The benefits of economic growth over the last 25 years have been unequally distributed [1]. The gap between rich and poor is at its highest level in most Organisation for Economic Co-operation and Development (OECD) countries in 30 years. Today, the wealthiest 10 percent of the population in the OECD areas earns 9.5 times more than the poorest 10 percent [2]. Economic inequality, also called ‘income inequality’ or ‘wealth inequality’, indicates those differences in terms of different measures of economic well-being among people within and among countries. These inequalities lead to high rates of health and social problems, and low rates of social goods. Health and social problems include high levels of obesity, mental illness, homicides, teenage births, incarceration, children affected by armed conflict and drug use. Low rates of social goods translate to low levels of life expectancy by country, educational performance, trust among strangers, women’s status and social mobility [3]. Greater economic inequality seems to be related to worse health outcomes, ranging from lowered life expectancy to infant mortality and obesity. Therefore, poor health and poverty do go hand-in-hand, mainly because inequality reduces social cohesion, which leads to widespread stress, fear and insecurity for everyone [4].

Health and wealth have always been closely related [5]. In this issue of the Journal of Health and Social Sciences, Musolino and Nucera explained that an unequal distribution of food resources can result in a social gradient in dietary quality that contributes to health inequalities [6]. As a consequence, a shortage of food and a lack of variety causes malnutrition and deficiency disease. On the other hand, economic growth has been unequal and has led to increased social and health problems. The benefits of economic growth have been unequally distributed, with the wealthy earning much more than the poor. This inequality leads to health and social problems, such as high levels of obesity, mental illness, and drug use. Low social goods result in low levels of life expectancy and educational performance. Greater economic inequality is related to worse health outcomes, such as lowered life expectancy, infant mortality, and obesity. Therefore, poor health and poverty are closely linked, mainly because inequality reduces social cohesion, leading to stress, fear, and insecurity for everyone.
hand, it is well-known in developed countries that excess food intake contributes to cardiovascular diseases, diabetes, cancer, degenerative eye diseases, obesity and dental caries [7]. According to the World Health Organization’s (WHO) definition, health inequities are avoidable inequalities in health between groups of people within countries and between countries. Health inequities arise from inequalities within and between societies that are not attributable to an individual’s biological variations or free choice, but are instead attributable to external, uneven conditions that can be avoided, and which are unjust and unfair [1]. In this way, Baru and Murugan highlighted the importance of economic, social and cultural ‘capital’ in understanding ‘health inequalities’ in a developing country like Ethiopia [8]. In literature, health inequalities particularly involve specific groups of vulnerable populations such as elderly, women and young people. According to the WHO, ‘gender inequality’ damages the physical and mental health of millions of girls and women across the globe [9]. In this issue of the Journal of Health and Social Sciences, Garai highlighted that vulnerability to Acquired Immune Deficiency Syndrome (AIDS) in Bangladesh as well as around the world, and particularly in developing countries, is gender-related, because women have more susceptibility due to biological and socio-economic risk factors [10]. Moreover, even though most health inequalities research concentrated on younger people [11], with increasing life expectancy a greater proportion of the overall burden of ill health is being carried by older population, constituting a notable health inequality [12]. In the study of Rashedi et al., the prevalence of disability among older Iranian people was higher than that among young people. Indeed, the elderly experience high inequality in economic, political, environmental and social domains around the world [13]. As a recent report showed [14], these inequalities are reinforced by the discrimination older people already face based on their age. The elderly are perceived to be dependent and no longer capable. As a result, they are denied equal access to health care services, property rights and decent work and livelihood opportunities. Similarly, older people living with disabilities experience ‘double discrimination relating to their age and disability status’ [14]. And, as gender-based discrimination is intensified in older age, older women become more vulnerable to abuse and the violation of their human rights [11]. On the other hand, in well-developed countries like Italy, social issues such as alcohol and drug consumption are more common in the younger population. For this reason, Villa et al. suggested that school-education programmes could improve the level of knowledge and awareness of younger people regarding this issue [15].

