

RESAP-MED International Symposium on Social Determinants of NCDs in Mediterranean Countries  
Istanbul, May 6<sup>th</sup> 2013

**Health inequities: a global hidden epidemic.  
What are the conditions to implement policies that  
effectively reduce health inequities?**

Joan Benach

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EMCONET

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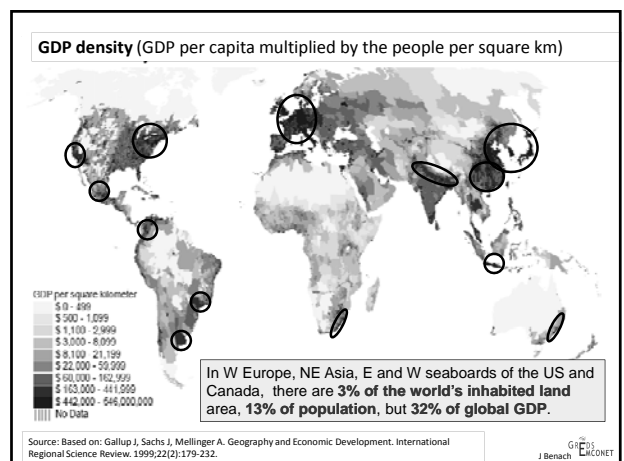
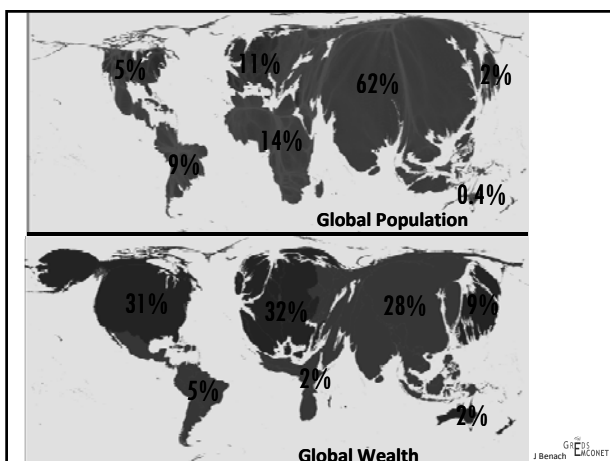
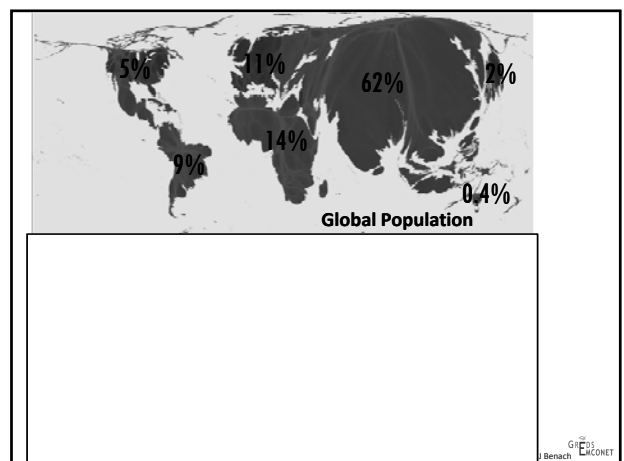
[www.emconet.org](http://www.emconet.org) [www.upf.edu/greds-emconet/](http://www.upf.edu/greds-emconet/)

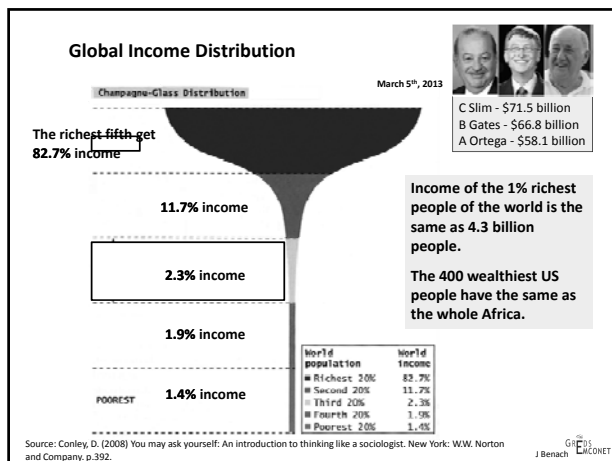


**Outline**

1. What are the problems and trends?
2. What are the key causes of these problems?
3. What are the solutions (and actors) to change these causes?

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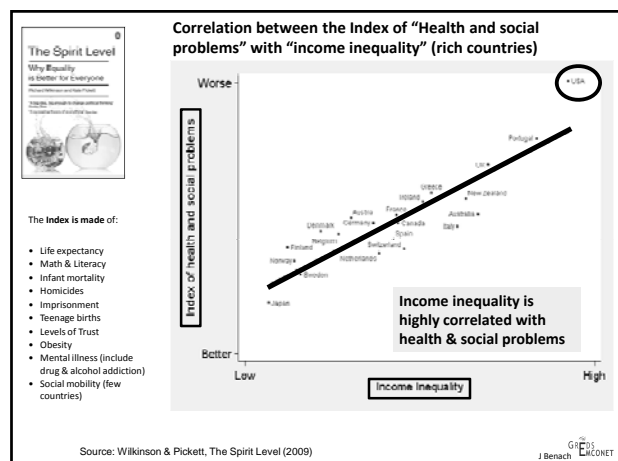
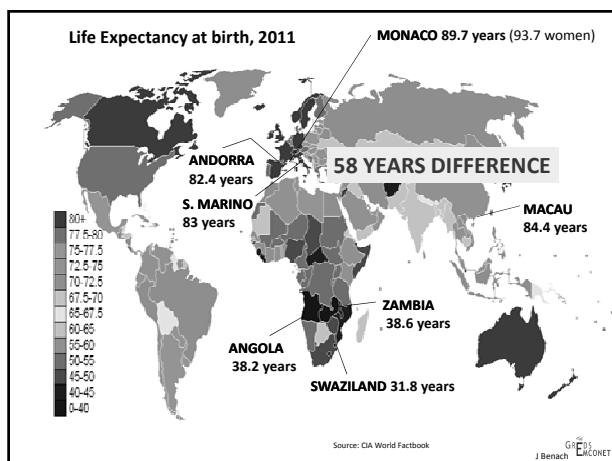
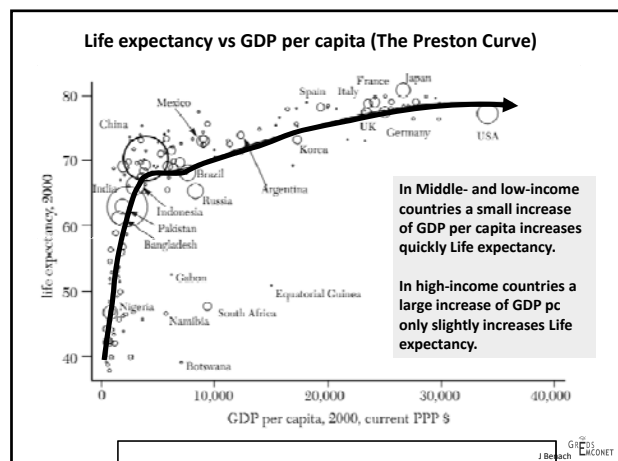
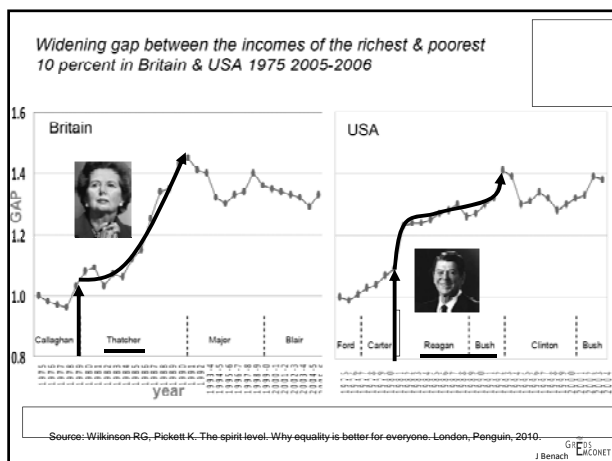
Branko Milanovic

