

'CSDH Interim Statement'

Michael Marmot

Director: IISH

UCL

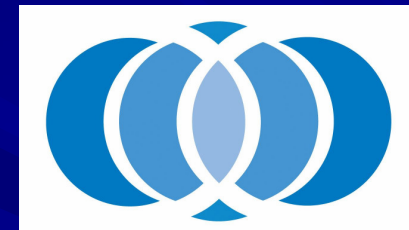
Chair: Commission on Social Determinants of Health

IUHPE Conference

Vancouver 12th June 2007

Commissioner Meetings

- 1st Chile, Sept 2005
- 2nd Egypt, June 2005
- 3rd India, Sept 2006
- 4th Iran, Jan 2006
- 5th Kenya, June 2006
- 6th Brazil, Sept 2006
- 7th Geneva, Jan 17-19, 2007
- 8th Vancouver, June 7-9, 2007



Commission on Social Determinants of Health 2005 -2008

- Commissioners
- 9 Knowledge Networks
- Partner Countries
- 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

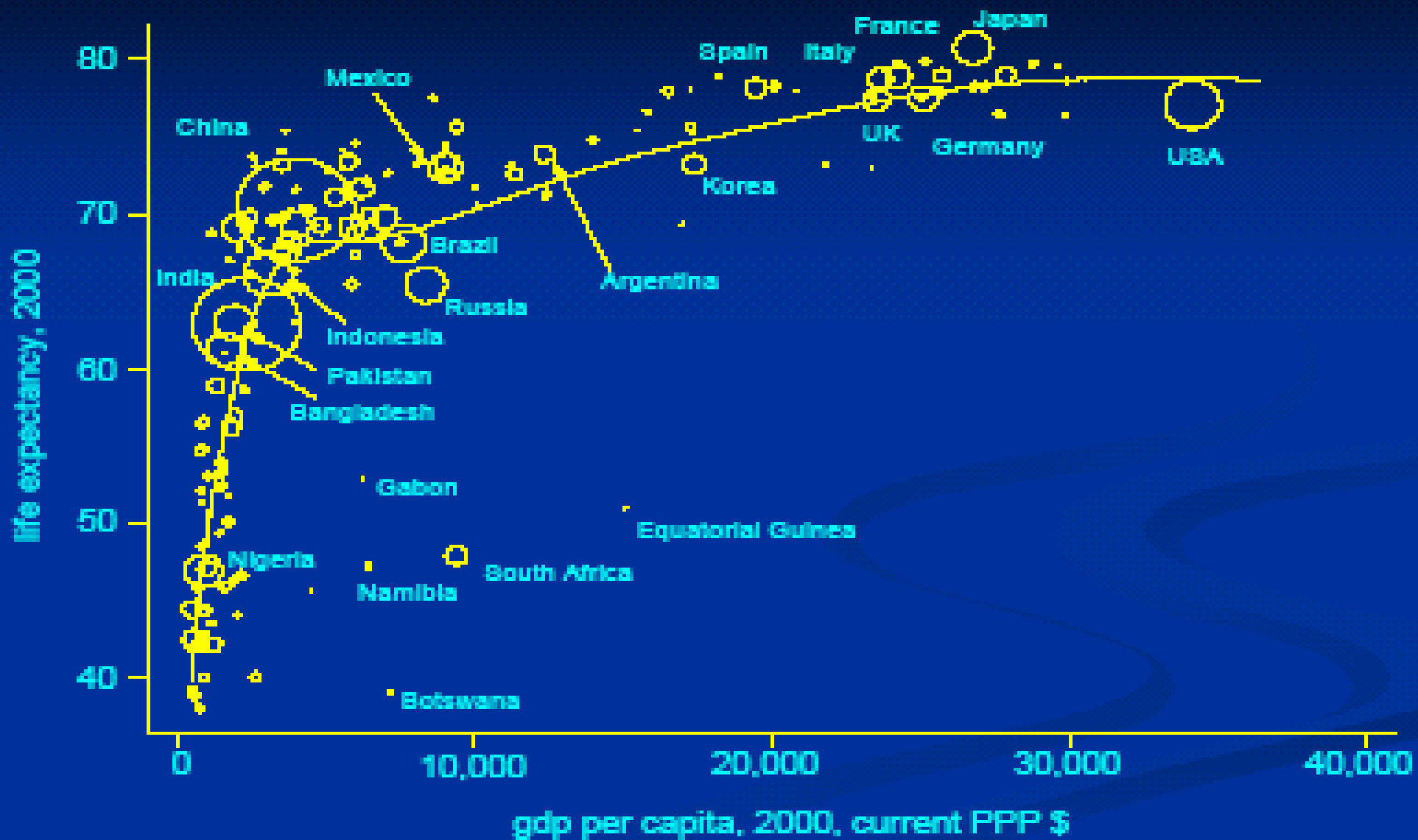
Outline

- Unequal health involves us all
 - Global inequalities
 - The challenge of the social gradient in health
- CSDH framework for action on social determinants
- Key issues

Outline

- Unequal health involves us all
 - Global inequalities
 - The challenge of the social gradient in health
- CSDH framework for action on social determinants
- Key issues

