3). The United Nations Development Programme puts it this way:

> "Human development is about creating an environment in which people can develop their full potential and lead productive, creative lives in accord with their needs and interests" (UNDP, 2011).

Development broadly is concerned with processes of social, economic and political change that expand valuable human capabilities (Sen, 2003). Development is thus viewed as process and an end in itself, rather than solely as a means to an end. Human development goes beyond just quality of life and well-being. It portends a range of types of freedoms. As Sen has articulated, it consists in advancing substantive freedoms and, significantly, removing that which impedes those freedoms: "Development requires the removal of major sources of unfreedom: poverty as well as tyranny, poor economic opportunities as well as systematic social deprivation, neglect of public facilities as well as intolerance or overactivity of repressive states" (1999, pp. 3-4).

From 1990, the human development concept has been applied to a systematic study of global themes, published annually in the *Human Development Report* under the auspices of the United Nations Development Programme. The work of Amartya Sen and, especially Mahbub ul Haq (1934-1998), the founder of the Human Development Report, provided a theoretical basis for the report (see UNDP, 2011).[3]

The field of human development is concerned with such issues as human security, social progress, equity, participation and freedom. Human development, emphasises UNDP, shares a common vision with the field of human rights. Their joint goal is human freedom:

> "People must be free to exercise their choices and to participate in decision-making that affects their lives. Human development and human rights are mutually reinforcing, helping to secure the well-being and dignity of all people, building self-respect and the respect of others… In pursuing capabilities and realizing rights, this freedom is vital" (UNDP 2011 website) [For discussions of how capabilities and human rights converge and diverge, see particularly Sen, 2005; and Nussbaum, 2008, 2007, 2003, 2002, 1997]

Sen sees "the freedoms of individuals" as "basic building blocks" for their development (1999, p. 18). It is important to note that approaches to Human Development, like many fields, are diverse. The UNDP has elected to use the Capabilities Approach to analyse and move forward measurement and policy viz. human development. The relatively recently established *Human Development and Capabilities Association*, which Sen, Nussbaum and others founded, and to which they make intellectual contributions, also sees human development primarily in capability terms (HDCA, 2011; Gasper, 2007).

Given the diversity of approaches to human development, it may be useful to see the CA as one way of measuring human development, and of viewing human development, but not the only way. At the same time, as Robeyns has observed, all commentators tend to explain and interpret capabilities from their own disciplinary perspectives, not solely through the eyes of human development (2003).

Capabilities

The notion of capability: "…represents the various combinations of functionings (beings and doings) that the person can achieve, " as Sen notes. Again, the key question is what are people able to do and be? (1992, p. 40).

First conceptualized by Amartya Sen, capabilities as a practical approach has since been expanded in conjunction with Martha Nussbaum, by Jennifer Ruger, Sabina Alkire and others (Sen 1985, 1990, 1999; Alkire, 2003, 2005; Nussbaum, 1999). What are examples of capabilities? UNDP comments:

> "The most basic capabilities for human development are to lead long and healthy lives, to be knowledgeable, to have access to the resources needed for a decent standard of living and to be able to participate in the life of the community. Without these, many choices are simply not available, and many opportunities in life remain inaccessible" (UNDP 2011, website).

Capability is essentially a set of vectors of functionings, "reflecting the person's freedom to lead one type of life or another...to choose from possible livings" (Sen, 1992, p. 40). Capability expansion occurs in alignment with the notion of "development as freedom" the title of Sen's 1999 work on this theme. Freedom is thus foundational (Alkire, 2003, p. 14).

The idea is to expand a person's capability set and thus her ability to create a life she has reason to value. As Kleist notes: "A capability is a possibility, not just any possibility, but a real one" (2010). Gasper adds some helpful clarifications. He notes that the root of the CA is "an insistence on referring to a wide range of types of information, notably about how people actually live – what they do and are – and their freedom – what they are able to do and be" (p. 340). Six dominant features of the CA, identified by Gasper, are as follows:

1. An orientation to use a variety of sources of information for understanding and determining well-being
2. A language to describe the variety
3. The categories of basic capabilities and threshold levels
4. A prioritization amongst categories, the "prioritization of capability" (as opposed to other measures)
5. A principle of prioritization for groups – to be done through democratic deliberation and through public debate
6. A principle of prioritization of capabilities for individuals is to be reasoned (Gasper, 2007, p. 340).

