

INEQUALITIES IN HEALTHCARE

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Definition

- Health equity relates to the fairness in distribution of health resources and outcomes. This applies both to equity between citizens in specific countries (intra-country) as well as between countries (inter-country) or regions (inter-regional).
- The World Health Organization (WHO) defines health inequalities as 'differences in health status or in the distribution of health determinants between different population groups'

Absolute and relative health inequalities

- There are health inequities everywhere, but they are more pronounced in certain settings. Rather than viewing this in terms of absolute differences between rich and poor they should be understood as comprising relative social gradients
- It follows that where societal resources are maldistributed by elements such as income, class, spatial location, race, and gender, population health will correspondingly be unequally distributed.

The WHO Commission on Social Determinants of Health

- In an effort to address the social, economic, and environmental conditions that impact on health and cause health inequity, in 2005, the WHO established the Commission on Social Determinants of Health¹ (CSDH) to provide context-specific advice for regions, countries and global health partners

The three focal areas of the CSDH findings are to:

- (1) improve daily living conditions,**
- (2) tackle inequality in the distribution of resources and power,**
- (3) understand and measure the extent of health inequity and take action.**

Improve daily living conditions

- **Promote equity from conception.** Child development begins with the health of the mother during pregnancy. Once born, many factors may affect the child in its physical, social, emotional, linguistic, and cognitive milieu. All of these critically influence the growth, development, and health of the child.
- The evidence suggests that pre- and postnatal interventions reduce health inequalities and improve maternal and child health outcomes, particularly if these are aimed at the poorest quintiles in low- and middle-income countries

- **Provide a more equitable start in early life.** A comprehensive approach to early life, built on the experience of existing child survival programmes, but including also early learning activities to stimulate social/emotional and language/cognitive development is important.
- Increased coverage of high-impact child survival interventions such as skilled birth attendants, measles vaccination, treatment of childhood diarrhoea and pneumonia, provision of insecticide-treated bed nets for children, offering nutrition support, and introducing appropriate socioeconomic measures can all have these effects. The outcomes may reduce neonatal morbidity as well as longer-term reductions in stunting and underweight

- **Create healthy places for people.** The environments where people live and work profoundly affect their lives and well-being. Taking action to promote fair planning and improving habitats in both rural and informal urban areas through proactive town planning is essential for long-term health equity
- Sustained investment in rural development, removing exclusionary policies and processes that lead to rural poverty, dealing with landlessness, and reducing the displacement of people from their homes are all measures that improve the settings in which people live and work.

Meaningful employment and decent work

- Unemployment is one of the major determinants of health inequity. Meaningful employment and work opportunities for disadvantaged populations profoundly affects health equity.
- Actions to make full and fair employment, as well as decent work, the cornerstones of national and international social and economic policymaking are crucial to achieving health equity. Improving working conditions for all workers reduces accidents, minimizes harmful exposures to material hazards, decreases work-related stress, and diminishes health-damaging behaviours. If health equity is to be achieved, safe, secure, fairly paid, all- year-round work opportunities, and a sound work–life balance are basic needs for all citizens.

Social protection throughout the full life cycle

- People of all ages, whether they are infants, toddlers, children, adolescents, young people, working adults, or older persons, need social protection. Everyone is at all times vulnerable to adverse life events which can strike even those who are well endowed.
- Comprehensive social protection should include the public provision of basic utilities such as free or low-cost water, sanitation, electricity, housing services, as well as education, health, and welfare services. Provision of such public goods and services, also known as the social wage, comprises the building blocks of a fair and just society

Universal healthcare

- The health system itself can be considered a social determinant of health. While a good system with a well-trained, capable, and motivated workforce can improve health equity, a poor system may make things worse by imposing costs through out-of-pocket expenses without offering sufficiently good care.
- This can delay or deny health services and may also aggravate poverty. To deal with this, the action that is necessary is for governments to strive to provide universal health coverage of sound quality based on the principles of PHC
- This would include the provision of **equitable, accessible, appropriate, affordable** services focused **on health promotion, disease prevention**, and multi-sectoral social development in which citizens are active participants

2. Tackle the inequitable distribution of resources and power

- **Health equity in policies and programmes.** All dimensions of societal activity, the economy and finance, education, sanitation, housing, transport, employment creation, and so on, have the potential for affecting health and well-being of the population and individuals. Socioeconomic status (SES) and health are associated across a continuous gradient at all levels, and not just at the extremes of wealth and poverty.
- Action requires placing responsibility for action-on-health and health equity at the highest level of government, to ensure its coherent implementation across all policies.

