Tackling the job factor in health

Work related stress is perhaps one of the most common social determinants of health for the employed. At times it can be as dangerous as unemployment, known as a great cause of distress and poor health.

The Commission on Social Determinants of Health has identified employment conditions as one of its key themes. It has established a network of researchers and academic institutions led by the Occupational Health Research Unit in the Pompeu Fabra University (Barcelona, Spain) and the Institute of Collective Health in the Federal University of Bahia (Salvador de Bahia, Brazil).

The Network represents an unprecedented opportunity to link knowledge on employment conditions as a determinant of health and political action. The establishment of a wide net of participants, from academic institutions to civil society organizations, will assure that the process is representative. It will also ensure that the report on unemployment conditions includes information and experiences from relevant actors and agents according to a fair and relevant geographical distribution.

The hub leaders of the Employment Condition Knowledge Network (EMCONET) will present an update on progress during the forthcoming Commissioners meeting in Rio de Janeiro in early September. EMCONET is primarily concerned with creating mechanisms for action on employment conditions from an equity in health perspective. As part of its contributions to the CSDH report in 2008, the Network will offer a synthesis of the collected data and evidence on the relation between employment conditions and health. The information will be presented in a manner that is useful for policy and leads to knowledge-based interventions. It will also give an inventory of actions that can reduce inequities in health related to employment and working conditions. Read the EMCONET scoping paper on the CSDH website.

Important factors shaping people’s social position include employment and working conditions.
**Improving the quality of city life**

The Urban Settings Knowledge Network is identifying effective policy interventions to improve life in urban areas. Dr Susan Mercado from the World Health Organization Centre for Health Development, Kobe, Japan explains the network’s approach.

**WHAT IS YOUR FOCUS?** We focus on urban settings as a whole, but largely on informal settlements, in particular slums. We are interested in structural aspects that are the underlying causes of the loss of "control over one’s life", particularly among informal settlers and slum dwellers. Today, a wide range of social determinants have a negative impact on people’s health in the urban setting, for example, poverty, housing, gender, social exclusion, health systems, employment conditions, and public health problems. With more than half of the world now living in cities, and a billion people living in slums, one may postulate that rapid urbanization is perhaps the most compelling social determinant of health in the 21st century.

**WHAT IS THE PREMISE OF YOUR APPROACH TO URBAN SETTINGS?** A health intervention that does not respect culture or promote social development should not be considered "effective". For instance, a health intervention in a slum community should only be considered effective if it builds trust, ensures positive social support and strengthens social cohesion. Health interventions in informal settlements should be built from below and need to be organized around socio-cultural attributes and values of communities and sub-groups.

**WHAT ARE THE CHALLENGES IN ADDRESSING URBAN SETTINGS COMPREHENSIVELY?** There are several. For instance, there is no interdisciplinary consensus on user-friendly methods for assessing effectiveness of social development approaches to health. Another challenge is that Ministries of Health and local governments are unable to routinely measure the burden of disease in informal settlements. Consequently, they have difficulty advocating for investment and financing of local programmes. One other challenge is a lack of a partnerships that address health and human settlements issues as a function of governance at global, regional, national or local levels.

**WHAT NEEDS TO HAPPEN TO BRING ABOUT REAL CHANGE?** Urban development in the 21st century must be balanced. In a globalized environment, economic development has been the most prominent driving force for rapid urbanization. It comes with degraded environments, increasing inequities, the breakdown of social networks, expanding metropolitan areas and dramatic growth of informal settlements and slums. Building on the principles of sustainable urban development, cities must find a balance between social, political, cultural and human development, alongside economic development. The health sector needs to play a more active role in this process. The public health sector must lead and act as a catalyst for this process to occur. There is no "one-size-fits-all" formula for improving the quality of life in cities. But it is possible to realise policy options for cities based on an evolving typology that considers economic driving forces, demographic change, political structure and governance, with a strong emphasis on social and cultural contexts.

In some contexts, we should support community and slum upgrading, in particular, those programmes where the designers of homes are not limited to architects, real estate developers, urban planners but involve community members. We are for participatory governance, intersectoral action, and building management skills among local and indigenous leaders. We aim to show that action through partnerships within and across cities, countries and agencies at multiple levels and "nodes of governance" is an imperative.

**Note** We would like to ensure that our communication products serve your needs. Please take a few minutes to answer a brief survey posted on our website. Your feedback will be key to the way we shape the content of our website and newsletter.

* The CSDH Newsletter Issue 10 will feature former Chilean President Ricardo Lagos on the imperatives for making health the central policy across governance.
One Of the three billion people who live in urban settings, an estimated one billion live in slums.

Two An estimated 130,000 premature deaths and 50–70 million incidents of respiratory illness occur each year due to episodes of urban air pollution in developing countries, half of them in East Asia.

Three An estimated 150,000 children are living and working on the streets in China.

Four In Nairobi, where 60% of the city’s population lives in slums, child mortality in the slums is 2.5 times greater than in other areas of the city.

Five In spite of nightmarish congestion, motor vehicle use in developing cities is soaring. In 1980, the Third World accounted for only 18% of global vehicle ownership; by 2020 about half of the world’s projected 1.3 billion cars, trucks and buses will clog the streets and alleys of poorer countries.

