Lecture

Globalisation and health

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Imperial College London

Seminar Outline

- Measuring globalisation (yesterday's lecture) and measuring health (today)
- Basic figures on global health inequalities and inequities
- Poverty and health: the extreme case of catastrophic health expenditures
- Social determinants of health and potential links to globalisation

- Can we measure globalisation?
- Can we measure health?

Globalisation as a contested concept

Positions on globalisation & poverty

Positions on globalisation	Supporters Favour all forms of globalisation – free flows of capital, goods and labour, extension of international law.	Regressives Favour globalisation when it benefits the rich or particular groups. Tend to support free flows of capital and goods but oppose the free movement of labour or the extension of international law.	Rejectionists Oppose all forms of globalisation.	Reformers Favour globalisation when it benefits the majority, including the poor. Support the extension of international law and global regulation. Same
Definition of poverty	Poverty as income, less than USD 1 a day	Same	Poverty as inequality	Poverty as a bundle of goods or as lack of capabilities

Kumar et al 2009

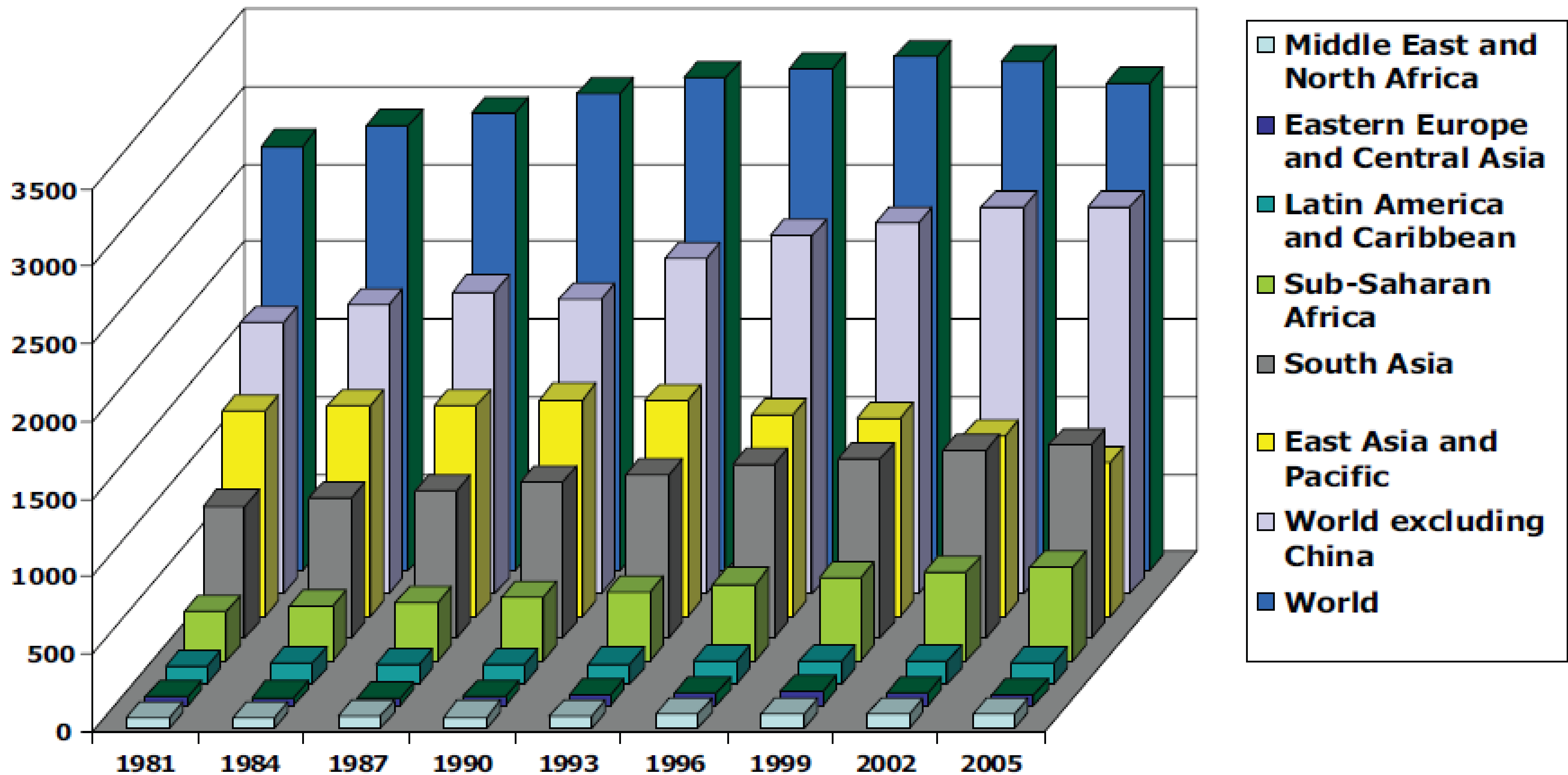
Measuring poverty

- Poverty is measured from income or consumption using data from household surveys
- Poverty defined in relation to an agreed "poverty line"
  - The “poverty line” varies in time and place, and each country uses lines which are appropriate to its level of development, societal norms and values
- The World Bank uses*
  - $1 a day (extreme poverty)
  - $2 a day (poverty)

