Chapter 1
Introduction: What Is This Volume About?

In these early years of the twenty-first century, it can often seem that across the globe we are living in a world of crisis. When we began this book, there were bombings at the end of the Boston Marathon of 2013, an army coup in Egypt that overthrew the first democratically elected government, an armed conflict in Syria, the President of North Korea made bellicose threats against South Korea and the USA, and the shrinking of the Arctic ice sheet that was implicated in the extreme winter weather that the UK has faced in 2012–2013. ‘The war on terror’, the age of austerity, global warming and consequent climatic instability, disparities in wealth, and other issues add to the sense that social institutions are unable to cope with the major problems that the world faces. It is certainly the case, on the one hand, that states around the world are under enormous fiscal pressure, in large part brought about by the banking failures of 2008, which heralded the end of a long period of conspicuous consumption and an era of deregulation. On the other hand, the private sector, too, is under pressure, losing once-certain markets to new competitors, and ‘fat cat’ directors facing angry shareholders and governments seeking to curb their excess salaries and the bonus culture of those in charge of large corporations. Certainly at the moment there is much to be concerned about. However, while we do not seek to minimize the threats which humanity currently has to face, even in a time of crisis we feel that there is much about which to be optimistic. In this, we echo Bill Gates in his 2013 Reith Lecture to the British Broadcasting Corporation (BBC), who also took an optimistic view of the world.

Optimism lies in the following situations. People across the world, for example, are living longer and more productive lives than in the past. Most countries now having increased longevity and pass the 7% level at which they can be said to have an aging society, as Cook and Halsall (2011), for example, noted. Further, despite or even because of the competitiveness that is a key feature of capitalist society, ‘sociability’ is a concept that has considerable currency in contemporary society. This is evidenced by the role of the voluntary sector, for instance, and the way in which community groups are increasingly willing and able to fill the gap between the private sector provision on the one hand, and the public sector provision on the other (Andrews 2012; Cusack 1999). There is a palpable growth in ‘social capital’ that is being developed by social entrepreneurs who offer a ‘Third Way’ to capitalism on
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In this book, we draw upon our diverse and rich experience of different societies in order to explore these concepts and discuss the extent to which this sense of optimism is indeed appropriate for today and ‘our’ tomorrow.

In addition to examining the concepts of sociability, social capital, and community development within the different national chapters, there are several sub-themes. These include:

- Aging
- Governance and institutions
- Emergency services and public health provision
- Community development

These themes are selected because of their contemporary relevance. As noted above, more people are living longer in most societies. However, ‘age does not come by itself’; therefore, there are morbidity threats such as dementia or obesity that society must tackle. But this situation is arising as the state increasingly seeks to withdraw, or is being forced to withdraw, from the expense of welfare support for older people; therefore, governance and institutions must be examined in order to determine whether these remain, or can become ‘fit for purpose’ in different countries. In our chosen sample, for most of the people facing an emergency, they are most likely to require state support via the emergency services or the public health service (Wankhade 2011, 2012). It might be helpful to think about the national variations in performance of the emergency services and health providers on account of the variations in the co-production or social networks within countries/regions (see Andrews and Wankhade, forthcoming for a study of social capital and the UK ambulance service performance; Andrews and Brewer (2010) for social capital and fire service performance in the USA). A recent study (Timmons and Vernon-Evans 2013) has reported that community first responding has been quite successful in the health and pre-hospital care sector with clear implications for other voluntary organisations. But in a time of fiscal constraint, how is this provision being met, and what are the limitations of service provision? Finally, our sense of optimism is born from the growing evidence that ‘community’, however defined, can help to plug this gap in provision (Putnam 1993, 1995a, b, 2000; Tavits 2006). Who are the activists, what are their traditions, and how can they be nurtured given that current fiscal constraints affect community groups too, not just state providers.

