



Commission on Equity and Health Inequalities in the Americas

Professor Sir Michael Marmot

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@MichaelMarmot





Commission on Equity and Health Inequalities in the Americas

Prioritise and take action on inequities and health inequalities





Commission

Build and develop focus on

Gender

Ethnicity

Social, economic, environmental, political and cultural arrangements

Human Rights
Sustainable Development Goals





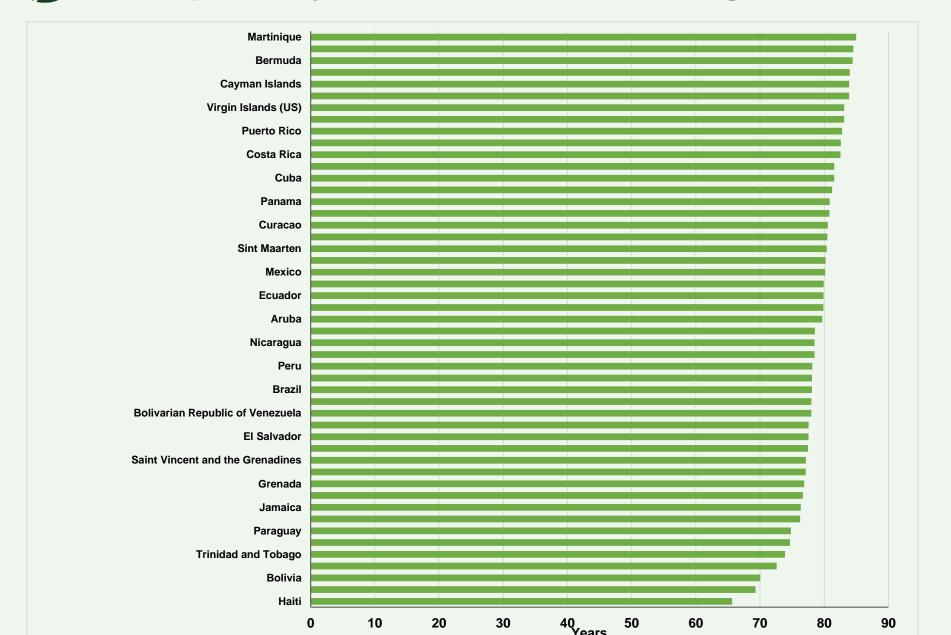
Commission

- Evidence Reviews and Deliberation
- Better data and monitoring of inequities
- Conceptual and practical approaches for member states, international organisations, local organisations and civil society
- Advocacy making it happen
- Country partnerships





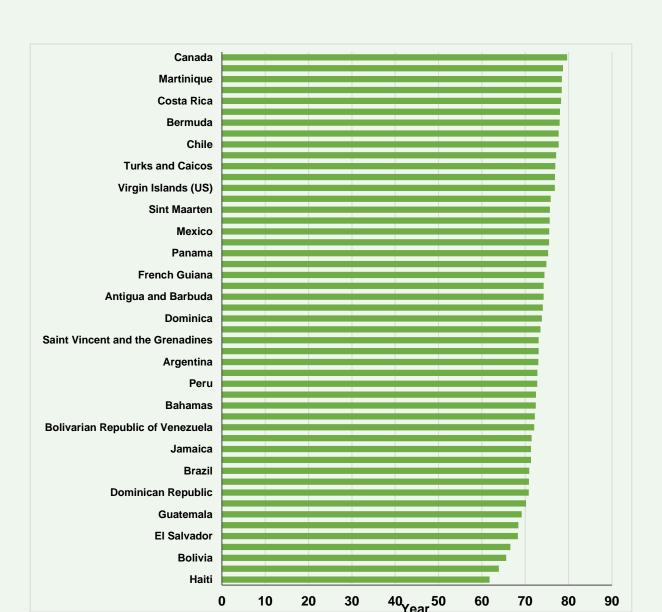
Life expectancy at birth 2014 Females range 66 to 85







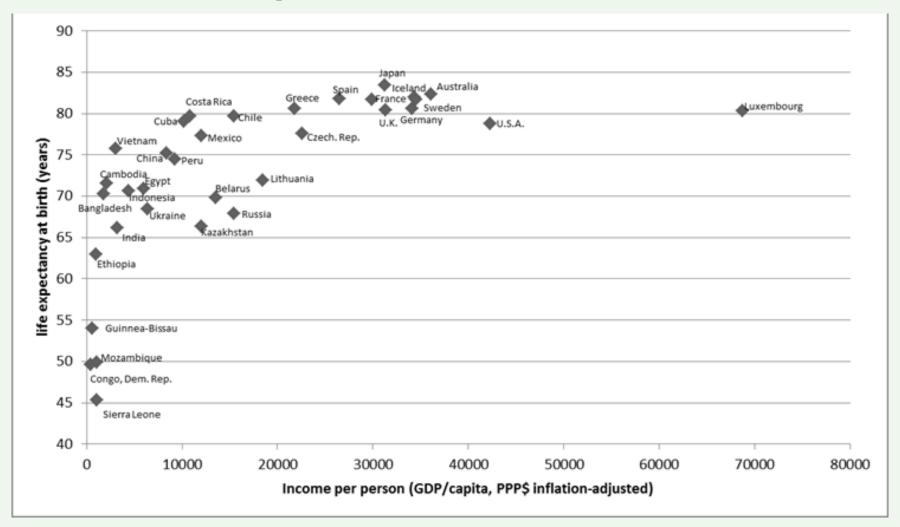
Life expectancy at birth 2014 males 62 to 80 y





