PART 3


# What Really Determines the Health of a Population?

# INTRODUCTION TO PART 3

In considering what determines the health of a population we must not only analyze the causes of poor health, but also identify factors that lead to improvements in the health and well-being of populations. In Part 3 we compare populations that have achieved relatively good health with others that have not, and ask why. What are the salient features or circumstances—medical, environmental, social, economic or political—which have been determinants of improved health?

It is often assumed that either medical breakthroughs or systematic improvements in health services are the key determinants of health. But, as we see in the next chapters, both historical and current evidence tend to refute this assumption.

In Chapter 11, we compare the health status in developing and developed countries, past and present. We examine historical and recent evidence which shows that major long-term improvements in health and survival are due less to medical breakthroughs than to changing social, economic, and political factors.

In Chapter 12 we explore some of the powerful forces and interest groups that stand in the way of sustainable development and improved levels of health. Specifically, we look at the role of transnational industries, which in the last two decades have played an increasingly dominant role in promoting a development model that places corporate greed before human need. Here we focus on the manufacturers of breast milk substitutes and the transnational pharmaceutical companies—whose unscrupulous practices directly contribute to the high child death rate from diarrhea. We also discuss the impact of the arms industry on health.

In Chapter 13 we examine what is emerging as one of the biggest threats to comprehensive Primary Health Care: *the intrusion by the World Bank into Third World health care policy-making*. We see how the policies of the World Bank and the market-oriented development paradigm have reversed much of the progress made in recent decades toward a society which regards health and the meeting of all peoples' basic needs as fundamental human rights.

In Chapter 14, we compare contrasting models for meeting a nation's health needs. To provide an extreme example of *poor health at high cost* we look at the United States which, despite enormous wealth and huge health expenditures, has the worst health status of all industrialized countries. Next, for examples of *good health at low cost*, we look at a Rockefeller Foundation study of four countries (Costa Rica, China, Sri Lanka, and Kerala State of India) and we also examine health care in Cuba. From this comparison we see that extreme inequity leads to an unhealthy society, regardless of national wealth, while a strong commitment to equity is conducive to a healthy population, even in a poor country.

In Chapter 15 we explore two areas of widespread concern when considering questions of sustainable development, child survival, and the prospects of health for all—namely *AIDS* and *population growth*. Once again, we see that high-level attempts to control both AIDS and population growth rates have used mainly technological interventions (such as condoms, etc.) without getting to the root social causes of these conditions. We see that for AIDS and population growth, as for diarrhea control and *health for all*, social equity may be the key to any long-term solution.

Let us begin by taking a look at the historical process which led to improvements in health in the developed (industrialized) countries.