

# The Political Determinants of Health Inequity

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Chair of Commission  
and President of  
University of Oslo

Rio, 30<sup>th</sup> of May 2014



## Global Governance *for* Health

THE LANCET – UNIVERSITY OF OSLO COMMISSION

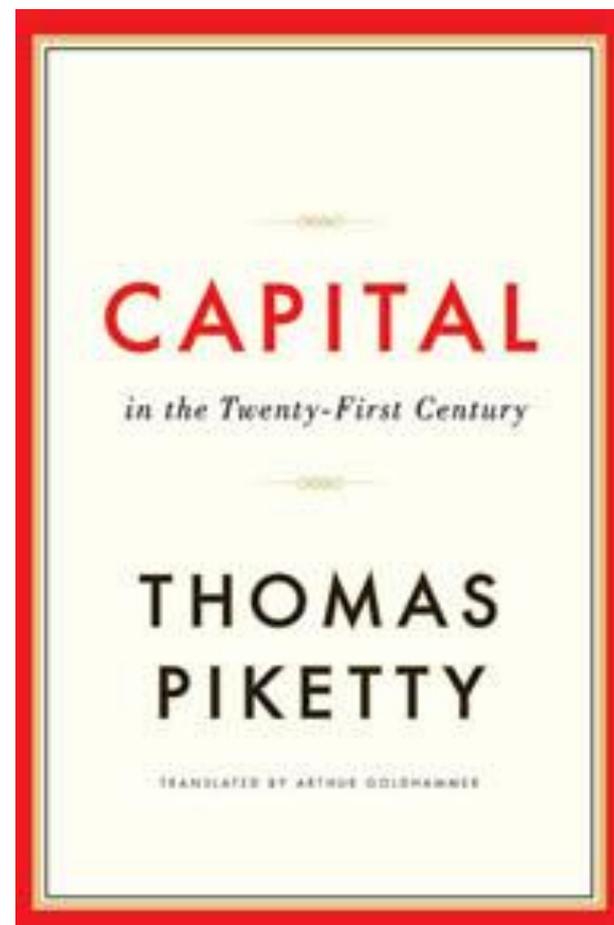
# Health and inequality

## Central thesis of the book:

Inequality is not an accident but rather a feature of capitalism that can be reversed only through state intervention

“United States... on the one hand this is a country of egalitarian promise, ...on the other hand it is a land of extremely brutal inequality...”

*Thomas Piketty,  
Capital in the Twenty-First Century*



# Polio on the rise

The New York Times

HEALTH

## *Polio's Return After Near Eradication Prompts a Global Health Warning*

By DONALD G. McNEIL Jr. MAY 5, 2014

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Alarmed by the spread of polio to several fragile countries, the [World Health Organization](#) declared a global health emergency on Monday for only the second time since regulations permitting it to do so were adopted in 2007.

Just two years ago — after a 25-year campaign that vaccinated billions of children — the paralyzing virus was near eradication; now health officials say that goal could evaporate if swift action is not taken.

Pakistan, Syria and Cameroon have recently allowed the virus to spread — to Afghanistan, Iraq and Equatorial Guinea, respectively — and should take extraordinary measures to stop it, the health organization said.

“Things are going in the wrong direction and



Health workers vaccinate a child in Afghanistan. Diego Ibarra Sanchez for The New York Times

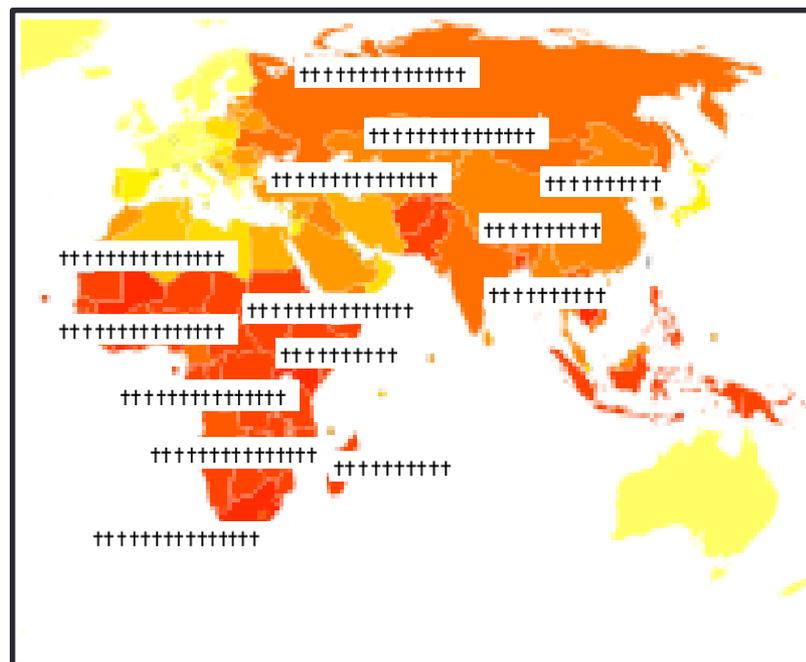
# Health disparity today

	Norway	Developing countries
Infant mortality (Rate/1000 live births)	3.4	100-190
Under 5 child mortality (Rate/1000 live births)	3.5	175-300
Maternal mortality (Rate/100 000 live births)	7	600-1600
Life expectancy (years)	<b>Female:</b> 83.5 years <b>Male:</b> 70 years	<b>Female:</b> < 50 years <b>Male:</b> < 50 years

