

Global Health Policy and Structures

Lecture 5
Social Determinants of Health and Health Inequalities

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A Brief History of International / Global Health

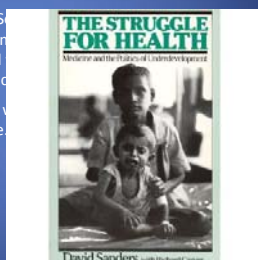
A look at global health policy and structures through a historical lens

- Period of colonialism
- Post-colonial
- Debt and structural adjustment
- The new era

Period of colonialism

- Services attached to the colonial administration and trading companies of the Empire

- In 1903, the Colonial Medical Service was established to protect the health of the European Colonial population and Asian labour force in good health to prevent the spread of epidemic diseases
- “As we want to have a healthy and productive labour force free from infectious disease in the native population, we must first of all prevent the spread of infectious diseases”



Period of colonialism

- International Health
 - Cooperation fostered mostly around the control of communicable diseases in order to avoid any disruptions to trade
 - Creation of WHO and then UNICEF were important milestones in history of international health and 'global health'

Global Health

- not quite the same as international health

International Health vs. Global Health

	Global health	International health	Public health
Geographical reach	Focuses on issues that directly or indirectly affect health but that can transcend national boundaries	Focuses on health issues of countries other than one's own, especially those of low-income and middle-income	Focuses on issues that affect the health of the population of a particular community or country
Level of cooperation	Development and implementation of solutions often requires global cooperation	Development and implementation of solutions usually requires binational cooperation	Development and implementation of solutions does not usually require global cooperation
Individuals or populations	Embraces both prevention in populations and clinical care of individuals	Embraces both prevention in populations and clinical care of individuals	Mainly focused on prevention programmes for populations
Access to health	Health equity among nations and for all people is a major objective	Seeks to help people of other nations	Health equity within a nation or community is a major objective
Range of disciplines	Highly interdisciplinary and multidisciplinary within and beyond health sciences	Embraces a few disciplines but has not emphasised multidisciplinary	Encourages multidisciplinary approaches, particularly within health sciences and with social sciences

Table: Comparison of global, international, and public health

Source: Koplan, 2009

Post colonial period

- Attempts made to organise and extend coverage with 'basic services'
- Challenges
 - Capital expenditure and personnel
 - Low level of education
 - Little research / data
 - Overcome urban concentration
 - Overcome hospital and curative care focus
 - Communicable disease control
 - Basic services approach remained largely clinical in its orientation

On the whole, (David) Morely's three-quarters rule applied

- Although three quarters of the population in most countries in the tropics and sub-tropics live in rural areas, three quarters of the spending on medical care is in urban areas, and also three-quarters of the doctors (and other health workers) live there.
- Three-quarters of the deaths are due to conditions that can be prevented at low cost, but three quarters of the medical budget is spent on curative services, many of them provided at high cost

What kind of HW?

- Doctors trained to western standards?
- Nurses?
- Environmental Health Officers?
- Community Health Workers?
- Auxiliaries?

Answering this question required a consideration of the main causes of ill health and premature death, and the different ways to address them.

Auxiliaries

- Generic term
- Category of HW trained and paid to extend the provision of medical and para-medical services to rural areas
- 'para-professionals' linked to professional categories
- Less costly than professional counterparts
 - In Tanzania 1974/5:
 - Medical graduate - £14,700
 - Rural medical assistant - £880
 - Rural medical aid - £425

Medical education and curriculum

Review of medical education in Latin America, 1973

- Medical curricula patterned on German, French, Spanish and then American models
- Reflected an 'engineering' approach to understanding the human body and its diseases
- General neglect of the socio-economic determinants of diseases
- Emphasis on hospital and technologically-oriented medicine, and on individual acute-episodic care
- Rural, ambulatory, social and continuous care were under-represented or non-existent

Social Medicine Then and Now: Lessons From Latin America

Howard Waitzkin, MD, PhD, Celia Hart, PhD, MPH, Alfredo Estrada, MD, and Silvia Lamasini, MA

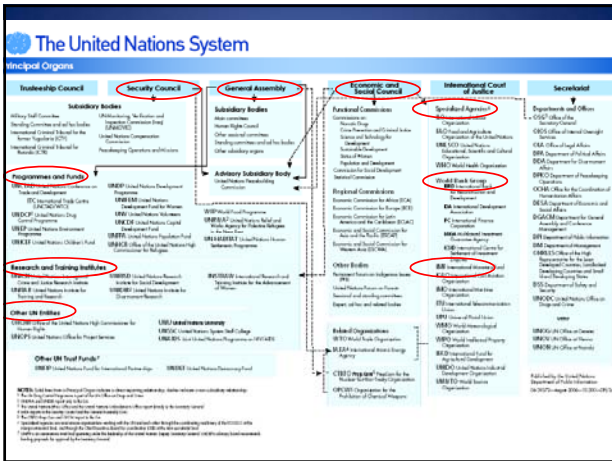
The accomplishments of Latin American social medicine remain little known in the English speaking world. In Latin America, social medicine differs from public health in its definitions of populations and social institutions, its dialectic vision of "health-disease," and its stance on causal inference. A "golden age" occurred during the 1930s, when Salvador Allende, a pathologist and future president of Chile, played a key role. Later influences included the Cuban revolution, the failed peaceful transition to socialism in Chile, the Nicaraguan revolution, liberation theology, and empowerment strategies in education. Most of the leaders of Latin American social medicine have experienced political repression, partly because they have tried to combine theory and political practice—a combination known as "praxis."

