

The Political Economy Of Health

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The Political Economy of Education and Health in Kenya Edward Andrew Miguel 2002

Constitutionalizing Health Matthew M. Kavanagh 2017 In recent decades there has been an increasing trend toward "constitutionalizing" health—identifying health as a right in national constitutions. Today more than half of written constitutions in the world contain such a right. Whether that is good, bad, or immaterial for the production of population health, however, is much debated. Does constitutionalization improve wellbeing or might it simply distract from or distort good health policy? This dissertation uses a nested analysis that pairs a large-N statistical analysis of 40 years of global health data with in-depth interviews with over 165 policymakers, activists, elected officials, lawyers, and judges in South Africa, India, Malawi, and Thailand. Empirical evidence shows that constitutionalizing health is a significant development in the institutions of health governance and can contribute to improved wellbeing. Over forty years of global health data, we can observe a small but significant health dividend for countries that have adopted the right to health, when controlling for the major alternative explanations of cross-national variation in mortality. Tracing health policy issues in South Africa and India reveals a right that operates as a "policy anchor"—tying health to the fundamental national political bargain and providing an innovation in the institutions of governance that helps policy entrepreneurs gain a foothold from which to drive policy to expand health capabilities. Shadow cases in Thailand and Malawi show that this shift can matter even without judicial intervention but depends on sufficient support structure to enable the full institutionalization of health as a right. These findings contribute to literature on law and rights, sharper models of the public policy process, and respond to the need to better understanding the broader set of institutions in the political economy of development that drive improvements in population health. In a broader context, this study suggests that constitution-writing is health policymaking. Greater attention to constitutions and the process of institutionalizing rights is warranted for those engaged in global health, with implications for the U.S. and other countries of the global North as well.

The Political Economy of AIDS in Africa Nana K. Poku 2017-07-05 Sub-Saharan Africa is a region devastated by HIV/AIDS. The extent of the epidemic is only now becoming clear, as increasing numbers of people with HIV are becoming ill. In the absence of massively expanded prevention, treatment and care efforts, the AIDS death toll on the continent is set to escalate rapidly. Despite progress being achieved in localized settings, the alarming statistics reflect the continuing failure of advanced countries to mount a response that matches the scale and severity of the African HIV/AIDS crisis. Over and above the colossal personal suffering, the dire social and economic consequences for fragile nation-states are already being felt, not only in health but in education, industry, agriculture, transport, human resources and economies in general. Countries already crippled by drought, poverty, debt, forced migration and civil war must now contend with massive deterioration in child survival rates and life expectancy, the erosion of the economic family base, massive and insupportable demands on health and public services, chronic labour shortages and volatile national security. Through a critical and detailed exploration of specific case studies, this invaluable volume brings together an unparalleled array of international contributors to redefine the political and economic contours of this calamitous epidemic. It examines the impact of the shortfalls in the 'Global Fund' allocation, the slow pace of administrative processing of aid and the weaknesses of institutional responses to the crisis from African countries and their partners in the global health community. It is essential reading for all concerned with public health, epidemiology, HIV/AIDS research, globalization, development, Africa and indeed our shared future. Features include: " Unique assessments of HIV/AIDS and its impact on democracy and governance in African states " Wide-ranging regional and country studies by the foremost thinkers in their fields " Multi-disciplinary contributions from areas including: Politics, Sociology, Public Health and Development Studies " Compelling and convincing evidence, thematic in approach " Innovative and culturally specific insights for long-term planning, care and support

Death Is a Social Disease William L. Coleman

The Political Economy of Immigrant Health Marcela Nava 2021 This dissertation is framed as a body of interdisciplinary, multilevel and multisectoral approaches to explore immigrant health. First, I clarify the public policy environment through which immigrant health is regulated to identify gaps and inconsistencies in current policies. This is accomplished through a conceptual paper that illustrates existing public policies and various health-related political and economic considerations of immigrants in Tarrant County, Texas. Second, I advance a conceptual framework that conceptualizes the properties and mechanisms through which socioeconomic factors influence immigrant health. This is carried out through an in-depth literature review on the immigrant paradox and a qualitative research study of key informants in the greater Dallas/Fort Worth area. Third, I explore measures of social capital and other determinants of health to explore variation in the health of immigrant subgroups. This is carried out through the development, implementation, and analysis of a pilot survey. Finally, I highlight opportunities for interdisciplinary research through the application of political and economic theories to explain the immigrant paradox. I conclude with a call to action for greater integration of political economists within health equity research.