# Infant mortality (per 1000 births)

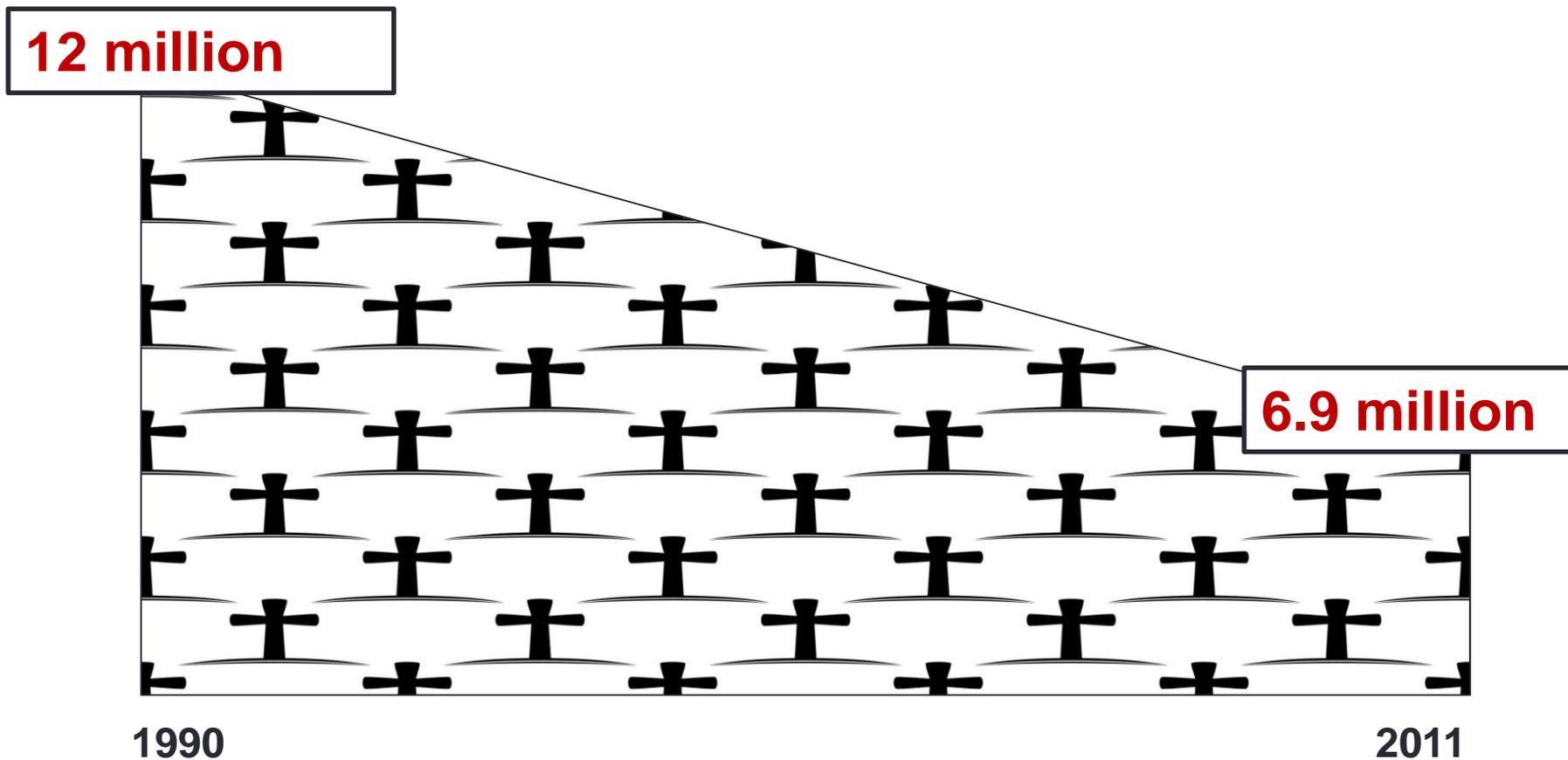


Norway (3.4)



Developing countries (100-190)

# Under 5 child mortality



# Health equity within a generation?



# Approaches to health equity

- **The Gates Foundation- approach:**

The biomedical approach is oriented towards the individual and is largely curative.

- have achieved great success.

This approach must be complemented by

- **The Lancet-UiO Commission- approach:**

The global governance for health approach focusing on underlying causes, the political determinants of health

- is complex and politically sensitive.





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# THE REPORT

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Our motivation and starting point

# Oslo Ministerial Declaration on Global Health and Foreign Policy (2007)

**The “Oslo group”  
comprising 7  
countries:**

Brazil, Norway,  
France, Indonesia,  
Senegal, South  
Africa, and  
Thailand.



