

Health for all

Poverty and Inequity as a Health hazard

What is the international society doing?

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Contents of this lecture

- Brief overview of the health status of the world – and the trends
- The relationship between poverty and health and development
- The international society's role

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Health development the last century

During the last 50 years has the average public health improved more than during the previous 3000 years!

(WHO Bulletin, Editor)

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Increasing gap between rich and poor

- The rich 20% have increased their longevity tremendously
- The poor 80% have not improved their longevity
 - In some countries (AIDS) the longevity has been reduced
- Some indigenous people i former Soviet have still en expected longevity at birth less than 40 years
- The longevity in Sierra Leone is 37 years

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The Global Health Status

The children's death rate

- Less than 4 out of 5 children in the poor countries will survive their 5. birthday
- In the most developed countries less than 11 children die out of 1000 before their 5. birthday

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The big killers

- Infections and parasites kill more than 14 millions every year (25% of all deaths)
- The main children killers:
 - AIDS
 - Malaria
 - Tuberculosis
 - Pneumonia
 - Infectious diarrhea
 - Measles

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Health and Poverty

- In poor countries 2 millions children die every year from conditions preventable by vaccines
- 30 millions children out of the 130 millions born every year lack access to vaccines
- Nutrition and starvation
 - 5 millions children die in poor countries due to starvation or poor nutrition per year

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The Global Health Status

Maternity deaths

- The risk of dying in labor in Europe is one in 1400, in Asia it is one in 65, and in Africa, one in 16.

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Women's poverty

70% of the 1,2 billions extremely poor (less than 1\$ per day) in the world are women

- Women's relative part of the extreme poor people in the world has increased by 17% during the last 20 years!

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War and violence

- Accidents and violence
 - Deaths or invalidity due to wars, traffic accidents and violence are rapidly increasing
 - This represents about 14 % of the world's total "burden of diseases"
 - Conditions of non-infections due to wars, accidents and violence will in 2020 represent 80% of the world's burden of diseases
 - Many of these will end up as permanently invalids

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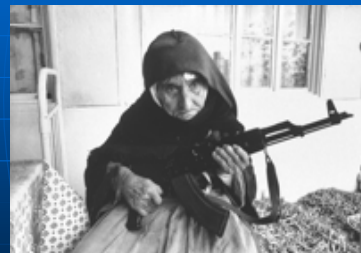
Invalidity

- Loss of skills
- Social exclusion
- Shame
- Increasing risk of poverty
- Other family members are suffering
 - Specially women
 - Only 2% of the invalid in the world have access to health care

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Armenian woman, 106 years During the Karabach war



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Main causes for global health problems

- **Poverty**
- Misgovernment
- Lack of technological investment
- Insufficient public health measures
- Insufficient health care
- Environmental/climatic changes
- **Armed conflicts**

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The vicious spiral



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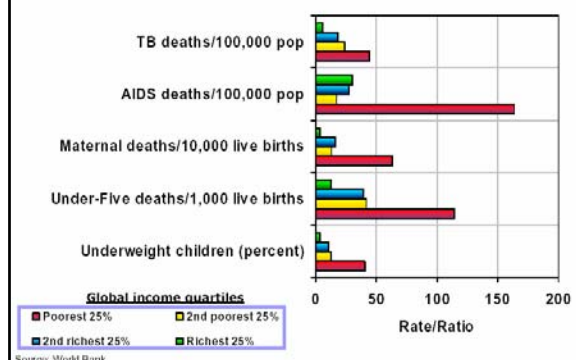
Some empirical evidence

- Poor health reduces GDP per capita by reducing both labor productivity and the relative size of the labor force (Ruger, Jamison, Bloom and Canning)
- 10% increase in life expectancy at birth leads to 0.35% increase in the economic growth rate (Cole)
- Increases in health status accounted for 17% of the increase in productivity gains (Heston)
- One year increase in life expectancy raises GDP per capita by about 4% (Bloom, Canning and Savall)
- Reductions in adult mortality explain 10-15% of the economic growth that occurred between 1960-90 (Jamison, Lau and Wang)

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The world's poor fare worse



Non-symmetric relationship:

- Poverty the single most important determinant for health;
- Poor health very far from being the single most important determinant for poverty.