Theoretic debates in social medicine take their bearings from historical materialism and recent trends in European philosophy. Methodologically, differing historical, quantitative, and qualitative approaches aim to avoid perceived problems of positivism and reductionism in traditional public health and clinical methods. Key themes emphasize the effects of broad social policies on health and health care; the social determinants of illness and death; the relationships between work, reproduction, and the environment; and the impact of violence and trauma.

Am J Public Health. 2001 Oct;91(10):1592-601.

Post WW2 System of Global Governance

- UN system
 - WHO, UNICEF
- Bretton Woods
- Cold War and the End of History?

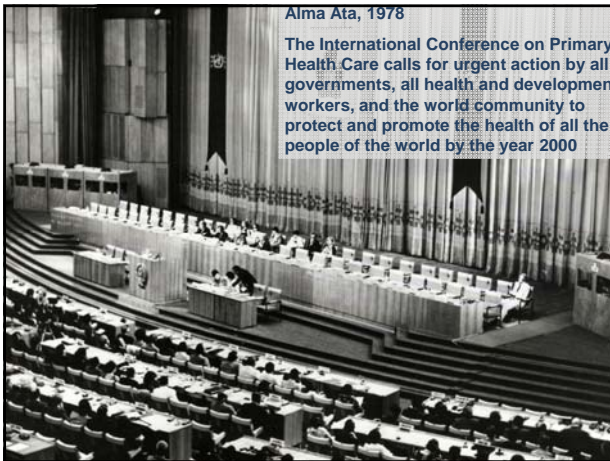


Meanwhile

- Evidence of health improvement at low cost (Nicaragua, Costa Rica, Kerala, Cuba, China, Philippines)
 - Community-oriented primary care (COPC) / Strong role for communities
 - Health care embedded within a public health approach, with strong emphasis on prevention, nutrition, living standards and the environment
 - Often linked to broader policies such as agrarian reform; democratisation; education; sewage and sanitation

WHO taking leadership in global health ...

- Halldan Mahler named WHO D-G (1973-88)
- WHO commissioned a study in the mid 70s: Review of methods to improve health
 - Bottom-up approach attractive
 - Chinese experience & favorable health outcomes
 - World Health Assembly, 1975: priority to national PHC programs
 - Focus on prevention, local involvement
- Led to 1978 Alma-Ata (Kazakhstan, USSR) conference



The Alma Ata Declaration

- The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is **a fundamental human right** and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization **requires the action of many other social and economic sectors in addition to the health sector.**
- The **existing gross inequality in the health status** of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.

- Economic and social development, based on a **New International Economic Order**, is of basic importance to the fullest attainment of health for all and to the reduction of the gap between the health status of the developing and developed countries. The promotion and protection of the **health of the people is essential to sustained economic and social development** and contributes to a better quality of life and to world peace.

Primary health care

- addresses the main health problems in the community, providing **promotive, preventive, curative and rehabilitative** services accordingly;
- includes at least: **education** concerning prevailing health problems and the methods of preventing and controlling them; promotion of **food supply and proper nutrition**; an adequate supply of **safe water and basic sanitation**; **maternal and child health care**, including **family planning**; **immunization** against the major infectious diseases; **prevention and control of locally endemic diseases**; **appropriate treatment** of common diseases and injuries; and provision of **essential drugs**;
- involves, in addition to the health sector, **all related sectors** and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors;

- An acceptable level of health for all the people of the world by the year 2000 can be attained through **a fuller and better use of the world's resources**, a considerable part of which is now spent on armaments and military conflicts. A genuine policy of independence, **peace, détente and disarmament** could and should release additional resources that could well be devoted to peaceful aims and in particular to the acceleration of social and economic development of which primary health care, as an essential part, should be allotted its proper share.

