

Urgent steps to heal the world

THE global financial crisis makes it increasingly urgent for countries to protect the most vulnerable and social movements are setting the pace. Is the economic crisis marching us towards Armageddon? If so, what is driving us? Is it a limited understanding of the political and economic forces that are widening wealth and health divides, catalysing civil unrest, stoking climate change and damaging the environment - or a reluctance to counter those forces? Four years ago, the World Health Organisation's Commission on the Social Determinants of Health said: "Social injustice is killing people on a grand scale." It recommended tackling the inequitable distribution of power, money and resources within and between countries and implementing cross-sector policies to improve the conditions in which people are born, grow, live, work and age. Over the past year, the Occupy movement has taken up the baton in the protest against corporate capitalism and its imperative that 99 percent of the population "pay for the sins" of the wealthy one percent. Some criticise the movement's idealism as fluffy, but even the elite who meet each year at Davos in Switzerland now admit that too much inequality may be bad for growth as well as for society. When the Alma-Ata Declaration on primary healthcare for all was signed in 1978, most people who lacked access to healthcare or who risked impoverishment by paying for it lived in developing countries. Now nearly three-quarters of the "new bottom billion" live in middle-income countries. The financial crisis in Europe has brought poverty to its front door. Many countries have seen progressive cutbacks in health and welfare services and an increase in cost shifting to patients. In the most indebted, austerity measures have resulted in draconian reforms. In Spain, for example, measures have been criticised as undemocratic and inequitable. In Greece their effects have been linked to rising rates of depression, suicide and HIV infection. Alexis Benos, professor of primary care at Thessaloniki medical school, said people were angry about the barbarously unequal society they were living in. He said the unemployed (25 percent of the population) had lost social security benefits and many could not afford care, as the co-payments levied were high. Benos is a member of PHM, the People's Health Movement, an international network of health professionals, non-governmental organisations, community advocacy groups, academics and activists whose European members have just signed a "Right to Health" charter. Since its inception in Bangladesh in 2000, the profile and influence of PHM has grown. It has an active presence at the World Health Assembly and its Global Health Watch reports are widely used in public health education programmes.

This week PHM is holding its third global assembly in Cape Town, organised by Professor David Sanders, a paediatrician and long-standing PHM member. His powerful advocacy for an "alternative Rio declaration" attracted support at WHO's 2011 meeting in Rio de Janeiro. His fire against the official declaration was directed at its failure to mention the impact of free trade agreements on under-nutrition and obesity, climate change or the financial crisis. Evidence from an interim report of a review of health inequalities in Europe conducted by Professor Michael Marmot, who heads the UK Centre for Health Equity, backs the view that the social gradient in health is getting steeper and gaps in life expectancy and health outcomes are widening. These trends, he said, made it urgent for Europe's politicians to "get serious" about adopting a cross-sector and whole government approach to reducing health inequity, as in Norway, Finland, Canada, Australia and Brazil. Thailand, Brazil and Vietnam have also been lauded for their progress in establishing equitable, publicly funded universal healthcare services, having seen the value of eliciting and responding to the health concerns expressed by public and social movements. Progress in India, the economist Amartya Sen has underlined, has come from public discussion - and agitation. Policymakers in Europe could learn from the approach of these countries, and health professionals could learn from absorbing the passion and following the debates in Cape Town.

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Tessa Richards: The Star, 5 July 2012