

Health: Not how much money spent, but how

IT IS NOT how much money countries spend on health, but how they spend it, which improves people's lives. This was the key message from Sunday's plenary session at the People's Health Assembly (PHA) where close to a thousand social activists, health workers, researchers and government officials from 90 countries are meeting. Organised by the People's Health Movement, the PHA is addressing issues that impact fundamentally on the health and wellbeing of the world's poor. PHM member Fran Baum of the Southgate Institute for Health, Society & Equity in Adelaide, Australia shared statistics from the United States and Costa Rica to back up the equation of investing less, but being smarter about how that money for health is spent. In the US life expectancy is 77 years and the infant mortality rate seven per 100 000 live births. The Happy Planet Index, which measure among others life satisfaction and ecological footprint, ranks the US a paltry 150th in the world. The gross national income per capita in the US is U\$41 440 and health expenditure stands at U\$5 711 per capita. In Costa Rica life expectancy is 79 years, the infant mortality rate 11 with the Latin American country ranked third on the Happy Planet Index. Gross national income is almost a tenth of the US at \$4 470 and health expenditure \$350 per person.

Baum said the lesson from low-income, high health countries was that it was not what was spent, but how it was spent. Countries such as Costa Rica have universal healthcare systems that benefit all in the population, not only the poor, a strong public sector, education specifically for girls, an acknowledgement of the crucial importance of distributing resources equitably, a strong primary healthcare system and support for indigenous agriculture. Baum said it was time for government and health policies to recognise the impact of the social determinants of health (access to water, sanitation, housing) and less so the blaming of individual lifestyle factors.

Chair of the PHA organising committee, Professor David Sanders, said it was timely for the meeting to be held in Africa for the first time, as this region was the worst affected. Around 16 percent of the world's population lives in Africa yet it carries half (50 percent) of the burden related to child deaths - eight million children die every year of which four million are in Africa. Maternal mortality is about 250 times higher in some West African countries than in the so-called West where some countries have mortality rates of 1 000 per 100 000 compared with four. Sanders said maternal mortality was a human tragedy that affected children and whole families. South Africa has health outcomes (maternal and infant mortality rates) that are three times higher than countries which have similar wealth or less such as Costa Rica, Thailand and Bangladesh. Sanders said this was not only due to South Africa's high HIV rates, but also overcrowded housing, poor sanitation and distant water supply. He added that while South African statistics may show good access to water, it did not reflect the fact that this could equate to 400 households sharing one tap in places such as Khayelitsha.