

# Closing the gap in a generation

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# 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)

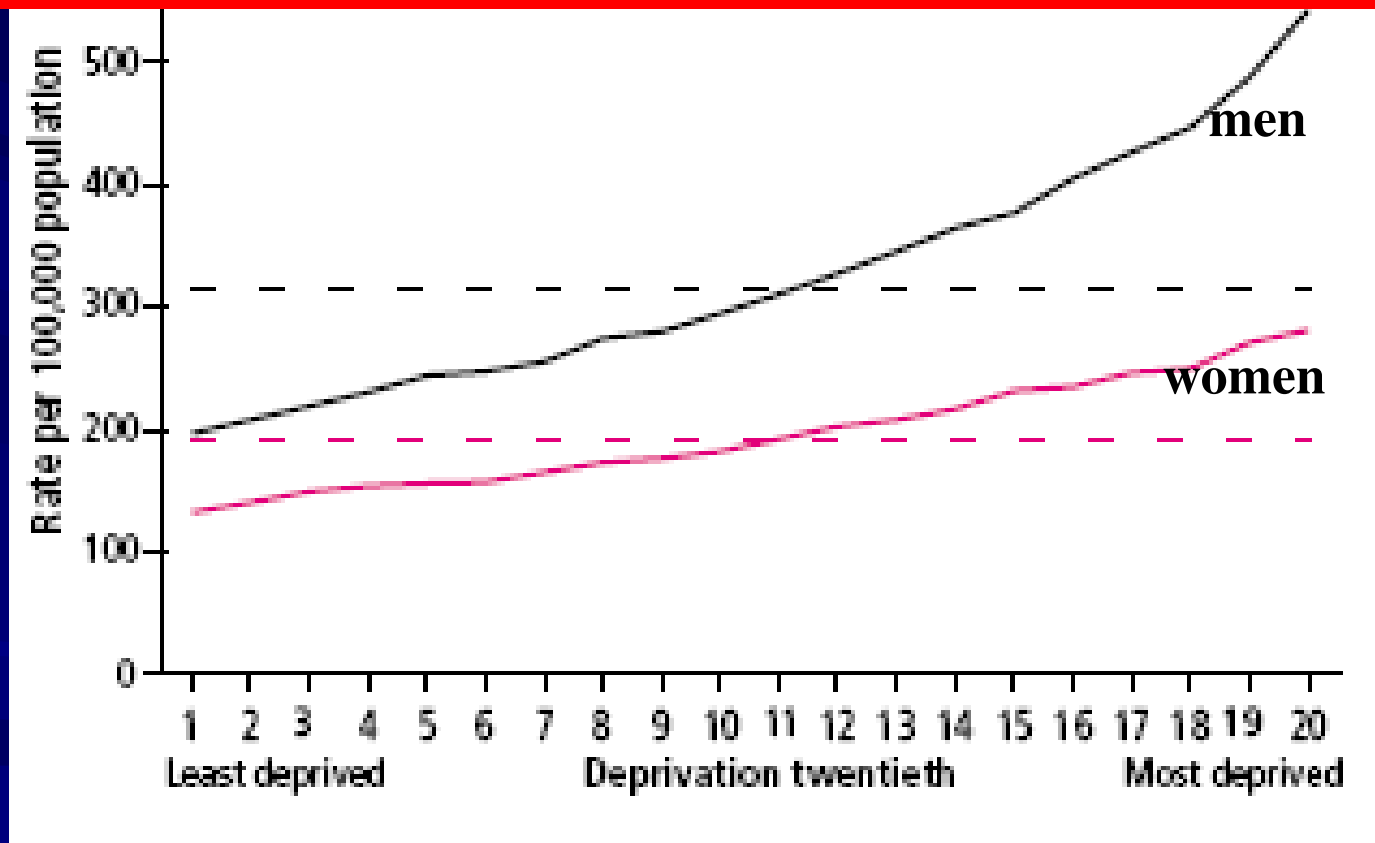


# Within country inequities...

- Life expectancy 17 years shorter for black men Washington DC than for white men in nearby 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

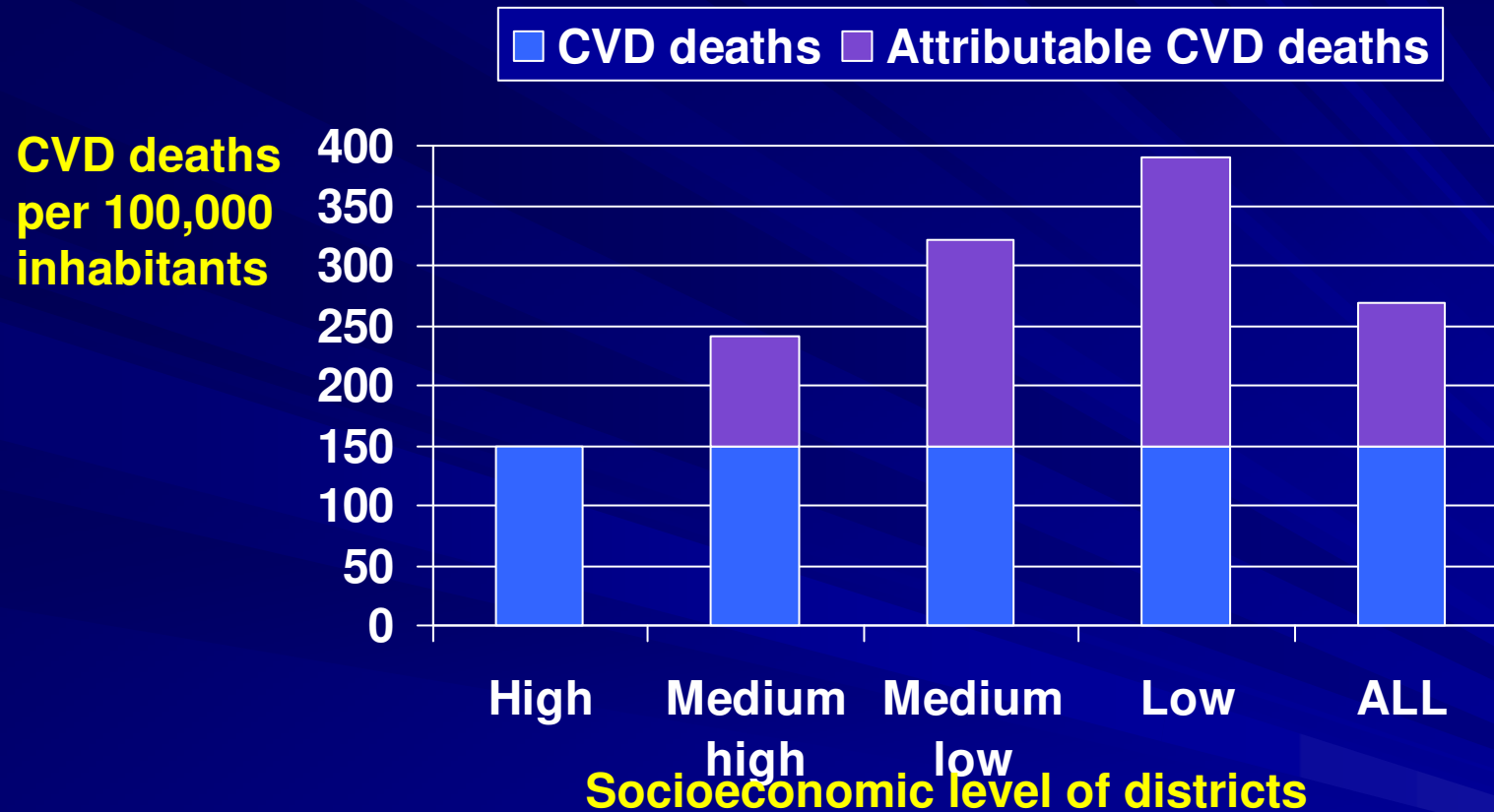
**Difference in adult mortality between least and most deprived neighbourhoods in UK more than 2.5 times.**



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 Alegre, Brazil



45% all premature CVD deaths in Porto Alegre caused by socioeconomic inequality

Premature mortality by CVD 2.6 times higher in lowest compared to highest districts by socioeconomic level

(Source: Bassanesi, Azambua & Achutti, Arq Bras Cardiol, 2008)