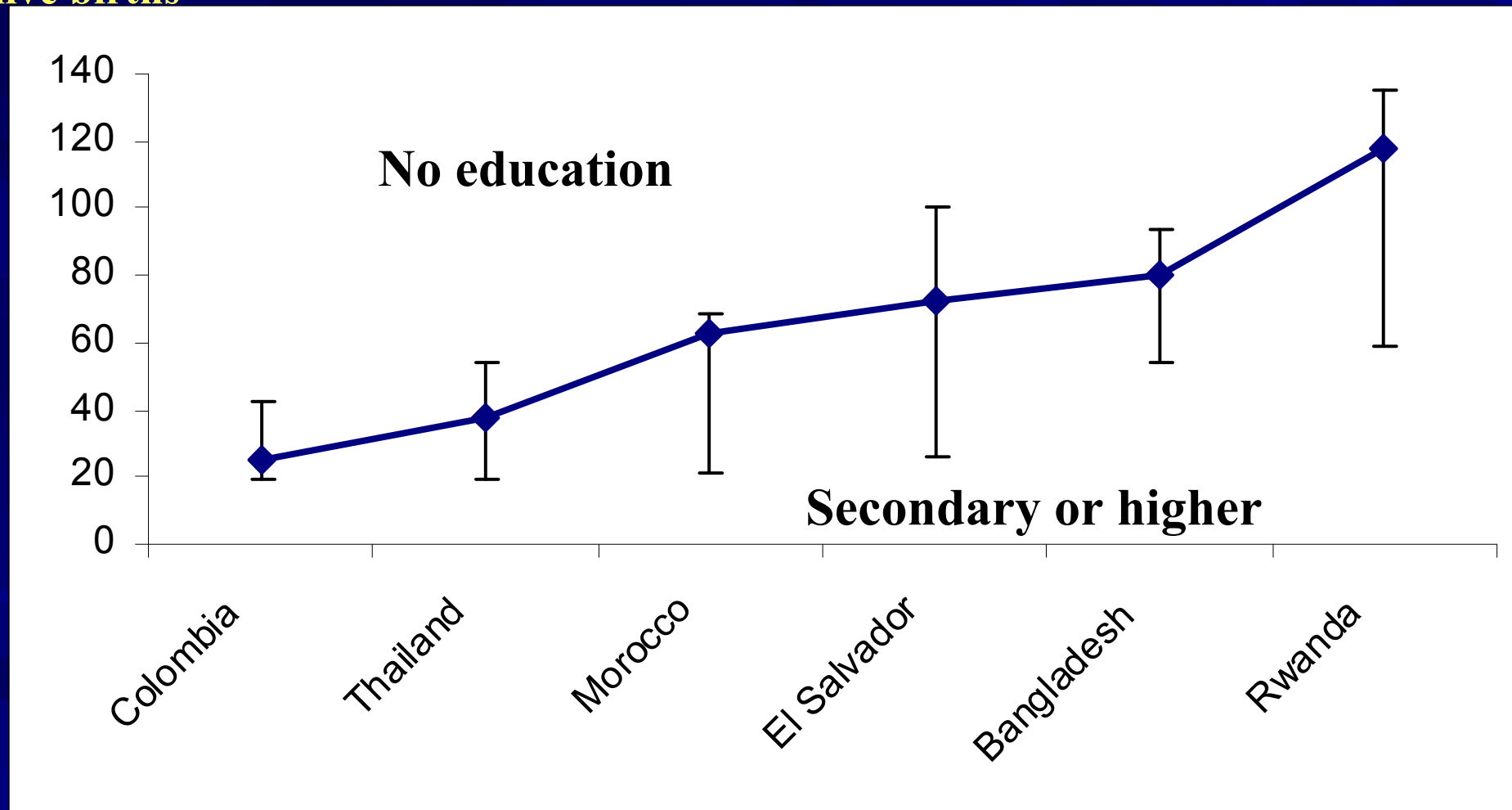
The Millennium Preston Curve



(Source: Angus Deaton)

Infant mortality – inequities within countries (by maternal education) and between countries

IMR per 1000
live births



Adapted from: World Development Report 2006, World Bank

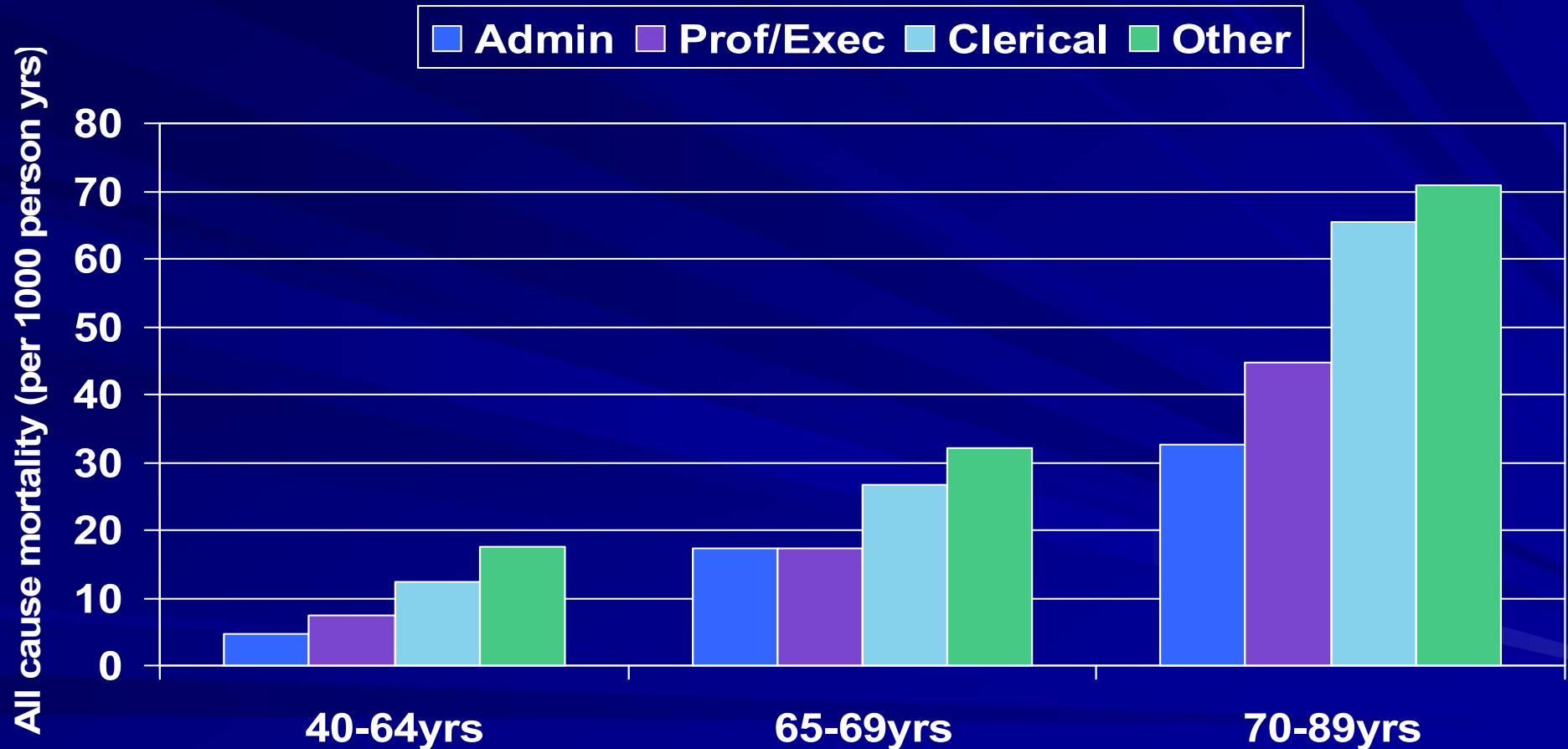
Life expectancy at birth (men)

Glasgow (deprived)	54
India	61
Philippines	65
Korea	65
Lithuania	66
Poland	71
Mexico	72
Cuba	75
US	75
UK	76
Greater Glasgow (affluent)	82

Sources: WHO World Health Report 2006,
'Let Glasgow Flourish' Hanlon,P.,Walsh,D. & Whyte,B.,2006

- Travel from the south east of downtown Washington to Montgomery County Maryland. For each mile travelled life expectancy rises about a year and a half. There is a twenty year gap between poor blacks at one end of the journey (male LE:57) and rich whites at the other (LE:77)

