Editorial

**Fairness: in the eye of the beholder**

In October the UK Government announced the results of the Comprehensive Spending Review, with massive decreases in public spending across the board, particularly on welfare benefits and local authorities, albeit with relative protection for the NHS and for medical research. The merits or otherwise of this approach have been considered in this journal previously.

There has been much debate about the ‘fairness’ of these measures. What is fair? Treating people equally or just or appropriate in the circumstances? Both are recognized dictionary definitions. Irrespective of which definition one elects to use, it is clear that a significant number of people who now depend on housing benefit, council tax benefit, tax credits and what used to be called ‘sickness’ benefit will receive significantly less or stop receiving benefits altogether. The full impact on services is yet to be seen, but it is anticipated that there will be a substantial decrease in jobs in the public sector, with Office for Budgetary Responsibility forecasting 490,000 job losses by 2015 and 610,000 by 2016; the extent to which these jobs are replaced by new jobs in the private sector remains to be seen. The expected decrease in the number of jobs in the public sector is likely to have a disproportionate impact of women—40% of women as compared with 15% of men work in the public sector.

Early this year the Marmot Review was published, followed in October by a report from the Equality and Human Rights Commission—How Fair is Britain? The latter report highlights some striking disparities: the total net household wealth of the top 10% is £853,000, almost 100 times higher than the net wealth of the poorest 10%, which is £8,800 or below; 60% of women reaching state pension age in 2008 were entitled to less than the full basic state pension, compared with 10% of men; for low qualified British men with disabilities the chances of working halved, from 77% to 38% from the 1970s to the 2000s; 42% of young Muslim people are not in employment or training. Urgent action is needed in all of these areas.

Whilst many high-income countries are now dealing with budget deficits, and a decreasing public expenditure, growth continues in many middle-income countries. How will these emerging economies deal with the issues of health disparities? Do they have the resources, surveillance and monitoring systems established to identify and measure them effectively as a precursor to action? The paper by Lui highlights the challenges they face in one particular area, that of systematic contact tracing for tuberculosis in China.

This is a challenging time for public health professionals, committed to improving health and reducing health inequalities. Against this background we have the exciting development of a National Public Health service in England, and we need cogent and well-developed arguments to ensure that this is appropriately resourced and supported sufficiently to deliver.

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**References**


