Investing for Equity in Health

current perspectives, trends and examples

Chris Brown
European Office for Investment for Health & Development
WHO Regional Office for Europe
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International Conference
‘Working together for Health Equity’
The Political and Policy Context
• Health has moved up in the political agenda in all countries - in development policies and in global agreements - precisely because of its **relevance both to the economy, political ideology and legitimacy and to the expectations of citizens.**

• It is of a highly **symbolic nature**: it concerns definitions of the common good, the role of the state, markets and individuals, the interests of many stakeholders in society.

Adapted from Kickbusch 2012
Health – a precious global good

• Higher on the political and social agenda of countries and internationally
• A human right and matter of social justice
• Important global economic, trade and security issue
• Major investment sector for human, economic and social development
• Major economic sector in its own right
Significant improvements but progress is uneven and unequal.

Source: European Health for All database (HFA-DB). Copenhagen: WHO Regional Office for Europe; 2014.
Health Opportunities, Risks & Consequences

People figures from Norway’s National Strategy to Reduce Social Inequalities in Health, 2007:
http://www.regjeringen.no/pages/1975150/PDFS/STM200820070020000EN_PDFS.pdf
## Equity – not only a concern for health

### Employment
High level of unemployment. Disproportionately affects women, less educated and rural population. Youth long-term unemployment an issue.

### Geographic Divides
Higher levels of unemployment and poverty in rural & peri. urban areas & where service infrastructure & access is limited & low quality.

### Health & Social Protection
Coverage and Access vary according to social status & and geography. Informal payments & user fees have biggest impact on those with fewer material & economic resources and increase poverty risk.

## Ethnicity
Despite great achievements inequities persist.

## Poverty
Children growing up in Poverty eg Child Poverty Rates across the EU 10%-33%. Families falling into debt, social protection varied.

## Education
Key determinant of poverty and exclusion from employment. Infrastructure, access and attainment vary across social groups & geographic areas.

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**World Health Organization**

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For richer, for poorer
Growing inequality is one of the biggest social, economic and political challenges of our time. But it is not inevitable ......

The Economist Special Edition October 13th
2012
What do we want our policies to do?

- **Increased Inequity**
  - High S.E.G. (Before)
  - High S.E.G. (After)

- **Unequal Benefits**
  - Low S.E.G. (Before)
  - High S.E.G. (After)

- **Preserve Inequity**
  - Low S.E.G. (Before)
  - High S.E.G. (After)

- **Levelling Up**
  - Low S.E.G. (Before)
  - High S.E.G. (After)
• Actions to reduce inequities have been predominantly of a small scale/time limited projects.

• National Strategies & targets exist in some countries, but many are only being partially implemented or implemented in isolation

• Challenges of ‘connecting’ across sectoral policies or government development agendas.

• Weakness in participatory approaches involving beneficiaries of inequity reduction policies.

• More attention and capacity needed to create and sustain the political commitment for health equity
Common Agendas and Investments for equity in health

Evolution in thinking and approaches
Health equity is not (only) a primary goal but a contributor to wider Societal Goals

e.g. reducing vulnerability, increasing social cohesion and well being, sustainable development
Focus on the Co-Production of Results

Benefits for health

Benefits for other sectors

Benefits for societal goals

Equity & Health Equity as common measures of public policy performance
Investment for Health Equity in policies across Europe

- as a matter of fairness and social justice,
- as a human right
- for achieving Social Cohesion
- as an approach for managing / reducing social and economic costs
- as an approach to social and economic sustainability
- as an enabler of inclusive growth & development
Reducing Inequity in participation in employment - a shared agenda for health, education, labour and the economic sector

Unemployment

- Associated with a doubling of the risk of illness and 60% less likelihood of recovery from disease*

- Strong correlation with increased alcohol poisoning, liver cirrhosis, ulcer, mental disorders**

- Increase of suicide incidence***
  GRE and LVA 17%, IRE 13%

- Active labour market policies and well-targeted social protection expenditure can eliminate most of these adverse effects

Health and equity as a basis for Innovation, Skills & Job creation

- Cycling and walking infrastructure
- Health Tourism
- Short supply chains and new product development with the agriculture and environment sectors.
- Active free time
- Energy saving projects (energy efficient public buildings including hospitals)

Example
Health investments contributing to new market development and the growth of small & medium enterprises – SMEs
Increasing equity in health and strengthening the social economy

Local people, business & authorities creating solutions

Social mobilisation

Inclusive Decision Making

Shared Accountability

Joining up policy sectors and interests to reduce inequities in risk factors for NCDs

- Fiscal policy to control Harmful use of Alcohol

Mapping Allies and Interests

- Ministry of Justice & Police
- Employers and Development Sectors
- Health
- Transport
- Local Communities

Alcohol Related Harm

€125 billion annually in the EU, equivalent to 1.3% of GDP

Source: McDaid, Sassi and Merkur, 2012

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Reducing health inequities in later life and delivering on targets to increase participation of older people in the workforce requires a healthy population & complimentary policies between health, development and social sectors.
Current European agendas supporting joint investment in health equity

- Inclusive Growth agendas
  EU Targets
  - Poverty Reduction
  - Participation of Older People in the Workforce
  - CAP Inclusive growth through education & employment
  - EU Social Investment Package
- Costs associated with preventable disease and Inequities
- Well being & Resilience
- Social Sustainability
- WHO Health 2020 Policy Framework
How do we make joint investments for equity in Health work in practice?
New forms of governance for health

The 21st century approach to governance for health

Governing through:
collaboration
citizen engagement
a mix of regulation and persuasion
independent agencies and expert bodies
adaptive policies, resilient structures and foresight

Source: Kickbusch, 2011
Incentivizing cooperation across sectors and stakeholders

**Partnership Platforms** Formal Intersectoral & Inter-ministerial Working Groups & Task Forces  *Slovenia*, *Estonia*, *Denmark*, *Finland*,

**Financial & reward systems linked to team results**
Shared/ Pooled Budgets, common Performance Indicators. *England*, *Spain*, *Norway*,

**Joint Review of policies and interventions** ensure shared understanding of problems & solutions e.g. Impact Assessments, Cross Sectoral Spending Reviews *Slovakia*, *Lithuania*, *Latvia*, *Scotland*, *EU OMC*;
Hold decision makers to account for health & equity results - use a mix of hard and soft instruments

Laws, MoUs, Contracts make responsibilities explicit & hold decision makers to account for results.

Guidance, Audit and Regulation support systematic action & remedy poor performance.

Rewards & Incentives make pro health action the easy option.

Common Targets Health & Equity as key indicators.

Systematic & Transparent Monitoring
Diversity of voices in decision making and implementation

Bottom Up Planning

Capacity Building for Communities to Participate

Public Reporting of actions and engagement in review of progress e.g. citizens juries, community panels, social networks and media)
Thank you!

www.who.euro.int.socialdeterminants.