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The Forsdahl and Barker's effect

Poverty in childhood is a high risk factor of poor health later in life

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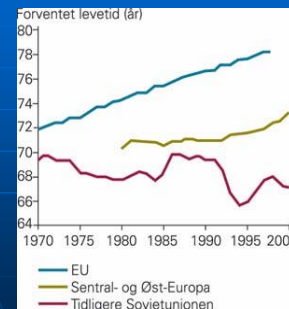
Health effects of collapse of Soviet Union

- Over the night the state disappeared
 - The employer for all employees
 - The salaries
 - All public budgets
 - All institutions collapsed
 - The systems infrastructure
 - The social security
 - The health system

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Expected longevity



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According to the World Bank

The Norwegian-Russian boarder demarcate the world's biggest social and health gradient across any national boarder in the world

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Break

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Health For All

WHO Policy Framework

HFA 2000

HFA21:

- Two main aims
 - Promoting and protecting the people's health throughout the course of their lives
 - Reducing the incidence of and suffering from the main diseases and injuries

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HFA21

Three basic values:

- Health is a fundamental human rights
- Equity in health and solidarity in action between countries, between groups and people within countries and between genders
- Participation by and accountability of individuals, groups and communities and institutions, organizations and sectors in health development

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HFA21: Four strategies for action

- Multisectoral strategies to tackle the determinants of health, taking into account physical, economic, social, cultural and gender perspectives and ensuring the use of health impact assessments
- Health-outcome-driven programmes and investments for health development and clinical care
- Integrated family- and community-oriented primary health care, supported by a flexible and responsive hospital system
- A participatory health development process that involves relevant partners for health, at all levels – home, school, and worksite, local community and country – and that promotes joint decision-making, implementation and accountability

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WHO Global HFA21 - 10 main targets

- Increase equity in health
- Improve longevity and quality of life
- Reverse global trends of major pandemics
- Eradicate and eliminate polio, measles, neonatal tetanus
- Improve access to comprehensive, essential, high quality health care
- Improve access to water, sanitation, food and shelter
- Promote healthy lifestyles and discourage health-damaging ones
- Support research for health
- Implement global and national health information and surveillance systems
- Develop, implement and monitor national HFA policies

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MDGs and Health

3 out of eight goals, 8 of the 18 targets and 18 of the 48 indicators related directly to health

Goals	Targets
Eradicate poverty and hunger	Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger
Achieve universal primary education	
Promote gender equality and empower women	
Reduce child mortality	Target 5. Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate
Improve maternal health	Target 6. Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio
Combat HIV/AIDS, malaria and other diseases	Target 7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS Target 8. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases
Ensure environmental sustainability	Target 10. Halve by 2015 the proportion of people without sustainable access to safe drinking-water and sanitation Target 11. By 2020 to have achieved a significant improvement in the lives of at least 100 million slum dwellers
Develop a global partnership for development	Target 17. In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

The progress so far?

- **East Asia, Pacific and China:** - significant progress, almost halved the extreme poverty
- **Arab States, Latin America and Caribbean:** - will be a great challenge to reach the goals by 2015
- **Sub-Saharan Africa:** - will reach universal primary education by 2130
 - Halve extreme poverty by 2147
 - Cut child mortality by two-thirds by 2165

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Poverty reduction

- MDG
- Monterrey agreement:
 - Rich countries will increase ODA
 - Poor countries accept responsibility for good governance, policy design and transparency
 - And promise to fight against terrorism

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The main international actors

- UN and its special agencies
- WHO
- World bank
- International Commission of Red Cross
- The multi national NGOs

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Investment in Health

“Investments in health and health research rank among the most productive investments for both individuals and the economy as a whole”

Global Forum for Health Research.
The 10/90 report on health research 2003-2004.

<http://www.globalforumhealth.org>

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Is it possible to eradicate poverty?

Jeffery Sachs:

- “The Commission of Microeconomics and Health”
- “The end of Poverty”
 - Clinical economy
 - The patient is the globe
 - Symptoms
 - Diagnoses
 - Treatment

To eradicate the extreme poverty in the world will cost 80 billion USD per year for 10 years. This equals: the income of the 400 richest people in USA or 0,7 % of the BNP of the richest countries in the world.