On the fourth feature (just above), Sen takes care to stress that the appropriate "space" within our frame is "neither that of utilities (as claimed by welfarists), nor that of primary goods (as demanded by Rawls), but that of substantive freedoms – or the capabilities – to choose a life one has reason to value" (1999, p. 74). In other words, in assessing quality of life and well being, there is an array of types of information that are important, apart from those used in mainstream economics, such as assets, incomes, or preferences (Gasper, 2007, p. 340). Capabilities are the particular "functionings" that may be achievable by an individual.

Functionings

Core to the capabilities approach is this very notion of functionings. Sen emphasizes: "The concept of functionings, which has distinctly Aristotelian roots, reflects the various things a person may value doing or being" (1999, p. 75). Sen notes that Aristotle suggested we must "first ascertain the function of man" and explore life "in the sense of activity" as the "basic block of normative analysis" (Sen, 1999, p. 73). Functionings are actual achievements – they are a composite of what people *are* in their lives. Sen stresses: "the focus of the capability approach is thus not just on what a person actually ends up doing, but also on what she is in fact able to do, whether or not she makes use of that opportunity" (Sen, 2009, pp. 235). In other words, the capability *to choose* between possible achievements. Examples include choosing one's political or religious affiliation; choosing voluntarily to fast, rather than being forced to go without food due to income deprivation (Sen, 2009, pp. 235-238). Viewed in total, an individual's actual achievements can be referred to as a *functioning vector*. To simplify matters, Gasper, with usual lucidity, adds that functioning is nearly always an operational proxy for capability (2007, p. 347).

Freedom

Freedom underpins the CA. It has both operational and process aspects in Sen's conception: processes that enable freedom of decision and of action; and the actual opportunities people enjoy, given their material, social and personal circumstances (1999, p. 17; see also Sen, 2009, pp. 18-19; and Sen, 2005, pp.). While the language of capabilities and of freedom may seem strange or unfamiliar, as Alkire eloquently notes, we all have an intuitive sense of what freedom is:

> "The 'good life' is partly a life of genuine choice, and not one in which the person is forced into a particular life – however rich it might be in other respects. The intrinsic value of freedom is popularly recognised with emphases such as empowering people to help themselves, or focusing on people as the 'actors' and the creative 'agents' of their own development" (2003, p. 5).

Agency

Within capabilities there is a critical role for agency. This is also true for the field of human development. The notion of participation is central, that individuals are active agents in their own development. As Clark notes, agency within the CA "recognises that individuals often have values and goals (such as preserving the environment, purchasing free trade products or opposing injustice, tyranny and oppression) that transcend and sometimes even conflict with personal well-being" (Clark, undated, p. 5; see Sen, 1985 and 1992). Sen writes: "I am using the term 'agent' … in its older – and 'grander' – sense as someone who acts and brings about change, and whose achievements can be judged in terms of her own values and objectives" (1999, p. 19). The importance here is viewing individuals as members of the public, who have an agency role in economic, social and political life. As Sen notes, this view has a bearing on numerous public policy issues, including in health.

Human Diversity

The capability approach specifically recognises diversity: that the personal and physical characteristics of individuals are different, as are their skills and priorities (Alkire, 2003, p. 15; Sen, 1992, p. 19, 49). Thus their needs for human development will differ.

> "We begin life with different endowments of inherited wealth and liabilities… The societies and communities to which we belong offer different opportunities as to what we can and cannot do. The epidemiological factors in the region in which we live can profoundly affect our health and well-being" (Sen, 1999, pp. 19-20).

It is because of this diversity that Sen conceived of a framework that could accommodate it. Sen painstakingly notes the larger complex question, debated by philosophers, turns on the ethics of social arrangements. Sen is asking: "equality of what". Fundamentally there must be equality in some space: what base of equality will we choose? Different schools of thought have different answers to this question. Sen suggests that conceptual and empirical conceptions of equality assume "uniformity" and thus miss out on "a major aspect of the problem" – that of human diversity (1992, p. xi).

