

Health inequities and a global agenda for social justice: 2015 and beyond

Gabriele Köhler
Visiting Fellow
IDS Sussex

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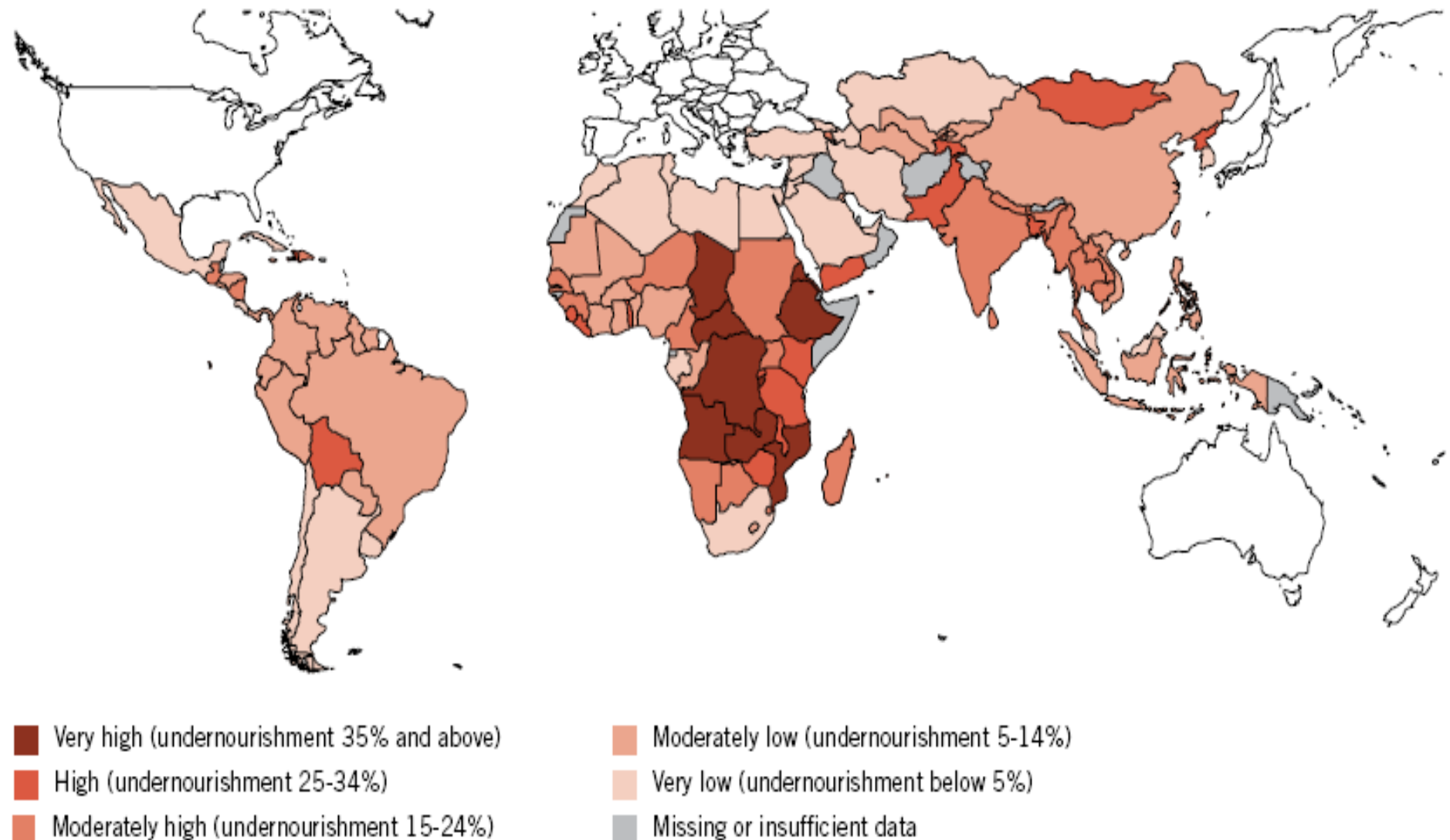
Ludwig Maximilians Universität Munich
Centre for International Health

My argument

- I. Inequities in health outcomes: obstructing social justice
- II. Reasons for pessimism:
the underlying causes of inequities
- III. Reasons for (guarded) optimism:
new constellations
- IV. A global agenda for social justice:
2015 and beyond
- V. And national policies to address health inequities

I. Inequalities and inequities in health outcomes: obstructing social justice

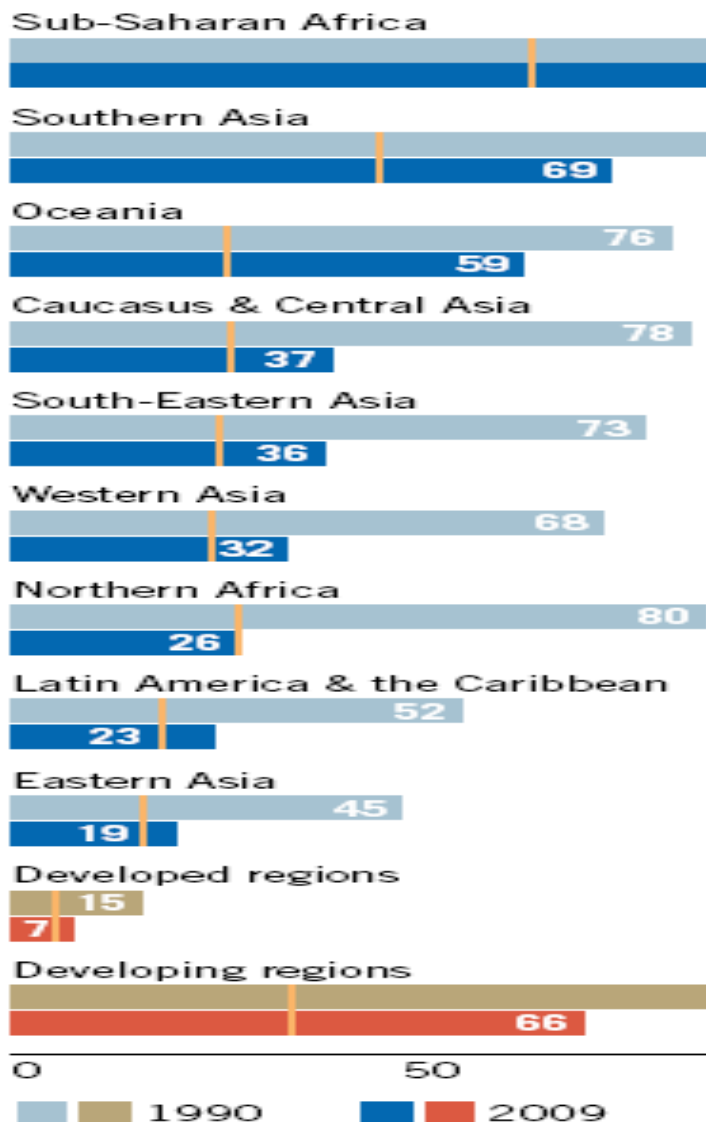
Proportion of undernourished population, 2005-2007 (Percentage)