Perhaps, all these papers raise a question: ‘How do politics play a part in determining health inequalities’? Over five years into the conflict, Syria’s civil war has created the worst humanitarian crisis of our time, because more than 11 million people have been killed or forced to flee their homes [19]. According to Antonio Guterres, the United Nations high commissioner for refugees, the humanitarian crisis in Syria is more than a regional crisis, and it is becoming a real threat to global peace and security. This exodus of people happening in the heart of the Middle East has been a challenge for Syria’s neighbours. Lebanon, Jordan, Turkey, Iraq, and to a lesser extent, Egypt are the main countries hosting refugees from Syria [20]. In the past year, more than a million refugees, asylum seekers and migrants crossed into Europe, sparking a crisis because countries are struggling to cope with the influx, and creating a division in the European Union (EU) over how best to deal with resettling these people [20]. Indeed, many Europeans consider immigration to be one of their biggest concerns. The historical referendum where the people of Britain voted for the United Kingdom’s withdrawal from the EU (‘Brexit’), for example, was not only caused by economic concerns, but also by a discussion of Syrian refugees [21]. In addition to a severe economic crisis which was characterized by a great recession, since 2014, Europe
has also experienced terrorist incidents such as the November 2015 attacks in Paris and the March 2016 bombings in Brussels, perpetrated in the name of the Islamic State by European fighters returning from the conflicts in Syria and Iraq. As a result, Europe is fortifying its borders with barriers in response to the migration crisis which is engulfing the continent [27]. Furthermore, the European Union does not have a comprehensive political direction, and as a matter of fact, the EU is circumventing international refugee law by introducing rules to keep refugees out of Europe. In 2015, Germany welcomed nearly one million immigrants. In sharp contrast, some members of the EU, in particular the Czech Republic, Poland, Hungary and Slovakia, refused to welcome immigrants. Therefore, as a result of the ‘Dublin Regulation’, which obliges the EU member state in which a refugee first arrives to take the refugee’s asylum application, countries such as Greece and Italy are bearing a hugely disproportionate burden [28]. Accordingly, efforts to establish EU redistribution and resettlement programs, in which each EU member state would accept a certain number of asylum-seekers and refugees, are extremely difficult [29]. In Europe, there is debate that has dominated discussions of the so-called ‘migration crisis’ since last year - how to distinguish between refugees and economic migrants. Refugees are persons fleeing armed conflict or persecution. They are so recognized precisely because it is too dangerous for them to return home, and they need sanctuary elsewhere. The 1951 Refugee Convention and its 1967 Protocol as well as other legal texts, such as the 1969 OAU Refugee Convention, remain the cornerstone of modern refugee protection. On the other side, migrants choose to move not because of a direct threat of persecution or death, but mainly to improve their lives by finding work, or in some cases for education, family reunion, or other reasons. Unlike refugees who cannot safely return home, migrants face no such impediment to return. However, it is difficult to distinguish between ‘genuine’ refugees and economic migrants; indeed, according to the Overseas Development Institute (ODI) the motivations for both groups to risk their lives in desperate attempts to reach Europe are often very similar [30, 31]. At the end of the Second World War, the United Nations General Assembly adopted the ‘Universal Declaration of Human Rights’, which states (art.1): ‘All human beings are born free and equal in dignity and right. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood’. The full text is published on the United Nations website. The United Nations (UN) is an intergovernmental organization which was created to promote international cooperation. It includes 193 member states. On September 19, 2016, during a meeting at UN headquarters in New York to address the question of large movements of refugees and migrants, heads of state and other government representatives adopted the ‘New York Declaration for Refugees and Migrants’. They also reaffirmed the Universal Declaration of Human Rights and referenced the core international human rights treaties. In their political declaration, they reaffirmed the need to fully protect the human rights of all refugees and migrants, regardless of status. They strongly condemned acts and manifestations of racism, racial discrimination, xenophobia and related intolerance against refugees and migrants, as well as the stereotypes often applied to them. They also condemned discrimination and intolerance targeted at different religions or belief systems. The meeting participants invited the private sector and societal groups, including refugee and migrant organizations, to participate in multi-stakeholder alliances to support their efforts [25]. However, most recent statements of European politicians and other policy makers from developed nations across the world don’t match the above-mentioned ‘New York Declaration’. For example, in Europe and in US, several politicians announced the association between migration and the importation of infectious disease. The relation between the two is, actually, more complicated that they think [22]. According to the Centers for Di-
sease Control and Prevention (CDC), ‘the large movement of people across the United States and Mexico border has led to an increase in health issues, particularly infectious diseases such as tuberculosis’, but the risk doesn’t stem exclusively from undocumented immigrants [23]. Moreover, according to the World Health Organization (WHO), in spite of this common perception, there is no systematic association between migration and the importation of infectious diseases. Even though communicable diseases are associated with poverty, and migrants come from communities affected by war, conflict and economic crisis, while undertaking exhausting journeys that increase their risk of being affected by communicable diseases, communicable diseases also exist in Europe, independently of migration [24].