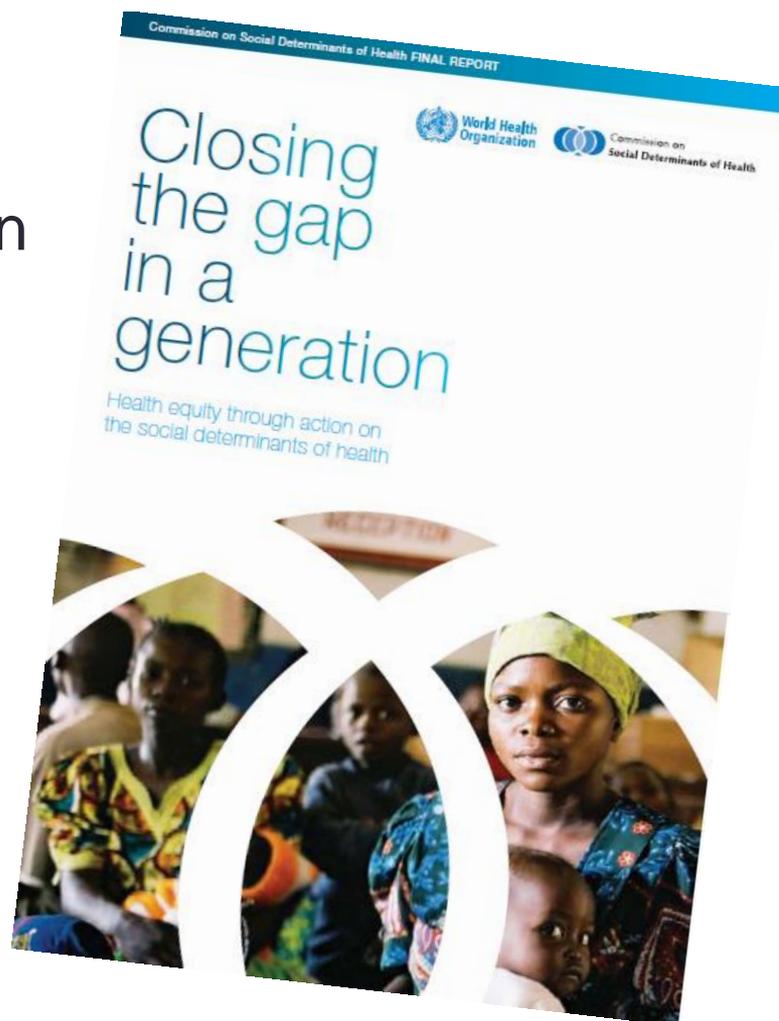
Photo: UD/Ragnhild Imerlund



# From Social to Political Determinants of Health

The Lancet-UiO Commission builds on the WHO Commission on Social Determinants of health (2008).

The report used “**health inequities**” rather than health inequalities in labeling the vast health gaps between groups of people.



# Global Governance...



of for

## Health?



# Our motivation

- The current system of ***global governance*** fails to protect public health.
- A better understanding of how public health can be protected and promoted is ***urgent***.





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# ABOUT THE COMMISSION

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Global experts gathered to fight health  
inequity

# A global Commission

- 18 members from 16 different countries and 5 continents.
- Experts in a wide variety of fields such as trade, environment, human rights law, war and conflict, public health, epidemiology, diplomacy and political economy.



# A Global Commission

Photo: UIO and Colourbox

# «Norm entrepreneurs»



# A consensus-making process showing awareness





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# CASE STUDIES

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Examples from seven policy intervention areas

