

A society good for health

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Pandemics, war in Europe and the Middle East, the cost-of-living crisis. All are vitally important. But we must not let the tyranny of the urgent present distract us from the important future. When should we start to take the long-term action to build the well-being economy? This afternoon. Before lunch. And how will we know that we succeeded? Greater equity of health and well-being.

We hear a great deal as to why there is a good economic reason for improving health. Healthy people contribute to the economy. Good. There is an even stronger reason for improving health and health equity. A moral reason. If people are sick and die prematurely through no fault of their own but simply because they are living in disadvantaged circumstances, in absolute or relative poverty, that is unjust.

Before we ask what we need to do to create the well-being economy, it is worth stating that focusing on gross domestic product (GDP) as a marker of society's success does not improve health equity. There should be an important political debate as to what really matters to society. The coronavirus disease (COVID-19) pandemic illustrated the importance of health being the centrepiece for the functioning of society.

The historian Gary Gerstle suggests that the neoliberal order that has dominated economic thinking in many countries is on the decline. The paradigm of economy above all else and a belief that the market is the best way to govern for better lives brought with it a mistrust of the public sector and a staggering use of consultancies – an annual global spend of \$700–900 billion. This approach has been well tested, and its efficacy is now challenged in the light of the staggering rise in food insecurity and inwork poverty, and widespread discrimination in access to basic goods such as decent housing, safe communities, education and secure employment.

I want to emphasize three approaches to building an economy that works for a healthy and resilient society.

First, rediscover public purpose and the common good by reversing the hollowing out of the public sector. As Mariana Mazzucato highlights in *The Big Con*, rebuilding the public sector and moving away from private sector consultancies would cost the State less and rebuild the common good through fair workplace and public procurement practices (2).

Secondly, intergenerational equity. At the current rate of social mobility in Denmark, it would take two generations to go from being of low income to middle income. In Finland, Norway and Sweden, three generations. In Italy, Portugal and the United Kingdom, five generations, In Brazil, nine generations. Why such differences? The greater the inequity of income and opportunity, the slower the social mobility.

This relates to my third theme. Put equity of health and well-being at the heart of all government policy and invest in the social determinants of health. The Marmot six from my English reviews are equity from the start; education; employment and working conditions; having the minimum income necessary for a healthy life; healthy and sustainable environments in which to live and work; and taking a social determinants approach to prevention (3,4). We have now added two others: tackle discrimination, racism and their consequences; and tackle health equity and the climate emergency together.

We need national action, of course, but also to generate change from the bottom up as well. This is why I have established in the United Kingdom a Health Equity Network of Marmot Places to foster place-based action on the social determinants of health and health equity (5).

We know what to do to create a society for good health, one with greater equity of health and well-being, with greater sustainability, for future generations. Let me go back to something we said when we finished the WHO Commission on Social Determinants of Health (6). We have the knowledge. We have the means. We need to have the will.

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1 All references were accessed 7 March 2024.

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