The beginning of the twenty-first century is an exciting era for public health, both from a theoretical and practical standpoint. Improving public health and well-being is a high profile feature of government policies. The realms of public health have become broader in recognising the factors in people’s social, economic, and physical environment that have a profound impact on their health and can create inequalities (Orme et al. 2007, p. 8). It now involves a more diverse public health workforce and partnerships between organisations in the public, private, voluntary, and the third sector. Reducing disparities in health as a consequence of social and economic differences is a key government priority across the world (Griffiths and Hunter 2007). This book aims to explore some of these challenges of public health...
in the twenty-first century in making sense of the complexities and differences on
the chosen themes and subthemes in the selected case studies.

In this exploration, we have decided to use the case study approach to different
countries, as used by Cook and Halsall (2011), and have selected the following
eight countries to analyse:

| Chapter 2: | UK |
|-------------|----|
| Chapter 3:  | USA |
| Chapter 4:  | China |
| Chapter 5:  | India |
| Chapter 6:  | South Africa |
| Chapter 7:  | Bangladesh |
| Chapter 8:  | Japan |
| Chapter 9:  | The Netherlands |

Firstly, the UK is selected because it is our home base and has the National Health
Service (NHS) as its major health provider. The concept of aging and the ‘Big So-
ciety’ and the impact on the NHS are discussed in a previous publication in Cook
and Halsall (2011) plus Halsall et al. (2013a, b). The US context requires a deeper
exploration being the biggest economy in the world plus a society that is highly po-
larised in terms of an often vicious debate concerning the state role in public sector
health (Cook and Halsall 2011). China offers quite a contrast to both these coun-
tries, representing not only a one-party dominated government and strong state,
but one which since the reform period began in 1978 has moved towards market
solutions to its social and economic problems. Again, this country is studied in
Cook and Halsall (2011). India is selected because of its pre-eminent position in
the South Asian peninsula having a population of more than a billion people along
with the familiarity of two authors (Cook and Wankhade). Community governance
in the UK and India has also been recently explored by the three authors (Halsall
et al. 2013). South Africa is chosen because of the experience gained in researching
this fascinating country for Cook and Halsall (2011) and also because of the role
of older people as carers in the light of the HIV/AIDS crisis that the country has
faced. Bangladesh is a new choice, chosen in part because of Halsall’s experience
of this country plus complementary knowledge of the other two authors. Japan is
selected because it was also in Cook and Halsall’s previous book and because the
country is the leading ‘flying goose’ in East Asia. The Netherlands provide a good
European case study since the chosen themes are fairly well developed in Dutch
society; while in addition is the availability of the academic resources in the English
language. The following sections will focus on sociability, social capital, and com-
munity development.
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Sociability

As Cook and Norcup (2011) illustrate, the concept of sociability comes from the Russian social anarchist Peter Kropotkin in his book *Mutual Aid*, published in 1902. Peter Kropotkin was a fascinating figure, being born into the Russian aristocracy as a prince giving up the privileges of his noble birth due to his growing awareness of the poverty that was endemic to Russian society in the nineteenth century (Cook 1990). He joined a Cossack regiment rather than an elite one and spent time with them stationed in Siberia. Whilst there, he observed the poor levels of governance of the exile communities as well as anarchist ideas from the exiled poet Mikhailov. Despite grinding poverty and deprivation, he was impressed by the spirit of the exiles and the way in which they came together to survive and in some cases, prosper. He also observed this community spirit in animal species in this vast region. Many years later, by which time he was himself in exile from the Russian authorities and had become the ‘leading’ anarchist of his day, he drew together his observations of different societies, partly to counter the growing tendency towards Social Darwinism that was leading many thinkers at the time towards the doctrine of survival of the fittest and the eventual horrors of fascism.

Cook (1994) has previously summarised Kropotkin’s views of altruism and sociability in one of a series of public lectures at the University of Durham in celebration of Kropotkin’s sesquicentenary in 1992, and what follows draws heavily on this source. As Cook (1994, p. 22) explains:

Kropotkin believed that we were, at root, an altruistic and sociable species, as indeed were most species. Moreover, he contended that the higher up the evolutionary scale, the more rather than less co-operative was each species. This was in flat contradistinction to the prevailing orthodoxy of the Victorian era with its stress on competition and the bastardisation of Darwinian ideas towards ‘Survival of the Fittest’ at any cost.