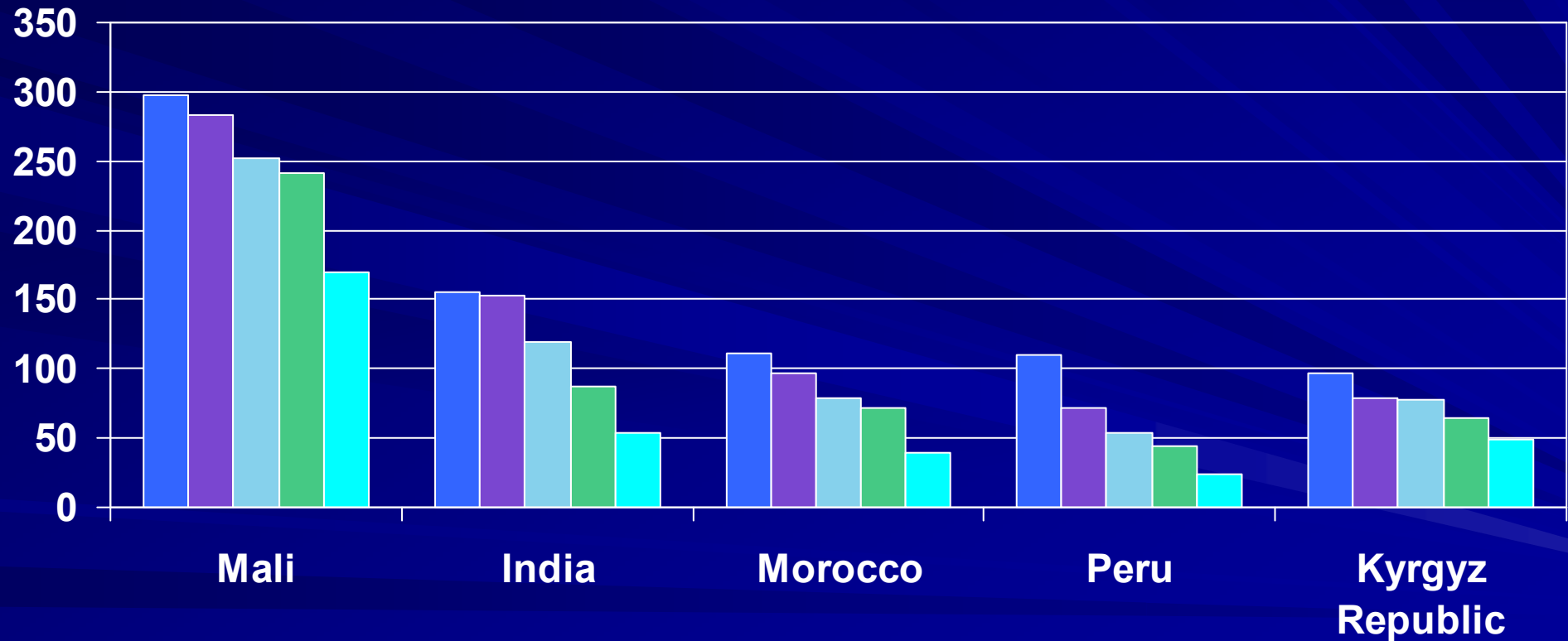
Mortality over 25 years according to level in the occupational hierarchy: Whitehall



(Marmot & Shipley, BMJ, 1996)

Under 5 mortality (per 1000 live births) by wealth group

■ Poorest ■ Less poor ■ Middle ■ Less rich ■ Richest



- Avoidable health inequities are unfair i.e. inequitable
- Social justice
- Economic efficiency

■ Empowerment

- Material
- Pyschosocial
- Political (multilevel participation)

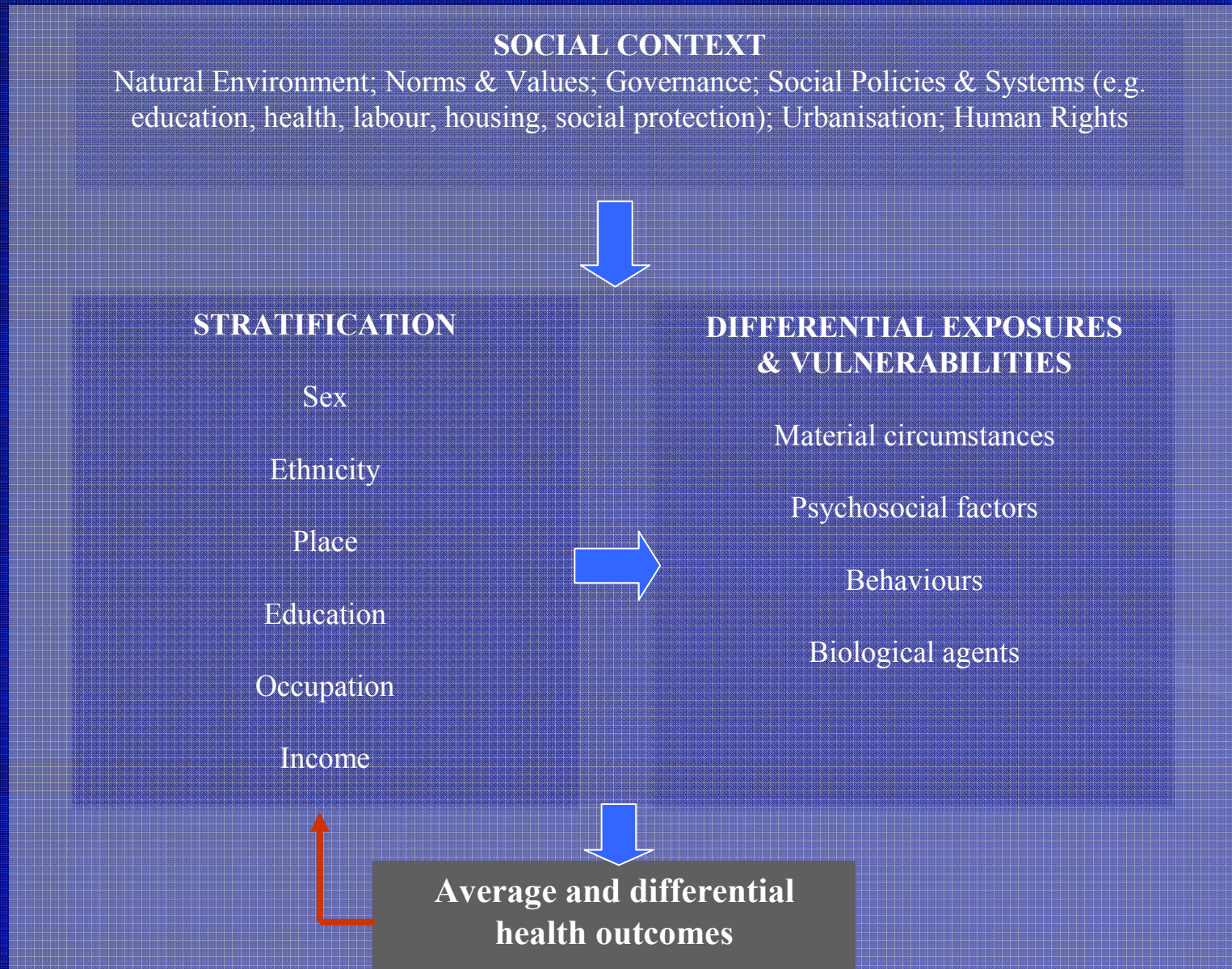
Outline

- Unequal health involves us all
 - Global inequalities
 - The challenge of the social gradient in health
- **CSDH framework for action on social determinants**
- Key issues