# 7 cases



**Transnational corporate activity**



**Immigration policies**



**Foreign investment treaties**



**Violent conflicts**



**Food security and agriculture**



**Intellectual property rights**



**Economic crises and responses**



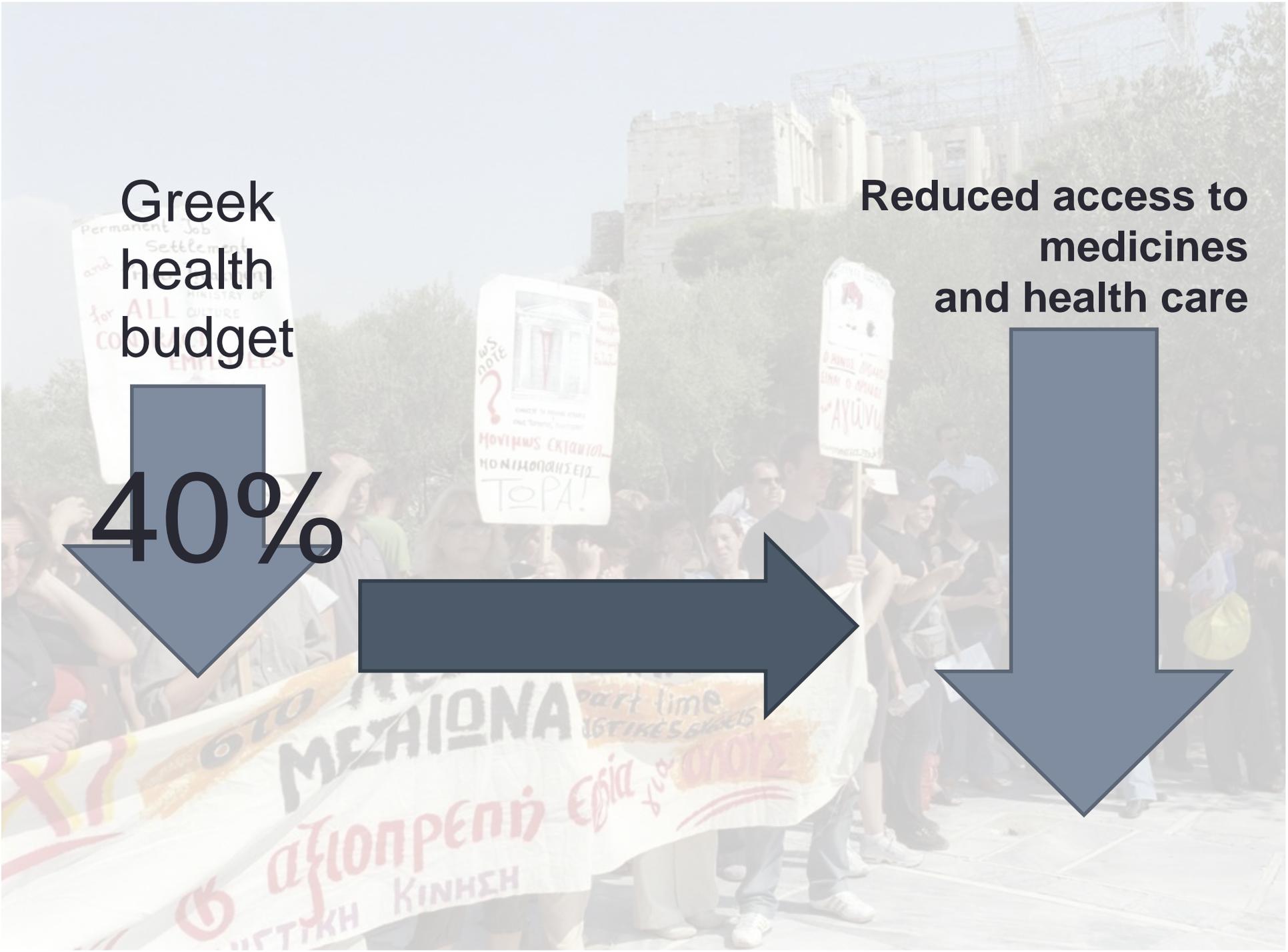
# 1. Economic crisis and responses



Greek health budget

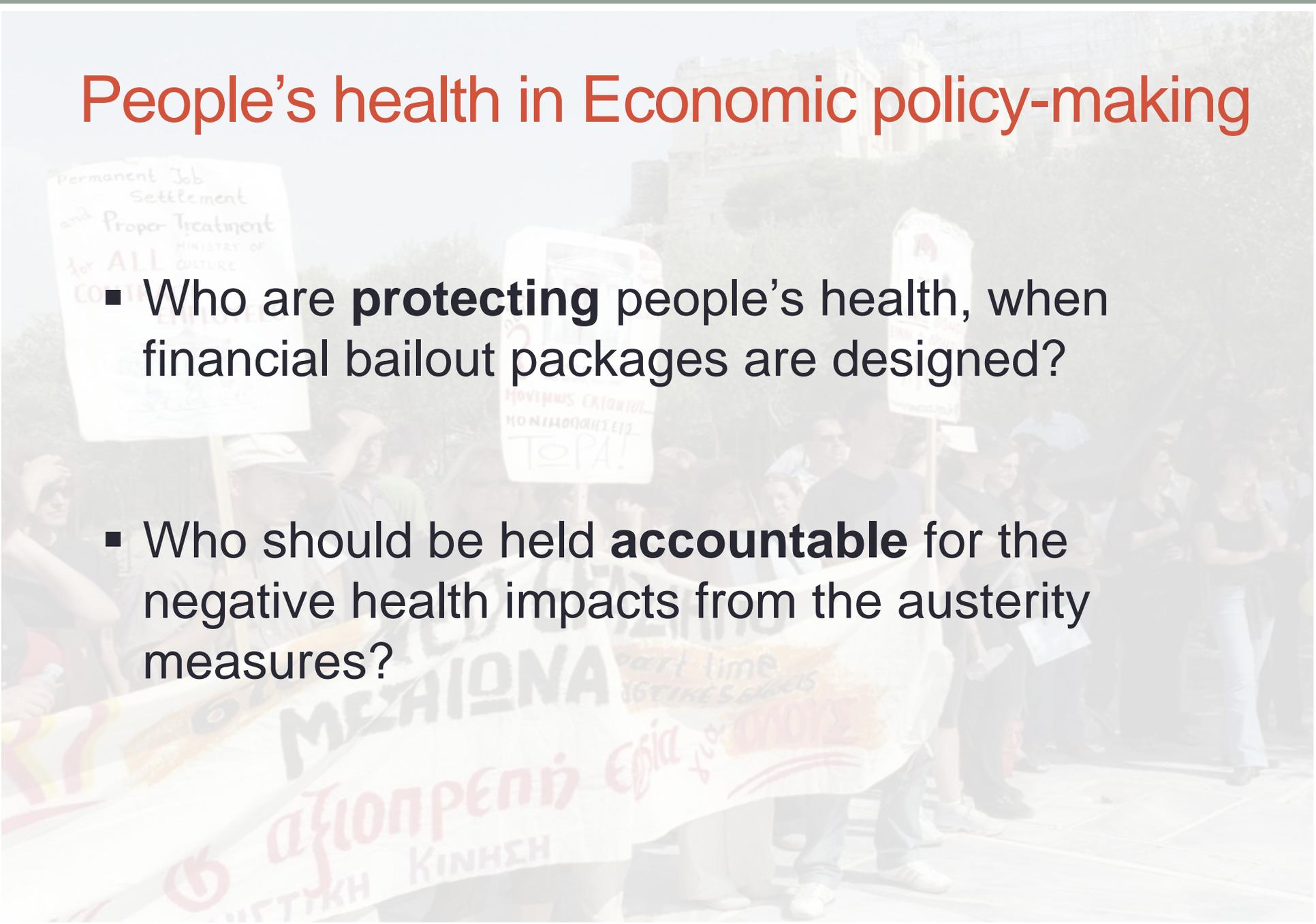
Reduced access to medicines and health care

40%



# People's health in Economic policy-making

- Who are **protecting** people's health, when financial bailout packages are designed?
- Who should be held **accountable** for the negative health impacts from the austerity measures?



## 2. Intellectual property rights

- TRIPS and Trade agreements hinder access to affordable and essential medicines.



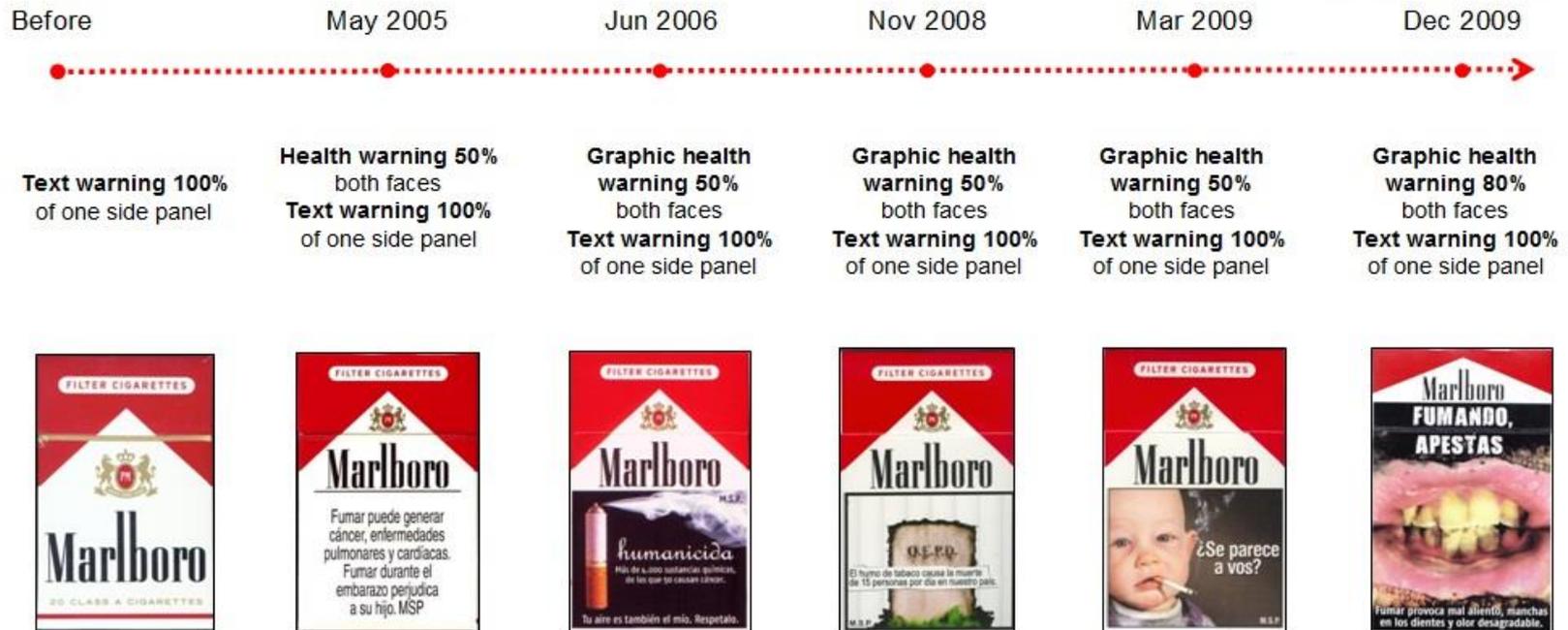
# 3. Transnational corporate activity and limited policy space