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Investment in Health

- The take-off in economic growth in Spain, Portugal, Italy and Greece just after the war, was a result of eradicating malaria and other severe diseases
- Smallpox eradication programme: - for every US\$ invested gave 10US\$ in return

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Health spending per capita

Least Developed Countries	11\$
Low-income countries	25\$
Middle-income countries	93\$
High-income countries	1907\$
Norway	2981\$

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Health service investments

- Low income countries spend 1% of BNP for health service
- High income countries spend 6% of BNP for health service

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Main factors affecting the human Health

- **Social-economic** – 48-50%
- **Environmental** – 20-22%
- **Genetic** – 18-20%
- **Health care organization** – 12-14%

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Prevention

Preventing global health problems –
“upstream” thinking

- What causes the global health problems?
 - Sanitation?
 - Social factors?
 - POVERTY
- **Political causes and political solutions**

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WHO General Director Gro Harlem Brundtland

“Health on every political agenda!”

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Why this reluctance in investment in Health?

- Health is traditionally regarded an expenditure
- Poor governance in health service
- Concentration on the urgent and the visible at the expense of the efficient and effective
- Public health service tend to serve the richer section of the population

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Human Rights and International Humanitarian Laws

- *What is the difference between HR and IHL?*
- HR – State guaranteed rights, UN controlled
- IHL – International code of behaviour in war and conflicts, Red Cross (ICRC) controlled

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International Humanitarian Aid

- International Humanitarian Aid from the international community in emergency situations
 - Needs versus Rights
- Classical principles of IHA
 - Neutrality
 - Impartiality
 - Universality
 - Humanity
 - Unity
 - Voluntarism

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International Humanitarian Aid New trends

- During the 1990-ies humanitarian aid has changed
 - Conflicts arise from a background of poverty, anarchy, chaos, and collapse of the state
 - Aid personnel are attacked and taken hostages
 - Number of refugees and displaced people have increased
 - Donors are exhausted
 - Military forces are assisting the aid programmes

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New humanitarianism versus Classic Humanitarian Principles

- Professionalizing
- Humanitarian Military intervention

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New humanitarian aid by military forces

- Traditionally neutrality was necessary to reach the suffering civilians
 - Humanitarian aid should never try to solve the conflict
- Today, military forces are trying to solve the conflict by combating one party of the conflict and are working hand in hand with Red Cross and other NGOs providing humanitarian aid – a paradigm shift! (Greenaway)

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The changing nature of conflicts:

- More internal, fractional warfare
- War against terrorism
- Civilian population kept as "hostages"
- Civilian deaths vastly outnumber combatants'
- Long standing, no-peace-no-war
- Often difficult to distinguish between political violence and crime (murders, rape, looting)

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Elements shared by all disasters in disrupted states:

- Disasters expose major public health deficiencies
- Natural/technological disasters may catalyse a complex emergency
- Lack of proper resources to respond
- Lack of security capacity
- Lack of management capacity
- Politically favoured populations are privileged

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Civil wars after 1960:

- POVERTY most striking common feature
- Double income pp : halves risk of civil war
- The poorest 1/6 of humanity has 4/5 of all civil wars
- Typical result: 30 % more people in absolute poverty
- 50 % of newly peaceful countries revert to war within a decade

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Conclusions

- Poverty and inequity causes ill health
- Ill health causes low productivity and poverty
- Poverty and inequity causes conflicts and wars
- Reducing poverty and inequity reduces the risk of conflicts

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Thank you!

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■ Hit

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Investing in Health for Economic Development

- Health is a priority goal in its own right, as a central input into economic development and poverty reduction
- Estimate that minimum financing needs to be around \$30 to \$40 per person to cover essential interventions, including those need to fight the AIDS pandemic.
- Health investments often yield the highest rates of return compared to other public investments, where rates of return may reach more than US\$ 10 for every dollar invested and in other sectors of the economy, where a return of US\$ 1.2-US\$ 1.5 for every dollar invested is more the norm

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Common factors promoting both health and Peace?

- Democracy is independently associated with health (Carlos Alvarez-Dardet BMJ)
 - This association remains after adjusting for country's wealth, level of inequity, and size of public sector
 - Suffering people in Caucasus: "- if this is democracy we don't want it!"
 - South Africa: the new democracy has not improved health

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Types of Emergencies

- A (simple) Emergency
- A complex Emergency
 - Very different strategies for solving the tasks of the International emergency teams (organisations)

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