* more precisely $1.08 and $2.15 in 1993 Purchasing Power Parity terms

Globalisation as a contested concept

Global Poverty World Bank $2.50 per day poverty line



Source: Rowson 2007

Measuring health

- Indicators
  - Mortality
  - Life expectancy
  - Burden of disease
- Not so good at measuring well-being

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Measuring health

Key health indicators

- Infant mortality rate
  - the number of deaths of infants under 1 year per 1000 live births per year
- Life expectancy at birth
  - The average number of years a baby could expect to live if current mortality trends continue
- Maternal mortality rate
  - The number of women who die as a result of pregnancy and childbirth complications per 100,000 births per year
- Neonatal mortality rate
  - The number of deaths under 28 days per 1,000 live births per year
- Child/Under-5 mortality rate
  - The probability that a newborn baby will die before reaching as a number per 1,000 live births

Global Health Inequalities?

The case of life expectancy

[Life Expectancy at Birth - Gapminder]

Global Health inequities:

The case of Health System Inequities

What is a health system?

- Public health: prevention, cross-sectoral action, emergency preparedness
- Health services: what most regard as the heart of the health system – ideally provided according to need and financed equitably
- Human resources and knowledge: training and education of health workers; surveillance systems
- Ethics, accountability and policy: mechanisms to ensure accountability, citizen rights and
- Involvement of users; ethical integrity and professional behaviour; policy development and planning.

Source: Mackintosh and Koivusalo (2005)

Health inequities:

The case of Health System Inequities

- 1.3 billion people lack access to basic health care services
- Worldwide, 100 million people are pushed into poverty every year by health care costs
- Developing countries bear 90% of the world's disease burden but possess just 12% of the world's health care resources
- In the poorest developing countries average spending on health is just US$30 per person.
- In the developed world it is US$3,000 per person/per year.

Sources: Gottret and Schieber (2006); WHO (2005)

Global Health inequities:

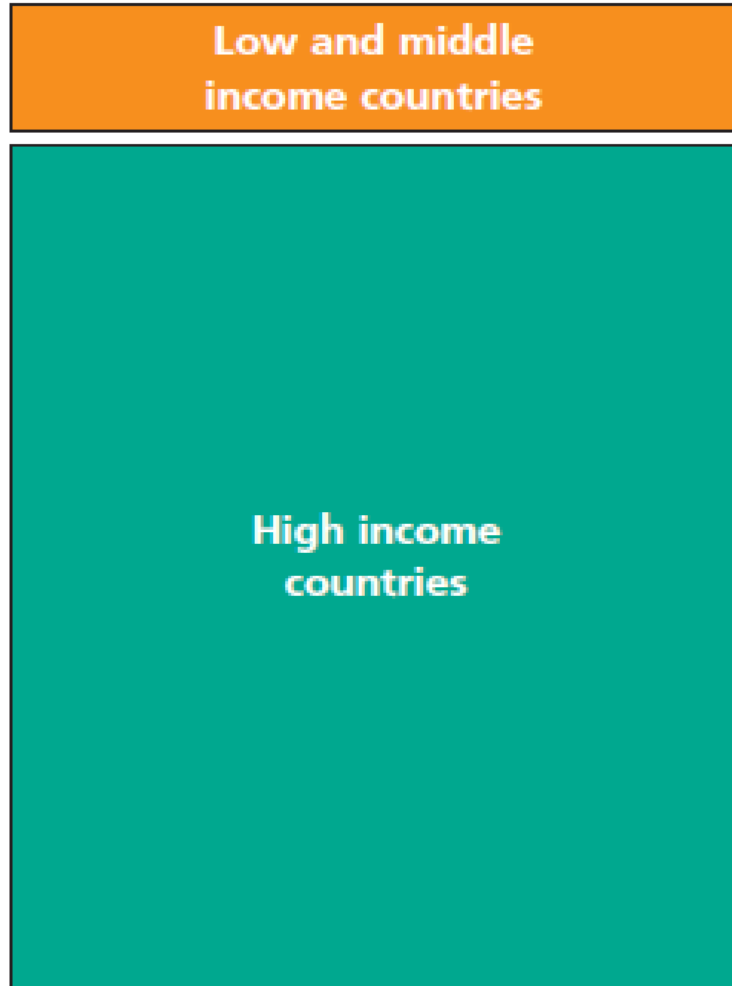
The case of inequities in Health care financing