Conceptualising the Social Determinants of Health

GLOBALISATION

GOVERNANCE FOR HEALTH



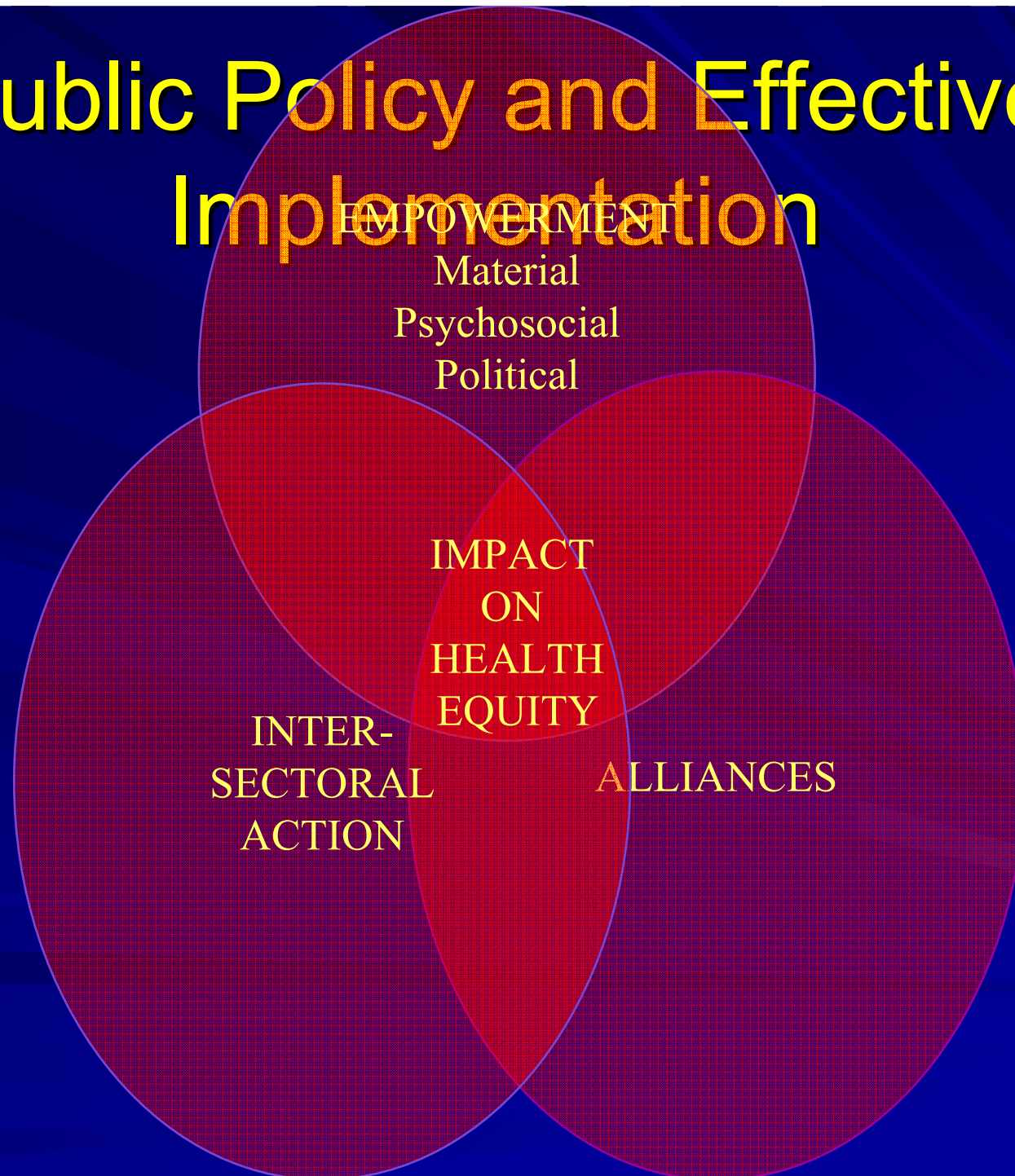
Policy Entry Points

- Social stratification – people's social position related to their health
- Differential exposure to health damaging conditions
- Differential vulnerability
- Differential consequences of ill health

