Commission on the Social Determinants of Health: gendering health inequities

Fran Baum

Southgate Institute for Health, Society & Equity,

Flinders University

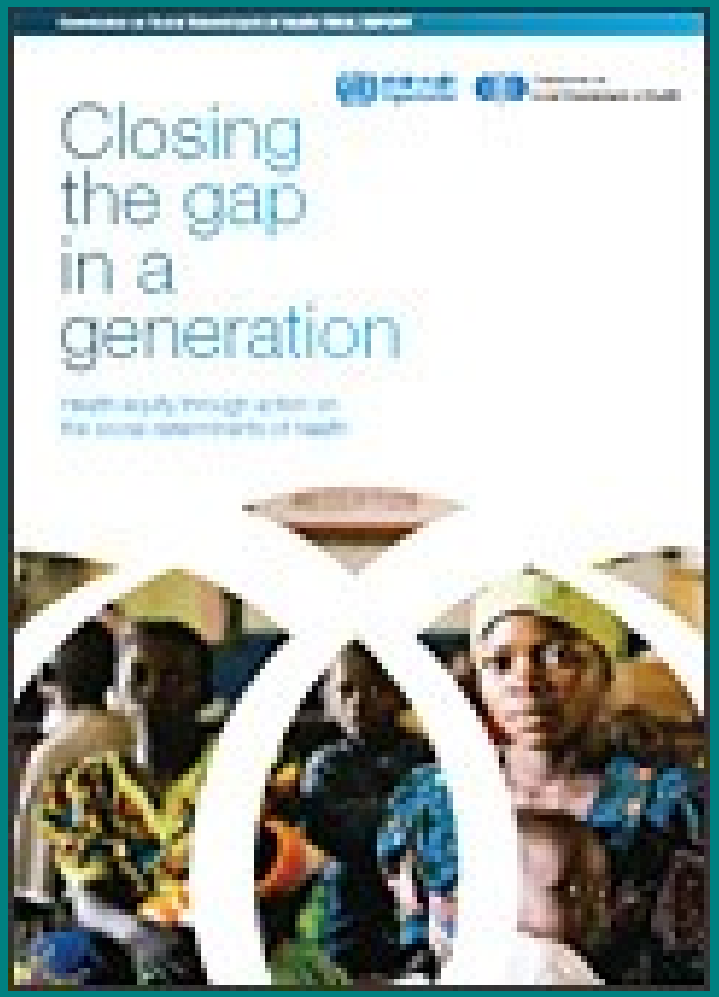
Adelaide

In my talk I will ….

- **Provide an overview of the work of the Commission on the Social Determinants of Health**
- **Highlight aspects of the CSDH work through the lens of some of the women associated with the CSDH's work**
  - **Empowerment**
  - **Informal settlements**
  - **Primary Health Care and maternal child health**
  - **Politics, Values and Policy**

Commission on the Social Determinants of Health

- Launched 28th August 2008 by Dr. Margaret Chan, Director General, WHO in Geneva
- "*Health inequity really is a matter of life and death"* Margaret Chan



Commissioners

- Sir Michael Marmot (Chair)
- 18 (9 women) others representing academics, politicians, civil society, senior public health bureaucrats

"(The) toxic combination of bad policies, economics, and politics is, in large measure responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible. Social injustice is killing people on a grand scale."

- “The Commission’s main finding is straightforward. The social conditions in which people are born, live, and work are the single most important determinant of good health or ill health, of a long and productive life, or a short and miserable one. ……..This ends the debate decisively. Health care is an important determinant of health. Lifestyles are important determinants of health. ….But, let me emphasize, it is factors in the social environment that determine access to health services and influence lifestyle choices in the first place”.

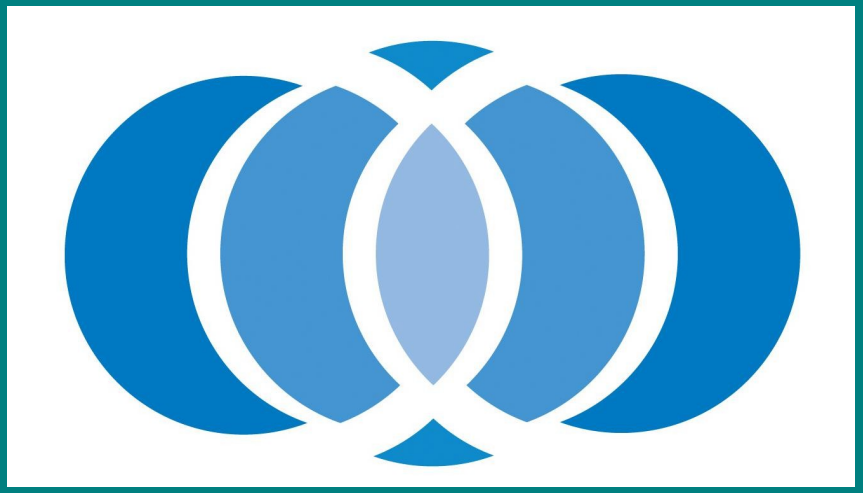
Dr Margaret Chan
Director-General
World Health Organization

Basic logic: what good does it do to treat people's illnesses .....

then give them no choice to go back to or no control over the conditions that made them sick?

Final Report: Value Base

- Need for more health equity because *"it is right and just" & a human right*
- Quality and distribution of health seen as a judge of the success of a society
- Empowerment central



CSDH Report: Action Areas

Daily Living Conditions

- **Equity from the start**
- **Healthy places- healthy people**
- **Fair employment –decent work**
- **Social protection across the life course**
- **Universal health care**

Power, Money and Resources

- **Health Equity in All Policies**
- **Fair financing**
- **Market responsibility**
- **Gender equity**
- **Political empowerment – inclusion and voice**
- **Good global governance**

Knowledge, Monitoring and Skills

- Monitoring, research, training
- Building a global movement

Full report downloadable at http://www.who.int/social_determinants/en/

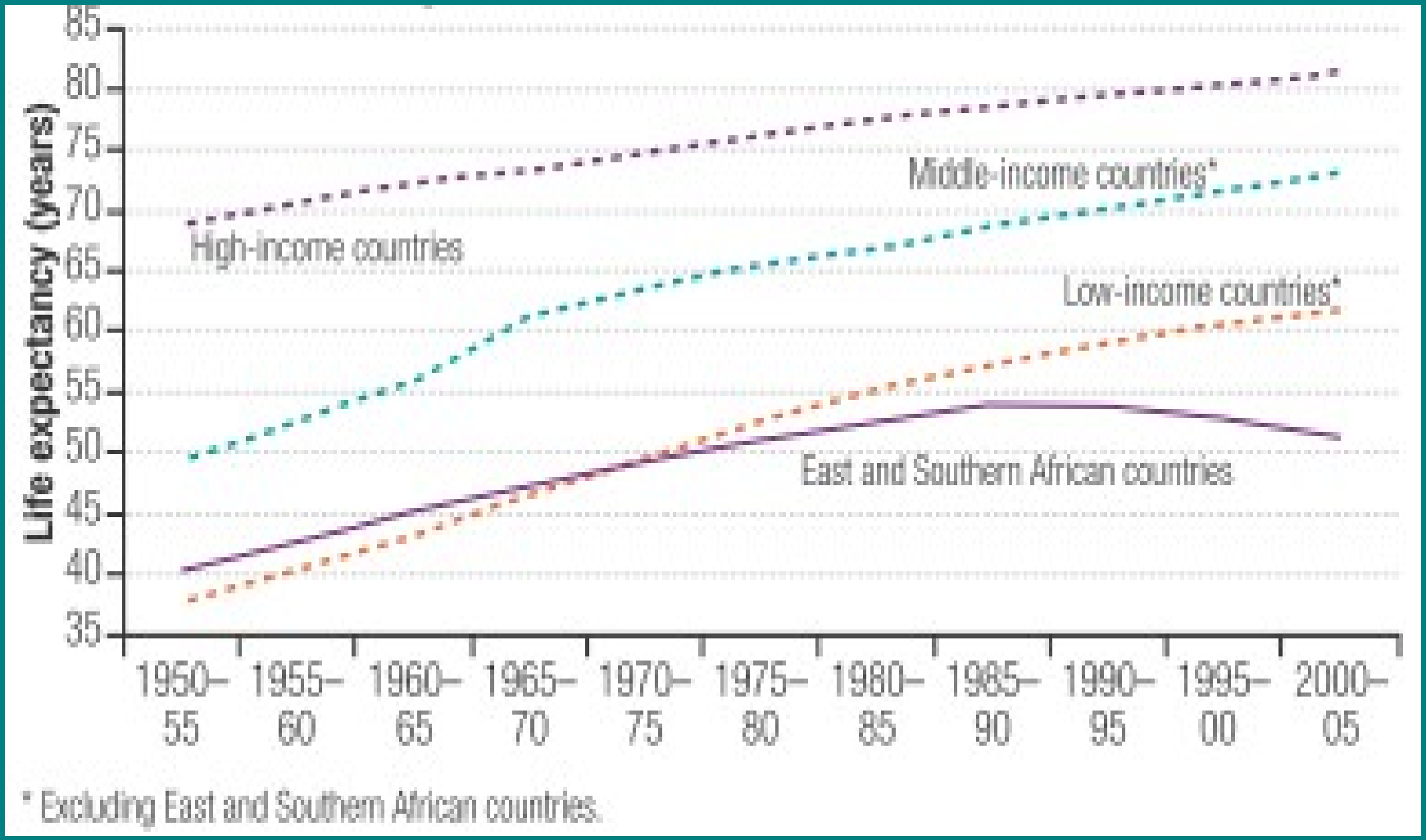
Female Health Status – Global and Australian

