La medicina es una ciencia social
y la política no es más que medicina a gran escala

Rudolph Virchow (1821-1902)

Cómo enfrentar as desigualdades sociais em saúde

experiências internacionais: o qué ja aprendemos?

X Congresso Brasileiro de Epidemiologia

Florianópolis – Outubro 11, 2017

Oscar J Mujica MD MBBS MPH PHE MACE; Regional Advisor, Social Epidemiology
Special Program on Sustainable Development and Health Equity, PAHO/WHO

Pan American Health Organization

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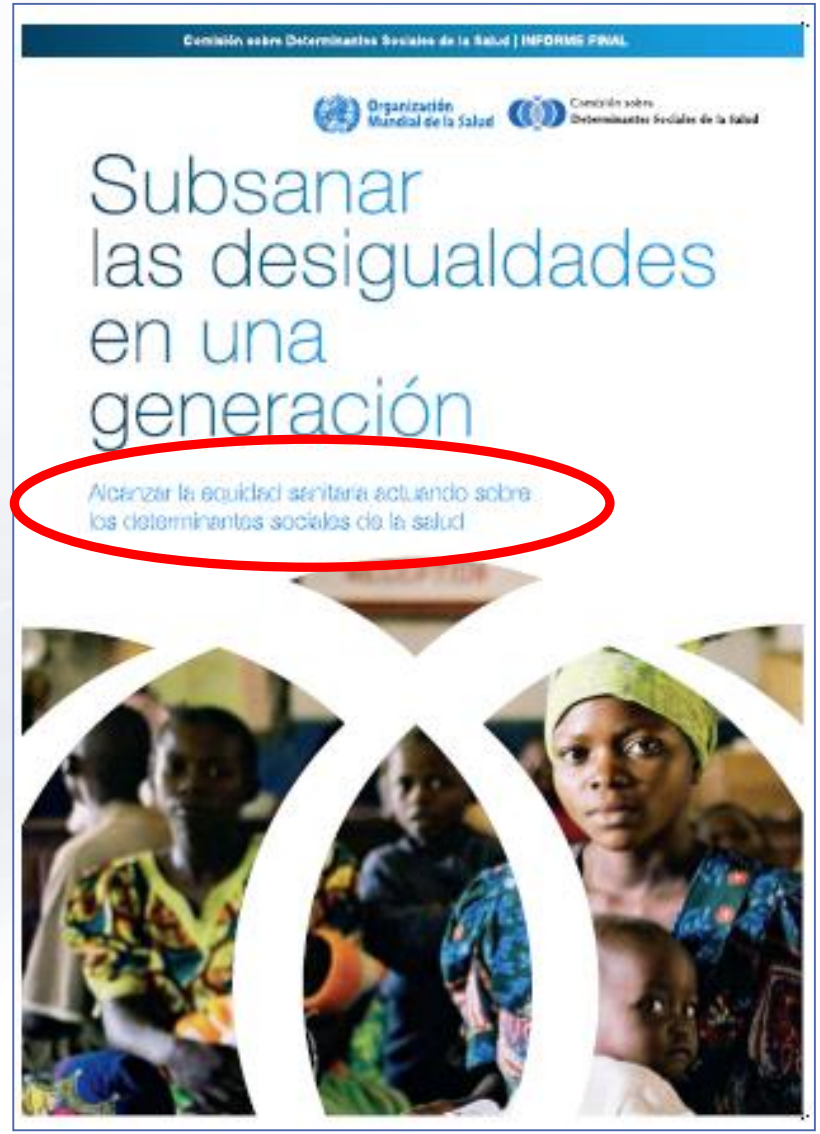
¿cómo eliminar las desigualdades sociales en salud…?

En nombre de los Estados Miembros de la OMS, en 2005 el Director General Dr. LEE Jong-wook comisionó la respuesta a esta pregunta al Prof. Sir Michael Marmot, del Reino Unido.

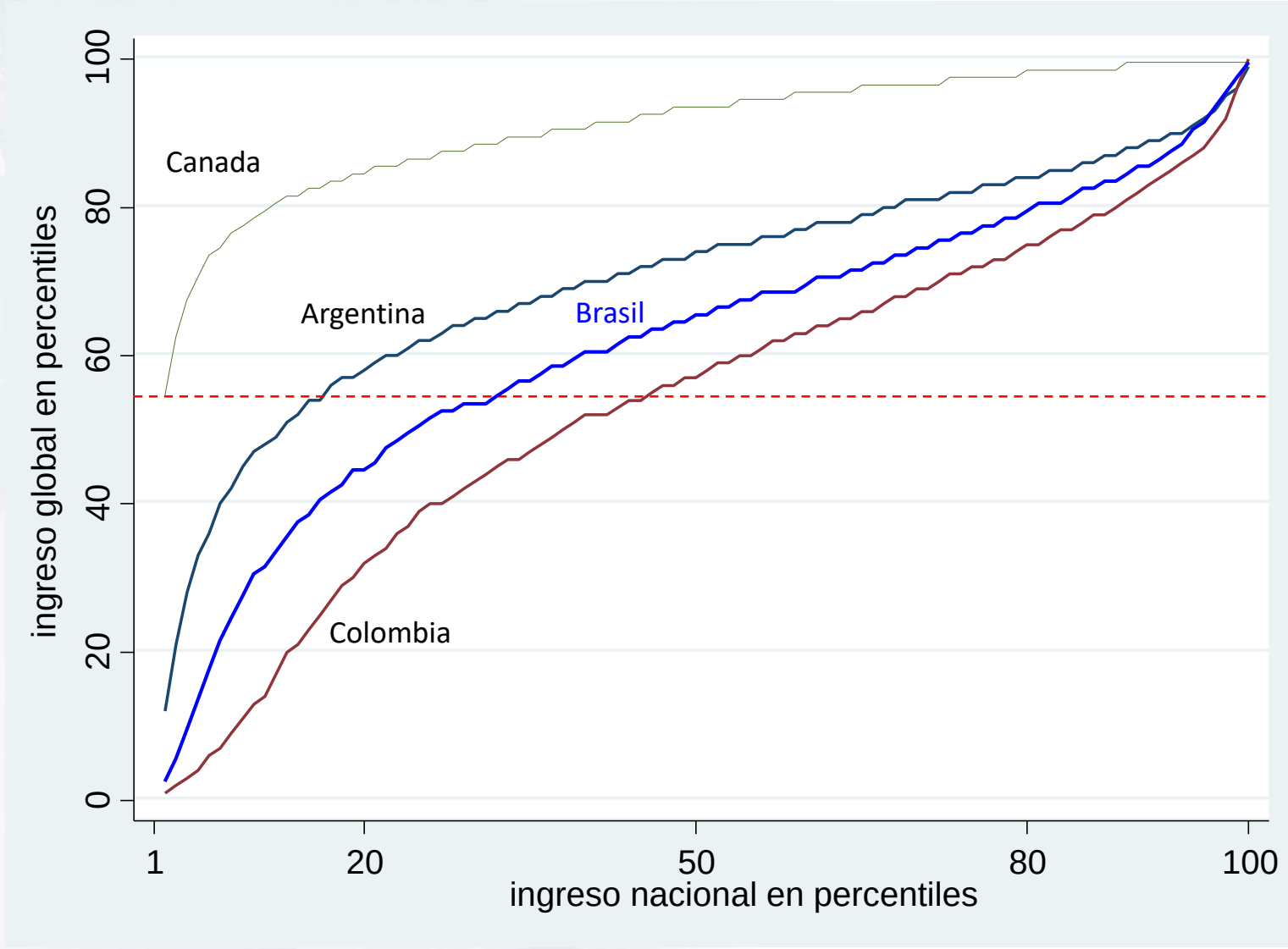
Tres años después, el 2008, la Comisión Marmot emitió su celebrado Informe Final.

