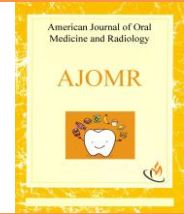




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GLOBALIZATION AND HEALTH

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ABSTRACT

Globalization is a reality hard to escape in the modern fast-shrinking world. All aspects of life are being influenced by globalization and health, including oral health is no exception. Globalization has positive as well as negative impact on the societies. While the quality of care provided with latest equipment is evident, it comes with a price of increased costs. This may result in limited access to the latest technologies to the economically lesser privileged masses, particularly in the developing countries like India. As the gap between the economically abled and not so pillaged widens, the affordability of access to dental care services too becomes skewed. The plan should be to bridge the gap and develop technologies through global participation to ensure access to quality oral health services to all individuals using appropriate technologies and at a cost affordable and sustainable by the nation and society. This paper attempts to locate the status of health services with special reference to oral health in the backdrop of globalization spreading across the world especially since the last 2-3 decades.

INTRODUCTION

Globalization is a historical stage of accelerated expansion of market capitalism, like the one experienced in the 19th century with the industrial revolution. It is a fundamental transformation in societies because of the recent technological revolution which has led to a recombining of the economic and social forces on a new territorial dimension [1].

New advances in health are highly sophisticated though expensive. The prospects for new advances in the field of health impacting the larger masses increasingly depend on the extent of integration and gains from globalization. It is a major challenge for the developing countries to reach these advances on a continued basis to the larger masses for achieving improved health to their people.

Oral health being an integral part of the human health environment is not isolated from the expanding interfaces between health and the different facets of globalization.

Yet, oral health is important as unlike other components of health, dental health is relatively more neglected, particularly in developing countries like India, and also it does not often find place in public health platforms or in insurance packages.

This paper attempts to locate the status of health services with special reference to oral health in the backdrop of globalization spreading across the world especially since the last 2-3 decades.

Globalization, Health and Oral Health

Globalization in the context of health (especially oral health) is the intensification of cross-national economic, political, social, cultural and technological interactions that result in the establishment of dynamic trans-national structures of health practices and behaviors [2]. Integration of cultural, economic, environmental, political and social processes eventually create new global, supranational, national, regional and local health structures and practices that replace or seriously influence the extant structures and practices of the older orders. Two typical examples in oral health are, the gradual replacement of 'neem-stem-based' toothbrushes with modern plastic-nylon based sticks used with toothpastes, or use of

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mouthrinses to replace plain water for mouthrinsing. Though most of these are much wanted practices—it is important to note that populations in different socioeconomic statuses at different locations are adopting these practices at different paces, incurring varying costs and with different levels of information because of uneven penetration and spread of the benefits of globalization. Much of this has happened because of a rather limited (and discriminatory) integration of peoples and countries in the globalization process, which has also resulted in several adverse externalities creeping in and staying.

Globalization implies trading in health services across national and regional boundaries, transferring improved technologies from their places of origin to other destinations, transforming life-style practices across geographic spaces, and exchanging value information. In terms of practices, there is greater privatization of services and products and lesser governmental control on pricing and costs of both services and health products. The increased demand would also result in more Research and Development (R&D) in medicines and other equipment, which at one level is much desired but newer medicines and equipment also cost more, and regulations like the Intellectual Property Rights (IPR) make newer drugs immensely expensive for at least 8-10 years after their discovery. The Trade Related Aspects of Intellectual Property (TRIPS) under the World Trade Organization (WTO), the enforcing authority for this and this organization, is fully market-oriented with little concern for the social cause. Also, being an organization entrusted with inter-country issues only, it has no jurisdiction on intra-country issues, which stay unaddressed. Globalization being another form of international capitalism, it inherently promotes greater privatization of all activities suggesting that health is/would be no more a 'noble social service', but a traded object (services and products) for profit [2].