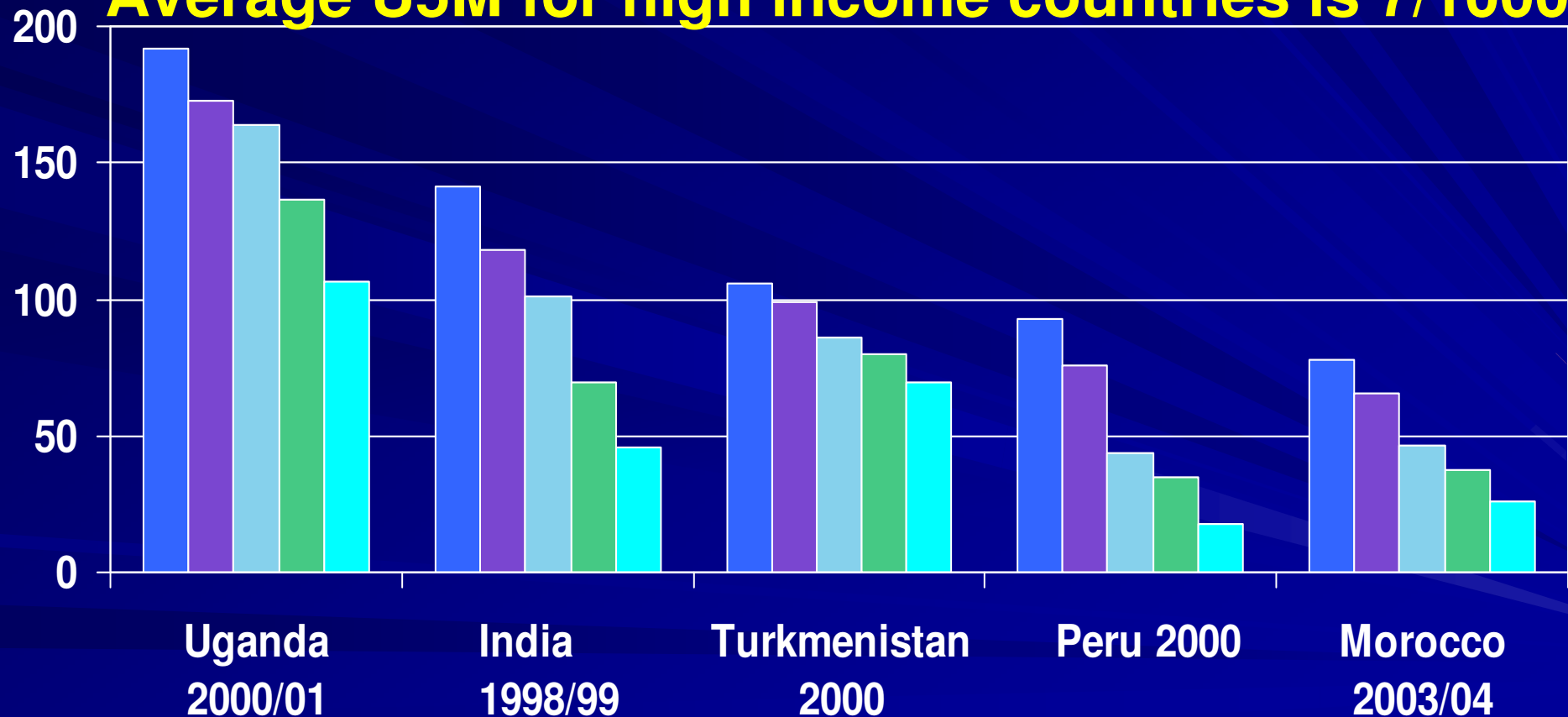
- Dramatic inequalities dominate global health
- A social gradient in health exists in all countries and within cities



# Under 5 mortality per 1000 live births by wealth quintile

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

**Average U5M for high income countries is 7/1000**



Gwatkin et al 2007, DHS data

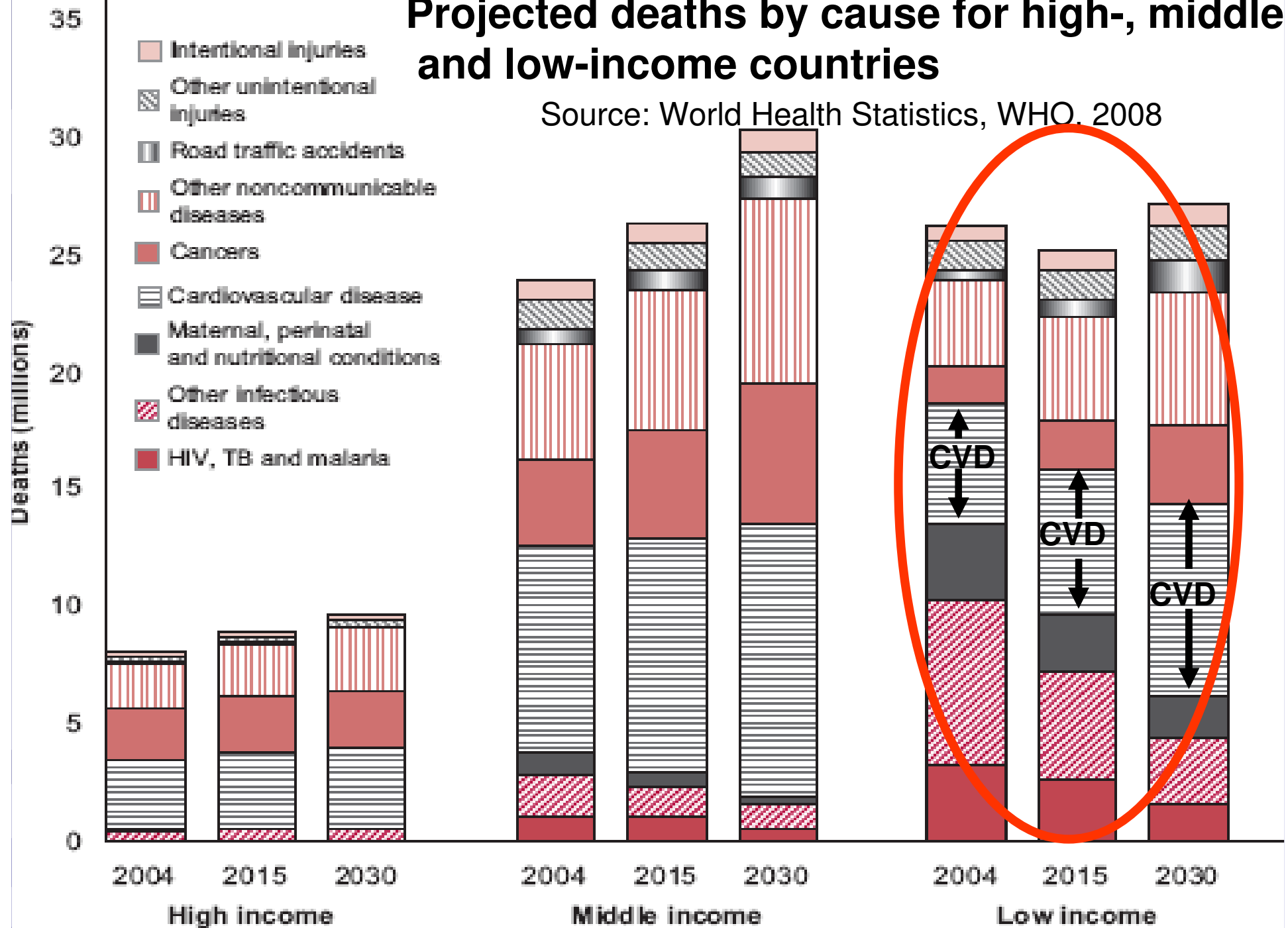
# Outline

- Inequities and the social gradient
- **Convergence of challenges;**
- Addressing the challenges – taking action on the social determinants of health