While Kropotkin admitted that there was ‘an immense amount of warfare and extermination going on amidst various species...there is at the same time, as much, or perhaps even more, of mutual support, mutual aid, and mutual defence amidst animals belonging to the same species, or, at least, to the same society. Sociability is as much a law of nature as mutual struggle’ (Kropotkin 1902, p. 5, cited in Cook 1994, p. 22). In his field observations with the zoologist Poliakov, despite the fact that they were influenced by Darwin’s *Origin of Species* to actively seek out instances of intraspecies competition, rather than co-operation, they searched in vain. Instead, they found that a whole range of species such as ants, bees, birds, antelopes, and even carnivores all depend on each other for support and survival. Indeed:

From the smallest species to the biggest ones, sociability is a rule to which we know but a few exceptions. (Kropotkin 1902, pp. 50–51, cited in Cook, p. 22)

Moreover, ‘as we ascend the scale of evolution, we see association growing more and more conscious. It loses its purely physical character, it ceases to be simply instinctive, it becomes reasoned’ (Kropotkin 1902, p. 53). Reason is closely associated with intelligence, and for higher species, this is an essentially social facility; therefore, to him it was evident that ‘language, imitation and accumulated experience
are so many elements of growing intelligence of which the unsociable animal is deprived’ (Kropotkin 1902, p. 58, cited in Cook 1994, p. 22).

European society, at the time Kropotkin was assembling his evidence of sociability, was heavily influenced by racist views of non-White societies which were largely portrayed as ignorant savages living a bloodthirsty or aggressive existence in the war of ‘each against all’, with the European colonisers in contrast being seen as bringing civilisation and enlightenment to these so-called benighted races. Kropotkin criticises such simplistic views via his knowledge of the tribe or clan society in which:

> Wrongs were righted in a community forum for arbitration, and customs and lore were passed down in an oral tradition…The imaginary barbarian—the man who fights and kills at his mere caprice—existed no more than the ‘bloodthirsty’ savage. The real barbarian was living, on the contrary, under a wide series of institutions, imbued with considerations as to what may be useful or noxious in his tribe or confederation. (Kropotkin 1902, p. 130, cited in Cook 1994, p. 23)

In terms of European society, Kropotkin views the development of the state as the main cause of the undermining of pre-state guilds, brotherhoods, federations, and confederations, but despite the growth of the state, examples could be found of ‘voluntary association, communal undertakings and mutual support in a wide range of countries and societies, in Swiss cantons, in Ariege in South France, in Wurttemberg (sic) or Baden in Germany, in Middle Russia and elsewhere one finds rural examples, while urban/industrial ones are found in the Trade Unions, political associations and other voluntary bodies flourishing in sometimes difficult and even dangerous circumstances’ (Cook 1994, p. 23); further, the working classes could not survive without mutual aid, and even the rich practised mutual aid among themselves, and would give to charity.

Cook went on to briefly evaluate these views in the context of the time, the early 1990s. Noting that Kropotkin did not seek to duck the issue of the individualistic competitiveness, which is also a feature of human affairs, and that the contemporary dominance of Thatcherism and Reaganism meant that, similar to the Victorians, there was a strong individualist competitive ethos, underpinned by the laissez-faire writings of Friedman, Hayek and others; nevertheless, it was essential to consider Kropotkin’s alternative view that we are mutually supportive and cooperative as a species. This serves to

> remind us that there is another way of looking at human affairs and that we can search for and seek to develop further, the mutual aid dimension of human society. (Cook 1994, p. 24)

Such a view was recently reflected, for example, in the fact that the United Nations declared 2012 as the International Year of Co-operatives, a milestone that

