



UCL Institute of Health Equity



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

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www.instituteofhealthequity.org

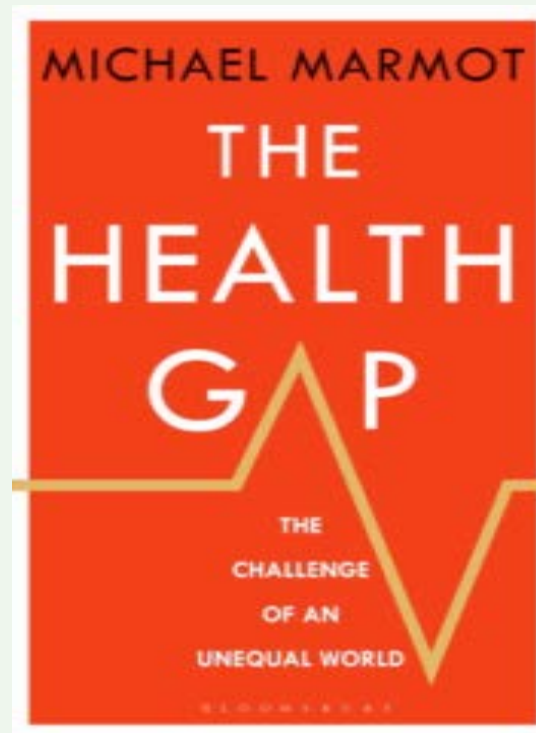
**WHPA fourth World Health Professions
Conference on Regulation**

Geneva

May 2016



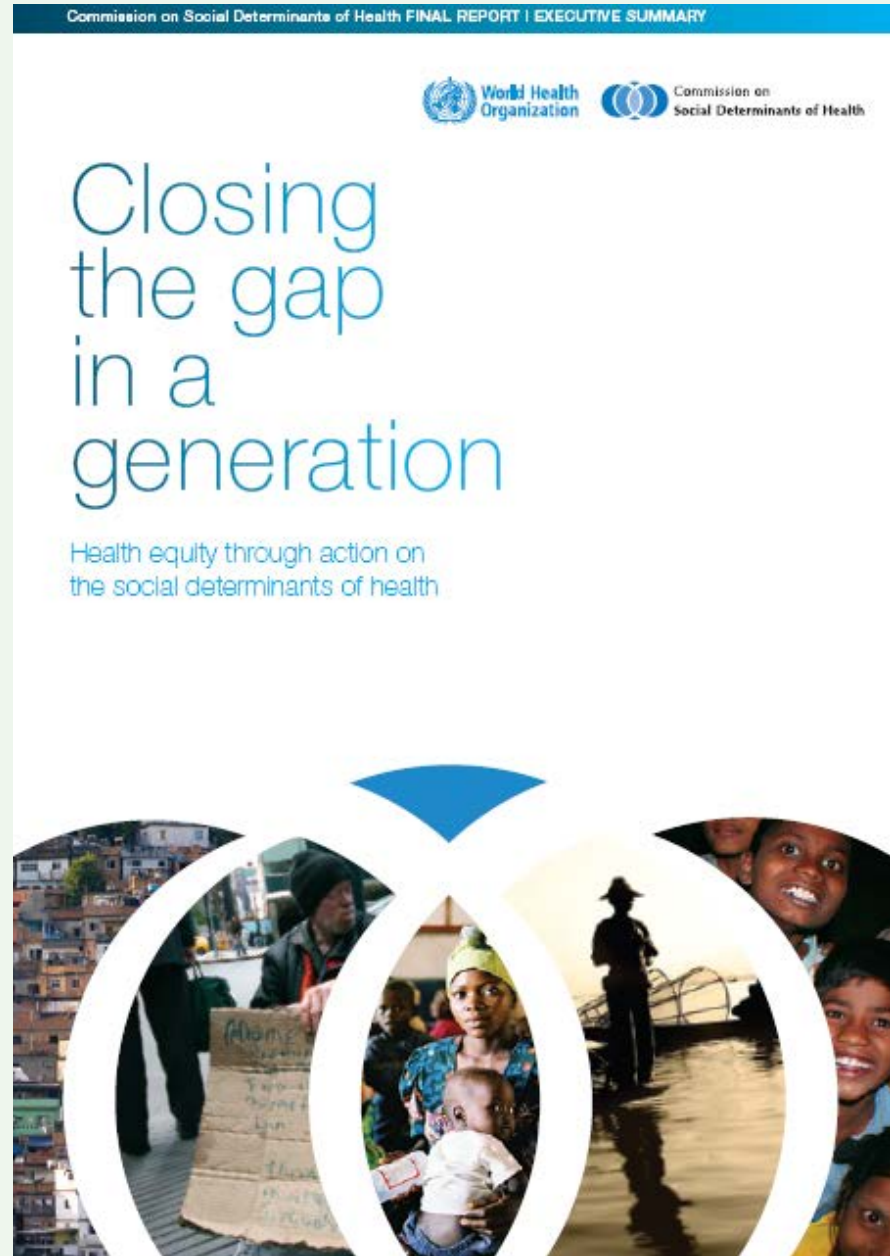
Why treat people and send them back to the conditions that made them sick?

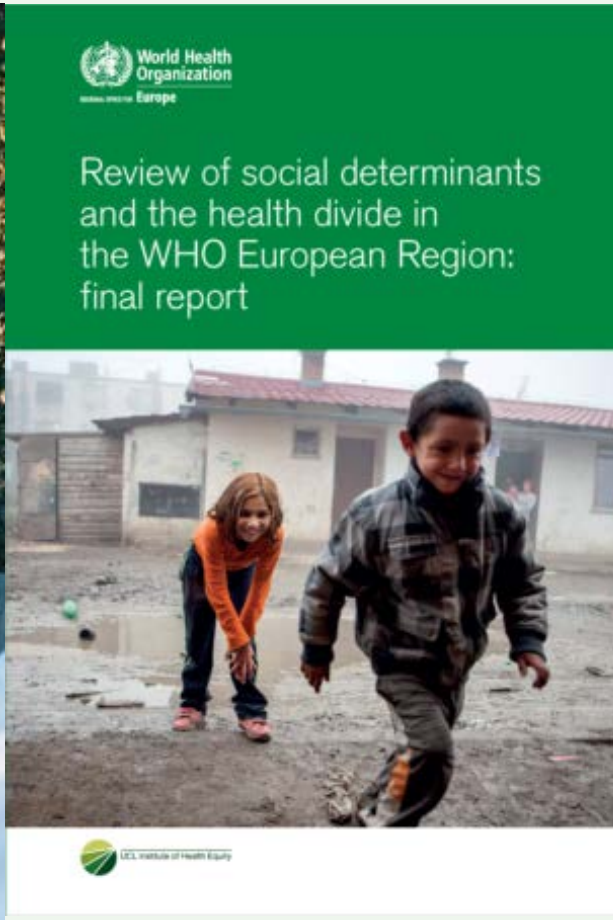


Key principles

- 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 and Consumers

Health equity and social determinants of health are inextricably linked with sustainable development