Prioritization and Valuation

Specific capabilities are not prioritized in the capabilities approach, by definition, as Alkire observes: "The definition of capability does not prioritize certain capabilities". She continues, "Rather the selection of capabilities on which to focus is a value judgement (that also depends partly on the purpose of the evaluation), as is the weighting of capabilities relative to each other" (2003, p. 16).

When capabilities are assessed, Sen states that the focus of the evaluation can either be on realized functionings (actual achievements) or on the *capability set* of alternatives (her real opportunities) (1999, p. 75). An example of realized functionings would be life expectancy. This is a measurable and comparable indicator (Alkire, 2004).

Selection and Weighting

Sen observes that functionings are easier to evaluate (and interpret) than are utilities. However, their heterogeneity (diverse concerns that affect individual advantage) means that the diversity of capabilities and their variability in converting functionings into capabilities is a challenging task. But some functionings are necessarily more important than others. The key challenge is how to attach a weight to substantive freedoms (the capability set) viz. actual achievements (the functioning vector). And, how much weight should be afforded capabilities versus other considerations (examples include rules or procedures) (Sen 1999, pp. 76-77). Sen hastens to stress that it is crucial to ask, in any assessment exercise, how the valuation is to be selected:

> "in arriving at an agreed range for social evaluation (for example, in social studies of poverty), there has to be some kind of 'reasoned consensus' on weights, or at least on a range of weights. This is a 'social choice' exercise, and it requires public discussion and a democratic understanding and acceptance. It is not a special problem… associated with…functioning" (1999, pp. 78-79).

Again, Sen's view of capabilities is that they will expand through public policies, with a view to influencing and enlarging the freedoms that people have. Sen notes: "Having greater freedom to do the things one has reason to value is: (1) significant in itself for the person's overall freedom, and (2) important in fostering the person's opportunity to have valuable outcomes. Both are relevant to the evaluation of freedom of the members of the society and thus crucial to the assessment of the society's development" (1999, p. 18).

Sen takes care to note that not all capabilities are equally weighted. He writes: "There are always elements of real choice regarding the functionings to be included in the list of relevant functionings and important capabilities" (1992, p. 44).

For example, within the context of welfare analysis, he takes extreme poverty in developing countries:

We may be able to go a fairly long distance in terms of a relatively small number of centrally important functionings (and the corresponding basic capabilities, e.g., to be well-nourished and

well-sheltered, the capability of escapable avoidable morbidity and premature mortality, and so forth. In other contexts… the list may have to be much longer and much more diverse…" (1992, p. 44).

And here is the punchline: "The varying importance of different capabilities is as much a part of the capability framework as commodities is part of the real-income framework… equal valuation of all constituent elements is needed for neither " (1992, pp. 44-45). Ultimately, Sen comes to capability as a "space" in which basal equality is to be advanced (meaning that justice requires equality in the capability space) (Sen, 1992). Pellé puts it this way: Sen's central claim is that an evaluation of an individual situation should, in issues of justice as well as in inequality issues, "take place in the space of capabilities and not in the space of primary goods, nor in that of utility or resources" (2006, p. 9). The way to evaluate the freedom individuals enjoy is by assessing their capabilities: or the freedom they effectively enjoy to choose a type of life among a set of available types of life (Pellé, 2006).

Incompleteness and Ordering

When genuine incompleteness, partial incompleteness or ambiguity obtains, Sen emphasises, "a precise formulation of that idea must try to capture that ambiguity, rather than lose it" (1992, p. 49). Sen notes further: "the ideas of well-being and inequality may have enough ambiguity and fuzziness to make it a mistake to look for a complete ordering of either…" He concludes elegantly: "The 'pragmatic reason for incompleteness' is to use whatever parts of the ranking we manage to sort out unambiguously, rather than maintaining complete silence until everything has been sorted out and the world shines in dazzling clarity" (p. 49). As such, the relative valuation and weighting of different functionings and capabilities lies at the core of the exercise.

