

Getting real about Justice and Primary Health Care reform



by Denis Soler

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.¹

Reducing health inequalities is a matter of fairness and social justice. Many people who are currently dying prematurely each year as a result of health inequalities would otherwise have enjoyed, in total, between 1.3 and 2.5 million extra years of life in the UK.

There is a social gradient in health – the lower a person's social position, the worse his or her health. Action should focus on reducing the gradient in health. Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health. Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently.

To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage.

Action taken to reduce health inequalities will benefit society in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities. These currently account for productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs.

Economic growth is not the most important measure of our country's success. The fair distribution of health, well-being and sustainability are important social goals. Tackling social inequalities in health and tackling climate change must go together.

Reducing health inequalities will require action on six policy objectives:

- Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

Delivering these policy objectives will require action by central and local government, and private sectors and community groups. National policies

will not work without effective local delivery systems focused on health equity in all policies.

Effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities.

Amartya Sen's priority is that remediable injustices that are damaging people's lives here and now should be addressed urgently.²

That social justice is a powerful determinant of health shines through the W.H.O 2008 report "Primary Care; Now more than ever"³ and many of the world's most pressing and clearly remediable injustices concern health. **Four sets of Primary Health care Reform are listed:**

1. That health systems contribute to health equity, social justice and the end of exclusion, primarily by moving towards universal access and social health protection i.e. universal coverage reforms
2. Reforms that reorganize health services as primary care, i.e. around people's needs and expectations, so as to make them more socially relevant and more responsive to the changing world while producing better outcomes i.e. service delivery reforms;
 - a. reforms that secure healthier communities, by integrating public health actions with primary care
 - b. by pursuing healthy public policies across sectors i.e. public policy reforms
3. Reforms that replace disproportionate reliance on command and control on one hand, and laissez-faire disengagement of the state on the other, by the inclusive, participatory, negotiation-based
4. Leadership required by the complexity of contemporary health systems i.e. leadership reforms. Sanders and colleagues⁴ have pointed out that in the past 2 decades, one of the most important impediments to the implementation of comprehensive primary health care in America has been "neoliberal economic policies and their imposition globally."⁵

We are now witnessing a real attempt by our Government to introduce a radical reform in the Primary Care service in Malta. This can only serve to address health inequities and improve the health of the Maltese population.

While it is understandable that there may be diverse opinions on how best to implement this reform, there is no doubt that whoever believes in putting the patient first should endeavour, in the patients' best interest, to participate in this reform in a positive manner.

References

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