La respuesta a la crucial pregunta del Dr. LEE quedó plasmada en la mera portada del Informe:

actuando sobre los determinantes sociales de la salud



la abismal desigualdad distributiva de (oportunidades para el) bienestar



Branko Milanovic; World Bank, 2012 [comunicación personal)

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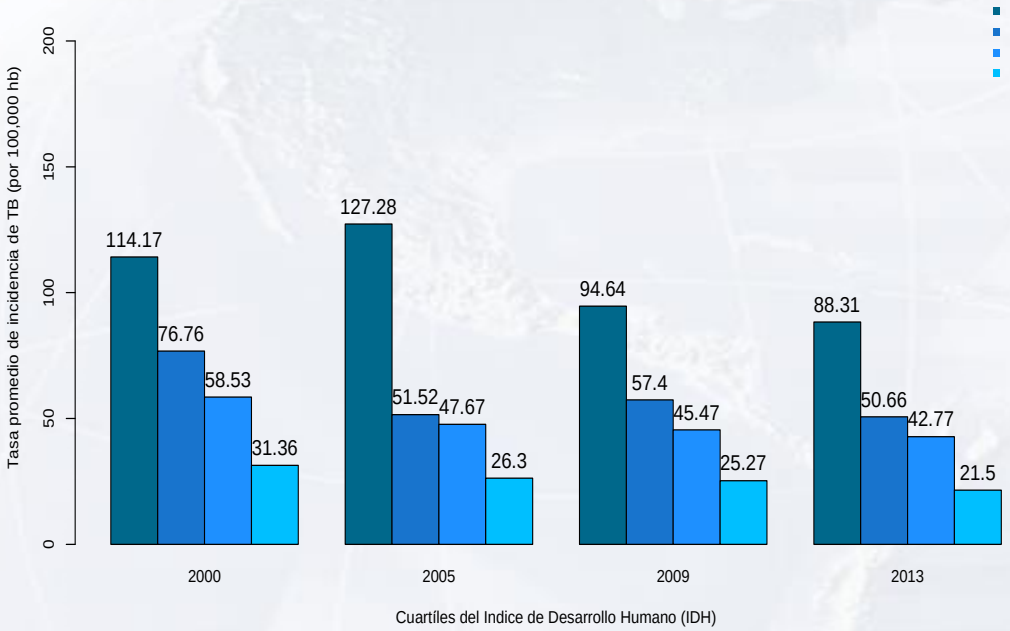
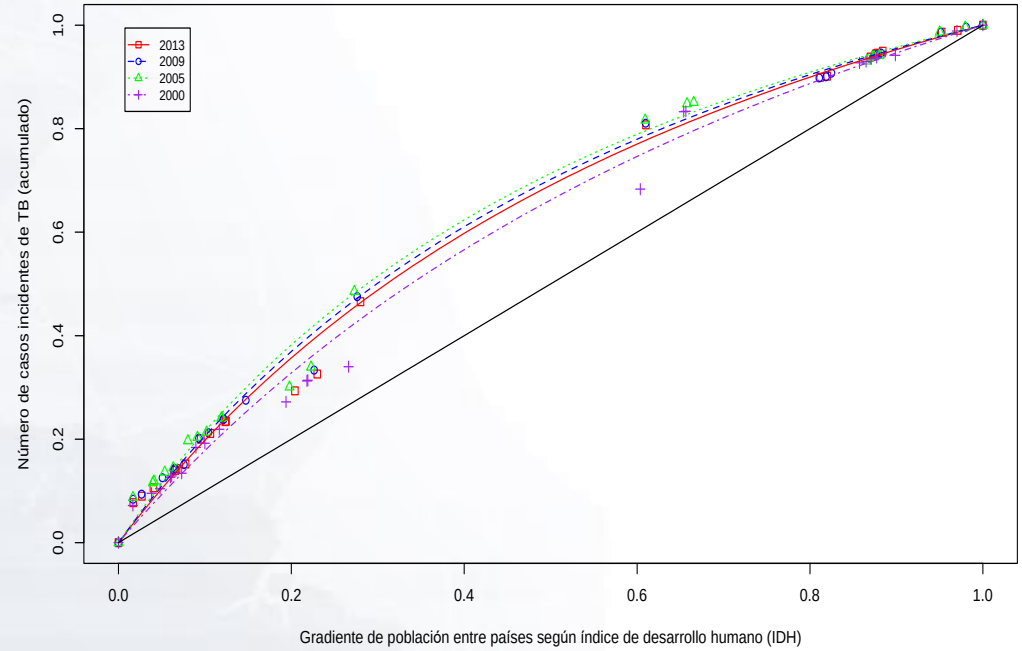
y que determina profundas desigualdades en salud

desigualdades sociogeográficas en incidencia de TB en las Américas; 2000 - 2013





equity stratifier	inequality metrics	year	point value	95% CI lower	95% CI upper
human development index (HDI)	$KI_{absolute}$	2000	82.0	81.0	83.0
		2005	100.5	99.5	101.4
		2009	69.2	68.4	69.9
		2013	66.6	65.8	67.3
	$KI_{relative}$	2000	3.6	3.5	3.7
		2005	4.8	4.7	4.8
		2009	3.8	3.7	3.8
		2013	4.1	4.1	4.2

KI = Kuznets index

equity stratifier	inequality metrics	year	point value	95% CI lower	95% CI upper
human development index (HDI)	SII	2000	-54.6	-100.4	-8.7
		2005	-71.2	-105.8	-36.6
		2009	-61.1	-91.4	-30.9
		2013	-53.5	-80.3	-26.7
	HCI	2000	-0.20	-0.37	-0.03
		2005	-0.28	-0.45	-0.11
		2009	-0.27	-0.43	-0.10
		2013	-0.24	-0.41	-0.08

SII = Slope Index of Inequality HCI = Health Concentration Index

Munayco CV, Mújica OJ, Leon FX, et al. *Pan Am J Public Health* 2015;38(3):177-85

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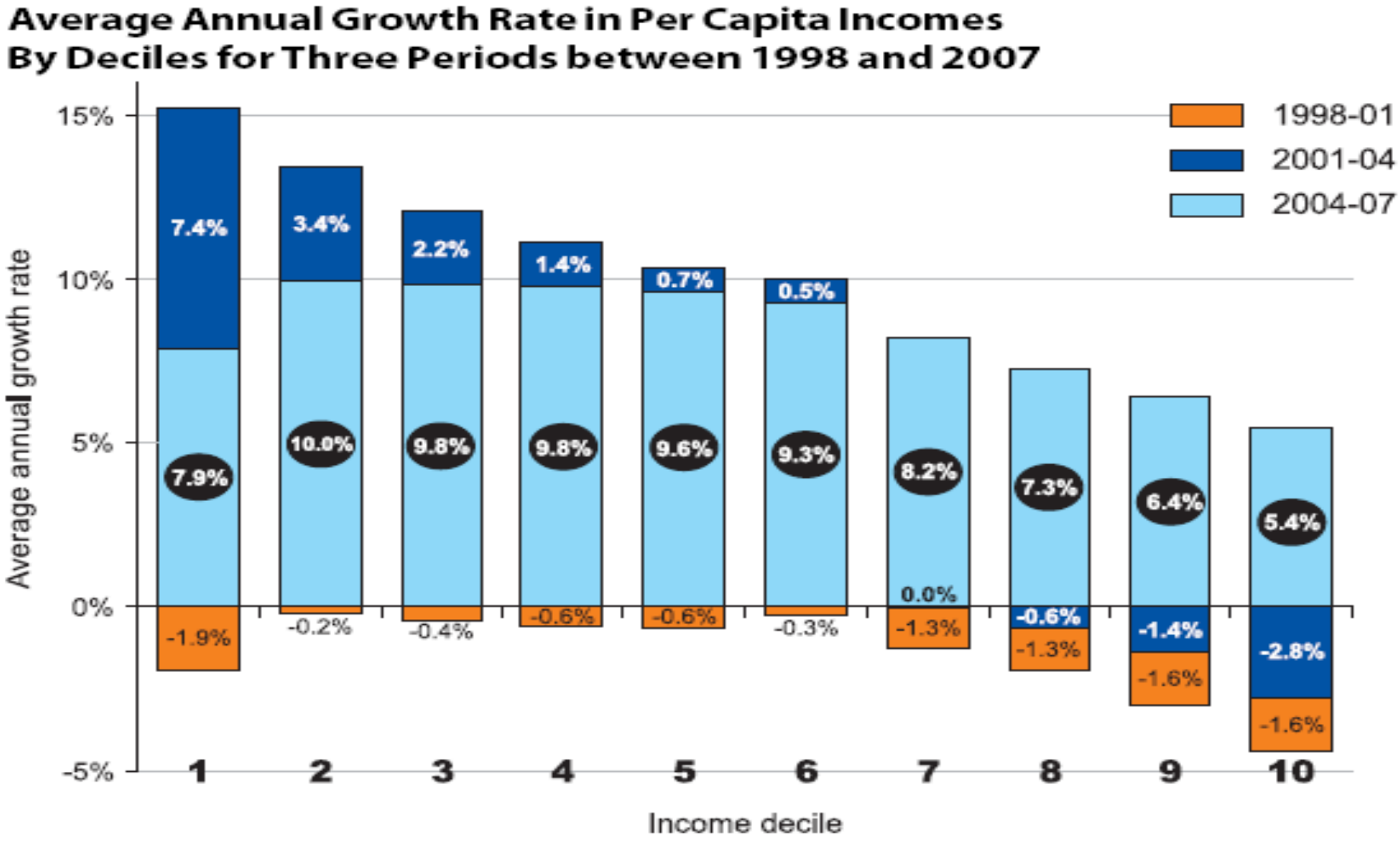
Brazil: income growth and income redistribution by deciles, 1998-2007