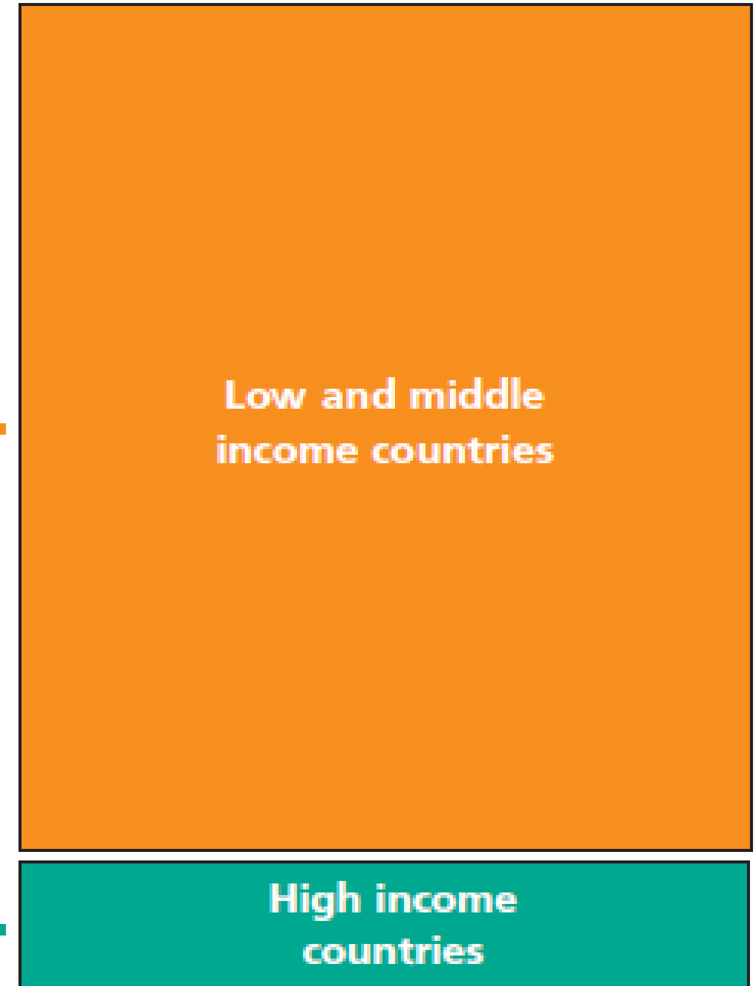
- The world as a whole spends US$3.2 trillion every year on health care
- 88% (US$2.8 trillion) of this is spent in rich nations, where 16% of the world's population live
- Developing countries, with 84% of the world's population and 90% of its BoD, possess just 12% of its health care resources

Global Health inequities:

The case of inequities in Health care financing

health inequalities OR health inequities?



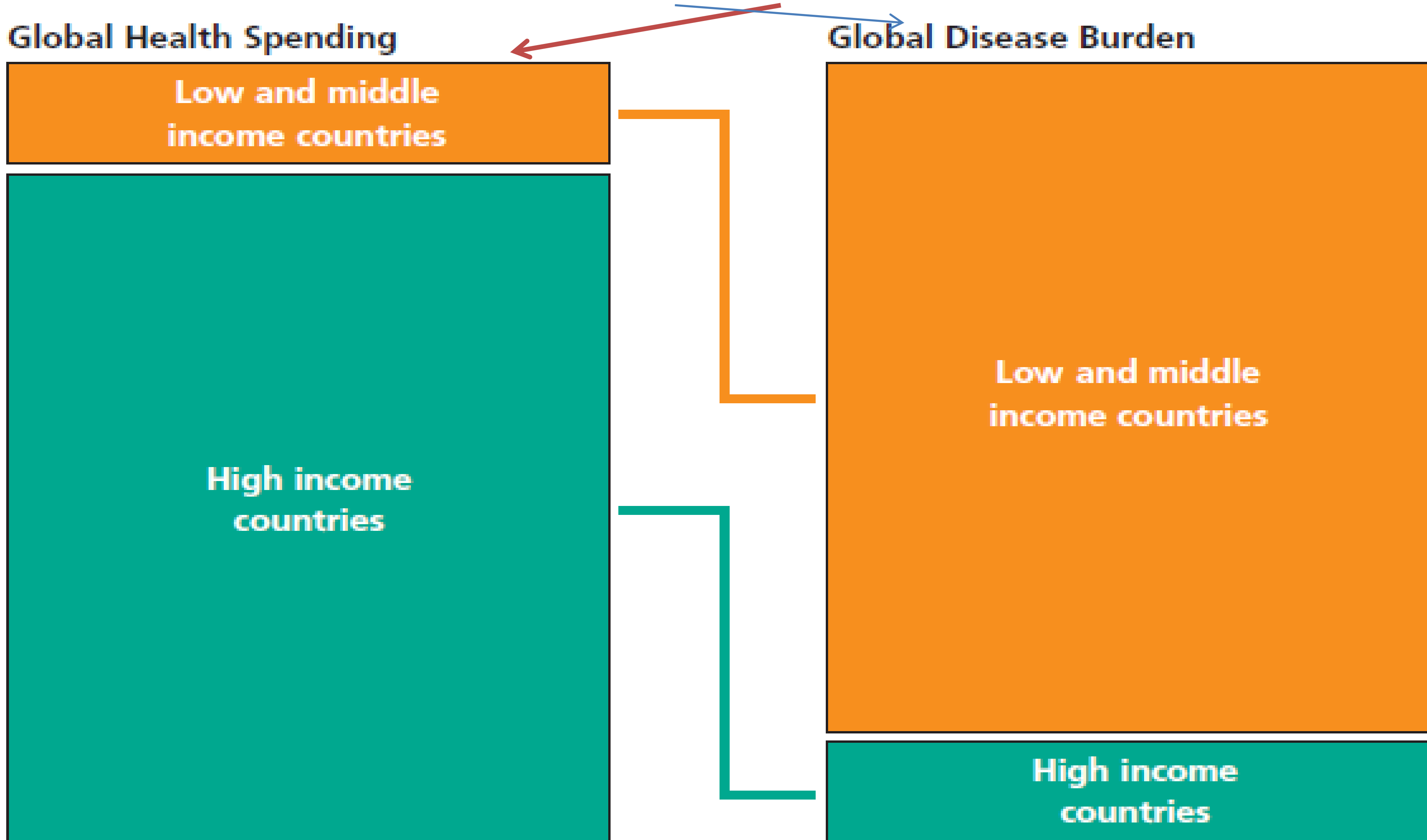


Source: Gottret et al 2006)

Global Health inequities:

The case of inequities in Health care financing

health inequalities OR health inequities?