What Makes Women Sick Lesley Doyal 1995 What makes women sick? To an Ecuadorean woman, it's nervous from constant worry about her children's illnesses. To a woman working in a New Mexico electronics factory, it's the solvents that leave her with a form of dementia. To a Ugandan woman, it's HIV from her husband's sleeping with the widow of an AIDS patient. To a Bangladeshi woman, it's a fatal infection following an IUD insertion. What they all share is a recognition that their sickness is somehow caused by situations they face every day at home and at work.

Political Economy and Public Health Governance Lai-Hang Hui 2017-01-26 This dissertation, "Political Economy and Public Health Governance: a Comparative Study of Hong Kong, Singapore and Taiwan From the 19th Century to 2000s" by Lai-hang, Hui, 2017, was obtained from The University of Hong Kong (Pokfulam, Hong Kong) and is being sold pursuant to Creative Commons: Attribution 3.0 Hong Kong License. The content of this dissertation has not been altered in any way. We have altered the formatting in order to facilitate the ease of printing and reading of the dissertation. All rights not granted by the above license are retained by the author. Abstract: This dissertation seeks to understand the relationships between the evolving political economies and modes of public health governance in Hong Kong, Singapore and Taiwan from the 19th century to nowadays. It is argued that from a political economy perspective, a suitable institutional set-up is important in providing political resources necessary for the evolution of public health governance. This dissertation looks specifically at political resources that include authority, legitimacy, finance and knowledge. The uneven distribution of these political resources across the polity determines the power gradient amongst different actors. Institutional set-up is also important because it governs the interaction between different actors who are in various ways dependent upon one another. From the 19th century, the polity of these three jurisdictions experienced drastic change under the banner of colonialism. The colonial governments were preoccupied with advancement of colonial interest. With the unrest in the polity, the colonial governments realised the importance of authority and knowledge in perpetuating their existence. At the same time however, the ignorance towards cultural affinity of colonial subject deprived the governments of their ability to regulate the life of the latter. The contradiction was strongly reflected in the two British colonies where there were clashes over the application of public health law and regulation. Japan, by contrast, was more able to gain authority because of her tactics to couple traditional control with modern policing. In the post-war era, the political economy of these three jurisdictions departed from one another. In Hong Kong, the colonial set-up shifts from regulatory-led to developmental-led institutional set-up. Similar tendency can be observed in Singapore and continued after her independence. Bureaucratic authority became the most available resources for government to mobilise. In strong possession of authority and finance, the government was increasingly able to introduce expansionary measures. This is accompanied by the rise of rational planning in Hong Kong and Singapore. As a result, there witnessed bureaucratisation of public health governance which shaped the dependent interactions between the authorities and citizen and the sporadic contribution from charities and overseas organisations. Taiwan departed significantly from these two jurisdictions. The inception of Kuomintang's authoritarian regime attempted to continue the regulatory-led institutional set-up from the colonial regime in the 1950s. Whilst authority became abundant, financial resources were drained away to military project. International agents became the key actor to contribute to the functioning of public health governance. In the 1970s to 1990s, the fiscal crisis arising from exponential increase of public expenditure and the international policy discourse of deregulation led to the declining ability of tax-based direct provision of health care. There displayed a greater willingness to rely on more actors and more instruments to divest the responsibility o

Teaching Collection (Anthropology) 1987

Work, Worklessness, and the Political Economy of Health Clare Bamba 2011-10-27 This book examines the effects on health and inequalities in health of work and unemployment, drawing upon international evidence from occupational health and epidemiology as well as the social sciences. It examines various health outcomes including mental health, musculoskeletal pain, mortality and self-reported general health.

The Political Economy of HIV/AIDS in Developing Countries Benjamin Coriat 2008-01-01 The issue of universal and free access to treatment is now a fundamental goal of the international community. Based on original data and field studies from Brazil, Thailand, India and Sub-Saharan Africa under the aegis of ANRS (the French national agency for research on Aids and viral hepatitis, this timely and significant book both assesses the progress made in achieving this objective and presents a rigorous diagnosis of the obstacles that remain. Placing particular emphasis on the constraints imposed by TRIPS as well as the poor state of most public health systems in Southern countries, the contributing authors provide a comprehensive analysis of the huge barriers that have yet to be overcome in order to attain free access to care and offer innovative suggestions of how they might be confronted. In doing this, the book renews our understanding of the political economy of HIV/AIDS in these vast regions, where the disease continues to spread with devastating social and economic consequences. This volume will be a valuable addition to the current literature on HIV/AIDS in developing countries and will find widespread appeal amongst students and academics studying economics, sociology and public health. It will also be of interest to international organizations and professional associations involved in the fight against pandemics.

