

Commentary – Alma Ata

Making a reality of the slogan

Terry Bamford OBE

Former Chair, Kensington and Chelsea PCT, Director of the Social Perspectives Network

Health for All by 2000 was a great rallying call but it remains as far from realisation today as it did at the time of the Alma Ata declaration. The explanation is simple. Health and wellbeing ultimately depend not on medicine, nor even enhanced access to health care, but on the social structures which operate to perpetuate global health inequalities. That message has resonance in the UK where the target-driven approach to health care delivery is having little impact on deep seated differences.

The World Health Organisation Commission on the Social Determinants of Health noted that economic, social political and environmental factors across the life cycle were the cause of continuing inequalities both in terms of access to care and in terms of health outcomes.¹

Kensington and Chelsea as a PCT illustrates the problem.² Wards in North Kensington have a life expectancy 10 years lower than that in parts of Chelsea only three miles away. Worse housing conditions including over crowding, poor diet, a higher incidence of limiting long term illness and poverty are the characteristics of the wards with lower life expectancy.

Yet despite rhetorical commitment to eliminate these gross variations there are severe limits on what a PCT alone can achieve. It can improve access to services by developing multiple access points to primary care including GP services in acute hospitals (so often the first port of call for those unregistered and unfamiliar with the structure of UK health services), and encouraging primary health care outreach in other settings such as schools and supermarkets. It is however through working jointly with the local authority that the greatest change can be achieved.

The phrase 'place shaping' was used by the Lyons Inquiry into the future of Local government to describe the creative use of powers and influence to promote the general well being of a community and its citizens.³ In the context of health there is much to be achieved by a joint approach.

The physical environment has a huge influence on how people feel about where they live and work. Green spaces, safe play areas, improving air quality, reliable refuse collection to create clean streets, visible policing to ensure safe streets and making the most of urban

canals for recreation rather than rubbish all contribute to a sense of well being.

Decent housing has had a low priority in public policy since the policy of selling council houses was introduced. There may be real virtues in wider ownership of property but the result has been to increase the marginalisation of those living in council rented accommodation and to deny hope to those millions on the waiting list.

Families may live for years in desperately overcrowded accommodation creating additional stress. There needs to be a virtuous alliance between health bodies and local authorities to support the re-entry of local authorities into the provision of new build housing funded by borrowing against the existing housing stock.

Many schools operating in the league table driven world of education are less willing to invest extra time and resource into difficult disturbed and alienated young people. Joint action between health and local government is needed to ensure that nobody is left behind and that positive outreach work with individuals replaces the exclusion mentality.

Working with families means taking a broad view of the social economic and educational needs of the family ... and here a positive relationship with children's services and adult social care can help to develop a full picture of the needs. These are big picture issues at local level where health can play a positive but subordinate role.

But the biggest issues rest with central government.

Sixty years on from the creation of the National Health Service we need a restatement of the kind of society which the Government wants to create. Willing the end of social exclusion is pointless without also willing the means. The ideological triumph of Thatcherism can be seen in the way in which 11 years of Labour Government have followed the policies of increasing the role of the market in public services, and reducing direct taxation.

Globally too the international institutions like the World Bank and International Monetary Fund have promoted structural adjustment policies in South America and in Africa which have had disastrous consequences for the living standards and thus for

the health of the weakest in society. The G8's failure to meet its commitments to Africa shows the real priority attached to world inequalities by the wealthy nations.

But if we are to realise the dream of Alma Ata there has to be a fundamental recasting of power structures. The money spent on arms in Africa is a disgrace – a disgrace in which we collude as it provides export earnings and employment. An ethical foreign policy backed by international pressure would be pressing governments to switch resources from the military to health and education. And we too at home need to take a fresh look at taxation. Alcohol calls for a similar approach to petrol with an annual in excess duty of 5% above inflation. And is it too much to hope for an open commitment to redistribution as a means of providing public goods- the quality of services needed to pull people out of poverty matching those available in the private sector, which will produce benefits in better social health.

Where is the contemporary equivalent of Lord Beveridge able to chart a vision which can reshape and unify society?

REFERENCES

- 1 World Health Organisation. *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health*. WHO, 2008
- 2 Kensington and Chelsea PCT. *Director of Public Health Annual Report 2006*. Kensington and Chelsea Primary Care Trust, 2006.
- 3 Department of Communities and Local Government. *Lyons Inquiry into Local Government*. Department of Communities and Local Government, 2007.

ADDRESS FOR CORRESPONDENCE

Terry Bamford
Email: terrybamford@aol.com