Fair financing

- Public financing for the social determinants of health is fundamental to the promotion of health and prevention of disease. Public financing and the progressive achievement of universal coverage in the developed world has historically led to socioeconomic progress.
- Action is required to strengthen public finance for action on the social determinants of health. It means that national governments fairly allocate tax resources for implementation of the social determinants of health. A national health insurance, as one of the components of social spending, funded from progressive taxation and from other sources, should become the cornerstone of redistributive policies aimed at counteracting health inequity and reducing poverty.

Market regulation

- Using an unfettered market-orientated approach to health development is a double-edged sword. While it may assist with introducing new technologies and services which provide some benefit, it is as likely to cause unintended consequences in creating unnecessary or unhealthy goods and services, exacerbating unhealthy working conditions, and increasing health inequity by serving mainly those with financial resources.
- Responsible governments should take steps to introduce some degree of market regulation to enable the realization of the benefits of free enterprise, while limiting the damage that could exist in a free-for-all situation

Gender equity

- Gender inequities, characterized by harmful masculine norms, pervasive in almost all societies, impact significantly on child health and survival. The uneven power relationships, resources, entitlements, norms and values, as well as the way in which organizations are structured, and programmes are run, although they impact mostly on girls and women also have serious consequences for boys and men.
- There are innumerable ways that gender impacts on inequity whether as a result of unfair feeding patterns, violence against women, unfair divisions of work, leisure, and opportunities to improve life as well as inequitable decision-making

Political empowerment

- Democratic participation in a full and unrestricted manner is a very important aspect in creating an equitable society which is free of material and psychosocial deprivation. Exclusion from participatory processes is one of the key dimensions that adversely affect well-being.
- People's movements and community empowerment initiatives can mitigate exclusionary social practices. Ultimately, however, although civil society and the private sector can support policies which advocate for active social inclusion, it is the government that has to adopt legislation that will guarantee citizen rights to participation.

Good global governance

- The huge disparities between the lives and health of people in different parts of the world are a reflection of the unequal distribution of power and wealth of different countries.
- While there are benefits to globalization, there are also severe consequences for the poor and this has highlighted the need for the WHO's efforts to strengthen multi-sectoral action for development and improve global leadership to take proactive steps to tackle the social determinants of health and to institutionalize these efforts as a guiding principle.

3. Measure and understand the problem and assess the impact of action

- **The social determinants of health: monitoring, research, and training.**
Reliable data are essential to identify health problems and devise solutions to factors impacting the social determinants of health.
- This requires: ensuring that routine monitoring systems for health equity and the social determinants of health are in place, locally, nationally, and internationally; investing in generating and sharing new evidence on the ways in which social determinants influence population health equity; and on evaluating the effectiveness of measures to reduce health inequities through action on social determinants.

- Differences of SES can be measured in two main ways: individual household measures and geographic/area based measures, each with advantages and disadvantages.
- Individual measures use indicators such as income (personal or individual), educational levels, or occupation. Although the value of these is their specificity, often such information is not generally available. Within countries the income inequities between the top 20 per cent and the bottom 20 per cent of the population can be used for this purpose.
- Geographic-based information relates to areas and although not applicable to all individuals can be applied to a group of people.

Assignment

- **Discuss (with relevant examples) the various models of social determinants of health. [refer to the article “conceptual models of social determinants of health” posted on whatsapp group and google classroom.] [20marks]**
- Due date for submission is 11th may 2021. submit by mail to odulusidaniel@gmail.com