Relevance of Approach

Part of the rationale for choosing the capabilities approach to understand premature illness and death for pregnant women and children in South Africa, is the central role of health in the CA. It is important to understand the linkages between health, capability and social justice that flow from it.

Health and Capability: Why is health a social justice concern and why does health hold special importance for development and capability?

In the capability approach, health can be seen as a form of freedom, and ill health can be understood as its opposite (Peter, 2000). Health is a central capability. Sen argues that if we view human health as central to human development, then deprivations in the functioning of health can be seen as unjust because they reduce the capacity for individuals to develop and flourish.

Why can health be seen as 'special' and a priority for development? Indeed, one could argue that the health of South African women and their children might improve with improved food security, potable water or electricity.

The Special Nature of Health

Anand claims that health has been recognised as a special good, and the foundation of other goods, throughout the ages. He points to the writings of a series of philosophers to substantiate this assertion. For example, Democritus in *On Diet* wrote the following in the fifth century BC: "[W]ithout health nothing is of any use, not money nor anything else" (quoted in Anand, 2004, pp. 16-17). And, "Descartes, in 1637, declared that health is the highest good: [T]he preservation of health is…without doubt the *first good and the foundation of all other goods* of this life" (excerpt from *Discours de la Methode*, quoted in Anand) (2004, p. 17).

As Canguilhem observed, "health is a feeling of assurance in life to which no limit is fixed" (1989, p. 201). Health affects an individual's well-being and it is a pre-requisite to functioning as an agent. Good health is, then, necessary for development and for flourishing (Sen, 2004; Pellegrino, 1999; Sen, 1992). As Sen points out: "we are not able to do much if we are disabled or ceaselessly bothered by illness, and we can do very little indeed if we are not alive" (2004, p. 28). Thus health is regarded as critical for its own sake and because it allows for other things (Anand, 2004; Ruger, 2004b; Sen, 2004).

Anand finds that the reason health is so important is based on two intertwined rationales: firstly, "[health] is directly constitutive of a person's well being"; and secondly, "it enables a person to function as an agent – that is, to pursue the various goals and projects in life that she has reason to value". Anand stresses: this is "an agency-centred view of a person, for whom ill-health reduces the full scope of human agency. If we see health in this way, then inequalities in health constitute inequalities in capability to function" (2004, pp. 17-18).

The *WHO's Commission on Social Determinants of Health* also supports the view that health is a special good (2007). Sen too agrees. He states: "The fact that health is central to our well-being needs emphasis, as does the equally basic recognition that the freedoms and capabilities that we are able to exercise are dependent on our health achievements" (2004, p. 28). Nagel puts it this way:

> "What we find desirable in life are certain states, conditions, or types of activity. It is *being* alive, *doing* certain things, having certain experiences that we consider good. But… it is the loss of life, rather than the state of being dead…that is objectionable" (1979, p. 3).

Nagel comments further on the significance of a life cut short: "The death of Keats at 24 is generally regarded as tragic; that of Tolstoy at 82 is not…Keats' death deprived him of many years of life which were allowed to Tolstoy; so in a clear sense Keats' loss was greater" (1979, p. 9). Nagel concludes, "[D]eath, no matter how inevitable, is an abrupt cancellation of indefinitely extensive possible goods" (1979, p. 10).

It is this conception of "indefinitely extensive possible goods" that begins to hint at the rather nebulous view of what good health comprises – and its implications for one's capability, for functionality and, indeed, flourishing. With good health, anything is possible. With ill health, the range of indefinite possibilities becomes narrowly circumscribed.

What else does the CA tell us about health? Political philosopher Martha Nussbaum has co-developed the CA with Sen, although her approach varies in specific ways, and the two collaborators diverge on several key issues (elaborated below).

