Health Equity Global and National

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Commission on Equity and Health Inequalities in the Americas

Gender
Ethnicity
Social, economic, environmental, political and cultural arrangements

Human Rights
Sustainable Development Goals
Life expectancy at birth 2014 Females range 66 to 85
Life expectancy at birth 2014 males 62 to 80 y
The relationship between wealth and health, 2012

Source: Data from Gapminder
Inequality of income in the Americas

Slide courtesy of Dr Oscar Mujica, PAHO
% of rural population without access to sanitation and u5 mortality rate, 2015
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, Azambuja & Achutti, Arq Bras Cardiol, 2008)
Pirámides de mortalidad por grupos étnicos, Certificado de Defunción 2014, Conglomerado Oriente Cali

Life expectancy England 2006-2015

- Females 2006-2010: Rate of increase = 0.24
- Males 2006-2010: Rate of increase = 0.30
- Females 2011-2015: Rate of increase = 0.02
- Males 2011-2015: Rate of increase = 0.07
Life Expectancy increase 2006-, 2011-2015

Rate of increase in life expectancy

- Estonia
- Malta
- Luxembourg
- Cyprus
- Slovenia
- Lithuania
- Poland
- Hungary
- Denmark
- Ireland
- Czech Republic
- Latvia
- Belgium
- Slovakia
- Portugal
- Spain
- Croatia
- Greece
- France
- Netherlands
- Austria
- Romania
- Bulgaria
- United Kingdom
- Germany

2006 to 2010
2011 to 2015
Life expectancy increase 2006-, 2011-2015

- Females
- Countries:
  - Luxembourg
  - Malta
  - Cyprus
  - Denmark
  - Estonia
  - Slovenia
  - Latvia
  - Portugal
  - Czech Republic
  - Romania
  - Poland
  - Slovakia
  - Lithuania
  - Hungary
  - Spain
  - Ireland
  - Belgium
  - Greece
  - Bulgaria
  - Netherlands
  - Croatia
  - Austria
  - France
  - Germany
  - United Kingdom

- Rate of increase in life expectancy
  - 2006 to 2010
  - 2011 to 2015
Can strategies to reduce health inequalities work?

New Labour did have a strategy

Any evidence?
Trends in life expectancy gap between most deprived areas and the average

Annual difference in months

England

- 1983-2003
- 2004-2012 (During strategy)
- 2013-2015 (After)

Before Strategy

- Males
- Females
A. Give every child the best start in life
B. Enable all children, young people and adults to maximise their capabilities and have control over their lives
C. Create fair employment and good work for all
D. Ensure healthy standard of living for all
E. Create and develop healthy and sustainable places and communities
F. Strengthen the role and impact of ill health prevention
Level of development at end of reception

The percentage of children achieving a good level of development at the end of reception 2013/14, IMD 2015

- Most deprived: 80%
- Least deprived: 0%

- Blue dots: All pupils
- Red diamonds: FSM pupils
# Level of development at end of reception

<table>
<thead>
<tr>
<th>England and selected local authority areas</th>
<th>Level of development at age 5, 2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All pupils (%)</td>
</tr>
<tr>
<td>England</td>
<td>60.4</td>
</tr>
<tr>
<td>Hackney</td>
<td>64.9</td>
</tr>
<tr>
<td>Bath and North East Somerset</td>
<td>62.5</td>
</tr>
</tbody>
</table>
Figure 18: Proportion of children below MIS by family type

- Children in lone parent families
- All children
- Children in couple parent families

Percentage breakdown:
- 2008/09: 68.4% for lone parent, 39.3% for all children, 30.6% for couple parent
- 2014/15: 74.5% for lone parent, 45.0% for all children, 36.3% for couple parent

Y-axis: Percentage
X-axis: Years (2008/09 to 2014/15)
In the US, trickle down didn’t work to increase low income, but tax and benefits did.
Conditional Cash Transfer works

Comparison of Conditional Transfer Programmes in Latin America

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>BRAZIL</th>
<th>MEXICO</th>
<th>CHILE</th>
<th>PERU</th>
<th>ARGENTINA</th>
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</thead>
<tbody>
<tr>
<td>Program</td>
<td>Bolsa de Familia</td>
<td>Oportunidades</td>
<td>Chile Solidario</td>
<td>Juntos</td>
<td>Asignación Universal por Hijo</td>
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<tr>
<td>Attribute</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beneficiary Age</td>
<td>Children under 18</td>
<td>Children under 18</td>
<td>Children under 18</td>
<td>Children under 18</td>
<td>Children under 18</td>
</tr>
<tr>
<td>Type of Benefit</td>
<td>Per family and per child</td>
<td>Per family and scholarships</td>
<td>Per child</td>
<td>Per family with children</td>
<td>Per child</td>
</tr>
<tr>
<td>Conditionality</td>
<td>Health and education</td>
<td>Health and education</td>
<td>Social assistance follow up</td>
<td>Health, education and documentation</td>
<td>Health and education</td>
</tr>
<tr>
<td>Beneficiary families</td>
<td>12400000</td>
<td>5000000</td>
<td>370000</td>
<td>420000</td>
<td>1600000</td>
</tr>
<tr>
<td>Annual budget (in millions of local currency)</td>
<td>11400</td>
<td>44014</td>
<td>92000</td>
<td>730</td>
<td>7000</td>
</tr>
<tr>
<td>Annual budget (in millions of US dollars)</td>
<td>6440</td>
<td>3319</td>
<td>169</td>
<td>253</td>
<td>1800</td>
</tr>
<tr>
<td>Monthly benefit per family (in current USD)</td>
<td>43</td>
<td>55</td>
<td>38</td>
<td>50</td>
<td>94</td>
</tr>
<tr>
<td>Percentage of GDP</td>
<td>0.39%</td>
<td>0.31%</td>
<td>0.10%</td>
<td>0.20%</td>
<td>0.58%</td>
</tr>
</tbody>
</table>

Coverage of social safety net programs in poorest quintile (% of population) and under five mortality rate, per 1,000 live births, 2014
Report from the President

I spent the year as:

WMA President 2015-16
Why treat people and send them back to the conditions that made them sick?
My two messages in a world of post-fact politics

- Evidence-based policy
- Spirit of social justice

Remember: We said that

“Social injustice is killing on a grand scale”
Welcome

Tharawal Aboriginal Corporation

“Your Health. Our Commitment”
The popular Belly Cast Program

We also have a Breast Feeding Support Program

What we do

Educational gatherings before pregnancy, during pregnancy and after birth of baby.

Pregnancy and Postnatal Care at clinic or at their home.

Care for women and baby after the delivery.

Ongoing support, education, and baby checks up to the youngest child is five.

Development of resources for families around parenting.
Every family attends either;

Triple P parenting,

123 Magic

or grassroots parenting.

Every family complete adult and child health checks link to speech, audiology, optometry and dental.
I believe that unarmed truth and unconditional love will have the final word in reality. This is why right, temporarily defeated, is stronger than evil triumphant.