The Great Divide!

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Recent historic events have left us all thinking how artificial and porous man made boundaries are and how public health catastrophes know no geographical bounds but invade and lay claim to time, space and person.

The Ebola epidemic in West Africa and the exodus of the Syrian refugees are testament to that. The lack of organised healthcare systems and global inaction spurred by political self interests made for a very unlevelled playing field.

The Ebola epidemic is said to have originated in a village in Guinea where, after massive deforestation a toddler handled a displaced wild fruit bat. Ebola spread like wildfire to neighboring Liberia, a country already impoverished, rife with corruption and with a meagre health system. Bush meat, a cheap source of protein was the source of the disease. Liberia is currently facing severe food scarcity and life after Ebola is worse.

On the other hand something very different happened in Syria. Civil war has displaced an entire generation of people. The haunting image of three-year-old Aylan Kurdi’s body washed onto the shores of Turkey is forever imprinted on our hearts. The official number of asylum applications received by the European Union in 2015 went up in the thousands, with the Syrian conflict being the main driver but followed closely by people fleeing on going violence in Afghanistan and Iraq, abuses in Eritrea, as well as poverty in Kosovo and Pakistan; all contributing factors to social and health inequalities.

What leads people to flee their homeland, what drives violence and abuse and how can people escape the vicious cycle of poverty? Are some of these factors avoidable? As a global community, is the world doing enough?

Health inequalities are inequitable when they can be determined as being unfair, unjust or avoidable and are underpinned by social inequalities.

Social determinants, in turn, are shaped by a powerful over riding set of forces: economics, social policies and politics. These inequities arise from inequalities within and between societies.

At the heart of these concepts are values such as social justice and equity across age, gender, race, religion, belief and wealth.

But where does one even begin to address these issues?

Sir Marmot’s “Fair Society, Healthy Lives” recommends 6 policy objectives:

• Give every child the best start in life
• Enable all children, young people and adults to maximize their capabilities
• Create fair employment and good work for all
• Ensure a healthy standard of living for all
• Create and develop healthy and sustainable places and communities
• Strengthen the role and impact of ill health prevention

Pakistan can begin to play its part by adopting a life course approach in policymaking, institutions and its social tapestry; by advocating human rights for all members of society; empowering and educating the population; promoting positive mental health; improving the access to and quality of basic utilities and healthcare; improving and enhancing disease surveillance systems and ensuring that health is integral to all cross sectoral plans across education, trade, housing, employment and transport.

The journey is long and arduous but like every journey it begins with the first step.

References