TARGET

Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

Under-five mortality rate, 1990 and 2009 (Deaths per 1,000 live births)



TARGET

Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Maternal deaths per 100,000 live births, 1990, 2000, 2008

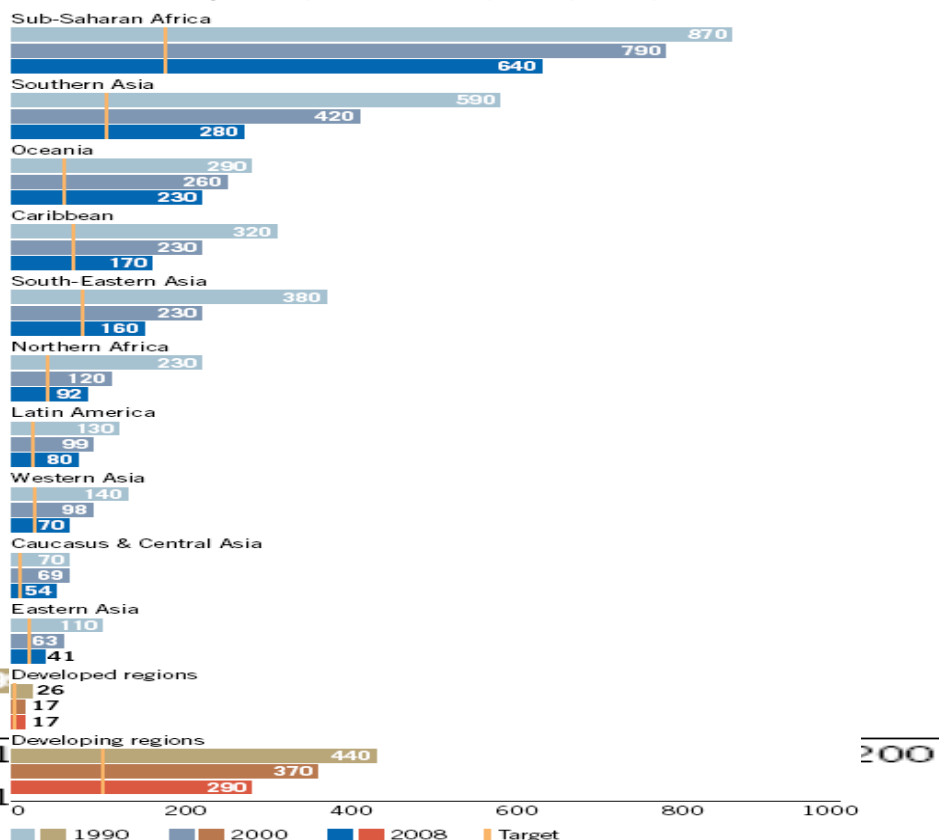
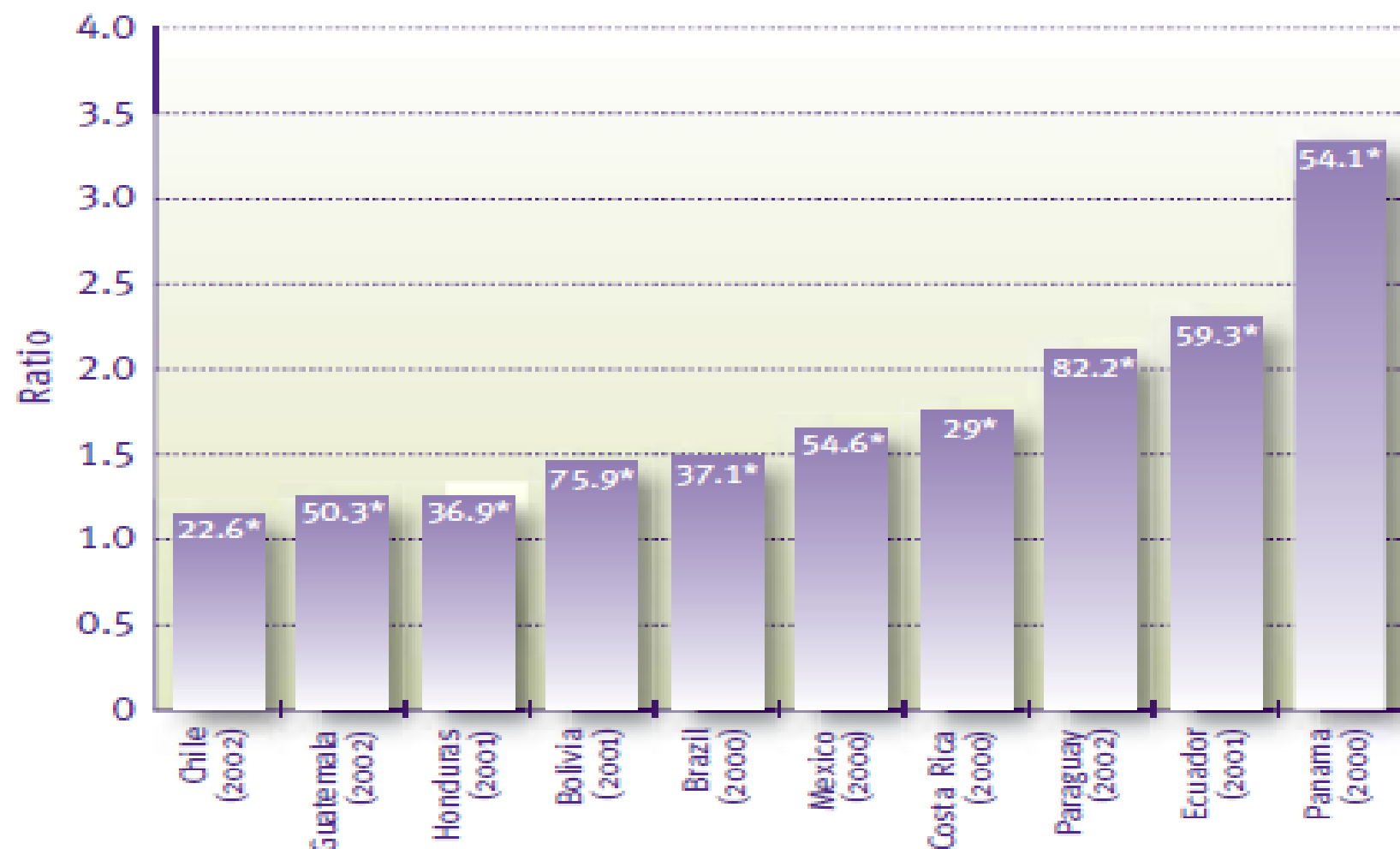


