Closing the gap in a generation

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Chair of WHO Commission on Social Determinants of Health

Santiago, Chile
September 2008
Social Justice

Empowerment
• Material
• Psychosocial
• Political

Creating conditions for people to lead flourishing lives
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 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)
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
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

- Inequities and the social gradient
- 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
SOCIAL DETERMINANTS OF HEALTH AND HEALTH INEQUITIES

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
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
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
CSDH – Areas for Action

Health Equity in all Policies

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

Good Global Governance

Fair Financing

Market Responsibility

Gender Equity

Political empowerment – inclusion and voice
CSDH – Areas for Action

Health Equity in all Policies

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

- Fair Financing
- Good Global Governance
- Market Responsibility
- Gender Equity

Political empowerment – inclusion and voice
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

Gender Equity

Political empowerment
– inclusion and voice

Good Global Governance
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
Debt service and development assistance, by region, 2000 - 2003

(Debt service outflows vs. Development assistance receipts)

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

US $ (billions)


(Labonte & Shrecker, 2007, data from World Bank)
Global aid and global need

- Over 60% of the total increase in ODA between 2001 and 2004 went to Afghanistan, the Democratic Republic of Congo, and Iraq.
- These three countries account for less than 3% of the developing world’s poor.
- Much of the ODA increase in 2005 can be accounted for by debt relief to Iraq and Nigeria.
Donor countries honour existing commitments by increasing aid to 0.7% of GDP; expand the Multilateral Debt Relief Initiative; and coordinate aid use through a social determinants of health framework.
The Growing Gap: per capita aid from donor countries relative to per capita wealth, 1960-2000

The growing gap: Comparison of how aid per person in DAC donor countries has failed to keep pace with growth in wealth per capita (at 1998 prices and exchange rates)

Randel et al 2004
CSDH – Areas for Action

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Health equity impact assessment in economic agreements
Flexibility in agreements
A responsible private sector
Johannesburg water pricing

Actual Tariffs (Rand/kl)

R 10
R 9
R 8
R 7
R 6
R 5
R 4
R 3
R 2
R 1
R -

Consumption (kl/month)

Ideal – subsidises poorer consumers

Current – favours richer consumers

Source: GKN 2007
CSDH – Areas for Action

Health Equity in all Policies

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Levels of wages of women compared to men in selected areas

- 4 areas in Middle East & N Africa: 81
- 6 areas in East Asia & Pacific: 80
- 22 Industrialized areas: 80
- 10 areas in transition: 76
- 8 areas in Latin America & Caribbean: 73
- 4 areas in sub Saharan Africa: 70

UNICEF 2006
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
CSDH – Areas for Action

- Early child development and education
- Healthy Places
- Fair Employment
- Social Protection
- Universal Health Care
- Health Equity in all Policies
- Fair Financing
- Good Global Governance
- Market Responsibility
- Gender Equity
- Political empowerment – inclusion and voice
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

(Nicholson et al 2005)
CSDH – Areas for Action

Healthy Places

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- Fair Employment
- Social Protection
- Universal Health Care

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- Good Global Governance
- Gender Equity

- Fair Financing
- Market Responsibility

- Political empowerment
  – inclusion and voice
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.
CSDH – Areas for Action

Health Equity in all Policies

Fair Financing

Early child development and education
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Gender Equity

Marked Responsibility

Good Global Governance

Political empowerment
– inclusion and voice

CSDH – Areas for Action
Employment conditions: Five “dimensions” of global scope

- Unemployment
- Precarious employment
- Informal employment and informal jobs
- Child labour
- Slavery / bonded labour

EMCONET
FAIR EMPLOYMENT

- Freedom from coercion
- Job security
- Fair income
- Job protection and social benefits
- Respect and dignity at work
- Workplace participation
- Enrichment and lack of alienation
Deaths from workplace exposure to dangerous substances, various countries and regions

Number of deaths in 2001

MEC  LAC  FSE  OAI  SSA  EME  IND  CHN

ILO, 2005
## Forced Labour by trafficking (minimum estimation) (ILO)

<table>
<thead>
<tr>
<th>Region</th>
<th>Trafficking (absolute number)</th>
<th>Trafficked as % of total forced labour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Industrialized economies</td>
<td>270,000</td>
<td>74.8</td>
</tr>
<tr>
<td>Transition economy</td>
<td>200,000</td>
<td>94.3</td>
</tr>
<tr>
<td>Asia and Pacific</td>
<td>1,360,000</td>
<td>14.3</td>
</tr>
<tr>
<td>Latin America and Caribbean</td>
<td>250,000</td>
<td>19.0</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>130,000</td>
<td>19.6</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
<td>230,000</td>
<td>88.1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2,440,000</strong></td>
<td><strong>19.8</strong></td>
</tr>
</tbody>
</table>
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.

Social protection in old age for workers in the informal economy

Source: Chen 2001
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

What must be done

- Make full and fair employment a central goal of national and international economic policy making;
- Safe, secure and fairly paid work, year round; healthy work-life balance;
- Improve working conditions – material hazards, work-related stress, health damaging behaviours
CSDH – Areas for Action

- Health Equity in all Policies
- Good Global Governance
- Early child development and education
- Healthy Places
- Fair Employment
- Social Protection
- Universal Health Care
- Gender Equity
- Political empowerment – inclusion and voice
- Fair Financing
- Market Responsibility

Areas for Action

CSDH
Countries with generous family policies have lower child poverty rates. This association is mainly due to policies that support dual earner families. The contribution may be direct through the amount of benefits paid, or indirect by supporting two earners and thereby raising the market income of the household.

Source: Lundbrg et al 2007 CSDH Nordic Network
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><strong>Single person</strong></td>
<td>£87.30</td>
<td>£119.05</td>
<td>£131.00</td>
</tr>
<tr>
<td><strong>Couple</strong></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>
CSDH – Areas for Action

- Early child development and education
- Healthy Places
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- Fair Financing
- Market Responsibility
- Gender Equity
- Political empowerment – inclusion and voice

CSDH

Areas for Action
Universal Primary Health Care
Community based
Disease prevention
Health promotion – using social determinants framework
Catastrophic health expenditure and impoverishment due to out-of-pocket health expenditure, by WHO region

Health outcomes (HALE) positively associated with public spending as a proportion of total health expenditure

*Figure 1.6: Healthy life expectancy (HALE) and government expenditure on health as percentage of GDP, 2000*

Source: Koivusalo & Mackintosh (eds) 2005
What’s next?

- Global Conference in London 2008 to promote uptake
- Sri Lanka 2009, practical uptake
- Countries translate findings into programmes, Brazil, Chile, UK, Canada, Argentina?, India?
- WHO resolution
- ECOSOC Agenda - ? Core Development Goal
- Global Report on Social Determinants and Health equity
- Capacity building – Research and Training
Global Movement
“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
Optimism
Under 5 mortality rate: change 1990 - 2006

- Sub-Saharan Africa: 187 (Reduction 40%)
- 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
EMPOWERMENT

- MATERIAL
- PSYCHOSOCIAL
- POLITICAL
Dreams?
A world where social justice is taken seriously