## Health Warning Evolution in Uruguay



PHILIP MORRIS INTERNATIONAL

URUGUAY



## 4. Immigration policies:

- Countries are violating Human Rights obligations when undocumented migrants are denied essential health care.



# 5. Food security and agriculture

Factors affecting food security:

- Agricultural trade agreements
- Price volatility and financial speculation
- Marketing of unhealthy food by multinational corporations



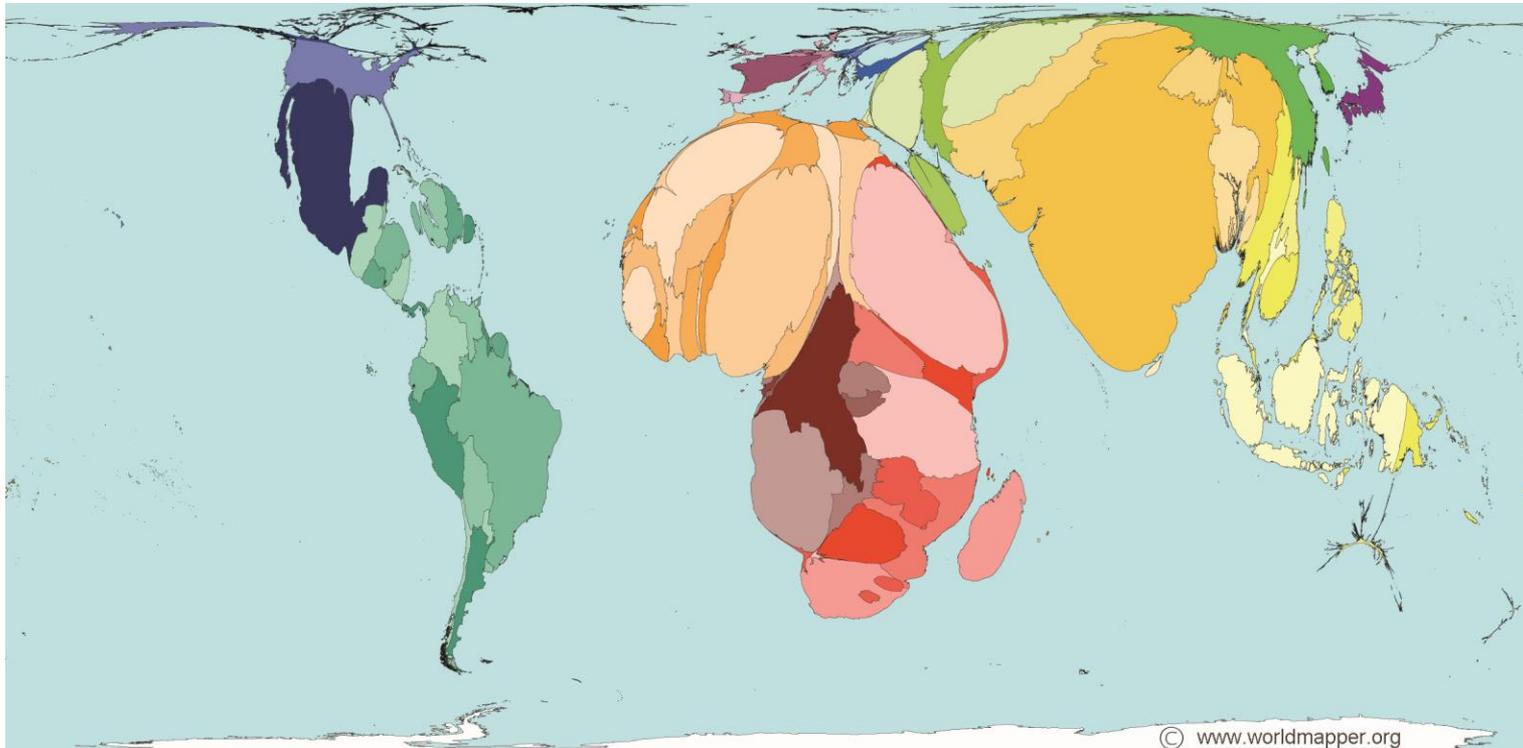
# The global food paradox

Global food production is enough to cover  
120% of global dietary needs



# The Double Burden of Malnutrition

More than 840 million people are chronically undernourished.