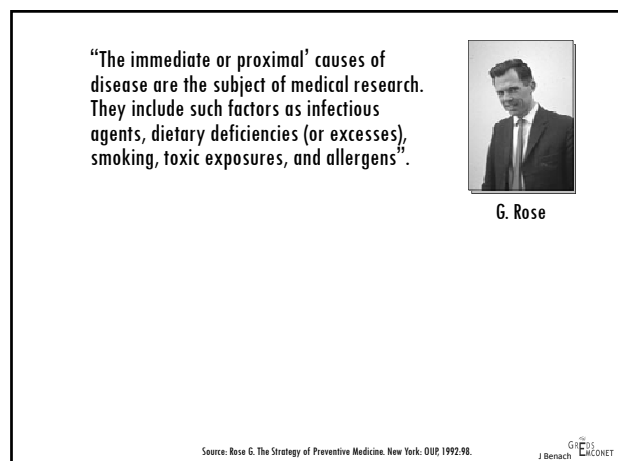
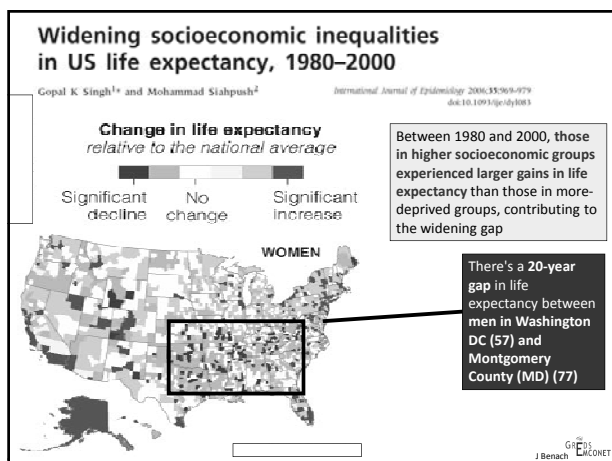
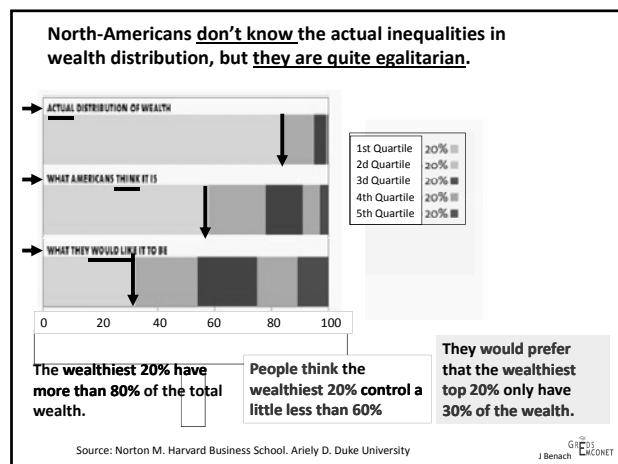
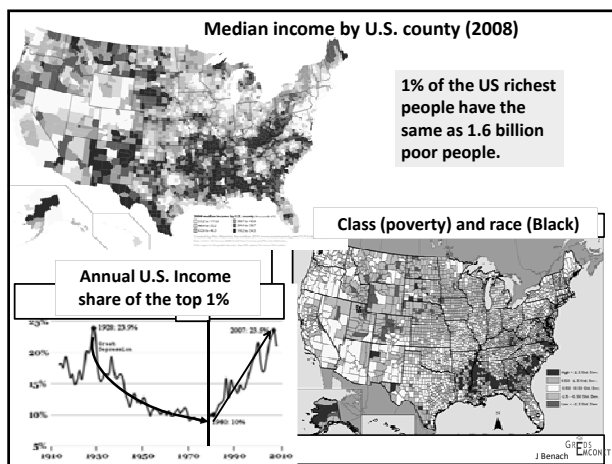
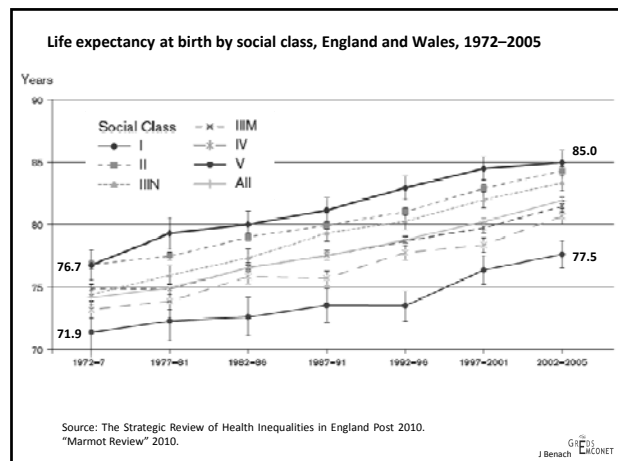
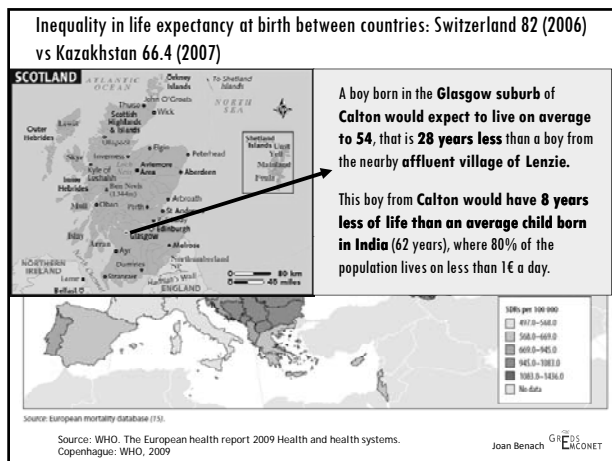
**The Haves and the Have-Nots**

- The gap between rich and poor is huge and growing: the richest 5% get 37%, the richest 10% get 56%, the poorest 5% get 0.2%, and the poorest 10% gets 0.7%.
- The global income is divided:
  - 77% (poorest)
  - 12% (non-poor but below average)
  - 5.6% (around average, although more than half below the median income and just under half above the line defining the middle-middle class)
  - 3.6% (the typical class upper middle)
  - 1.75% (richest people in the world elite).
- Working or precarious class are more than three quarters of the world population (77%), a minority working class medium-low (15%), middle-middle class and upper-middle just 6.2%, and the upper, powerful and wealthy elites are 1.75%.

Source: Milanovic B. The haves and the have-nots. A Brief and Idiosyncratic History of Global Inequality. Basic Books, 2011.

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"The **immediate or proximal** causes of disease are the subject of medical research. They include such factors as infectious agents, dietary deficiencies (or excesses), smoking, toxic exposures, and allergens".



G. Rose

"In turn, there are the **'causes of causes'**, i.e., the **determinants** of exposure to these infections, bad diet, and other unhealthy experiences. These are a matter for **social, economic, and political research**."

