Social Medicine
Health For All
ISSN: 1557-7112

EDITORIAL

Confronting endless crisis: A southern perspective on change towards healthy societies

Enfrentando una crisis sin fin: una perspectiva del Sur sobre el cambio hacia sociedades saludables

Rene Loewenson. Director of Training and Research Support Centre, Zimbabwe.
Email: rene@tarsc.org, https://orcid.org/0000-0002-9928-540X

Eugenio Villar. Facultad de Salud Pública y Administración, Universidad Peruana Cayetano Heredia, Lima, República del Perú.
Email: eugeniovillarm@gmail.com, https://orcid.org/0000-0003-0531-487X

Pedro Francke. Departamento de Economía, Pontificia Universidad Católica del Perú, Lima, República del Perú.
Email: pfranck@pucp.edu.pe, https://orcid.org/0000-0003-4797-1587

Received: August 23, 2024.
Accepted: October 15, 2024.
Conflicts of interest: none.

DOI: https://doi.org/10.71164/socialmedicine.v18i1.2025.1919

Introduction: ideas for a healthy society

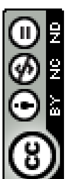
Within and across countries different ideas have emerged on what is meant by a healthy society and how to achieve it. For example, pre-colonial African and Latin American society pursued ideas that integrated reciprocity, collective wellbeing and harmony with natur.[1.] In both regions, these approaches were suppressed by biomedical, disease-focused and often authoritarian models that dominated during colonialism, and in postcolonial neoliberal economies that posed health improvements as an automatic result of promised macroeconomic growth.[1]

A contrasting reality of recurrent epidemics, social inequality, environmental degradation, and inequity in health care stimulated a resurgence of alternatives in both regions. In Latin America, communities, health workers and leftist governments advanced *Buen Vivir*, social medicine, and intercultural health, in approaches that recognised ethnic diversity, the social determination of health, and that balanced material, social and natural wellbeing.[1,2] Southern African anti-colonial movements and early post-independence governments asserted solidarity, reciprocity ('*ubuntu')* and social justice, carrying this forward through comprehensive Primary health care and redistributive universal public services, labour, land, food sovereignty and social policies that sought to direct key natural resources like land to support people's wellbeing.[1,3]

In both regions this resurgence connected with long-standing thinking on how to build healthy societies. Yet in both regions neoliberal policies eroded these approaches, cutting back on solidarity systems, public sector services, labour security and rights and social protections, intensifying wide-scale extraction of natural resources for the global economy, and further amplifying inequities.[2,5]

Learning from 'crisis': the COVID-19 pandemic

The COVID-19 pandemic sharply highlighted the flaws for a healthy society of this erosion, but again showed the potential for alternatives.[(4)] In Peru, for example, the paradox of macroeconomic success together with amongst the highest reported COVID-19 mortality globally and amongst the highest reported excess mortality during the



pandemic showed the risks for a healthy society of a political economy that generated inequality, increased risk and distrust in the state.[5,6] The pandemic generated a debt that is being borne by the poorest countries and the more vulnerable in society.[(7)] Risk and vulnerability concentrated in low income, urban households, associated with differentials in social conditions, and deficits in primary care, community systems and social protection. In the political economy, neoliberal policy choices generated socio-economic insecurity and informality. This, together with state underinvestment in social protection and primary health care during early pandemic waves, adding to prior poor resourcing of these areas, generated a society with elevated risk, disaffected by the state and surviving largely outside formal rule systems.[5]

In contrast, in Latin America and Africa, spaces opened during the pandemic for new ways of thinking, organizing and acting to support a healthy society. Pandemic challenges stimulated local technology innovation, and social media for mutual support and social accountability.[8] More direct interactions were built between communities and small-scale food producers to support food security, and demands grew for intellectual property waivers in global rule systems to enable a fairer distributed local production of and access to health technologies.[8]

Conclusions: a healthy society calls for us to think, act and invest differently

As we oscillate between energy, financial, inequality, pandemic, war and climate crises, we clearly need paradigms and practice that will serve us better to build healthy societies than the current hegemonic models. We could learn from approaches in these two regions that respect diversity, culture and local ecologies (such as Latin American Intercultural health and *Buen vivir*); that assert collective interests and reciprocity (such as in *ubuntu* and *Buen vivir*) and that demand equity and justice in the domestic and global political economy (such as in *Buen vivir* and African reclaiming of the resources for health). These ideas resonate with emergent voices globally on areas such as planetary health, wellbeing economies and collective global responsibilities.[1,4]