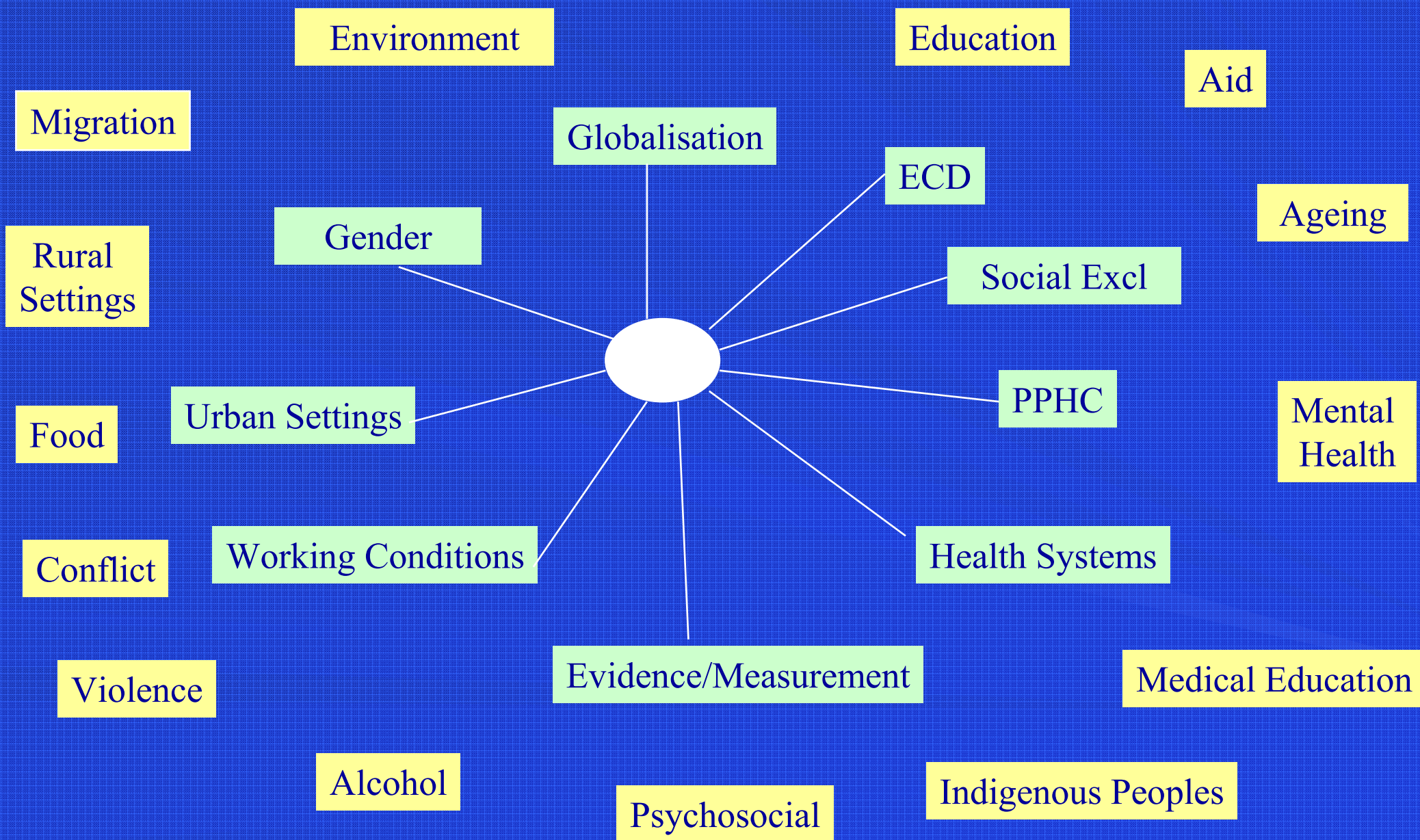
Level

- Global
- Regional
- National
- Local
- Household
- Individual

Public Policy and Effective Implementation



Commission's SDH Thematic Areas

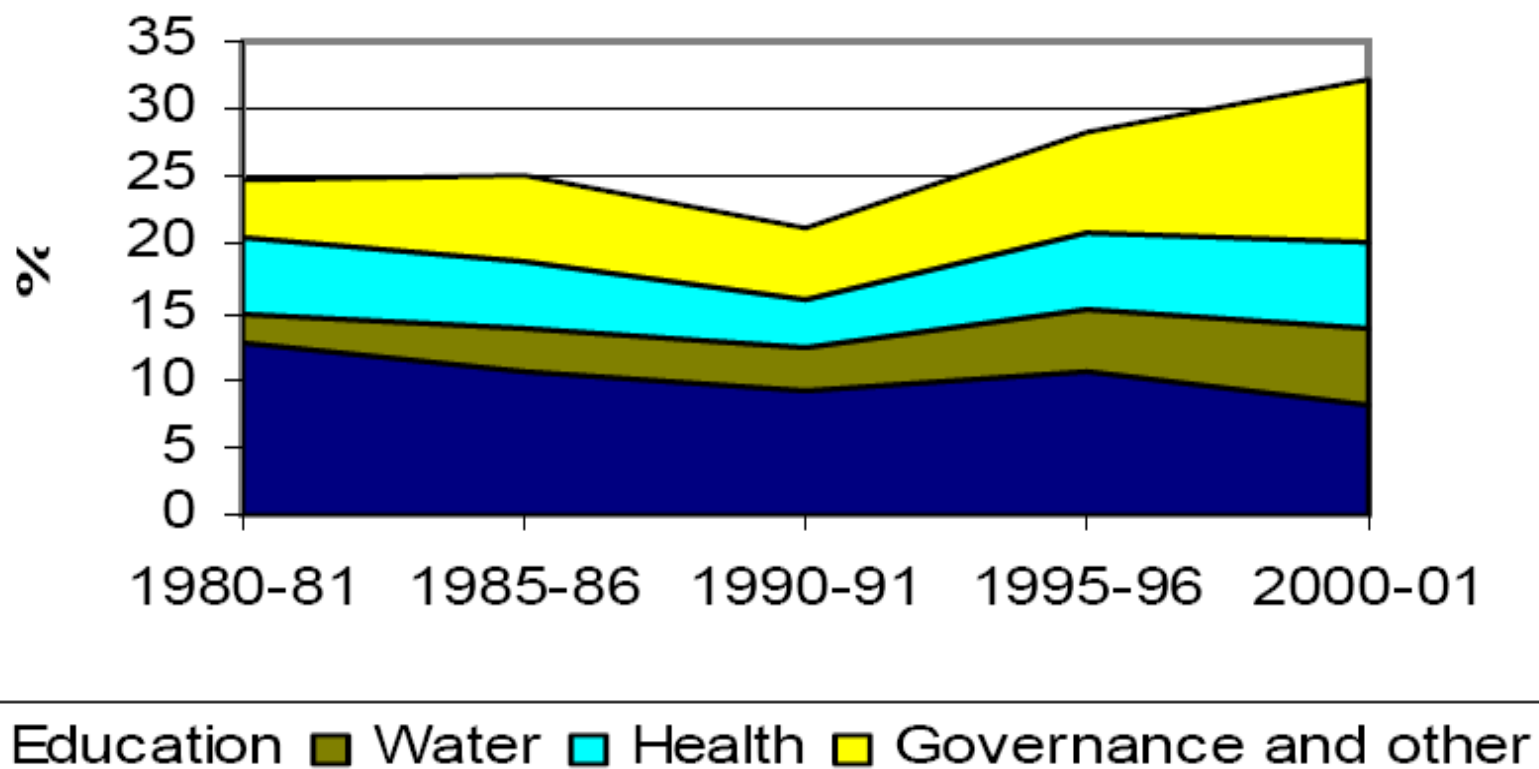


Outline

- Unequal health involves us all
 - Global inequalities
 - The challenge of the social gradient in health
- CSDH framework for action on social determinants
- Key issues

“The net financial transfer between developing and developed countries has shifted from a balance of \$46bn in favour of developing countries in 1995 to an estimated outflow of \$683bn (in the order of 5% of their gross national income) in 2006, becoming substantially more negative in every year during this period (UN DESA (2007)).

Aid (social sectors)