Source: Rose G. The Strategy of Preventive Medicine. New York: OUP, 1992:98.

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#### Ten Tips For Better Health

- 1 - Don't smoke. If you can, stop. If you can't, cut down.
- 2 - Follow a balanced diet with plenty of fruit and vegetables.
- 3 - Keep physically active.
- 4 - Manage stress by, for example, talking things through and making time to relax.
- 5 - If you drink alcohol, do so in moderation.
- 6 - Cover up in the sun, and protect children from sunburn.
- 7 - Practise safer sex.
- 8 - Take up cancer screening opportunities.
- 9 - Be safe on the roads: follow the Highway Code.
- 10 - Learn the First Aid ABC - airways, breathing, circulation.

Source: Gordon, D. An Alternative Ten Tips for Staying Healthy. October 10, 1999. <http://www.socialjustice.org/subsites/conference/resources.htm>

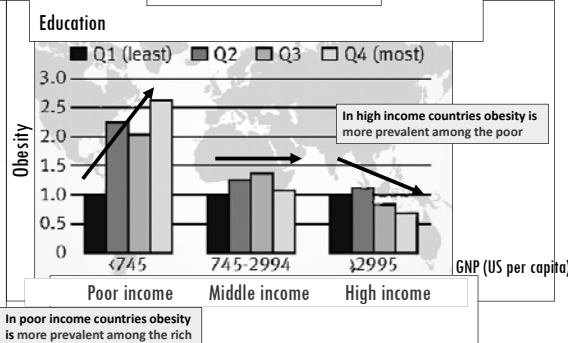
#### Ten **alternative tips** For Staying Healthy

1. **Don't be poor.** If you can, stop. If you can't, try not to be poor for long.
2. **Don't live in a deprived area,** if you do move.
3. **Don't work in a stressful, low paid manual job.**
4. **Don't live in damp,** low quality housing or be homeless
5. Be able to afford to go on an **annual holiday.**
6. **Don't be a lone parent.**
7. **Claim all benefits** to which you are entitled
8. Don't live next to a **busy major road** or near a **polluting factory.**
9. Be able to afford to **own a car**
10. Use **education** to improve your socio-economic position.

Source: Gordon, D. An Alternative Ten Tips for Staying Healthy. October 10, 1999. <http://www.socialjustice.org/subsites/conference/resources.htm>

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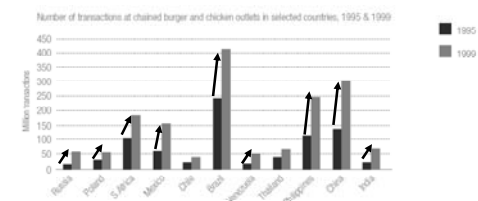
Prevalence ratio of obesity (standardized by age) among women from countries of low, medium and high income (1992-2000)



Source: Friel S, Chopra M, Satcher D. Unequal weight: equity oriented policy responses to the global obesity epidemic. *BMJ*. 2007;335(7627):1241-3

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Figure 12.1 Fast food consumption (1995 and 1999) in selected countries.



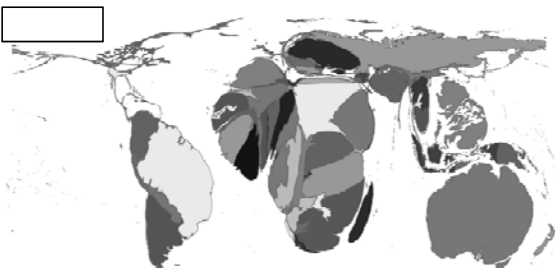
Source: Commission Social Determinants of Health. The Commission calls for closing the health gap in a generation. Geneva: WHO, 2008.

Obesity is not caused by a moral problem due to each person, but by the **excess availability of foods rich in fats and sugars** (...)

The **global epidemic of obesity** is a good example of producing a health problem which is **socially produced** by a **constellation of changes in social factors**.

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#### The Global Land Grab. The area of each country is proportional to the amount of land acquired by foreign investors after 2006



Corporations and international investors (from Gulf States, China, India, Brazil, UK, and US) have acquired more than 70 million hectares mainly in Africa, and Latin America with the goal of speculation, export and get profits. **40% of the food produced never comes to the table.**

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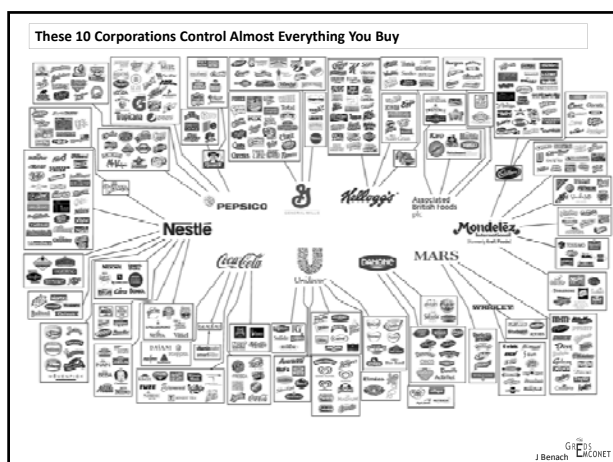
The Big 10 generate **revenues of more than \$1.1bn a day**, employ millions of people, and represent roughly 10% of the world economy.



#### BEHIND THE BRANDS

Food justice and the 'Big 10' food and beverage companies

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**Neoliberal policies in agriculture and farmers' suicides in India**

In the late '80s, farmers were pressured to change the traditional and self-sufficient agriculture to more lucrative forms (...). The strong trend towards privatization and concentration of the seed industry and the loss of local varieties increased the costs of seeds and chemicals substantially, increasing farmers' debts. Once trapped, the small farmer either had to sell the land or, in extreme cases, suicide him/her self. The epidemic of suicides of farmers (about 150,000 between 1997 and 2005) is an indicator of stress suffered by many farmers in India. This public health crisis has its roots in neo-liberal policies.

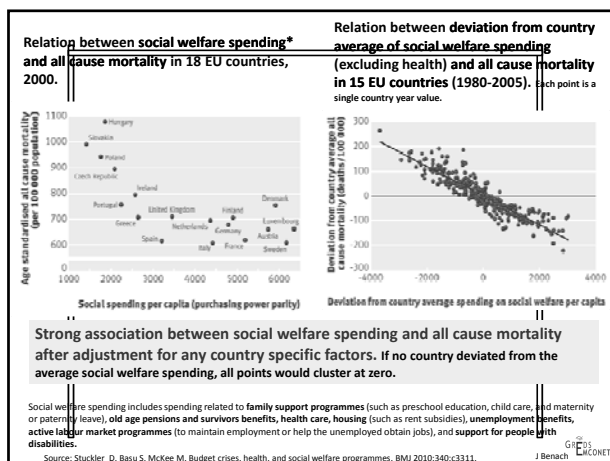
Source: Benach J, Muntaner C, with Solar O, Santana V, Quinlan M and the Emconet network. Employment, Work, and Health Inequalities: a Global Perspective. 2010.