Male and female life expectancy at birth (years) by country income group/region 1997 - 2006

Country income group/region	LE 1997		LE 2006	
	women	men	women	men
Low Income (inc S-SA)	64	62	58	56
Middle Income	72	66	71	67
High Income	81	74	82	76

Source: World Bank – World Development Reports

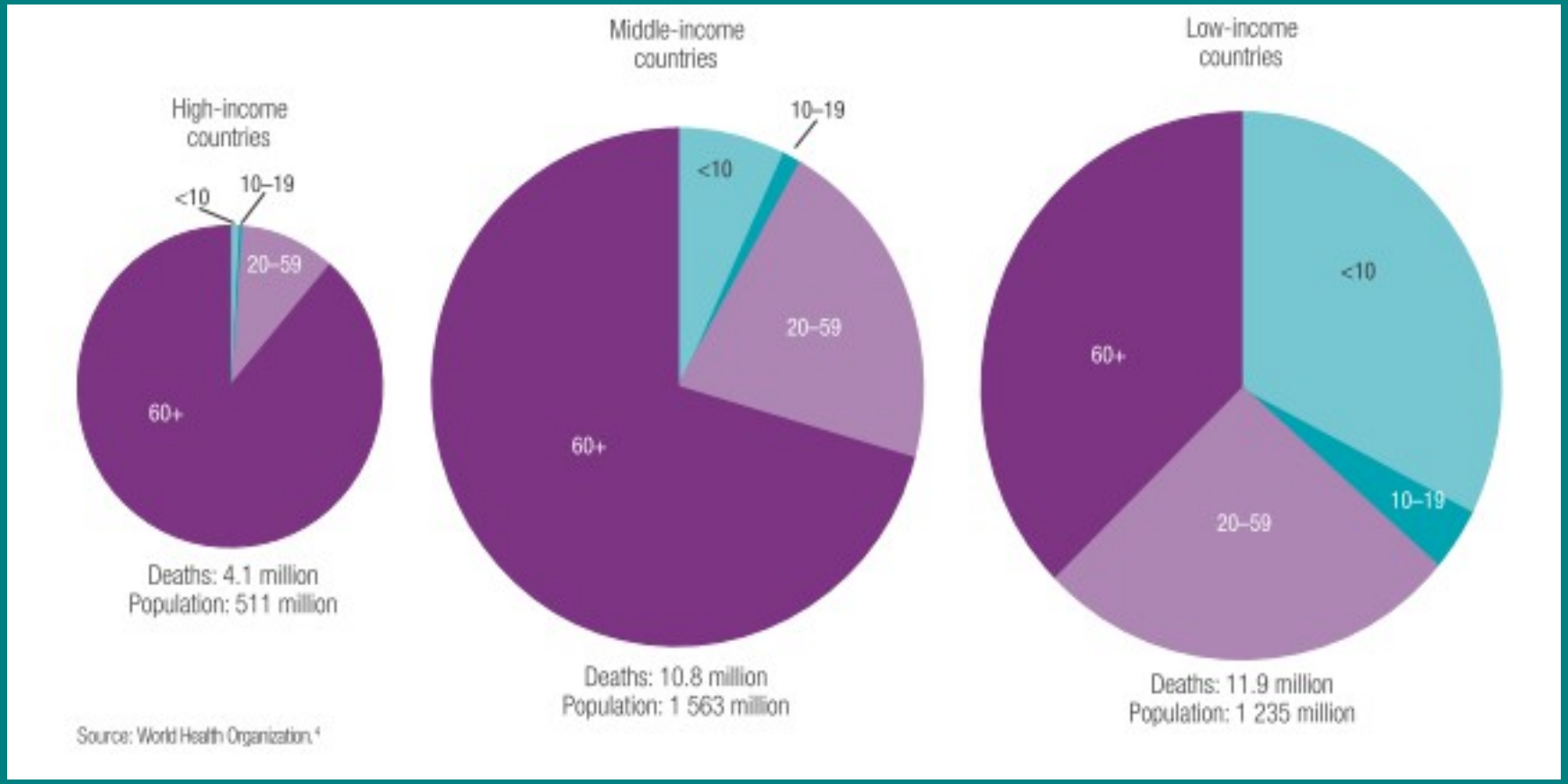
Female life expectancy at birth by country income group and region, 1950–2005



Source: WHO - Women & Health 2009

Inequality between countries:

Female deaths by age group and country income group, 2007



Source: WHO - Women & Health 2009

Risk factors for women's health in Australia

- Life expectancy for Australian women is increasing and now ranks equal second in the world
- On-going or emerging risk factors for chronic illness, injury and premature death, include:
  - Overweight and obesity – nearly half of Australian women are overweight and of those 17% obese
  - Physical inactivity – about one third of women do not exercise
  - Poor diet – over consumption of high fat and sugar foods; inadequate intake of fruit and vegetables
  - Stress – compensation claims for workplace stress almost doubled between 1996 and 2004
  - Smoking, alcohol consumption, unprotected sex, and self harm in young women

These risk factors are all underpinned by social & economic factors

Source: Commonwealth Gov't – Developing a Women's Health Policy for Australia

Health Inequities – Aboriginal and Torres Strait Islander Women

- Life expectancy 10 years lower than non-indigenous women (recent revision)
- Experienced dispossession and stolen generation
- Higher rates of mental illness
- Hospitalisation due to assault at a rate 33 times higher than non-indigenous women
- In 2004–05, 34% of Aboriginal and Torres Strait Islander women were obese, double the rate of non-Indigenous women
- 49% were current daily smokers, more than twice the rate of non-Indigenous women

Source: Commonwealth Gov't – Developing a Women's Health Policy for Australia

Health Inequities – Women subject to socioeconomic disadvantage

As a group, women subject to low income or education, insecure housing and/or unemployment have:

- Reduced life expectancy relative to more advantaged women
- Higher rates of mental illness, suicide and cardiovascular disease
- Higher exposure to risk factors including: overweight, smoking, poor diet
- Higher usage of doctors and hospital outpatient services, but less use of preventive health services

Source: Commonwealth Gov't – Developing a Women's Health Policy for Australia

CSDH Women and Gender Equity Knowledge Network

- Gender relations of power constitute the root causes of gender inequality and are among the most influential of the social determinants of health.