Source: Gottret et al 2006)

Global Health inequities:

The case of inequities in Health care financing

Countries by income group	Gross Domestic Product /capita	Total health expenditure/capita	Government expenditure on health as % of total health spending
Low-income countries	US$424	US$30	29%
Lower-middle-income countries	US$1,333	US$82	42%
Upper-middle-income countries	US$5,267	US$310	56%
High-income countries	US$27,464	US$3,039	65%

Composition of health expenditures in high-, middle-, and low-income countries population-weighted averages, 2002. Source Gottret and Schieber (2006)

Links between Health and poverty

The case of Out-of-pocket payments for health

- Out-of-pocket payments for health can:
  - cause households to incur catastrophic expenditures
  - push them into poverty
  - Decrease the likelihood that the household seeks care when they need it
- 108 surveys in 86 countries analysed: catastrophic payments incurred by
  - <1% of households in some countries
  - up to 13% in others

  And up to 5% of households are pushed into poverty.

Evans et al 2005

Links between Health and poverty

The case of Out-of-pocket payments for health

- Think of an example from yesterday’s sessions (e.g. Tashi Larzom’s account). Describe the factors that may have led to catastrophic health expenditure for this person.

Social Determinants of Health

Social Determinants of Health

Medical contribution to health (1):
not a major factor in TB (early on, but is now)