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**Social Determinants of Health**

- Political factors
- Education and its distribution
- Food security and quality of food
- Poverty and Income distribution
- Public policies and social protection
- Employment and working conditions
- Housing and neighborhoods
- Public transportation
- Environmental Justice
- Social Safety Net
- Health Care and preventive services

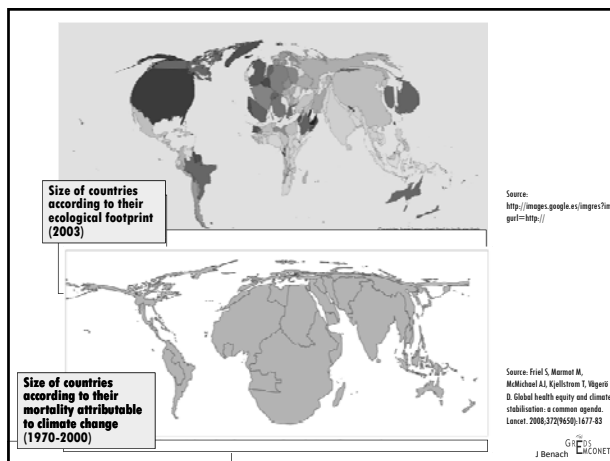
Joan Benach, GEMCONET

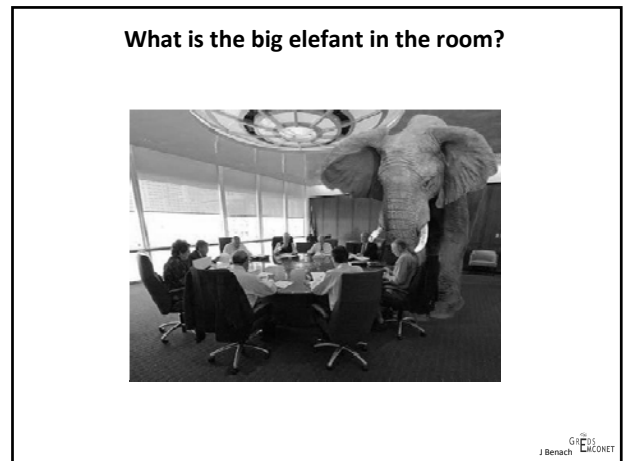
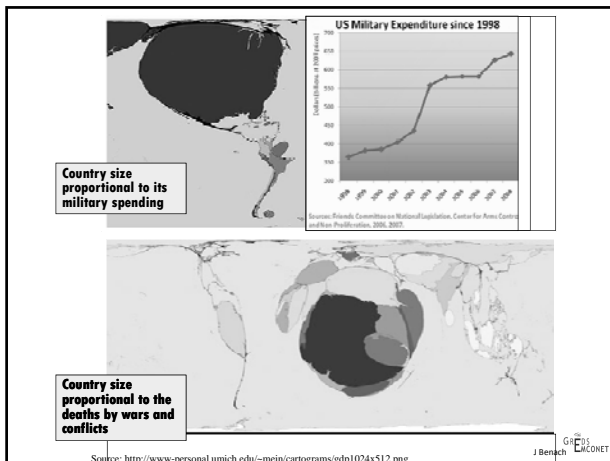


**Social injustice is killing the population on a grand scale, and the reduction of inequities, between and within countries, is an ethical imperative.**

This unequal distribution of health-damaging experiences is not in any sense a natural phenomenon but is the result of a combination of poor social policies and programmes, unfair economic arrangements, and bad policies

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"Who's in command here? I asked.  
They said: "The people of course."  
I said: "of course, the people  
but who is really in command?"

Source: Fried E. Poemas apátridas. Barcelona: Anagrama, 1978.

E. Fried

I. Wallerstein

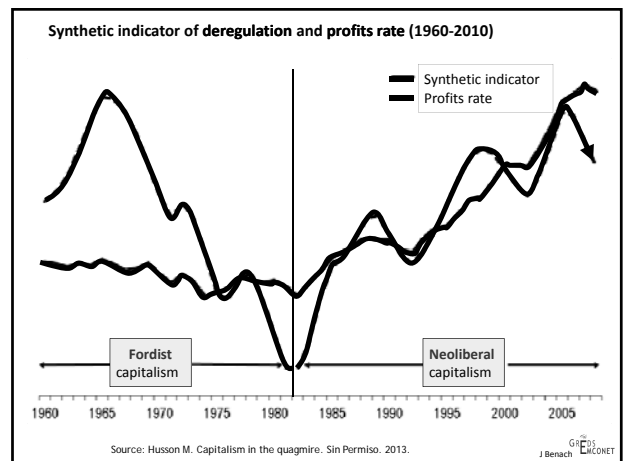
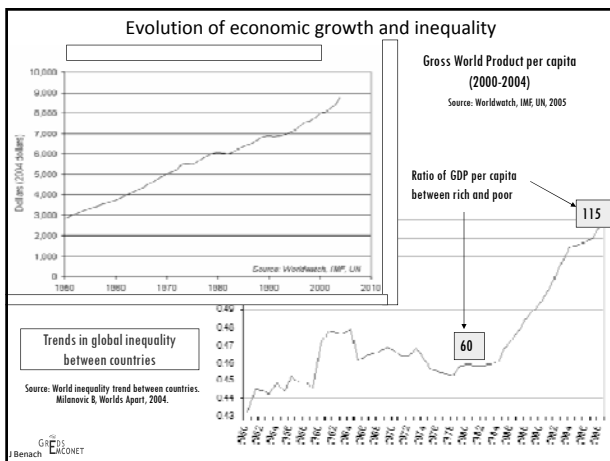
"The only relevant question is:  
Who benefits?"

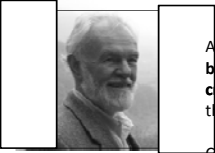
"Neoliberalism is a response to the dual crisis that the ruling class suffered in the mid 70s.

On the one hand, the capitalists were in a "crisis of accumulation", the capitalist system was stagnating and **profits had fallen** to rates similar to those in the immediate aftermath of World War II.

On the other hand, the tremendous wave of labor struggles of the 60s and 70s revealed that **the political power of the ruling elite was seriously threatened.**"

Source: Harvey D. A Brief History of neoliberalism. Oxford: OUP: 2005.





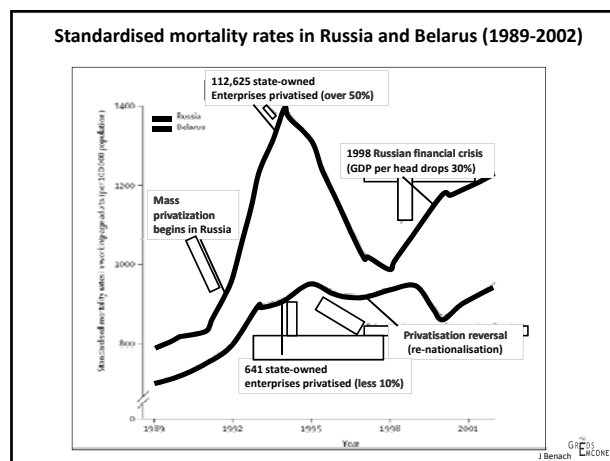
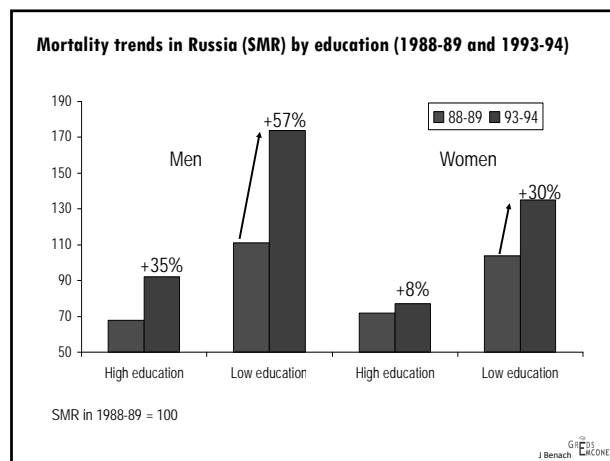
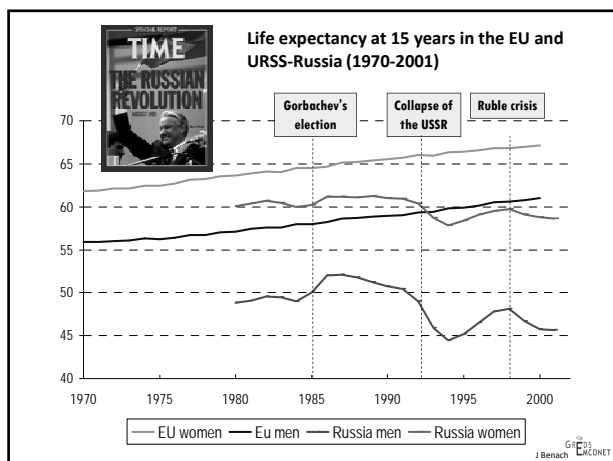
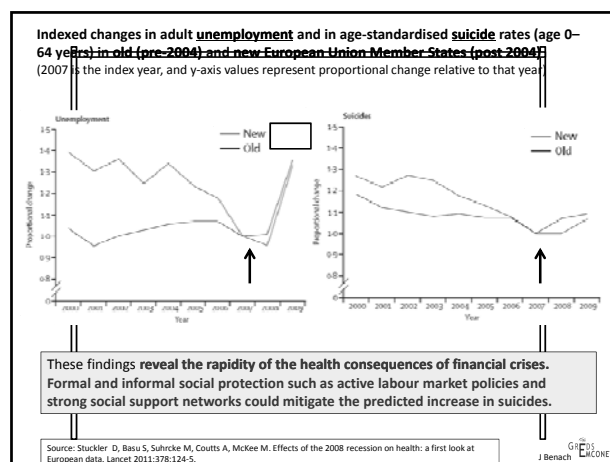
David Harvey