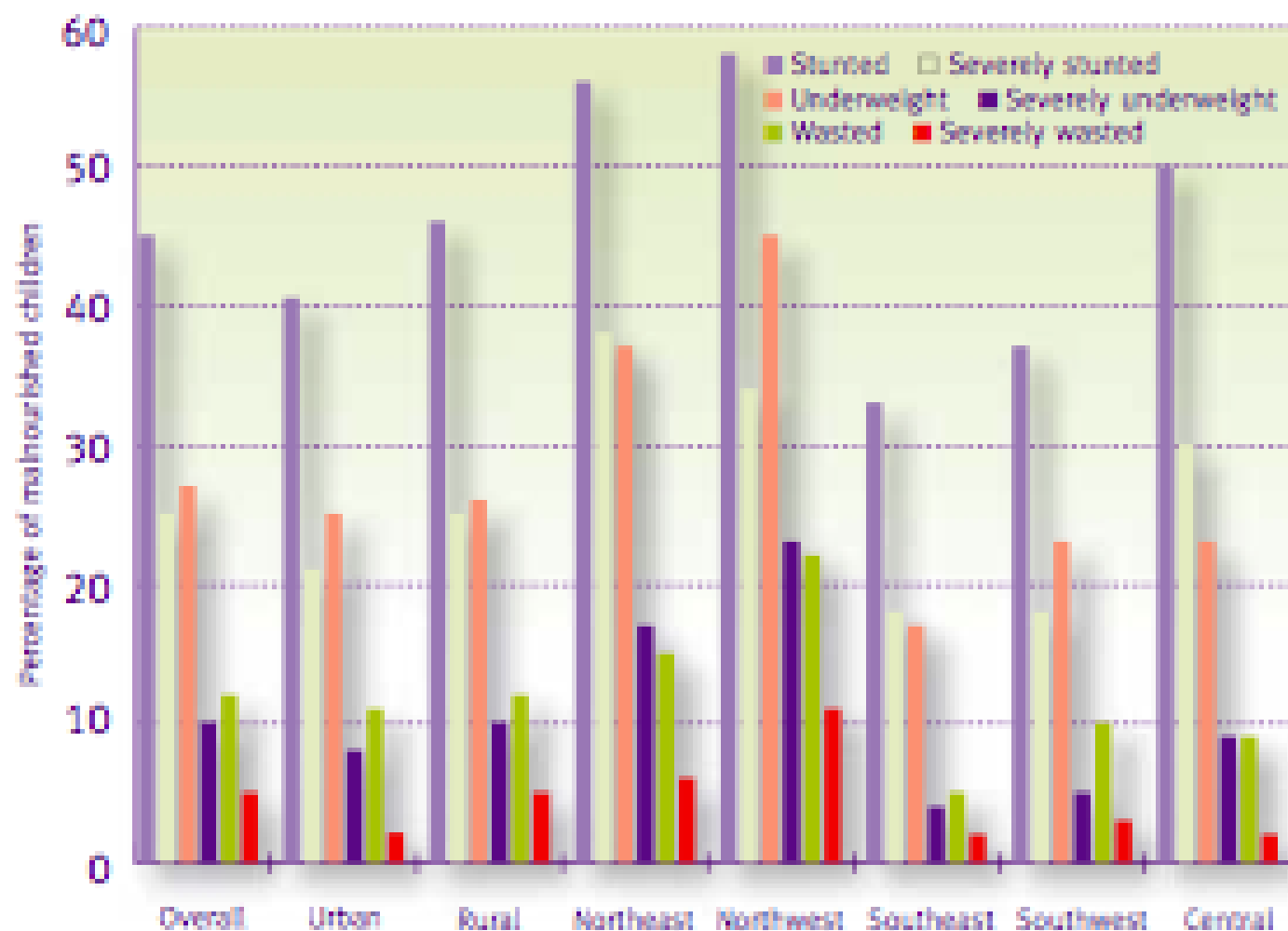
Figure 3.2 Ratio of indigenous to non-indigenous infant mortality rate, 2000–02, selected Latin American countries



*Indigenous infant mortality rate

Source Del Popolo, F. and Oyarce, A. (2005) 'América Latina, Población Indígena: Perfil Sociodemográfico en el Marco de la Conferencia Internacional sobre la Población y el Desarrollo y de las Metas del Milenio', *Notas de Población no. 79*, Santiago de Chile: CELADE

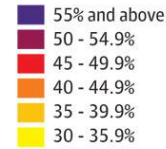
Figure 3.12 Prevalence of child malnutrition by residence, Nigeria



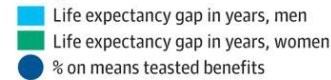
Source Omilola, B. (2010) 'Patterns and Trends of Child and Maternal Nutrition Inequalities in Nigeria', *IFPRI Discussion Paper 00968*

England's health inequality mapped

Local authorities by % of children not achieving a good level of development



Life expectancy gap shows the difference between the richest and poorest in each council