Stephen Lewis (UN Special Envoy on HIV/AIDS)

"*Once you've mainstream gender, its' everybody's business and nobody's business. Everyone's accountable and no one's accountable*" (Lewis, 2005, p. 125)

Led to establishment of the CSDH Women & Gender Knowledge Network

Women's employment: a global snapshot

- Globally, women's share of paid, non-agricultural employment continues to increase marginally
- Close to 2/3 of all women have vulnerable jobs; self-employed or unpaid work in a family business
- Low-paid work or unemployment reduces access to health care
- Women often face the stress of combining paid and household work

Source: UN Millennium Development Goals Report 2009

Income differences

Estimated earned income PPP* (US$) 2007 (*Purchasing power parity)

Country	**Women**	**Men**
Norway	46,576	60,394
Australia	28,759	41,153
Mexico	8,375	20,157
Malaysia	7,972	18,886
Philippines	2,506	4,293
Uganda	861	1,256
Ethiopia	624	936

Source: UNDP Human Development Report 2009

Girl's education: global report card

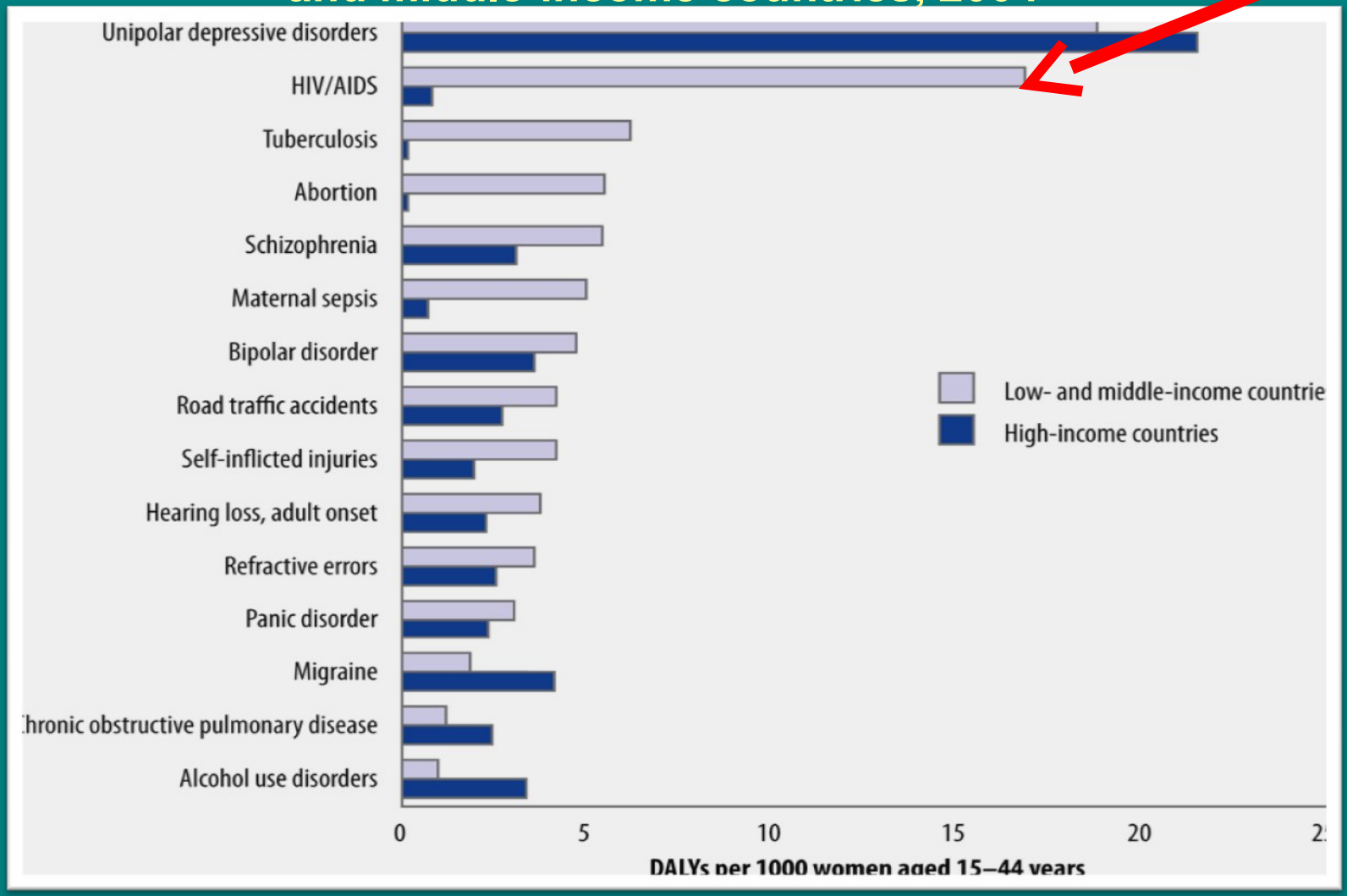
- Significant gains have been made in female enrolment in primary education between 2000 and 2006
- Child mortality rates are typically highest in households where the education of the mother is lowest
- Girls still account for 55% of the out-of-school population
- Worldwide, over 580 million women are illiterate (double the number of illiterate men), and more than 70 million girls are not in school

Source: WHO - Women & Health 2009

Global secondary school attendance by place of residence, or household wealth (% of all girls or boys)

Source: UN Millennium Development Goals Report 2009

Leading causes of disease burden (DALYs) for women aged 15–44 years, high-income countries, and low- and middle-income countries, 2004



Source: WHO Health Statistics and Informatics

African women & HIV

- “It’s impossible to tear the productive generations out of the heart of a country without facing an incomparable crisis”
- Crisis of capacity because of so many deaths
- Crisis of orphans and Grandmothers assuming overwhelming burden of care
- Central importance of education especially of women – call for WB & IMF to foot the bill for free primary education in Africa “mandatory restitution” -
- Says lack of secondary education means “Lost to the world will be hundreds of thousands of creative, gifted, often brilliant spirits”
- What is need is “universal, unimpeded, unequivocal free education – absolutely no costs, hidden or otherwise”

There are enough resources..

- “In 2005, the world will pass the trillion-dollar mark in the expenditure, annually, on arms. We’re fighting for $50 billion annually for foreign aid for Africa: the military total outstrips human needs by 20:1. Can someone please explain to me our contemporary balance of values?” (Lewis, 2005, p. 189)

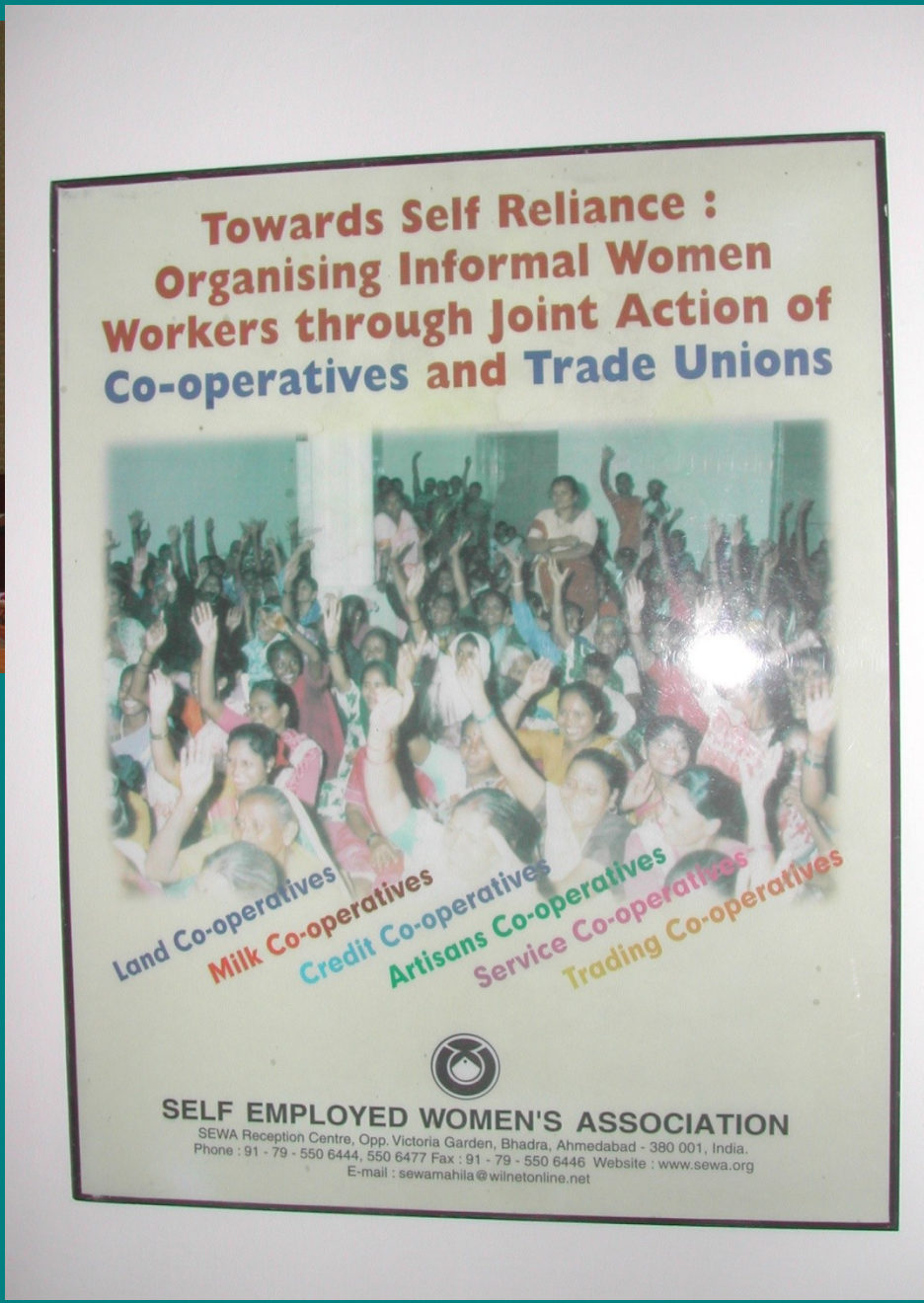
Dr. Mirai Chatterjee

Empowerment

Self-employed women's association(SEWA)

SEWA is a trade union registered in 1972. It is an organisation of poor, self-employed women workers. These are women who earn a living through their own labour or small businesses. They do not obtain regular salaried employment with welfare benefits like workers in the organised sector.


