

'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'

Definition of Health, World Health Organisation

What do we mean by the concept of 'health'?

The above definition of the concept of health has been in place 1948 and today it still informs our understanding at a global level of what it means to have 'good health'. This definition takes us beyond an understanding that rests on doctors, nurses, medication and treatments to one which is far more holistic and everyday. It places emphasis on a fully rounded sense of well-being and not simply an absence of illness. In other words, being healthy is far more than not being ill.

Health as a Right

The World Health Organisation (WHO) constitution says: *'the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.'*

Every country in the world is now party to at least one Human Rights treaty that addresses health-related rights. This includes the right to health as well as other rights that relate to conditions necessary for health. The WHO works to strengthen the capacity of member states to integrate a human rights-based approach to health in their jurisdiction as well as advance the right to health in international law and international development processes. So why do so many people in the world continue to die of preventable diseases, suffer with untreated conditions and develop ailments that could have been avoided?

This question holds many implications for world development and social and global justice.

Meet 'Big Pharma'...

Health care is the world's biggest industry. The turnover of the pharmaceutical industry equates to over 10% of world GDP. A great deal of this money is made by 'Big Pharma', the world's largest drug companies: Pfizer, Sonofi-Aventis

GlaxoSmithKline (GSK), AstraZeneca and Novartis, to name the top five, by sales. These major pharmaceutical companies can determine which health care problems are publicised and researched, according to Jacky Law, author of *Big Pharma: How the World's Biggest Drug Companies Control Illness* (2006). Big Pharma spends money on research and drug development on diseases suffered by rich people, such as coronary heart disease, cancer, stroke and type-2 diabetes. A market-led model means comparatively little is spent on diseases of the poor: malaria, HIV / AIDS, tuberculosis. When profit motives determine which diseases and conditions become the focus of research and new development this can lead to an imbalance in priorities, with different values placed on different lives and huge inequities in health care. As part of their Corporate Social Responsibility policies, some pharmaceutical companies have allocated part of their profits to improving health for all. GSK has committed to support the Millennium Development Goals, reinvesting 20% of profits in least developed countries into local health infrastructure, researching treatments and vaccines for WHO's priority areas of Malaria, HIV and Tuberculosis and working with International Organisations and NGOs on vaccine programmes.

Poor health – bugs or social conditions?

Epidemiology is the study of the patterns, causes and effects of health and diseases in populations. Social epidemiology concentrates on the crucial role of social conditions as determinants of health. Rigorous scientific evidence backs up awareness that social conditions - such as poverty, gender equality, literacy, issues of urbanization, access to clean water, employment and living conditions - to a great degree determine health. Social improvements go hand in glove with health improvements, without which provision of health care services can be seen as a sticking plaster on the problems of the poor. Since the mid-1800s public health policies have been shaped by understanding of the dependence of health on social conditions. Today, this largely

depends on where in the world a person lives. In 2012 an estimated 8.6m people developed TB, most in the developing world, and 1.3m died of the disease – completely unacceptable given that TB is preventable in most cases.

Are more equal societies better for health?

Generally speaking richer people have better health. However, once people have more than the bare minimum, unexpected relationships between equality and health begin to emerge. Even the health of the very richest people is better in more equal societies. Overall levels of health are far worse in more economically unequal societies. Research suggests that life expectancy is longer and rates of adult mortality, infant mortality, mental illness and obesity are lower in more equal societies.

The Cuba Paradox – equal access in action

The Caribbean island of Cuba isn't rich yet defies all expectations by achieving and sustaining health indices and outcomes equal to those of many rich countries. By prioritizing spending on health and education and maintaining social conditions where equality is paramount, Cuba has created a society deemed by The World Wildlife Fund to be the only example on Earth of full sustainable development (measured jointly on the Human Development Index and Ecological Footprint).

The spirit level – how the degree of equality in society impacts on health

The Spirit Level: Why Equality is Better for Everyone was published in 2009. Written by social epidemiologists Kate Pickett and Richard Wilkinson, the book highlights the "pernicious effects that inequality has on societies: eroding trust, increasing anxiety and illness, (and) encouraging excessive consumption". It shows that for each of eleven different health and social problems - including physical health, mental health, drug abuse, education, obesity, social mobility, teenage pregnancies, and child well-being - outcomes are significantly worse in more unequal rich countries. Current levels of inequality were demonstrated starkly this year by Oxfam, who attended the World Economic Forum in Davos in a double-decker bus that could seat the 85 richest people in the world:

eighty-five people who have the same as the poorest half of the world's population.

Who poached my doctor?

Many doctors working in the National Health Service were trained by countries of the global south. About 12 500 doctors currently registered to work in Britain are from African nations that face serious staff shortages themselves. Active recruitment of doctors and nurses trained at the expense of developing countries has many implications for equality of access to health care around the world for some of the most health-vulnerable people. In Uganda there are only 10 nurses for every 100,000 people, ten times less than in the UK.

Room for community solutions? No easy answers...

Health provision can be 'vertical' with highly professional hospitals or 'horizontal' with community based solutions, with less emphasis on highly technical provision and a respect for the value of indigenous knowledge and local capabilities. Good health care requires room for both to flourish, depending on the context. Global health initiatives such as the Global Fund, (a global public/private partnership,) and those funded by the Gates Foundation are critiqued for being over-technical, and for retaining control and power in the hands of the funders. When local health provision is decided at a global level by aid agencies, the critique suggests, this leaves no policy space for local determination and skews local priorities. Accountability of large aid agencies to the local communities is minimal and Big Pharma dominates the decision-making, resulting in silo-thinking and money circulating back into Western coffers. Furthermore, in-direct discrimination against local provision occurs when complicated caveats are placed on research money, so only Big Pharma can fulfill the criteria. Not only resulting in lack of research evidence for more horizontal health care but losses to humanity of all manner of useful and effective holistic solutions to the challenge of achieving the WHO definition for all seven Billion people.