Redcar & Cleveland 49.0%



Wirral 42.1%



Solihull 30.7%



Cornwall 44.2%



Greater London

Westminster 53.4%

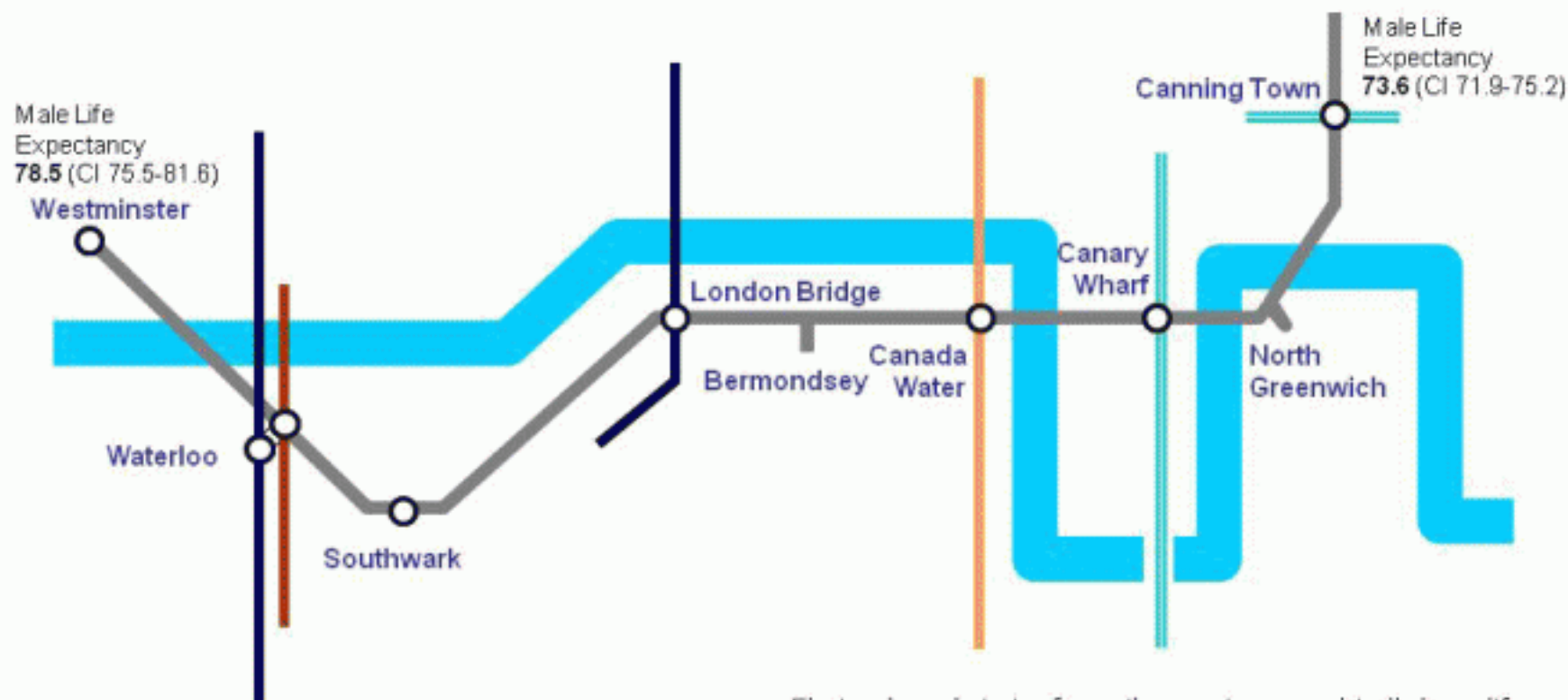


Tower Hamlets 54.4%



Differences in Male Life Expectancy within a small area in London

Travelling east from Westminster, every two tube stops represent over one year of life expectancy lost – Data revised to 2004-08



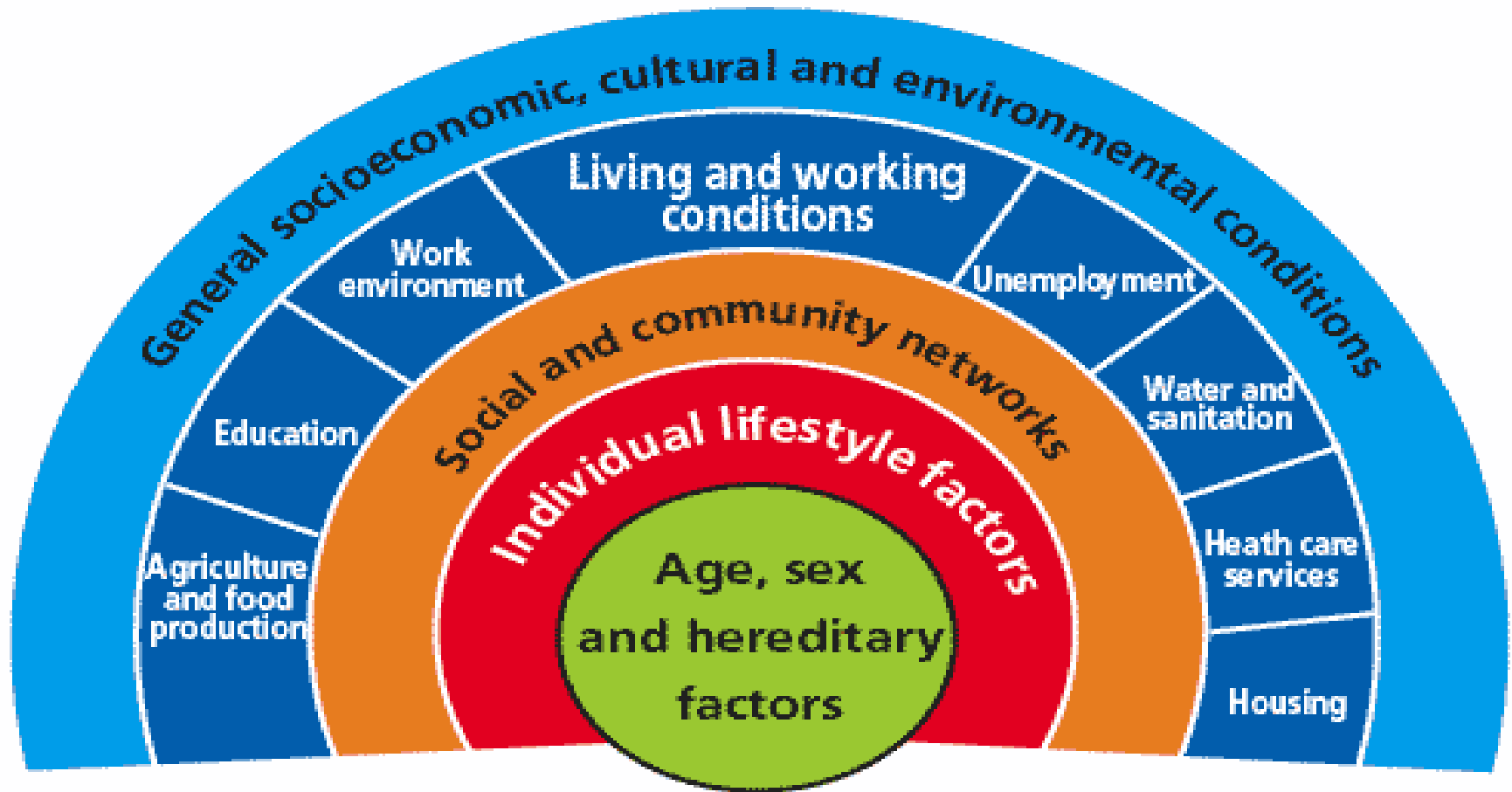
Electoral wards just a few miles apart geographically have life expectancy spans varying by years. For instance, there are eight stops between Westminster and Canning Town on the Jubilee Line – so as one travels east, every two stops, on average, mark over a year of shortened lifespan.¹

