



The Federation's Pages

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Bettina Borisch and Marta Lomazzi, Federation's Pages
Editors

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Global health and social work professions take action on equality and sustainability: returning to our roots

In this issue, The Federation Pages describe recent actions taken by the global health, primary care, and social work professions to fulfill the vision of our founders: to work together toward an equitable, healthy, sustainable, and socially-just world.

Hospitals in the western medieval world served multiple purposes. They catered to the sick and poor, offering shelter and food as well as medical and social care. It is only from the nineteenth century and the advent of 'academic medicine' that hospitals turned into the more narrowly focused entities that we recognize today. At the beginning of modern science-based medicine, however, one of health's founding fathers, pathologist Rudolf Virchow stated:

Medicine is a social science and politics is nothing else but medicine on a large scale. Medicine as a social science, as the science of human beings, has the obligation to point out problems and to attempt their theoretical solution; the politician, the practical anthropologist, must find the means for their actual solution [1].

Similarly, the social work profession developed in the late 19th and early twentieth century context of promoting social reforms related to health, welfare, and the need

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for clean environments, decent work, and education for all people [2]. Yet since our beginnings, dominant policy constructs separated the health and social work professions into separate ‘siloes’ and narrowed the scope of each. In many countries worldwide today, professionals, policymakers, and the public regard health and social work as separate professions that respond *after* ill health or other crises have occurred. The founders of our professions fought against this approach. William Beveridge, for example, made a clear connection between the social and the health sectors in his report *Social Insurance and Allied Services*. The report emphasized the importance of strong connections between the two in the interests of the public and societal wellbeing. As the report emphasized, “Health and social welfare are one” [3].

Despite political and policy mandates that split health from social work over the last century, the two professions’ common focus on social conditions and public health continues. Today’s terminology ‘the social determinants of health’ appears in many policy documents of the World Health Organization (WHO). Numerous countries have attempted to integrate health and social protection systems, yet too often these initiatives have fallen short of expectations where political cultures perpetuate separation of social wellbeing and health. Thus, division of social wellbeing from health interferes with the effectiveness of both in almost every country.

In 2021, global bodies representing the health and social work professions have taken further steps to address this troubling division. Under the auspices of WFPHA, a *Coalition of Global Health, Primary Care and Social Work Professionals* has been created to steer national, regional, and global policy related to the COVID-19 crisis. This global coalition (representing 124 million professionals) sponsored public statements highlighting the need for health and social services policy to change so as to more effectively control the pandemic. To accomplish this goal they sought high level engagement with political leaders [4, 5].

As the statements note, in the countries that benefitted from more success, professionals in leading roles worked alongside politicians in formulating evidence-informed practice to contain COVID-19. This engendered high levels of public trust and engaged communities and entire societies more effectively in key roles to contain the virus. In the statements, Coalition members emphasized an urgent need to establish international funds and systems for equitable distribution of vaccines. The Coalition, with its extensive international networks and practical experience in controlling SARS, Ebola, and HIV-AIDS, urged politicians to work with professionals. Learning globally shows that isolated political, health, and social responses fail to effectively control viruses. Political responses are subject to divisions within governments, and to party ideologies that often subvert clear and direct action. Health policy responses tend not to focus on development of systems for vulnerable populations, such as homeless people and those pushed further into poverty as a consequence of a ‘lockdown’ limit transmission of infections. Social work has been similarly hampered by siloed environments for making policy that avert coordination between health and social services. This, in turn, hinders the effectiveness of health promotion in communities. Communities and countries across the world will only achieve sustainable advances by working together.



The *Coalition* has identified the public's role in co-designing and co-managing the challenges created by the pandemic. Examples of effective responses include community leaders working with professionals to reinforce safe physical distancing protocols and to manage societal anxiety. Communities have also demonstrated that when they are engaged by professionals on the challenges of COVID-related unemployment, together they can find solutions. For example, lockdown prevented rural communities in Sierra Leone from trading in their traditional marketplaces; but with assistance from social work professionals, the communities established a local soap manufacturing cooperative to replace lost income and to expand and reinforce hygienic practices [6]. The approach of community engagement in finding solutions has created cultures of joint responsibility and a sense of 'societal team' in overcoming challenges. One example of this took place in New Zealand where the leading health professional and Prime Minister co-led a team of 5 million (the entire population) to quickly create high levels of public trust, control of the virus immediately, and to sustain a manageable level of new infections with very few deaths [7].

As well as global fear, illness, death, and increased poverty, the pandemic has also ushered in a new sense and urgency to reshape what had been nationally focused, top-down, and siloed policy making into collaborative and engaging processes within and across borders. Structuring new ways of making policy can address viruses that emerge from poverty and climate change, and tackle inequality through national and global cooperation. This approach can result in systems that engage and work with all peoples for shared and futures of equal opportunity for health and wellbeing. The *Coalition of Global Health, Primary Care and Social Work Professionals* is one of several catalysts in this change process. Others include the United Nations Institute of Research in Social Development that, in 2021, launched international discussion about the need for New Eco-Social Contracts to build trust between governments and citizens, and to enable more sustainable ways of living [8]. Other national and global developments pushing in this direction include United States (US) President Joe Biden's push for a 'New Deal' reflecting successful approaches established under the Roosevelt administration in the 1940s. New Deal sorts of strategies draw together related policy objectives to maximize employment, build infrastructure, advance technology, reinforce workers' rights and improve public health and social wellbeing. President Biden is adding goals for sustainability, green energy, increasing educational opportunities, and expanding childcare.

Today we all witness a resurgence of populations that demand their rights—in anti-austerity and pro-democracy protests across all the world's regions, including Fridays for the Future, Black Lives Matter, and others advocating women's rights, and refugee rights. Important discussion is taking place about how to emerge from the pandemic with new and internationally agreed values. The UN Secretary-General emphasizes that because challenges we face are not due to COVID alone, we must reset our values and priorities to address inequality and climate change [9].

The challenge for us all is to bring these voices for new global values together to reduce health and social protection inequalities, to recognize human and environmental rights, 'new deals', and new social contracts. We need all voices to expand



these conversations into every community. Our own professions of health, primary care, and social work need to think and act differently from the self-defeating ways that dominated our professions in previous decades. This will be a long process—and one requiring discussion across sectors, strengthening of incentives, reorientation of individual and organizations' attitudes, and fair distribution of privileges. To sustain improvements, we must all nurture values of trust and respect among professions.

We have a good basis to begin. Locally, many of those in each of our professions have developed ad hoc intersectoral working arrangements to engage communities more effectually in strategies to improve health and wellbeing. Globally, our professions have recently formed the Coalition we have introduced here around common values and messages. We work together to influence global, regional, and national policy structures to tackle health and social protection inequalities. Our next steps include expanding our networks with other global bodies and movements that share aims of working toward a new eco-social world where sustainability, as well as health and social protection, remain at the forefront of national, regional, and global priorities. These developments for health and social work represent a return to the roots for both professions as both aimed to reduce illness and social disadvantage in all societies.

Dr Rory Truell

Secretary-General of the International Federation of Social Workers
rory.truell@ifsw.org

Dr Marta Lomazzi

Executive Manager, World Federation of Public Health Associations & PD at the University of Geneva, Switzerland
marta.lomazzi@wfpfa.org

Professor Bettina Borisch

Executive Director, World Federation of Public Health Associations & Professor at the University of Geneva, Switzerland
Bettina.Borisch@unige.ch

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