Other than the increase in the cost, globalization promotes a tendency towards concentrating health services in locales having more lucrative markets namely urban centers and metropolitan centers because these are the locales. While it is true that the populations too are becoming more urbanized and that rural incomes are increasing as well owing to occupational diversification therein, the pace of the change in people's incomes at locations is not the same as increase in prices of health and locational concentration. Rural populations thus face greater neglect in terms of access to modern allopathic medicine. The 'Health in All' principles require that everyone should have access to at least a minimum primary health care, implying that health services should be available in abundant quantities for a nominal price or even free for all. This is a contradiction.

Another constraint that globalization imposes is that the general taxation rates are kept low for the private sector to have sufficient incentives to invest in different economic activities. Further, globalization requires that

governments maintain a low/nil budget deficit. Each of these would imply that the scope to raise more resources for health is small. In India, for example, the government spends less than 1.4% of Gross Domestic Product (GDP) on the health sector, while the effective demand cannot be met unless this proportion increases 3-4 times at the present (low) levels of efficiency in the government's own volition (see, Health Policy, Government of India 2014).

Facets of Globalization

Economic

The starting point of globalization is economic. Canons of globalization enshrine that there is free flow of capital and resources across national boundaries, there is respect for intellectual rights, there are options for unhindered repatriation of profits to locates from where the providing companies originate, there are minimal regulations regarding labor and land, government expenses do not exceed revenues to keep inflation in check, taxes should be low, and so on. The implications for the health sector are that investments by large and international and international companies rises, which at one level raises the supply of health services but at the same time these services are *de facto* 'exclusive', given the fees that they charge. Under a globalized regime the *affordable* health sector shrinks on a per capita basis impacting the health of the poor, especially in countries like India. Key health indicators in Sri Lanka and now Bangladesh are better than those in India, since those countries have been spending more on affordable health than India has been doing by not necessarily following the full rules of globalization.

Globalism however has a positive side as well in terms of promoting the economy and jobs in low cost countries like India. People seeking medical care/dental care outside their national borders have a single thought in mind: save money. In affluent countries in the west, Japan and the Gulf, dental care is expensive, especially if reconstructive or cosmetic work is required. Example, in the US only the most rudimentary dental care is covered by health insurance plans, which is why more than 150 million Americans are without dental coverage. Many people travel to these countries for treatment to save on costs. Dentistry also attracts what might be termed the "incidental traveler." Patients who take a vacation in a dental destination country may also find that they can work some affordable dental care into their holiday plans. Next, the Indian surgical equipment matches with the best in the world. With opening up of the markets the country is able to export products to earn precious foreign exchange. The pharmaceutical industry too has grown on the back of globalization.

Social

The social structure in a country—family, community, or society in general—transforms in the face of increased exposure to alternative lifestyles. Not all



sections of the society, however, change rapidly: some do it rapidly, some somewhat, while others little. In a traditional society, households bear the health expenses in the event of illness, from the pooled incomes of different members. Two issues:

1. External exposures have brought about emergence of 'unitary families'. In one sense this raises choices, but if the skills, incomes and opportunities are not growing these choices mean little while at the same time the family support system during illnesses vanishes.

2. Another down side is that not all people benefit from globalization and they cling to old practices. Existence of multiple practices, beliefs and approaches to solving problems results in huge sub-optimality, and solutions are difficult to find because powerful political interests emerge promoting these hybrid practices. Example, in the name of modern Ayurveda some companies have begun to add steroids and other allopathic combinations to Ayurveda drugs.

On the positive side is the trend in urbanization and/or increased engagement of people in non-farm activities. Besides raising the productivity (and incomes) such a trend is also a harbinger of 'rationality' in people's thought, removing irrational and often oppressive practices of the yester-era. In the health sector this has brought benefits, like not using cow urine or dung for therapeutic purposes, no more considering Ganges river water to be 'pure' (and thus fit for drinking), or preferring more modern practices: toothpastes, plaque disinfectants, etc [2].

