20 Development and Health

CHAPTER SUMMARY

Wealthier societies are healthier over the long term, but it is a mistake to assume that health improvements will necessarily follow from policies that promote economic growth. The chapter explains this point while introducing the concepts of social determinants of health and socio-economic gradients in health, which are present in both rich and poor societies. It then explores the health risks and implications of social transformations associated with economic globalization. The next section describes a changing landscape of global health policy, now populated by multiple actors often driven by competing agendas. The chapter concludes with reflections on the prospects for improving global health in a world where continued mobilization of urgently needed resources for health systems is uncertain, and new and predatory forms of global capitalism are emerging. Specific issues addressed include "development in reverse" as a result of economic collapse in Russia and the HIV epidemic in sub-Saharan Africa; the double burden of communicable and non-communicable disease in low- and middle-income countries; and how the policies of the World Bank and International Monetary Fund have often undermined health rather than advancing it.

VIDEO RESOURCES

Social Determinants of Health, Interview with Prof Sir Michael Marmot
http://www.bmj.com/site/video/credit.xhtml
Time 5:05

Professor Sir Michael Marmot, chair of the World Health Organization's commission on social determinants of health, discusses the impact of the world's financial crisis on global health.

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Preston Curves
http://www.gapminder.org/videos/200-years-that-changed-the-world-bbc/
Time 4:48

200 countries, 200 years development in health and wealth statistics presented by Hans Rosling.

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Paying the Price: Migrant Workers in the Toxic Fields of Sinaloa
http://fairfoodacrossborders.org/video
Time: 36:04

Paying the Price examines the impoverished lives of migrant workers from the town of Ayotzinapa, Guerrero. We follow them from their community to their lives as migrant workers in a large Sinaloa agribusiness camp, Buen Año, where they pick exotic Chinese vegetables for export to the US and Canada. We see the hardships faced by these workers in their community of origin, largely abandoned by the local and state governments to the inhumane and slave-like working conditions they encounter in Buen Año. Through interviews with members of the community of Ayotzinapa, the owner of Buen Año and others involved in agribusiness in Sinaloa *Paying the Price* presents the polarized reality of how migrant workers are seen in Mexico: through the eyes of agribusiness these workers are merely an annoying, culturally backward necessity to be dealt with in order to reap their multi-million dollar profits. Members of the community speak about being forced to leave their community because of the lack of work in their region, constant illness, and their inability to save enough money to sustain their families.

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Inside the daily life of a migrant worker in Arizona
https://www.youtube.com/watch?v=GY2tr-7l9Cw&list=PLRAGXZaJInW6HpKDqea60sz-TV-iUaR0t
Time 2:55

ABC15 meets with a man who crosses the border everyday into Arizona to work and make a living.

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Sustainable Development Goals Explained: Good Health and Well-being
https://www.youtube.com/watch?v=Fzz3Rr8fd2Q
Time 2:35

United Nations: Dr. Babatunde Osotimehin, Executive Director from UN Population Fund, talks about what role governments and civil society can play to help people achieve good health and well-being.

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Community Development in Community Health Nursing
https://www.youtube.com/watch?v=UdY-D0Lo9c0
Time 10:00

In this video program, the experiences of community health nurses and community members are used to examine the concept and principles of community development. How community development fits within community health nursing practice is illustrated, including the role of the communi-

ty health nurse in this process. Outcomes and challenges involved in community development work are also highlighted.

REVIEW QUESTIONS

1. Explain the term "double burden of disease."
2. Discuss the social or socio-economic gradient.
3. Discuss some of the connections between intellectual property rights and healthcare provision.
4. Discuss the conclusions of the WHO Commission on Social Determinants of Health.
5. Describe the role of the Global Fund in health issues.
6. For what reasons are socio-economic gradients are important to understandings of development and health?
7. What motivates donors to allocate resources to improving health outside their borders?