Six The WHO considers traffic to be one of the worst health hazards facing the urban poor, and predicts that road accidents by 2020 will be the third leading cause of death.

Seven Breathing Mumbai’s air is the equivalent of smoking two-and-one-half packs of cigarettes per day.

Eight In Kumasi, Ghana, a country which privatized public toilets in the 1990s, private toilet use once a day for a family costs 10% of the basic wage.

Nine In Quito, Ecuador, infant mortality is 30 times higher in the slums than in wealthier neighbourhoods.

Ten In Kenyan slums such as Mathare it costs US$6c for every visit to a privatized toilet: this is too expensive for most poor people, who prefer to defecate in the open and spend their money on water or food.

Visiting the biggest slum in Africa, the CSDH Commissioners confronted the other side of the many theories on social determinants of health - the reality of abject poverty in Kibera slum, Nairobi. Kenya's largest slum covers 600 acres of land, with about a million people living in cramped corrugated iron shacks, separated by heaps of rubbish and open sewerage streams. With high levels of unemployment and poverty, Kibera residents have no access to health systems, basic sanitary facilities and clean water.

Minister of Health and Commissioner Charity Ngilu brought the CSDH to Kibera to "see what poverty is really about. How can anyone be healthy living like this?" Poverty and poor health systems are some of the main causes of poor health in Kenya. The 2003 Kenya Demographic Health Survey revealed the health indicators were on the decline. Life expectancy has dropped from 60 years in the 1980s to 47 years, according to Ngilu. Maternal and infant mortality are equally high, especially in slums and poor rural households.

UN/HABITAT shows that the mortality rate for children under the age of five (151 per 1000) in Nairobi's slums is two or three times higher than in the city as a whole, and half again as high as in poor rural areas.

During the CSDH meeting in Nairobi, President Mwai Kibaki, welcomed the Commission's focus on social dimensions of health. He committed his government to setting up a national commission on social determinants of health that will involve different ministries and sectors of society. Mr Kibaki said Kenya would take the lead in promoting the CSDH agenda in the African region. Civil society members participating at the meeting said they hoped the Kenya commission would involve representatives from local civil society groups as valuable and equal partners in the process. Commissioner Pascaol Mocumbi stressed the importance of involving communities in CSDH initiatives in Africa:

"Most of us have not looked at how we can take advantage of community infrastructure for leadership. We need to take care of this if the health sector is really to achieve its mission".

During the Kibera visit, Commissioners visited two schools and clinics. One of the government schools, the Olympic primary school, was said to be the shining spot of Kibera, making it to the top list of Kenya's best performing schools. Teachers at the school attributed their success to "discipline and hard work". The school is funded mainly by overseas donors. Political will was necessary for change to occur at all levels, Commissioner Ricardo Lagos said. He pointed out that the "younger kids seen at Kibera were not so ill that they did not have hope. For example, if primary health care centres were advanced, then people would have hope for change. Engaging the communities in these types of approaches is very difficult, but it is the only way forward". Details of the Kenya meeting are available on CSDH website.
The Core Project: Optimizing the impact of social determinants of health on exposed populations in urban settings

Within the overall purpose of the project - to reduce health inequity in urban settings - the specific objectives for 2006-2007 are to develop strategies to reduce health inequity in urban settings; demonstrate the applicability of strategies for reducing health inequity among exposed populations; build capacity for reducing health inequity; and advocate for the reduction of health inequity in urban settings.

More information: www.who.org.jp

International perspectives on early child development: analytic and strategic review paper

The document discusses the determinants and life course implications of early child development (ECD) at the global level. The review identifies general principles that can guide wealthy and developing countries in improving their children’s developmental outcomes during the early years of life. More information: http://www.who.int/social_determinants/resources/ecd.pdf

The 1st global meeting of country partners: WHO/CSDH - meeting report

The report summarizes the main proceedings and outputs from the Commission on Social Determinants of Health (CSDH) consultation workshop with CSDH partner countries, civil society, knowledge institutions and WHO regional and country counterparts.

More information: http://www.who.int/social_determinants/resources

Trade and public health: facing the challenges of globalisation

It is vital that public health professionals engage with issues concerning trade organisations and treaties. The world is getting smaller. Increased globalisation, resulting from advances in travel and telecommunications, has facilitated an ever greater mixing of people, customs and cultures, and more rapid cross border flows of goods and services, people and capital, and ideas and information.

For some this heralds increasing standards of living - including health - for all. For others it brings greater exploitation of poor countries, adverse impacts on health, and the destruction of indigenous cultures.

But why should this concern those working in public health? Because it challenges much of the foundation of modern public health provision, health promotion activities, and public health protection.

More information: http://jech.bmjjournals.com/cgi/content/full/60/8/650

Also on the website:
The development of the evidence base about the social determinants of health; and Employment Conditions Knowledge Network - scoping paper.

New on the CSDH website!

The ten facts on urban settings and the full version of the feature can be found at http://www.who.int/social_determinants/resources/

We are pleased to announce that the CSDH website is now published in French (the Spanish version will be available soon): http://www.who.int/social_determinants/fr/

The Brazil National Commission on Social Determinants of Health has launched the English version of its website: http://www.determinants.fiocruz.br/

The Early Child Development Knowledge Network has most of it publications available on its web site: http://www.earlylearning.ubc.ca/WHO/