> marks an important recognition within the international community of the role of co-operatives in promoting the ‘fullest possible participation in the economic and social development of all people’, including women and peoples of all ages, creeds, ethnicities and disabilities. (Webster et al. 2011, p. 1)
One surprise omission in The Hidden Alternative volume is that there is no mention of the concept of sociability and only one mention of ‘social capital’. Interpreted by Battilani (2011, p. 158) in this book as ‘sustained group-level co-operative behaviour’, he uses this concept to link the concept of culture to the ‘non-homogeneous territorial distribution of co-operatives in Italy’ and the ‘ideal of community happiness’ which emanates from the contrasting traditions of liberalism, Catholicism, or socialism in Italy. Rowland (2009 p. 63) takes Battilani’s definition further by drawing upon the Organisation for Economic Co-operation and Development (OECD) definition of social capital as ‘networks, together with shared norms, values and understandings which facilitate cooperation within or among groups’. Such networks and relationships become an important community resource as social capital, for example in the process of population migration which can have an important impact on patterns of aging around the globe, either because of the loss of young people to other countries, or the more recent phenomenon of migration of older people themselves, either to their original home country or to warmer climes (see Cook and Halsall 2011 for a fuller discussion).

The concept of social capital has been theorized and understood in many different ways (Andrews 2011; MacGillivray 2002), the central core being the notion that the relational resources within a community can be harnessed by certain actors to achieve desired outcomes (Bourdieu 1980). Putnam (1995b, p. 67) defines social capital as ‘features of social life—networks, norms, and trust—that enable participants to act together more effectively to pursue shared objectives’ referring to the social connections and the attendant norms and trust. Putnam (2000, p. 290) later argued in his American study that ‘social capital makes us smarter, healthier, safer, richer and better able to govern a just and stable democracy’ underlining the social and economic resources embodied in social networks.

Further participation in networks prevents social isolation, bringing the social and health benefits of social engagement, as well as better prospects for obtaining additional and compatible forms of assistance when needed. In the social policy field, social capital is seen as having the potential to reduce expenditure on social problems, encourage cooperation and trust and enhance quality of life. It assists in explaining why communities with similar resources may diverge in terms of social cohesion, initiative, mutual support, and adaptability to change. Although causal links are difficult to confirm, social capital in the form of social and civic engagement and cooperation appears to bestow advantages of wellbeing and resilience on communities, as well as on individuals. Some go so far as to say that ‘social capital is the most fundamental resource a community requires in the creation of economic, social and political wellbeing’ (Winter 2000, p. 9 cited in Rowland 2009, p. 63).

Recent policies to limit government spending have led to a big squeeze on public expenditure. This has been witnessed in several of the chosen case studies except in India, for example, where public spending has not been cut drastically. How-

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**Fig. 1.1** Individuality–communitarianism. (Source: MacPherson 2011, p. 216)

The volume from which this quote is taken, The Hidden Alternative: Co-operative Values, Past, Present and Future, provides examples of co-operative practice across the globe, over time and space, and several will be referred to below within this book where they have a public health dimension. Within that volume, MacPherson explores the relationships between individualism on the one hand and what he calls ‘Communitarianism’ on the other and presents a diagram reproduced here as Fig. 1.1.

The diagram is open to debate, but makes interesting connections. Arguably, democracy is best served with a combination of the best of both of these attributes, rather than the extremes of one or the other. Similarly, the virtues of honesty and openness require elements of each to be realised, as the figure shows. Self-help is another commendable feature of social life, but requires a strong individualist element in order to be attained, while social responsibility and caring for others depend more upon communitarian values.
Social Capital

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Recent policies to limit government spending have led to a big squeeze on public expenditure. This has been witnessed in several of the chosen case studies except in India, for example, where public spending has not been cut drastically. However, within our sample cases, circumstances involving either welfare budget cuts
or improving citizen participation have necessitated a bigger role by the social networks in the co-production of the services. The concept of social capital, sometimes considered an ambiguous concept, has been drawing attention of political scientists; policy makers and commentators help explain the role and importance of social networks and community groups in improving the public service provision. Robert Putnam (2000) in his classic work, ‘Bowling Alone’ identified how the American society has increasingly become disconnected from one another and the various social structures such as church, political parties have disintegrated signifying a significant social change and a decline of generalised reciprocity (Putnam 2000, p. 505). Field (2003 p. 1) argues that social capital can be summed up in two words: ‘relationships matter.’ Skidmore et al. (2006, p. 8) have noted that there are strong connections ‘between the properties of social capital and effectiveness of governance.’ Hence the promotion and practice of social capital means better governance (Putnam 1993).