At times of crisis, the irrationality of capitalism becomes plain for all to see. The idea that the crisis had systemic origins is scarcely mooted in the mainstream media.

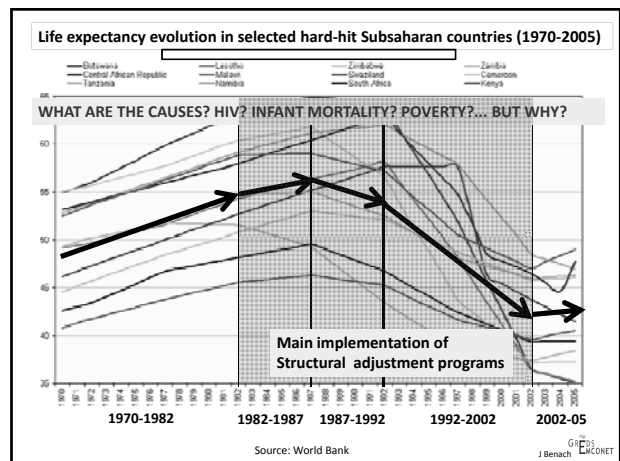
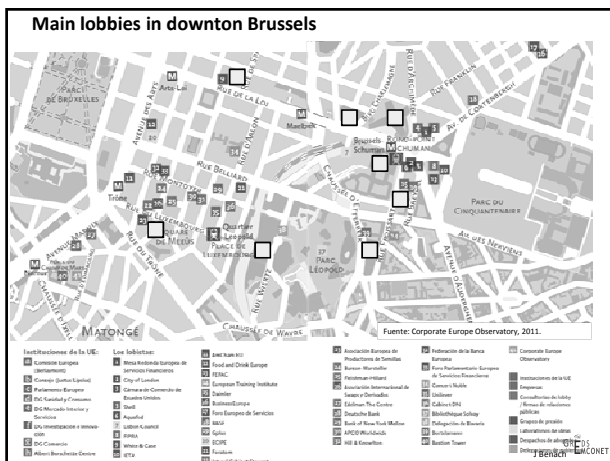
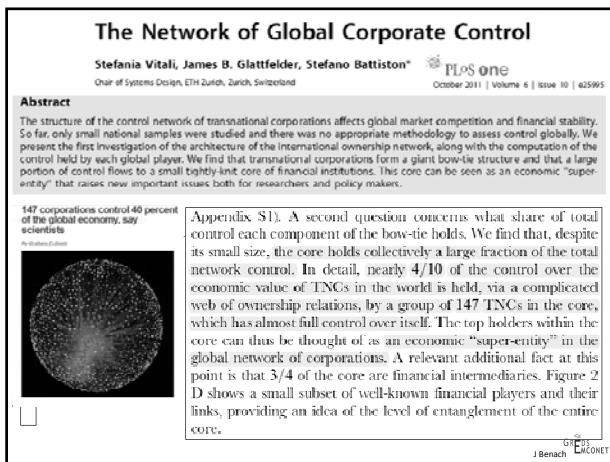
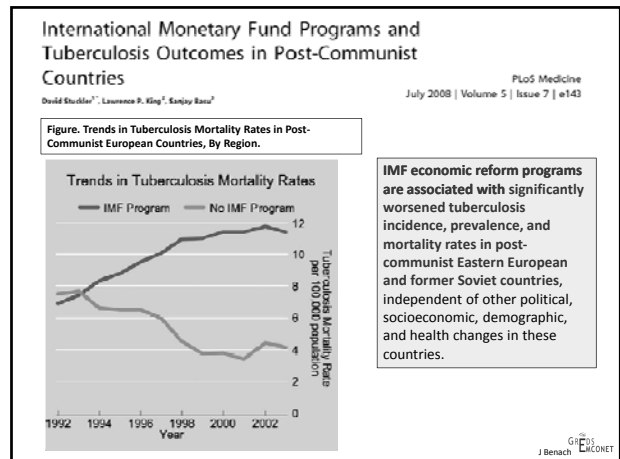
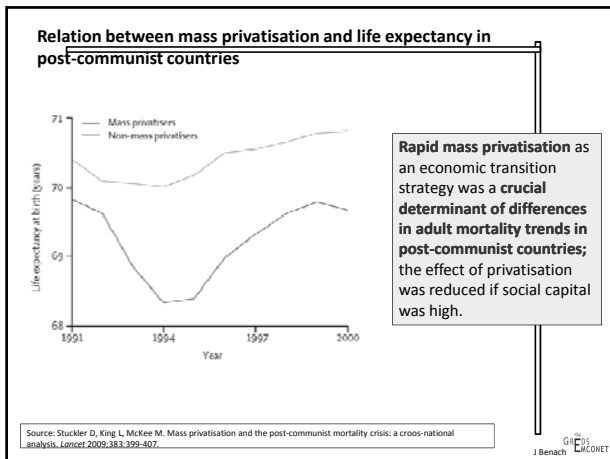
Crises are, as it were, the irrational rationalisers of an always unstable capitalism. Crises are not only inevitable but also necessary, since this is the only way in which balance can be restored and the internal contradictions of capital accumulation be at least temporarily resolved.


The role of crises is nothing less than a massive phase of dispossession of assets (cultural as well as tangible).

Source: Harvey D. *The enigma of Capital and the Crises of Capitalism*. Oxford: OUP: 2010.









**Julius Nyerere**

Julius Nyerere, governed Tanzania for 20 years, from its independence to 1985. In 1988 met with top-level staff of the World Bank in Washington.