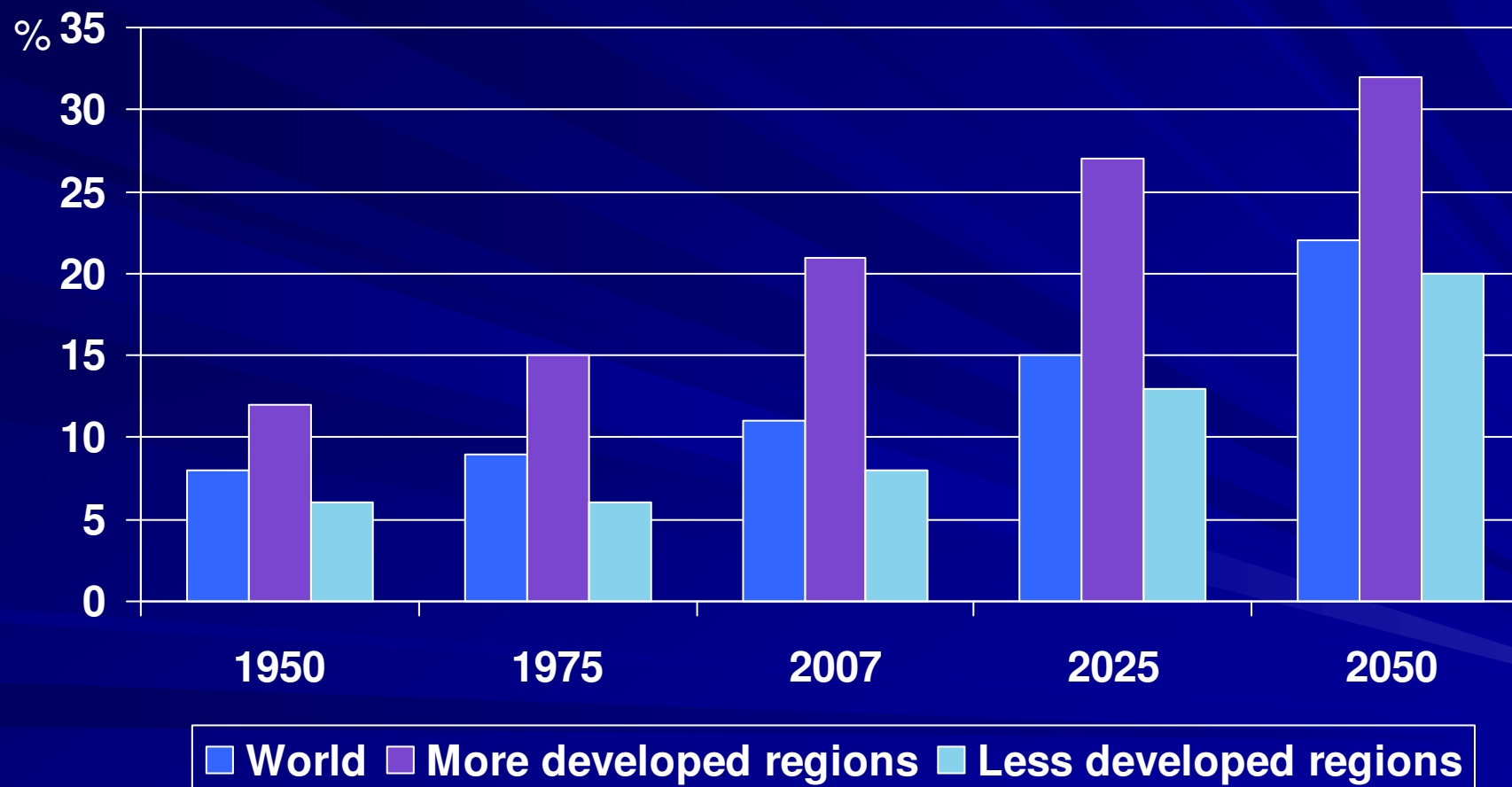
# Double burden of disease - communicable and non-communicable

## Projected deaths by cause for high-, middle and low-income countries

Source: World Health Statistics, WHO, 2008



# Proportion of population aged 60 or over

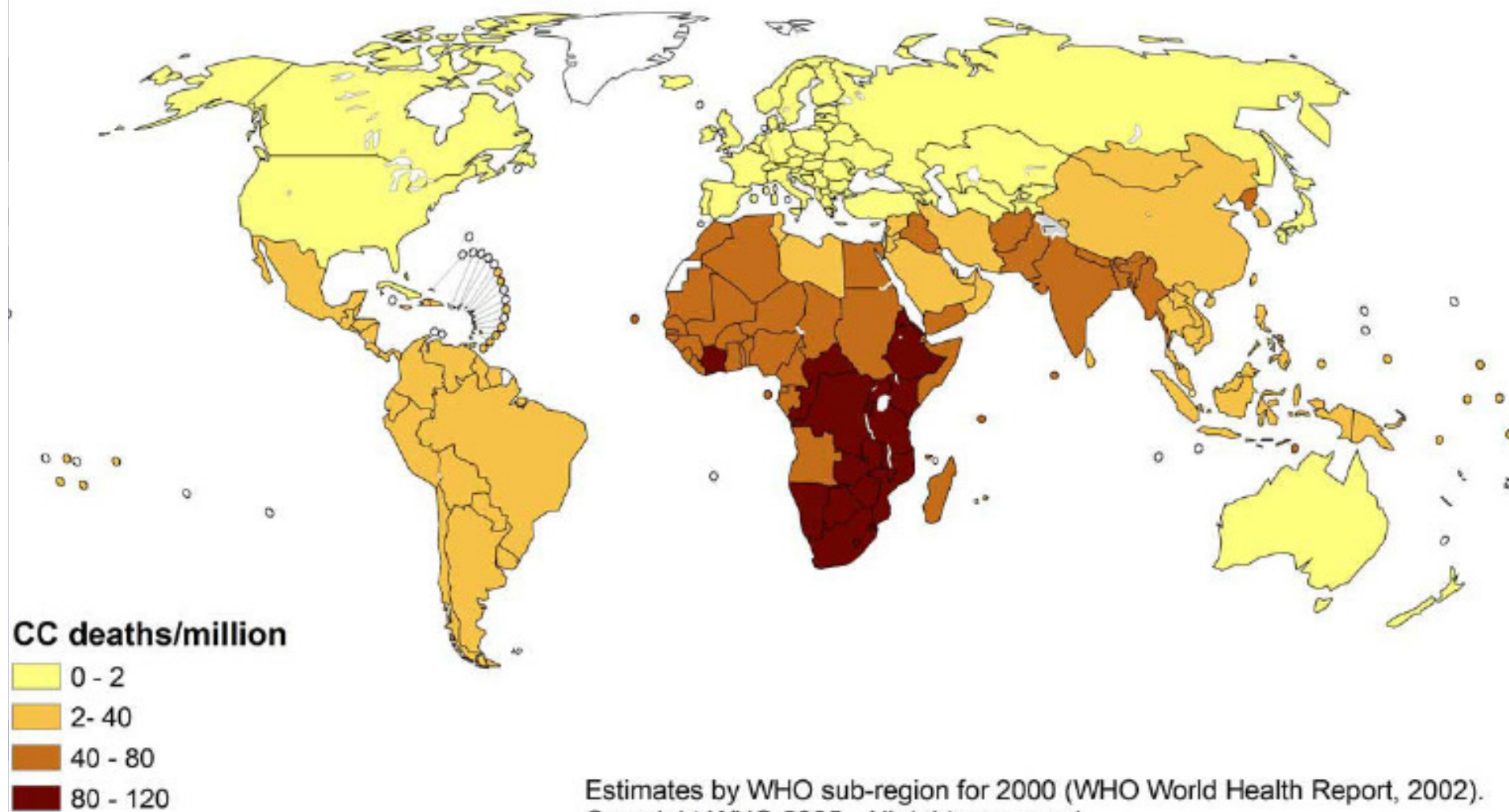


Source: World Population Ageing 2007, UNDESA



- Climate change – adds urgency to take action on SDH

# Deaths from climate change



# Outline

- So what's new...?
- Convergence of challenges;
- Addressing the challenges – taking action on the social determinants of health



# Closing the gap in a generation

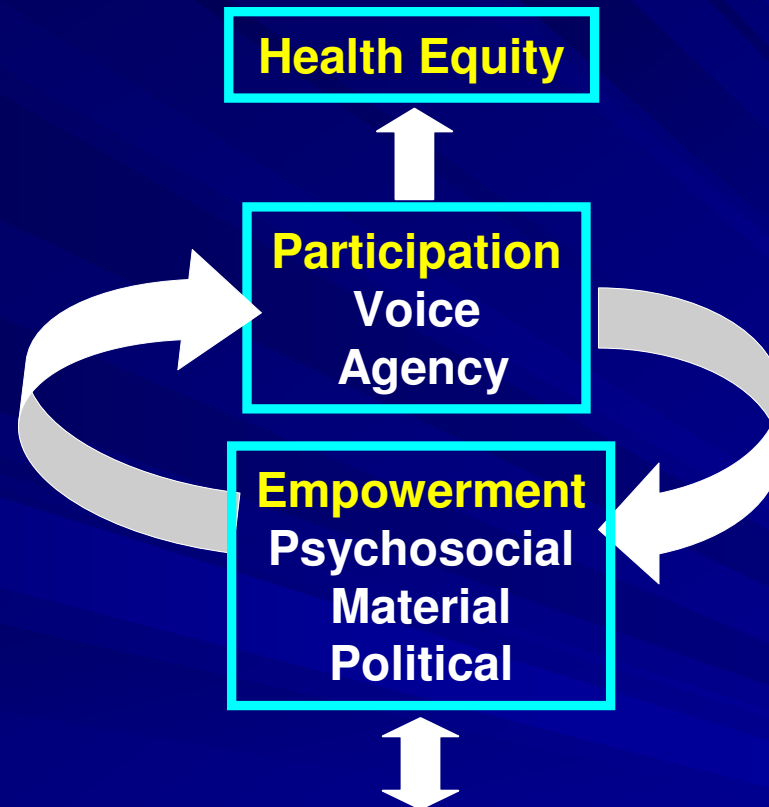
Health equity through action on  
the social determinants of health