The success of social capital is the development of institutions and opportunities for public engagement and involvement. While acknowledging that the concept of social capital (Navarro 2002; Fine 2010) remains controversial, it nevertheless provides a practical tool to explore the significance of social networks and community engagement within the backdrop of cuts in public spending and efforts to improving citizen participation (Jackson 2011; Jakobsen 2013).

**Community Development**

The concept of community has fascinated social scientists because it brings a whole host of connotations (Giuffre 2013; Somerville 2011; Delanty 2003). When the term is used in the public domain there is a perception that the word ‘community’ creates a ‘feel good’ factor. Bauman (2001, p. 1) has noted that ‘company or society can be bad; but not the community. Community, we feel, is always a good thing.’ It has become apparent when things go wrong in society; governments want to know why this happened. Furthermore, it has become common practise for governments to examine what went wrong and how problems can be solved. In this sense, a government tends to examine a community when that community is doing well (Campbell and Jovchelovitch 2000). Elias (1974, p. i) has provided a useful definition of community when he says:

The term community can refer to villages with some characteristics of state in relatively undifferentiated agrarian societies. It can refer to a backwater village of a more or less urbanised nation state. It can be used with reference to a suburban community, a neighbourhood region or an ethnic minority of a large industrial city.

Theoretical debates on the term community have caused much contested debate. For example, famous sociologists, such as Durkheim, Weber, Tönnies, and Simmel, have all commented on the symbolism and boundaries of community. Cohen (1985, p. 11) has noted these scholars would all agree that ‘modernity and community are irreconcilable, that the characteristic features of community cannot survive
industrialisation and urbanisation’. Modern debates on community have generated much public interest. For example, one of the flagship policies that the British coalition government introduced in May 2010 was the Big Society.

Until recently the terminology associated with community has been somewhat fuzzy and unclear. Moreover, there has been a continual need to produce a satisfactory definition. Mooney and Neal (2009, p. 3) have argued that ‘finding one definitive meaning of community is neither possible nor desirable’. Moving on from this argument is the viewpoint that communities have become more complex over time. A recent example of this are issues surrounding migration. With the improvement of transport, people have the opportunity to travel more and thus create new opportunities. Also the impact of migration has brought a contemporary perspective to communities.

As the title suggests, this book is fascinated with the concept of community development. Phillips and Pittman (2009, p. 6) have provided a comprehensive definition of community development:

A process: developing and enhancing the ability to act collectively, and an outcome: (1) taking collective action and; (2) the result of that action for improvement in a community in any or all realms: physical, environmental, cultural, social, political, economic etc.

Brocklesby and Fisher (2003, p. 193) have argued that the concept of community development is ‘not fashionable in the international development circles’ because they have created a greater emphasis on ‘promoting a sustainable livelihood approach’. This shift has allowed other concepts to be introduced, such as empowerment, people’s participation, and stakeholder decision-making.

One area in which sociability, social capital, and community development is so important is with regard to the health and wellbeing of older people, who are increasing rapidly in number across the globe (e.g., Cook and Halsall 2011; Rowland 2009). Here, we utilise parts of two of Rowland’s tables to highlight the numbers involved, both now and as this century unfolds.

Table 1.1 shows the top five countries in terms of percentage of people aged over 65 (10% and 1 million cut-offs) from 1950 to 2050 (based on United Nations data). Not only do the top five countries change over time as other nations increase in longevity, but the percentages increase dramatically over time. And so, for example, France leads the way with 11.4% in 1950 but slips out of the top five by 1975 and is replaced by Italy, with 18.1%. By 2050, it is anticipated that Spain will lead the way with a massive 37.6% of its population aged 65 or over. One caveat must be,

| Year | France | Sweden | Italy | Japan | Spain |
|------|--------|--------|-------|-------|-------|
| 1950 | 11.4%  | 15.1%  | 18.1% | 28.9% | 37.6% |
| 1975 | 11.2%  | 14.9%  | 14.8% | 17.4% | 18.1% |
| 2000 | 15.1%  | 14.9%  | 17.4% | 25.7% | 35.9% |
| 2025 | 14.0%  | 17.0%  | 25.2% | 34.1% |       |
| 2050 | 13.9%  | 17.0%  | 25.2% | 34.1% |       |
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However, that the current high rates of unemployment and indebtedness that Spain is suffering may have a negative impact on these projections, as may also be the case for Greece and, possibly, for Italy.