Demise of (comprehensive) PHC

- Alma Ata was radical, revolutionary
- Came under attack immediately
- Walsh and Warren – for Rockefeller Foundation meeting
 - Utopian and Unrealistic
 - Unaffordable
 - Too slow
- Selective PHC
 - Target recipients with selective, low-cost, cost-effective medical technologies
 - Became a new, politically sanitised and technocratic alternative
 - Biomedical and vertical
 - Community more passive
 - One size fits all
 - Precursor of the DALY paradigm

Selective PHC versus comprehensive PHC debate

- Walt and Rifkin
- Smith and Bryant (1988) - cost-effectiveness studies, and their tendency towards promoting SPHC, "tend to focus on only a few interventions, with little effort to look at opportunity costs of alternative activities, or at the dynamics and requirements of social and organisational change in altering the behaviour of individuals or institutions. This is certainly in large part due to the real limitations of available scientific methodologies, which require isolating the parts from the whole in order to increase our understanding of their functioning" .
- Berman (1982) - cost-effectiveness can help to prioritise certain interventions, but by itself, is inadequate for designing primary health care programmes. Effectiveness depends on more than simply selecting feasible death-reducing technology. "Planning must integrate the technical characteristics of medical technology with the 'social' characteristics of medical organisation"

Smallpox

- Total eradication of smallpox is still hailed as a path-breaking success
- Helped legitimise the vertical and technological approach to PHC
- But, smallpox
 - Spreads slowly
 - Almost all cases display recognisable symptoms
 - Infectious only when symptomatic
 - No carrier state
 - Safe and effective vaccine which doesn't need a cold chain
 - Inoculation can be done with a simple, cheap and unsterile device

Meanwhile

Structural Adjustment

- Heavy lending
- Rise in oil prices and interest rates
- Global economic recession

- Many LICs experienced reduced export demand, declines in primary commodity (non-fuel) prices, deteriorating real terms of trade, lower capital inflows and soaring debt service payments.

- Many countries had negative economic growth, reduced government revenue and increasing poverty.

Structural Adjustment

- Loans and structural adjustment programmes
 - Cut back on public expenditure
 - Privatised
 - Health sector reform

 - Pay off debt
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- Among the HR measures taken
 - freezes on hiring and inflation-linked pay increases;
 - elimination of automatic promotions
 - voluntary and compulsory retirement
- Between 1986 and 1996, the real wages for civil servants declined in 26 of 32 SSA countries for which data are available.
 - From 1980 to 1993, the official monthly wage of senior Nigerian civil servants in constant 1995 international dollars (adjusted for purchasing power) dropped from US\$820 to US\$234
- At least 21 countries resorted to retrenchment of some civil servants.
 - In Uganda, the number of civil servants dropped from 320,000 in 1989 to around 148,000 by 1997
- Passive privatisation

- ### UNICEF and child survival
- In 1983, having been instrumental to the birth of Alma Ata, UNICEF announced a new child survival strategy aimed at cutting child mortality by half by the year 2000
 - Focussed on 4 interventions:
 - Growth monitoring
 - Oral rehydration
 - Breastfeeding
 - Immunisation

- ### UNICEF and child survival
- Became GOBI-FFF
 - Growth monitoring
 - Oral rehydration
 - Breastfeeding
 - Immunisation

 - Family planning
 - Food supplements
 - Female education

UNICEF and child survival

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→

- Improved survival
- Without development
- Contradicted the PHC Approach
- Technological and vertical (ORT and vitamins)
- Nothing said about structural adjustment programmes that were decimating health systems

UNICEF and child survival

- It had successes in reducing child mortality
- Stagnation
- Poverty has increased
- Some years ago, a second child survival revolution was announced

Vertical programmes

Many definitions:

- A coherent package of activities operated through a separate administrative or management system, or through 'single-purpose machinery' to achieve a specific set of objectives.
- Tend to be free-standing at all (or most) levels of the health system, often running separately from other services on the ground.
- "Often organised as a self-contained entity within the health system, with strong central control and direction".
- Discrete health activities that have little or no connection with other health activities or health structures
- Usually concerned with the control and eradication of specific diseases, especially those that are vector-borne, or with immunisations and family planning.
- Associated with donor-funded programmes.

Vertical programmes

Advantages

- Strong central and technical control can ensure that things get done
- Ability to respond quickly to changing circumstances
- Focussed objectives within limited timeframes
- Easier to measure outputs and changes in outcomes, easier to claim success
 - easier to demonstrate a 20% improvement in one disease than a 2% improvement across ten fronts
- Avoids danger of doing too many things poorly, rather than a few things well
- Workers with clear, discrete tasks have better morale and enthusiasm
- Can lend to economies of scale

Vertical programmes

Disadvantages

- Distorts health workforce
- Can frustrate HWs
- Expensive, transaction costs / Duplication of effort and wasted time and resources
- Multiple and uncoordinated programmes and reporting systems
- May fail to mobilise community support because imposed from above

Factors to consider

- Complexity of the tasks and support required
- Prevalence and significance of disease / health problem
 - High prevalence and high mortality / morbidity may justify a special, dedicated programme
 - Low incidence may mean the marginal costs of a dedicated service is too high
 - Uncommon disease may require a vertical programme
- Economic / resource constraints
- Population density
 - A study of MCH services in Kenya concluded that in areas of medium population density it was cheaper to immunise children through static health units than through mobile team in mass campaigns.
- Stigma? Socio-cultural factors?
 - Dedicated FP clinics in a society where women are discouraged from using birth control can act as a barrier to access