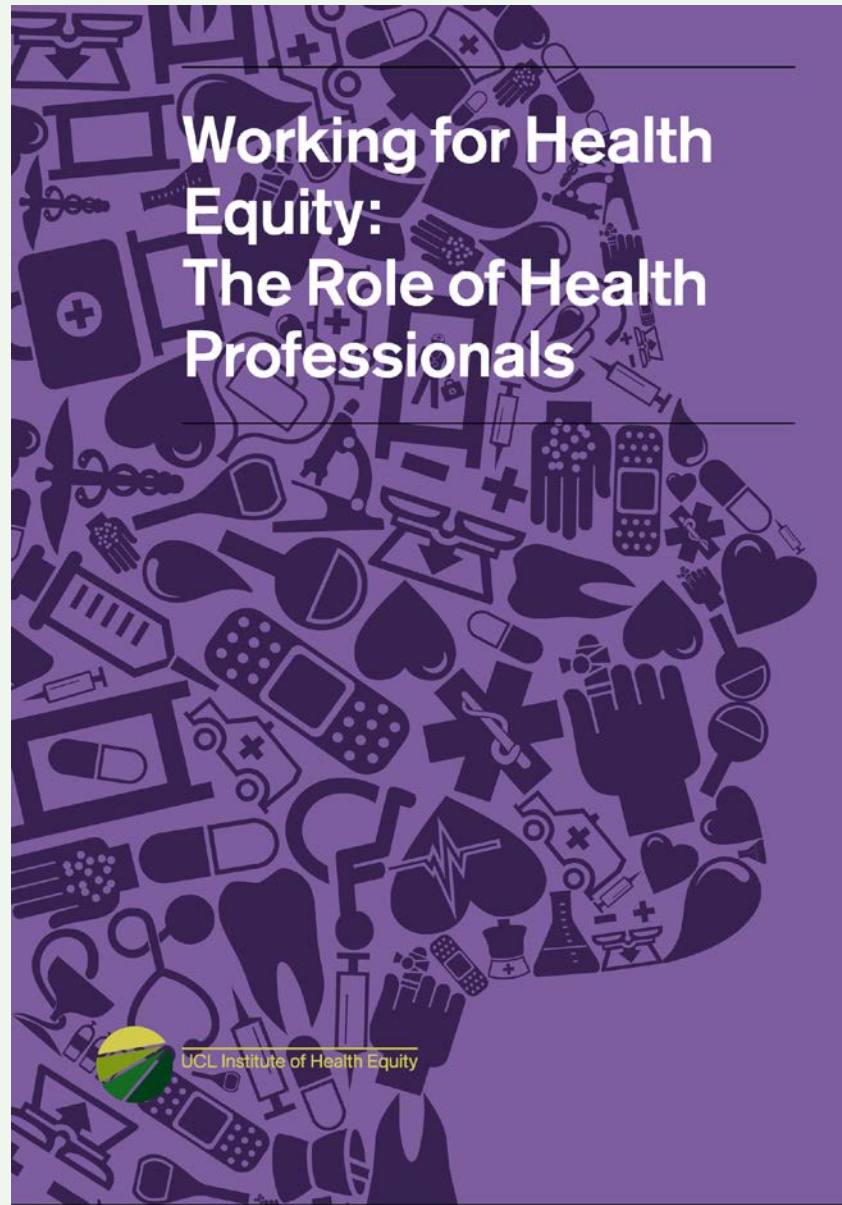
- Social, economic and environmental development determines health
- and
- Health equity is central to sustainable human development

- 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:



- 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**

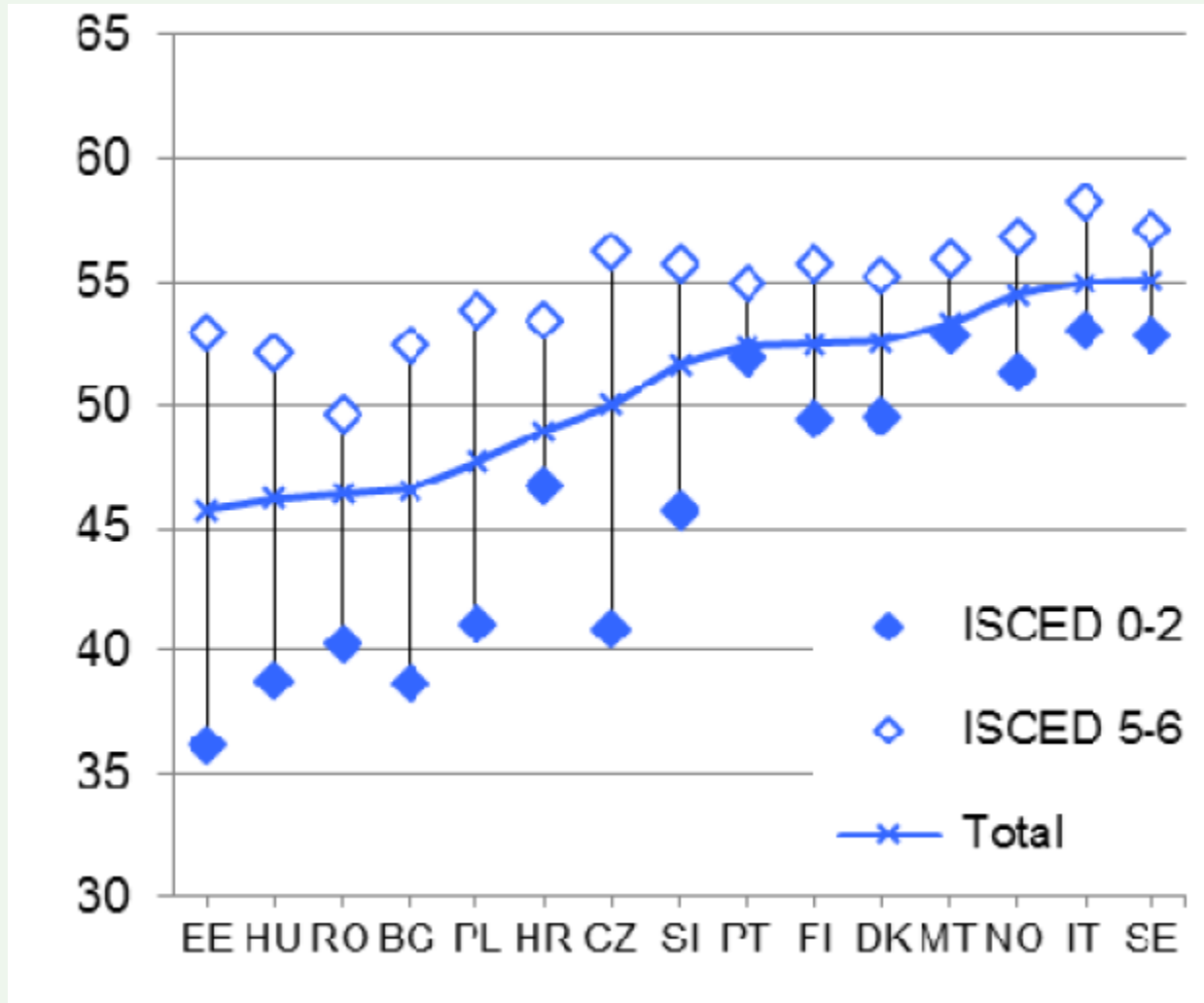


1. Workforce Education and Training
2. Working with Individuals and Communities
3. Health Sector as Employers
4. Working in Partnership
5. Workforce as Advocates

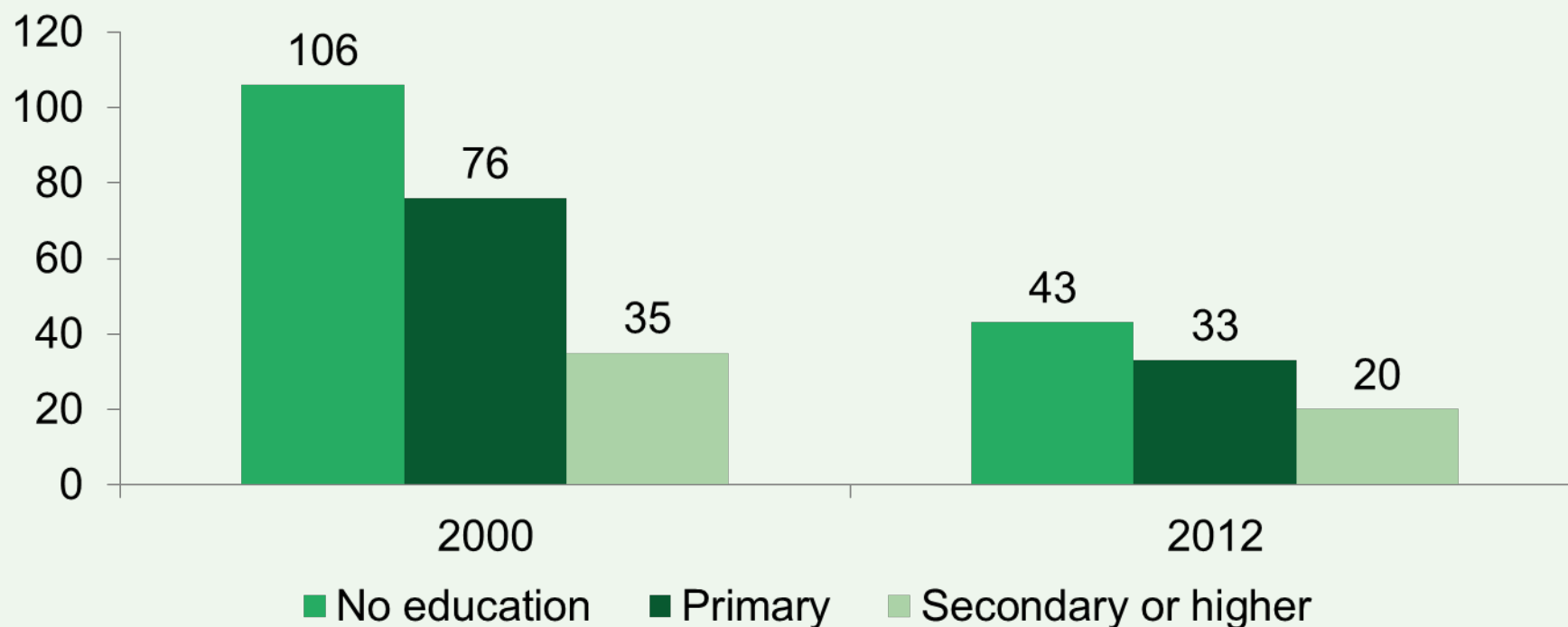
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- Every sector is a health sector
 - Health and well being as outcomes
- Empowerment