Table 1.2 provides the top five countries in terms of numbers rather than percentages; so unsurprisingly, China leads the way throughout, but the numbers increase from 25 million aged 65 or over in 1950 through to 332 million in 2050. In similar vein, India increases its numbers from 12 million in 1950 to 233 million projected by 2050. In all, as Cook and Halsall (2011, p. 5) note:

The scale of aging is unprecedented. These are projections of course, and we must be careful not to take them too literally, in that there remain considerable threats to the process, such as the environmental threats—increased rate of hurricanes, typhoons, erratic monsoon patterns leading to major floods for example, the struggle against old infectious diseases such as malaria contrasting with the struggle against new forms of infection such as SARS or Avian Flu—associated with such factors as climate change and changing population concentrations and interactions.

One of the major concerns of population aging is the risk of dementia which is currently estimated by the UK Alzheimer’s Society as ‘affecting one in 14 people over the age of 65 and one in six over the age of 80’ (Alzheimer’s Society 2011, p. 2). Globally, it was estimated that in 2010, 35.6 million people suffer from this disease, rising to 65.7 million by 2030 (Rogers 2013, p. 260). The cost of this to society was estimated at US$ 604 billion in 2010, with the ‘baby-boomers’ of the late 1940s/early 1950s being at particular risk. Threats such as this worry decision-makers across the planet, particularly given that, currently, the cause of this disease is unknown (Rogers 2013). However, there does seem to be remedial action that can be taken in terms of such factors as exercise, lifestyle, or ‘resistance training’ (Rogers 2013, p. 261) that can ameliorate or reduce some of the worst consequences of this dreadful disease. One aspect of our study of community action in different countries will be to discover to what extent community involvement can reduce the risk factors and improve the quality of life for dementia sufferers.

It is useful to briefly summarise some demographic and economic features of our sample countries to facilitate comparisons. Table 1.3 accordingly presents key recent data for the sample. In terms of gross national income per head, therefore, the USA is the wealthiest country in the sample with a gross national income per capita (GNIpc) of US$ 50,120 in 2012, closely followed by the Netherlands at US$ 48,250 and Japan with US$ 47,870 and then the UK at US$ 38,250. There is then a marked

| Country     | 1950 | 1975 | 2000 | 2025 | 2050 |
|-------------|------|------|------|------|------|
| China       | 25   | China 41 | China 87 | China 195 | China 332 |
| USA         | 13   | India 24 | India 50 | India 112 | India 233 |
| India       | 12   | USA 23   | USA 35   | USA 64   | USA 84   |
| Germany     | 7    | Russia 12 | Japan 22 | Japan 36 | Indonesia 51 |
| Russia      | 6    | Germany 12 | Russia 18 | Russia 24 | Brazil 44 |

Table 1.2 Population numbers aged 65 or more over time for top five countries, in millions (5 million 65 or more cut-offs). (Source: Rowland 2009, extracted and analysed from Table 3.4, p. 47)
### Community Development