Economic and social policies  
matter for health and health  
equity



# Health Equity as a Development Outcome



## Daily Living Conditions

Early life  
Physical and social environments  
Working conditions  
Social Protection  
Health Care

## Structural Drivers

Societal norms and values  
Social Inequities  
Governance and Financing  
Economic Growth and Social Policy

# 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](http://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**

# CSDH – Areas for Action



# CSDH – Areas for Action

## Health Equity in all Policies

**Fair Financing**

**Good Global  
Governance**

**Early child development and  
education**

**Healthy Places**

**Fair Employment**

**Social Protection**

**Universal Health Care**

**Market  
Responsibility**

**Gender Equity**

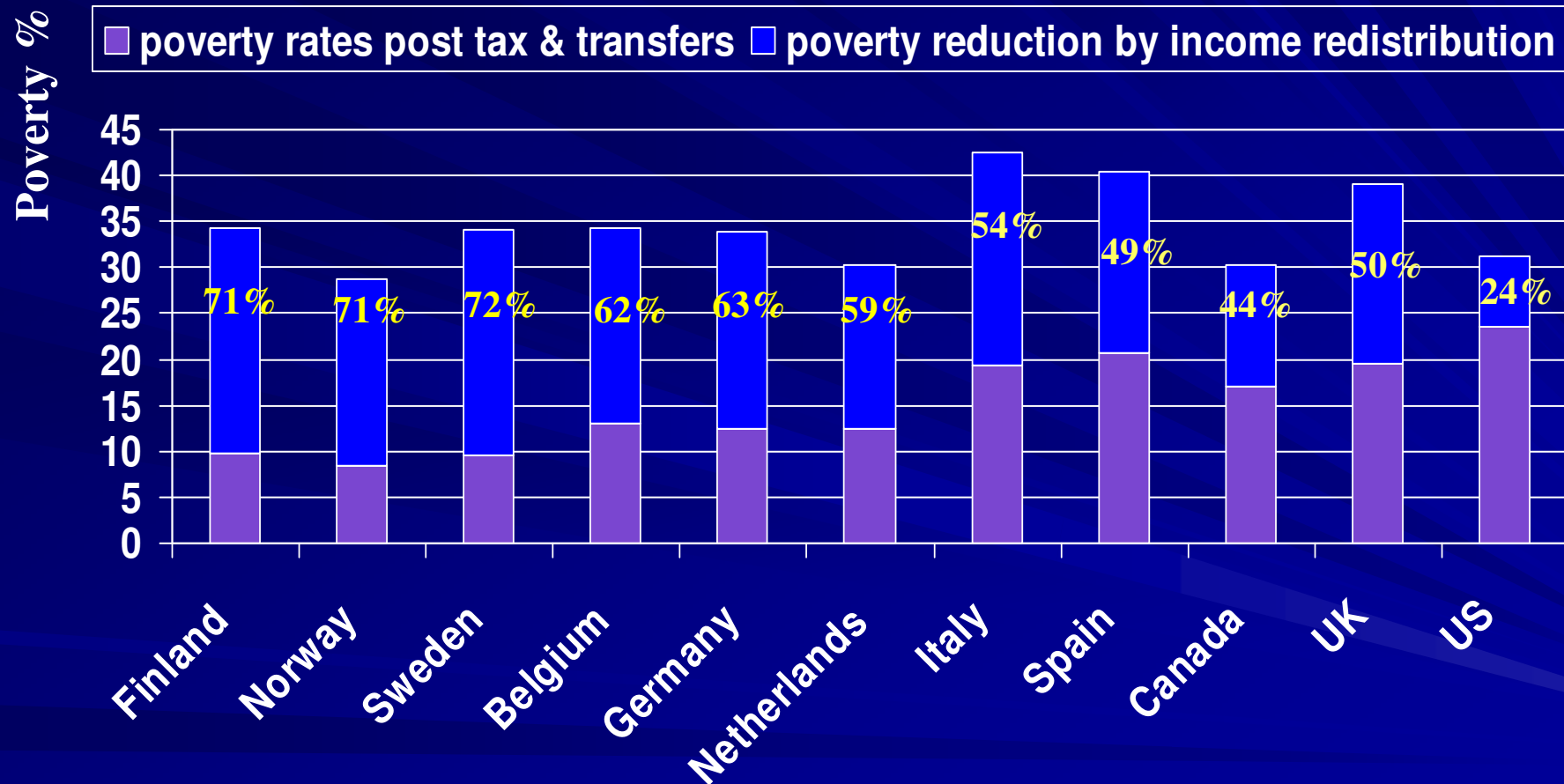
**Political empowerment  
– inclusion and voice**



# CSDH – Areas for Action

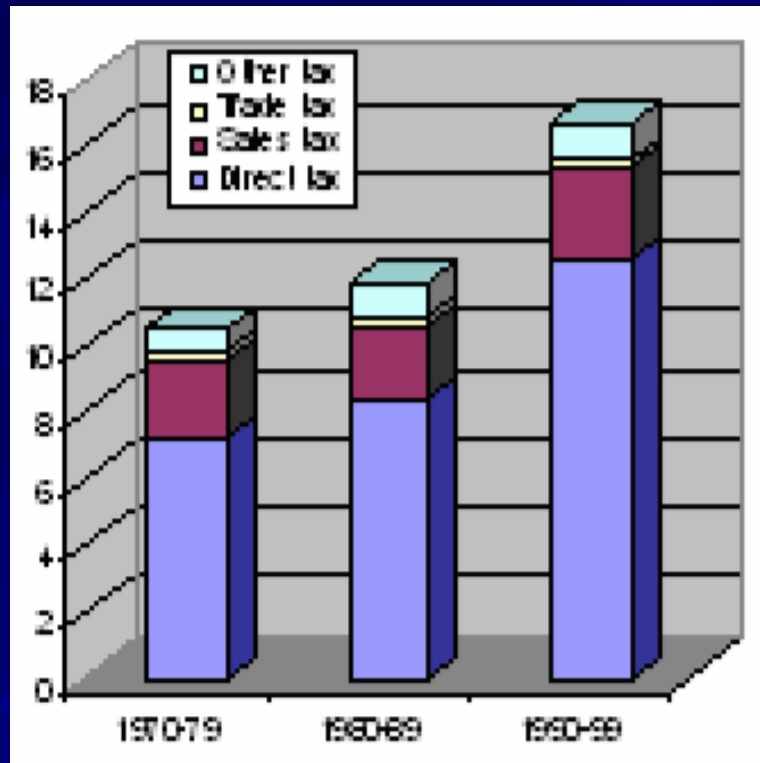


# Proportion relatively poor pre and post welfare state redistribution

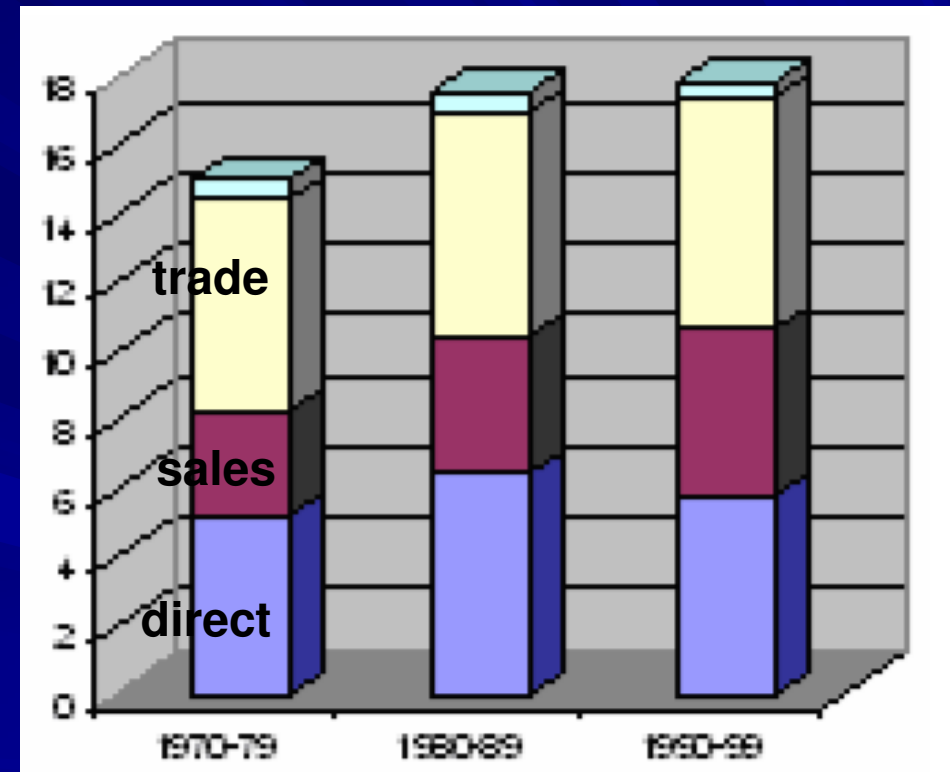


Source: Fritzell & Ritakallio 2004 using Luxembourg Income Study data, CSDH Nordic Network