London Underground

Jubilee Line

¹ Source: Analysis by London Health Observatory of ONS and GLA data for 2004-08. Diagram produced by Department of Health

Policy Rainbow



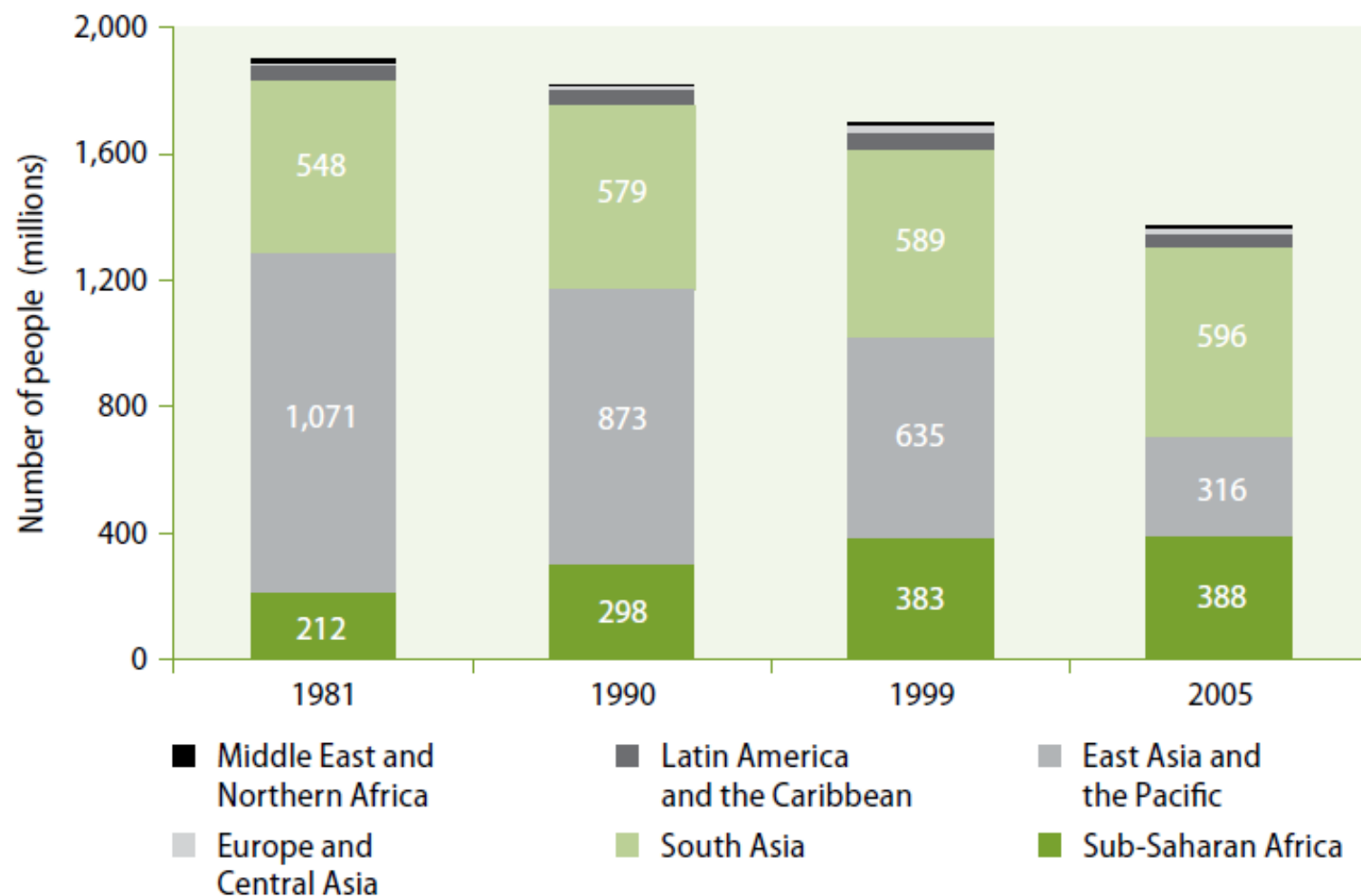
Dahlgren & Whitehead 1991

II. Reasons for pessimism

- The underlying causes of health inequities:
 - Structural causes are systemic
 - Their impact is intensifying
 - New perils added – conflict, climate change, increasing distress-driven migration

