Closing the gap in a generation

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Porto Alegre, Brazil
Keynote lecture
September 2008
Outline

- Inequities and the social gradient
- Convergence of challenges;
- Addressing the challenges – taking action on the social determinants of health
Between country inequities...

- Life expectancy 43 years shorter for women in Zambia (43) than for women in Japan (86) (WHO 2008)

- The lifetime risk of maternal death is one in eight in Afghanistan; it is only 1 in 17 400 in Sweden (WHO et al 2007)
Within country inequities…

- Life expectancy 17 years shorter for black men Washington DC than for white men in nearly Montgomery County.
- Maternal mortality 3-4 times higher among the poor compared to the rich in Indonesia.
Deaths rates (age standardized) for all causes of death by deprivation twentieth, ages 15-64, 1999-2003, England and Wales

Difference in adult mortality between least and most deprived neighbourhoods in UK more than 2.5 times.

The dashed lines are average mortality rates for men and women in England and Wales

Romeri et al 2006
Cardiovascular deaths of people aged 45 - 64 and social inequalities: Porto Alegre, Brazil

45% all premature CVD deaths in Porto Allegre caused by socioeconomic inequality

Premature mortality by CVD 2.6 times higher in lowest compared to highest districts by socioeconomic level

(Source: Bassanesi, Azambuja & Achutti, Arq Bras Cardiol, 2008)
Dramatic inequalities dominate global health
A social gradient in health exists in all countries and within cities
Under 5 mortality per 1000 live births by wealth quintile

Average U5M for high income countries is 7/1000

Gwatkin et al 2007, DHS data
Outline

- Inequities and the social gradient
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Double burden of disease
- communicable and non-communicable
Projected deaths by cause for high-, middle and low-income countries

Proportion of population aged 60 or over

Source: World Population Ageing 2007, UNDESA
Climate change – adds urgency to take action on SDH
Deaths from climate change

Estimates by WHO sub-region for 2000 (WHO World Health Report, 2002). Copyright WHO 2005. All rights reserved.
Outline

- So what’s new…?
- Convergence of challenges;
- Addressing the challenges – taking action on the social determinants of health
Closing the gap in a generation

Health equity through action on the social determinants of health
Economic and social policies matter for health and health equity.
Health Equity as a Development Outcome

Health Equity

Participation
Voice
Agency

Empowerment
Psychosocial
Material
Political

Daily Living Conditions
Early life
Physical and social environments
Working conditions
Social Protection
Health Care

Structural Drivers
Societal norms and values
Social Inequities
Governance and Financing
Economic Growth and Social Policy
WHO Commission on Social Determinants of Health 2005 -2008

- Commissioners
- 9 Knowledge Networks
- Country Partners
- Civil society work
- Global initiative
- WHO integration

Set up by the World Health Organisation

www.who.int/social_determinants
CSDH – Areas for Action

Structural drivers of those conditions at global, national and local level

Conditions in which people are born, grow, live, work and age

Monitoring, Training, Research
CSDH – Areas for Action

Health Equity in all Policies

Fair Financing

Early child development and education
Healthy Places
Fair Employment
Social Protection
Universal Health Care

Good Global Governance

Market Responsibility

Gender Equity

Political empowerment – inclusion and voice
CSDH – Areas for Action

Health Equity in all Policies

- Fair Financing
- Market Responsibility
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Areas for Action
CSDH – Areas for Action

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Proportion relatively poor pre and post welfare state redistribution

Source: Fritzell & Ritakallio 2004 using Luxembourg Income Study data, CSDH Nordic Network
Taxation in East Asia (left) and sub-Saharan Africa (right), 1970–79, 1980–89, and 1990–99

East Asia

sub Saharan Africa

Cobham 2005
Low income countries are relatively more reliant on import tariffs for public revenue. Trade liberalization has reduced the availability of tariff revenues since 1970s.

Source: GKN 2007
Trends in development assistance, G7 and selected comparison countries, 1985 - 2006

% GNI

Source: OECD, Development database on Aid from DAC Members
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CSDH – Areas for Action
Child survival and early child development
Physical, cognitive/language, social/emotional
Poor self-rated health at age 50+ and accumulation of socio-economic risk factors over life course – Russian men

Risk factors:
• Ever hungry to bed aged 15 yr
• Elementary /vocational education
• Adult household income below median

(O Nicholson et al 2005)
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Global slum upgrading

Cost estimate: less than US$ 100 billion.

