

# Constraints to achieve Global Health

Presentation at the U21 Health Sciences Group Annual Meeting in Johannesburg, September 20, 2017



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## **Health policy post Alma Ata declaration:**

Disease prevention, health promotion, and empowerment, are effective approaches to improved health (i.e. a broadened focus outside health care services)

## **Health policy post Alma Ata declaration:**

Millenium Development Goals (MGD): Three explicit health goals, but obviously gender, right to education, no hunger/food security, etc. were implicit health goals

MDG were by and large ad hoc entities, they lacked an elaborated theoretical framework, they were not "complete" and targetted the poor countries with an implicit "mopping-up remaining pockets of poverty" approach

# **Agenda 2030 and the Sustainable Development Goals (SDGs)**

Clear theoretical framework based on the WCED-model (balance between ecological, economic and social aspect of development)

Concerns all parts of the world – a holistic approach

Stronger links to the HR-perspective

Change of the "system" necessary (as opposed to the "mopping-up" approach)

During this period (1978-2015)  
our perception of health and  
how to best achieve it has  
undergone a radical change

A shift from an atomistic/  
mechanistic-based approach to  
a holistic/systems-based view

# Constraints?

Difficulties to view health as an ongoing process vs. illness as an exception which require a (quick) fix (which can be bought on the market)



# The emerging issue of health inequity

The WHO Commission on Social Determinants of Health (CSDH) states in its final report published in 2008 that health inequity is **killing people** around the world on a **massive scale**

CSDH also launched the idea of a **moral imperative**; since much of the causes of health inequity is amenable, we can not refrain from acting on this knowledge.

CSDH defines the causes of health inequity as an **inequitable distribution of social determinants of health (money, power and other resources)**

CSDH: Thus, health equity is a matter of **social justice** which further underpins the importance of the **Right to Health as one of the fundamental Human Rights** (and much broader than the Right to Health Care)

# **Constraints?**

Human Rights are often linked to citizenship (e.g. consider the situation of refugees)

The Sarkozy Commission on Economic Performance and Social Progress (CEPSP, 2009) Amartya Sen, Joseph Stiglitz and Jean Paul Fitoussi: **GDP/Monetary measures are not suitable for measuring a sustainable development of our society**

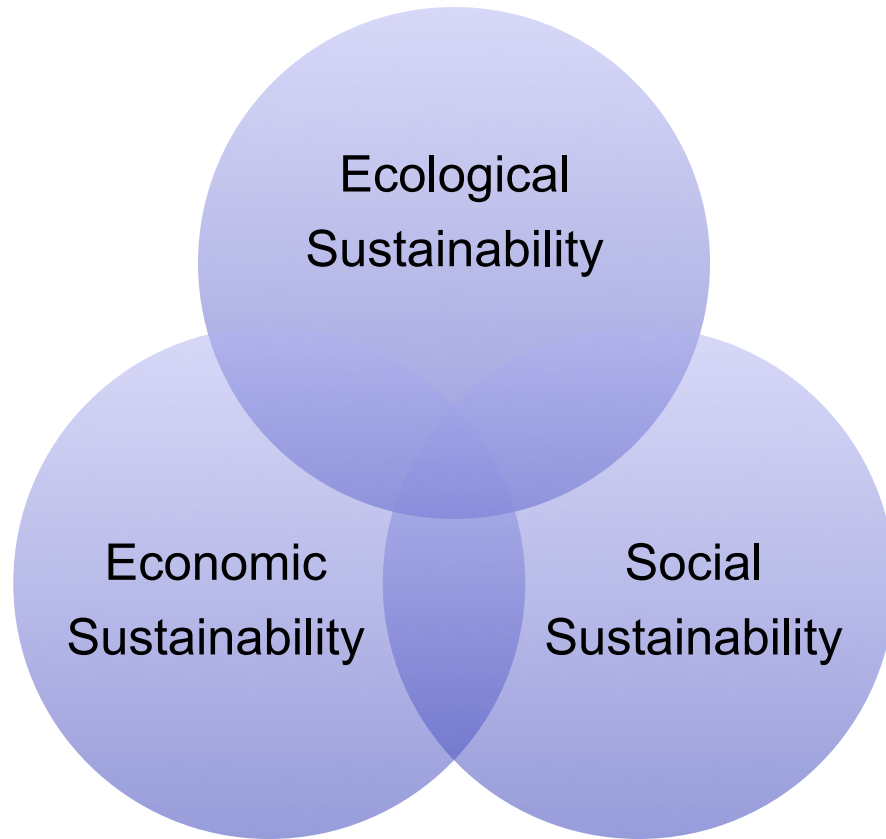
**Michael Marmot (In The Health Gap: The Challenge of an unequal world, 2015): The best measure of societal progress in a sustainable development perspective is Health and Health Equity**

# Constraints?

Challenging the mainstream method to evaluate societal success and to make priorities



The UN World Commission on Environment and Development (WCED; aka the **Brundtland Commission**), Final report: Our Common Future, in 1987



Ecological  
Sustainability

Economic  
Sustainability

Social  
Sustainability

The three domains should not be seen as communicating vessels; must be understood by means of a **systems-theory approach**

I.e., the strategy "economy first" is not appropriate

Focus on long-term survival of the human species, connects with the adaptation view of health

# Constraints?

The short term perspective (and perhaps logic) of elected decision makers

Individualization of life-styles and the paradoxical disconnectedness from “the community deliberation” caused by modern ICT development

# Conclusion

Health is at the center of Agenda 2030/all the SDGs

The **Human Rights** perspective (not money) **makes the connection** between health and a sustainable development

(Put differently: It is about life and death and social justice (i.e. health and health equity) in the future, not how we could become richer)

# Implications for learning objectives in health profession curricula

Train the **holistic gaze based on health as an adaptation process in terms of the Right to Health/other HRs** regarding the analysis of a patient case

Train to view health interventions as a **part of a holistic intervention for improving the fulfillment of HRs in a Sustainable Development perspective which might entail collaboration** with other actors (professional and lay ones)

**Train to record and analyse information for evaluating the impact and need for revision of intervention mode (both regarding individual health and health at the population/group level) using the Right to Health and applicable SDGs**

**Thank you for your attention!**