Social Determinants of Health: Application in developed and developing Asia

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UCL
Chair of WHO Commission on Social Determinants of Health (2005 -2008)

Stanford

November 2009
Inequalities in health that are avoidable are inequitable.

Tackling health inequities is a matter of social justice.
All member states:
- Tackle health inequities through action on the social determinants of health
- Impact of polices and programmes on health inequities;
- Health equity in global development goals
"Public health can be grateful for backing from the Commission on Social Determinants of Health. I agree entirely with the findings. The great gaps in health outcomes are not random. Much of the blame for the essentially unfair way our world works rests at the policy level."

Dr Margaret Chan, 62nd World Health Assembly, May 2009
Creating the conditions in which people can lead flourishing lives

- People need good material conditions to lead a flourishing life;
- They need to have control over their lives;
- People, communities, and countries need political voice

CSDH 2007
<table>
<thead>
<tr>
<th>Country/Location</th>
<th>Life Expectancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK, Glasgow (Calton)</td>
<td>54</td>
</tr>
<tr>
<td>Pakistan</td>
<td>61</td>
</tr>
<tr>
<td>US, Washington D.C. (black)</td>
<td>63</td>
</tr>
<tr>
<td>Lithuania</td>
<td>65</td>
</tr>
<tr>
<td>Egypt</td>
<td>66</td>
</tr>
<tr>
<td>Mexico</td>
<td>72</td>
</tr>
<tr>
<td>Cuba</td>
<td>75</td>
</tr>
<tr>
<td>US</td>
<td>75</td>
</tr>
<tr>
<td>UK</td>
<td>77</td>
</tr>
<tr>
<td>Japan</td>
<td>79</td>
</tr>
<tr>
<td>US, Montgomery County (white)</td>
<td>80</td>
</tr>
<tr>
<td>UK, Glasgow (Lenzie N.)</td>
<td>82</td>
</tr>
</tbody>
</table>

Sources: WHO World Health Statistics 2007; Hanlon, Walsh & Whyte 2006; Murray et al. 2006
Lifetime risk of maternal death

- Ireland is only 1 in 47,600,
- 1 in 8 in Afghanistan (UNICEF, 2007).
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
Poverty and the social gradient

If we only target the poorest 10% we miss most of the health problem
Economic and social policies matter for health and health equity
Conditions in which people are born, grow, live, work and age

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

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

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

Monitoring, Training, Research
Every sector is a health sector
- Health and well being as outcomes

Empowerment
Aboriginal Youth Suicide by Factors Present

Cultural Factors:
- Self-government
- Land claim participation

Community Control:
- Health services
- Education
- Cultural facilities
- Police/fire services

Chandler & Lalonde, 1998
Early child development and education
Healthy Places
Fair Employment
Social Protection
Universal Health Care

Health Equity in all Policies

Good Global Governance

Fair Financing

Market Responsibility

Gender Equity

Political empowerment – inclusion and voice

CSDH – Areas for Action
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Gross annual national income per head by deciles (US$ at PPP)
Taxation in East Asia (left) and sub-Saharan Africa (right), 1970–79, 1980–89, and 1990–99.
Debt service and development assistance, by region, 2000 - 2005

- Sub-Saharan Africa
- South Asia
- Middle East and North Africa
- Latin America
- East Asia and the Pacific


Graph generated by Ted Schrecker, 2008
Education

- Kenyaabolition of school fees for primary education 2003;
- Needs -
  - School infrastructure, teachers;
  - Capacity building;
  - Budget allocation

Kenya’s last two budgets allocated US$ 350 million more to debt relief than education
Homicide rates per 100,000 population by region and subregion, 2004

Income Inequality and Fiscal Redistribution: selected LAC and European Countries

(Gini coefficients of market and disposable income)

Source: Latin American Economic Outlook 2009, OECD
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Percentage of women who have a say in decision-making about their own health care, selected low and middle income countries

DHS data CSDH FR
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Child survival and early child development
Physical, cognitive/language,
social/emotional
Inequality in Early Cognitive Development of British Children in the 1970 Cohort, 22 months to 10 years

CSDH – Areas for Action

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- Fair Financing
- Market Responsibility
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  - Healthy Places
  - Fair Employment
  - Social Protection
  - Universal Health Care
- Gender Equity
- Political empowerment
  - inclusion and voice
Percentage of urban population living in “slums”

- Sub-Saharan Africa
- South-central Asia
- Eastern Asia
- Western Asia
- Latin America and the Caribbean
- Northern Africa
- South-eastern Asia
- Eastern Asia excluding China
- Oceania

(source: UN-HABITAT, 2003)
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.
CSDH – Areas for Action

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Informal sector

Women are much more likely than men to be in the informal economy. In developing countries, the majority of economically active women work in the informal economy.

% non-agricultural labor force
In the informal economy, 1991-1997

Source: Chen 2001
Regional variation in the percentage of people in work living on US$ 2/day or less

2007 figures are preliminary estimate
ILO 2008
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Building social protection for the elderly

- material
- psychosocial
# 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>
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Universal Primary Health Care
Community based
Disease prevention
Health promotion – using social determinants framework
Health-adjusted life expectancy (HALE) and private spending as a percentage of total health spending (2000)

Koivusalo & Mackintosh (2005)
Catastrophic health expenditure and impoverishment due to out-of-pocket health expenditure, by WHO region

Conflict
EMR countries in conflict

The World’s Internally Displaced People

Social determinants of health in conflict settings

- Loss of human rights;
- Breaches of medical neutrality;
- Progression from stress to distress and disease

(Watts, Siddiqi, Shukrullah, Karim, Serag report to CSDH, 2007)
Moving forward – Global movement

- Global Meeting London ‘Closing the Gap’ 2008
- Country initiatives: England, Brazil, Chile, Argentina, Thailand, Nordic …
- Regional Meetings: Euro, Sri Lanka, Cairo, PAHO, Addis Ababa, Asian Parliamentarians
- WHO resolution
- ECOSOC Agenda - Core Development Goal
- Proposed Global Report on SDH and equity
- South American Commission
“I am pleased to announce that Sir Michael Marmot has agreed to undertake a new review of health inequalities in England…”

“…And we will learn from other countries along the way…”

Gordon Brown, Prime Minister, UK
at Closing the Gap Conference, 6th Nov 2008
Values: shape our goals

Nature of society not just programs and services e.g. income inequality.

Measurement: reflect what we want to achieve

Journey and the destination e.g. local ownership, collaborative working
Closing the Gap in a Generation

A world where social justice is taken seriously

www.who.int/social_determinants/en