

SOCIAL DETERMINANTS OF HEALTH – AN INTERNATIONAL PERSPECTIVE

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“Social injustice is killing on a grand scale”

Commission on Social Determinants of Health, 2008

- A child born in Malawi can expect to live for only 47 years, while a child born in Japan can expect to live for as long as 83 years
- Women in Afghanistan have a lifetime risk of maternal death of 1 in 11, while a woman in Ireland has a risk of 1 in 17,800
- In Chad and Mali, every fifth child dies before their fifth birthday, while in Finland and Japan the under-5 mortality rate is 3 out of 1000

Social injustice also exists *within* wealthy countries



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- ⊗ Health inequalities that are preventable by reasonable means are **unfair**. Putting them right is a matter of **social justice**
 - ⊗ A debate about how to close the health gap has to be a debate about what sort of society people want to live in




World Conference on Social Determinants of Health

RIO DE JANEIRO | BRAZIL | 19-21 OCTOBER 2011

All for Equity







"Lives hang in the balance, many millions of them. These are lives cut short, much too early, because the right policies were not in place. That basic human desire for a better life is at stake, as are prospects for lifting more than a billion people out of an eternal poverty trap. Social cohesion, stability, and security are at stake, in individual nations and internationally. The credibility of governments in the eyes of their citizens is at stake."

Dr Margaret Chan, WHO Director General

WHO has identified five areas seen as critical to addressing these health inequities:

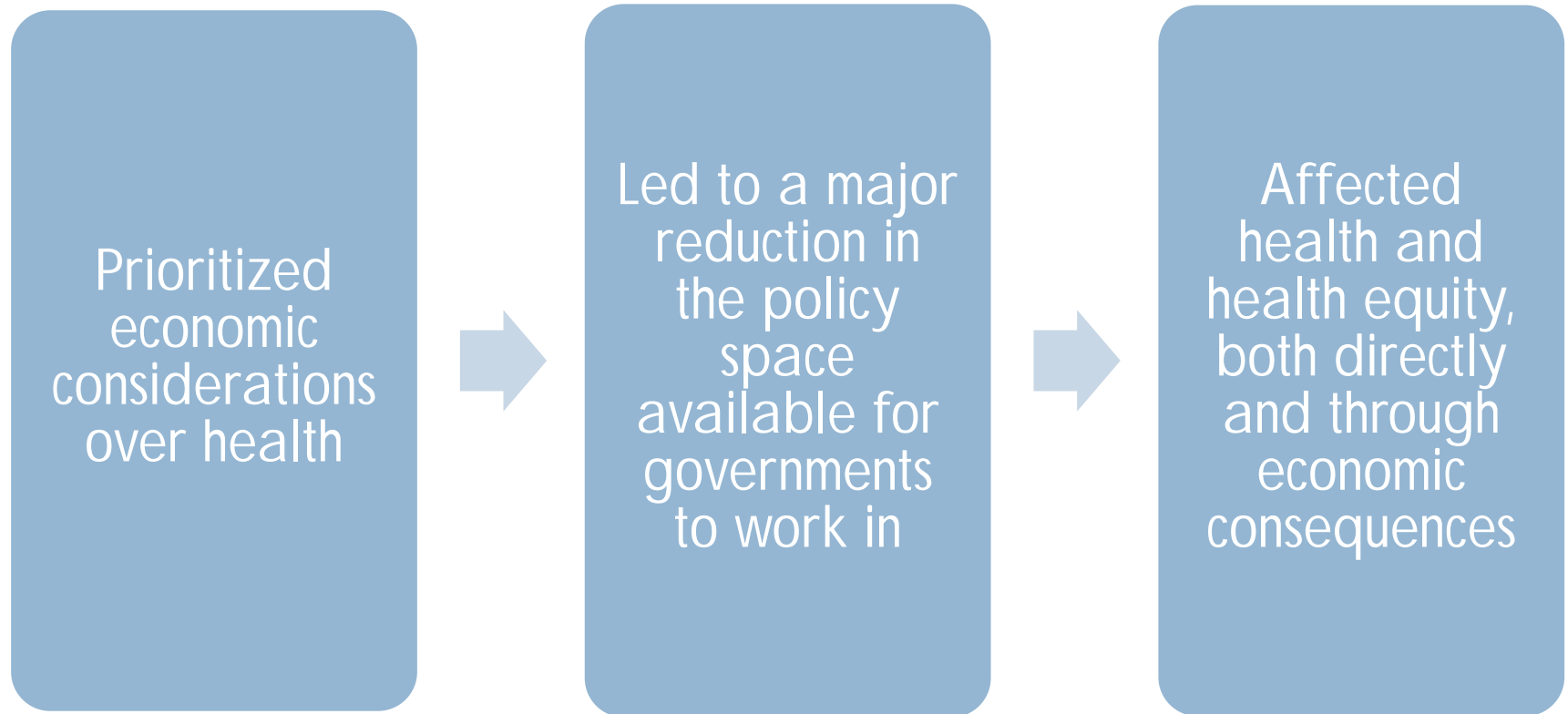
1. Need to adopt better governance for health and development
2. Need to promote participation in policy-making and implementation
3. Need to further reorient the health sector towards reducing health inequities
4. **Need to strengthen global governance and collaboration**
5. Need to monitor progress and increase accountability