COMMISSION ON
SOCIAL DETERMINANTS OF
HEALTH
SEWA, AHMEDABAD, INDIA
SEPT 12TH -14TH
Sir Michael Marmot


Towards Self Reliance :
Organising Informal Women
Workers through Joint Action of
Co-operatives and Trade Unions
Land Co-operatives
Milk Co-operatives
Credit Co-operatives
Artisans Co-operatives
Service Co-operatives
Trading Co-operatives
SELF EMPLOYED WOMEN'S ASSOCIATION
SEWA Reception Centre, Opp. Victoria Garden, Bhadra, Ahmedabad - 380 001, India.
Phone : 91 - 79 - 550 6444, 550 6477 Fax : 91 - 79 - 550 6446 Website : www.sewa.org
E-mail : sewamahila@wilnetonline.net

MAKING A DIFFERENCE TO PEOPLE'S LIVES: SEWA

- Vegetable sellers in Ahmedabad
- Micro credit Vegetable wholesalers
- Legal right to sell vegetables
- Child care provision
- Health care provision
- Housing
- Pensions
- SEWA Bank

Primary health care

- SEWA's healthcare training program has provided new & upgraded skills to rural and urban women. Working in conjunction with consulting doctors and medical professionals, members have been trained to provide a variety of healthcare services and now form the core of SEWA's community health team.
- Provides safe and modern childbirth practices, basic emergency care, and preventative care such as immunizations.

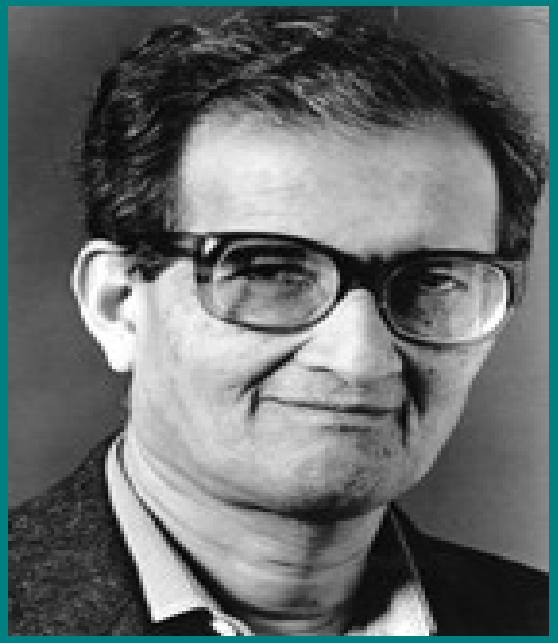
Financial services

- Member-trained financial managers assist in managing all aspects of SEWA's financial services including savings, credit, and insurance programs.
- A team of grassroots bankers have been trained to collect deposits in isolated villages, provide "hand holding" consultations about SEWA's range of financial services, and manage rural savings and credit groups.

EMPOWERMENT

"The success of an economy and of a society cannot be separated from the lives that the members of the society are able to lead… we not only value living well and satisfactorily, **but also appreciate having control over our lives.**"

Amartya Sen (1999) *Development as Freedom*



- Material
- Psychosocial
- Political

Equity is not just about poverty also about capabilities and enabling people to live flourishing lives

Aboriginal reports of racism

- 153 Aboriginal people living in Adelaide
- Non-random sample
- Interviews conducted by Aboriginal project manager and Aboriginal interviewers

Racism in at least one institutional setting

Never/ hardly ever	Sometimes	Often/ very often
16	30	54

Racism in at least one informal setting

Never/ hardly ever	Sometimes	Often/ very often
16	42	42

- “People are always watching you and watching what you’re doing and, you know. Watching where your hands are and shit. Like I said now I just go and show them my bag anyway, as I’m walking out. Just you know…even if they don’t ask” (Belinda, 30yrs)
- “You get called ‘black mongrel’ when you’re walking along’ (Mary, 51 yrs)

Responses to racism

	Often/ very often	Sometimes	Never/ hardly ever
Feel angry, annoyed or frustrated	62	32	6
Talk, write, draw, sing or paint	52	26	22
Try to avoid it	46	26	28
Get a headache, upset stomach, other physical reaction	37	41	22
Do something	33	30	37
Ignore, accept, forget it	28	37	35
Feel amused or sorry for person	34	31	35
Feel ashamed, humiliated, anxious or fearful	29	32	39
Feel powerless, hopeless or depressed	26	32	43

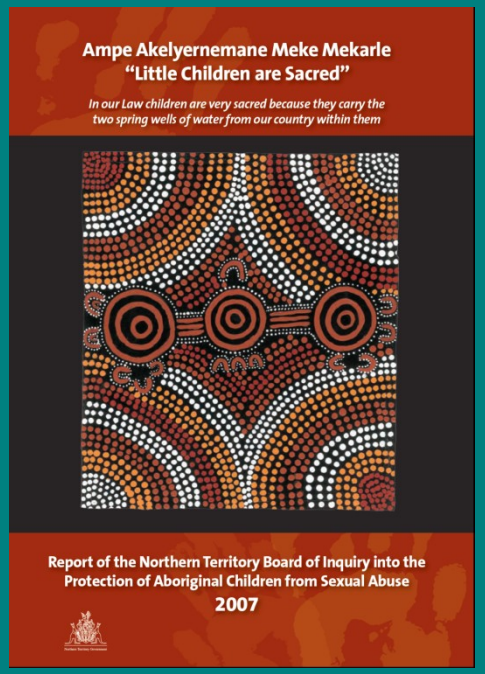
Ampe Akelyernemane Meke Mekarle
"Little Children are Sacred"

In our Law children are very sacred because they carry the two spring wells of water from our country within them

Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse

2007

Northern Territory Government



"Our appointment and terms of reference arose out of allegations of sexual abuse of Aboriginal Children. Everything we have learned since convinces us that these are just symptoms of a breakdown of Aboriginal culture and society. There is, in our view, little point in an exercise of band-aiding …what is required is a determined, co-ordinated effort to break the cycle and provide the necessary strength, power and appropriate support and services to local communities, so they can lead themselves out of the malaise: in a word, ***empowerment"***

Rex Wilde & Pat Anderson Co-Chairs, Inquiry into the Protection of Aboriginal Children from Sexual Abuse

Slums Gender Violence

Anna Tibaijuka Executive Director of UN-HABITAT

Ndioro Ndiaye
Deputy Director-General of the International Organization for Migration

Urban slums

- Lack basic infrastructure
- Women spend most time there – less mobile - childcare
- Less likely to get jobs & be lower paid
- Don’t own property
- Violence

Solid fuel pollution

- Breathing fumes from solid fuels (esp. as used for cooking) is thought to be responsible for approx half of the 1.3 million female deaths worldwide per year from chronic obstructive pulmonary disorder (COPD)
- COPD caused by exposure to indoor smoke is over 50% higher among women than among men

Sources: WHO - Women & Health 2009, UN – Millennium Development Goals Report 2009

Women are disproportionately responsible for collecting fuel and water for household use

As of 2006, 2.5 billion people worldwide were still unserved by improved sanitation, including 580 million in Southern Asia

18% of the world's population — 1.2 billion people — practise open defecation; mostly those who live in rural areas

Sources: WHO - Women & Health 2009, UN – Millennium Development Goals Report 2009)

Gendered and domestic violence against women

- In a WHO 10-country study on women's health and domestic violence (2005):
  - Between 15% and 71% of women reported physical or sexual violence by a husband or partner
  - Many women said that their first sexual experience was not consensual (24% in rural Peru, 28% in Tanzania, 30% in rural Bangladesh, and 40% in South Africa)
  - Between 4% and 12% of women reported being physically abused during pregnancy
- Every year, about 5,000 women are murdered by family members in the name of honour
- Trafficking of women and girls for forced labour and sex is widespread and often affects the most vulnerable
- Forced marriages and child marriages are widely practiced in many countries in Asia, the Middle East and sub-Saharan Africa
- Worldwide, up to one in five women and one in 10 men report experiencing sexual abuse as children

Source: WHO Fact Sheet – 'Violence Against Women' 2009

Cities, women & safety

"Cities which are unsafe for women, are also unsafe for the children they support. Investing in women friendly cities is also an investment in a better future for our children. It is not rocket science here. Cities that are safe, are cities that are good for business".