Source: National Household Sample Surveys (PNAD).

Hailu D, Dillon SS. IPCIG & AER; OnePager July 2009;89:2

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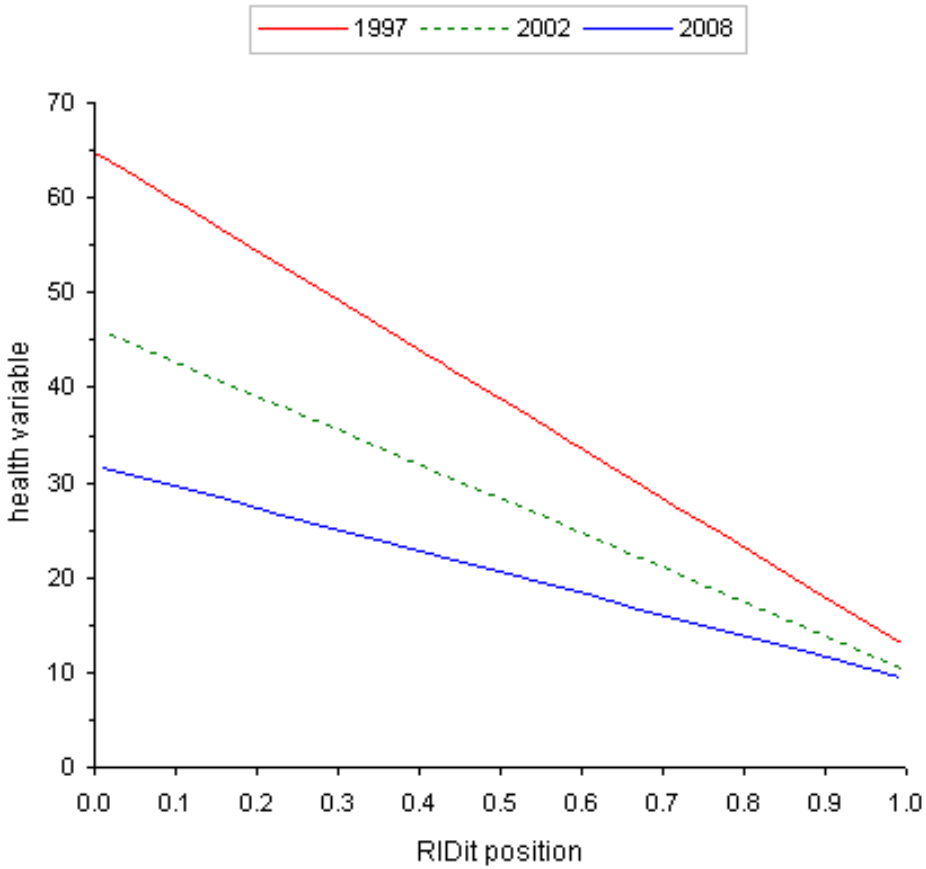
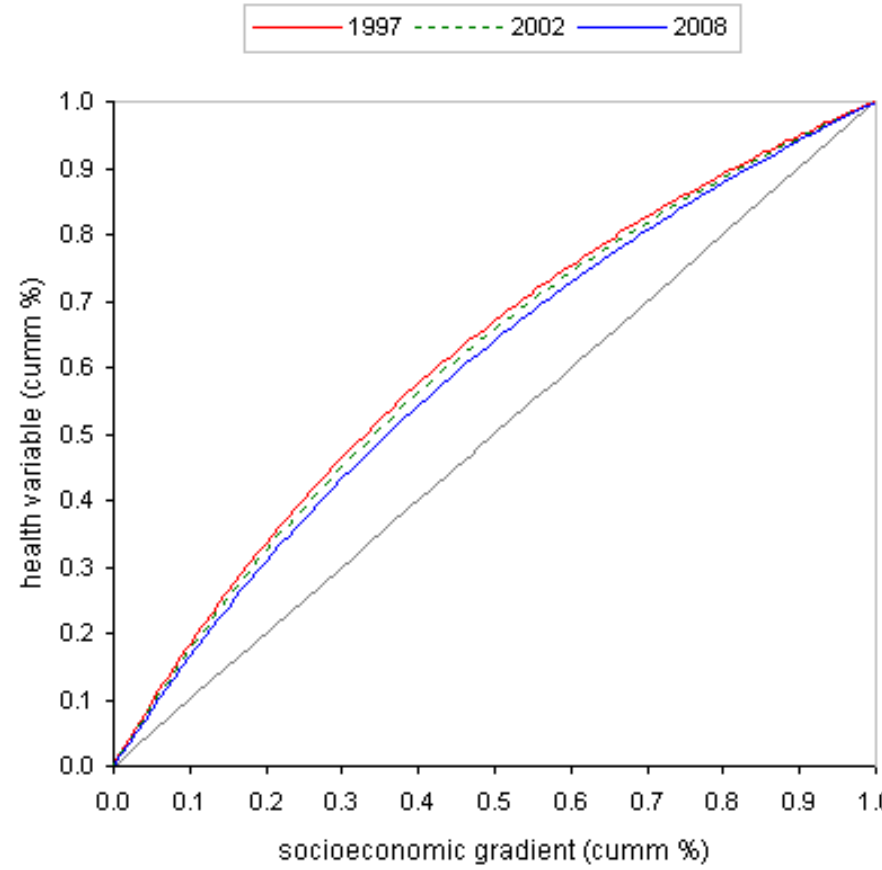
Brazil: redistributive effect on inequality in infant mortality, 1997-2008

exploratory data analysis with disaggregation at state level





Infant Mortality	1997	2002	2008
health indicator national average	38.77	28.27	20.58
Slope Index of Inequality	-52.12	-36.20	-22.55
Health Concentration Index	-0.23	-0.21	-0.19