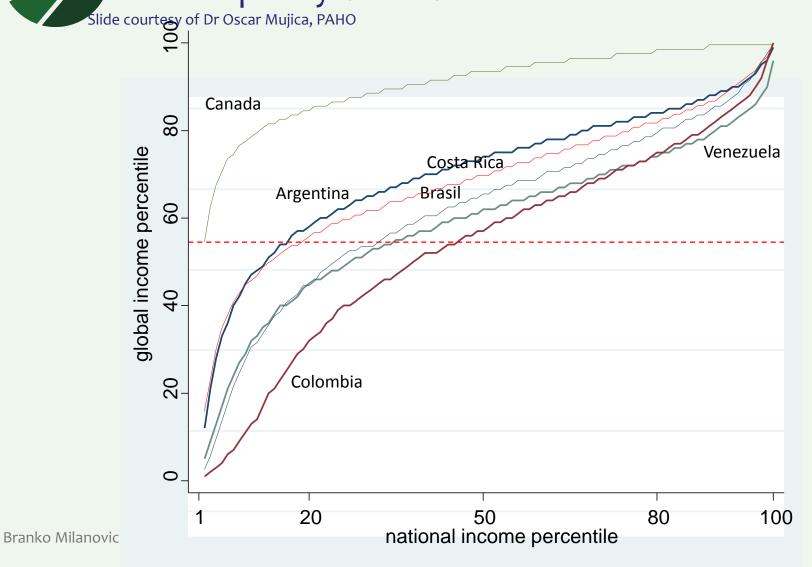


The relationship between wealth and health,2012



Source: Data from Gapminder

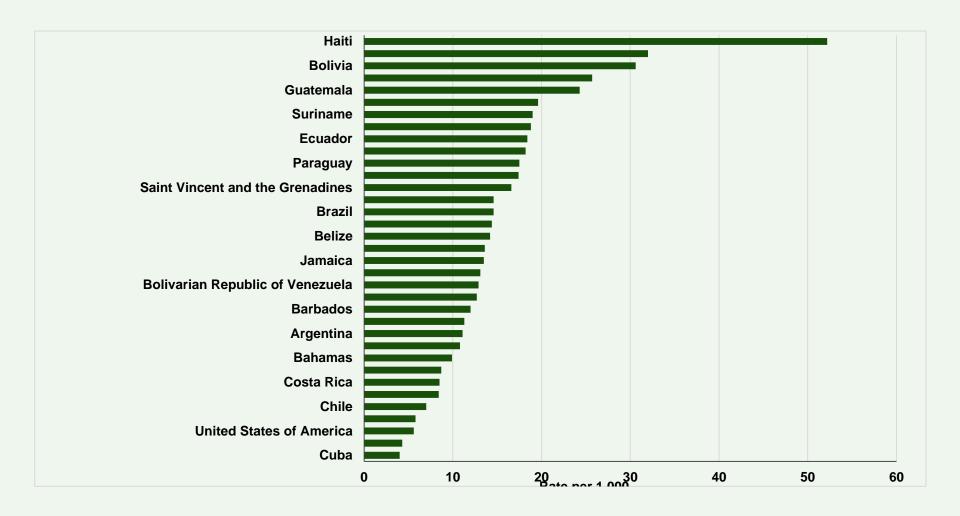






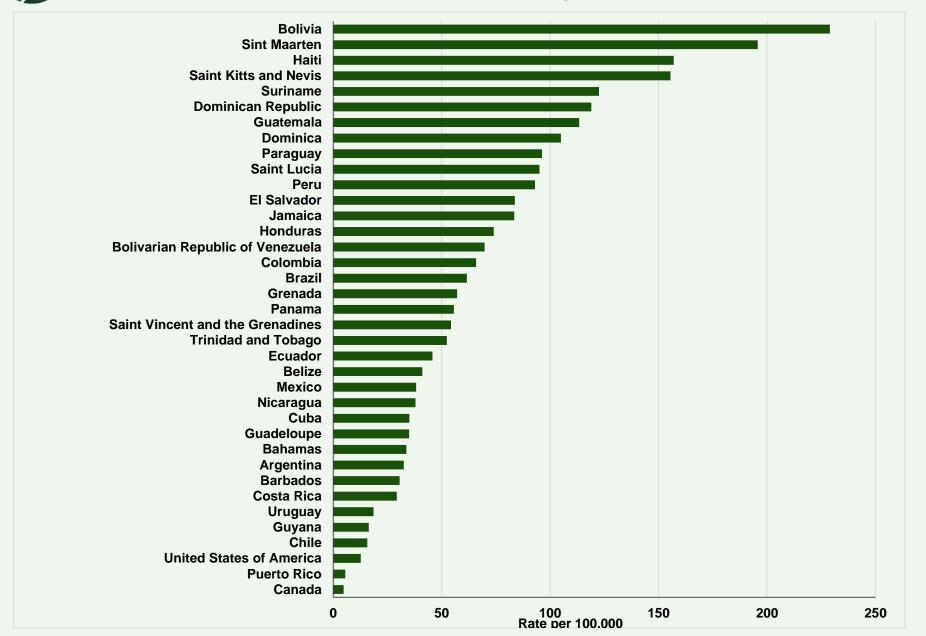


Estimated Infant Mortality Rates



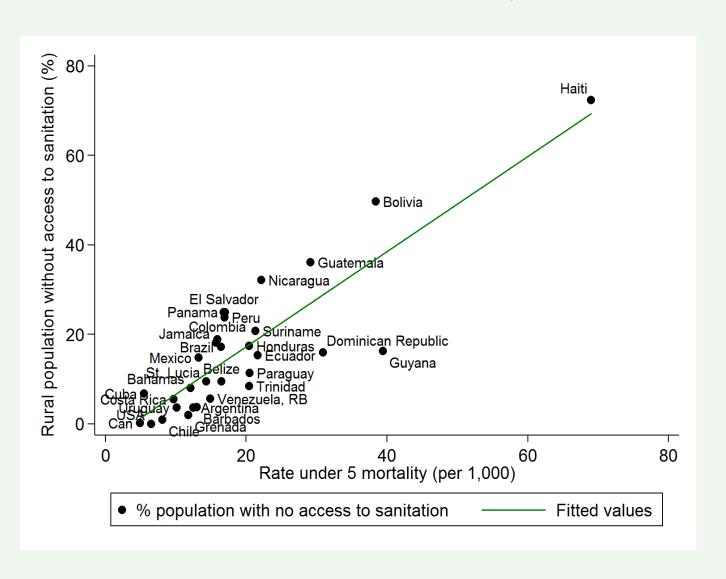


UCL Institute of Health Maternal Mortality Rates

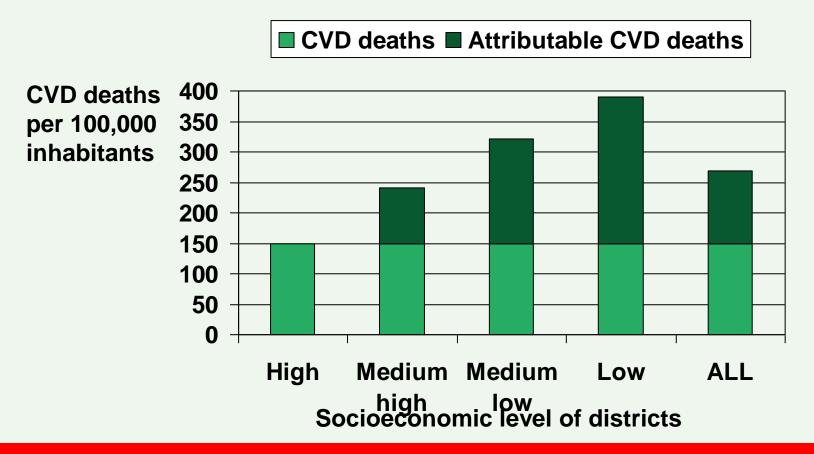