Anna Tibaijuka Executive Director of UN-HABITAT

Barefoot doctor to Commissioner: Professor **Yan Guo**

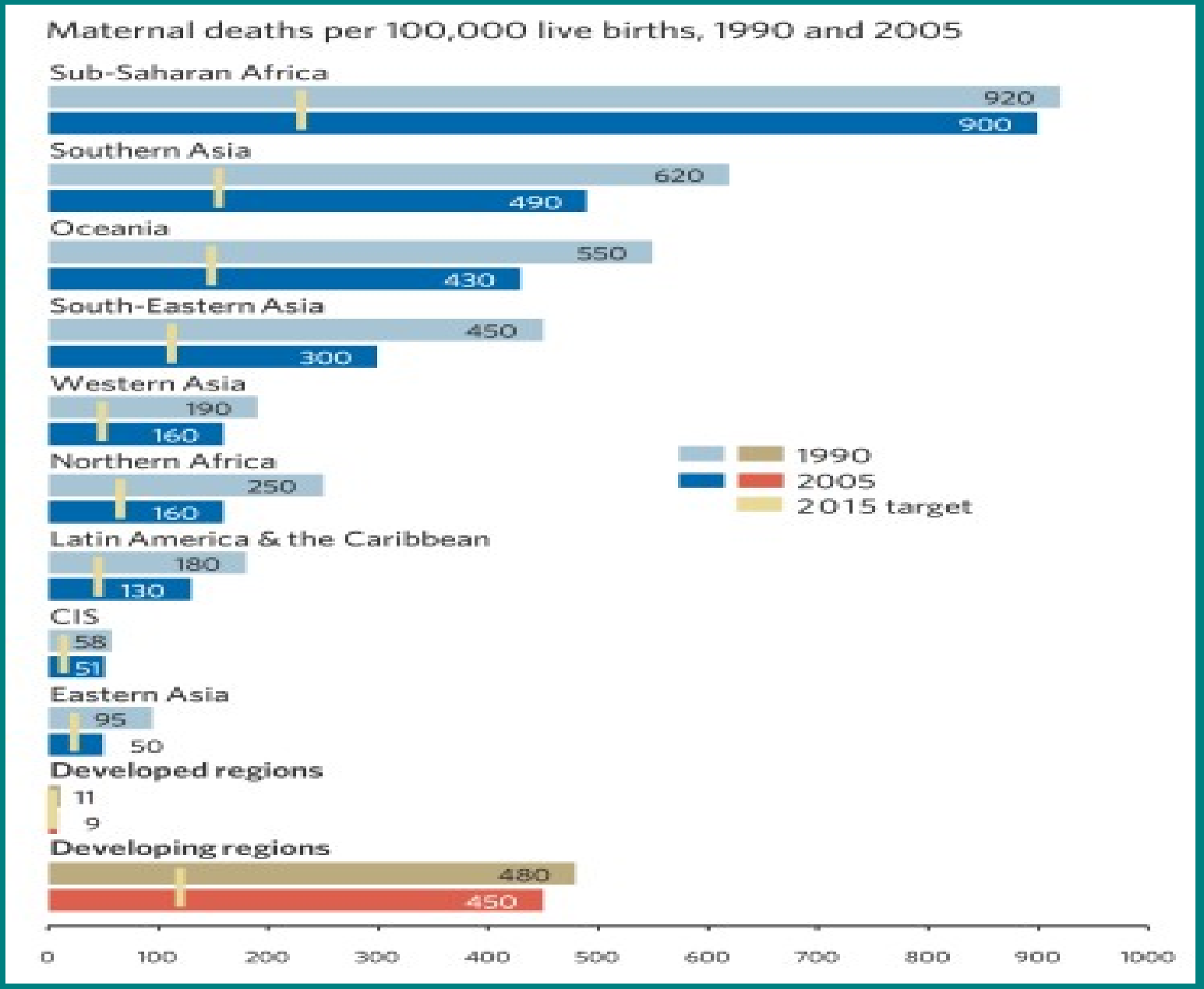
Health systems which promote health & well-being

- Publicly funded health system – universal – accessible to all members of society
- Choice as real not code word for privilege
- Health systems with a social conscience – connecting people through groups, empowering & respectful practice, affordable and accessible to low income people
- Based on comprehensive PHC

Maternal health and access to health care

- Each year, over 500,000 women and girls die due to complications during pregnancy, childbirth or the six weeks following delivery
- 99% of these death occur in developing countries
- Developed regions report nine maternal deaths per 100,000 live births, compared to 450 maternal deaths in developing regions
- 14 countries have maternal mortality ratios of at least 1,000 per 100,000 live births
- Half of all maternal deaths occur in sub-Saharan Africa and another third in Southern Asia. These two regions account for 85 per cent of all maternal deaths

Source: UN Millennium Development Goals Report 2009



Source: UN Millennium Development Goals Report 2009

Under-5 Mortality Rates

U-5 Mortality Rates per 1,000 live births

Country income group/region	**1990**	**2006**
Sub-Saharan Africa	184	157
Low Income	164	135
Middle Income	75	49
High Income	12	7

Source: World Bank – World Development Reports

TOP 10 – best places to be a mother		BOTTOM 10 – worst places to be a mother	
Rank	Country	Rank	Country
1	Norway	151	Equatorial Guinea
2	Australia	152	Eritrea
3	Iceland	152	Sudan
3	Sweden	154	Mali
5	Denmark	155	DR Congo
6	New Zealand	156	Yemen
7	Finland	157	Guinea-Bissau
8	Netherlands	158	Chad
9	Belgium	159	Niger
9	Germany	160	Afghanistan

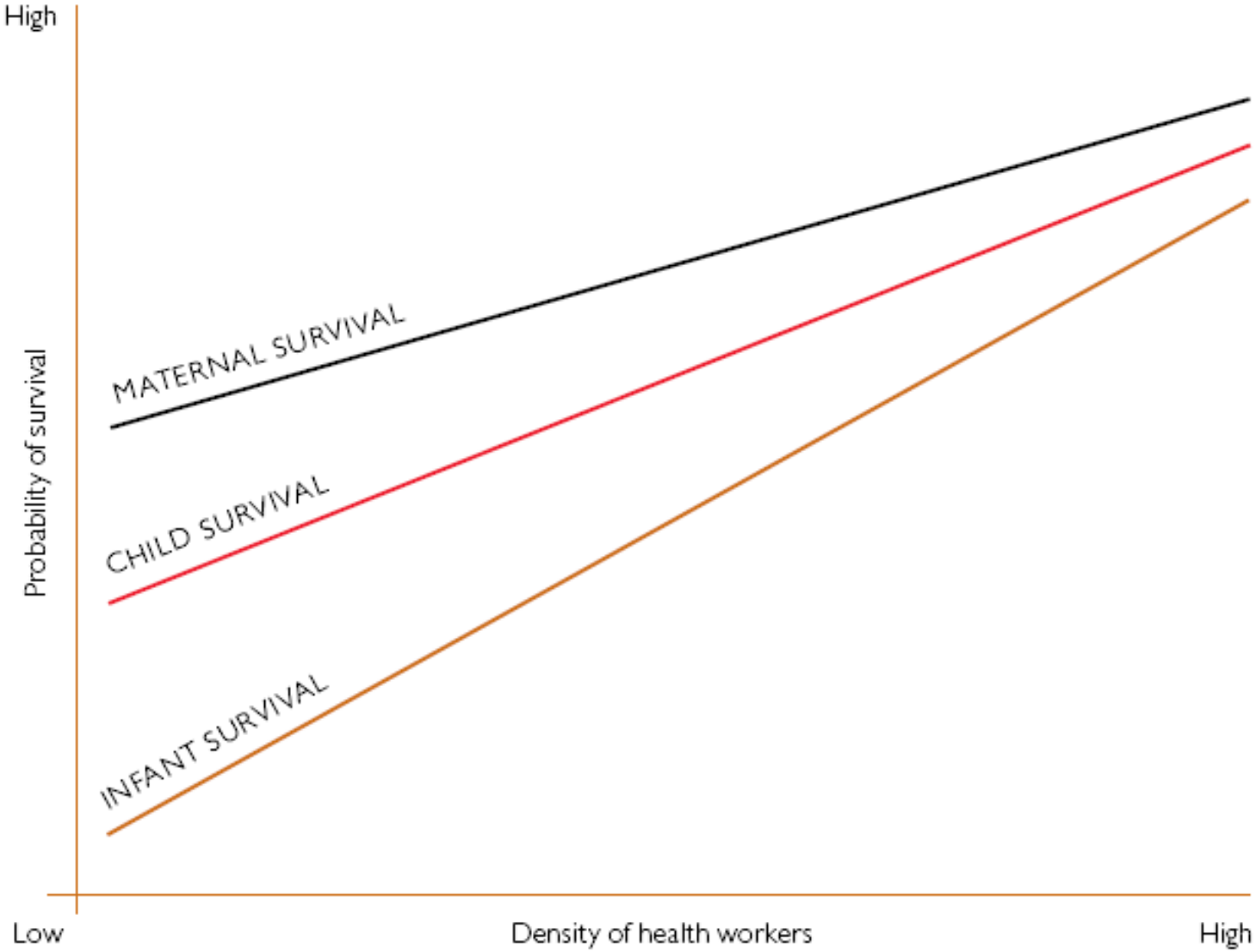
SCF (2010) Women on the Frontline of Health care. State of the World's Mother, p. 32