| Country: | UK | USA | China | India | South Africa | Bangladesh | Japan | Netherlands |
|---------|----|-----|-------|-------|--------------|------------|-------|-------------|
| Population in millions | 64.2 (2013) | 316.5 (2013) | 1357.4 (2013) | 1255.2 (2013) | 53.1 (2013) | 154.7 (2013) | 127.6 (2013) | 16.8 (2013) |
| Percentage of aged 60 or over | 22.7 (2011) | 18.5 (2010) | 12.3 (2010) | 7.9 (2008) | 8.0 (2011) | 7.1 (2010) | 32.2 (2012) | 22.2 (2011) |
| Male life expectancy | 78.1 (2008–10) | 76.3 (2011) | 72.4 (2009) | 63.9 (2011) | 54.9 (2011) | 67.6 (2010) | 79.9 (2012) | 79.2 (2012) |
| Female life expectancy | 82.1 (2008–10) | 81.1 (2011) | 76.6 (2009) | 67.1 (2011) | 59.1 (2011) | 71.3 (2010) | 86.4 (2012) | 82.8 (2012) |
| Top 3 causes of death per 100,000 population | 312.6 diseases of circulatory system 261.8 malignant neoplasms (cancers) 132.4 diseases of respiratory system (2008) | 249.8 cardiovascular diseases 184.6 malignant neoplasms (cancers) 79.8 diseases of the respiratory system (2011) | 326.7 malignant neoplasms (cancers) 278.4 cerebrovascular diseases 241.7 heart diseases (2009) | 420 infectious and parasitic diseases 268 diseases of the circulatory system 100 accidents, homicides, and other violence (2002) | 289.4 infectious and parasitic diseases 204.6 circulatory diseases 152.2 respiratory diseases (2009) | 97.2 old age 90.6 diseases of the respiratory system 76.2 high blood pressure, heart disease, and stroke (2006) | 279.5 malignant neoplasms (cancers) 160.9 heart disease 97.6 pneumonia (2011) | 254.3 malignant neoplasms (cancers) 236.8 diseases of the circulatory system 78.1 diseases of the respiratory system (2010) |
| Gross national income per capita | US$38,250 (2012) | US$50,120 (2012) | US$5,740 (2012) | US$1,530 (2012) | US$7,610 (2012) | US$840 (2012) | US$47,870 (2012) | US$48,250 (2012) |
| Population per physician | 365 (2012) | 313 (2010) | 618 (2010) | 1,696 (2008) | 133 (2007) | 2,783 (2009) | 434 (2011) | 349 (2008) |
| Population per hospital bed | 349 (2011) | 325 (2009) | 337 (2010) | 2,449 (2008, Govt. hospitals only) | 30 (2007) | 1,869 (2009) | 75 (2011) | 215 (2009) |
jump to South Africa, and then the other three countries, with Bangladesh by far the poorest at US$ 840 GNIpc in 2012. Unsurprisingly, there is a strong correlation between GNIpc and the number of population per physician, and to a lesser extent with the population per hospital bed, but South Africa is a strange anomaly with a very low number of people per physician and per hospital bed, far lower than what would be expected in terms of national income. Perhaps this reflects the impact of the HIV/AIDS crisis that has had such a devastating impact on the country. In terms of population, China and India are of course by far the most populous countries, but China does better in terms of a number of criteria, including population per physician and per hospital bed plus life expectancy (72.4 for men in China in 2009 compared to 63.9 for Indian men in 2011 and 76.6 for women in China in 2009 contrasting with 67.1 for Indian women in 2011). This confirms the analysis of Dummer and Cook (2008) who found that China’s health record was better than India’s on a number of counts. India still has a high rate of infectious and parasitic diseases, for example, whereas China is now more likely to suffer from diseases associated with developed countries, such as cancers or heart diseases for instance. Japan is the longest-lived country in terms of life expectancy, at 79.9 for men and 86.4 for women, both for 2012, but it is South Africa rather than India or Bangladesh that comes out lowest on this data with 54.9 years for men and 59.1 years for women, both in 2011. Further, as Cook and Halsall (2011) have shown, there is a marked discrepancy between rates by ethnicity with Whites outliving Blacks in South Africa by a significant margin. These are the sorts of contrasts that will be discussed further in the country chapters below.

In conclusion, we have selected a range of countries with which we are familiar. They vary by location, level of economic and social development, longevity, and other variables. There is at least one country from each of Europe, North America, Africa, and Asia. Perhaps in the future work, it will become feasible for us to include a South American country. The following chapters will examine eight countries from across the globe. The next chapter explores some of these themes in the UK.

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