Mújica OJ, Vázquez E, Moya J. ExpoEpi Brasil, 2009

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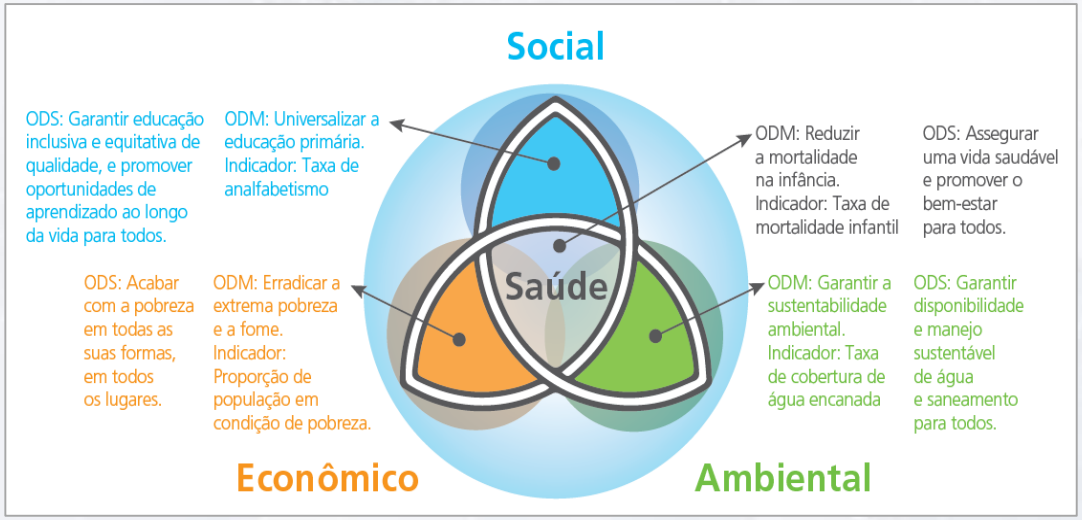
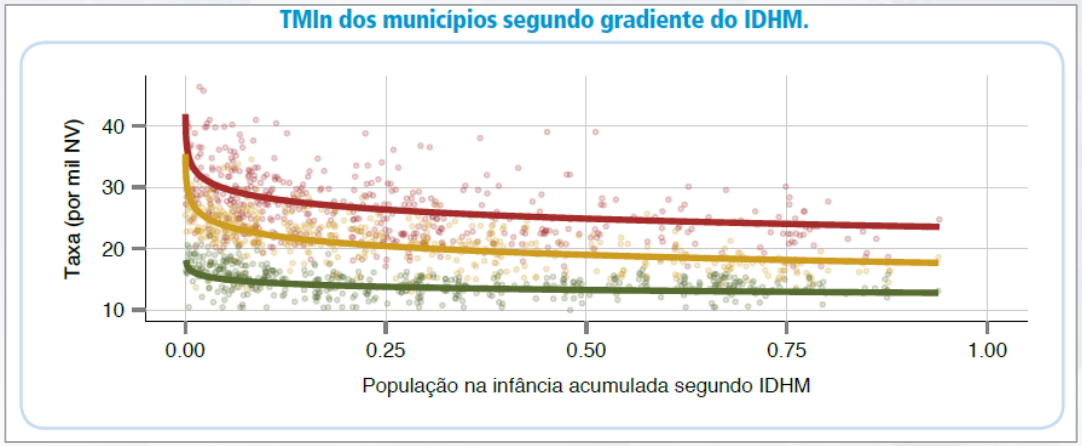
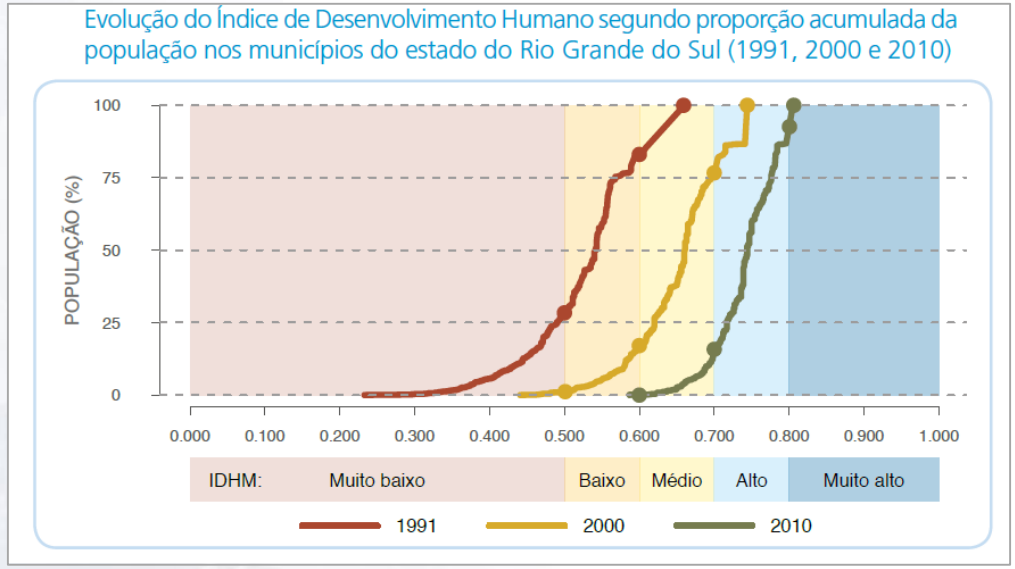
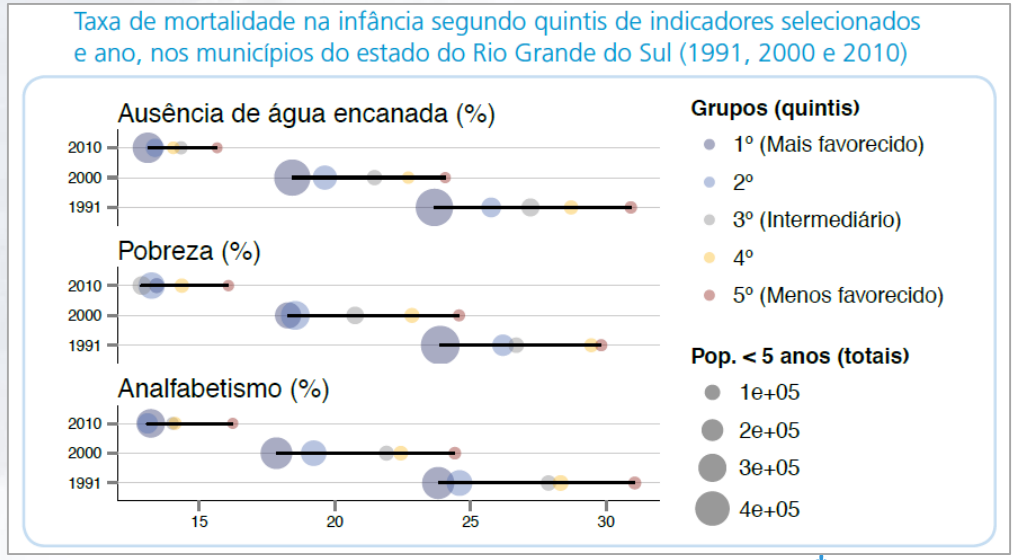
PAHO health equity atlas

Brazil: sustainable development and health; 1991-2010









OPAS. Atlas de Desenvolvimento Sustentável e Saúde - Brasil 1991 a 2010. Brasília: OPAS, 2015.