Life expectancy at age 25 by education, men



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



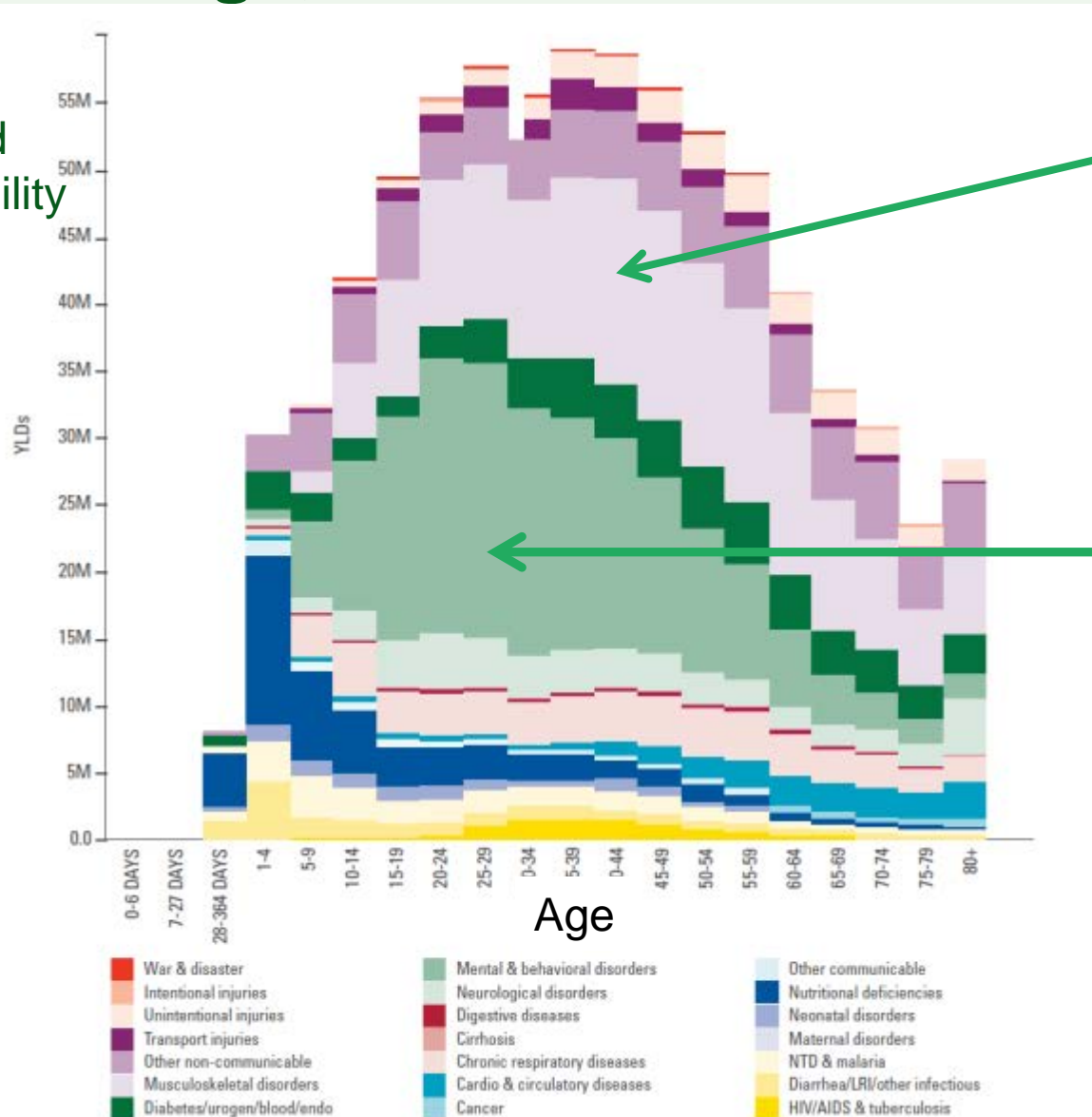
(U5M for the ten years preceding the survey)

Source: measuredhs.com

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Global disability patterns by broad cause group and age, 2010

Years lived with disability



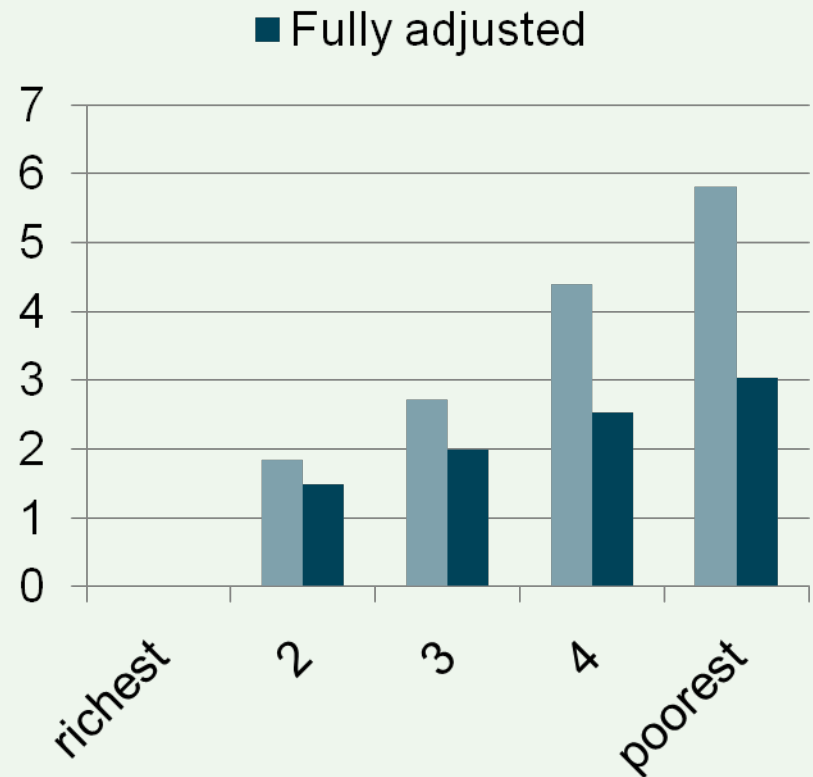
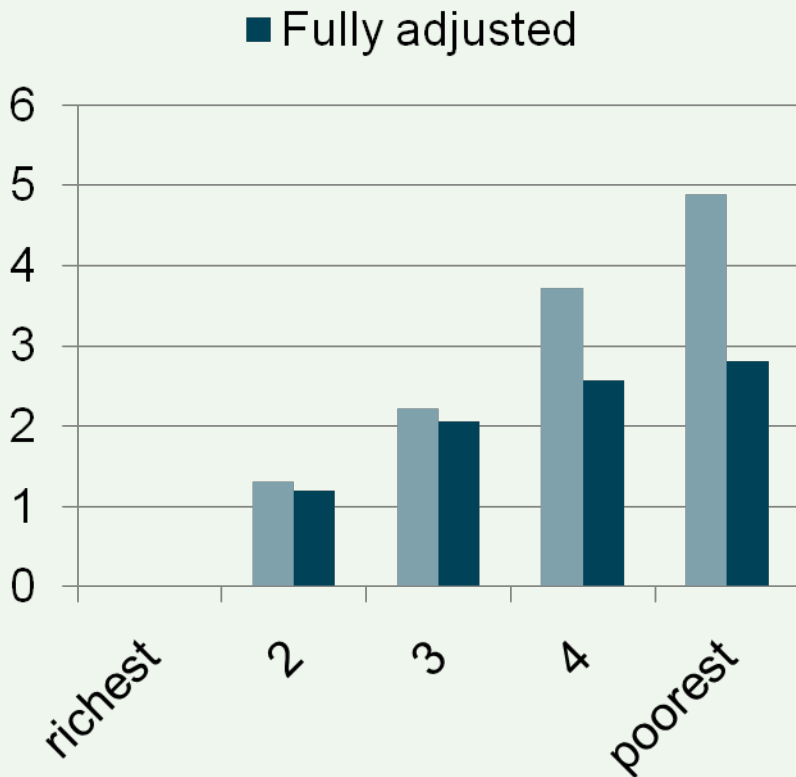
Musculoskeletal disorders