ANSWER KEY: REVIEW QUESTIONS

1. The double burden of disease refers to the complicated pattern or health outcomes connected with economic growth. While communicable diseases such as AIDS, malaria, and tuberculosis persist in low- and middle-income countries, additional health challenges emerged as by-products of industrialization and development. Risk levels also increase for non-communicable diseases such as diabetes and cardiovascular illnesses. Additionally as greater number of middle class residents buy cars or take unregulated public transport, fatalities and injuries from road traffic accidents are rising rapidly. Traffic accidents kill as many people as malaria each year in low-and middle-income countries. (p. 393)
2. Social or socio-economic gradients of health refer to the differences in health status that can be found within nations attributable to access to healthcare and social determinants of health. Health inequality is not only present in the health status of residents in different countries, but also in residents of different social economic status within any country around the world. It is not only developing nations that present a socio-economic gradient of health, populations of developed nations such as Canada see different health outcomes depending on ethnic background—Canadian Aboriginal men for example have a life expectancy nearly ten years less that the Canadian male population as a whole. There is also a spatial element to the gradient as often populations of different socio-economic status cluster together. Only some of the gradient can be explained by material deprivation and researchers such as Sir Michael Marmot have been central in exploring how social hierarchy and status are related to the allocation of social resources and by extension health outcomes. (pp. 384–386)
3. Since the establishment of the World Trade Organization (WTO) trade policy institutions and disciplines have become increasingly important for global health. The Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) incorporated patent protections on drugs and pharmaceuticals that will eventually bind developing countries and create major obstacles to accessing essential medicines for residents of poor countries. In 2001 the Doha declaration established the principle that TRIPS would not preclude compulsory licensing options allowing developing countries to licence patents inexpensively to make medications more affordable. However if a country does not have a domestic pharmaceutical industry this exception to international intellectual property rights agreements is of little use. (pp. 387–388)
4. The WHO Commission on Social Determinants of Health reached a number of national and international-level conclusions, all supporting its central call for a new approach to development built on improving daily living conditions and addressing inequitable distribution of power, money, and resources. At the national level a critical element of this "new approach" would be strong public sectors. This conclusion contradicts many neoliberal policy prescriptions that call for the dismantling and privatization of public sectors in developing countries. The Commission concluded the need for coordination across departments and agencies even if they do not have health in their mandate, and the need for a political recommitment to strengthening the state. Internationally the Commission ambitiously called for a greater emphasis on global justice than national self-interest in foreign policy and a restructuring of the global economy to account for human well-being. (p. 385)
5. The Global Fund was established in 2001 as a multilateral partnership by G8 countries as the "Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria." It was an effort to overcome some of the bureaucratic constraints of the UN/WHO and be able of more rapid responses to global health concerns. It acts as an international granting council and is multi-sectoral in structure. Most of its funding comes from rich country governments while the board is comprised of

representatives from donor country governments, NGOs and the private sector. The Global Fund tends to take a vertical approach to specific diseases rather than focusing on strengthening overall primary health care provision. (p. 392)

6. Two reasons must be discussed. First, they exist even in high-income jurisdictions that (in theory) offer universal access to health care independently of ability to pay, like the United Kingdom, which suggests the importance of social determinants of health in explaining health inequalities. Second, especially in middle- and high-income countries, socio-economic gradients in health are only partly attributable to the effects of material deprivation. Marmot's studies of British public servants (the Whitehall studies, referring to the street in London where the main offices of the British public service historically were located) are central to the research literature on socio-economic gradients. They showed a gradient in various health outcomes across a population none of whom were living in poverty or affected by inadequate nutrition or insalubrious housing; in most cases they also enjoyed considerable job security. Economic (pp. 386–387).
7. The simplest answer involves concern about spread of communicable diseases like influenza and SARS. Document-based research on health and foreign policy has found that security-oriented rationales, specifically the fear of international epidemics, predominate by the characterization of HIV/AIDS "as a threat to both human and national security" at the time of the UN General Assembly special session on HIV in 2001. The political power of security concerns was underscored by responses to the Ebola outbreak of 2014. "This justification may explain why non-communicable diseases rank low in aid and development discourse" At the same time, security is not the only motivation for DAH, and in at least some contexts it is probably driven by genuinely altruistic concerns. Here is one of several areas where detailed research that gets inside the "black box" of the policy process will be useful. (pp. 393–394)