Global and regional trends in extreme poverty, 1981-2005

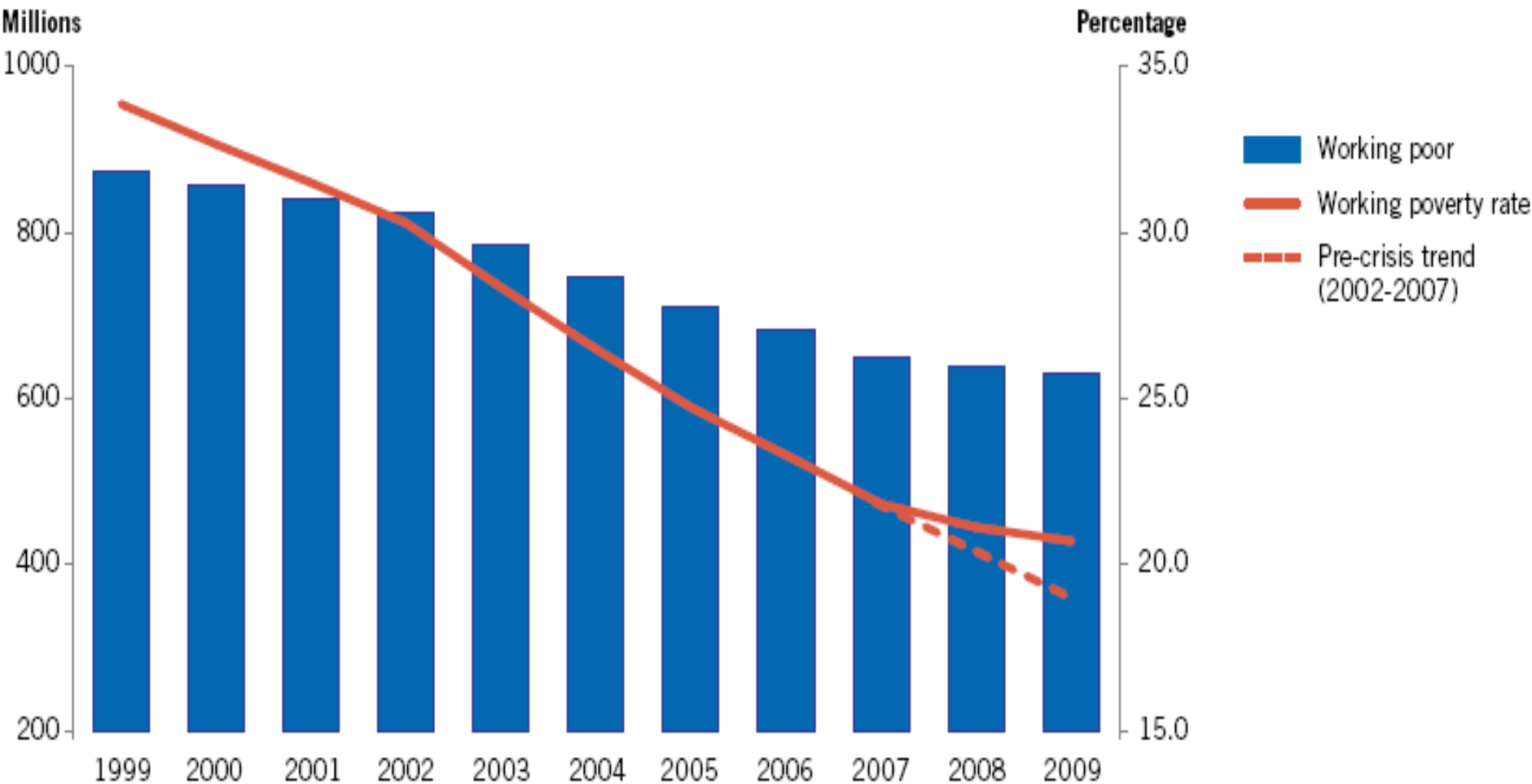
A. Number of people living on less than \$1.25 a day



B. Proportion of the population living on less than \$1.25 a day

Working poverty

Proportion of employed people living on less than \$1.25 a day (Percentage) and number of working poor (Millions), 1999-2009



Climate change



Conflict



Vulnerable migration

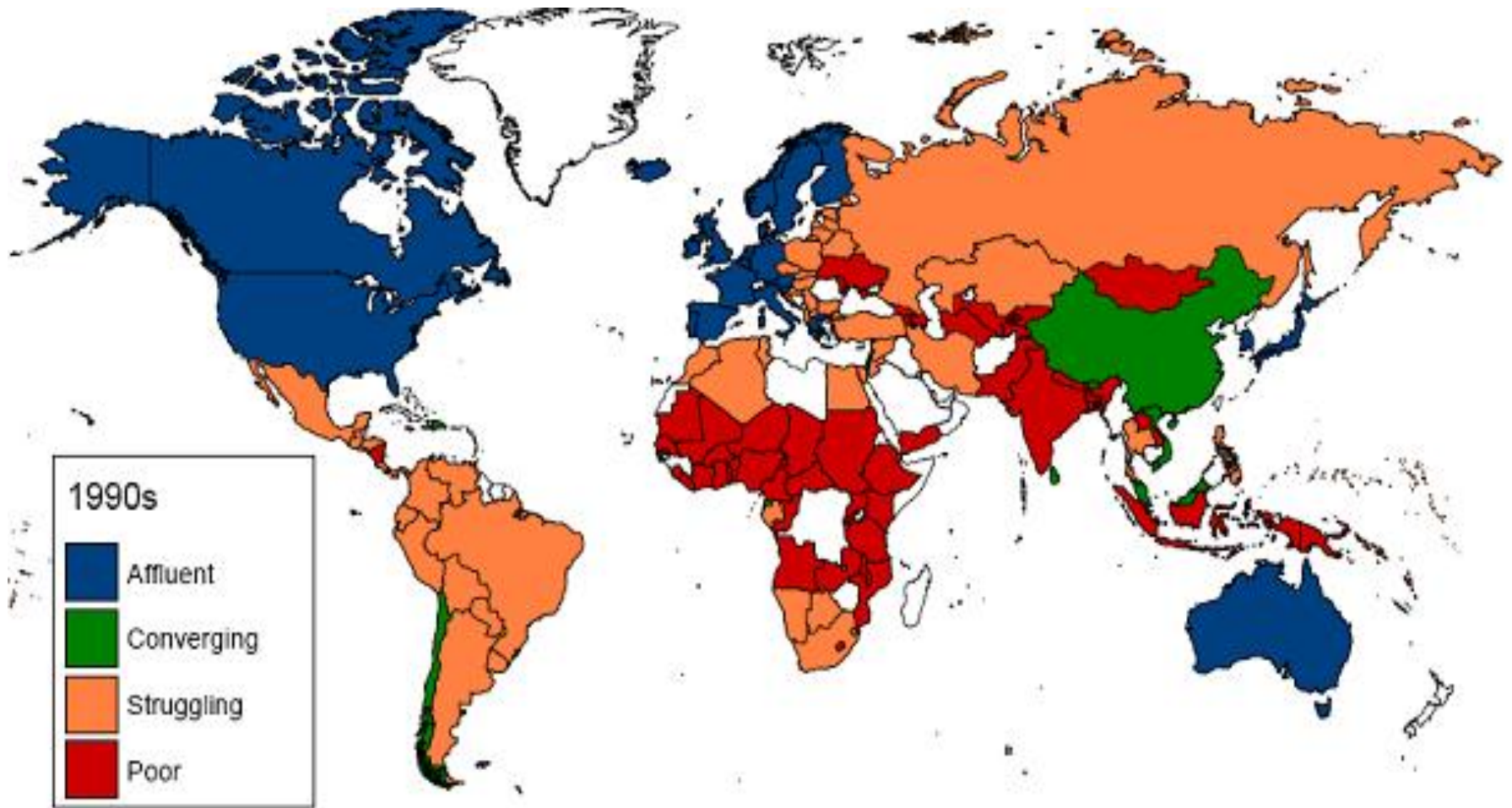


III. Some reasons for (guarded) optimism

A changing global architecture = **potential for advancing the social justice agenda**