The Political Economy of Health Care in the U.S.S.R. Christopher Williams 1986

Between Justice and Compassion Miriam Iris Ticktin 2002 This dissertation argues that there has been a shift in emphasis in contemporary France from a regime of systematicity and justice, grounded in the rule of law, to a narrower ethics of exceptionality and benevolence, based on a politics of humanitarianism and compassion. I examine this shift from the angle of those most impacted by the failure of the rule of law - immigrants, particularly undocumented immigrants - or those called "les sans papiers" in France. Based on ethnographic field research in Paris from 1999-2001 with undocumented immigrants, activist groups, lawyers, immigration officials, nurses, doctors and social workers, this dissertation documents how, as one example of this shift, illness has become a primary means by which to stay in France legally. It demonstrates how this emergent ethics has turned the politics of immigration into a politics of life and death, where one must barter one's suffering for inclusion in the concept of humanity.

The Political Economy of Health and Healthcare Joan Costa-Font 2020-04-30 The healthcare sector is one of the fastest growing areas of social and public spending worldwide, and it is expected to receive an increase in government shares of GDP in the near future. Truly global in its scope, this book presents a unified, structured understanding of how the design of a country's health institutions influence its healthcare activities and outcomes. Building on the 'public choice' tradition in political economy, the authors explore how patient-citizens interact with their country's political institutions to determine policies, alongside the influence of other forces, such as federalism, collective action, electoral competition, constitutional designs, political ideologies, corruption, lobbying and the dynamics of change. Whilst drawing on the theoretical concepts of political economy, this book describes the institution-grounded health systems in an accessible way. It will appeal to undergraduate and graduate students studying health economics, health policy and public policy.

The Political Economy of Health Lesley Doyal 1981 Shows that ill-health is largely a product of the social and economic organization of society; that medical practice and research are strongly influenced by their roles in maintaining a healthy labour force; and that the medical field provides a large arena for the accumulation of capital.

New Labour's State of Health Calum Paton 2017-05-15 In this timely and unique work, Calum Paton assesses the political economy and politics of current health policy in order to explain the underlying causes of problems in the National Health Service. Debates from political theory, political economy and public administration are used to examine health policy made and implemented by New Labour since their election victory in 1997. The author argues that the fundamental nature of health policy is dependent upon the prevailing regime in political economy and also that 'policy overload', contradictions and confusion have rendered the task of coherent implementation very difficult. Although there is implicit comparison, the primary focus is England within the UK (post-devolution), and the book provides a detailed examination of contemporary health policy. Written by an established scholar in the field, it will particularly interest academics, post-graduate students and professionals in health policy, social policy and politics.

Political Economy of Health Care Julian Tudor Hart 2010 This new edition of this bestselling book argues that patients need to develop as active citizens and co-producers of health. This second edition has been entirely rewritten with two new chapters, and includes new material on resistance to that world-wide process.

The Political Economy of Health and Disease in Africa and Latin America 1989

Regimes of Inequality Julia Lynch 2020-01-02 Since the 1990s, mainstream political parties have failed to address the problem of growing inequality, resulting in political backlash and the transformation of European party systems. Most attempts to explain the rise of inequality in political science take a far too narrow approach, considering only economic inequality and failing to recognize how multiple manifestations of inequality combine to reinforce each other and the underlying political features of advanced welfare states. Combining training in public health with a background in political science, Julia Lynch brings a unique perspective to debates about inequality in political science and to public health thinking about the causes of and remedies for health inequalities. Based on case studies of efforts to reduce health inequalities in England, France and Finland, Lynch argues that inequality persists because political leaders chose to frame the issue of inequality in ways that made it harder to solve.