# Taxation in East Asia (left) and sub-Saharan Africa (right), 1970–79, 1980–89, and 1990–99



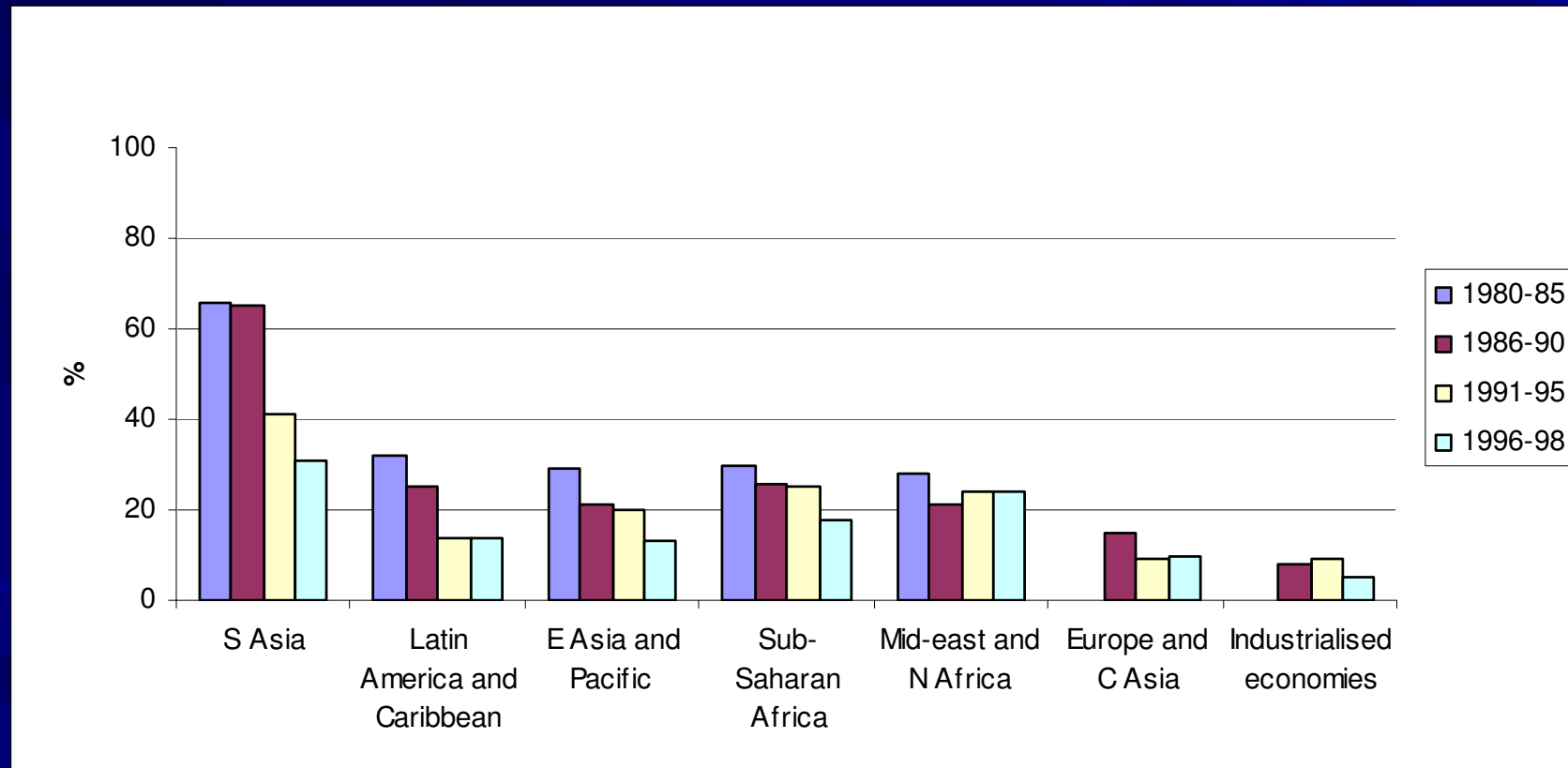
East Asia



sub Saharan Africa

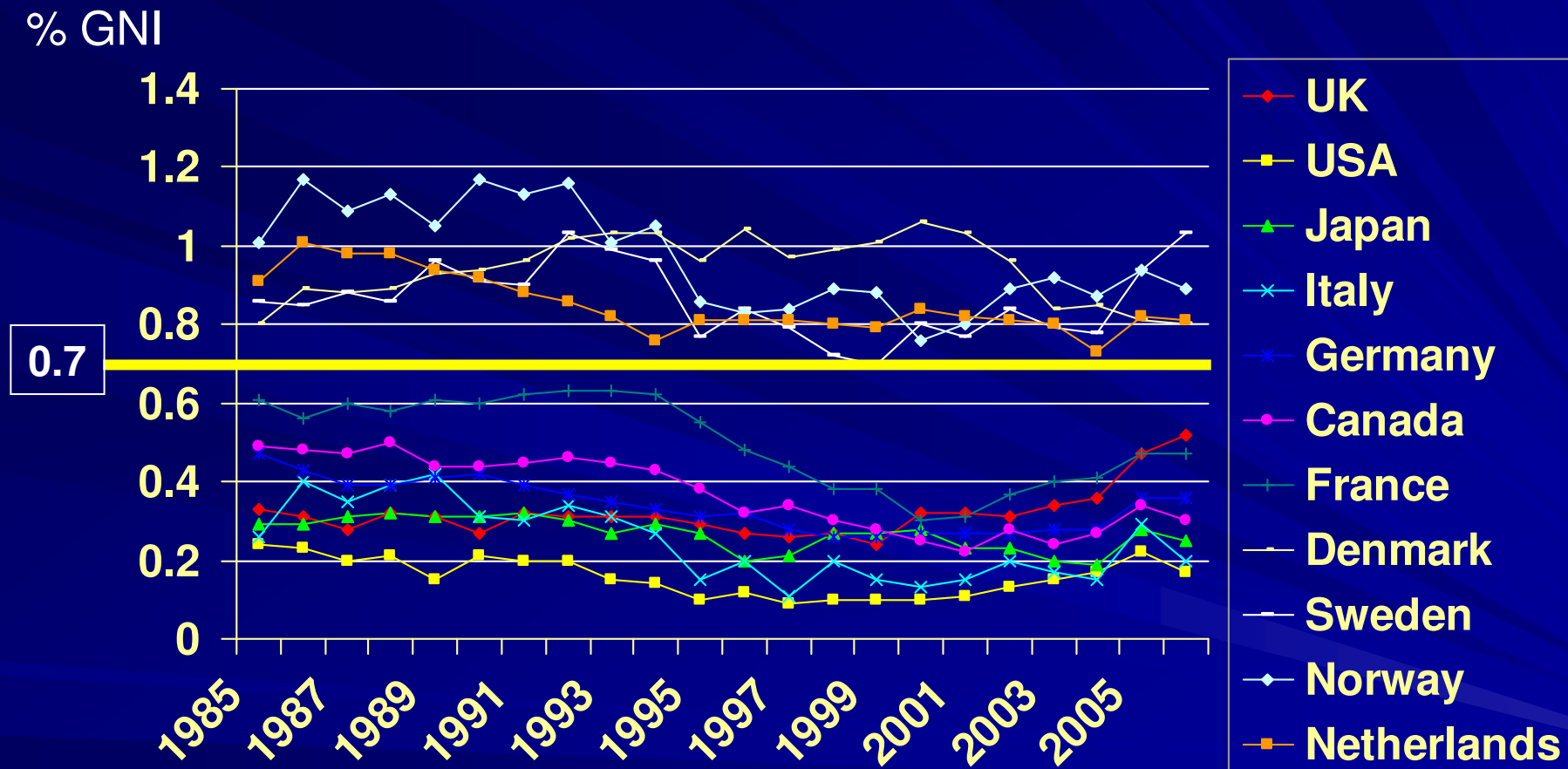
# Proportion of tariffs in total revenue by region, 1980-1998

