These linkages between public health and social progress have been reiterated through more recent scholarship. The WHO Commission on Social Determinants of Health drew attention to the ‘causes of the causes’ – the social factors that determine how people grow, live, work and age – and that needed to be addressed to reduce health inequities between and within countries.1 The social gradient of health has now been demonstrated to be fairly universal across countries and health conditions and can be mitigated through improved access to primary health care, public policy focused on the social determinants of health and targeted health and social development interventions. This understanding is echoed by many national health strategies and socioeconomic development plans of countries, which have long recognized that health and sustainable development are interlinked and interdependent.

Dramatic improvements in health and the economy

Countries in the Asia Pacific Region made remarkable progress in past decades with many experiencing rapid economic growth and impressive increases in GDP.1 This economic progress has been particularly notable in East and Southeast Asia, where increases in health status and life expectancy generally went hand in hand with decreases in poverty and improvements in housing and education. This perspective linking poverty, economic progress and health was also core to the Millennium Development Goals (MDGs).

The MDGs were programmatic, indicator-driven, led by UN agencies and focused on priorities for which effective interventions were available for scale-up. The idealism at the time was that poverty could be eradicated through scale up of such interventions. Global investments during the MDG era resulted in great improvements at the population level. The WHO’s Western Pacific Region did particularly well, reaching all but two of the health-related MDG targets and making significant progress in the remaining two.3 For example, the prevalence of underweight among children under five decreased from 13.5% in 1990 to 2.6% in 2010. The estimated maternal mortality ratio decreased by 48% between 1990 and 2010. Malaria cases and TB incidence decreased, access to antiretroviral therapy increased for people living with HIV. Almost 100% of the population now uses an improved drinking water source, up from 71% in 1990. In the WHO South-East Asia Region, progress was more nuanced, with four targets met and progress made in another six.4 Significant achievements were for example made in the area of communicable disease control and access to safe drinking water.

The MDGs also pointed to problems with the approach, including limitations of stand-alone health and disease programmes working in silos, weak health systems and a ‘one-size-fits-all’ approach that didn’t take account of local contexts. By 2015 it became clear that the world had to grapple with these more fundamental issues to achieve economically, socially and environmentally sustainable development.

These achievements set countries up well for future advances in public health and social progress.

However, a range of complex factors challenged the MDG dream – including the political economy, conflict, climate change, and social unrest. In the Western Pacific Region, much of the success in regional targets can be explained by improvements in poverty reduction and life expectancy in China. Experiences from the MDGs also pointed to problems with the approach, including limitations of stand-alone health and disease programmes working in silos, weak health systems and a ‘one-size-fits-all’ approach that didn’t take account of local contexts. By 2015 it became clear that the world had to grapple with these more fundamental issues to achieve economically, socially and environmentally sustainable development.

The SDGs build on lessons from the past

In 2015, UN Member States adopted a new agenda, the Sustainable Development Goals (SDGs). The SDGs represent a new era for public health and social progress. They recognize that today’s health and development challenges are complex and interlinked. The SDG paradigm addresses past problems with programme-specific interventions in health and adopts a ‘social determinants of health’ framework. Reflecting this, there are 17 goals and while Goal 3 focuses on health and well-being for all, core health issues are found in other goals. Health influences are integrated into all 17 SDGs. Moreover, the 2030 agenda is at its core ambitious and does not shy away from ‘wicked’ problems, but rather embraces their complexity, requiring intersectoral partnerships for action. This is timely given the realities of public health and social progress in countries of the Western Pacific Region.

Stark inequities persist in health and access to care in countries of the Region. Up to half the population in some countries are missing out on essential health services. More deaths of children under 5 occur in poorer or remote households. Populations most affected by HIV are disproportionately in need of testing and treatment. Chronic rural-urban inequities persist in, for instance, access to safe drinking water and sanitation. These inequities are often exacerbated by rapid urbanization and environmental degradation. Even where MDG targets were achieved at the population level, not all groups benefitted equally. Income inequality increased in some countries despite economic growth. Up to 60% of people living in some countries of the Western Pacific Region lack coverage with essential health services, and many households report spending more than 10% of their income on health services, leading to financial hardship.5 In South-East Asia, over 800 million people do not have access to a full coverage with essential services, and at least 65 million people are pushed into extreme poverty by health care costs.4

The SDGs build on lessons from the past. The MDGs were programmatic, indicator-driven, led by UN agencies and focused on priorities for which effective interventions were available for scale-up. The idealism at the time was that poverty could be eradicated through scale up of such interventions. Global