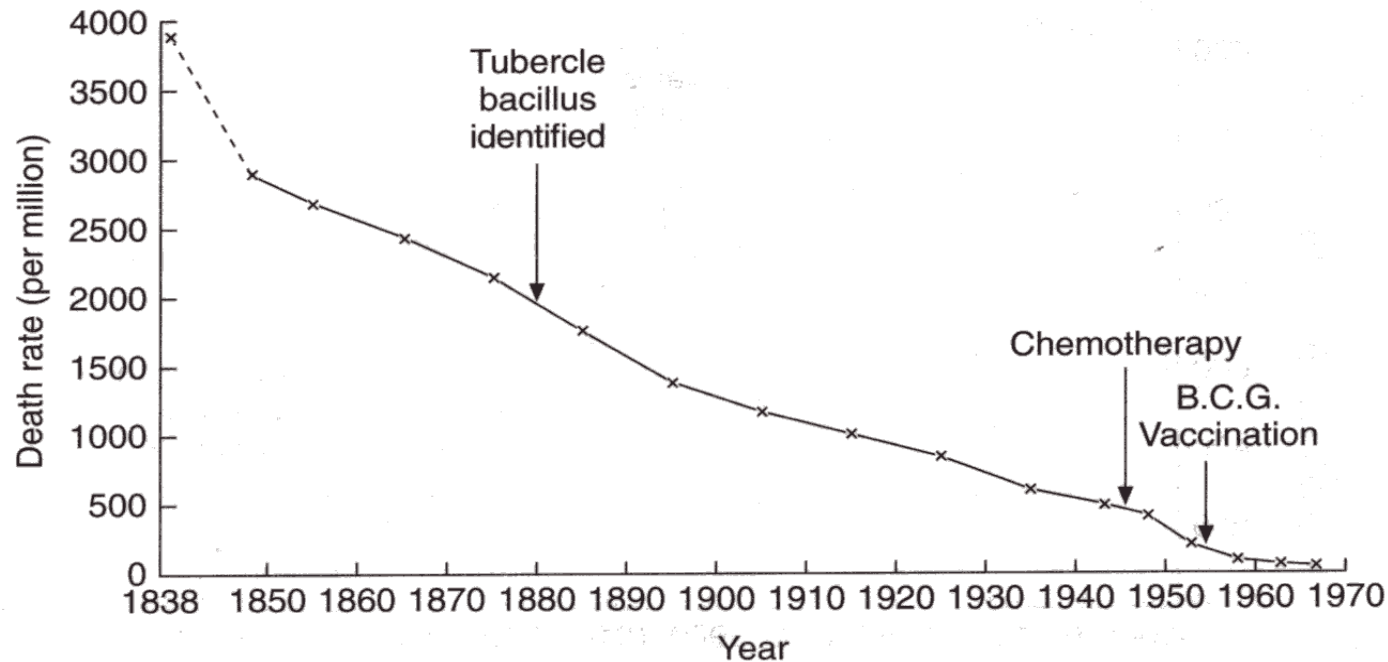


Figure 39.1 Respiratory tuberculosis: death rates, England and Wales

Source: The Modern Rise of Population. Thomas McKeown

Social Determinants of Health

Medical contribution to health (ii): Very important for smallpox

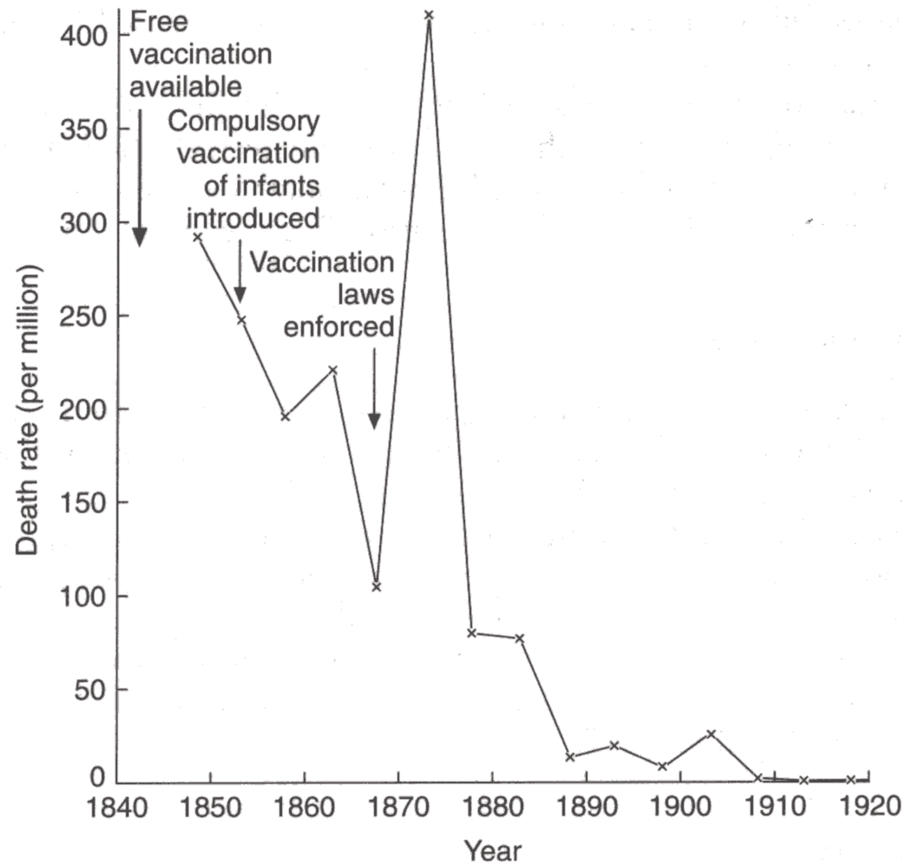


Figure 39.6 Smallpox: death rates, England and Wales

Source: The Modern Rise of Population. Thomas McKeown

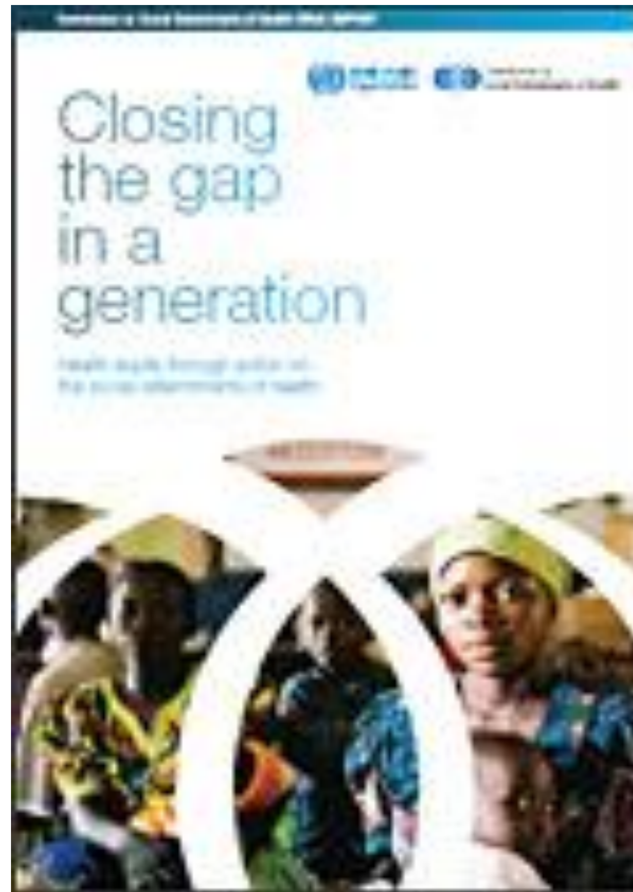
Major determinants – the Solid Facts

1. The social gradient
2. Stress
3. Early life
4. Social exclusion
5. Work
6. Unemployment
7. Social support
8. Addiction
9. Food
10. Transport