Gesundheitsökonomie Friedrich Breyer 2013-07-02 Dieses Buch macht den Leser mit den zentralen Fragestellungen und dem analytischen Werkzeug der Gesundheitsökonomie vertraut. Erörtert werden die erheblichen Kostensteigerungen im Gesundheitswesen, der Umgang mit der Gesundheit, die Rolle des Arztes und sein Verhalten, die Macht der Ärztenverbände und Ineffizienzen in Krankenhäusern. Ohne die Ausklammerung ethischer Gesichtspunkte werden diese Fragen mikroökonomisch analysiert mit dem Ziel, empirisch überprüfbare Voraussagen abzuleiten. Berichtet wird auch über Ergebnisse empirischer Forschung. Die Neuaufgabe ist überarbeitet und erweitert.

The Political Economy of Diet, Health and Food Policy Ben Fine 1998 The Political Economy of Diet and Health continues the exploration of food systems theory begun in the author's previous publications. It presents a critical exposition of food systems theory and analyses the existing approaches to food consumption. Subjects include: * resolving the diet paradox * the impact of the EU * the lack of policy in the UK * an exploration of the 'diseases of affluence'.

White Plague, Black Labor Randall M. Packard 1990

The Health of Nations Gavin Mooney Why, despite the vast resources spent on health care, is there still so much ill health and health inequality? In this devastating critique, internationally renowned health economist Gavin Mooney spotlights the political economy of health care. He also reveals how too little is done to address the social determinants of health. Using numerous case studies, this provocative book makes a compelling case for the need to re-evaluate how we approach health and health care globally.

The Political Economy of Good Governance Wei-Chiao Huang 2015

Community Health Organizing and the Political Economy of Health Care in Morelos, Mexico Suzanne D. Schneider 2006

Political Economy of Health Care and Financing S. N. Kulkarni 1989

Residual Capacity and the Political Economy of Pandemic Response in Ghana Kofi Takyi Asante 2022 On the whole, poor countries in Africa and elsewhere seem to have weathered the coronavirus (SARS-CoV-2, or COVID-19) pandemic better than wealthier countries with superior healthcare systems. Using the Ghanaian case, this paper draws on newspaper articles, policy statements, and other secondary sources to explain how the country's competitive clientelist political settlement mediated the public health outcomes of the pandemic. It argues that while it lacks overall state capacity, Ghana was able to surmount the limitations of its weak and underresourced public health system by leveraging 'residual capacity' from previous public health programmes and a strong proactive response from the continental and subregional organizations. The government's strong early response enabled it to gain control of the situation in the crucial first few months of the outbreak. However, with an upcoming election later in the year and unwilling to bear the political costs of sustaining its initial efforts, the government subsequently wavered in its response. The country's infection and death rates spiked and dipped in response to these waves of enforcement. The paper concludes with a brief discussion of the limits of 'residual capacity' in public service delivery.

The Political Economy of Health Care D. Reisman 1993-08-27 Some goods and services are normally left to the market mechanism. Health care is often described as an exception to the rule. Society wants care to be allocated equitably; it wants the financial burden to be kept within bounds; it wants treatments to be both medically effective and economically efficient. These shared concerns lead to a demand for State intervention which this book seeks impartially to appraise and evaluate.

The Political Economy of Indian Health and Disease in the Canadian Northwest [microform] James W. (James William) Daschuk 2002 This dissertation identifies the origins of the present disparity of health conditions between Indian communities and mainstream society in western Canada. The relationship between economics and health of Indian populations is examined by focusing on the time period from the early eighteenth century to the end of the nineteenth century. The dissertation notes how the geographical distribution of aboriginal societies was affected by the fur trade and the subsequent diseases introduced by Europeans. When the Canadian government opened up the west for agricultural development after the bison had become extinct, aboriginal populations went through a period of malnutrition. The author argues that the Dominion used its famine relief strategy to subjugate aboriginal populations in order to implement economic and political order. As a result of the period of malnutrition, the Indians of the plains endured a tuberculosis epidemic during the 1880s. Within fifteen years of signing Treaties, many plains populations declined to their demographic nadir.

The Political Economy of Health Meredith Turshen 1975

The Political Economy of Health in Northern Manitoba Helga Jonina Margret Stefansson 2012

The Political Economy of Health Care in Senegal Maghan Keita 1988

The Political Economy of Universal Healthcare in Africa Philip Chukwuma Aka 2022 Introduction -- Analytical Framework -- Ghana's National Health Insurance Scheme (NHIS) -- The Politics of Healthcare in Ghana -- The Economics of Healthcare in Ghana -- Healthcare as Human Rights in Ghana -- Conclusion and Prospects for the Future.

