THE POLITICAL ECONOMY OF HEALTH

Dr. Jaime Llambí-as-Wolff,
York University
Canada
What is Health?

WHO: state of complete physical, mental, and social well being and not merely the absence of disease.

Google: 1.15 billion hits !!!!!

Medical definition (physiology)?
Absence of the devil?
Well being?
Not sick?

Different perspectives, paradigms, ideologies
What is a definition? How we define?

Different perspectives, paradigms, ideologies

We need to understand health and the socio cultural, political and historical phenomena that affect it.
Understand the multiple relationships between health, illness and its context

Health studies cannot be narrowly focused!
Health is related to society and its cultural, social, political and economic environment.

Health and Social Sciences strongly related.

Health determinants are interconnected.
Virchow: *Medicine is a social science, and politics is nothing but medicine on a large scale*

One approach, often ignored is the relation between health the political, structure, power, business, religion, the market, the ideological structure =

“**POLITICAL ECONOMY APPROACH**”
1. Location in the Political Economy (position in the world economy; social class; mediated by gender, age, race/ethnicity)

2. State Policies (enhance or decrease social welfare, equality, health care, worker protections, quality of life; pollution regulation vs. deregulation)

3. Community Buffers (relative equality, cohesion, community mobilization, social capital vs. inequality, distrust, marginality, alienation)

4. Family/Kin Buffers (material, instrumental, and emotional support vs. deterioration, loss of kin ties, homes, and support networks)

5. Social Class and Status: Relative Control over Living Conditions (basic human needs, physical and emotional care of children, social class, ethnicity/race status, gender, literacy/education, quality of environment, job risks/securities)

6. Personal Variables (managing the physical and psychological effects of one's biology and social position: optimism, self-efficacy, self-care vs. pessimism, fatalism, risk taking; care of children and elders)

7. Ecology and Physical Environment (plant, animal and human life; physical environment; pollution; effects of global warming)

8. Population Health Outcomes: Physical and Psychological, Individual and Communal (infectious chronic and physical illness, mental illness, disability, premature and excess mortality vs. optimal emotional and physical health, ability to work and nurture others; longevity)

FIGURE 3.1 Political Economy, Basic Human Needs, and Health Outcomes
Political economy insists that an adequate study of the whole cannot be developed from the separate study of individual parts.
Political economy of health refers to **analysis and perspectives on health policy for the understanding of the conditions which shape population health and health service development within the wider macro economic and political context.**
Thus to understand the health care system they should be situated within a larger geopolitical context and considered historically.
The emphasis on the larger context has resulted in the recognition that analyzing specific changes to the health care system must be considered in light of broader social, economic and political factors.
Some Examples:

• Economic growth and resources for health health services;

• Health improvement and economic growth (productivity, decreased health expenditure);

• Health policies and who takes de decisions;

• Role of the state and the government;
Some Examples:

• Trade and health

• Globalisation and health

• Health and gender, culture, age, etc.

• Unhealthy environments and the 'disease burden';

• The medical industrial-services industries;

• Winners and losers (distributional effects and equity);
The current challenges to socialized medicine are better understood in the context of globalization, which has resulted in a decrease in the autonomy of the State vis-à-vis business and the power of organized labour.
Political economy also directs our attention to the role of various groups and individuals in social change.
However, people are seen not as autonomous individuals but as actively formed within specific social locations and relationships.

How these social interests influence action will be important to assess.
Political economy also includes an analysis of the cultural:

the ideas, discourses and practices that dominate or subvert relations of power.
In political economy, however, these ideas are not free floating. They need to be explained with reference to the material conditions and the various interests they sustain.
I DON'T WANT THE GOVERNMENT INVOLVED IN HEALTH CARE AND GETTING DEEP INTO MY POCKETS!
A political economy approach thus draws our attention to the values, beliefs and ideologies that have motivated particular health care reforms and to the question, more generally, of “who benefits?”
Being ill Is Hard WORK

THE END
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