

Global Perspectives on Poverty, Disease, Malnutrition, and Preventable Deaths

The Editors

Lest we forget...

As of this year, we are told that 2 percent of world's population owns 50 percent of the world's wealth while the poorest 50 percent own only 1 percent, that the income of the richest 225 people in the world equals that of the poorest 2.7 billion, (equivalent to 40 percent of the global population). Each year now, approximately 100 million people become impoverished simply for falling ill. Nothing of this is news to our readers; nonetheless the situation continues to worsen. We also read that in 2006 the global economy grew by 5.4 percent (to US\$66 trillion) while the population increased by 1.1 percent. We at *Social Medicine* ask ourselves: "Does this mean the average world per capita income increased by 4.3 percent?" Perhaps, but averages have the bad habit of hiding grim realities, giving us a false sense of comfort.

Although this review of the current situation is brief to the point of caricature, consider this denunciation not as a value judgment; it is a reality shocker. The truth is that important concerns like the ones discussed in this issue of *Social Medicine* are either ignored or touched only in passing. They are not afforded the attention they deserve or are treated in a superficial way.

Basis for the Council of Scientific Editors' Initiative

Against this background and - to draw attention to this important international theme - the Council of Science Editors has formed a coalition of more than 230 journals that today, 22 of October 2007, are simultaneously publishing texts on the world-wide theme of: "poverty and human development".

With the publication of this issue *Social Medicine* proudly joins that coalition.

The Council's call seeks 'to raise awareness, stimulate interest, and stimulate research into poverty and human development.' The initiative emphasized the simultaneous publication of 'new original research, review articles, editorials, perspectives, and news stories.' We feel that for our part that *Social Medicine's* call for papers for this issue did not put enough emphasis on articles with a practical emphasis. *And what interests Social Medicine most particularly is to stimulate action!* Is a call to action implicit in the Council's initiative? We don't know for sure. Too many things are left 'implicit' in the fight against poverty. It seems that there are an infinite number of ever repeating meetings to do more and more research on an expanding kaleidoscope of topics.

Let us elaborate: How many of the researchers who read this call committed themselves with diligence and enthusiasm to participate actively in this world-wide initiative? From what countries and specialties did the majority of articles come from? How many people will actually read the published articles? Where are they from? From what part of the globe? Limiting ourselves to those who read these articles: What have they done prior to this initiative which will publish simultaneously so many undoubtedly well-intentioned international texts? Are we to hope that this will change things? *Social Medicine* never loses its optimism, but it measures it against realism and against the current political context.

Our world has simply not made great strides in sustainable development; in giving everyone sufficient clean water; in balancing population growth and available resources; in fostering genuine

democracy and getting rid of authoritarian regimes; in making policies sensitive to long term, global perspectives; in making communication technologies work for everyone; in achieving ethical market economies that can reduce the gap between rich and poor; in reducing the threat of preventable and reemerging diseases that mostly affect poor people; in changing decision-making patterns in powerful institutions; in reducing ethnic conflicts, fundamentalism and the use of weapons of mass destruction; in changing the status of women; in stopping organized crime from becoming more powerful and sophisticated; in meeting growing energy demands safely and efficiently; in directing scientific and technological breakthroughs towards true improvements of the human condition especially of the poor and marginalized. All these highlight the lack of ethical considerations and of political resolve of our current leaders - and of popular movements - to more forcefully address the problem: We must demand the necessary changes in those international, national and local decisions that touch upon the core issues of poverty and we must demand a little human development!

Ultimately, this failure demonstrates the total lack of commitment on the part of the international community to act in a meaningful and sustained way to truly eradicate poverty. In the final analysis the international community has fallen far short of doing what is needed. Hopes have been raised many times by making 'positive' commitments in international summits (for example, the Millennium Summit and its dramatic [Declaration](#) to eradicate extreme poverty and hunger, to achieve universal primary education, to make sure that - by the year 2015 - boys and girls throughout the world can finish primary school, to promote equality between sexes and the autonomy of women, to reduce infant mortality, to improve the maternal health, to fight HIV/AIDS, malaria and other diseases, and to guarantee environmental sustainability), while, in fact, we all know that these commitments are later contradicted by the *de facto* actions that follow in the months and subsequent years.

Social Medicine, summoned its authors and readers to reflect on this issue. We invited them to make public their data, perspectives and ideas about

the precarious conditions in which – unequally and unjustly – the human development of the majority of the inhabitants of this planet is being undertaken, to document this with case studies, to make proposals and to publicize their projects and efforts to change the order of the things. As a result of our call, the journal is publishing four original investigations, a report by the civil society representatives to the WHO Commission on the Social Determinants of Health (CSDH-WHO) and two articles about forums and organizations which have demanded a different world.