Mental and behavioural disorders

Socio-emotional difficulties at age 3 and 5: Millennium Cohort Study

Age 3

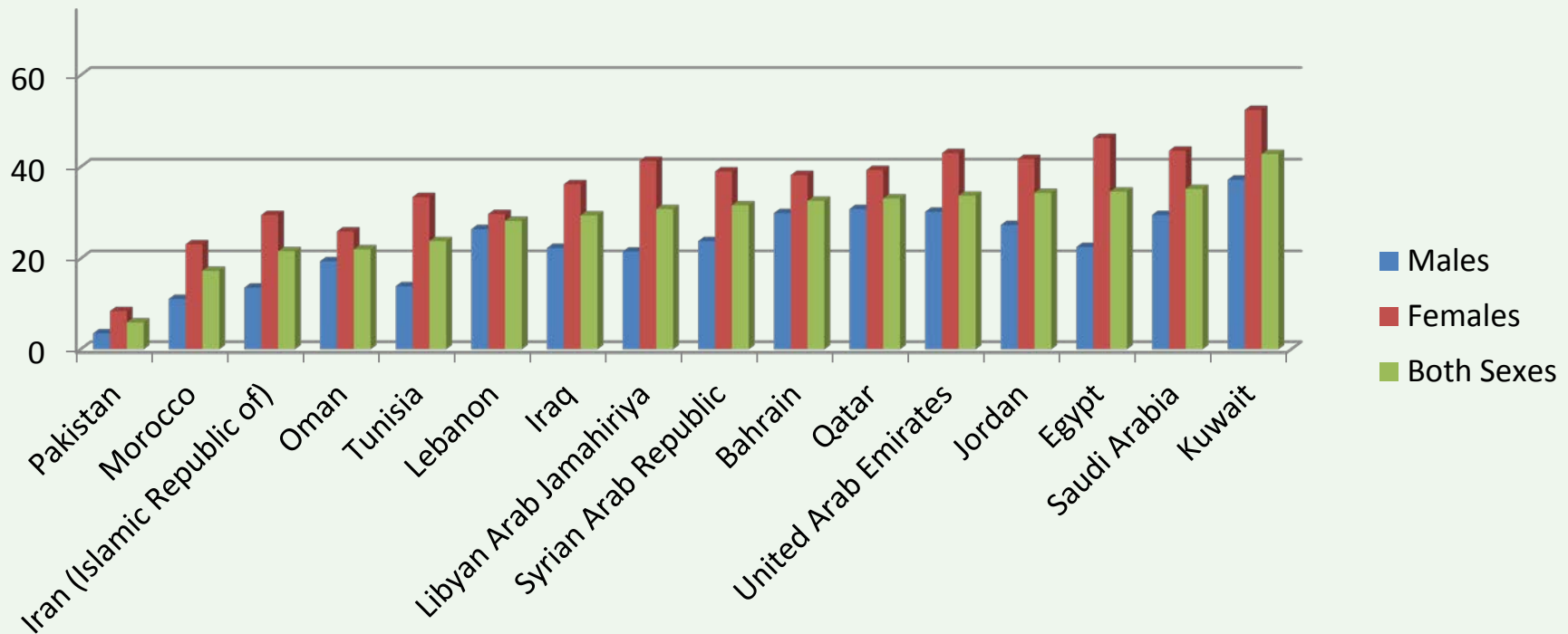
Age 5



Fully adjusted = for parenting activities and psychosocial markers
Kelly et al, 2010