The Political Economy of Primary Health Care Nadia Alexandra Kostiuik 1981

Death is a Social Disease William Coleman 1982

Neoliberalism, Globalization, and Inequalities Vicente Navarro 2020-05-06 Since U.S. President Reagan and U.K. Prime Minister Thatcher, a major ideology (under the name of economic science) has been expanded worldwide that claims that the best policies to stimulate human development are those that reduce the role of the state in economic and social lives: privatizing public services and public enterprises, deregulating the mobility of capital and labor, eliminating protectionism, and reducing public social protection. This ideology, called 'neoliberalism', has guided the globalization of economic activity and become the conventional wisdom in international agencies and institutions (such as the IMF, World Bank, World Trade Organization, and the technical agencies of the United Nations, including the WHO). Reproduced in the 'Washington consensus' in the United States and the 'Brussels consensus' in the European Union, this ideology has guided policies widely accepted as the only ones possible and advisable. This book assembles a series of articles that challenge that ideology. Written by well-known scholars, these articles question each of the tenets of neoliberal doctrine, showing how the policies guided by this ideology have adversely affected human development in the countries where they have been implemented.

The Political Economy of Indian Health and Disease in the Canadian Northwest James W. Daschuk 2002 This dissertation identifies the origins of the present disparity of health conditions between Indian communities and mainstream society in western Canada. It examines the relationship between economics and health of Indian populations in the Canadian northwest from the early eighteenth century to the end of the nineteenth century. It documents the development of the fur trade in relation to changes in the geographical distribution of aboriginal societies resulting from the differential impact of introduced European diseases. For a period of one hundred and fifty years, infections that came as a consequence of trade were the primary source of mortality due to illness among First Nations. In addition, social pathologies resulting from European trade strategies affected the well being of communities in the northwest. Climate and environment contributed to the differential success of many groups integrated into the global economy through the fur trade. Canada's acquisition of the northwest changed this pattern. Its commitment to the terms of Treaties opened the west for agricultural development and settlement. The Dominion's development strategy, the National Policy, coincided with the extinction of the bison, undermining the ability of plains Indians to compel the government to deliver on their Treaty commitments. To facilitate the implementation of its economic and political order, the Dominion used its famine relief strategy as a means to subjugate them. By the early 1880s, tuberculosis emerged as a full blown epidemic among the Indians of the plains. The spread of tuberculosis through the Indian population of the plains was the result of the protracted period of malnutrition. Punitive measures imposed after the brief armed resistance to Dominion hegemony further weakened the population already largely infected with the disease. Severe mortality resulted from the spread of acute infectious disease among the compromised population. Within fifteen years of signing Treaties many plains populations declined to their demographic nadir.

The Political Economy of Health Care David A. Reisman 1993 Health care is a social concern, closely connected to the pursuit of collective goals. That is why some have said that mortality and morbidity, too important to be left to the individual and the market, are properly the focus for public policy. One reason for intervention might be equity: the nation might take the view that none of its citizens, irrespective of economic status or geographical location, ought to be denied adequate access to medical attention. Another reason might be economy: the cost of care is rising and a rational society will want to ensure that the rise is not excessive. A third reason might be efficacy: scarce inputs should not be wasted, and that means economic analysis as well as scientific testing in order to identify value for money. The Political Economy of Health Care examines the potential contribution of state intervention to health care. Impartial and unbiased, it reaches the conclusion that a wide range of differing opinions must be carefully considered if informed debate is ever to lead to consensus in this complex, confusing but vitally important area of social life.

A Political Economy of Medicine Joseph Rogers Hollingsworth 1986

A Political Economy of Health Care in Senegal Maghan Keita 2007 This work is a political economic history that analyzes approximately 350 years of rivalry between traditional, Islamic, and European systems of health in the Senegambian region of West Africa. The work is divided into three parts. Part I focuses on the theoretical parameters of a political economy of health care. Part II addresses the historical nature of health care rivalries in the Senegambian region from the mid-seventeenth century through independence. And Part III looks at contemporary contention concerning health care delivery and the ways in which 'average' people craft alternative health care mechanisms while bringing pressure to bear on national and international bodies as well. "A Political Economy of Health Care in Senegal" should prove useful as a critical indicator of the ways in which historical agency is manifested historically and in contemporary health policy; policy that is often initiated outside of the "official" sector.

The Political Economy of Children's Developmental Health Arjumand A. Siddiqi 2005

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