Low ranking countries on mother's index

- Sixty percent of all births are not attended by skilled health personnel.
- On average, 1 in 23 mothers will die from pregnancy-related causes.
- 1 child in 6 dies before his or her fifth birthday.
- 1 child in 3 suffers from malnutrition.
- Roughly 1 child in 5 is not enrolled in primary school.
- Only 4 girls are enrolled in primary school for every 5 boys.
- On average, females have little over 5 years of formal education.
- Women earn only 40 percent of what men do for equal work.
- Nine out of 10 women are likely to suffer the loss of a child in their lifetime.

Health care professional are very unevenly divided across the world……

Where There Are More Health Workers, More Mothers and Children Survive



Source: WHO, *World Health Report 2006*, p xvi

Access to maternal health care

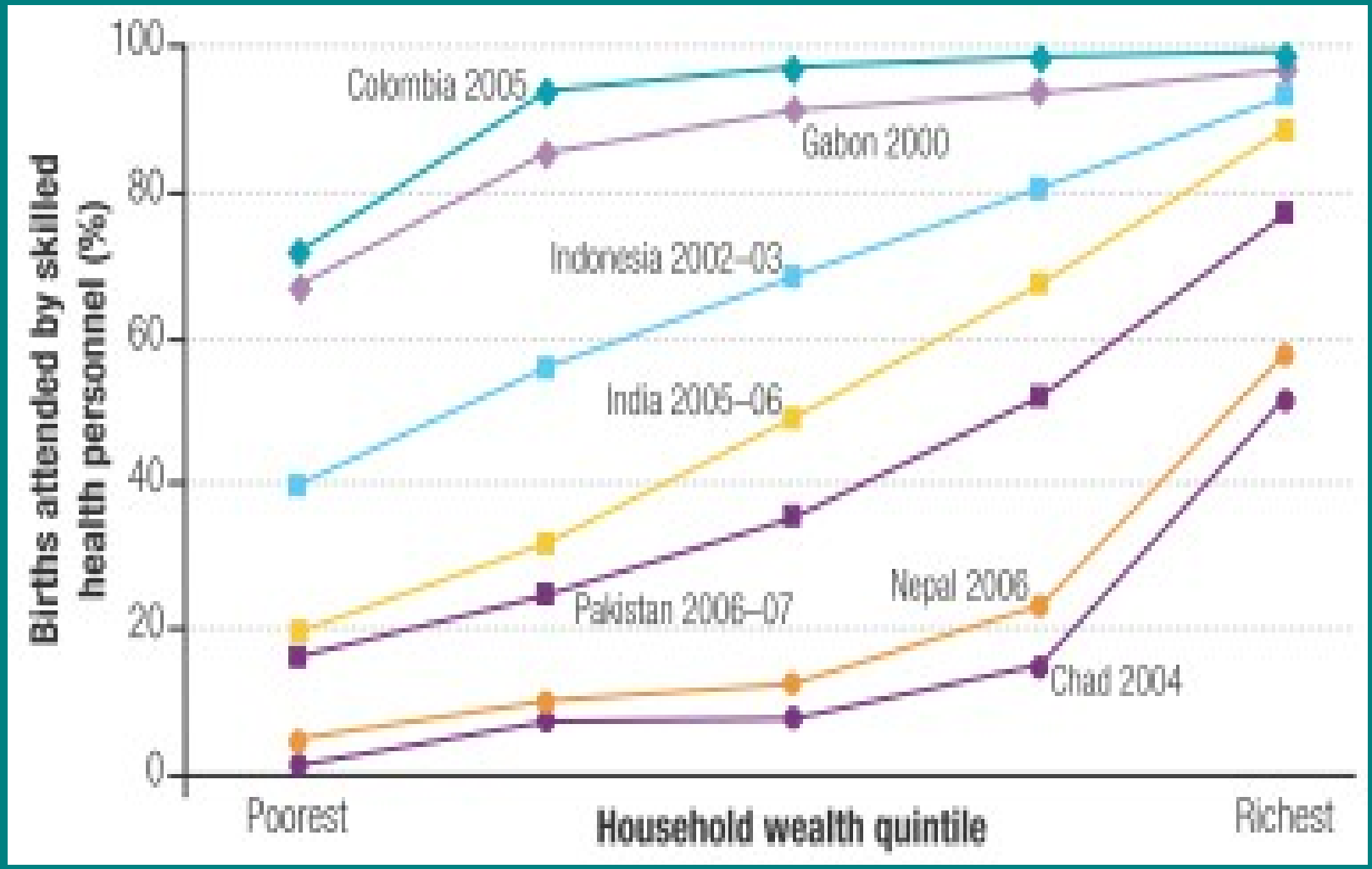
Births attended by skilled health staff (% of total)

Country income group/region	1990	2000-07*
Low Income	33	41
Middle Income	48	73
High Income	-	99
Latin America	75	88
Sub-Saharan Africa	44	45
South Asia	30	41

*Most recent available data during this period

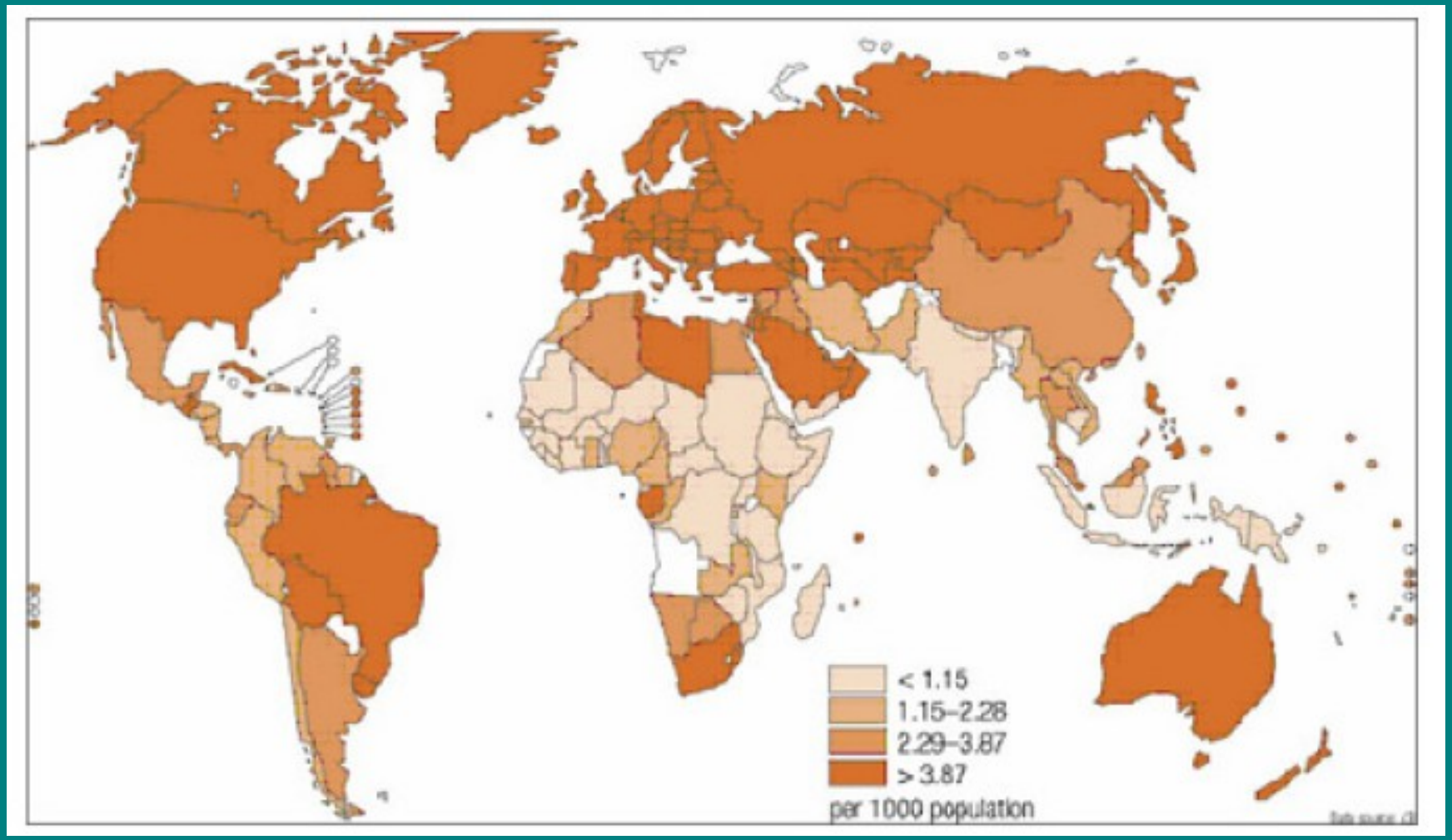
Source: World Bank – World Development Report 2009

