

Newsletter – Jan 2015

Tuesday, 27th January, 2015

Highlights

- ◆ Greetings & News
- ◆ NAPCRG Meeting
- ◆ Food for Thought
 - Political Origins
- ◆ Events, Conferences & Call for Abstracts



Publication of Interest

Accounting for social accountability: Developing critiques of social accountability within medical education

Ritz SA, Beatty K, Ellaway RH.
Educ Health 2014;27:152-7

Background: The concept of the social accountability of medical schools has garnered many followers, in response to a broad desire for greater social justice in health care. As its use has spread, the term 'social accountability' has become a meta-narrative for social justice and an inevitable and unquestionable good, while at the same time becoming increasingly ambiguous in its meaning and intent. In this article, we use the lenses of postmodernism and critical reflexivity to unpack the multiple meanings of social accountability. In our view, subjecting the concept of 'social accountability' to critique will enhance the ability to appraise the ways in which it is understood and enacted.

Discussion: We contend that critical reflexivity is necessary for social accountability to achieve its aspirations, and hence we must be prepared to become accountable not only for our actions, but also for the ideologies and discourses underlying them.

Greetings & News

Firstly, welcome all to 2015! We hope this will be a prosperous and exciting new year for all our members. With the new year rolling in also comes a fresh drive in our aims at the SIG: Health Equity group!

If there is anything of interest that you would like us to include in the next Newsletter, feel free to direct your emails to SIGhealthequity@wonca.net.

◆ NAPCRG Meeting 2014

The North America Primary Care Group (NAPCRG) 2014 meeting held in NY hosted a breakfast table for the Health Disparities / Health Equity Special Interest Group. Attendees from North America, and internationally (Australia, the Netherlands, and Israel) discussed successful primary care initiatives achieving inequity reduction and mapped common areas of needed activity.

Amongst the primary areas that were identified are – progress towards the establishment of equity promotion medical curricula and the creation of a repository for successful primary care interventions that have managed to achieve inequity reduction in various populations and health conditions. The discussion also resulted in identification of a need for a North American representative at the WONCA Health Equity SIG to promote the health equity agenda within NAPCRG and to collaborate with the other regional representatives. Those interested in joining the SIG and potentially serving as regional NA reps are encouraged to contact: SIGhealthequity@wonca.net

◆ Food for Thought

We all appreciate that health inequities exist through a myriad of determinants, related directly and indirectly to health. "The Political Origins of Health Inequity: Prospects for Change" (Ottersen *et al*, 2014) by The Lancet gives an extensive account on the global political determinants which have impacted health inequities all the way down to state and population levels. It highlights the dysfunctional global governance system by not only exploring its negative impacts it has on health (intentionally or not) but also how embedded social norms and power asymmetries of our current political ways, essentially 'how our world is organised', can be entrenched towards exacerbating inequities.

To illustrate the vast reaching effects of political determinants, the paper explores 7 different examples of policy interventions which have fallen short of protecting or promoting health. Such include austerity measures, knowledge and intellectual property rights, food and food security, immigration, and armed violence including contemporary armed conflict. In exploring these examples, Ottersen *et al* (2014) highlight key points of each example and their applications towards a better global governance which should be accountable, transparent, and representative with ability to remove itself from 'institutional stickiness' but ultimately which adheres and commits to the obligations of human rights.

Full Reference:

Ottersen et al, 2014, The Political Origins of Health Inequity: Prospects for Change. *The*

Upcoming Events, Conferences & Call for Abstracts



WORLD HEALTH SUMMIT

Regional Meeting Asia, Kyoto

Dates: April, 13-14th, 2015

Location: Federal Foreign Office, Werderscher Markt 1, Berlin

Link: <http://www.worldhealthsummit.org/>



"Challenging Health Equity: A call to Action"

6th International in Sickness and in Health Conference

Dates: June, 10-12th, 2015

Location: University of Balearic Islands, Palma de Mallorca

Link: <http://www.icphr.org/news/abstract-submission-opportunity-isih-conference-2015-on-challenging-health-equity-a-call-to-action>



"Promoting Global Health thought Equitable Access to Health Systems"

Premier forum for The International Conference on Public Health

Dates: May, 13-14th, 2015