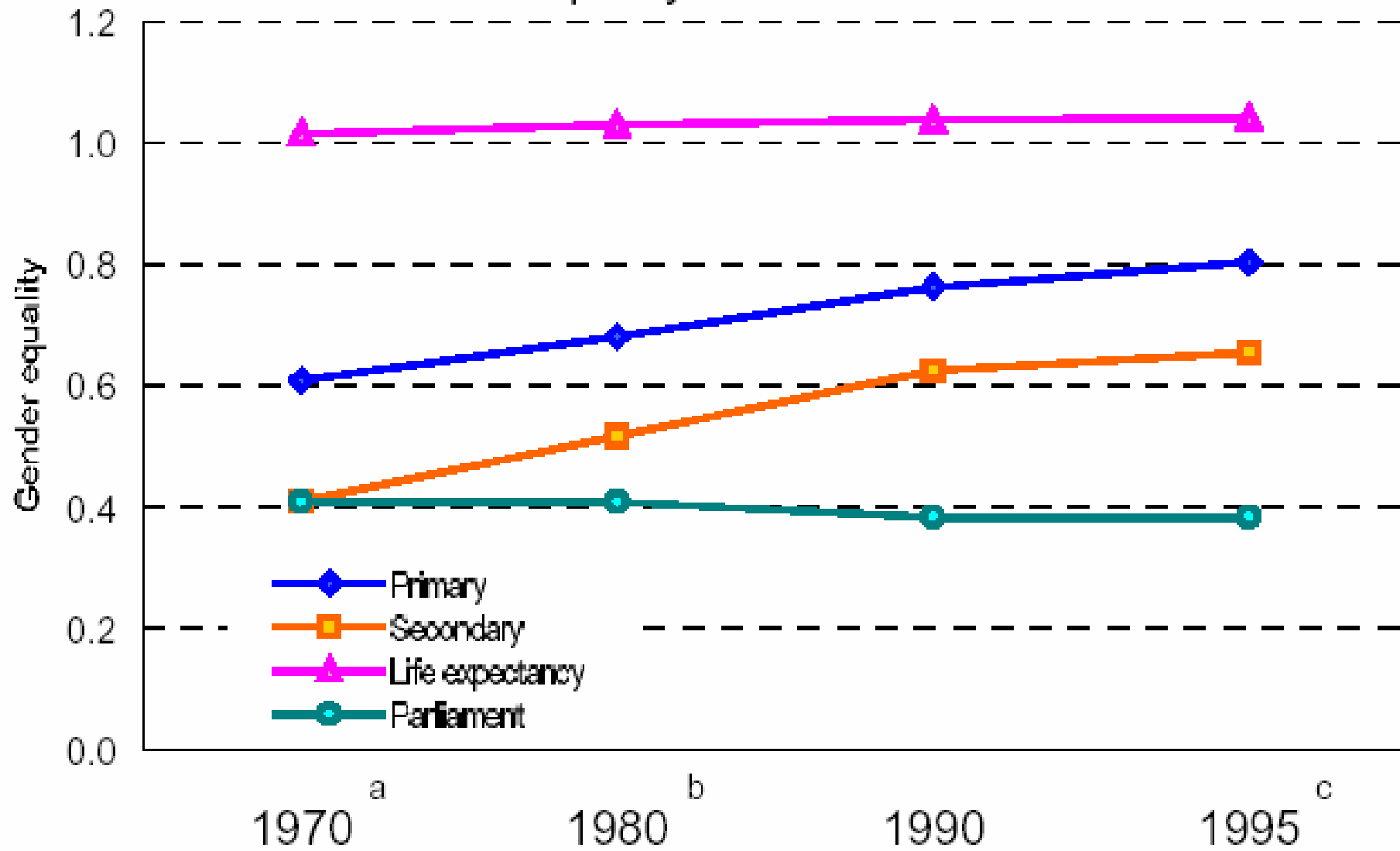


Source: OECD, 2005

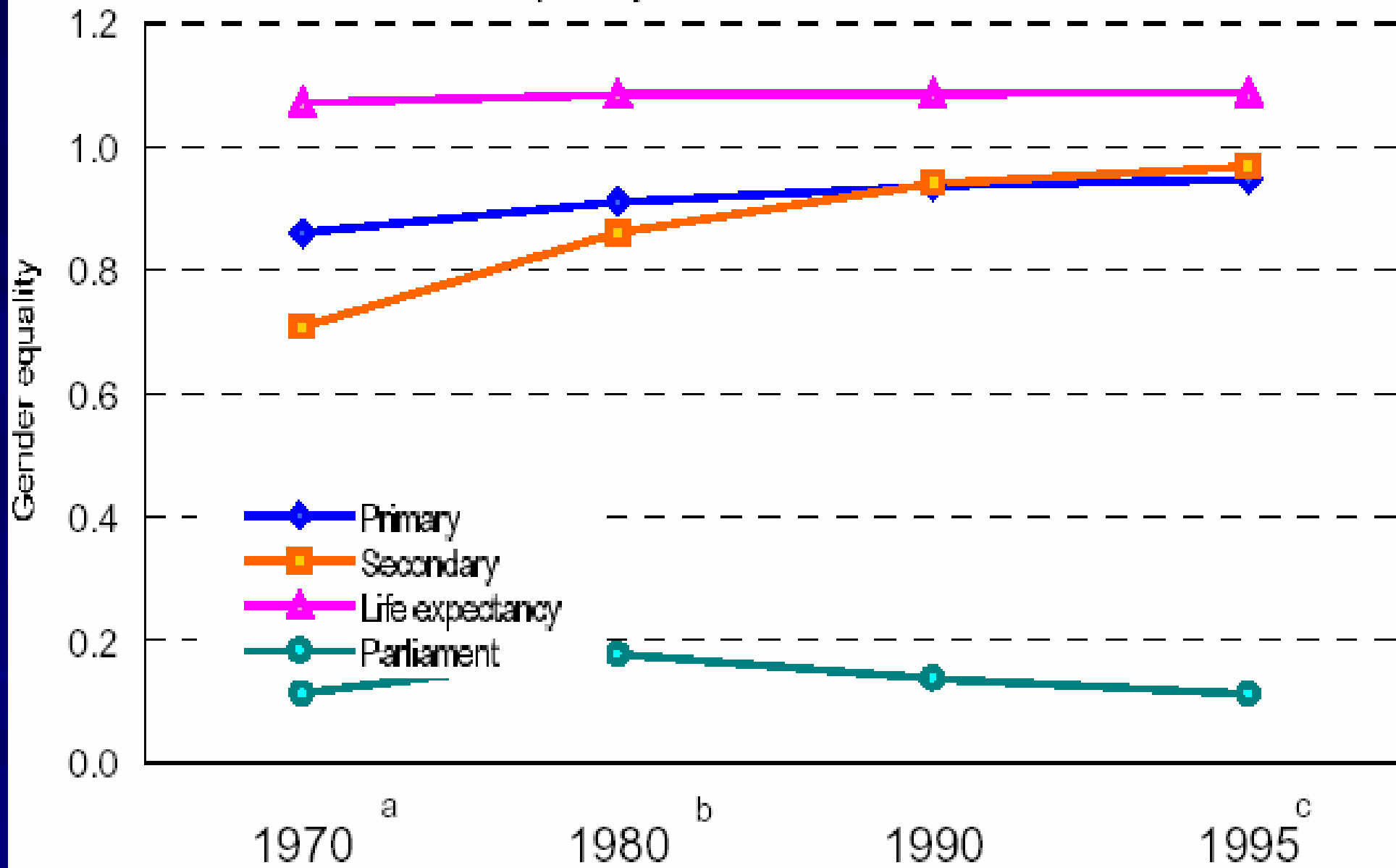
Women account for only 17% of parliamentarians worldwide (Inter-Parliament Union Database on 'women in national parliaments').

In countries with high corruption, infant mortality levels are almost twice as high, and primary school drop out rates are almost five times as high than countries with low corruption (Gupta et al 2000).