**"Why have you failed?"** the WB experts asked him.

He answered: **"The British Empire left us a country with 85 per cent illiterates, two engineers and 12 doctors. When I left office, we had 9% illiterates and thousands of engineers and doctors.**

**I left office 13 years ago. Then our per capita income was twice what it is today; now we have one-third fewer children in our schools, and public health and social service are in ruins.**

**During the past 13 years, Tanzania has done everything that the World Bank and the International Monetary Fund have demanded."**

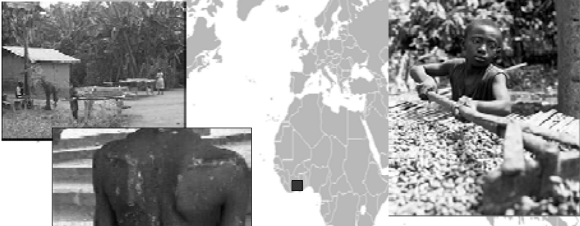
And Julius Nyerere passed the question back to the World Bank experts, **"Why have you failed?"**



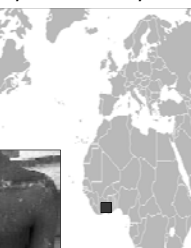
Reference: E Galeano, Website: <http://opseu560.org/local00De.htm>

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**Production of cocoa under slavery. Child Labor in Ivory Coast**



Ivory Coast is the leading supplier of cocoa, accounting for more than 40% of global production. Low cocoa prices and lower labor costs drive farmers to employ children. More than 109,000 children work under "the worst forms of child labor," and that some 10,000 are victims of human trafficking or enslavement. These child workers labor for long, punishing hours, using dangerous tools and facing frequent exposure to dangerous pesticides as they travel great distances in the grueling heat. Those who labor as slaves must also suffer frequent beatings and other cruel treatment. Cote d'Ivoire's child laborers are robbed not only of their freedom and education but their health.

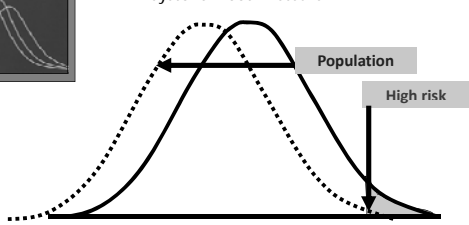


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**Strategies of intervention of "high-risk" and "population"**

Systolic Blood Pressure



Population

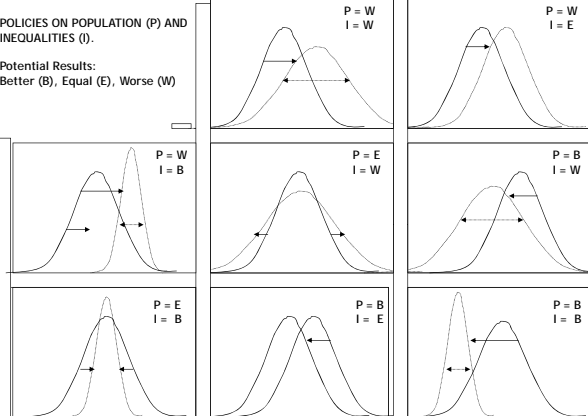
High risk

Source: Rose G. *The strategy of preventive medicine*. New York: OUP, 1992.

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**POLICIES ON POPULATION (P) AND INEQUALITIES (I).**

Potential Results: Better (B), Equal (E), Worse (W)

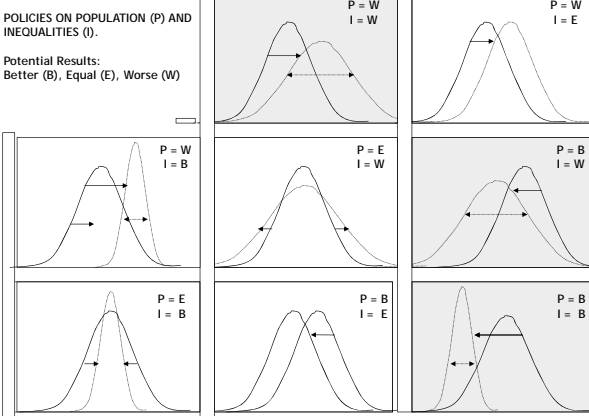


Source: Benach J, Malmusi D, Yasui Y, Martinez JM, Muntaner C. Beyond Rose's strategies: a typology of scenarios of policy impact on population's health and health inequalities. *Int J Health Services* 2011;41(1):1-9

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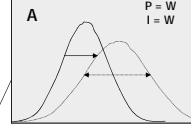


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**POLICIES ON POPULATION (P) AND INEQUALITIES (I).**

Potential Results: Better (B), Equal (E), Worse (W)



**A**


$P = W$   
 $I = W$

**The reduction in alcohol prices in Finland which resulted in an increased alcohol-related mortality, particularly among the less privileged social groups.**

Herttua K, Mäkelä P, Martikainen P. Changes in alcohol-related mortality and its socioeconomic differences after a large reduction in alcohol prices: a natural experiment based on register data. *Am J Epidemiol*. 2008;168:1150-8

This unique natural experiment has shown that the relation between changes in the price of alcohol and alcohol-related mortality in Finland is not the same in all subpopulations. The socially disadvantaged and heavy drinkers have been most sensitive to the price decreases, whereas grievous problems measured in terms of mortality have not increased among those better positioned in society