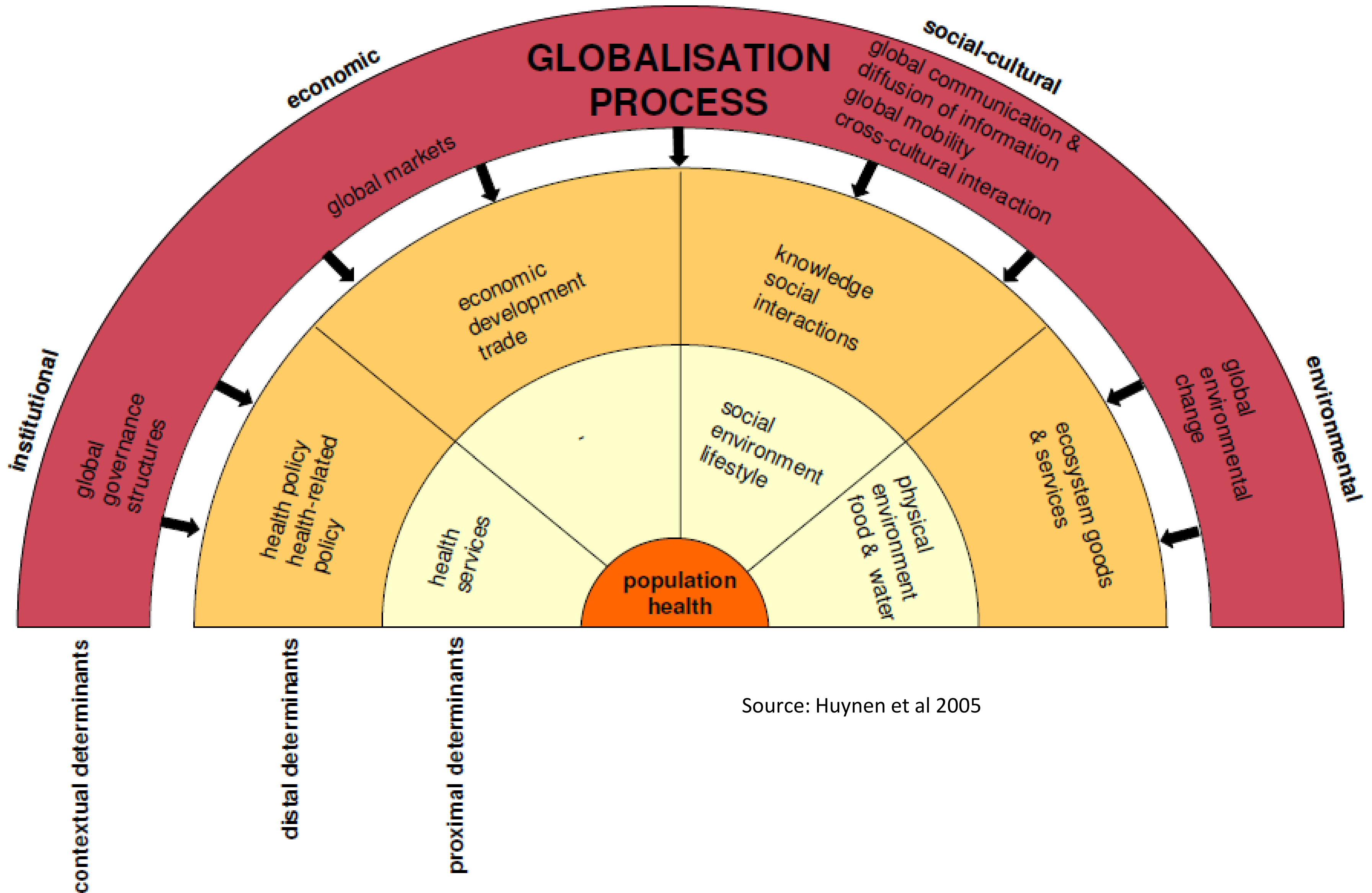
WHO The Solid Facts, 2003

Global Determinants of Health?