% of rural population without access to sanitation and u5 mortality rate, 2015



Cardiovascular deaths of people aged 45-64 UCL Institute of Health Equity 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)

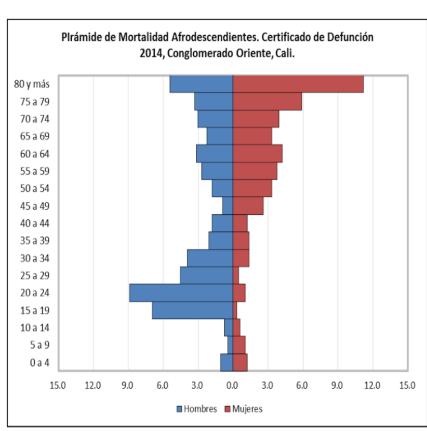


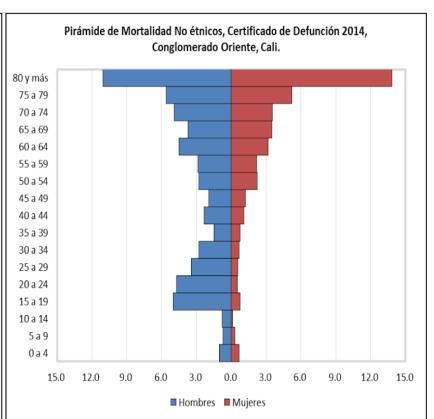


Mortality in Cali: Afro- (L) and Blanca-mestiza (R)