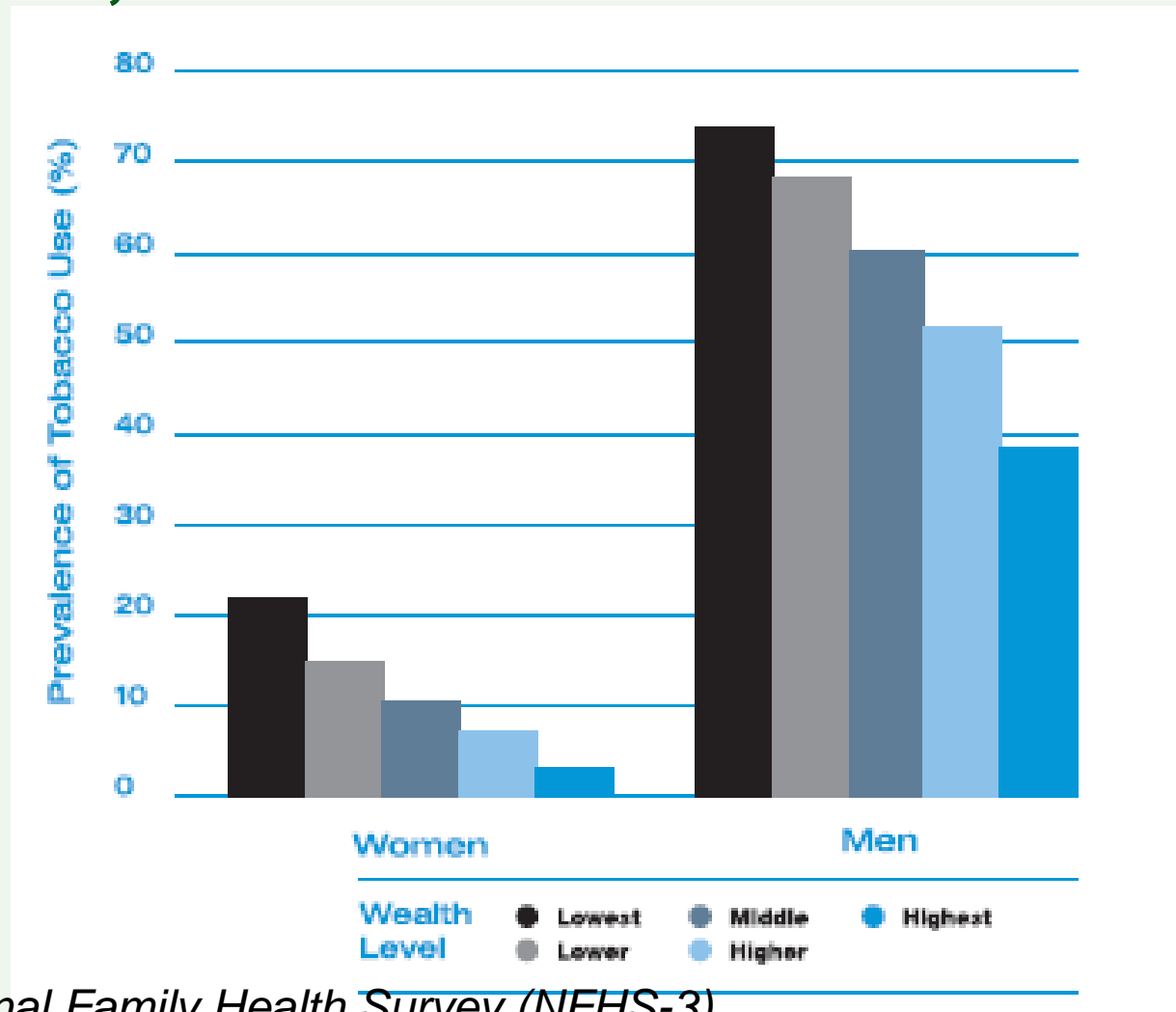
Obesity

Prevalence of overweight and obesity in Eastern Mediterranean Region, by sex



Tobacco smoking

Tobacco use by men and women aged 15-49 by wealth, India



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Employment and working conditions have powerful effects on health and health equity