Commission on Social Determinants of Health

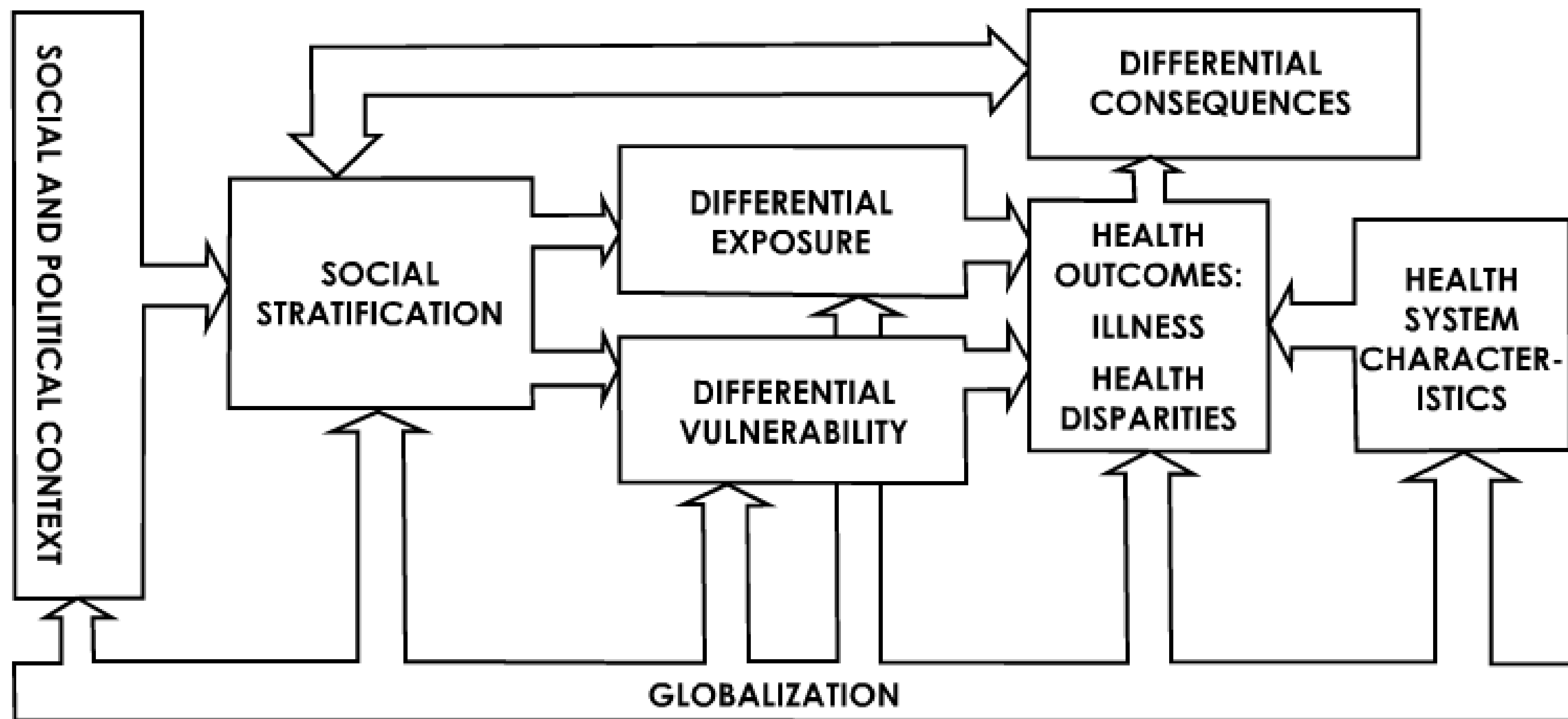


Conceptual framework for globalisation and population health



Source: Huynen et al 2005

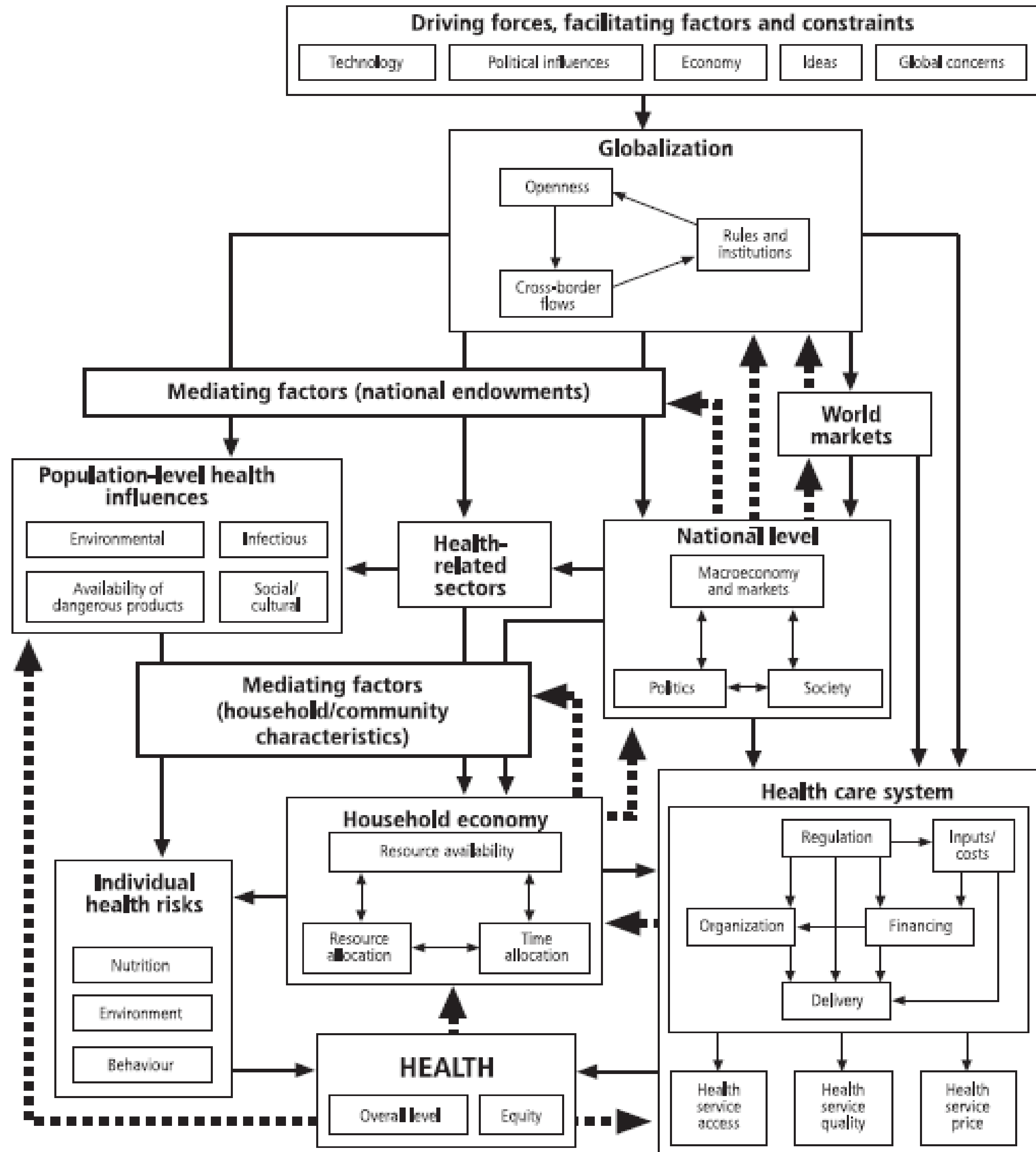
Globalisation and social determinants of health