Slide courtesy of Dr Pastor Murillo, commissioner

Pirámides de mortalidad por grupos étnicos, Certificado de Defunción 2014, Conglomerado Oriente Cali



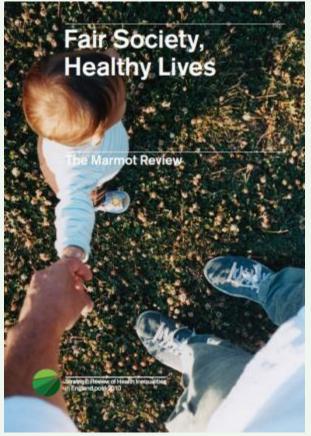


Fuente: Urrea, F. et al (2015). "Patrones de mortalidad comparativos entre la población afrodescendiente y la blanca-mestiza para Cali y el Valle". En: CS 16, págs. 135-171.



Health equity through action on







Review of social determinants and the health divide in the WHO European Region: final report



The Commission on Social Determinants of Health (CSDH) – Closing the gap in a generation Strategic Review of Health Inequalities in England:

The Marmot Review – Fair Society Healthy Lives

Review of Social Determinants of Health and the Health Divide in the WHO European Region





Marmot Review: 6 Policy Objectives

- 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





Lifecourse

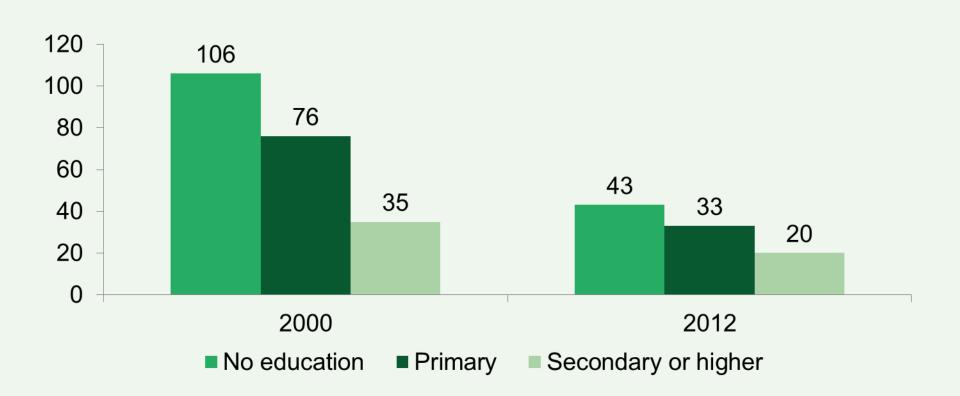
- Accumulation of positive and negative effects on health and wellbeing create health inequities;
- Intergenerational transmission of inequities







Under five mortality per 1000 live births by mother's education: Peru 2000 and 2012



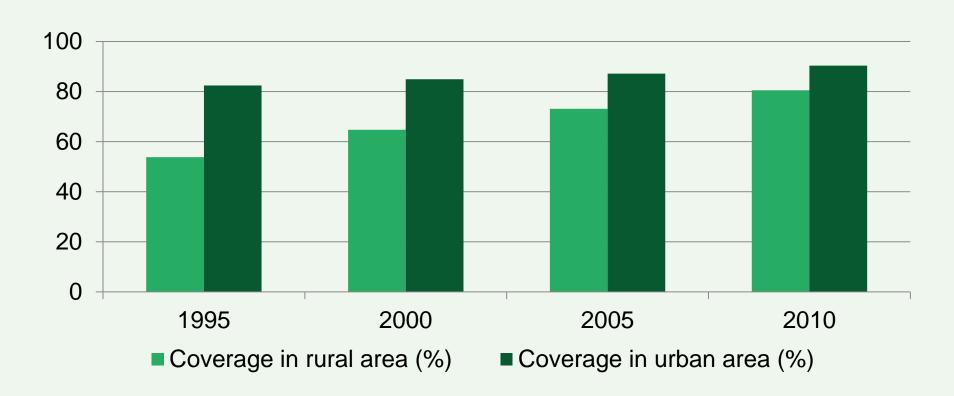
(U5M for the ten years preceding the survey)

Source: measuredhs.com





Reducing rural/urban inequity in antenatal care (at least four visits) in Colombia, DHS 1995, 2000, 2005 and 2010