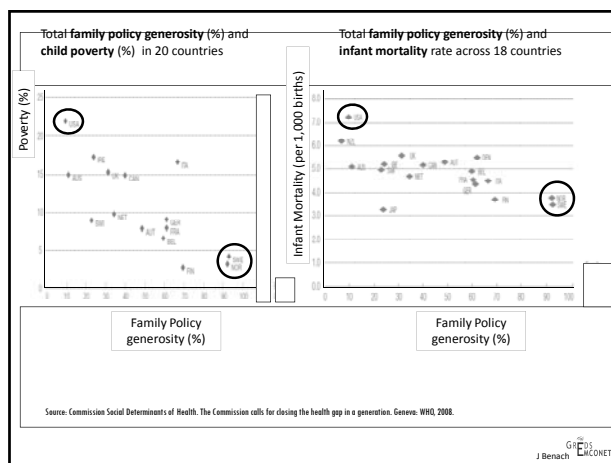
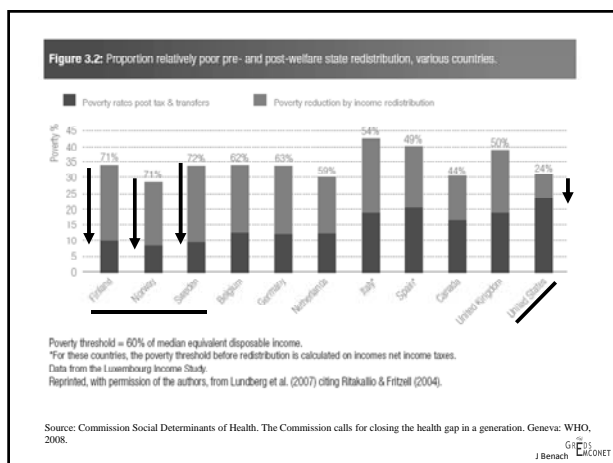
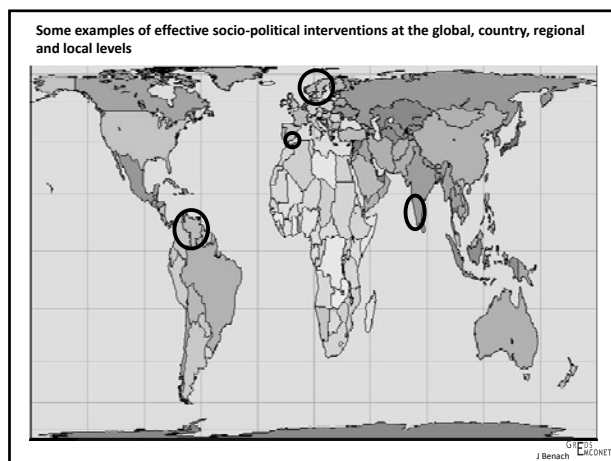
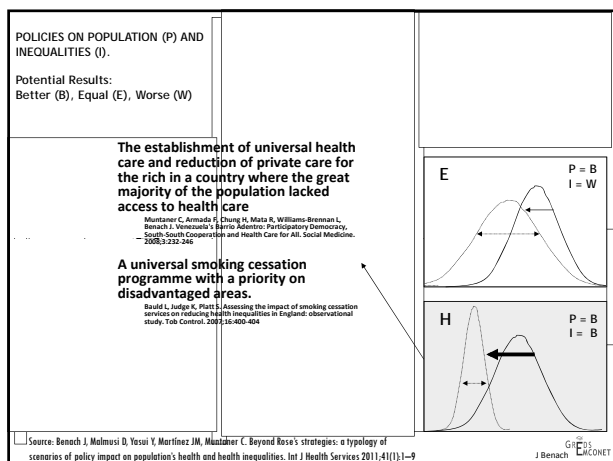
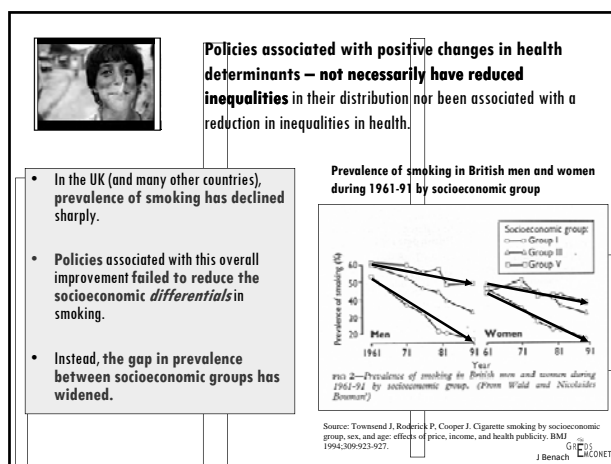
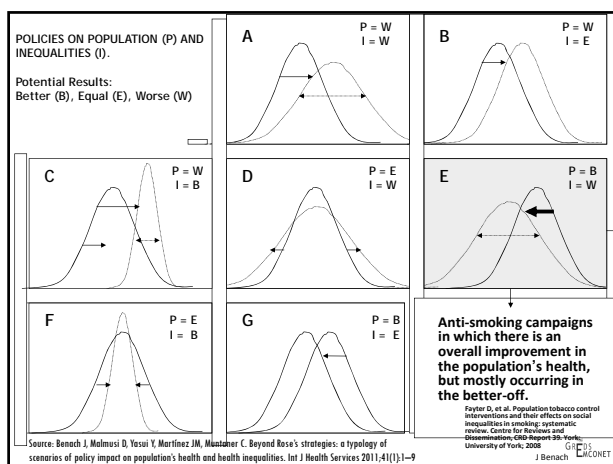
Numbers chronic alcohol-related deaths among women by age group, before (2001-2003) and after (2004-2005) a reduction in the price of alcohol, Finland, 2001-2005.

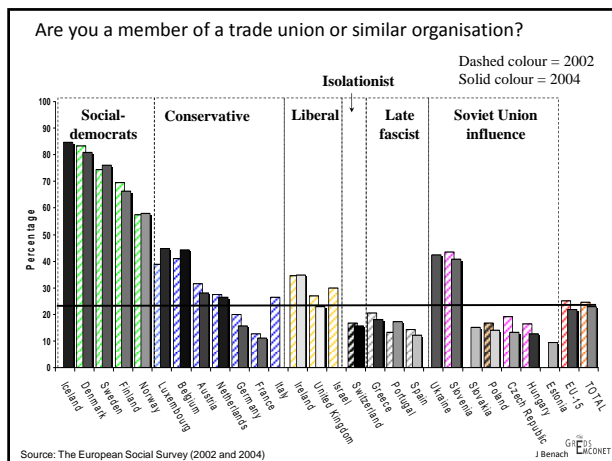


Age Group, years

Source: Benach J, Malmusi D, Yasui Y, Martinez JM, Muntaner C. Beyond Rose's strategies: a typology of scenarios of policy impact on population's health and health inequalities. *Int J Health Services* 2011;41(1):1-9

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Since 2003 Venezuela has been developing an alternative to the neoliberal trend in Latin American countries through its **health care reform "Misión Barrio Adentro" (Into the Neighborhood)**, an innovative form of primary health care reform driven largely by **participation of barrio residents** who effusively support the program.

Chavez has turned to the people, insisting that **"to eradicate poverty, you must give power to the poor"**.

**Overall Socio-economic assessment**

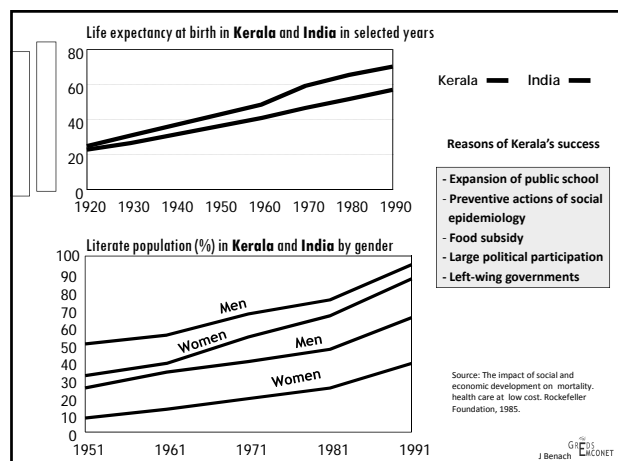
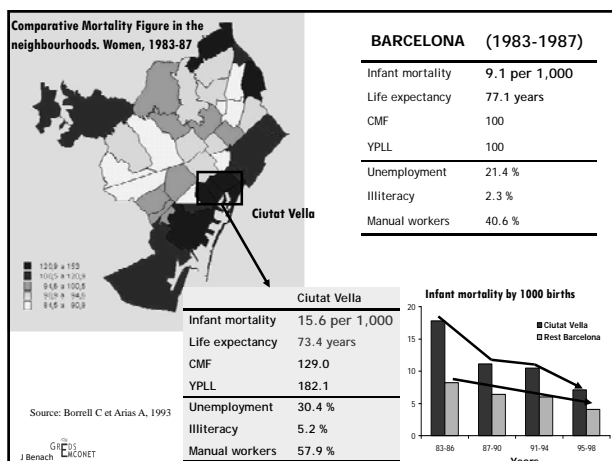
- **Lowest inequality level** in Latin America
- **High spending on education**: more than 6% of GDP.
- **Illiteracy** has been eliminated.
- **Reduction of poverty** : 70.8% (1996) to 21% (2010)
- **Reduction of extreme poverty**: 40% (1996) to 7.3% (2010)
- 20 million people benefited from **anti-poverty programs**
- Network of **subsidized food distribution**. 90% food imported (1980), now 30%.
- **Reduction of malnourishment (5%)** and child malnutrition which was 7.7% in 1990 today is at 2.9%.
- 96% of the population has now **access to clean water**
- In 6 years **19,840 homeless have been attended** through a special program; and there are practically no children living on the streets.

Source: Mustaner C, Benach J, Pérez Victor M. The Achievements of Hugo Chavez. An Update on the Social Determinants of Health in Venezuela. Counterpunch, December 14-16, 2012.