Births attended by skilled health personnel, by household wealth quintile, selected countries



Source: WHO - Women & Health 2009

Density of health workers by country: WHO



Source: WHO World Health Report 2006

Migration of health professionals: Example of the U.S.A. & Sub-Saharan Africa

- In 2004, over 23% of USA's 770,000 physicians were trained outside the USA, the majority (64%) in low-income or lower middle-income countries.
- Of that group, 5334 physicians were from sub-Saharan Africa, representing more than 6% of total physicians practicing in that region.

Source: Hagopian, A. et al (2004) 'The migration of physicians from sub-Saharan Africa to the United States of America: measures of the African brain drain'. *Human Resources for Health,* 2 (17)

Brain Looting

- Using the conservative figure of US$ 20,000 to train a medical doctor, Zimbabwe lost US$ 16.8 million through the loss of 840 doctors.
- Using the same conservative estimate Nigeria incurred a loss of US$ 420 million due to the migration of 21,000 physicians to the United States.
- **However, if the UNCTAD figure of US$ 184,000 per trained professional is used to calculate savings, the United States saved US$ 3.86 billion**.

Bridget Lloyd (2005)

Comprehensive PHC

Selective PHC

Clinical interventions with individuals

Health Promotion & Disease prevention addressing the SDH

Behavioural Disease Prevention

Values: solidarity, collective, citizenship, universal, publicly funded and free or minimal cost at point of use

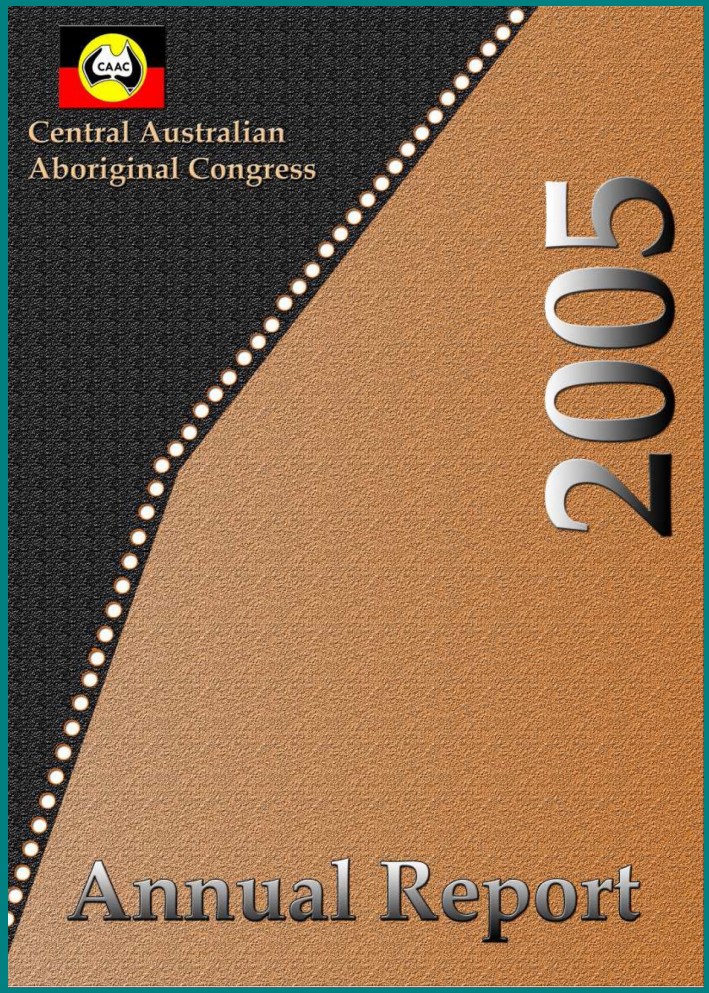
Values: individualism, health care a commodity, consumers

Cuba: large investment in PHC

Life Expectancy on a par with US
Spends far less on health
Comprehensive PHC – free and accessible
Average income about 10% of US

Example: Comprehensive PHC

- NACCHO
- Congress established 1973 as a community controlled health service
- Free access and drugs
- Good care co-ordination
- Advocacy on social determinants



Politics & social determinants: Hon. Dr. **Monique Bégin**

Health inequities and values

- "*On the other hand, inequity (of health or otherwise) is a moral category rooted in values, social stratification, embedded in political reality and the negotiations of social power relations*". Bégin, 2007

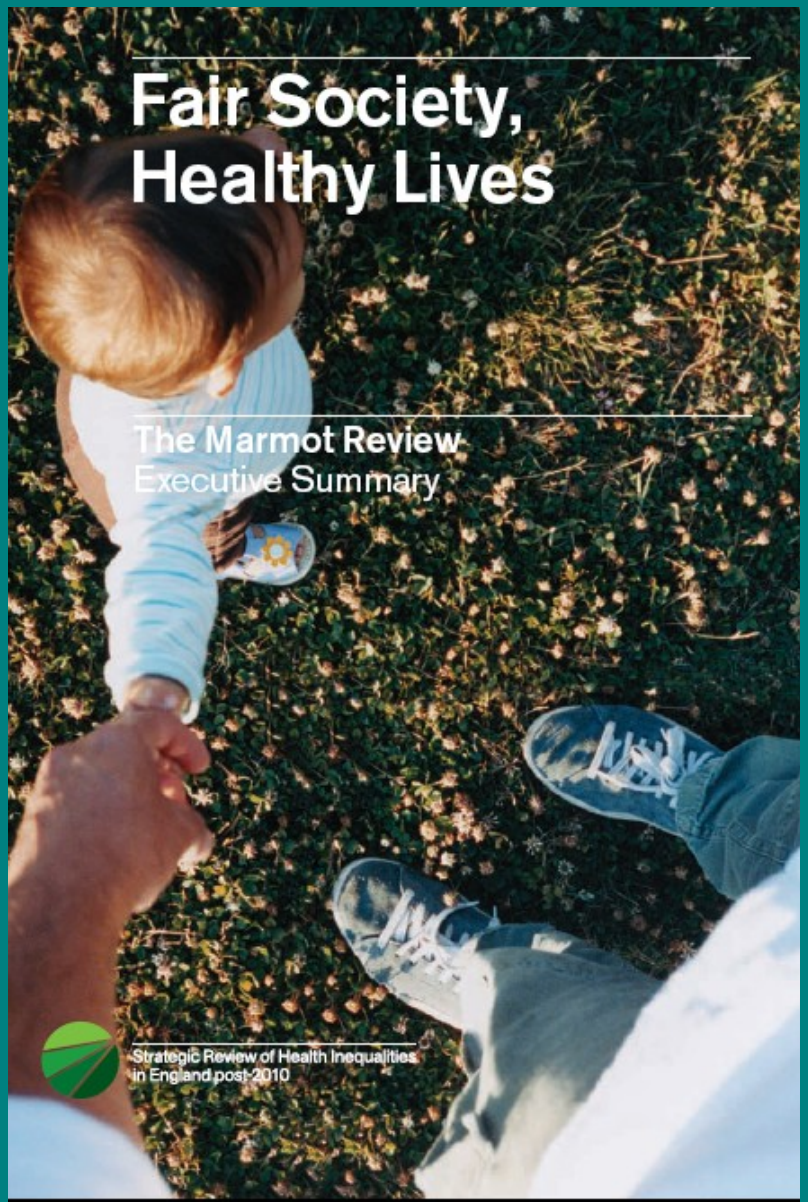

Do I see a demand?