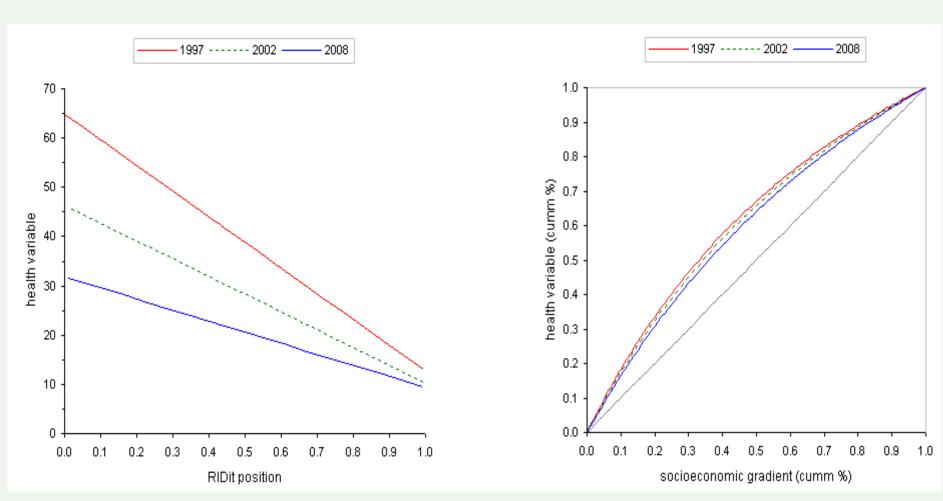
(DHS 1995, 2000, 2005, WHO)





Brazil: redistributive effect on inequality in infant mortality, 1997-2008

Slide courtesy of Dr Oscar Mujica, PAHO

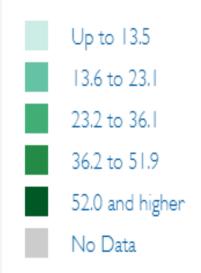






Map of % children Stunted

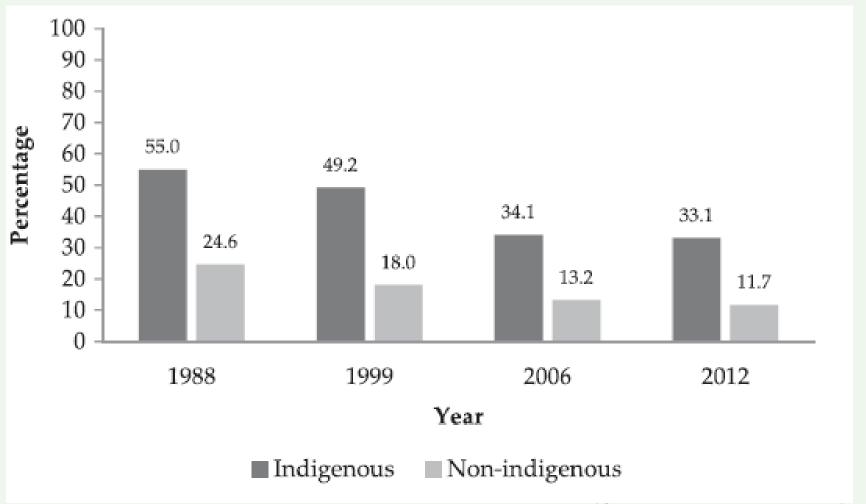








Prevalence of childhood stunting by ethnic group: Mexico



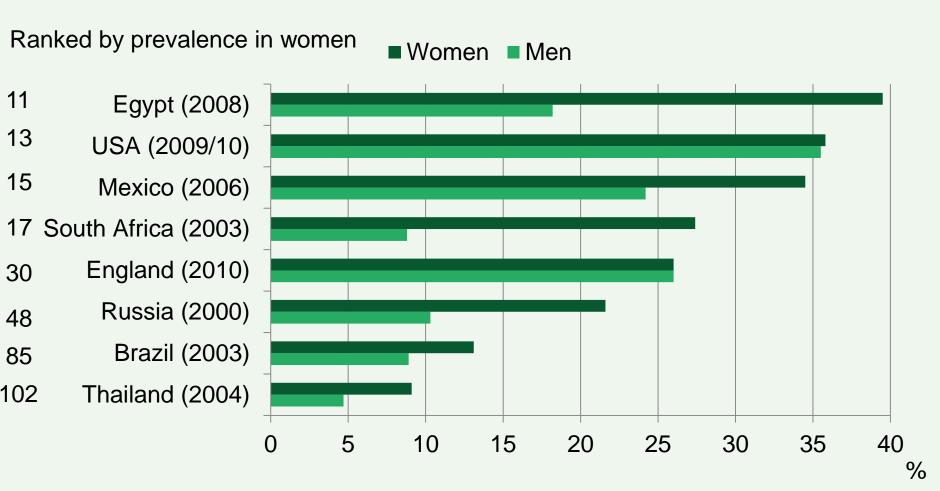
(Sevan-Mori et al. 2014)