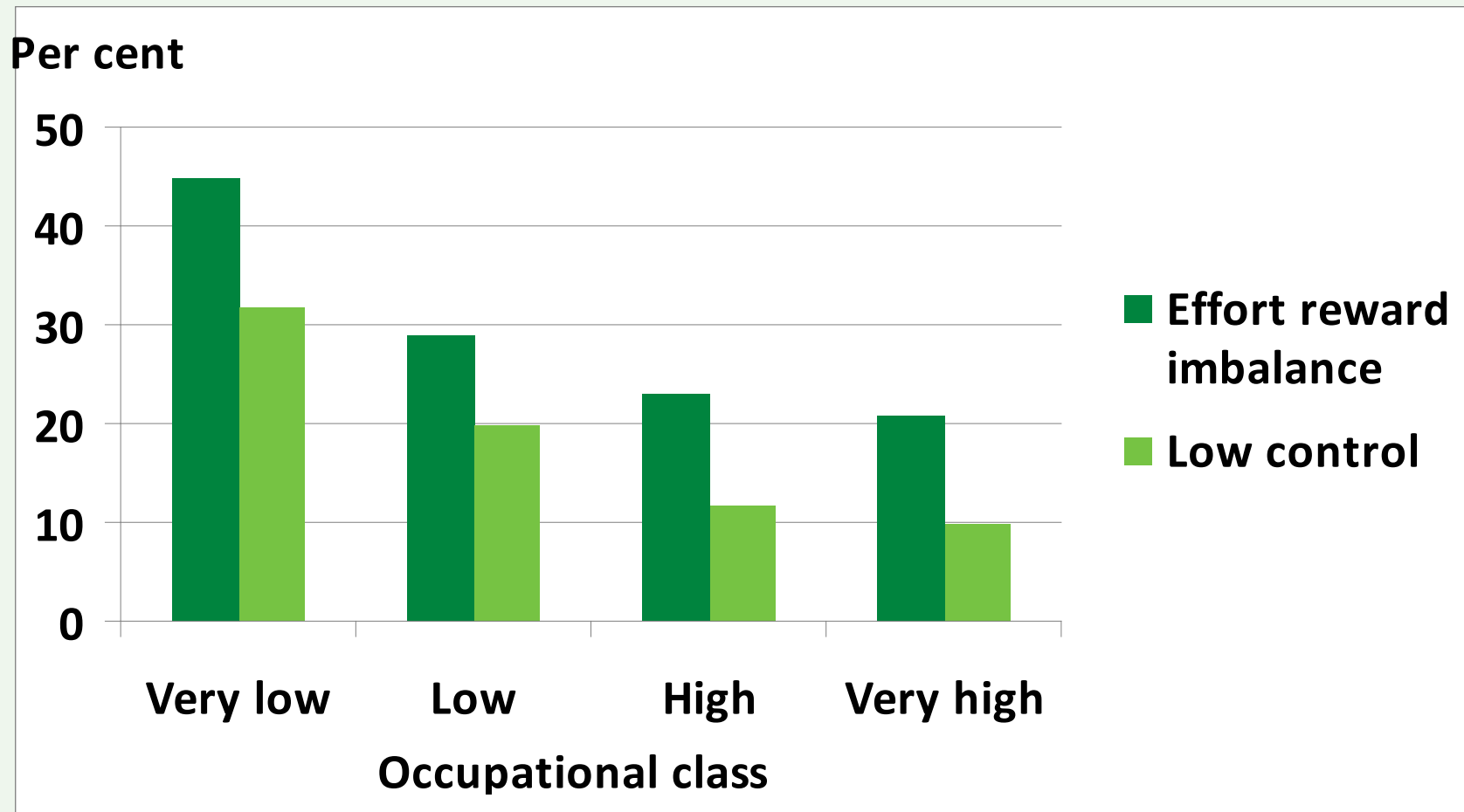
When these are good they can provide:-

- 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

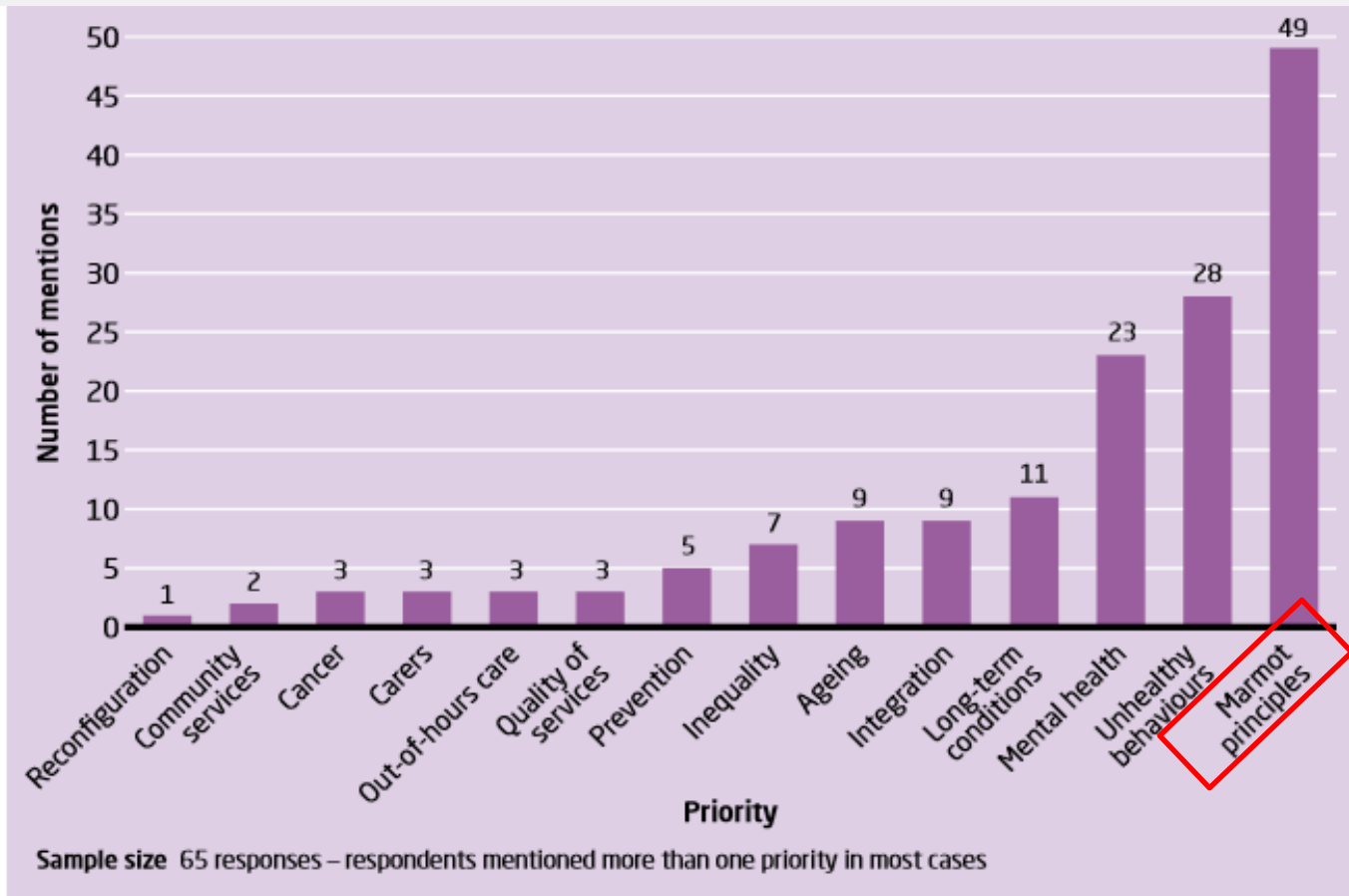
(CSDH Final Report, WHO 2008)

Occupational stress in European countries



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Health and wellbeing Boards one year on – what priorities have been agreed?





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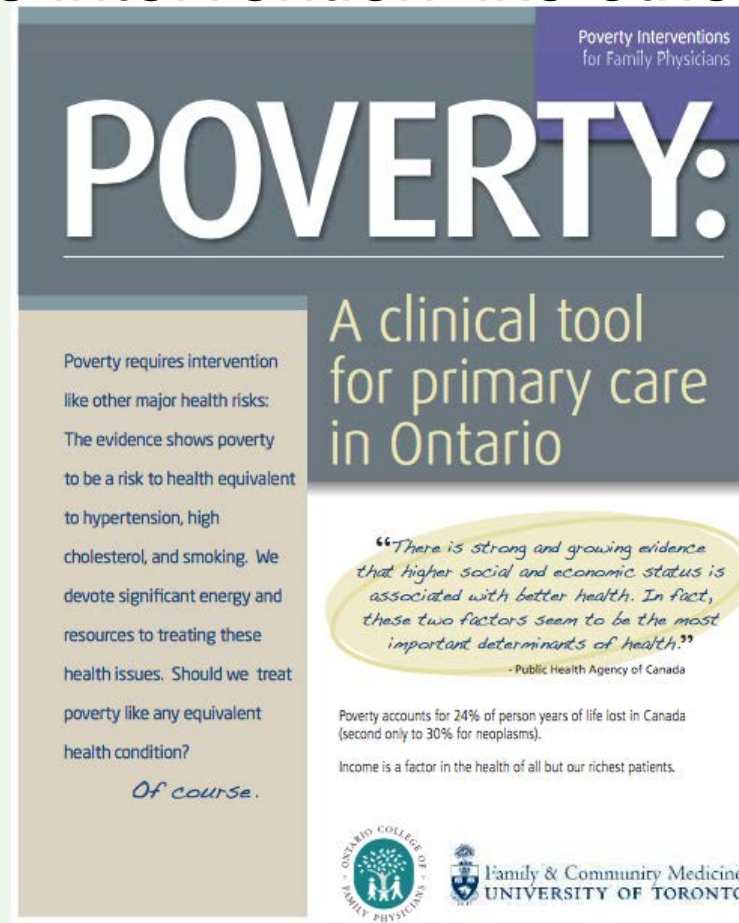
West Midland Fire Service



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Clinical Tool: Screening for poverty, Canada

“Poverty requires intervention like other major health risks”



Poverty Interventions
for Family Physicians

POVERTY:

A clinical tool
for primary care
in Ontario

Poverty requires intervention like other major health risks: The evidence shows poverty to be a risk to health equivalent to hypertension, high cholesterol, and smoking. We devote significant energy and resources to treating these health issues. Should we treat poverty like any equivalent health condition?

Of course.

“There is strong and growing evidence that higher social and economic status is associated with better health. In fact, these two factors seem to be the most important determinants of health.”