Public health and social progress

Vivian Lin, Britta Bauer and Kate Silburn

Attention to social, economic, environmental and political determinants of health is not new. In the 19th century, scholars such as Friedrich Engels, Rudolf Virchow and others documented the relationship between ill-health, working conditions and poverty. Historically we have seen strides in population health when there are improvements in housing and working conditions and access to food. McKeown, for example, argued that population growth and declines in mortality were due to economic growth and related improvements in socioeconomic conditions, rather than specific health interventions.1 This broad understanding of health is also recognized by the WHO Constitution of 1946 which defines health as a state of complete physical, mental and social well-being, not merely the absence of disease. Health is therefore strongly influenced by the broader cultural, economic, political and social environment and in turn influences the attainment of peace, security and economic, political and social development. Good population health improves productivity, sustainability and the economy, across sectors and society as a whole.
More broadly, the SDGs recognize that in this increasingly complex world new approaches are required for health sectors, stakeholders and borders to leave no one behind. Partnerships between health and other sectors have resulted in increased benefits. For example, tackling air pollution, a growing challenge in the Region, is a shared interest for public health with environmental sectors. Similarly, promoting healthy diet for children, a public health priority in the Republic of Korea, relies on collaboration between the food and environment sectors. The SDGs... 

... health as a state of complete physical, mental and social well-being, not merely the absence of disease.

Notes
4 The 37 countries and areas of the WHO Western Pacific Region are: Afghanistan, Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Cambodia, Cameroon, Cape Verde, China, Colombia, the Cook Islands, Croatia, Fiji, France, French Polynesia (French), Georgia, Germany, Ghana, Greece, Guatemala, Honduras, Hungary, Iceland, India, Indonesia, Ireland, Israel, Italy, Japan, Jordan, Kazakhstan, Korea, Kyrgyzstan, Lao People’s Democratic Republic, Latvia, Lebanon, Lesotho, Liechtenstein, Lithuania, Luxembourg, Malaysia, Malta, Marshall Islands, Mauritius, Mexico, the Netherlands, New Zealand, Nicaragua, Vietnam, Macedonia, Moldova, Monaco, Montenegro, Morocco, Namibia, Nepal, the Netherlands Antilles, Nauru, Nicaragua, Nigeria, Norway, Oman, Pakistan, Panama, the People’s Republic of China, Philippines, Portugal, Qatar, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, San Marino, Sao Tome and Principe, Saudi Arabia, Senegal, Seychelles, Sierra Leone, Singapore, Solomon Islands, South Africa, Spain, Sri Lanka, Sudan, Swaziland, Sweden, Switzerland, Syria, Taiwan Province of China, Thailand, Togo, Trinidad and Tobago, Tunisia, Turkey, Turkmenistan, Uganda, Ukraine, United Arab Emirates, United Kingdom, United States of America, Uruguay, Uzbekistan, Vanuatu, Vietnam, Zambia and Zimbabwe.
5 WHO Regional Offices for the Western Pacific: 2016, Achieving the Health and Sustainable Development Goals; WHO Regional Office for South-East Asia. 2017. Health in the Sustainable Development Goals: where we are now in the Asia Pacific Region.
7 WHO Regional Office for the Western Pacific. 2017. Monitoring universal health coverage and the progress on UHC and the health-related SDGs. Working paper for the Seventy-First World Health Assembly.
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10 WHO Regional Offices for the Western Pacific: 2016, Achieving the Health and Sustainable Development Goals; WHO Regional Office for South-East Asia. 2017. Health in the Sustainable Development Goals: where we are now in the Asia Pacific Region.
12 WHO Regional Office for the Western Pacific: 2016, Achieving the Health and Sustainable Development Goals; WHO Regional Office for South-East Asia. 2017. Health in the Sustainable Development Goals: where we are now in the Asia Pacific Region.
13 Vivian Lin Professor of Public Health, La Trobe University, email: vivian.lin@lmu.edu.au; Systems Development, WHO Regional Office for the Western Pacific, Beijing, and her colleagues. 2017. Global Burden of Disease 2016 (GBD 2016) Risk factor Collaborators. The comparative risk assessment of stroke and coronary heart disease: a comprehensive analysis for the Global Burden of Disease Study 2016. The Lancet 390 (10080): 475-514. © 2017 World Health Organization. Licensee The Newsletter. This is an open access article distributed under the terms of the Creative Commons Attribution 4.0 License. In any reproduction of this article this notice should not be obscured or otherwise altered or modified. ORCID: ORCID: 0000-0002-8312-0567. 