Adult Obesity - selected countries

 $(BMI \ge 30 \text{ kg/m}^3)$

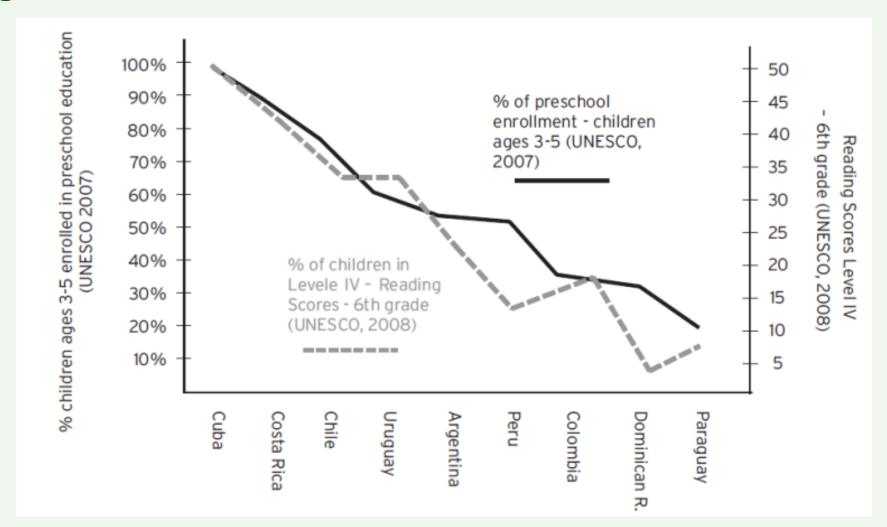


Source: International Obesity Taskforce, 2012





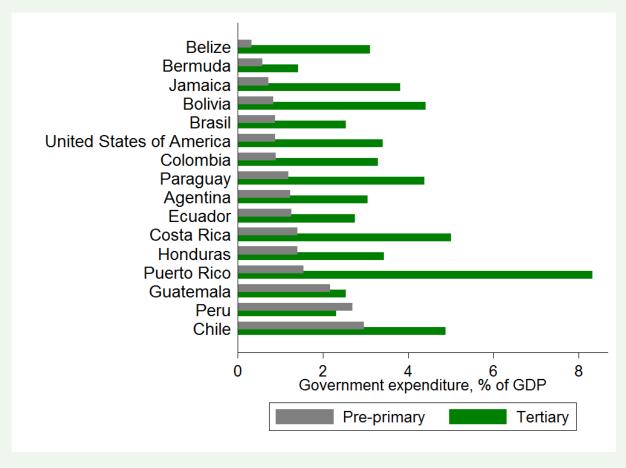
Enrolment in preschool (ages 3-5) and reading in 6th grade: selected countries in Latin America







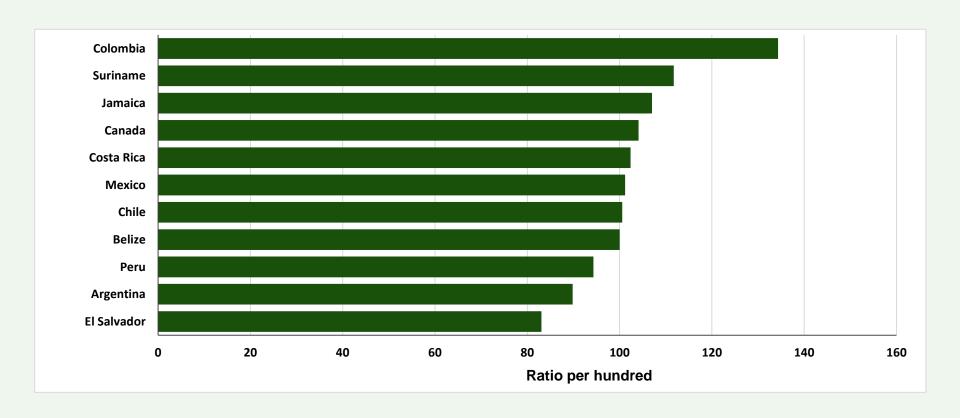
Tertiary and pre-primary education expenditure ratio, % of GDP, by country, 2014