- Public Health Agency of Canada

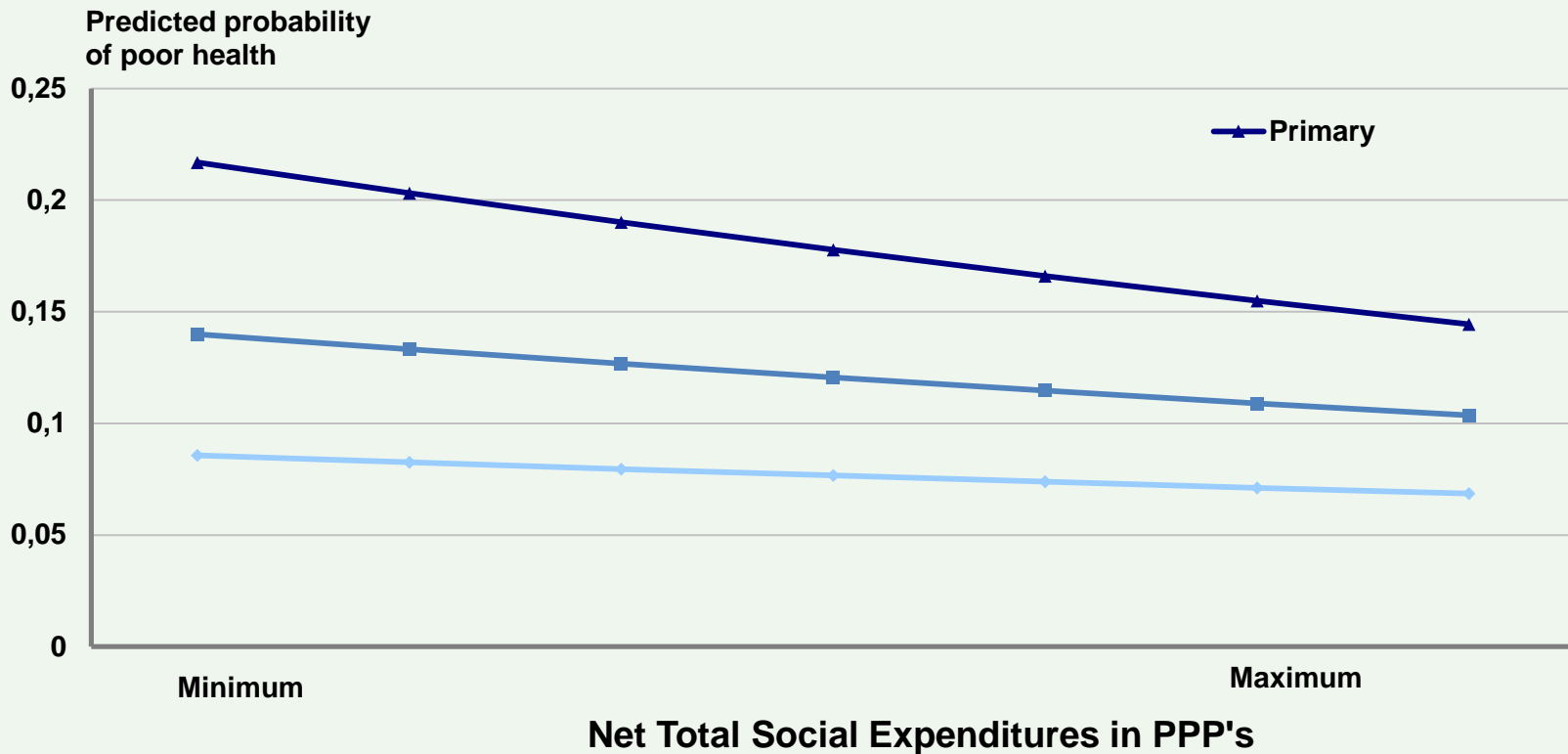
Poverty accounts for 24% of person years of life lost in Canada (second only to 30% for neoplasms).

Income is a factor in the health of all but our richest patients.

ONTARIO COLLEGE OF FAMILY PHYSICIANS

Family & Community Medicine
UNIVERSITY OF TORONTO

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

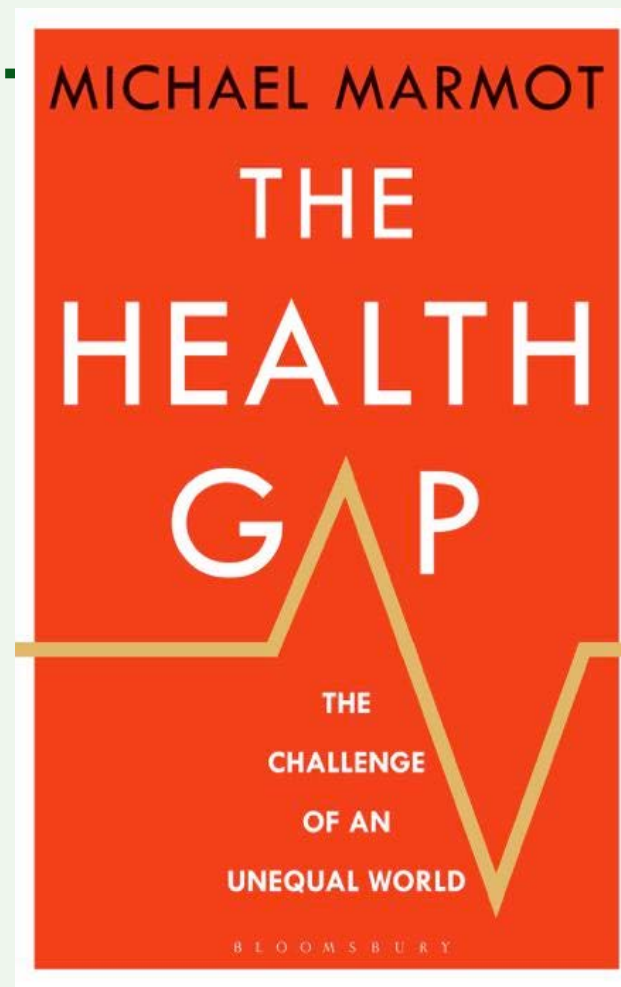
Channels: All

Career pathways: develop social agency and notions of
social justice

Source: Frenk, J., et al., *Health professionals for a new century: transforming education to strengthen health systems in an interdependent world*. The Lancet, 2010. **376**(9756): p. 1923-1958.



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A photograph of two children in a slum. A boy in a grey and black jacket is running towards the camera, while a girl in an orange shirt and dark pants is crouching behind him. The background shows simple, weathered buildings with red-tiled roofs and a muddy, unpaved ground.

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