Nussbaum's key contribution is to create a list of ten capabilities that serve as essential preconditions for a just society (elaborated below). The first three on Nussbaum's list pertain to health. In Nussbaum's interpretation of the Capabilities Approach, we can only have an adequate theory of social justice "if we are willing to make claims about fundamental entitlements" and capabilities offers us a valuable approach to address this question (Nussbaum, 2003, pp. 1-2). Nussbaum's list creates an account of the indivisible elements that are essential for human functioning. In her words, "All are of central importance and all are distinct in quality" (Nussbaum, 2002, p. 131). Nussbaum's list states the central capabilities (1-3) as "being able to have good health, including reproductive health," "not dying prematurely" and freedom from "violent assault, including sexual assault" while having opportunities for choice in "matters of reproduction". Thus capabilities 1-3 articulate and address important considerations that flow from the research problem, which is not just a theoretical problem but a major development challenge for South Africa.

In the Nussbaum view, the larger project of the CA is to look at the list as "combined capabilities" and to pursue each capability for each and every person, treating each person as an end. With these (enumerated) as threshold levels of capability, the social goal is getting every person above the threshold to satisfy the requirement of equality (Peter and Evans, 2001, p. 28).

Box 1 The Central Human Capabilities (Nussbaum 2007)

1. *Life.* Being able to live to the end of a human life of normal length; not dying prematurely, or before one's life is so reduced as to be not worth living.
2. *Bodily Health.* Being able to have good health, including reproductive health; to be adequately nourished; to have adequate shelter.
3. *Bodily Integrity.* Being able to move freely from place to place; to be secure against violent assault, including sexual assault and domestic violence; having opportunities for sexual satisfaction and for choice in matters of reproduction.
4. *Senses, Imagination, and Thought.* Being able to use the senses, to imagine, think, and to reason – and to do these things in a "truly human" way, a way informed and cultivated by an adequate education, including, but by no means limited to, literacy and basic mathematical and scientific training. Being able to use imagination and thought in connection with experiencing and producing works and events of one's own choice, religious, literary, musical, and so forth. Being able to use one's mind in ways protected by guarantees of freedom of expression with respect to

both political and artistic speech, and freedom of religious exercise. Being able to have pleasurable experiences and to avoid non-beneficial pain.

5. *Emotions.* Being able to have attachments to things and people outside ourselves; to love those who love and care for us, to grieve at their absence; in general, to love, to grieve, to experience longing, gratitude, and justified anger. Not having one's emotional development blighted by fear and anxiety. (Supporting this capability means supporting forms of human association that can be shown to be crucial in their development.)

6. *Practical Reason.* Being able to form a conception of the good and to engage in critical reflection about the planning of one's life. (This entails protection for the liberty of conscience and religious observance.)

7a. *Affiliation.* Being able to live with and towards others, to recognize and show concern for other human beings, to engage in various forms of social interaction; to be able to imagine the situation of another. (Protecting this capability means protecting institutions that constitute and nourish such forms of affiliation, and also protecting the freedom of assembly and political speech.)

7b. Having the social bases of self-respect and non-humiliation; being able to be treated as a dignified being whose worth is equal to that of others. This entails provisions of non-discrimination on the basis of race, sex, sexual orientation, ethnicity, caste, religion, national origin.

8. *Other Species.* Being able to live with concern for and in relation to animals, plants, and the world of nature.

9. *Play.* Being able to laugh, to play, to enjoy recreational activities.

10a. *Control over One's Environment. Political.* Being able to participate effectively in political choices that govern one's life; having the right of political participation and protections of free speech and association.

10b. *Control over One's Environment. Material.* Being able to hold property (both land and movable goods), and having property rights on an equal basis with others; having the right to seek employment on an equal basis with others; having the freedom from unwarranted search and seizure. In work, being able to work as a human being, exercising practical reason and entering into meaningful relationships of mutual recognition with other workers.

Source: Nussbaum, 2007, pp. 22-24. (Reproduced here verbatim and in its entirety.)

Important Differences between Sen and Nussbaum in their Approaches

There are significant differences between Sen and Nussbaum's conceptions of the CA and they merit brief mention. Firstly, Sen was never comfortable articulating and publishing a concrete list of capabilities, as Nussbaum has done. Secondly, Nussbaum explicitly reflects and relies on previous writings by Aristotle and Marx in her approach – grounding her analysis in the human functioning of Aristotle - while recognizing this intellectual debt (Nussbaum, 1999; 2000a; and 2002). Whereas Sen's analyses, in developing the CA, are underpinned by economic and socioeconomic, social choice and welfare arguments. They are often (but not always) based on empirics, real-world or economics examples. Sen recognises the connection to Aristotelian thinking but he does not believe the Capabilities Approach stands on the shoulders of Aristotle.