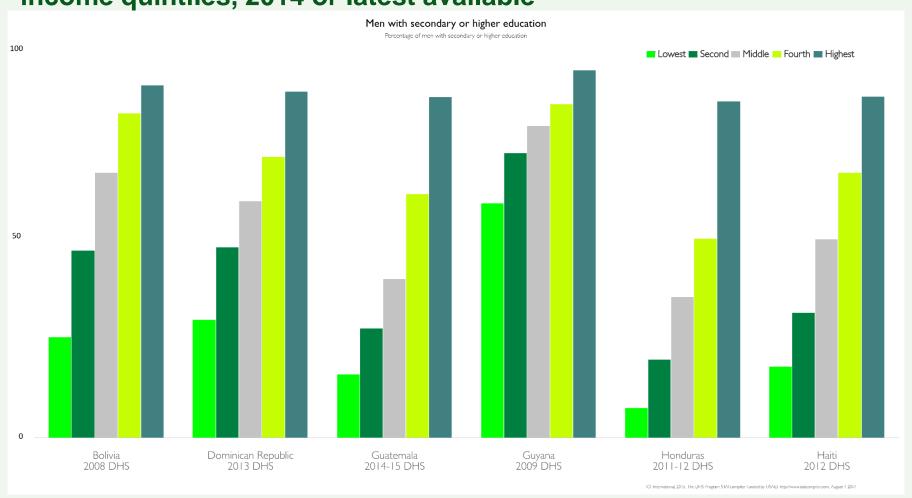
Gross enrolment ratio Gender parity – secondary enrolment







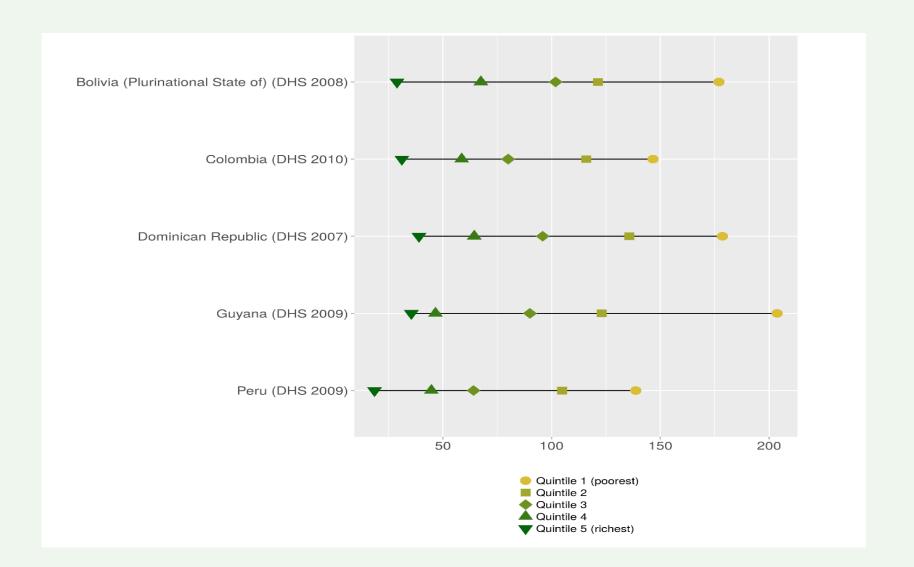
Percentage of women with secondary education or higher by income quintiles, 2014 or latest available







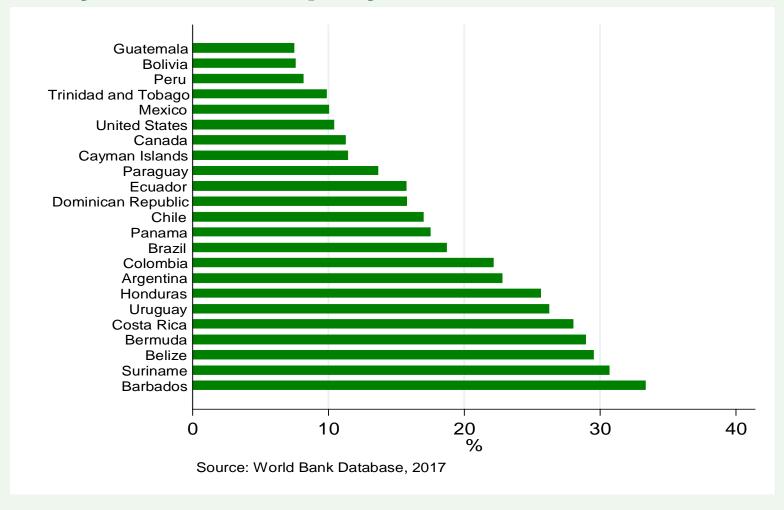
Adolescent fertility rate by wealth quintile 2008