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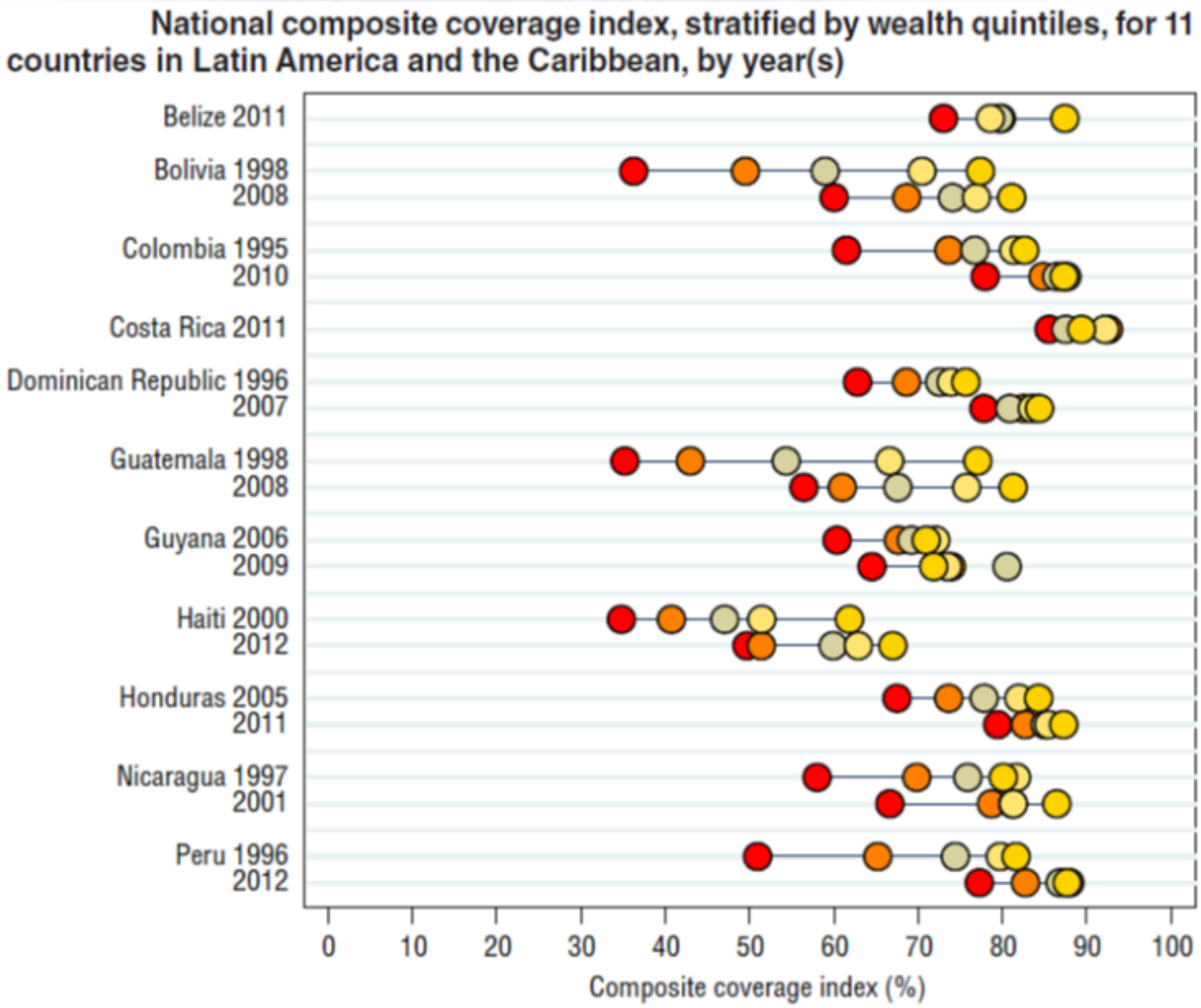
desigualdades económicas en cobertura de salud materna e infantil en países de las Américas; 1998 - 2012



Countdown to 2030
Maternal, Newborn & Child Survival

Wealth quintiles
Q1:Poorest 20% Q2 Q3 Q4 Q5:Richest 20%

CCI = weighted average of 8 interventions

equal weights to 4 stages in the continuum of care

- family planning
- maternal and newborn care
- immunization
- case management of sick children

$$\frac{1}{4}\left(\mathrm{FPS}+\frac{\mathrm{SBA}+\mathrm{ANCS}}{2}+\frac{\mathrm{2DPT3}+\mathrm{MSL}+\mathrm{BCG}}{4}+\frac{\mathrm{ORT}+\mathrm{CPNM}}{2}\right)$$

family planning needs satisfied (FPS), skilled birth attendant (SBA), antenatal care with a skilled provider (ANC), three doses of diphtheria–pertussis–tetanus vaccine (DPT3), measles vaccination (MLS), tuberculosis vaccination (BCG), oral rehydration therapy among children with diarrhea (ORT), and pneumonia care seeking (CPNM)

Restrepo MC, Barros AJD, Requejo J, et al. *Pan Am J Public Health* 2015;38(1):9-16

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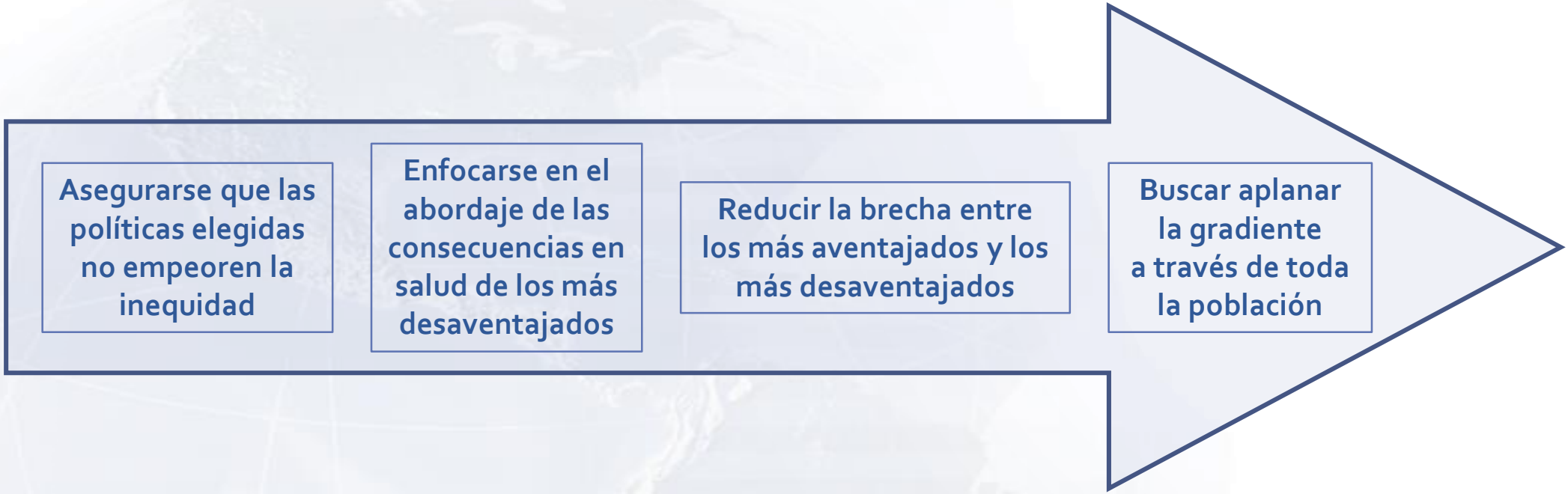
el enfoque incremental para reducir inequidades



la estrategia integral y su mapa de intervenciones

	reducción de efecto (río abajo)	**reducción de riesgo** (medio río)	**reforma social** (río arriba)
medidas selectivas	servicios de salud focalizados	medidas focalizadas de estilos de vida	beneficios, transferencias
medidas universales	servicios de salud universales	medidas estructurales de estilos de vida; ambientes de trabajo	sistema público en educación; impuestos; mercado laboral

Whitehead M *et al*. The Equity Action Spectrum. World Health Organization; Copenhagen, 2014.