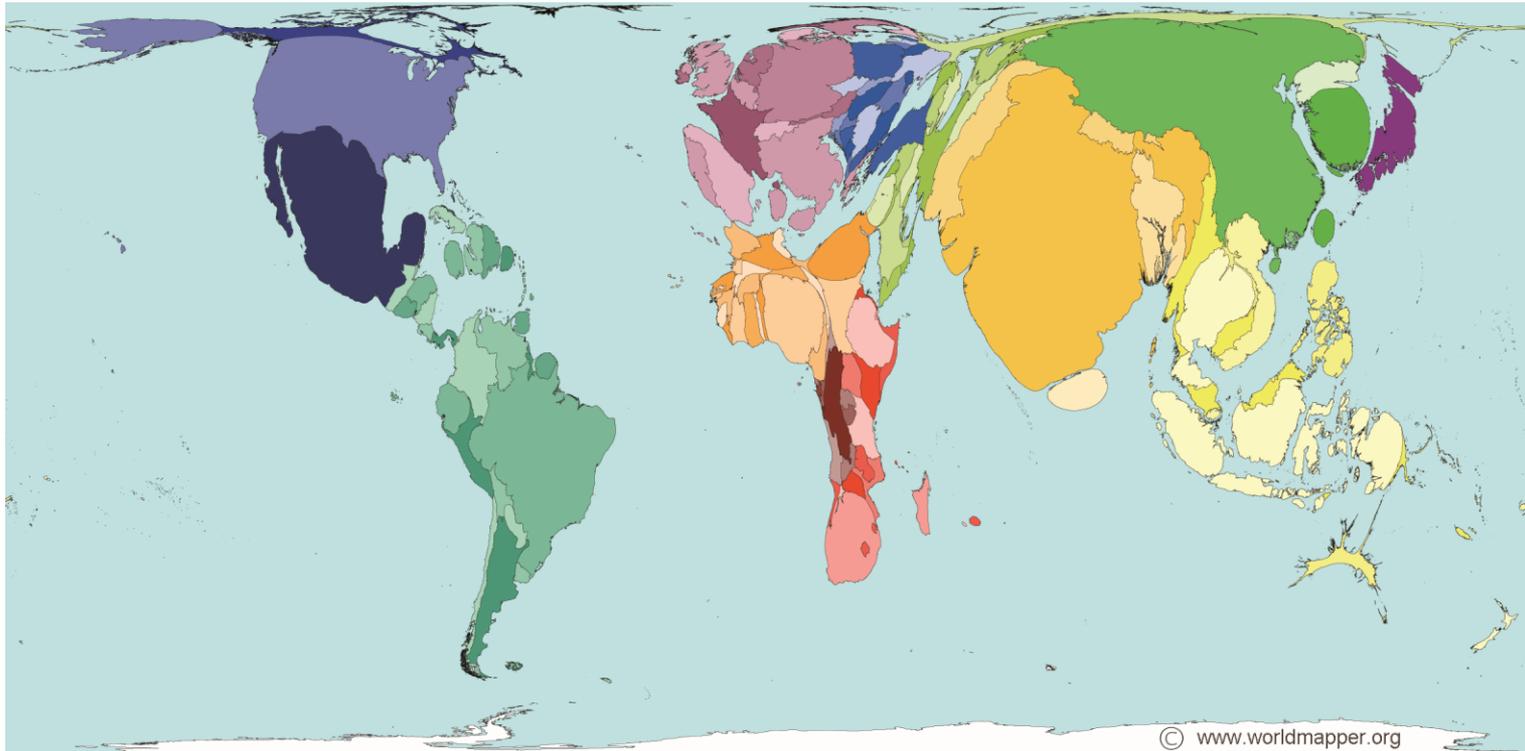


Deaths from Starvation



# The Double Burden of Malnutrition

1.3 billion people are overweight or obese globally



Diabetes deaths



# The cases showed that...

- Health is subordinated to other societal objectives, such as profit-making and economic growth.
- ***Health inequity*** results from **transnational activities** that involve different actors with different interests and degrees of power.

Looking across the cases, we also identified....



# Five Global Governance Dysfunctions



# Systemic dysfunctions in each case:

							
Democratic deficit		✓	✓	✓		✓	
Weak accountability	✓		✓	✓	✓	✓	
Institutional stickiness		✓	✓	✓			✓
Missing/weak institutions	✓	✓		✓	✓	✓	✓
Inadequate policy space	✓	✓	✓		✓	✓	✓

# OUR RECOMMENDATIONS

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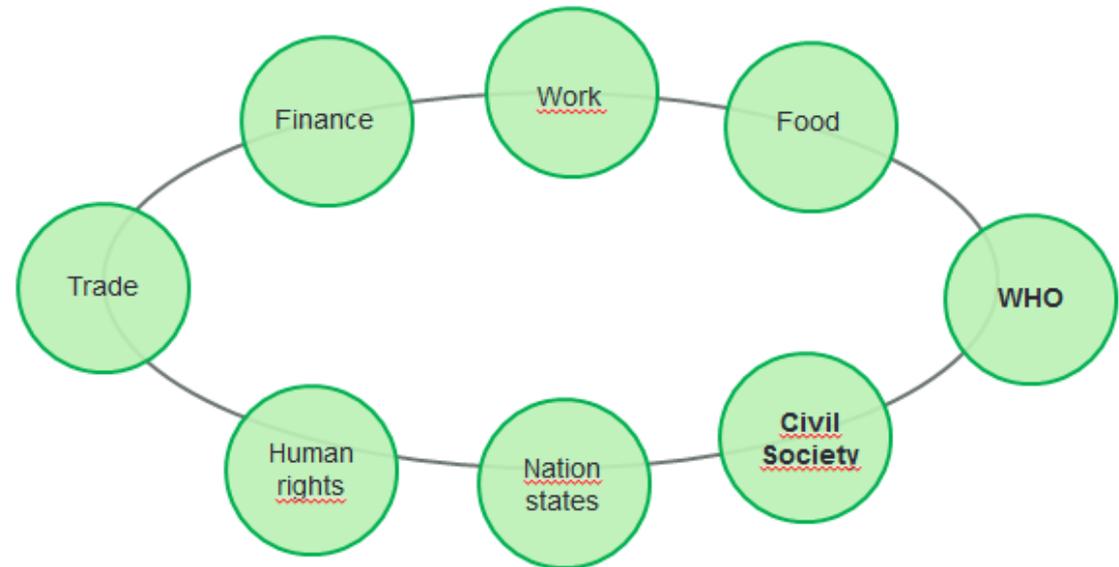
Agenda for change: convening,  
informing and monitoring

# To fill the gaps in the institutional framework we suggest creating

- 1. An UN **multi-stakeholder** platform on global governance for health.
- 2. An **independent scientific** monitoring panel on global social and political determinants of health.

