Flinders University
inspiring achievement
Social determinants of health equity: beyond evidence to political and popular support for action

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Overview

• Global health inequities
• Agenda set by Commission on the Social Determinants of Health
• Values
• Political and popular support for action
Male and female life expectancy at birth (years) by country income group/region 1997 - 2006

<table>
<thead>
<tr>
<th>Country income group/region</th>
<th>LE 1997</th>
<th>LE 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>women</td>
<td>men</td>
</tr>
<tr>
<td>Low Income (inc S-SA)</td>
<td>64</td>
<td>62</td>
</tr>
<tr>
<td>Middle Income</td>
<td>72</td>
<td>66</td>
</tr>
<tr>
<td>High Income</td>
<td>81</td>
<td>74</td>
</tr>
</tbody>
</table>

Trends in Life Expectancy at Birth

Australia
Aboriginal Aust
OECD
CEE &CIS
Sub-Saharan Africa
Sth Asia
Latin America & Carib.
East Asia & Pacific
Arab States

2005-07
1970-75
2000-05
2010

UNDP Human Development Reports 2005 & 2010;
Aust Govt. ATSI Health Performance Framework 2008
Commission on the Social Determinants of Health

- Launched 28th August 2008 by Dr. Margaret Chan, Director General, WHO in Geneva
- "Health inequity really is a matter of life and death" Margaret Chan
"(The) toxic combination of bad policies, economics, and politics is, in large measure responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible. Social injustice is killing people on a grand scale."
Basic logic: what good does it do to treat people's illnesses ........

then give them no choice to go back to or no control over the conditions that made them sick?
Final Report: Value Base

• Need for more health equity because “it is right and just” & a human right
• Quality and distribution of health seen as a judge of the success of a society
• Empowerment central
• Governments need to intervene for collective good - nanny states can be good for our health
• Evidence isn’t enough to assure action
CSDH Report: Action Areas

Daily Living Conditions
- Equity from the start
- Healthy places - healthy people
- Fair employment – decent work
- Social protection across the life course
- Universal health care

Power, Money and Resources
- Health Equity in All Policies
- Fair financing
- Market responsibility
- Gender equity
- Political empowerment – inclusion and voice
- Good global governance

Knowledge, Monitoring and Skills
- Monitoring, research, training
- Building a global movement

Full report downloadable at http://www.who.int/social_determinants/en/
Cost or distribution issue?

• William Beveridge (founder of UK Welfare state) argued for:
  “bread and health for all before cakes and circuses for anyone”
Epidemiology of Inequality

- More equal societies are healthier
- More equity leads to more just social policies
- Less crime more cohesion
Figure 5.1 More people suffer from mental illnesses in more unequal countries.

## US compared to Costa Rica

<table>
<thead>
<tr>
<th>Indicator (2005)</th>
<th>US</th>
<th>Costa Rica</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth</td>
<td>77</td>
<td>79</td>
</tr>
<tr>
<td>IMR</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Happy Planet Index (NEF)</td>
<td>28.83 (rank 150th)</td>
<td>66.0 (rank 3rd)</td>
</tr>
<tr>
<td>Gross National Income per capita (US$)</td>
<td>41,440</td>
<td>4,470</td>
</tr>
<tr>
<td>Health expenditure per capita (US$)</td>
<td>5,711</td>
<td>350</td>
</tr>
</tbody>
</table>

“The success of an economy and of a society cannot be separated from the lives that the members of the society are able to lead… we not only value living well and satisfactorily, but also appreciate having control over our lives.”


EMPOWERMENT

- Material
- Psychosocial
- Political

Equity is not just about poverty also about capabilities and enabling people to live flourishing lives.
Lifestyle drift

• “the tendency for policy to start off recognizing the need for action on upstream social determinants of health inequalities only to drift downstream to focus largely on individual lifestyle factors”. Popay, Whitehead and Hunter, 2010
Canada: Cultural Continuity
Factors

Why some groups of Canadian Indigenous peoples had higher rates of suicide than others

1. Self-Government
2. Land Claims
3. Education
4. Health Services
5. Police/Fire Services
6. Cultural Facilities
7. Women in Government
8. Child & Family Services
9. Traditional Language use

Chandler & Lalonde (2008) Horizon 10,1, 68-72
Youth Suicide Rate by Number of Cultural Continuity Factors Present (1987-1992)

Chandler & Lalonde, 2008: 71
Indigenous and non-Indigenous daily smokers over 18 yrs by age: 2004-05

Source: ABS Tobacco smoking in Australia 2004-05
Tobacco use: Social determinants of being an Indigenous non-smoker (Thomas et al 2008)

- The strongest associations with being a non-smoker are for those not arrested or incarcerated in the last 5 years
- Indigenous people who have not been removed from their natural family are twice as likely to be a non-smoker, to never have smoked or to have quit

Evidence is never enough.....

“inequity (of health or otherwise) is a moral category rooted in values, social stratification, embedded in political reality and the negotiations of social power relations”.
“There is enough for everyone's need but not for everyone’s greed”

Mahatma Gandhi
Global health equity requires concerted effort from governments and international agencies and pressure from civil society and other groups to demand changes to policies.

(Baum, 2007)
Comprehensive rather than vertical approaches

- Deal with underlying causes
- Avoid a series of parallel vertical approaches tackling specific disease
- Build empowering primary health care sector
- Ensure basic provision of services to support health – water & sanitation, education, housing, employment
Whole of society approach

• The CSDH policy objectives will require action by all levels of government, health service, NGOs, private sector and community groups.

• Effective local delivery requires participatory decision making at the local level and will require empowering local communities and individuals.
Health in All Policies: Asks how do we create health? HiAP addresses complex health challenges through an integrated policy response across portfolio boundaries.
People’s Health Movement

- Global network of people’s health movement formed in 2000
- Global Secretariat in Cairo, Cape Town & Delhi
- Country circles advocating for health as a human right, attention to social determinants, community controlled health services and against privatization of services essential to health
- Watching WHO

http://www.phmovement.org
• Equity, ecologically-sustainable development and peace are at the heart of our vision of a better world - a world in which a healthy life for all is a reality; a world that respects, appreciates and celebrates all life and diversity; a world that enables the flowering of people’s talents and abilities to enrich each other; a world in which people’s voices guide the decisions that shape our lives.
PEOPLE’S MOVEMENT HEALTH:

The Charter was endorsed at the People's Health Assembly in Bangladesh in December 2000. It is a tool for advocacy and a rallying point for the global health movement in 35 languages.

http://phmovement.org/cms/