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estrategias/intervenciones probadas para reducir inequidades social en salud

***Panel*: Evidence-based strategies to minimise the impact of social hierarchy on health**

Invest in children
- Early childhood development enrichment programmes
- Intensive parent support (home visiting) programmes
- Enrolment of all children in early childhood education

Get the welfare mix right
- Regulate markets as necessary
- Implement income transfer policies that redistribute resources (ie, progressive tax and benefit regimes)
- Optimise balance between targeted and universal social protection policies through benefit design that minimises both undercoverage and leakage
- Eliminate child poverty through monetary and non-monetary support for families with dependent children

Provide a safety net
- Provide income support or tax credits
- Provide social housing
- Subsidise childcare
- Provide free access to health care (especially preventive services)

Implement active labour market policies
- Provide job enrichment programmes
- Democratise the workplace (involve employees in decision making)
- Provide career development and on-the-job training
- Provide fair financial compensation and intrinsic rewards
- Promote job security
- Discourage casualisation of the workforce

Strengthen local communities
- Foster regional economic development
- Promote community development and empowerment
- Encourage civic participation
- Create mixed communities with health-enhancing facilities

Provide wrap-around services for the multiply disadvantaged
- Coordinate services across government and NGOs
- Provide intensive case management when necessary
- Foster engagement of the targeted families and individuals

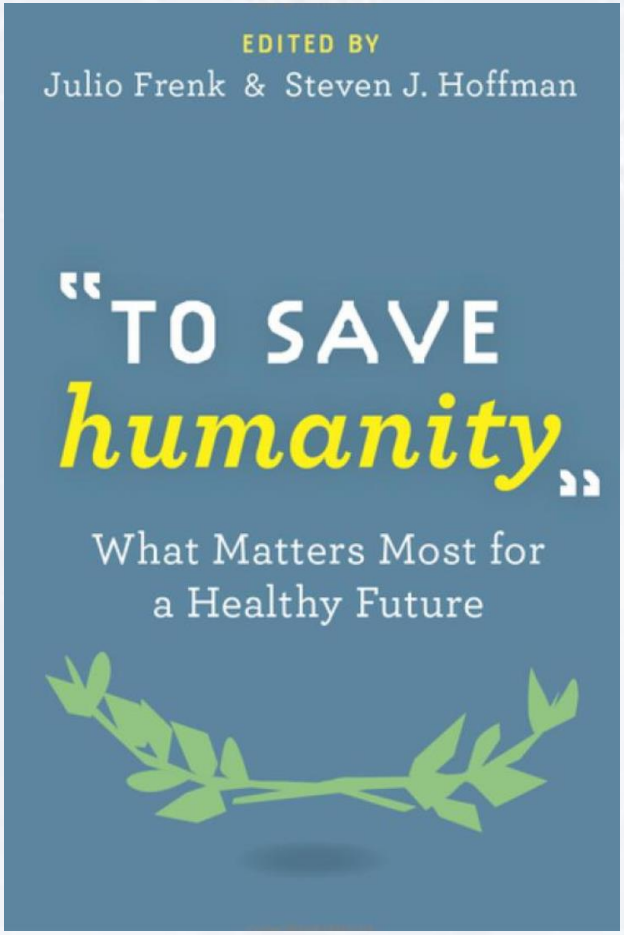
Promote healthy lifestyles
- Strengthen tobacco control and addiction services
- Improve the diet of poor families (eg, through subsidising fruit and vegetables, community gardens, purchasing co-ops, school meals)
- Provide green space and subsidised sport and recreation facilities

Ensure universal access to high quality primary health care
- Subsidise practices serving high need populations
- Provide additional nursing and social worker support for practices in disadvantaged areas
- Assist patients with clinic transport and childcare
- Provide services free at point of use
- Provide conditional cash transfers (to increase demand for clinical preventive services)

Tobias, M. *The Lancet* 2017 (published online January 31, 2017) http://dx.doi.org/10.1016/S0140-6736(17)30191-5

alcanzar la equidad social, o la *feroz urgencia del ahora*

Secretary-General Dag Hammarskjöld: "The United Nations was not created to take mankind to heaven, but to save humanity from hell." The unacceptable conditions under which so many human beings are born, live, and die imposes on all of us the obligation to act with what another legendary figure, Dr. Martin Luther King Jr., called the "fierce urgency of now."



Chapter 29

Achieving Social Equity

CARISSA F. ETIENNE

To ensure better health, we must address the social determinants that impede it.

Social equity is the one thing most needed in the world for achieving better health. Evidence of pervasive and deep social, economic, and environmental inequities is ubiquitous. This perpetuates a world of unjust, unfair differences in opportunities for citizens to fulfill a dignified, rewarding, and healthy life.

Etienne CF. Achieving Social Equity. In: Frenk J, Hoffman SJ [Ed]. To Save Humanity. New York: Oxford University Press, 2015

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una preocupación *epidémica*: documentar la (in)equidad en salud

Do not whisper in the presence of wrong

Bernard Lown

Harvard Emeritus Professor

Fig. 1. Number of publications per year in the health inequalities field; 1966–2014.

Bouchard L et al. *Soc Sci Med* 2015 (141): 100-108

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Desde la Cumbre del Milenio de la ONU (2000), en América Latina:

el PBI creció a una tasa promedio de 3.4%

(4.7% entre 2003-2008)
(3.7% entre 2010-2014)

el gasto social, como % del PBI, se expandió de 15.3% a 18.1% (circa 2012)

el coeficiente de Gini ha venido cayendo cerca de 1% por año

como resultado, entre 2000-2012 cambiaron indicadores clave:

pobreza extrema (<$2.5) de 25.1% a 12.3% (-53 millones)

pobreza moderada (~$4) de 42% a 25.3% (-61 millones)

la clase media, de 21.9% a 34.3% (+89 millones)

Molina (UNDP) from GDP growth (IMF); social expenditure (ECLAC); Gini coefficient and poverty (CEDLAS & World Bank)

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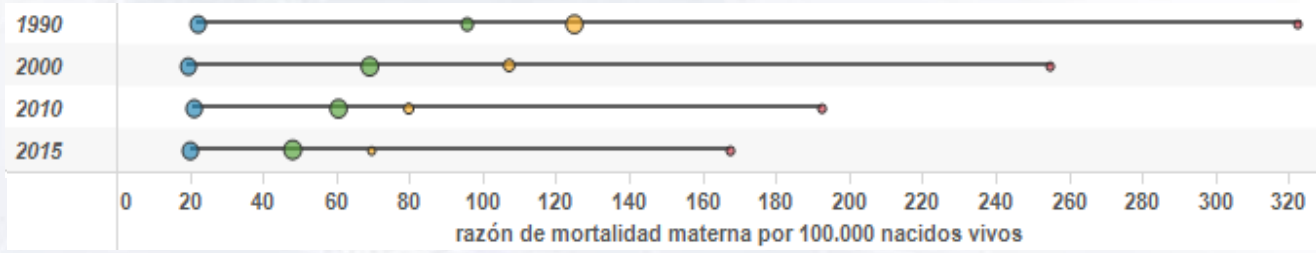
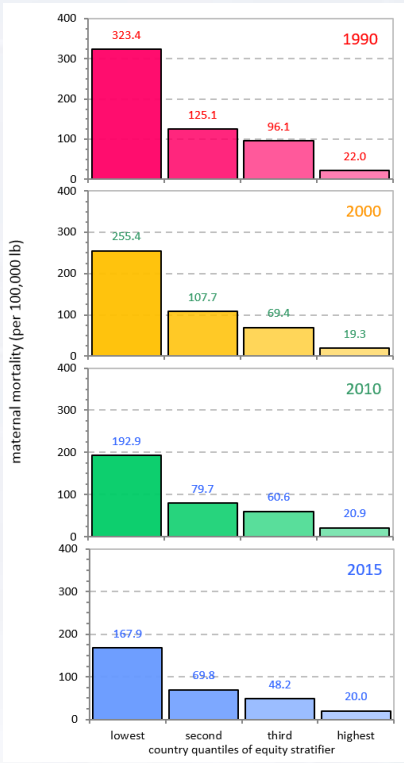
desigualdades socioeconómicas que impiden alcanzar equitativa y universalmente objetivos universales (ODM5: mortalidad materna)

Target MDG5: "By 2015, reduce the maternal mortality ratio by 3/4 from 1990"