# 1. UN Multi-stakeholder Platform

Actors from ***all sectors*** can come together to take responsibility for health outcomes.



**Solution** to weak accountability mechanisms?

...Or only a “talking shop”?



# Post 2015 Agenda

## We recommend to:

1. Emphasize health in a wider sense, and include social and political determinants of health.
2. Position health as a cross cutting objective in all Post 2015 priority areas
3. Put health concerns in the bottom line in formulation of “non-health” policies .



**Post 2015.org**  
*what comes after the MDGs?*

## 2. Independent Scientific Monitoring Panel

- A network of academic institutions and centres of excellence.
- Report to the UN and other international fora influencing health.

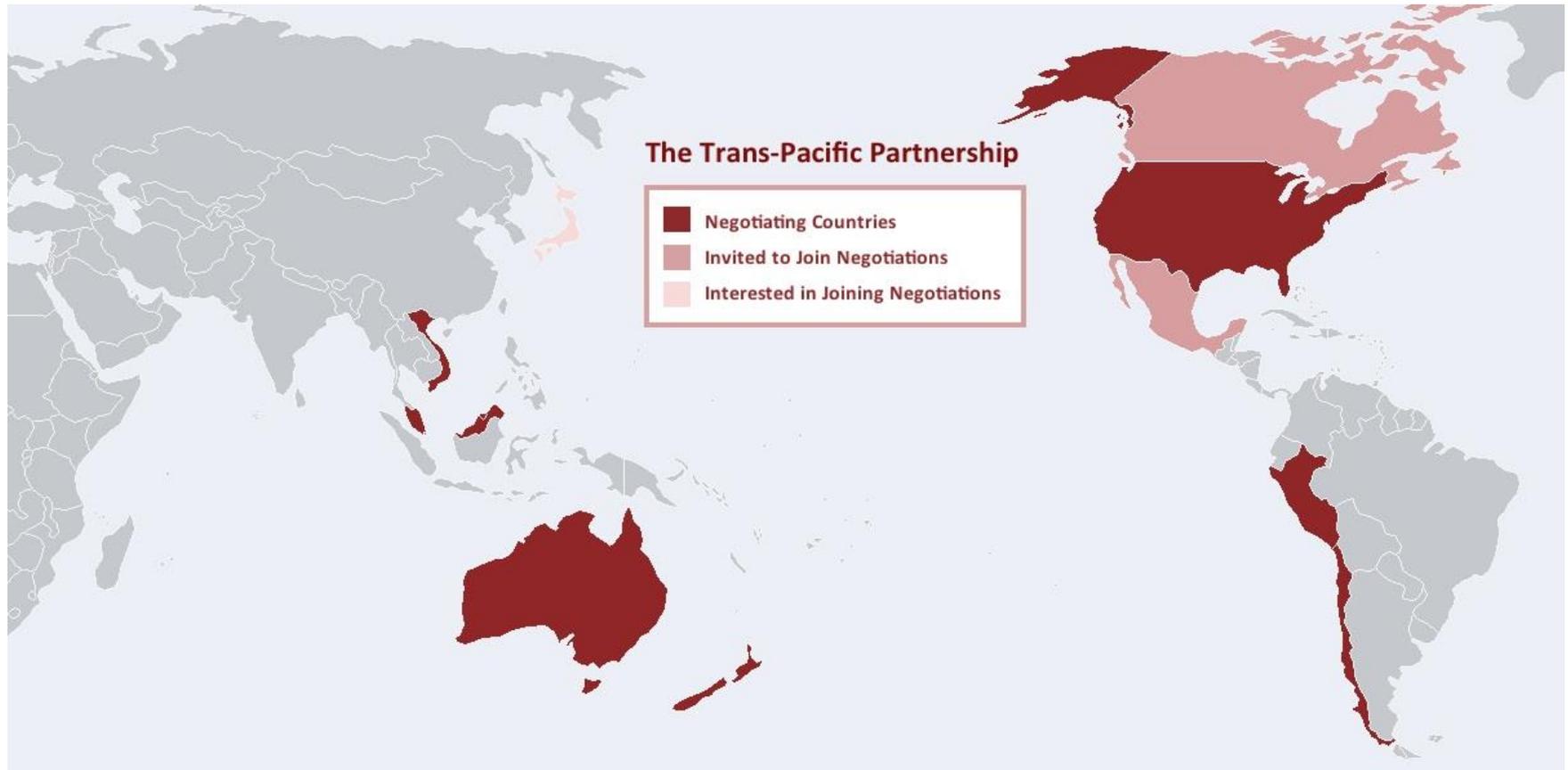


# Independent Scientific Monitoring Panel

- Analyze health impacts and oversee implementation of international agreements.
- Comprise five rotating members working with a new case every year (1<sup>st</sup> year: Trade agreements).

