Promoting health and equity: a theme that is more relevant than ever

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'Promoting Health and Equity' is the theme of the 22nd International Union for Health Promotion and Education (IUHPE) World Conference on Health Promotion taking place in Curitiba, Brazil, on May 22–26, 2016 (1). Some may say that as themes go, this one is tired, even stale, and that we could have chosen something more contemporary and more in step with current challenges faced by health promotion, such as the impact of climate change or the role of emerging technology. To such contentions I would respond that at this time, there is no more pressing issue for health promotion than that of promoting equity. I offer three arguments in defence of this choice. Firstly, the social inequalities that underpin health inequity are not disappearing; they are growing. Secondly, while the promotion of health equity has achieved a certain level of popularity in the field of public health, commitment to addressing the issue remains fragile. Thirdly, the public health engagement toward addressing the social determinants of health is increasingly being called into question by governments – re-centring this fundamental objective is therefore a matter of survival.

Social inequalities in health are increasing

Health inequity stemming from social inequalities remains, as ever, the state of affairs. The Organization for Economic Co-operation and Development recently published data that brought both good and bad news on this front (2). The good news is that between 1990 and 2012, the average life expectancy in its member states increased by five years, nearly the equivalent of adding a quarter per year! However, the bad news is that during the same period, the gap between the longest- and shortest-living member states remained the same, at eight years.

On a global scale, in fact, while life expectancy has risen over the last 25 years, mostly in countries experiencing significant economic development, it has also dropped significantly in countries that include ex-Soviet Union nations and certain sub-Saharan African and Middle Eastern countries plagued by war or by HIV/AIDS (3). Furthermore, even when the economy is running at full throttle, income inequalities between the richest and poorest (especially within rich countries) have reached levels not seen since the Great Depression of the 1930s (4). The progressive dismantling of the social safety net, the hallmark of the welfare state, has been well underway since the early 1980s with the Reagan and Thatcher administrations. This dismantling has not only widened the rift between the haves and the have-nots, it has eroded the middle class, which has often served as a buffer against inequalities. The austerity measures backed by most current governments to address the economic and financial crisis since 2008 are likely to worsen an already difficult situation for the least fortunate. Despite – or perhaps thanks to – the crisis, the rich are becoming richer and the health of the poorest becomes poorer.

A commitment that remains fragile

Nearly 30 years ago, the Ottawa Charter made promoting health equity one of the commitments of its signatories (5); however, it was only in 2008, 20 years later, that the World Health Organization (WHO) began developing the first steps of an action plan to pursue this objective (6). Despite an ever-growing stack of reports, this commitment has never been fulfilled by member states through concrete actions on a broad scale. The Report of the WHO Commission on Social Determinants of Health sets forth three concrete strategies to tackle health inequities: 1) eliminate inequalities in power and resources that stratify our societies and that cause

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Global Health Promotion 1757-9759; Vol 22(1): 3–5; 570519 DOI: 10.1177/1757975915570519 http://ghp.sagepub.com

health inequalities; 2) mitigate the impact of these stratifications by improving daily living conditions; and 3) document health inequalities, and study their causes and the impact of interventions to reduce them. It is true that these recommendations have been taken on board by some jurisdictions, like Norway (7) or Scotland (8), but they represent a minority. These commitments also remain fragile because a return to power of more conservative governments often means a slowing down of efforts to reduce health inequities as well as a re-orientation of national health programmes. Whereas in 2011, for the first time in decades, the United Nations General Assembly adopted a declaration on health, the 'Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases', the same assembly sidesteps the issue of the social determinants of illness (9).

It is difficult to see where global leadership is on the question of health equity, and how it translates into concrete actions for populations. We need less talk, fewer reports, and more action.

A matter of survival for health promotion

Finally, as those who are engaged in actions to tackle health inequities know all too well, these actions disturb the status quo. First and foremost, they disturb major private corporations and the biomedical establishment. Fighting for the idea that health is produced in everyday life and that access to quality resources like food, housing, a healthy and sustainable environment, and high-quality universal public services is often perceived by economic and political authorities as a threat and as a diversion of resources. Committed to acting on the social determinants of health, public health is seen by critics as supporting a nanny state that negates individual responsibility and turns away from its primary mandates of prevention and protection. Such critiques become more vocal in times of economic restrictions. Programmes designed for community support, to enhance access to universal services, and to improve social determinants of health are often the first and the worst affected by austerity policies. The impact of these policies on population health is devastating (10).

The issue of increasing social inequalities and the incapacity of most leaders to commit effectively to reducing them jeopardizes decades of health progress. The current economic crisis is a very real threat to the continuation and expansion of health promotion mandates within states.

Learning from our experiences and redoubling our efforts

It is principally our Brazilian colleagues, our hosts for the upcoming 22nd IUHPE World Conference on Health Promotion, who have proposed and argued for the theme of 'Promoting Health and Equity'. Brazil, like many of its neighbours, finds itself at a crossroads. Through exceptional economic growth and an unwavering governmental commitment to more fairly distribute its wealth over the past 15 years, 30 million Brazilians have risen out of poverty. In spite of these efforts, Brazil remains one of the most unequal countries in the world (11).

Brazil's and Latin America's recent history eloquently attests to the fact that economic development alone does not constitute 'the' solution to promote health equity. This can only be achieved through deliberate efforts, by a determined leadership. We need to share what we have learned about the nature of such efforts and scale up those with positive results. What we need is to renew and revive such determined leadership. That is why promoting health and equity is more relevant than ever!

Conflict of interest

None declared.

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