Nussbaum, in addition to publishing and endorsing a specific list of capabilities, generally marshals political theory and ethics (rather than economics) to buttress her arguments. While Sen and Nussbaum have both addressed women's development and the status of women in their work, Nussbaum makes cross-cultural claims, especially for women. Sen does not (Sen, 1990; 1992; 2001b; Nussbaum and Sen, 1993; Sen, 1999; Osmani and Sen, 2003). He specifically articulates his reservations with a list in Sen, 2005, pp. 157-160). Indeed, Nussbaum challenges the contention that the diverse nature of the world and its people disallow an explicit, universal set of preconditions and capabilities that would improve quality of life and enable human development, including those for women in the developing world (2000a, p. 7; Kamtekar, 2002). As one reviewer noted, Nussbaum's *Women and Human Development* (2000a) is an ambitious work of political philosophy which seeks to guide both constitutional design and social policy, while arguing for the universal status of the Capabilities Approach and its application for women (Kamtekar, 2002, p. 262).

Strengths and Limitations of the Capabilities Approach

With regard to strengths, given that the research problem is concerned with premature illness and death for HIV-infected women and children, the first major advantage of the CA – unlike social contract theory, utilitarian, income or poverty-based development frameworks – is that it pays due attention to illness and premature death. The CA specifically makes reference to this. Secondly, if we turn to the basic problem of women's exclusion from theories of social justice, the CA also gives us proper traction in moving towards enhanced human development for women, as well as for other marginalised populations, including children. As Nussbaum notes, too often women are not treated as ends in themselves – "persons with a dignity that deserves respect from laws and institutions. Instead, they are treated as mere instruments of the ends of others – reproducers, caregivers, sexual outlets, agents of a family's general prosperity" (2000a, p. 2).

Thirdly, the CA is both a human rights and development framework where rights can be understood as social and material preconditions for development, and as constitutional guarantees, which require government action, legal protection and enforcement. This approach fits with health as a human right – enshrined in South Africa's Bill of Rights, and its conception of socio-economic rights within the Constitution (Government of South Africa, 1996a; Bilchitz, 2003a-b; Leibenberg, 2003).

Fourthly, this approach is relevant to the South African country context where GNP is comparatively high in the region, yet human development is low, and inequality is high, rendering this approach more attractive than other more utilitarian or income-based approaches that fail to attend to the nuances embedded in such a complex reality (Seekings and Nattrass, 2005; Wadee, Gilson, Thiede, Okorafor, and McIntyre, 2003).

Fifthly, as mentioned, this normative approach assists in articulating, at a minimum, what basic justice does require vis-à-vis development and flourishing. Sixthly, the flexibility in Sen's

approach allows for a range of considerations in its development and application (see Clark, undated, p. 5; Alkire, 2002, pp. 8-11, 28-30).

There are several limitations. In Nussbaum's approach, a concrete list of essential preconditions also leaves itself open to criticism and interpretation. Not everyone will agree on what is 'essential' and whether the current list fits the bill. There are concerns about pluralism and diversity lodged by feminists. As Quillen notes, "feminist scholars want first to acknowledge the complexities of a female subjectivity constituted amid shifting and irreconcilable discourses, without as a result denying female agency"(2001, p. 87; see also Charlesworth, 2000).

Other critics contend that Nussbaum's conception of social justice "relies upon an untheorized and an ahistorical liberal state". These same critics assert that Nussbaum ignores the specific historical place of states within a changing global political economy; and "accounting for the positioning of states within such a global context reveals the importance of states' differing relations to other states, transnational institutions, and their citizenry" (Feldman and Gellert, 2003).

