EDITORIAL

MULTI-SECTORAL HEALTH STRATEGIES

Health has multi-sectoral dimensions but many of these dimensions are beyond the control of health ministries. As time goes on, recognition of the diversity of these dimensions expands, yet political preoccupation tends to be more and more focused on medical care and its costs in the public and private arenas. Indeed, considerable effort at national level, aided and abetted by international agencies, has been invested in health sector reform related to insurance and other mechanisms for relieving government of some of the fiscal responsibility for costs of medical services. Privatisation is seen by some as a solution to the overburdened public expenditure (World Development Report, 1993).

We have supposedly now entered the *biotech century* (Rifkin, 1998) with expectations of technical fixes for a growing list of diseases. As the DNA sequences of the human genome roll off the production lines, pharmaceutical giants gear up to expand their fortunes with patented products (Ridley, 1999). Promise or dream?

Concurrently we slither down an increasingly rapid slide towards environmental decline (Renner, 1966), ecocide of gigantic proportions, contributed in large measure by transnational corporations under government subsidy as *externalities*: costs transferred from private to public sector and therefore not appearing on the debit side of the corporate ledger. Out of accounting transparency, out of mind?

In the countryside we witness the free felling of the forests for transient profit (Hurst, 1990), the displacement of millions of people by big dam systems (Roy, 1999), the devastation of topsoil loss without the binding function of tree roots, the loss of biodiverse species from the forest destruction (Yamada, 1997). More recently we see genetically modified food plants invading the fields and the market place, as a new factor in food safety (Rissler and Mellon, 1996; Lappe and Bailey, 1998) and in the biopiracy practiced by the North against the South (Shiva, 1997).

The cities contribute traffic congestion, traffic accidents, metal pollution, chemical pollution, greenhouse gas pollution, respiratory distress, depressive illness, drug dependence, work stress, family dispersal.

The health equation encompasses all of these factors and many, many more. The health sector picks up the costs of the endpoint diseases, while many other sectors go free of obligation for their negative contributions to this equation. To a substantial degree it may be argued that the health sector is culpable of focusing on too narrow a medical perspective and thus of accepting only an indirect political role across much of the spectrum of socio-economic activities that contribute to the patterns of health and disease. But to a substantial degree, also, health ministries have inadvertently sat aside the real power structure of the political process, abrogating directorial responsibility for many of the non-medical sectoral components that underlie many of the basic strategems of public health.

Thus, a transnational corporation may receive a tax holiday to induce relocation to a given area or country, wallow in added cost savings permitted by the blind political eye pretending not to see the poisoning pollution of rivers overtly generated, pretend to create plumb new local jobs while covertly pushing these employees into near serfdom. Generous contributions to the power elite ensures their tenure and thereby the health-depleting cycle. The health ministry does not have authority to control the pollution or the employment conditions leading to poverty and chronic disease, yet it must attempt to pay the medical bills since the public health laws ostensibly guarantee treatment of illness. The long tradition of prevention as better than cure is cast aside because pecuniary interest and the power elite have conspired to take away the health ministry's legal capability to regulate corporate misdemeanor. The health system is left to pick up the medical tab.

The loggers clear fell the forest, the top soil washes down the river, erosion scars the countryside, the building of a big dam displaces tens of thousands of families and cast them into a barren wilderness to starve, their fishing enterprise exchanged for generation of hydro power for the distant city. There is no compensation for the loss of land and of food, for the chronic infections, for the education of children foregone, for the bewildering depression. The health ministry has neither the money nor the power to reverse the wrongs, for logging and hydropower are deemed to constitute progress and progress is modern, is king. The health system is left to pick up the medical tab.

Bulldozers roar as they plough the new highway through the rainforest. Workers pour into the great chasm to build the road. The railway follows. The merchants follow. Massive population movement

follows with the people and the changing ecology come the epidemics of malaria, dengue, diarrhea, tuberculosis. The truck driver AIDS syndrome flourishes. People become ill. They die. The health sector, rarely consulted, almost never having a real seat at the planning table, receives the bills for the diseases, many cases of which could have been prevented. Realistic accounting might reveal a net loss on the whole development process if the *externalities* of illness were factored into the equation, however the accounting is not done that way, but by creative discounting bolstered by glowing rhetoric alongside soaring CEO salaries. Th health system is left to pick up the medical tab.

A thousand more scenarios can be painted on the canvass. Corporations have come to rule the world (Korten, 1995) aided by the democratic process, a process subjugated by transfer of large measures of financial power from elected governments to these corporations. The corporations usurp the democratic process, effectively privatising control over many areas of government responsibility. Equity and health are major losers in the battle. Health ministries focused on the medical systems they run sit in outer cabinets, cursed for what is so often seen as profligate spending in the public domain, attacked by the budget cutters. They have little or no voice in fiscal planning, in industrial legislation, in agriculture (hence food) policy, in development mega-schemes in many of the areas of activity where preventive measures could greatly reduce risk exposure and ultimately save enormous expenditures on hospital care. Always the heath system is left to pick up the medical tab.

Korten (1999) suggests that unbridled capitalism is a pathology which afflicts democracies and market economies in the absence of vigilant oversight and makes a plea for return to the social democratic market systems advocated by Adam Smith (1981) in 1795 that have been paid lip service but have been corruptly misinterpreted. A problem in the corporate world is that it is mesmerised by the bottom line, the profit motive. If corporations operate outside the democratic process but at the same time subvert that very process, the people and the community lose. Health is one of the major losers. Unless and until the public health sector stands tall, demands a voice in financial planning, reclaims political responsibility for the vast array of activities that impinge directly on disease prevention, helps to enforce internalisation of the *externalities* that represent industrial scars on the equity landscape, this sector will continue to fight a losing war in which it is hopelessly outwitted and outgunned. If it does not move forward into the front line the health system will always be left to pick up the medical tab.

Health and education are both front liners in potential impact sitting at the back of the political pack. Their cries are heard but not directly answered. They are specialists competing in a game dominated by sweeping generalists whose authority stems from single-minded devotion to money and the real power that money brings. Where on earth is a health minister able to sit alongside a finance minister as a planning equal? Where on earth is the health sector brought in at the starting gate of the development planning strategic course? Where on earth is the health sector given responsibility for reversing ahead of time covert *externalilties* that threaten life or its quality? Where on earth are all the failures to plan a healthy world factored I into the equations that describe economic growth?

The challenge is enormous. The barriers are huge. But the main failure would seem to lie, in part at least with the health sector itself. While it contents itself with a medical preoccupation and a passive role beyond that in government, it will tend to lose. A reorientation toward encompassing a macro, multisectoral view is a tough assignment but a potentially rewarding one.

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