Low income countries are relatively more reliant on import tariffs for public revenue. Trade liberalization has reduced the availability of tariff revenues since 1970s



Source: GKN 2007

# Trends in development assistance, G7 and selected comparison countries, 1985 - 2006



Source: OECD, Development database on Aid from DAC Members

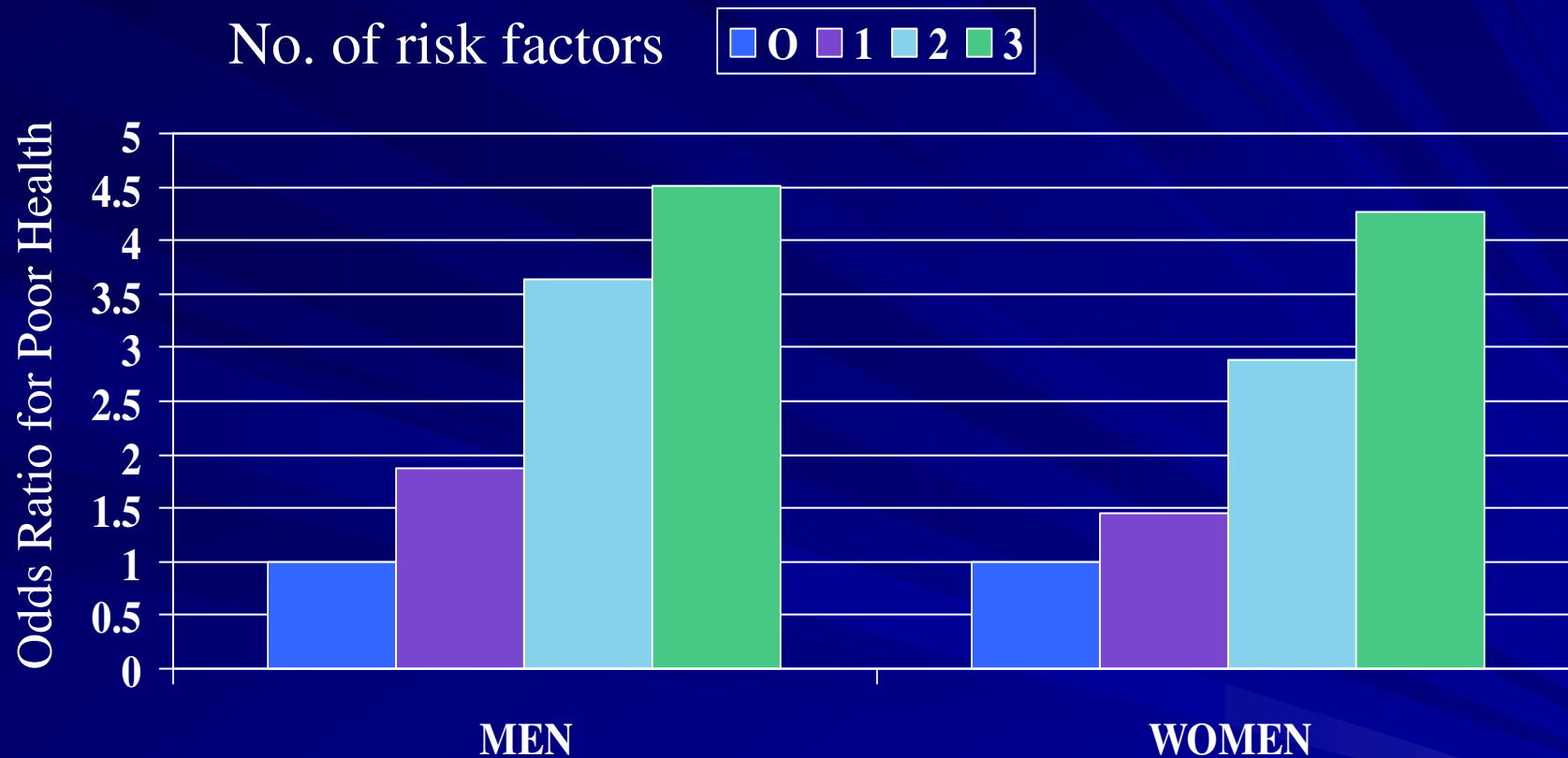


# CSDH – Areas for Action



- 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



# CSDH – Areas for Action



# 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.



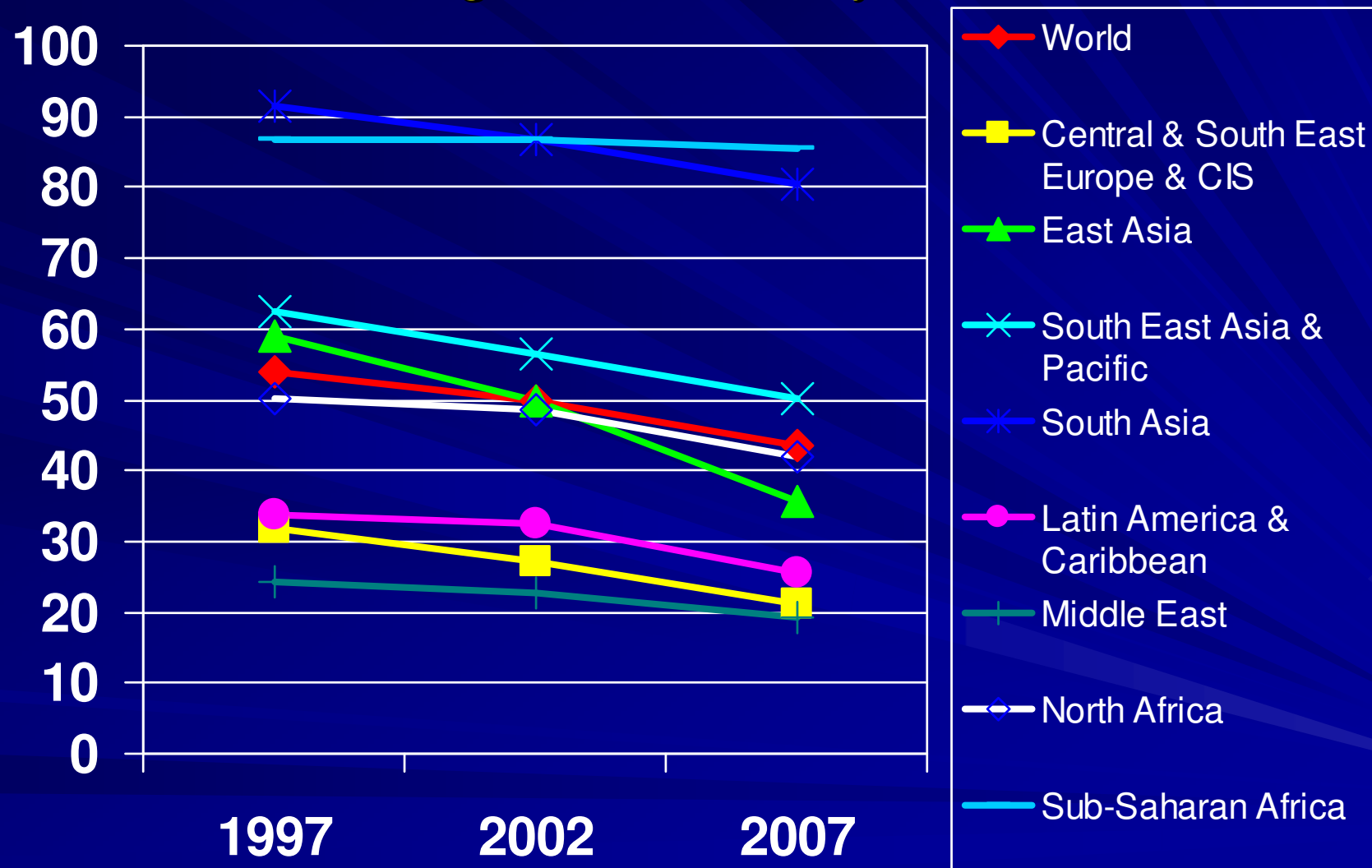
# CSDH – Areas for Action



# CSDH – Areas for Action

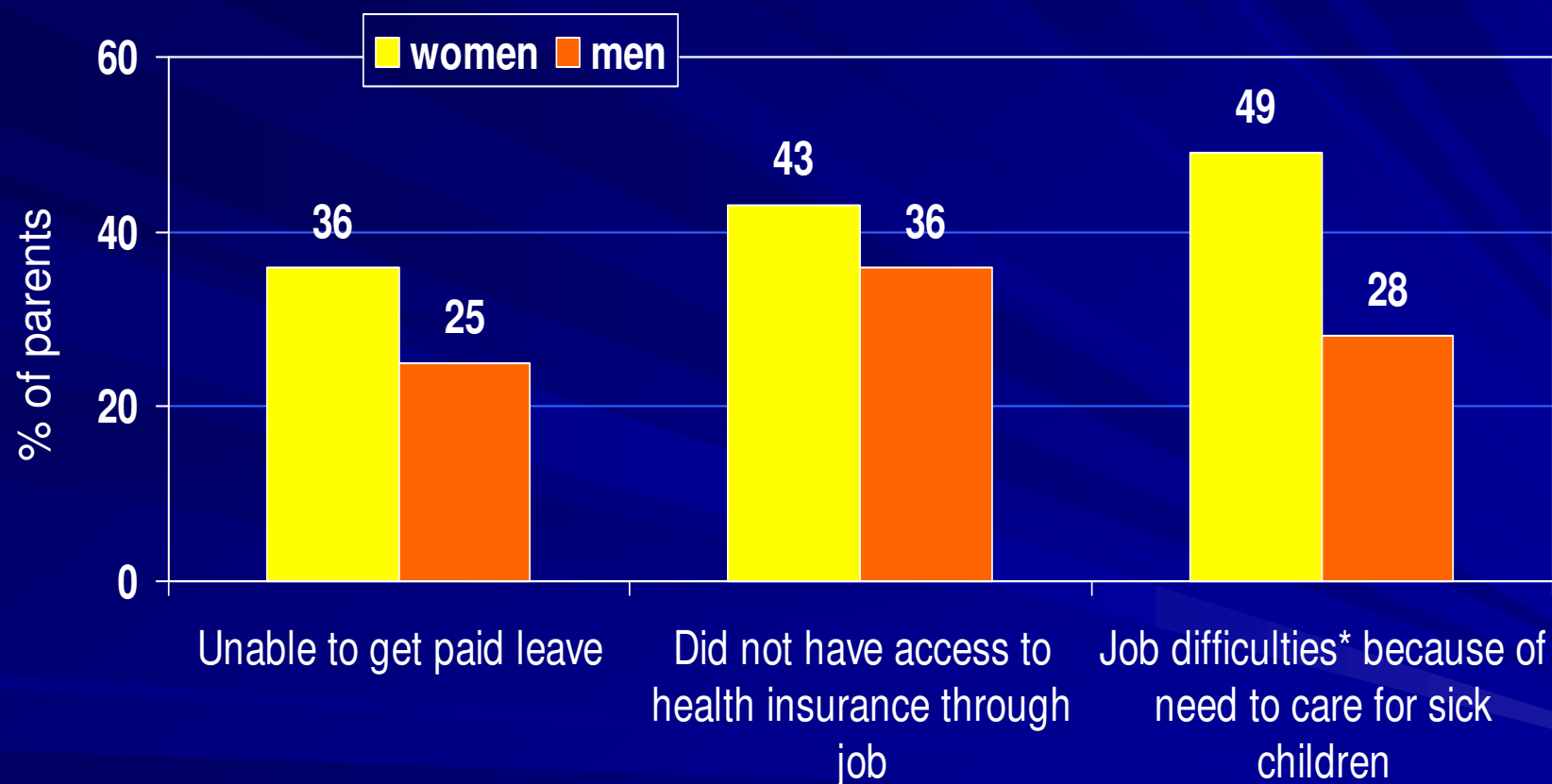


## Regional variation in the percentage of people in work living on US\$ 2/day or less



2007 figures are preliminary estimate  
ILO 2008

## Gender inequities in labour conditions: lost pay or lost job promotions or difficulty retaining jobs



\* Job difficulties: lost pay or lost job promotions or difficulty retaining jobs.  