As noted, the Capabilities Approach is a paradigm, not a fully formed theory of justice. Thomas Kuhn, a philosopher of science and physicist, refers to "puzzle-solving" to explain the role of science in addressing particular problems whose solutions have remained elusive (1996, pp. 36-39). Kuhn states that some examples of scientific practice, which include law, theory and application, "provide models from which spring particular coherent traditions". If exercises in puzzle solving are successful, and if they share two special achievements, then Kuhn calls them "paradigms". The two achievements are: those sufficiently unprecedented to attract a stalwart group of adherents away from competing models; and those sufficiently open-ended to still leave "all sorts of problems" for the next group of practitioners to resolve (1996, pp. 10-11). The Capabilities Approach fulfills these requirements. It is not, however, a full-fledged theory of justice. In Sen's own words:

> "While the capability perspective may be very important in judging people's substantive opportunities (and may do better, as I have claimed, in assessing equity in the distribution of opportunities than the alternative approaches that focus on incomes, primary goods or resources…). A theory of justice has to be alive to both the fairness of the processes involved and to the equity and efficiency of the substantive opportunities that people can enjoy" (2009, pp. 296-297).

He notes further:

> "Capability is, in fact, no more than a perspective in terms of which advantages and disadvantages of a person can be reasonably assessed. That perspective is significant on its own, and it is also critically important for theories of justice and of moral and political evaluation. But neither justice, nor political or moral evaluation, can only be concerned with the overall opportunities and advantages

> of individuals in a society. The subject of fair process and a fair deal goes beyond…which cannot be adequately addressed through concentrating only on capabilities" (2009, pp. 296-297).

Sen's concern, again, is the space in which equality is evaluated: the multiple dimensions in which equality matters are not "reducible to equality in one space only" (whether resources, utilities, achieved quality of life or capabilities (2009, p. 297). The demands of procedural fairness are beyond what capabilities can address (see also Sen, 2005, pp. 155-156).

A further limitation can be put forward. As Clark notes, "Public action also plays an important role in supporting capabilities directly and providing political pressure for state intervention in times of crisis and hardship" however, additional work is needed to "bring out the policy implications of the CA" (undated, p. 11). Here Clark is pointing to one of the gaps in the CA: that it is under-formulated. Gasper suggests with acuity:

> "Does vagueness about the content of the capability approach and about how it relates to other bodies of work – human development, human security, 'development as freedom', Sen's work as a whole – really matter? Underdefinition allows everyone to perceive space for themselves in a project. It gives, fittingly, a lot of freedom for people of varied backgrounds to grow out from a small kernel in diverse ways" (2007, p. 336).

But here's the rub. Underdefinition can often lead to throwing up one's hands and walking away. "It remains unpersuasive to those who look for clarity, let alone precision. The risk increases that 'anything goes' during the inevitable simplifications in operationalization" observes Gasper (2007, p. 337). Lastly, any framework inevitably leaves things out that may be as important as what remains. The CA makes certain claims about what individuals require. However, the structures and systems that underpin those conditions are not taken into account, such as social and economic institutions and hierarchies; social position and social and cultural mores (Quillen, 2001). The CA also fails to mention the contexts in which special claims could be lodged. (If such claims are meant to be left to the law, this is not obvious.) Whether capabilities can be realised or not may depend in whole or in part on these structures. How these structures perpetuate what is seen as a social norm, and how these structures and norms might be changed goes beyond what the CA offers.

Capabilities and the Role of the State

What is the state's role in ensuring a threshold level of capabilities? In the Nussbaum conception – through the process of "overlapping consensus" – nations can discuss capabilities in comparison with their notions of "the good" (2000a, p. 132; 2000c, p. 5). Nussbaum emphasises that the "basic intuition" from which the capability approach springs in the political arena is "that certain human abilities exert a moral claim that they should be developed" (2000a, p. 8). Ruger highlights the social ethics attached to ensuring health capability and flourishing: the "ethical principle of human flourishing underlies society's obligation to maintain and

improve health. This principle holds that society should enable human beings to live flourishing lives. Flourishing and health are inherent to the human condition" (2006b, pp. 406-407).