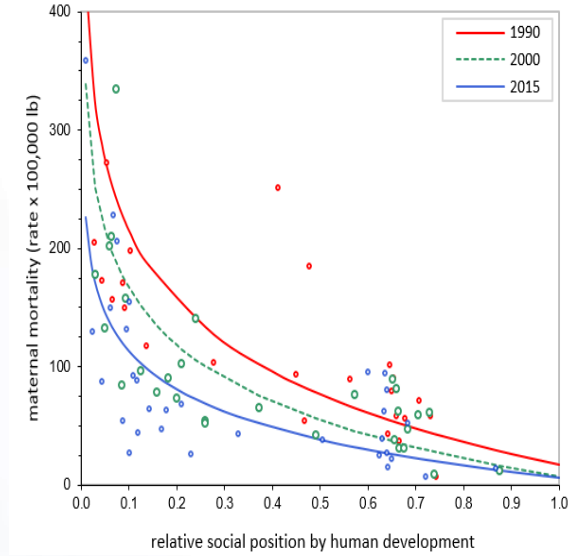
promedio regional	
1990	101.8
2000	75.4
2010	61.6
2015	51.7

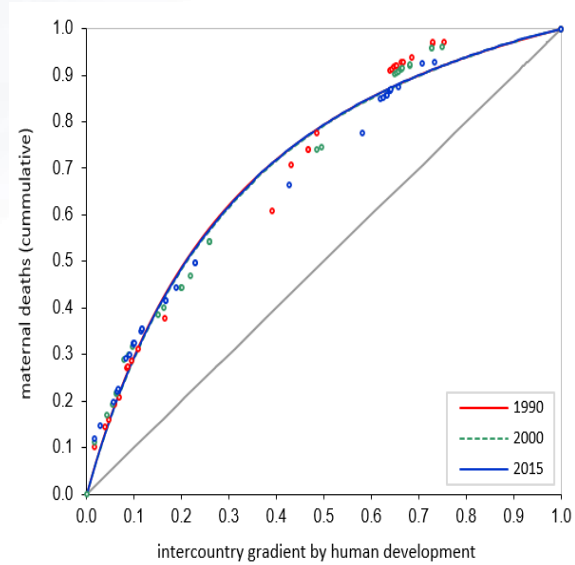


equity stratifier	inequality metrics	year	point value	95% CI lower	95% CI upper	
human development	$KI_{absolute}$	1990	**301.4**	296.0	306.8	*
		2000	**236.1**	231.2	240.9	*
		2010	**171.9**	167.6	176.2	*
		2015	**147.9**	143.8	152.0	*
	$KI_{relative}$	1990	**14.72**	13.81	15.69	*
		2000	**13.24**	12.36	14.18	*
		2010	**9.21**	8.61	9.86	*
		2015	**8.39**	7.82	9.00	*
	SII	1990	**-249.4**	-256.1	-137.4	*
		2000	**-191.3**	-196.8	-121.9	*
		2010	**-145.3**	-150.6	-92.3	*
		2015	**-120.5**	-203.1	-87.5	*
	HCI	1990	**-0.42**	-0.57	-0.28	*
		2000	**-0.42**	-0.55	-0.29	*
		2010	**-0.39**	-0.52	-0.27	*
		2015	**-0.42**	-0.55	-0.29	*

KI = Kuznets index SII = Slope Index of Inequality HCI = Health Concentration Index

* statistically significant departure from equity at the 95% confidence level (p<0.05)





PAHO. Beyond Averages: Sociogeographic Inequalities in the MDG health targets in the Americas. PAHO; Washington, 2016 (*forthcoming*)

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No podemos continuar ciegos a la equidad

[We must not remain equity-blind]

Carissa F. Etienne
Directora OPS

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1. pobreza
2. hambre
3. salud y buen vivir
4. educación
5. género
6. agua & saneamiento
7. energía
8. economía
9. infraestructura
10. desigualdad socioeconómica
11. ambientes urbanos
12. consumo & producción
13. cambio climático
14. ecosistemas marinos
15. ecosistemas terrestres
16. paz
17. parcería global

169 metas

230 (241) indicadores

3.1 mortalidad materna
3.2 mortalidad infantil prevenible
3.3 enfermedades transmisibles
3.4 mortalidad por ECNT
3.5 abuso de sustancias
3.6 accidentes de tránsito
3.7 salud sexual y reproductiva
3.8 cobertura universal de salud
3.9 polución y contaminación
3.a control de tabaquismo (CM)
3.b vacunas y medicinas (I&D)
3.c recursos humanos (F&E)
3.d sistemas de alerta temprana (CN)

13 metas
26 indicadores

intencionalidad estratégica: *"No dejar a nadie atrás"*

WHO/PAHO/SDE/ojm; 2016 (UNGA Resolution A/70/L.1 25 September 2015)

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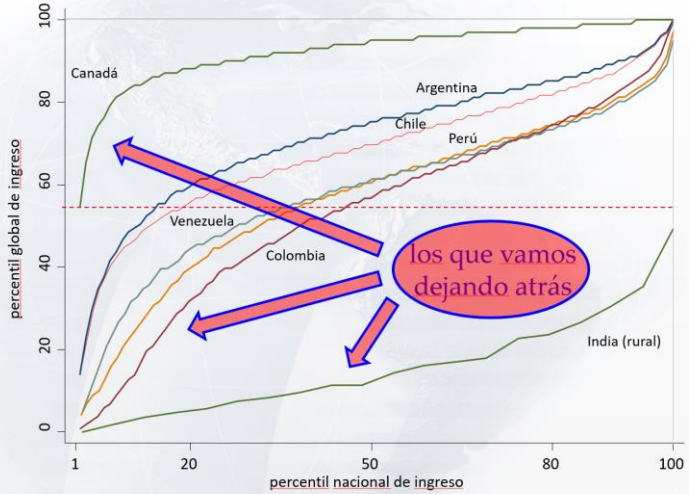
a propósito de *no dejar a nadie atrás…*

la abismal desigualdad distributiva de la riqueza en las Américas

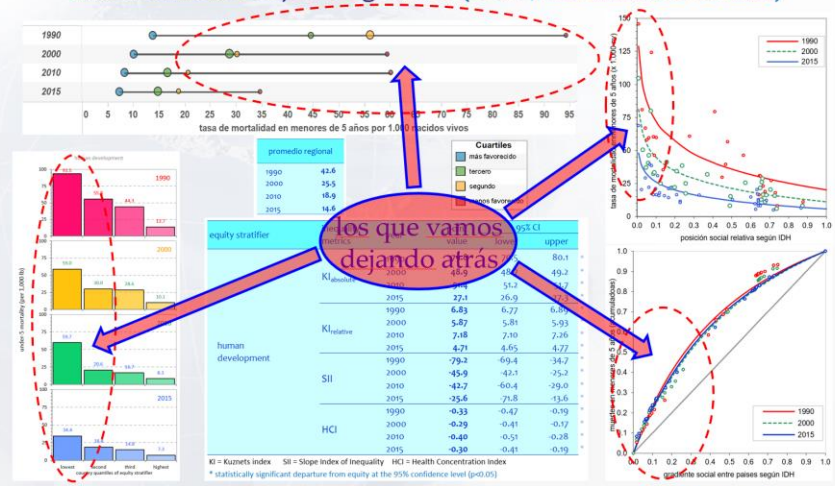


La concentración de la riqueza lleva naturalmente a la concentración del poder

Noam Chomsky

Branko Milanovic; World Bank, 2012 [comunicación personal)

desigualdades socioeconómicas que impiden alcanzar equitativa y universalmente objetivos globales (ODM4: mortalidad de la niñez)



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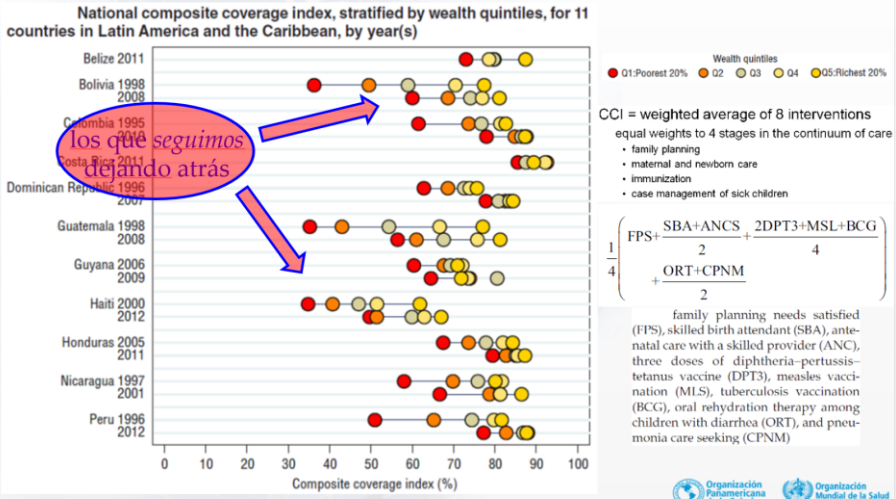