Learning in a global context

Children are entitled to learning in a global context. They encounter world views from their families, cultures and communities, and a school curriculum, set in a global context, deepens their understanding and engagement with the complexities of that world. Teaching about **Health** requires teachers to be familiar with global issues that affect all our lives and to impart knowledge, skills and values to equip children to live and be active in an interdependent, globalised world.

Real, relevant and current

The right of people and environments to **Health** requires us to develop new ways of thinking, acting and living for a sustainable and equitable future. It gives purpose to work across the curriculum, with rich data and real-life scenarios around sustainable development and current issues. It opens up debate on alternative ways of tackling extreme poverty and inequality and differing perspectives on poverty and wealth.

Social justice, not charity

Fundraising campaigns that aim to evoke sympathy may instil feelings of guilt, with limited educational value. Encouraging children to research and question global issues helps them understand that there are more effective ways for governments and people to achieve a more sustainable and equitable world than charity.

Broaden perceptions, counter stereotypes

No country is uniformly rich or poor: inequality exists within, as well as between countries, including the UK. There is much to be learnt from others, whatever their situation. Media coverage of people and places may reinforce common stereotypes. Adverts and images can imply dependency and uniform poverty in southern countries, especially in the diverse continent of Africa.

Other cultures and ways of thinking can teach us holistic approaches to keeping healthy, connections between mind, body and spirit and the part inclusive communities play in health. Research shows that an individuals' health is inseparable from the health of communities – truly, no man is an island.

Thinking critically about Health

Overall levels of health are far worse in more economically unequal societies. Research suggests life expectancy is longer, and adult and infant mortality, mental illness and obesity lower in more equal societies. A plausible explanation is 'status anxiety'. Income inequality is harmful, placing people in steep hierarchies that increase status competition and cause stress, leading to poor health and other negative outcomes. There is little consensus on how these mechanisms work, particularly 'status anxiety,' given people's different reference groups, knowledge (or lack of knowledge) about social stratification and the complex nature of 'status' and self-esteem. With this in mind work through these questions:

Self-reflective questions:

Focus - what do I think about this?

Why do I think like that? To what extent am I open to changing my point of view?

- ~ What makes you healthy?
- ~ Do you feel you live in an unequal or equal society?
- ~ Do you feel you have enough in life?
- ~ When you look at your peers or your community, how do you compare?
- ~ Do you ever think about that comparison (status anxiety)?

Group Dialogue questions:

Focus - what do other people think about this?

How can I find different perspectives?

Analyse assumptions, implications and contradictions? And how can I engage with complexity, conflict, uncertainty and difference?

Discuss these questions with others:

- ~ What makes people unhealthy?
- ~ What part does individual choice play?
- ~ What part do the changes to the structure of the food industry play?
- ~ Is a healthy diet now a middle-class luxury?
- ~ In our society does the existence of 'winners' depend on the existence of 'losers'?
- ~ What are the health implications of this kind of consumption, for individuals and for society?
- ~ Why should research findings show that health of all is better in more equal societies?
- ~ What factors do play into those findings?

Curriculum planning

Literacy, Language and Communication

Pupils select and read non-fiction texts on health and medicine and present their learning in various oral and written forms, using the appropriate register to communicate, e.g. persuasive texts to encourage children to eat more fruit and vegetables or to exercise more, or role-play e.g. calling the GP, responding in an emergency situation and simple first aid;

Analyse advertisements/ images/ media stories from multiple perspectives e.g. adverts for unhealthy foods, NGO campaigns about health and vaccinations.

Physical

Within PE lessons and as part of science work, pupils learn about the importance of leading a healthy, active life;

Pupils understand that proper nutrition impacts on health and the ability to perform well in sport.

Personal, Social, Health, Citizenship and Economic Education

Pupils learn about maintaining healthy lifestyles, in terms of physical, mental and emotional health and wellbeing;

They learn about managing risk and change, keeping safe and identifying different influences on health and wellbeing;

They learn that not everyone has their needs met in relation to health, and learn about organisations that want to improve this.

Knowledge and Understanding of the World

Pupils learn about the lives of significant individuals who have contributed to national and international achievements in health, e.g. Mary Seacole, Florence Nightingale or Edith Cavell;

They learn about significant global health issues in the past and present, e.g. The Plague, and research local history to see how it affected their community;

Through a study of civilisations and people, they consider access to health and medicine now and in the past, e.g. the Mayan civilisation's health and medicine, or current access to healthcare in an area of South America.

Creative

Pupils design, make and cook healthy and nutritious foods from recipes and for a variety of occasions, with a range of produce, ie locally grown or vegetarian recipes, and demonstrate their creativity through creating own menus for real or imagined events; Pupils develop their creativity through roleplay areas in school, eg health clinic or hospital, café or sports club.

Mathematical, Scientific and Technical

Pupils learn about keeping healthy in science, including the importance of hygiene, dental health and how vaccinations prevent serious illnesses; they learn that access to this is not equal across the world;

Pupils learn about the importance of the relationship between diet and exercise and a healthy lifestyle to maintain health; including learning about the principles of nutrition and healthy eating;

Through using global health statistics e.g. www.gapminder.org they compare and contrast global health statistics.

To download the complete **Learning about ...** series, our global learning **Guidance** Leaflets and complete the **How Global is my school audit** go to www.globallearninglondon.org.uk

For more information on Global Issues go to www.globalfootprints.org/issues
Classroom Activities go to www.globalfootprints.org/classroom
Support and documentation go to www.globalfootprints.org/support