Any account of social justice must be informed by the values that we cherish as a society; as a community. Lee Jong-wook observed that "effective public health action needs an ethical position as well as technical skills. To shape a healthier future, we need to be clear about our values, as well as our science" (2003). Policy choices are a reflection of underlying social values, whether implicit or explicit (World Health Organisation 2007, p. 7). We must reflect on the dominant values that undergird South Africa's development and policy agenda and whether outcomes accord with values. Ruger argues that global health inequities pose ethical challenges for the global health community. But they pose even more pressing questions for our national and local communities who have to live with the consequences. In post-apartheid South Africa can we entertain the question of the good life for all of our citizens - One that includes freedom from premature illness and death for babies and pregnant women?

What happens when a society does not offer a threshold level of capabilities to its members? We already know that pregnant women and children under six with HIV are not "able to live to the end of a human life of normal length" (Nussbaum, 2007). What can be done? What tools do we have to address this problem? So far, we have an expanded notion of health, via the capabilities approach, that goes beyond health care to encompass other key elements. We have traversed the ground of why health is special and a priority for development. We have a list of ten capabilities that serve as essential preconditions for a just society. The capabilities approach specifically discusses the particular problem at hand – premature death. It does not, however, tell us what to do about the shortfalls: in other words, what happens when society fails in its obligation to ensure good health? To enhance our understanding of the problem we must use the other tools of analysis we have at our disposal.

To better understand the very real social problem at hand, this work does three things:

First, it uses the CA as a theoretical framework to analyze and better understand the capabilities women with HIV in South Africa have. Second, empirical research that was undertaken investigated access to antiretroviral therapy for pregnant women and children – without which premature morbidity and mortality normally result (Braitstein et al, 2006; Zachariah, 2006; WHO, 2010). The findings lead to a range of improvements in the health system that, if implemented, will link women to timely prevention and treatment, which will improve (and already are improving), maternal and child health outcomes. Third, I consider three specific development interventions in the economic, education and social sectors that have been shown thus far to reduce girls or women's risk of acquiring HIV, increasing their empowerment, decreasing their economic reliance on men, and allowing them to better chart their own path of development, akin to Sen's notion of development as freedom.

As noted, development seeks to employ research and attendant understanding to effect real change in people's lives, allowing them to develop freely and to flourish. To act, we first need an appropriate conceptual understanding of why we should intervene – together with an

empirical basis to tell us how and where. Rooting understanding and responses in context is critical. To that end, the CA offers an important framework for viewing good health as an appropriate social justice goal.

Summing Up

This chapter began by discussing social justice, indicating that capabilities is an appropriate framework in which to understand and make explicit links between health and social justice – and to offer a robust notion of development and health – that is relevant for many societies but especially for South Africa.

Health, development and social justice are connected in the following ways: Health is necessary for proper development as freedom and flourishing. Ensuring good health and freedom from premature death is central to health and development. Good health is a capability. Health is also special, and a priority for development. The Capabilities' Approach is a framework for understanding development and health and how they are connected. Good health is also a goal of social justice. Capabilities is a paradigm for human development and good health is a capability. Nussbaum's approach to the CA (and why it is favored in this project) is that it clearly identifies and maps onto citizens a set of ten concrete entitlements that allow for human development, protecting human health, while ensuring reproductive health and freedom: this includes freedom from premature death. Nussbaum also pays due consideration to women's development within her list. The CA is both a human rights and development framework, where rights can be understood as social and material preconditions for development, and as constitutional guarantees, which require government action, legal protection and enforcement. However, the CA does not indicate what action should be taken when citizens fall below threshold levels of capabilities. Yet linking the theory of capabilities to the practice of development by employing targeted interventions that foster women's access to timely HIV services but also income, education and employment may move us toward a vision and a reality of what women and girls can do and be in South Africa, and elsewhere.

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[1] Emphasis mine.
[2] Emphasis mine.
[3] Sen writes: "the 'Human Development Index' was based on a very minimal listing of capabilities, with a particular focus on getting at a minimally basic quality of life, calculable from available statistics, in a way that the Gross National Product or Gross Domestic Product failed to capture… Lists of capabilities have to be used for various purposes, and so long as we understand what we are doing (and, in particular, that we are getting a list for a particular reason, related to assessment, evaluation, or critique), we do not put ourselves against other lists that may be relevant or useful for other purposes" (2005, p. 159).