CCI = weighted average of 8 interventions
equal weights to 4 stages in the continuum of care

- family planning
- maternal and newborn care
- immunization
- case management of sick children

$$\frac{1}{4}\left(\text{FPS}+\frac{\text{SBA+ANCS}}{2}+\frac{\text{2DPT3+MSL+BCG}}{4}+\frac{\text{ORT+CPNM}}{2}\right)$$

family planning needs satisfied (FPS), skilled birth attendant (SBA), antenatal care with a skilled provider (ANC), three doses of diphtheria–pertussis–tetanus vaccine (DPT3), measles vaccination (MLS), tuberculosis vaccination (BCG), oral rehydration therapy among children with diarrhea (ORT), and pneumonia care seeking (CPNM)

Restrepo MC, Barros AJD, Requejo J, et al. *Pan Am J Public Health* 2015;38(1):9-16

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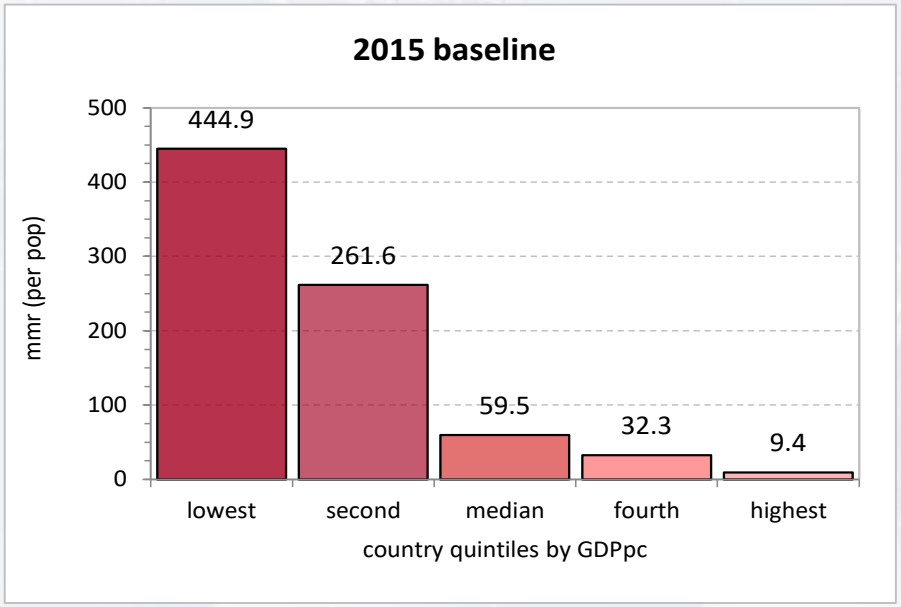
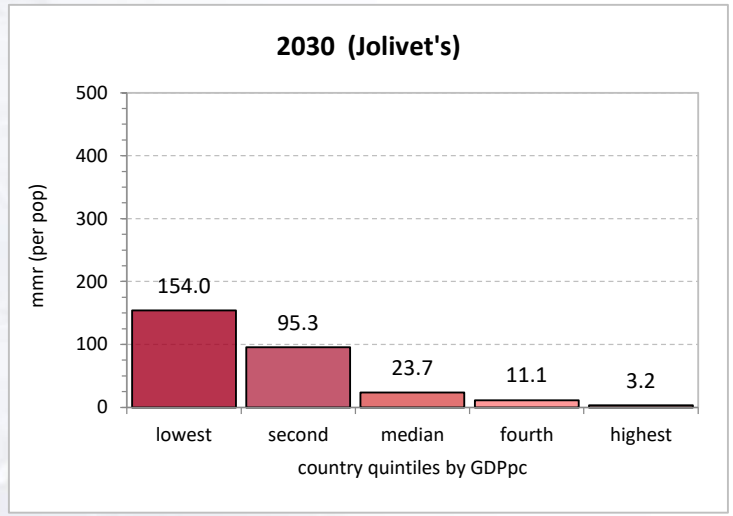
meta ODS 3.1: la disputa Jolivet-Kassebaum

Target 3.1: "By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 livebirths"



métricas de desigualdad:

brecha absoluta:	435.5
brecha relativa:	47.2
gradiente absoluta:	-609.8
gradiente relativa:	-0.43

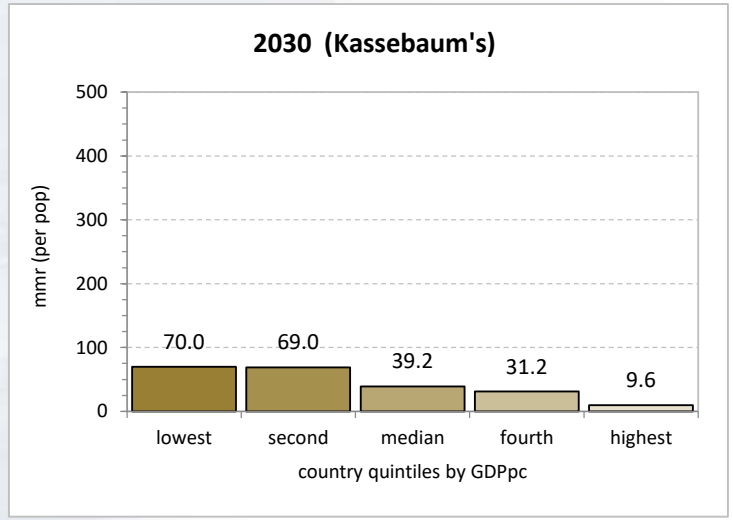


meta nacional ODS 3.1:

reducción de 2/3

métricas de desigualdad:

brecha absoluta:	150.8
brecha relativa:	48.1
gradiente absoluta:	-217.9
gradiente relativa:	-0.40



meta nacional ODS 3.1:

menos de 70 x 100,000

métricas de desigualdad:

brecha absoluta:	60.4
brecha relativa:	7.3
gradiente absoluta:	-58.7
gradiente relativa:	-0.18

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Take home message

We must not remain equity-blind

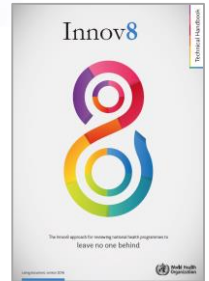
(at the strategic, national health policy level)

We must put *walking to the talking*: we must commit to explicitly defined, achievable, equity-oriented, targets and indicators on health inequities reduction

(health equity gap-narrowing, gradient-leveling quantitative targets)

We must engage in action on the social determinants of health

(universal access to health + health equity in all policies + institutionalizing monitoring)



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The Independent Commission and Review on Equity and Health Inequalities in the Americas

- ✓ The Commission: 14-high-level members from the Americas, chaired by Prof. Sir Marmot
- ✓ The Review: first large-scale initiative to gather regional evidence into health inequities
- ✓ Aimed at producing a contextually specific, cross-cutting strategy and implementation plan
- ✓ Independent Review to be launched in mid-2018 –ten years after the WHO CSDH Report

Independent Commission launched in Washington DC, on May 10 and 11, 2016

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

Yo soy yo y mi circunstancia

y si no la salvo a ella, no me salvo yo

José Ortega y Gasset (1883-1955)

Meditaciones del Quijote [1914]

obrigado!

mujicaos@paho.org

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