Finance on shared basis, for instance by
– international agencies and donors (45%),
– national and local governments (45%), and
– households themselves (10%), helped by micro-credit schemes.
Slum upgrading in India

- Slum upgrading in Ahmadabad, India, cost only US$ 500/household.
- Community contributions of US$ 50/household.
- Following the investment in these slums, there was improvement in health
  - Decline in waterborne diseases,
  - Children started going to school,
  - Women were able to take paid work, no longer having to stand in long lines to collect water.
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Regional variation in the percentage of people in work living on US$ 2/day or less

2007 figures are preliminary estimate
ILO 2008
Gender inequities in labour conditions: lost pay or lost job promotions or difficulty retaining jobs

* Job difficulties: lost pay or lost job promotions or difficulty retaining jobs. Adapted from Heymann (2006), Forgotten Families. Average percentages based on selected countries.
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Building social protection for the elderly

- material
- psychosocial
Minimum income for healthy living – Morris et al.

– Diet
– Physical activity/body and mind
– Psychosocial relations/social connections/active minds
– Getting about
– Medical care
– Hygiene
– Housing
Psychosocial relations/social connections/active minds

- Telephone
- Stationery, stamps
- Gifts to grandchildren/others
- Cinema, sports, etc
- Meeting friends, entertaining
- TV set and licence
- Newspapers
- Holidays (UK)
- Miscellaneous, hobbies, gardening etc

Morris et al 2007
### Weekly disposable incomes for people over 65, England 2007

<table>
<thead>
<tr>
<th></th>
<th>State pension</th>
<th>Pension credit guarantee*</th>
<th>Minimum income for healthy living **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single person</td>
<td>£87.30</td>
<td>£119.05</td>
<td>£131.00</td>
</tr>
<tr>
<td>Couple</td>
<td>£139.60</td>
<td>£181.70</td>
<td>£208.00</td>
</tr>
</tbody>
</table>

*Rent, mortgage and council tax may be paid after further means testing

** people 65+ living independently in the community; excludes rent, mortgage and council tax

Morris et al 2007 IJE
### Social pensions in selected low and middle income countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Age eligible</th>
<th>Universal or means tested</th>
<th>Monthly amount (US$)</th>
<th>% of pop 60+</th>
<th>% of people 60+ receiving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>57+</td>
<td>M</td>
<td>US$ 2</td>
<td>6%</td>
<td>16% (age 57+)</td>
</tr>
<tr>
<td>India</td>
<td>65+</td>
<td>M</td>
<td>US$ 4</td>
<td>8%</td>
<td>13%</td>
</tr>
<tr>
<td>Thailand</td>
<td>60+</td>
<td>M</td>
<td>US$ 8</td>
<td>11%</td>
<td>16%</td>
</tr>
<tr>
<td>Botswana</td>
<td>65+</td>
<td>U</td>
<td>US$ 27</td>
<td>5%</td>
<td>85%</td>
</tr>
</tbody>
</table>
Lesotho

- Since 2004 universal social pension scheme for all aged 70+ years
- costs 1.43% of GDP
- benefit level is about the same as the national poverty line (about US$21/month).
- Monthly disbursement through post office network in rural and urban areas

(McKinnon, 2007)
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Universal Primary Health Care
Community based
Disease prevention
Health promotion – using social determinants framework
EMPOWERMENT
– MATERIAL
– PSYCHOSOCIAL
– POLITICAL
What’s next?

- WHO taking the lead
- Building capacity
- Advocacy
- Research
- Training
Optimism
Under 5 mortality rate: change 1990 - 2006

- Sub-Saharan Africa: 160 to 187, reduction 42%
- Middle East & North Africa: 79, reduction 42%
- South Asia: 123, reduction 33%
- East Asia & Pacific: 29, reduction 47%
- Latin America & Caribbean: 55, reduction 51%
- CEE/CIS: 53, reduction 49%
- Industrialized countries: 6, reduction 40%

UNICEF
Trends in U5M by wealth quintile: Bangladesh

Relative inequ: 1.86 1.93 1.69 (DHS data)
Absolute inequ: 65 67 50
A world where social justice is taken seriously