Adapted from Heymann (2006), Forgotten Families. Average percentages based on selected countries.

# CSDH – Areas for Action



# CSDH – Areas for Action



## ■ 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

# Weekly disposable incomes for people over 65, England 2007

	State pension	Pension credit guarantee*	Minimum income for healthy living **
Single person	£87.30	£119.05	£131.00
Couple	£139.60	£181.70	£208.00

\*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

Country	Age eligible	Universal or means tested	Monthly amount (US\$)	% of pop 60+	% of people 60+ receiving
Bangladesh	57+	M	US\$ 2	6%	16% (age 57+)
India	65+	M	US\$ 4	8%	13%
Thailand	60+	M	US\$ 8	11%	16%
Botswana	65+	U	US\$ 27	5%	85%

# Lesotho

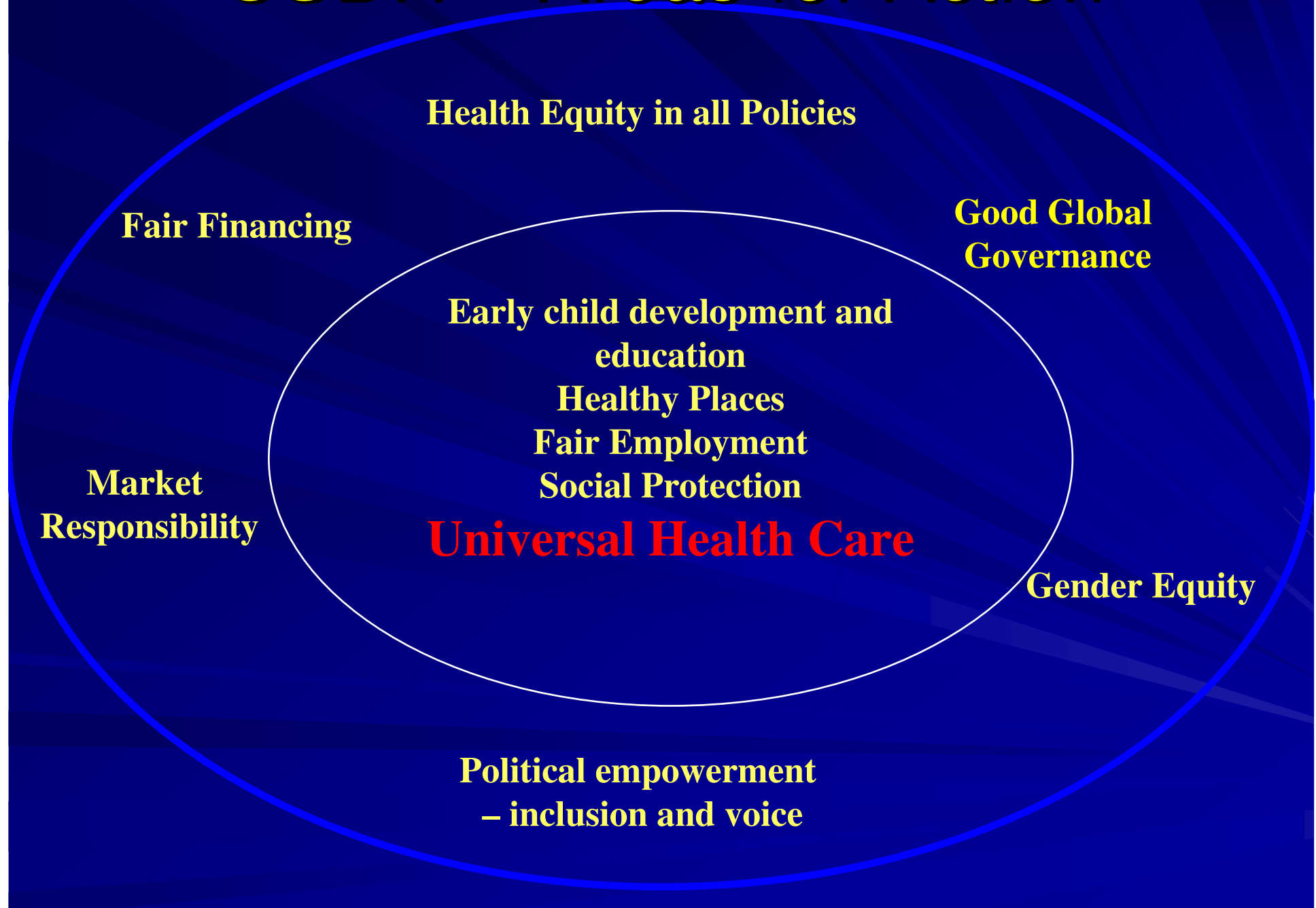
- Since 2004 universal social pension scheme for all aged 70+ years
- costs 1.43% of GDP
- benefit level is about the same as the national poverty line (about US\$ 21/month).
- Monthly disbursement through post office network in rural and urban areas

(McKinnon, 2007)