Behavioral

Globalization promotes behavioral shift in peoples' living and eating/drinking habits. In the context of oral health, excessive intake of sugar in soft drinks, chocolates and other packed foods, which could put people to risk of caries formation, is a definite risk. Similarly fast foods are eaten more often (in frequency) than normal foods, e.g. hamburgers, French fries, or potato chips. Such frequency of eating does not permit to clean the mouth as often the food is eaten, resulting in food deposits staying in the mouths for long resulting in infection and/or caries formation. Changes in food habits of the kind described above could also result in increased costs without necessarily increasing nutrition; example, fried-foods are not particularly nutritious [3].

Behavioral patterns and changes are not limited to food. They extend to tobacco, alcohol, other unnecessary drugs, clothing, travel, or inter-personal behavior. Example, it is not that more people have taken up to smoking owing to international exposure but switching to cigarettes away from *bidi* is a more expensive way to invite 'premature death'. Similarly hard material cloth from which jeans are made is not necessarily good for hot and wet tropics and its excessive use could result in skin rashes.

There are serious behavioural implications as

well, of incomplete transformation: While of the one hand there is a thrust towards a western lifestyle, several remnants of the yester-era remain. When several value systems clash, some ugly resultants that have been witnessed, example, foetal sex determination and termination of pregnancy if it is a girl.

Educational

Today, some 80% of seats the health education (89% oral health education) are in the private sector, some with international collaboration, and almost none of those who graduate from these institutions would want to serve the larger, non-paying masses or work in rural areas. Among the reason is that the cost of private education prohibits these graduates to serve in areas where the paying capacities are limited; they would never be able to recover the costs.

A big proportion of the best graduates in allopathic health (physicians, dentists, pharmacists, researchers, nurses, others) leave the country to seek greener pastures abroad. In fact, there are clauses in the TRIPS (of the WTO) that promote such movements within the umbrella of 'Trade in Services'. The country thus readies human power for foreign markets: a clear loss to the exporting countries.

Rural areas and the un-served/poor are to be served mainly through indigenous medicine. Not that these are bad per se, but it is well agreed that they belong to a science that has largely been replaced by the superior modern Allopathic Medicine System, and wherein the resources put-in are immensely larger for its development and forming synergies with other sciences (like basic sciences, engineering, others). Also the best graduates do not opt for indigenous medicine. Finally, indigenous medicine is limited: it has little to offer in oral health other than some mouth rinses, it has not systems of surgery, etc. Quacks claiming to be indigenous practitioners come in though they are definitely undesirable.

CONCLUSION

Globalization has so far not proceeded in a manner that would uniformly cover the needs of all populations at the same pace. This is further exuberated by the fact that longevity is increasing (and with advancing age the status of teeth and gums—as of other organs—begin to deteriorate. At the same time neither are incomes of all peoples increasing at the same pace nor are health services evenly available in all locales. In fact, it has been observed that privatization of health services is making modern medicines expensive leading to individuals bearing an ever greater burden of expenses on account of health (and oral health) [4].

Globalization in health (including oral health) can help all if some key policies are pursued. Of course, the health sector alone cannot help: it has to be a whole package of policies and activities, which would help



integrate increased masses into the global market. The country has to become a part of the global supply chain and not merely be a recipient of products and skills in other countries.

Globalization need not engulf the whole health sector to make it a fully tradable product for profit. There is sufficient scope for national interventions to keep at least part of the health as 'a noble and superior service' as it was called during the medieval times. The success in realising the global health agenda requires a paradigm shift in the way one addresses global health to surmount five challenges:

1. Ensuring leadership for inter-sectorial coherence and coordination on the structural (including social, economic, political and legal) drivers of health.
2. Shifting the focus from treatment to prevention

through locally led, politically smart approaches to a far broader agenda.

3. Identifying effective means to tackle the commercial determinants of ill health.
4. Fully integrating oral health at least within the Primary Health System.
5. Providing a strong state support to oral health since the sector cannot be left to the private sector (local or international).
6. Raising the state budget on health to at least 4% of the GDP.
7. Establishing active associations with international agencies to strengthen the oral health sector: University-to-University links, faculty exchanges, pharmaceutical industry, allied industries (like toothpaste and other health product manufacturers), others.

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