For example:

# Trans-Pacific Partnership Agreement



“Stronger global partnership is essential as health problems are global”

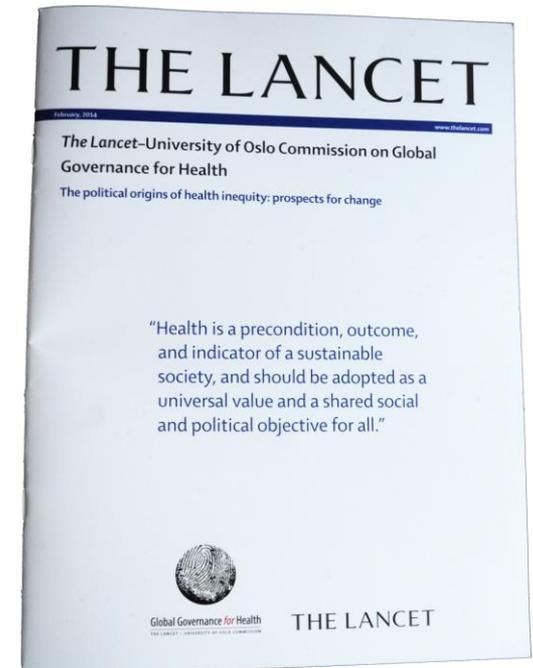
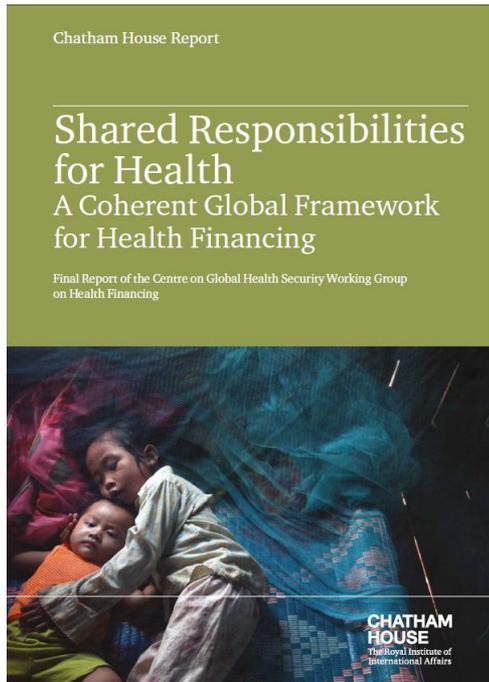
Martin Khor – Director of the South Centre

# Immediate actions:

1. **Strengthen the use of human rights for health**
  - expand mandates for the Special Rapporteur.
2. **Strengthen mechanisms for sanctions**
  - create a forum where civil society can present reports on violations.
3. **Strengthen and transform mechanisms for global solidarity and shared responsibility**



# Recent reports about health



# CONCLUSIONS

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# Key messages:

We cannot achieve **health equity** without addressing its political causes

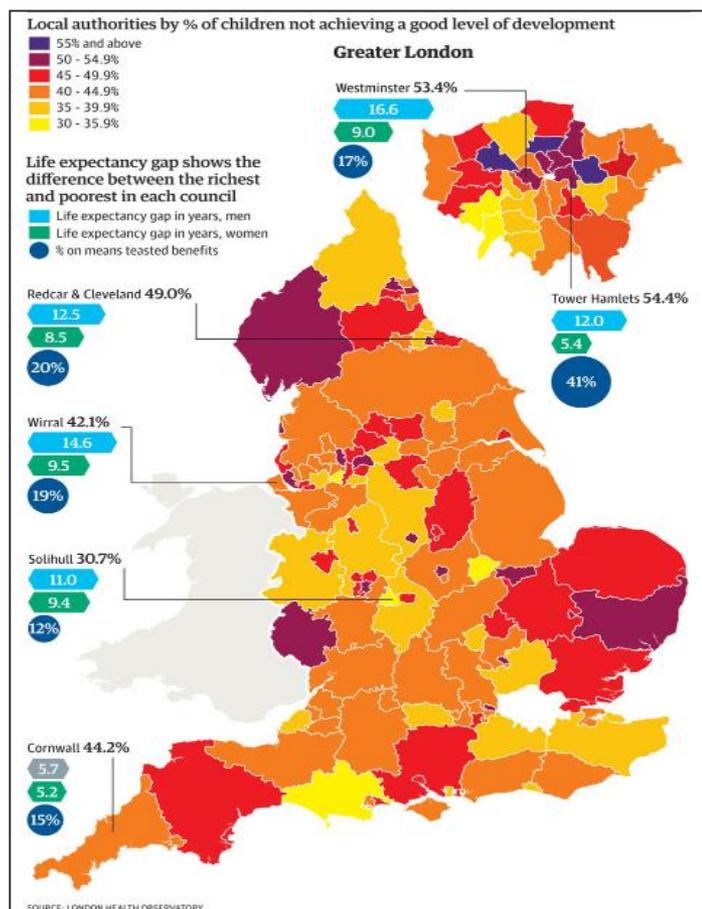
→ The political origins of health inequity we have identified are the 5 systemic dysfunctions.

The **health inequities** within and between countries cannot be addressed within the health sector, by technical measures, or at the national level alone.

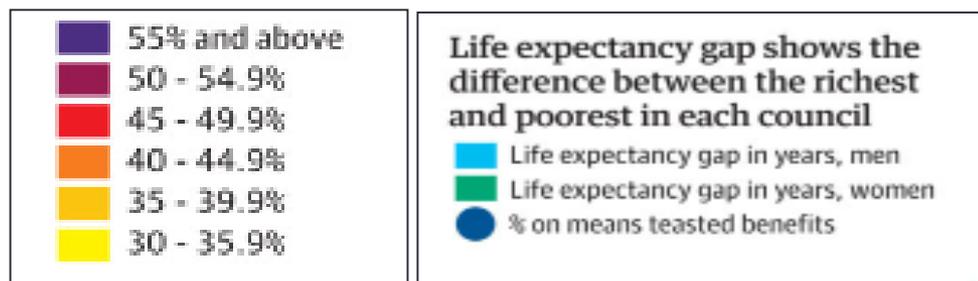
→ We propose two ways to fill the gaps in the institutional framework: UN Multistakeholder Platform and Independent Scientific Panel



# Health inequities in England...



Local authorities by % of children not achieving a good level of development



Achieving health equity....



...requires global political solutions.