Learning lessons from history for public health reform: reflections on the Millennium Development Goals (MDGs)

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Learning lessons from history for public health reform: reflections on the Millennium Development Goals (MDGs)

Julie Fisher
Presentation Overview

• Impacts of socio-demographic change then and now
• Historical drivers for change:
  • National concern with public health
  • Seminal events
  • Changes in governance
• Current progress towards the MDGs:
  • Economic drivers
  • Governance
  • Time frame for change
• Conclusions
19c Socio-Demographic Change

- Rapid urban population growth – 2.5%
- Enclosure of common land
- System of poor relief
- Factory system
- London population:
  1801: 959,000
  1831: 1,655,000
  1861: 2,807,000
Cheapside, Birmingham 1903
(Source: Local Studies & History, Birmingham Library Services)
Bordesley Street, B’ham 1903
(Source: Local Studies & History, Birmingham Library Services)
Socio-Demographic Change in DCs Today

- Urban population growth rates:
  - 1950-1975: 3.7%
  - 1975-2000: 3.2%
  - 2000-2030: 2.2% predicted

- 600 million in informal urban squatter settlements in Asia, Africa & Latin America

- Limited status and rights

- No public service provision or needs met
Shanty Slum, India
(Source: WEDC Image Library)
Health Impacts

• 19c diseases still prevalent in DCs – dysentery, cholera, typhus fever and typhoid.

• Diarrhoea is largest preventable killer of children under 5 (1998- 2.2 million)

• Average infant mortality rates
  – 1850: 150 per 1000 births
  – 2001: 121 per 1000 births
Urban Drainage, Bangladesh
(Source: WEDC Image Library)
The National Concern with Public Health

• Increased concern with state of working classes from 1830s:
  – Contemporary reporting:
    • Royal Commissions – Chadwick’s Poor Law Commissioner’s Report (1842)
    • Journalists
    • Authors - Dickens
    • Social commentators – Engels
  – Improved record keeping about the number of poor and death rates
...the inhabitants of the houses on either side lowering from their back doors and windows, buckets, pails, domestic utensils of all kinds, in which to haul the water up; ....Crazy wooden galleries common to the backs of half-a-dozen houses, with holes from which to look upon the slime beneath; windows, broken and patched, with poles thrust out, on which to dry the linen that is never there; .... every repulsive lineament of poverty, every loathsome indication of filth, rot, and garbage;

Dickens, C., 1837. Oliver Twist
These houses of three or four rooms and a kitchen form.... the general dwellings of the working-class. The streets are generally unpaved, rough, dirty, filled with vegetable and animal refuse, without sewers or gutters, but supplied with foul, stagnant pools instead. Moreover, ventilation is impeded by the bad, confused method of building of the whole quarter, and since many human beings here live crowded into a small space, the atmosphere that prevails in these working-men's quarters may readily be imagined.

Engels, F., 1844. The Condition of the Working Class in England
Seminal Events: Cholera

Punch 1852 (Source: British Library)
Broad St. Pump, Soho, London
(Source: UCLA)
Section of Thames Embankment, subway & low level sewers
(Source: Institution of Civil Engineers)
Public Health Legislation

• Series of Acts passed:
  – *1844 Metropolitan Buildings Act*: all new buildings to have sewer connections and improved drain construction
  – *1847 Town Improvement Clauses Act*: legalised discharge of sewage into rivers and seas and its sale for agricultural purposes
  – *1848 Public Health Act*: created a Central Board of Health to supervise street cleaning, refuse collection, water supply and sewage disposal
Economic Concern

- Chadwick documented the benefits to the poor of improved conditions
- Economic advantages for the rich of a fit workforce

Punch 1894 (Source: BBC)
Changes in Governance

• Laissez-faire…..
  – Economist Adam Smith – free trade principles
  – Minimal government involvement in public health
    • 1869: 2.1% of state expenditure to government departments

•…..to state intervention
  – Population grew faster than the economy
  – Need to protect free trade economy
Local Government Reforms

• 1832 & 1835 Reform Acts:
  – Vote for those without landed property
  – Redistribution of representatives
  – Elected Corporations

• 1867 Reform Act:
  – Working class men given vote

• 1867 Improvement Act:
  – Favourable loans for Local Authorities
MDG Progress

- MDG Target 10 ‘to reduce by half the proportion of people without access to safe drinking water and sanitation by 2015’
- Water coverage (JMP figures)
  - One fifth of population in DCs has no access
- Sanitation coverage (JMP figures)
  - One third of population in DCs has coverage
  - Target predicted to be missed by half a billion
# Slow Progress on Sanitation

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Economic Perspectives

• Rights-based approach:
  – State should provide basic services

• Affordability and willingness to pay
  – Ensures sustainable services

• Economic benefits of investment
  – Lower health related costs
  – For each US$ spent on water/sanitation, returns estimated at US$3-34
Governance Drivers

• Governance seen as central to development
• Lack of political incentives for water governance reform
• Countries on-track for MDGs have change driven by partnerships of government, civil society, private sector and users
• Water, poverty and economic development inextricably linked
Conclusions

• Historically, changes were due to a mix of political reform, legislation, economic drivers and public concern over a century.

• Short term targets may pose unrealistic timescales.

• Programme rather than project approach.

• Need to foster government ownership.

• 100 years may be too long but perhaps longer perspective is needed. No quick fix.