# CSDH – Areas for Action



# CSDH – Areas for Action





- Universal Primary Health Care
- Community based
- Disease prevention
- Health promotion – using social determinants framework

## ■ EMPOWERMENT

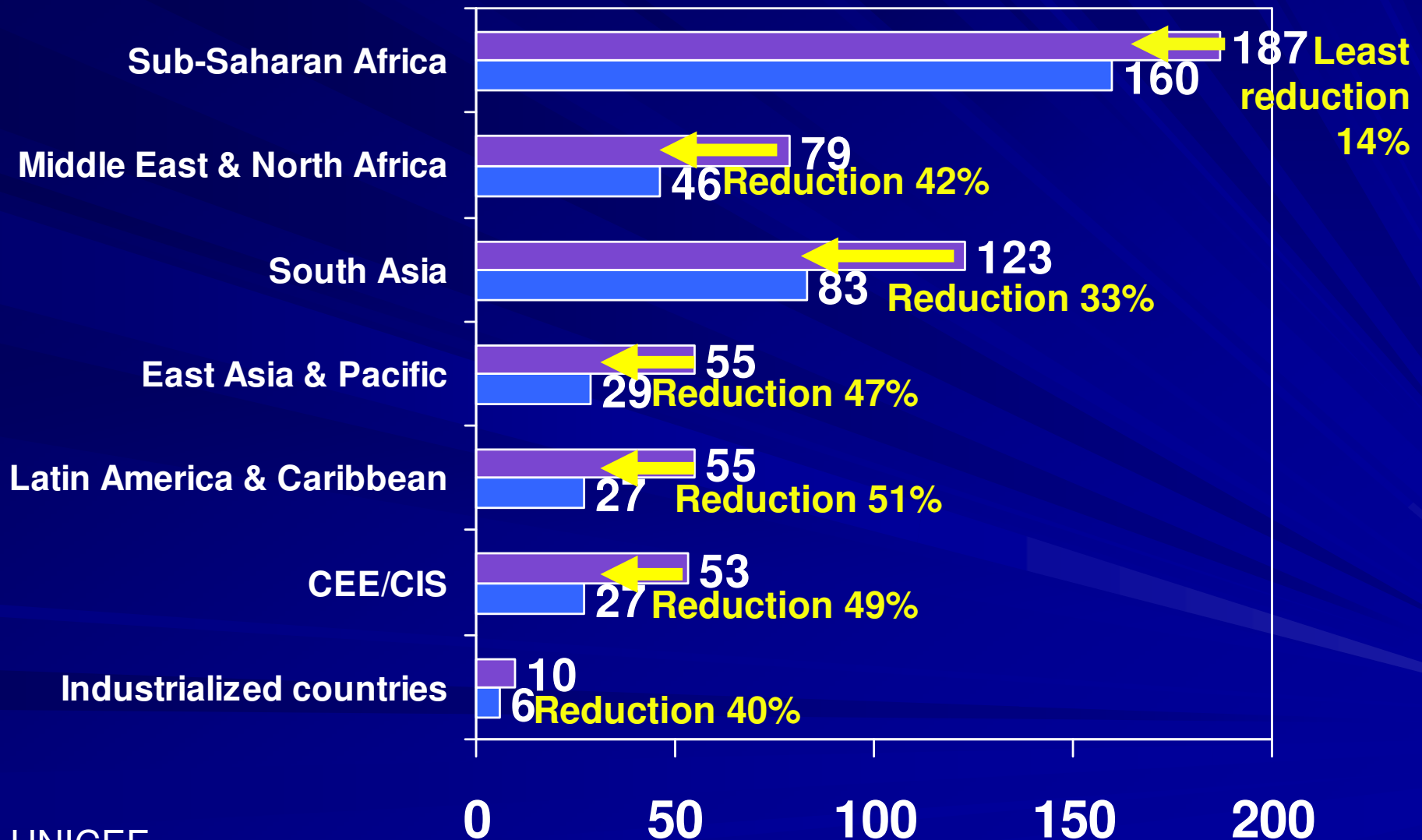
- MATERIAL
- PSYCHOSOCIAL
- POLITICAL

# What's next?

- WHO taking the lead
- Building capacity
- Advocacy
- Research
- Training

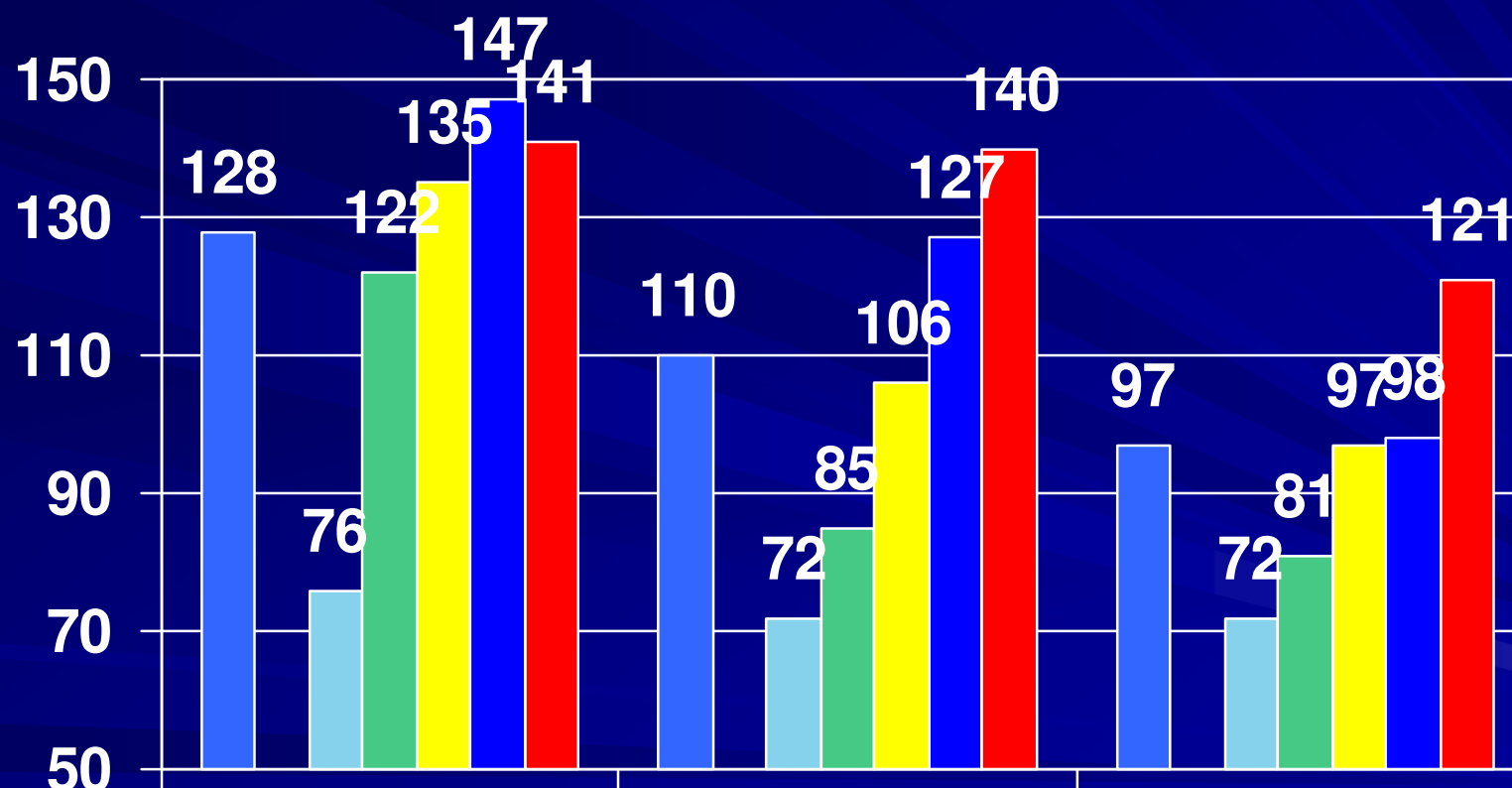
# Optimism

# Under 5 mortality rate: change 1990 - 2006



# Trends in U5M by wealth quintile: Bangladesh

■ Average 
 ■ Richest 
 ■ 4th 
 ■ 3rd 
 ■ 2nd 
 ■ Poorest



Relative inequ: 1.86  
 Absolute inequ: 65

Relative inequ: 1.93  
 Absolute inequ: 67

Relative inequ: 1.69  
 Absolute inequ: 50

(DHS data)



**A world  
where social  
justice is  
taken  
seriously**



**[www.who.int/social\\_determinants/en](http://www.who.int/social_determinants/en)**