Sustainable development goals: What is the impact on Human Resources for Health?

Professor Sir Michael Marmot
@Michael.Marmot
www.instituteofhealthequity.org

WHPA fourth World Health Professions Conference on Regulation
Geneva
May 2016
Why treat people and send them back to the conditions that made them sick?
Key principles

• Social justice
• Material, psychosocial, political empowerment
• Creating the conditions for people to have control of their lives

www.who.int/social_determinants
Health inequalities in the EU

Final report of a consortium

Consortium lead: Sir Michael Marmot
Health equity and social determinants of health are inextricably linked with sustainable development

• Social, economic and environmental development determines health

and

• Health equity is central to sustainable human development
• Of the 17 sustainable development goals, the goal 3 is: *Ensure healthy lives and wellbeing for all at all ages.*

• To do this we need to reduce health inequities between and within countries.
UN sustainable development goals:

1. No Poverty
2. Zero Hunger
3. Good Health and Well-being
4. Quality Education
5. Gender Equality
6. Clean Water and Sanitation
7. Affordable and Clean Energy
8. Decent Work and Economic Growth
9. Industry, Innovation and Infrastructure
10. Reduced Inequalities
11. Sustainable Cities and Communities
12. Responsible Consumption and Production
13. Climate Action
14. Life Below Water
15. Life on Land
16. Peace and Justice, Strong Institutions
17. Partnerships for the Goals

http://www.globalgoals.org/
• All SDGs have potential to impact health equity either directly or indirectly
• SDG 3 and 10 focus on health and inequity explicitly

  • Ensure healthy lives and promote well-being for all
  • Reduce inequality within and among countries
1. Workforce Education and Training
2. Working with Individuals and Communities
3. Health Sector as Employers
4. Working in Partnership
5. Workforce as Advocates
1. Workforce Education and Training
2. Working with Individuals and Communities
3. Health Sector as Employers
4. Working in Partnership
5. Workforce as Advocates
• Every sector is a health sector
  – Health and well being as outcomes

• Empowerment
Life expectancy at age 25 by education, men

Source: Health inequalities in the EU 2013
Under five mortality per 1000 live births by mother’s education: Peru 2000 and 2012

- **2000**:
  - No education: 106
  - Primary: 76
  - Secondary or higher: 35

- **2012**:
  - No education: 43
  - Primary: 33
  - Secondary or higher: 20

(U5M for the ten years preceding the survey)  
Source: measuredhs.com
1. Workforce Education and Training
2. Working with Individuals and Communities
3. Health Sector as Employers
4. Working in Partnership
5. Workforce as Advocates
Global disability patterns by broad cause group and age, 2010

- **Years lived with disability**
- **Musculoskeletal disorders**
- **Mental and behavioural disorders**

Institute of Health Metrics, Global Burden of Disease Report 2012
Socio-emotional difficulties at age 3 and 5: Millennium Cohort Study

Age 3

- Fully adjusted

Age 5

- Fully adjusted

Fully adjusted = for parenting activities and psychosocial markers
Kelly et al, 2010
Obesity
Prevalence of overweight and obesity in Eastern Mediterranean Region, by sex

Source: WHO EMRO
Tobacco smoking
Tobacco use by men and women aged 15-49 by wealth, India

2005–06 National Family Health Survey (NFHS-3).
1. Workforce Education and Training
2. Working with Individuals and Communities
3. Health Sector as Employers
4. Working in Partnership
5. Workforce as Advocates
Employment and working conditions have powerful effects on health and health equity

When these are good they can provide:-

- financial security
- paid holiday
- social protection benefits such as sick pay, maternity leave, pensions
- social status
- personal development
- social relations
- self-esteem
- protection from physical and psychosocial hazards

... all of which have protective and positive effects on health

(CSDH Final Report, WHO 2008)
Occupational stress in European countries

**Per cent**

<table>
<thead>
<tr>
<th>Occupational class</th>
<th>Effort reward imbalance</th>
<th>Low control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very low</td>
<td>40%</td>
<td>30%</td>
</tr>
<tr>
<td>Low</td>
<td>30%</td>
<td>20%</td>
</tr>
<tr>
<td>High</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>Very high</td>
<td>10%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Note:**
- Effort reward imbalance indicates a high level of stress.
- Low control indicates a low level of control over work.
1. Workforce Education and Training
2. Working with Individuals and Communities
3. Health Sector as Employers
4. Working in Partnership
5. Workforce as Advocates
Health and wellbeing Boards one year on – what priorities have been agreed?

Source: The King’s Fund, 2013
1. Workforce Education and Training
2. Working with Individuals and Communities
3. Health Sector as Employers
4. Working in Partnership
5. Workforce as Advocates
Clinical Tool: Screening for poverty, Canada

“Poverty requires intervention like other major health risks.”

Self reported health by education and social expenditures: men 18 EU countries

Source: Dahl & van der Wel, data from EU SILC 2005
Education of Health Professionals
The Commission on the Education of Health Professionals- the four Cs

Criteria for admission: social equity
Competencies: Practice based; Communication and Partnership skills
Channels: All
Career pathways: develop social agency and notions of social justice

Health is a human right
Do something
Do more
Do better
UCL Health and Society
Summer School: Social Determinants of Health
4th July – 8th July 2016

For further information please email: e.poole@ucl.ac.uk
http://www.ucl.ac.uk/summer-school-social-determinants-health
Twitter: #UCLSDoH