But in truth, there is a deeper problem. The 2008–2009 global recession and the Eurozone debt crisis significantly affected European economies, decreasing growth and increasing unemployment in many EU countries, and posing a risk to the European banking system. Some EU governments imposed unpopular austerity measures in an effort to rein in budget deficits and public debt. However, economic disparities within the EU have also generated tensions and contributed to policy divisions among member states [29]. Indeed, economic globalization is thought to promote social inequalities because capital is thought to be more mobile than labor. Whereas workers find it difficult to move across borders to seek better wages and living conditions, investors can more easily shift elements of their portfolios across borders in order to evade national regulatory or tax regimes that lower their rates of return [32]. Therefore, societal tensions and xenophobia are increasing in Europe. In Germany, Sweden and other EU countries, there has been an increase in the number of violent incidents against migrants and refugees during the past few months [29]. Many analysts suggest that a strong EU ‘engine’ has been lacking over the past few years and some observers assert that European leaders do not have a robust or shared strategic vision for the EU [29]. Consequently, unemployment and vulnerability of the economic systems are paving the way for an increasing populism [33], providing support for the onset of rhetorical policy makers and populist, nationalist, anti-establishment political parties.

Syria’s dramatic war is showing that EU has frail political and economic systems. The EU is an economic and political federation of different member states and a complex governance, but it was intended as a significant step on the path toward not only greater economic integration, but also closer political cooperation. We need a real European Union, because it’s urgent that European nations and other developed countries face the emerging and dramatic issues generated by migration phenomenon. Addressing this challenge is essential for the progress of humanity, including that of the European Union. Migration is – and always has been – a fundamental part of human life. Earliest human migrations across continents began 2 million years ago with the migration out of Africa of Homo erectus. Nowadays, in a globalized world, immigration is an unavoidable phenomenon that is increasing because of the growing numbers of grinding-poverty and wars across the world. These days, international migration is an incontrovertible proof of increasing economic disparities around the world [16]. On June 18, 2016, Pope Francis delivered an encyclical, a high-level Vatican pronouncement, which addressed the problem of global inequality [26]. Pope Francis criticized the ‘economy of exclusion’, saying that capitalism is often limited to a small minority can enjoy its benefits and cited ‘the legitimate redistribution of economic benefits by the state, as well as indispensable cooperation between the private sector and civil society’ as ways to combat poverty. Nowadays, the level of Gross Domestic product (GDP) is probably the most widely used indicator for piloting economic policies around the world. According to some studies, the potential increase in the global GDP could provide one justification for promoting international migration [17], and certain types of migration may be the best way
to significantly reduce global income inequality [18]. From a global perspective, optimal redistribution would mainly feature transfers from richer to poorer countries; therefore, the integration of migrants could be aimed to close this increasing economic inequality gap. As a consequence, the achievement of their integration could also be useful in reducing increasing levels of health inequity among the poorest and the richest countries around the world. For example, the act of migration could be considered as an opportunity for improving health, ensuring immunization for people from low income countries [22].

According to a recent report of the Overseas Development Institute (ODI), a UK’s leading independent think tank on international development and humanitarian issues, since 2014, at least €17 billion has been spent on deterring refugees and migrants through tighter border controls and bilateral agreements, such as the EU-Turkey deal. According to this report, Europe needs a new approach facilitating and increasing legal pathways in order to monitor and more effectively manage flows of refugees and migrants [34]. Only coherent and adequate policies of social inclusion and redistribution of resources in Europe and in the rest of the world can decrease the widespread economic, social and health inequalities driven by economic globalization. Those inequalities carry consequences which include an increased risk of conflict and humanitarian disasters worldwide. Probably, Syria’s conflict and other wars across the world are also the product of inveterate social and economic inequalities caused by the ‘economy of exclusion’. ‘Progress’ and ‘development’ are similar but not exactly alike. In economy, progress is seen as the economic growth of a country while development refers to the distribution of progress to the members of society. According to a programming goal of the WHO, named ‘Health For All by the year 2000’, that has been popularized since the 1970s, ‘scientific progress’ should contribute to ‘development’ of the humanity improving health systems, education and infrastructure for everyone. However, the rate of that progress will depend on the political will [35].

There is an ongoing debate about whether or not science is political. I don’t believe that science must dictate what politics should be, but any advances in science and technology will be completely useless without good policy makers.
References


15. Villa A, Fazio A, Esposito A. Prevalence of alcohol and drug consumption and knowledge of drug/al-


grant-health-in-the-european-region/migration-and-health-key-issues.


migrationondrc.org/publications/other_publications/Migration_and_Inequality.pdf.