Creating a demand for SDH

- Popular movements – People's Health Movement
- Policy makers with commitment
- Politicians who see the sense of a SDH approach and have a value commitment to equity

People's Health Movement

Political/Policy Support



- Applying CSDH ideas to the UK
- Key messages of general relevance

Social determinants: key messages

- Social & health gradient
- Health inequalities for women result from social inequalities which reflect systematic unfairness in all sectors – education, employment, housing, health, environment etc
- Economic benefits: losses from HI associated with productivity losses, reduced tax revenue, higher welfare payments, increased treatment costs

Social Determinants key messages

- Measure more than economic growth – also fair distribution of health, well-being and sustainability and these are good outcome measures for society as a whole – for women measure women's unpaid work
- Aim of action on SDH is to:
  - Give every child the best start in life
  - Increase control over lives – participatory decision making
  - Create fair employment and good work for all
  - Ensure a healthy standard of living for all
  - Create and develop healthy and sustainable places and communities
  - More emphasis on disease prevention

Social determinants: key messages

- These policy objectives will require action by all levels of government, health service, NGOs, private sector and community groups.
- Effective local delivery requires participatory decision making at the local level and will require empowering local communities and individuals

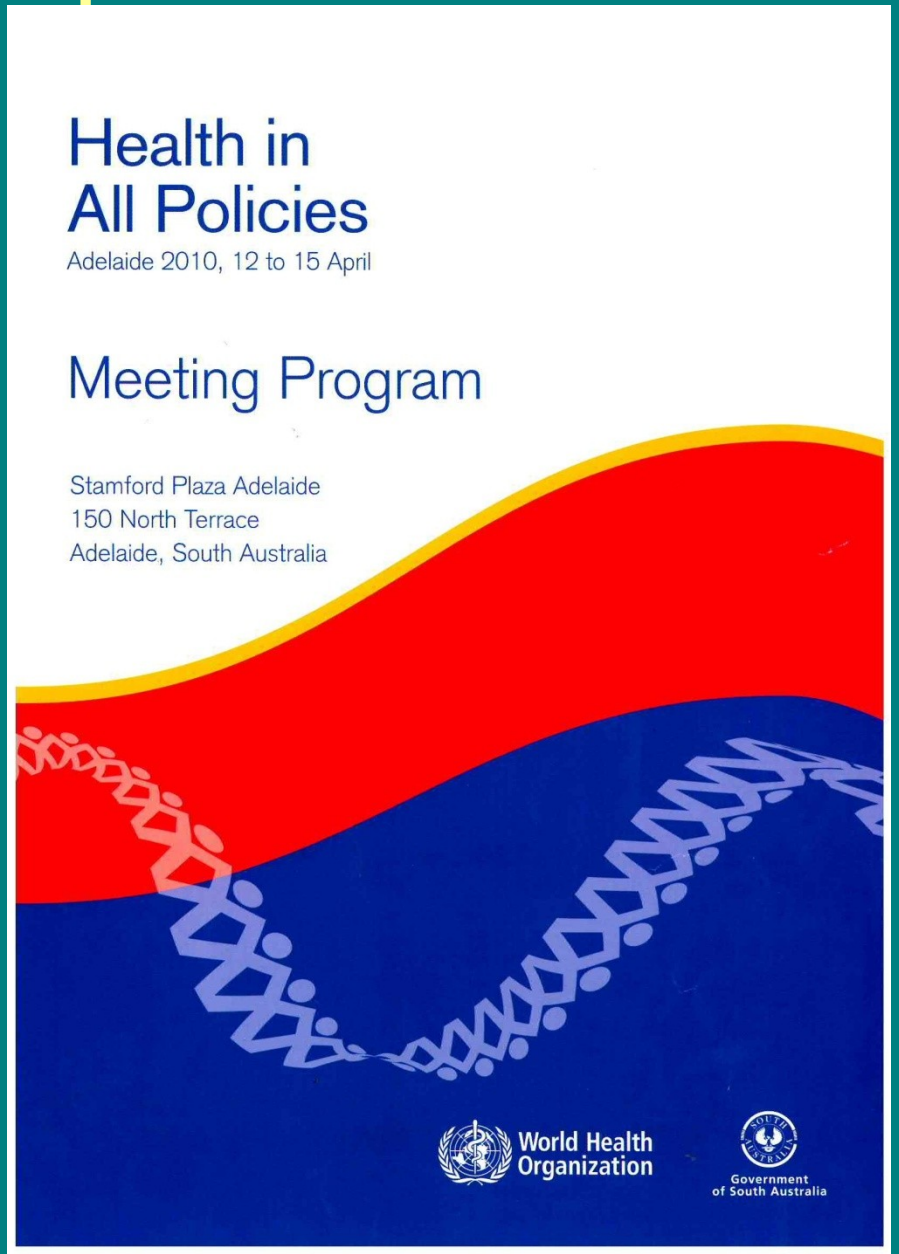
HiaP: the governance mechanism for action on SDH

- Central vision of greater health, well-being and equity adopted by all sectors of government and accountability to achieve this
- Policy levers to make co-operation across government the easy option
- Political (head of state) and bureaucratic sponsorship
- Empowerment and involvement

Health in All Policies: How do we create health?

Adelaide April 2010

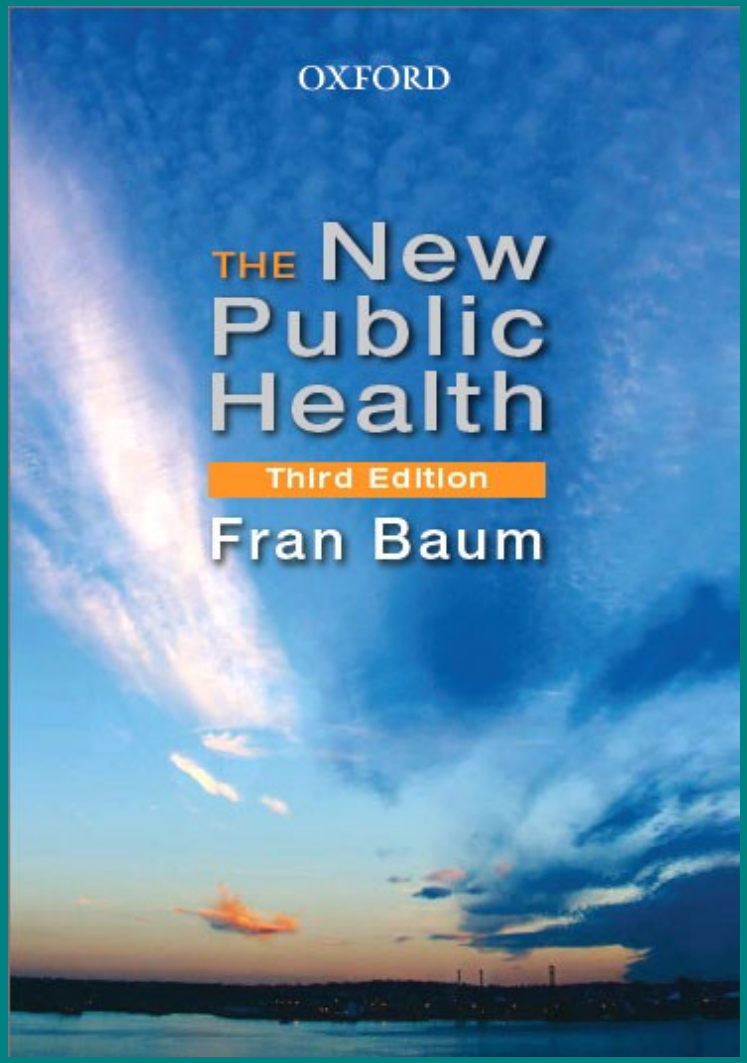
- Joint WHO & South Australian Government meeting
- 120 high level executives, policy makers and researchers
- Adelaide Declaration



Dr Margaret Chan
Director-General
World Health Organization

Thank you!

If you want to read more…..



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