Original Research

1. “*Health Reform and Its Impact on Healthcare Workers: A Case Study of the National Clinical Hospital of Cordova, Argentina*” by Ana Lia Machado, Marta Giaccone, Carlos Alvarez and Pablo Carri. In Argentina neoliberal reforms have impacted public policy since in the 1990’s. This paper analyzes changes in the methods and organization of hospital work and their effect on social and labor relations in the public health services sector

2. *Households Headed By Women and Physical Growth of Schoolchildren in Tláhuac, D.F. (Mexico)* by Florencia Peña Saint-Martin and Sergio López Alonso. This paper is part of an investigation examining the role of the family as mediator between basic human vital functions and social macro-processes. This paper looks at developmental context by examining age-normed weight and stature of 110 children (68 girls and 42 boys), who were enrolled in public primary schools of the Tláhuac delegation (one of the 16 political delegations in Mexico City). Standardization of height and weight was done using the norms of the U.S. National Center for Health Statistics. It demonstrated that almost a third of the children with some type of physical delay were from households headed by woman, a finding that will surely add to the debate on the vulnerability of these households.

3. *Improving Maternal Healthcare Access and Neonatal Survival through a Birthing Home Model in Rural Haiti* by Stan Shaffer, Denise Fryzelka, Cindy Obenhaus, and Elizabeth Wickstrom, draws attention to the fact that high neonatal mortality in

Haiti is related to the limited access - particularly among the rural population - to medical services during pregnancy, childbirth and the neonatal period. It demonstrates the viability of a rural birthing home model to provide basic prenatal, delivery, and neonatal services for women with uncomplicated pregnancies while simultaneously providing triage and transport of women with pregnancy related complications.

4. *Social Aspects of Maternal Mortality: A Case Study of the State of Mexico*, by Miguel Angel Karam Calderón, Patricia Bustamante Monte, Martha Campuzano González and Ángela Camarena Pliego. The authors of this paper analyze the social determinants of maternal deaths in the State of Mexico from the 2004 to 2006. This study was based on chart reviews and verbal autopsies. The authors attribute the medical causes of maternal death to the low socio-economic conditions of the women who died. These conditions were the fundamental determinant of maternal mortality since they limited access to education, to an income source, to proper nutrition, and to sources of medical assistance, among other things. These impact on the ability of women to make choices about their health.

Other sections of the Journal

September 2007 saw the publication of the [interim report](#), of the WHO Commission on the Social Determinants of Health (CSDH-WHO). As part of their preparatory work, the Commission established a number of consulting bodies. Among these was a group charged with representing civil society and made up of the Latin American Social Medicine Association (ALAMES), People's Health Movement/India, the Network on Health and Equity in South Africa (EQUINET), the Association for Health and Environmental Development (AHED), the Hamyaraan Iran NGO Resource Center, and the Asian Community Health Action Network (ACHAN).

These organizations have now submitted their final report to the Commission. Since the report will not be published by the WHO, *Social Medicine* asked the organizations to prepare a summary for

our readership. The *Debates* section of the Journal contains their report

In this document the representatives of the civil society ask the Commission to take a stand recognizing that the right to the health is closely tied to - and depends on - the realization of other rights, such as to the right to food, to shelter and to freedom of movement. The right to the health is an inclusive one, extending not only to accessible and appropriate medical attention, but also to the underlying determinants of the health; those determinants expressly include a suitable source of food and nutrition, access to safe and potable water and a clean environment. The representatives of the civil society urge the Commission to see itself as an appropriate body to further develop this analysis and they exhort it to use its prestige and authority to obtain binding commitments, as well as to recognize and denounce those international factors that negatively affect on the respect of the right to the health in all nations of the world. The final report of the Commission will not include all the points that the civil society considers crucial, for that reason, the publication of the report here, in *Social Medicine*, is doubly important.

Finally, two Latin American events relevant to the fight for health as a right are reviewed in the *News & Event* section of our Spanish version: "Voices for Peoples' Health" organized by the Association of Community Health Services," (Guatemala, July 18-20), and the 10th Congress of the Latin American Association of Social Medicine (ALAMES) "Equity, Ethics and Right to Health: Challenges in a Globalized World" (Bahia, Brazil, July 15-18).

Closing thoughts

Social Medicine joins the CSDH-WHO whose [interim report](#) notes that:

- Poverty, social exclusion, poor housing and poor health systems are among the main social causes of ill health.
- Differences in the quality of life within and between countries affect how long people live. A child born in Japan has a chance of living 43 years longer than a child born in Sierra Leone.

- The probability of a man of dying between the 15 and 60 years are of 8,2% in Sweden, 48,5% in Russian Federation and 84,5% in Lesotho.
 - In Australia, there is a 20-year gap in life expectancy between Australian Aboriginal and Torres Strait Islander peoples, and the Australian average.
 - Low- and middle-income countries account for 85% of the world's road deaths.
 - In 2002, nearly 11 million children died before reaching their fifth birthday – 98% of these deaths were in developing countries.
 - Inequality in income is increasing in countries that account for more than 80% of the world's population.
- Few governments have explicit policies for tackling socially determined health inequalities.

Therefore, we return to the necessity of uniting our voices to remind others that only by putting the collective welfare at center of our economic system – and not the profits of corporations and their owners, a situation which can only benefit the few - is possible to construct that better world that many millions of us believe is possible.

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