Hopefully, the maternal vitamin A supplementation policy will be reconsidered soon.

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**Politics or policies vs politics and policies: a comment on Lundberg**

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We welcome this opportunity to continue our ongoing debate with Dr Lundberg,1–4 with whom we share a common interest on the effect of policies on health inequalities.

We agree with Dr Lundberg’s4 appraisal of ‘political epidemiology’. It is indeed central to implement and evaluate policies aimed at reducing health inequalities. In fact, the discipline of social epidemiology, by being overly descriptive and analytical, becomes almost irrelevant to policy efforts to reduce social inequalities in health. Its focus is over and over the description of inequalities and rarely, if ever, the study of the policies or programmes that might reduce them. It has become a comfortable ‘apolitical’ field of study (e.g. poor neighbourhoods are associated with poor diet or bad ‘health behaviours’, ‘social capital’ is associated with worse self-rated health, lack of autonomy at work and job insecurity lead to poor mental health, and so on†). Its outlook is that of a basic science, although epidemiology is an applied science driven by the fact that disease is harmful to populations.

We disagree, however, with Dr Lundberg on a number of issues that we believe do not give enough credit to the role of politics in shaping population health.6 For example, there is no a priori reason why the effects of politics on health should be confined to policies. Politics could affect population health via other social processes such as, for example, grassroots organizing, social movements, wars, strikes, protests and non-government organizations.7 From an empiricist perspective, the fact remains that the associations between political variables (number of ‘left cabinet members’, type of political party in government) have resisted the adjustment for health and social policies.8,9 Even if we accept that policies are the only means by which politics have an effect, one should be interested in why certain egalitarian policies cluster together in certain societies and not in others.
Policies are not randomly distributed in societies; they follow political patterns. In that sense, the root causes (political and economic arrangements) of the causes (single policies) are a necessary part of a deeper explanation of social epidemiology, such as when income inequality and poverty (indicators of economic structure) might determine proximal social determinants such as crime rates, lack of social networks, lack of exercise facilities, lack of healthy food stores, alcohol stores, open illicit drug markets, lack of public transportation or lack of access to health care.

There are other benefits to studying comparative politics as opposed to policies alone. When we compare groups of countries based on their political traditions, welfare-state types or political economy, we may understand why some countries are overall better than others in reducing inequities. The study of specific national policies does not reveal these patterns. For example, the focus on national health policies that defines most the US health services research leads to a narrow set of policy alternatives ‘and to a lack of understanding of their political origin’ (e.g. Navarro10). A policy approach misses why the US government still ignores ‘single payer’ options because the political trajectory of the USA does not lead to such egalitarian universal policies.10 How many health service researchers in Europe might be excited by the prospect of spending years studying alternative arrangements that consolidate the role of private insurers such as the new Obama reform? Very few we presume.

Another benefit of the political, in addition to policy, comparative approach involves the likely inter-sectoral origins of health inequality reduction. It is likely that egalitarian policies involve the ‘synergic’ effect of egalitarian policies from different sectors (health, labour market, social services). Such inter-sectoral effects are more likely to arise in certain political traditions than others due to political-policy coherence. In addition, the evaluation of the effect of any single policies in such context might be inadequate (cannot deal with their interaction) or very difficult to conduct due to their complexity. With regard to the effect of social democracies on class inequalities in health, the jury is still out,11 although we do not agree that health inequalities per se cannot be a policy effect of interest as they are inequitable.

Although we concur with most of Dr Lundberg’s considerations, there is a larger, important issue that underlies our exchange. Namely, the underlying discussion about ‘political epidemiology’12 is one of technocracy vs social justice, an issue that pits technical supposedly value-free public health policies vs policies rooted on a set of political views (e.g. egalitarianism). As any technology such as public health deals with decisions about how to change society, it involves values regarding what constitutes right and good policy to improve population health. Thus, as opposed to ‘just policy’ approaches to social epidemiology and health policy, we conclude that it is more insightful to study politics than to keep them in the background.

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