Commission on Equity and Health Inequalities in the Americas

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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
The relationship between wealth and health, 2012

Source: Data from Gapminder
Inequality of income in the Americas

Slide courtesy of Dr Oscar Mujica, PAHO
Estimated Infant Mortality Rates
% 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)
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

The Commission on Social Determinants of Health (CSDH) – Closing the gap in a generation


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

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

Slide courtesy of Dr Oscar Mujica, PAHO

Mújica OJ, Vázquez E, Moya J. ExpoEpi Brasil, 2009
Map of % children Stunted
Prevalence of childhood stunting by ethnic group: Mexico

(Sevan-Mori et al. 2014)
Adult Obesity - selected countries
(BMI > 30 kg/m$^3$)

 Ranked by prevalence in women

<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Egypt</td>
<td>2008</td>
</tr>
<tr>
<td>13</td>
<td>USA</td>
<td>2009/10</td>
</tr>
<tr>
<td>15</td>
<td>Mexico</td>
<td>2006</td>
</tr>
<tr>
<td>17</td>
<td>South Africa</td>
<td>2003</td>
</tr>
<tr>
<td>30</td>
<td>England</td>
<td>2010</td>
</tr>
<tr>
<td>48</td>
<td>Russia</td>
<td>2000</td>
</tr>
<tr>
<td>85</td>
<td>Brazil</td>
<td>2003</td>
</tr>
<tr>
<td>102</td>
<td>Thailand</td>
<td>2004</td>
</tr>
</tbody>
</table>

Source: International Obesity Taskforce, 2012
Enrolment in preschool (ages 3-5) and reading in 6th grade: selected countries in Latin America

Tinajero 2010
Tertiary and pre-primary education expenditure ratio, % of GDP, by country, 2014

- Belize
- Bermuda
- Jamaica
- Bolivia
- Brasil
- United States of America
- Colombia
- Paraguay
- Argentina
- Ecuador
- Costa Rica
- Honduras
- Puerto Rico
- Guatemala
- Peru
- Chile

Government expenditure, % of GDP
Gross enrolment ratio Gender parity – secondary enrolment

Colombia
Suriname
Jamaica
Canada
Costa Rica
Mexico
Chile
Belize
Peru
Argentina
El Salvador

Ratio per hundred
Percentage of women with secondary education or higher by income quintiles, 2014 or latest available
Adolescent fertility rate by wealth quintile 2008

- Bolivia (Plurinational State of) (DHS 2008)
- Colombia (DHS 2010)
- Dominican Republic (DHS 2007)
- Guyana (DHS 2009)
- Peru (DHS 2009)
Female youth unemployment, 2015

Source: World Bank Database, 2017
USA - Unemployment rates by educational attainment and race/ethnicity

- Less than a high school diploma
- High school graduates, no college(1)
- Some college or associate degree, no degree
- Some college or associate degree, Associate degree
- Bachelor's degree and higher, Bachelor's degree only
- Bachelor's degree and higher, Advanced degree

Percent

- Black or African American
- Hispanic or Latino ethnicity
- White
- Asian
Percent of indigenous and non-indigenous population in poverty (under $US2.50 PPP per day)
## Conditional Cash Transfer works

### Comparison of Conditional Transfer Programmes in Latin America

<table>
<thead>
<tr>
<th>Attribute</th>
<th>COUNTRY</th>
<th>BRAZIL</th>
<th>MEXICO</th>
<th>CHILE</th>
<th>PERU</th>
<th>ARGENTINA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beneficiary Age</strong></td>
<td></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><strong>Type of Benefit</strong></td>
<td></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><strong>Conditionality</strong></td>
<td></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><strong>Beneficiary families</strong></td>
<td></td>
<td>12400000</td>
<td>5000000</td>
<td>370000</td>
<td>420000</td>
<td>160000</td>
</tr>
<tr>
<td><strong>Annual budget (in millions of local currency)</strong></td>
<td>11400</td>
<td>44014</td>
<td>92000</td>
<td>730</td>
<td>7000</td>
<td></td>
</tr>
<tr>
<td><strong>Annual budget (in millions of US dollars)</strong></td>
<td>6440</td>
<td>3319</td>
<td>169</td>
<td>253</td>
<td>1800</td>
<td></td>
</tr>
<tr>
<td><strong>Monthly benefit per family (in current USD)</strong></td>
<td>43</td>
<td>55</td>
<td>38</td>
<td>50</td>
<td>94</td>
<td></td>
</tr>
<tr>
<td><strong>Percentage of GDP</strong></td>
<td>0.39%</td>
<td>0.31%</td>
<td>0.10%</td>
<td>0.20%</td>
<td>0.58%</td>
<td></td>
</tr>
</tbody>
</table>

**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”
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.