Gender Equality in Low Income Countries

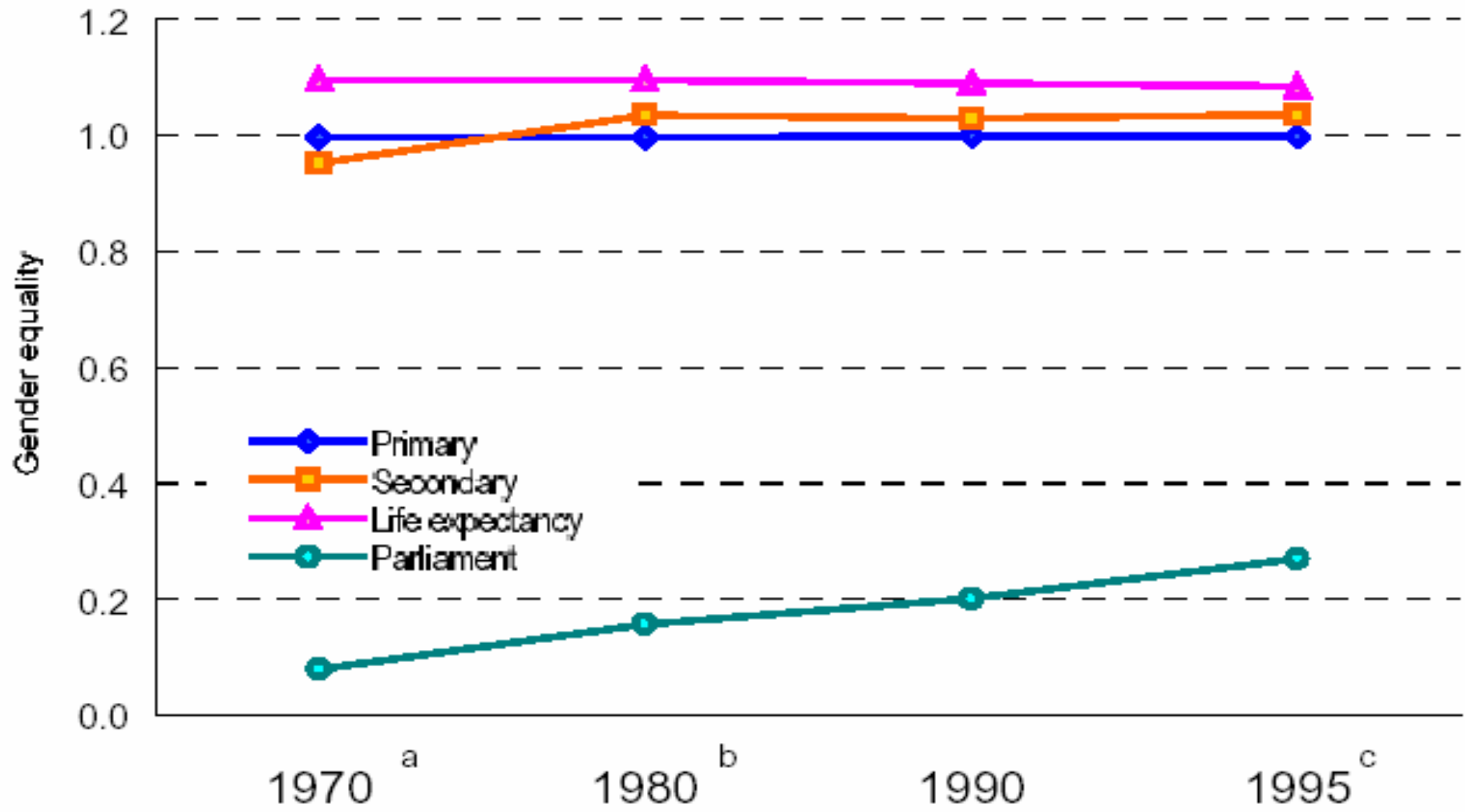


Gender Equality in Middle Income Countries



Female: Male ratio

Gender Equality in High Income Countries

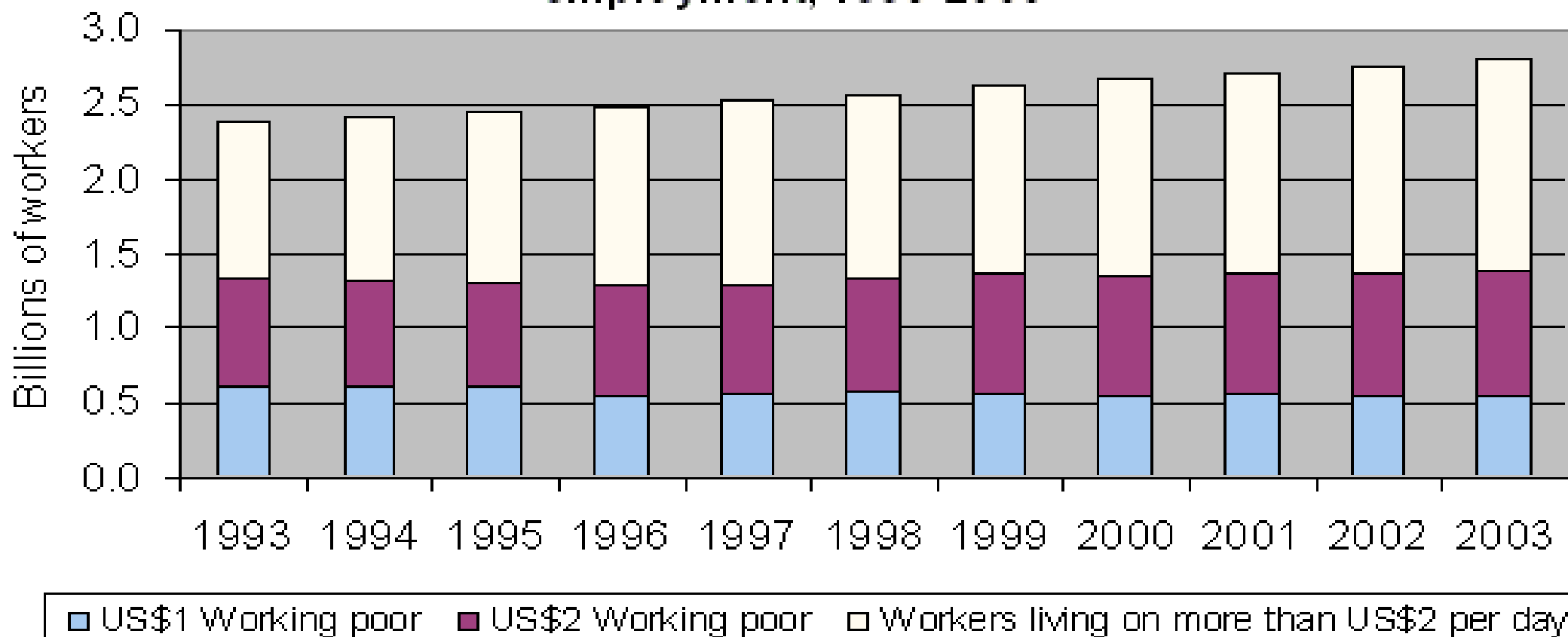


Of the three billion people who live in urban settings, about a billion lives in slums (CSDH website). In most African countries, the majority of the urban population lives in slums. In Kenya, for example, 71% of the urban population lives in slums (World Bank 2006).

In India, 90% of the labour force work in the informal sector, without protection. By 2030, 12.6% of the overall population will be over 60 (ILO 2005).

In sub-Saharan Africa, women undertake more than 75% of agricultural work; yet they own less than 10% of the land. (UN Millennium Project 2005).

Share of US\$1 and US\$2 working poor in total employment, 1993-2003



ILO World Employment Report 2004 - 2005

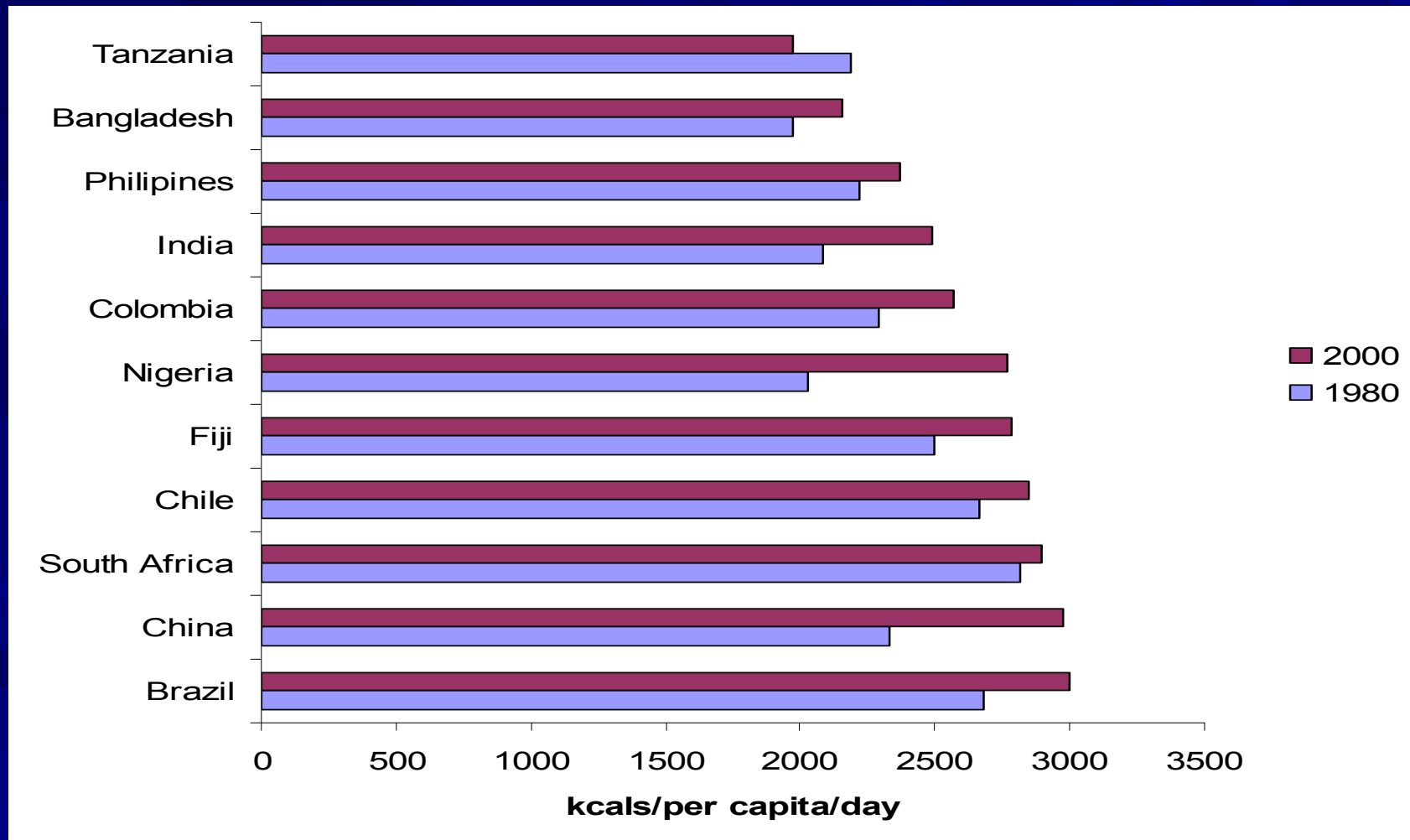
The typical cow in the EU receives a government subsidy of over US\$2 a day

In a rich country like Ireland, single parent households with one child would have to spend 80% of their weekly household income in order to purchase a food basket that complies with dietary guidelines (Friel et al 2006).