We should be cautious of 'magic bullets'. A healthy society calls for us to think differently, to deliver on reciprocity, collective wellbeing and harmony with nature. Healthy societies call for us to act and invest differently, to deliver sustainable social infrastructures and services, such as for housing, clean water, renewable energy, digital access, mass public transport, safe work and health systems grounded in primary health care, not only to prevent microbial risk, but as a universal right to wellbeing. It calls for us to prioritize delivery for those in precarious conditions.

Healthy societies demand a change from a political economy that generates precariousness, inequality and crisis to one that rebalances the relationship between people, planet and economy, such as through progressive tax reforms, a fairer global tax system, intellectual property rights reforms to enable a distributed production of health technologies, and human security based on collective responsibilities, rather than dominating power.[9,10]

A hegemonic, biomedical, global market-driven approach to healthy societies has not served us well. It marginalises ideas that are embedded in different histories, polities, political economy, power and values. There is now a risk, unless contested, that the same false consciousness and hegemonic ideas will be more intensively imposed with expanding digital innovation.[11] In contrast, we hear a desire to do things differently in the calls to better listen to and connect with the public.[1,4,5,8] Equally we need to better listen to and connect globally with the diversity of voices and learning from different regions and communities to bring the values, ideas, practices and alliances that we need to not only tackle inequality and unresolved challenges, but also as critical assets in building healthy societies.

References

1. Loewenson R, Villar E, Baru R, et al. Engaging globally with how to achieve healthy societies: insights from India, Latin America and East and Southern Africa. *BMJ Global Health* 2021;0:e005257. doi:10.1136/ bmjgh-2021-005257

2. Comisión Económica para América Latina (CEPAL). Pobreza, desigualdad y sistemas de protección social en América Latina, avances y desafíos. Santiago: CEPAL, 2015
3. Loewenson R, Modisenyane M, Pearcey M. African perspectives in global health diplomacy. *Journal of health diplomacy* 2014;1:1-20
4. Loewenson R, Accoe K, Bajpai N, et al. Reclaiming comprehensive public health. *BMJ Global Health* 2020;5:e003886. doi:10.1136/ bmjgh-2020-003886
5. Villar E, Francke P, Loewenson R. Learning from Perú: Why a macroeconomic star failed tragically and unequally on Covid-19 outcomes. *Social Science and Medicine Health systems*, 2023; doi:https://doi.org/10.1016/j.ssmhs.2023.100007
6. GBD 2021 Demographics Collaborators. Global age-sex-specific mortality, life expectancy, and population estimates in 204 countries and territories and 811 sub national locations, 1950–2021, and the impact of the COVID-19 pandemic: a comprehensive demographic analysis for the Global Burden of Disease Study 2021. *The Lancet.*2024; 403:10440;1989-2056 . https://doi.org/10.1016/S0140-6736(24)00476-8
7. Cummins M, Quarles van Ufford, P. Africa's children are paying for COVID-19 with their futures: Smart debt relief is a must. UNICEF, New York, 2021. Online, https://www.unicef.org/esa/stories/africas-children-paying-for-covid-19-with-their-futures
8. Loewenson R, Colvin CJ, Szabzon F, et al. Beyond command and control: A rapid review of meaningful community engaged responses to COVID-19, *Global Public Health*, 2021; 16:8-9, 1439-1453. DOI: 10.1080/17441692.2021.1900316
9. Piketty T. Naturaleza, cultura y desigualdades, una perspectiva comparada e histórica. Nuevos Cuadernos anagrama, Barcelona, 2023 ISBN: 978-84-339-2179-6
10. African Union. The African leaders Nairobi Declaration on Climate change and call to action, AU, Nairobi. 2023 https://media.africaclimatesummit.org/NAIROBI+Declaration+FURTHER+edited+060923+EN+920AM.pdf?request-content-type=%22application/force-download%22
11. Sekalala S, Chatikobo T. Colonialism in the new digital health agenda. BMJ Glob Health, 2024. 9, 2, e014131. https://doi.org/10.1136/bmjgh-2023-014131
12.

Social Medicine
Health For All
ISSN: 1557-7112