Strengthening global governance and collaboration

Global governance = “the management of global processes in the absence of global government”

Globalisation (increasing cross-border flows of goods, services, money, and people) = the major driver of these “global processes”

Globalization has many good aspects, but it has also:





Globalisation is here to stay...

...therefore, **policy coherence at international level** is required to counter its negative effects

What should these policies be aiming for?

1. **Redistribution** - between and within countries
2. **Social rights** - including the right to seek legal redress

But enacting such ambitious policies would be challenging:

- Could international stakeholders be aligned towards a SDH approach?
- Would it be possible to have coherence around these policies at international level?
- Is SDH idealism sufficiently powerful to challenge the hegemony of the markets?

Social movements fighting inequity, regionally and globally, do have support and strength





There are also success stories of policy coherence from within the established political sphere:

- **Representative of Indonesia to the UN in Geneva:**
"Policy is the business of compromises. The only way to bring about agreements is to get, as a first step, everyone to acknowledge that there is a shared concern, and then to build on that."
- For example, the Framework Convention on Tobacco Control
 - ⊗ The first time that a health issue has made its way into international law
 - ⊗ A model for other SDH issues?

SA Minister of Health, Aaron Motsoaledi:

- ⊗ Domestically: meeting with the Mining Minister to try to tackle the problems of single-sex hostels for miners, to counter the social conditions conducive to TB and HIV
- ⊗ Regionally: engaging with the 15 countries of the SADC region, since these collectively have a huge burden of TB and HIV
- ⊗ Internationally: learning from success in India and Brazil. New plans to have 10 PHC workers, called 'Health activists', working in each ward (local level political structures)

A radical idea!

- Essentially this is about mainstreaming health, just as we have previously talked about mainstreaming gender
- Should we not introduce the need to have a *Health Impact Assessment* for every new policy, just as we now have Environmental Impact Assessments?
- Clearly there is a role for researchers and academics in such an approach

“This isn’t about technical know-how, it’s about political will”

- Civil society has an essential role to play in pushing to address health inequities and SDH
- But we also need political leaders who will champion them:
 - ✧ Margaret Chan –
“I am now 64 and soon to retire, and I can say what I like, without fear!”



Rio *Political* Declaration on SDH, 21 October 2011

WHO member states pledged to:

1. Adopt **coherent policy approaches** that will strengthen the focus on social determinants of health
2. Support **social protection floors**
3. Accelerate the implementation of the **Framework Convention on Tobacco Control**
4. Take action to **prevent and control NCDs**, ensuring a focus on reducing health inequities
5. Foster **North-South and South-South cooperation** for integrated action on health inequities


Very nice, but:

- .. No mention of trade and unfair subsidies
(Annual subsidy for Japanese cows = \$2,600;
Mean annual GDP for African person = \$500)
- .. No mention of brain drain of health workers,
from south to north
- .. No mention of minorities, racism, discrimination
- .. No mention of aging

WHO's response:

"It's impossible to have a perfect declaration, because it is a product of negotiation. But rather than seeing it as half-empty, let's see it as half-full."



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- Mark Twain: *“Everybody complains about the weather, but nobody ever does anything about it.”*
 - We must not let that happen with the Social Determinants of Health

**So, as researchers and academics,
let's stop complaining.**

Let's do something about it!

What can we do?

“By keeping robust measurements on the agenda, we can chart progress on health inequalities and their social determinants, and make clear that we hold governments, and the wider society to account... That’s an important part of our mission – to watch, evaluate and comment.”

Professor Sir Michael Marmot

Director of the UCL Institute of Health Equity