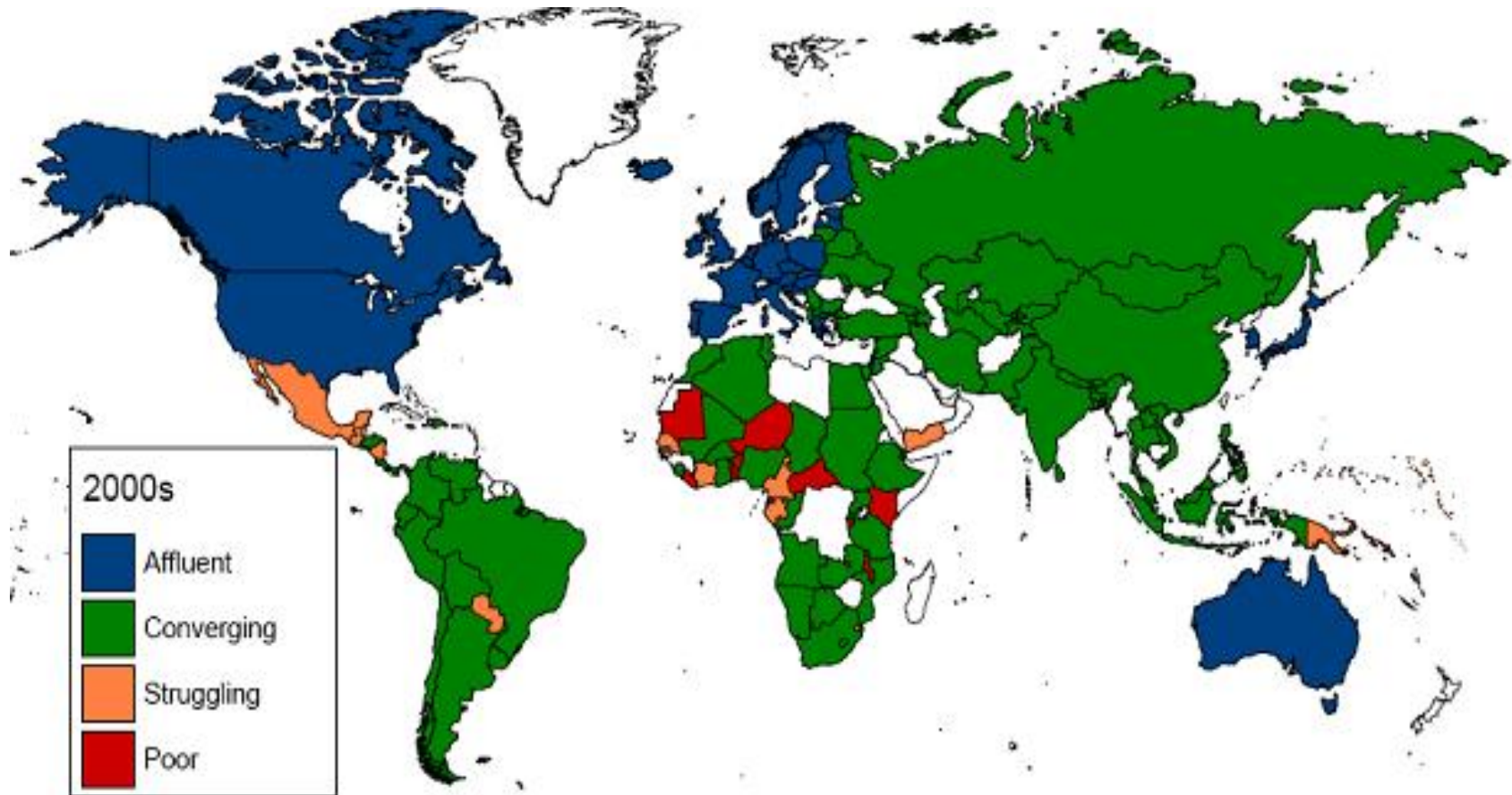
- New players: the G20 and the “BRICS”
- New funders: philanthropy
- New orientations in governments
- New social and political movements
- New accents in the UN

A new geography of growth and poverty



Source: Authors' elaboration based on World Bank (2011), World Development Indicators, World Bank, Washington, DC