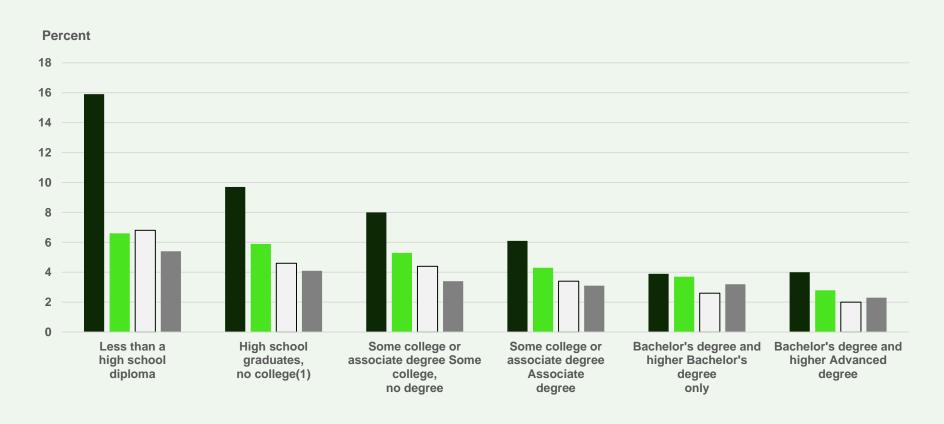


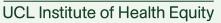


Female youth unemployment, 2015



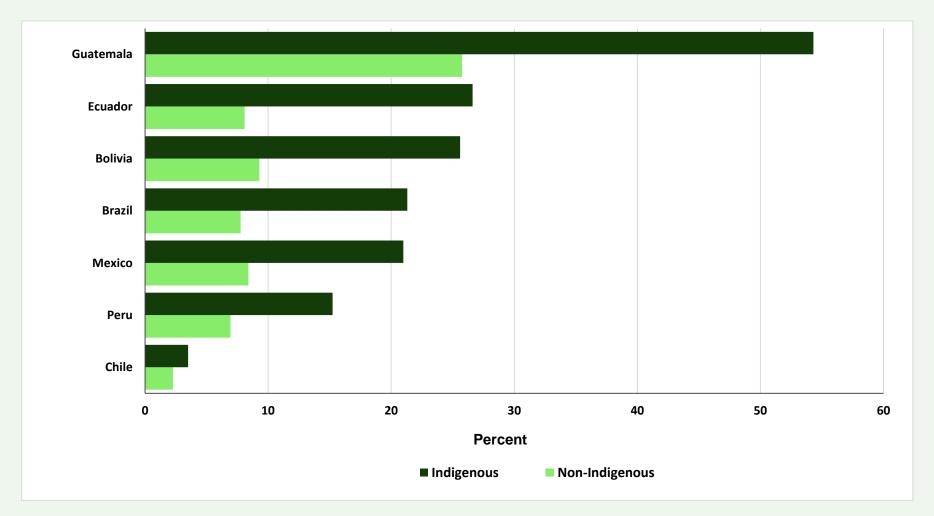
ปริหา - ปีกับ mployment rates by educational attainment and race/ethnicity







Percent of indigenous and non-indigenous population in poverty (under \$US2.50 PPP per day)







Conditional Cash Transfer works

Comparison of Conditional Transfer Program mes in Latin America

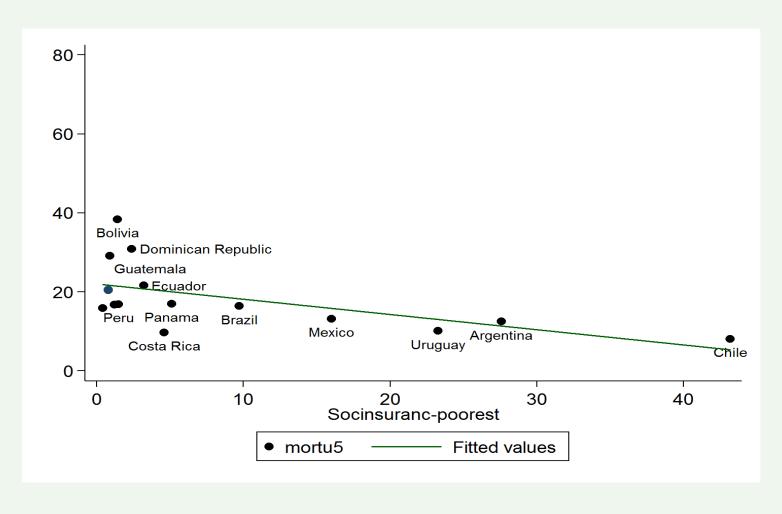
COUNTRY	BRAZIL	MEXICO	CHILE	PERU	ARGENTINA
Program Attribute	Bolsa de Familia	Oportunidades	Chile Solidario	Juntos	Asignación Universal por Hijo
Beneficiary Age	Children under 18	Children under 18	Children under 18	Children under 18	Children under 18
Type of Benefit	Per family and per child	Per family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

Source: Panigo, D, Agis, E, and Cañete, C. (2010)





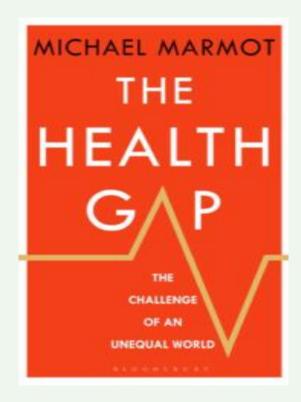
Coverage of social safety net programs in poorest quintile (% of population) and under five mortality rate, per 1,000 live births, 2014







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"





Martin Luther King