While average global food prices have dropped, in rich countries foods recommended in healthy eating guidelines are often more expensive than the less healthy options.

Rapid Changes in Diet

Increasing energy density of food supply



Over 200 million children under 5 are not reaching their developmental potential;

Poverty is a major determinant;

4 major risks:

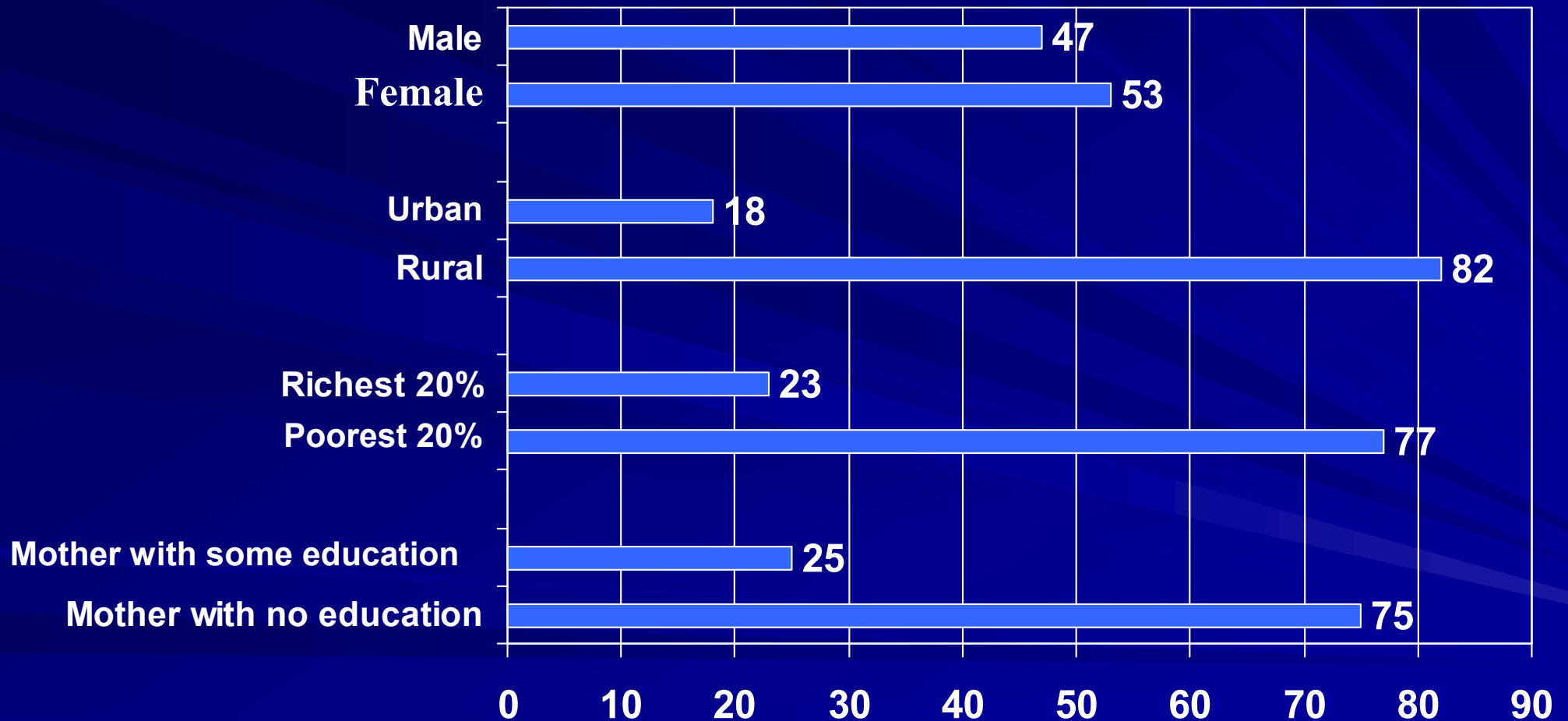
- stunting
- iodine deficiency,
- iron deficiency anaemia
- inadequate cognitive stimulation

Most of these children live in South Asia and sub-Saharan Africa

(Grantham-McGregor et al. Lancet 2007, Walker et al. Lancet 2007, Engle et al. Lancet 2007)

Who is out of school?

Female, rural, poor, mother with no education



Characteristics of out-of-school children 80 countries, EFA report 2007, UNESCO

In the US, 886,202 deaths would have been averted between 1991 and 2000 if mortality rates between Whites and African Americans were equalized. This contrasts to only 176,633 lives saved by medical advances (Woolf et al 2004).

Every year, 100 million people are forced into poverty by health care costs (ILO 2005).

Maternal mortality is three to four times higher among the poor compared to the rich in Indonesia (Graham et al 2004).

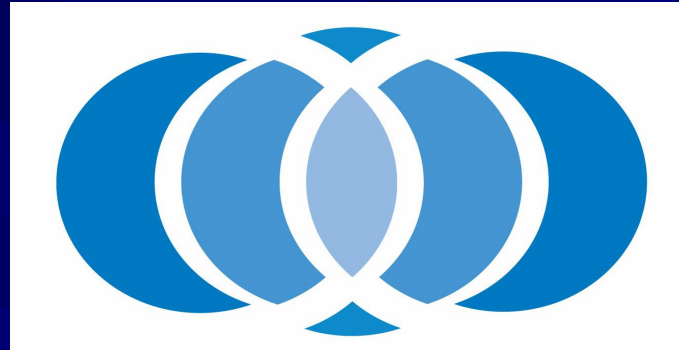
In the United States, where around 30% of the adult population is obese, healthcare expenditure associated with morbid obesity exceeding \$11 billion in 2000 (Arterburn et al 2005).

Over 110 million Africans live in malaria epidemic-prone regions. Climate change could add another 21–67 million by the 2080s.

Climate change affects everyone, and it is a contributory factor to many adverse experiences suffered by populations, but as IPCC Chairman Rajendra Pachauri commented at the launch of the recent IPCC report:

“It is the poorest of the poor in the world, and this includes poor people even in prosperous societies, who are going to be the worst hit.”

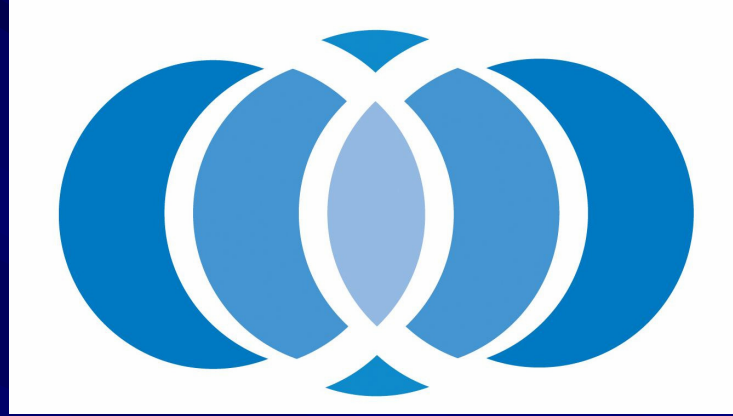
Commission on Social Determinants of Health



- **The Commission on Social Determinants of Health fosters a global movement that places fair health at the head and the heart of governance.**

www.who.int/social_determinants/en

Email: s.friel@ucl.ac.uk



Putting people at the centre