A new geography of growth and poverty

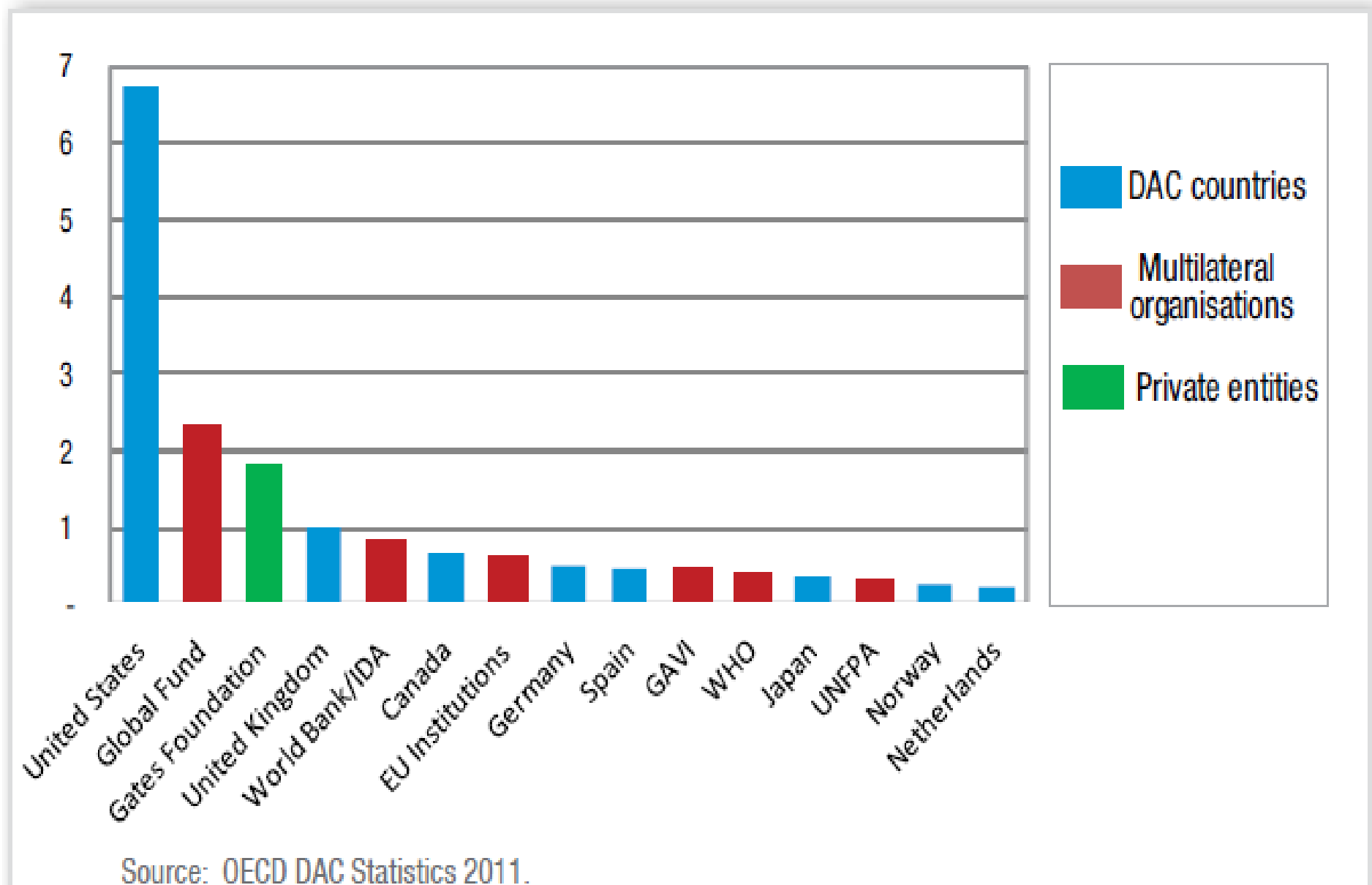


Source: Authors' elaboration based on World Bank (2011), World Development Indicators, World Bank, Washington, DC

G 20 and “BRICS”



Figure 1. Aid to health – top donors in 2009
Current USD billion



Recent policy innovations (South Asia)

Food-related measures

- Cooked school meals (IND)
- Subsidized PDS (IND, NPL, BGD)
- Subsidized grain prices

Social Assistance

- Universal old age pension (NPL)
- Benazir Income Support Program (PAK)
- Child benefit (NPL)
- Unorganized sector health insurance (IND)

Public works

- National Rural Employment Guarantee (IND)
- Employment Generation Programme for the Poorest (BGD)
- Karnali Programme; Employment Guarantee Act (NPL)
- Employment generation for rural unskilled workers (PAK)

Affirmative action

- Secondary school stipend for girls (BGD)
- Education for all (NPL)
- Child grants for girls (IND)
- Rural development and community based interventions (IND)

Human rights

- Right to food/National Food Security Act (IND)
- Mid-day meal (IND)
- Right to education (all)
- Right to health services (all)
- Right to work (IND)
- Right to information (IND, BGD, NPL)

Political movements: “The 99%”



Normative frameworks: recent UN trends

- right to food, FAO 2004, Voluntary Guidelines to Support the Progressive Realization of the **Right to Adequate Food**
- World Health Assembly 2008 - return to Alma Ata vision of **primary health care for all**
- Global Social Floor Initiative since 2009 –striving for an **ILO Convention on Social Protection for all**
- **MDGs 2010**: more emphasis on equity, inclusion, human rights
- **OHCHR Special rapporteurs on human rights** – including right to food and right to highest attainable standards of health

Social Protection Floor



A POLICY FRAMEWORK FOR BASIC SOCIAL SECURITY FOR ALL: DEFINITION

The “**Social Protection Floor**”(SPF) is a basic set of social rights, services and facilities that every person should enjoy.

The United Nations suggests that a social protection floor could consist of two main elements that help to realize human rights:

- **services:** geographical and financial access to essential services such as water and sanitation, health, and education;
- **transfers:** a basic set of essential social transfers, in cash or in kind, to provide minimum income security and access to essential services, including health care.

Decent work agenda

- **Creating Jobs**
- **Guaranteeing rights at work**
- **Extending social protection**
- **Promoting social dialogue**

IV. The global agenda for social justice: 2015 and beyond





1

ERADICATE EXTREME
POVERTY AND HUNGER



2

ACHIEVE UNIVERSAL
PRIMARY EDUCATION



3

PROMOTE GENDER
EQUALITY AND
EMPOWER WOMEN



4

REDUCE
CHILD MORTALITY



5

IMPROVE MATERNAL
HEALTH



6

COMBAT HIV/AIDS,
MALARIA AND OTHER
DISEASES



7

ENSURE
ENVIRONMENTAL
SUSTAINABILITY



8

GLOBAL
PARTNERSHIP FOR
DEVELOPMENT



RIO+20
United Nations
Conference on
Sustainable
Development

Rio de Janeiro, Brazil • June 2012

the
future
we
want →

www.uncsd2012.org



Sustainable Development Goals or Global Development Goals need:

- A clear conceptual basis
- Unified global approach
- Explicit policy-orientation
- Bold, progressive policy stance
- Reconciling economic, social, political and ecological redistribution

*Deepening the
MDGs*

The case for a bold vision: Next steps?

Normative umbrella for social justice :

- Influence the discussions on “post 2015” to ensure social justice – and health equity
- Recapture the influence of the Universal Declaration of Human Rights and the global conventions
- Transform governmental action and accountability



The developmental welfare state



V. Health inequalities: national policies for social justice

1. Systemic
 2. Holistic
 3. Transformative and empowering- rights based
 4. Predictably funded
- AND**
5. Immediate - overcome malnutrition, child mortality, and maternal mortality

