Closing the gap in a generation

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Commission on Social Determinants of Health

BITC Global Partners Meeting
London
September 2008
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
7th Commissioners meeting at WHO, Geneva, Jan 2007
- Social justice
- Empowerment – material, psychosocial, political
- Creating the conditions for people to lead flourishing lives
Outline

- Inequalities within and between countries
- Converging challenges
- Taking action to close the gap
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)
<table>
<thead>
<tr>
<th>Country</th>
<th>Life Expectancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK, Glasgow (Calton)</td>
<td>54</td>
</tr>
<tr>
<td>India</td>
<td>62</td>
</tr>
<tr>
<td>US, Washington D.C. (black)</td>
<td>63</td>
</tr>
<tr>
<td>Philippines</td>
<td>64</td>
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<tr>
<td>Lithuania</td>
<td>65</td>
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<tr>
<td>Poland</td>
<td>71</td>
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<tr>
<td>Mexico</td>
<td>72</td>
</tr>
<tr>
<td>Cuba</td>
<td>75</td>
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<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
MORTALITY AND EDUCATION IN MEN* AGED 45-90 IN MATLAB, BANGLADESH, 1982-1998

*married at entry

Hurt, Ronsmans & Saha, 2004
Belgium

- In Belgium, men aged 25 with lowest education have life expectancy 5.5 years shorter than men with highest education;
- Belgians with a low educational level also spend 18-25 years in worse health than those who are highly educated

Foundation Roi Baudouin
Poverty and the social gradient

If we only target the poorest 10% we miss most of the health problem
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
Change in Life Expectancy at age 25 by Educational Level 1989-2000 in Estonia

Cardiovascular deaths of people aged 45 - 64 and social inequalities: Porto Allegre, 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, Arg Bras Cardiol, 2008)
Sweden: Life Expectancy at age 30 by level of education, 1986 – 2003, women

- Compulsory: 44-50
- Upper secondary: 50-55
- Post-secondary: 55-56

Difference:
- Compulsory: +3.0
- Upper secondary: +1.8
- Post-secondary: +0.7
Outline

- Inequalities within and between countries
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What are social determinants of health?
CSDH Conceptual Framework

SOCIOECONOMIC & POLITICAL CONTEXT
- Governance
- Policy
  - Macroeconomic
  - Social
  - Health
- Cultural and Societal norms and values

Social Position
- Education
- Occupation
- Income
- Gender
- Ethnicity / Race

Material Circumstances
- Social Cohesion
- Psychosocial Factors
- Behaviours
- Biological Factors

Health Care System

DISTRIBUTION OF HEALTH AND WELL-BEING

SOCIAL DETERMINANTS OF HEALTH AND HEALTH INEQUITIES

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“This ends the debate decisively. Health care is an important determinant of health. Lifestyles are important determinants of health. But it is factors in the social environment that determine access to health services and influence lifestyle choices in the first place.”

Dr Margaret Chan, the DG of the WHO, at the launch of the CSDH Final Report in Geneva 28th August 2008

Photo: WHO/Chris Black
CSDH – Principles of 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
- Good Global Governance
- Fair Financing
- Early child development and education
- Healthy Places
- Fair Employment
- Social Protection
- Universal Health Care
- Market Responsibility
- Gender Equity
- Political empowerment – inclusion and voice
CSDH – Areas for Action

Health Equity in all Policies

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Health Equity in all Policies

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Universal Health Care

Good Global Governance

Market Responsibility

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Political empowerment
– inclusion and voice
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.
Debt service and development assistance, by region, 2000 - 2003

(Labonte & Shrecker, 2007, data from World Bank)
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

Market Responsibility

Political empowerment – inclusion and voice

Good Global Governance

Gender Equity
Health equity impact assessment trade agreements

A responsible private sector
Johannesburg water pricing

Actual Tariffs (Rand/kl)

- Ideal for hh of 10
- Ideal – subsidises poorer consumers
- Current – favours richer consumers

Consumption (kl/month)

Source: GKN 2007
Gender inequities in labour conditions: lost pay or lost job promotions or difficulty retaining jobs

- Unable to get paid leave: Women 36%, Men 25%
- Did not have access to health insurance through job: Women 43%, Men 36%
- Job difficulties* because of need to care for sick children: Women 49%, Men 28%

* Job difficulties: lost pay or lost job promotions or difficulty retaining jobs. Adapted from Heymann (2006), Forgotten Families. Average percentages based on selected countries.
Non-standard employment in the European Union (%)

Parent-Thirion et al. (2007).
Prevalence of poor mental health in manual workers by type of contract: Spain

Source: Artazcoz et al 2005
Coronary heart disease and work stress, Whitehall II study

Hazard Ratios of incident CHD by Iso-Strain (phase 1 and 2 of Whitehall II); split by age group

Optimism
Under 5 mortality rate: change 1990 - 2006

- Sub-Saharan Africa: 187, reduction 14%
- Middle East & North Africa: 79, reduction 42%
- South Asia: 123, reduction 33%
- East Asia & Pacific: 55, reduction 47%
- Latin America & Caribbean: 55, reduction 51%
- CEE/CIS: 53, reduction 49%
- Industrialized countries: 10, reduction 40%

UNICEF
“Our future as a company depends on the future of other people...”

CSR manager
Questions

- How do social inequality and health inequities impact businesses in your area/sector?
- How does business impact on social inequality and health inequities in your area/sector?
- How can attention to the social determinants of health and health equity be incorporated into business practice?