**Health Impact Assessment**

- **Universal primary care coverage** for 10 million people previously excluded
- **Reduction of inequalities** in health and health services
- **Strengthening** community capacity, social organization and participation
- **Reducing** child mortality and **improving** quality of life
- **Strong increase in the number of doctors and clinics** (13,721 in 13 years, a 169.6% increase).
- In 2011 alone, 67,000 Venezuelans received **free high cost medicines** for 139 pathologies (cancer, hepatitis, osteoporosis, schizophrenia, etc).
- **High popular satisfaction**.

Source: S. Vives-Martínez, M. E. Martínez, W. G. Metzger. The PAHO report on the Venezuelan primary health care intervention Barrio Adentro



### Landless movement in Brazil (MST)

In 1984 the Movimento dos Landless Rural Workers (MST) was created. The MST has 1.5 million members and has achieved that 300,000 landowners are in 2,000 settlements. Its main objectives are to ensure political and social human rights and work for all, to distribute land and wealth more fairly, to introduce better agricultural practices for the environment, with cooperatives and alternative methods of sustainable production and social equality gender, and community welfare.



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### Companies taken by workers in Argentina

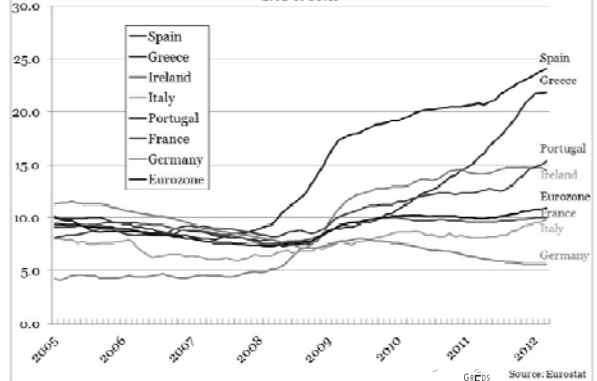
Argentine Workers' cooperatives began in 2001 with the economic crisis and the closure of 1,000 companies per day. Unemployed workers were in critical condition and began new ways of resisting and surviving occupying closed old firms. Around 200 companies were created, 90% of them adopted new forms of employment relations, rejecting hierarchical structures and a more equal income distribution according to the tasks and responsibilities of workers.

They created new organizations with different types of property: creation of cooperatives to generate new business benefits, state-owned workers' control and benefits to the community.



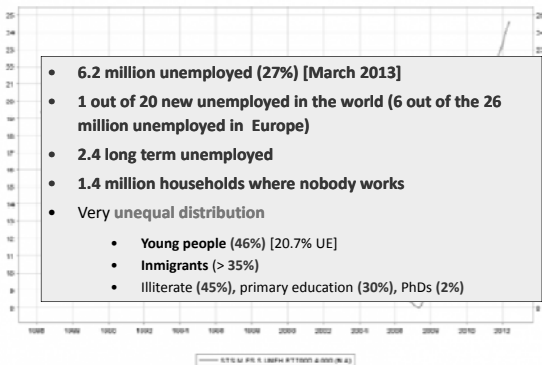
GIROS  
J Benach  
LACONET

### Unemployment Rate for Select Eurozone Countries In Percent

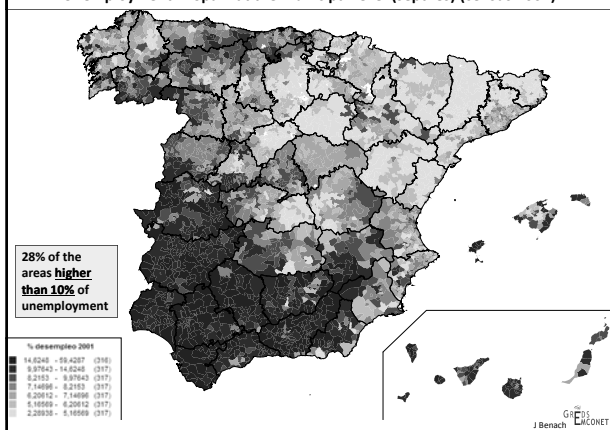


### Unemployment rate evolution in Spain (%) (1985-2012)

- 6.2 million unemployed (27%) [March 2013]
- 1 out of 20 new unemployed in the world (6 out of the 26 million unemployed in Europe)
- 2.4 long term unemployed
- 1.4 million households where nobody works
- Very unequal distribution
  - Young people (46%) [20.7% UE]
  - Immigrants (> 35%)
  - Illiterate (45%), primary education (30%), PhDs (2%)



### Unemployment in Spain at the municipal level (septiles) (census 2001)





**Marín de la Sierra**

**Permanent struggles and campaigning**  
**Participatory democracy and direct action**  
**Egalitarian policies (equal salaries)**  
**Farming collective cooperative**  
**Public municipal policies and programs**  
**Solidarity and voluntary work**  
**Full employment**  
**Lack of migration**

**Workers' cooperative defies crisis**



**Unemployment is non-existent in Marín de la Sierra, an Andalusian village in southern Spain that is prosperous thanks to its farming cooperative. In a country in the grip of austerity, the village mayor, Juan Manuel Sánchez Gordillo, leads a grassroots resistance movement.**


### Challenges on health inequalities policies

- **Balance the “problem” and “solution” analyses. Study the “solution” strategies** to reverse the problems.
- **Avoid a global “one size fits all” approach** to policy interventions.
- **Mechanisms** underlying determinants of inequalities (**exploitation, wealth and income inequality, poverty, oppression, domination, discrimination**) are well recognized, we need to **understand these mechanisms** to close the gaps.
- **Sustain interventions** to allow long-term program effects with sufficient time for health outcomes to be observed.
- **Develop new methods to evaluate effects on health equity** of policies addressing wider social determinants of health.

Source: Muntaner C, Sridharan S, Solar O, Benach J. Against unjust global distribution of power and money: The Report of the WHO Commission on the Social Determinants of Health: global inequality and the future of public health policy.

### Some challenges on Health inequities

- **Increase awareness.** Make Social Determinants of Health and Health Inequalities a known, ‘visible’ issue.
- **Analysis and Surveillance.** Strength monitoring, indicators, and research
- **Egalitarian policies.** Design, implement, and evaluate sustainable effective Policies that both improve P. Health and reduce H. Inequalities
- **Power and Politics.** Develop strategies to empower social groups, unions, political parties, etc, in favor of egalitarian policies.
- **Action strategies.** Multiple participatory strategies of mobilization, dialogue, confrontation, protesting, challenging.



John Berger


We live in and accept a society which is **incapable of knowing what a human life is worth.**

In the modern world, thousands of people are dying every hour as a consequence of politics (...) The poverty of our century is unlike that of any other. It is not, as poverty was before, the result of natural scarcity, but of a set of priorities imposed upon the rest of the world by the rich.


Every profound political protest is an appeal to a practice that is absent, and is accompanied by a hope that in the future this justice will be established (...) One protests (by building a barricade, taking up arms, going on a hunger strike, linking arms, shouting, writing) in order to save the present moment, whatever the future holds.

Source: John Berger – Bento’s Sketchbook. New York: Pantheon Books, 2011.

**Unless the poor of the world agitate for themselves to be heard, there will be no changes in their lives.**




Vandana Shiva



Rudolf Virchow

“The improvement of medicine will extend human life, but the improvement of social conditions will permit to reach this result quicker and more successfully... They can be summarized as follows: **full and unlimited democracy**”.

**Thank you for your attention**



Miquel Barceló. Caravanne (1988)