Source: modified from Diederichsen, Evans & Witehead, 2001

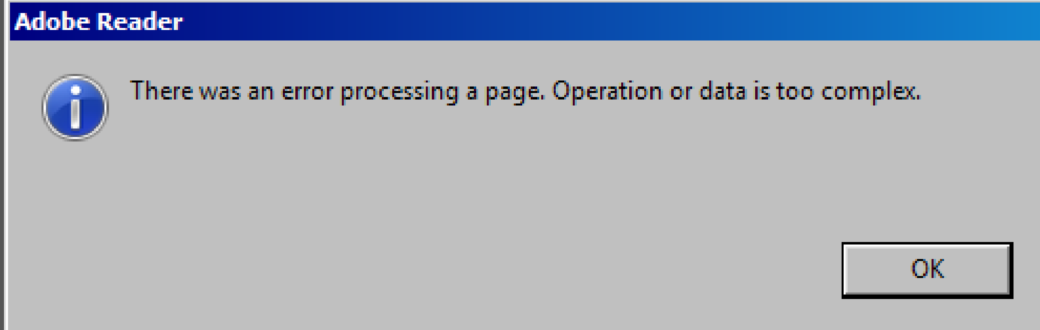
Detailed conceptual framework for globalisation and health

Woodward et al, 2001



and capacities to follow negotiations that take place in WTO and the World International Property Organisation (WIPO) remain limited. Specific attention needs to be given to addressing trade-related negotiations on domestic regulation, subsidies and government procurement, as well as those affecting globally organised production and financial markets. This may include or require collaboration with other UN agencies, such as the International Labour Organisation (ILO), UNESCO, FAO, UNCTAD and the United Nations Department of Economic and Social Affairs (UNDESA), to create a cross-sectoral and more extensive evidence base for understanding issues related to governance, globalisation and social determinants of health (see Section 4).

Constraints on policy space also arise from the globalisation of ideas and assumptions about what should/should not be done through public policies. In the recent past this has included intensive promotion



in Section 4.

3.2 The global marketplace: Trade liberalisation

As noted above, the policy environment within which trade policy commitments are made is characterised by major asymmetries in bargaining power – a point that is important to keep in mind when considering opportunities to reform the international trade regime. At the country level, direct evidence of impacts on social determinants of health is mixed. The Introduction reviewed arguments that trade liberalisation increases growth, which in turn reduces poverty and improves

On the health-positive side, there is some evidence that trade openness (measured by the sum of exports and imports divided by GDP) and a higher stock of Foreign Direct Investment are correlated in cross-country regression analyses with a lower incidence of child labour (Neumayer & De Soysa, 2005b). The same trade openness measure also correlates with a lower incidence of reported violations of core labour standards such as free association, collective bargaining, and the elimination of economic discrimination (by gender) and forced labour (Neumayer & De Soysa, 2005b; Neumayer & De Soysa, 2006). The study's design, however, does not allow determination of whether a lower incidence of child labour precedes or follows trade openness, or whether it is affected by an emphasis on exports rather than imports or vice versa – i.e., the direction of causation is unclear. Regarding labour rights, the authors themselves caution that their findings are suggestive only: "It is entirely possible, of

Economic insecurity is closely linked to many chronic stress-related diseases: its impact on health outcomes can be direct (Sen, 1997; Marmot & Bobak, 2000; Wilkinson & Marmot, 2003). Epidemiological research has shown that acute stress leads to physiological and psychological arousal, which provokes sudden changes in heart rate, blood pressures and viscosity, a reduction in the ability to maintain emotional balance and a pervasive sense of uncertainty, powerlessness and loss of social role (Cornia et al., 2007). One example of the negative impact of trade liberalisation on economic insecurity and health is the sharp rise in the suicide rate among cotton farmers in the Warangal

Sec1:37 (37 of 134)

- **There is NO...**

  consensus on the pathways and mechanisms through which globalization affects the health of populations
- **There IS...**

  an increasing tension between the new rules, actors and markets that characterize the modern phase of globalization and the ability of countries to protect and promote health

Woodward et al 2001

Globalisation

An Opportunity For Improving Health?

‘The risks and adverse consequences of globalisation must be confronted, but they must not be allowed to obscure its ***overall positive impact on health and development’***

Professor Richard Feachem, University of California
(former Director of Health, World Bank)

Class Votes: 24/30

Globalisation

A Severe Threat To Health?

'All the indications are that the current forms of globalisation are making the world a safe place for unfettered market liberalism and the consequent growth of inequities. This economic globalisation is posing ***severe threats to both people's health and the health of the planet.'***

Professor Fran Baum, Flinders University, Australia (2001)

Class Votes: 1/30

Globalisation

A Threat AND An Opportunity?

- Winners and losers in place and time
- Socio-economic status
- New threats
- New opportunities

Class Vote: 26/30

Key Messages

- There is something new and distinct about globalisation and its impacts on health and disease
- An understanding of these impacts requires us to go beyond simplistic and polarised debates
- Changes along spatial, temporal and cognitive boundaries that have positive and negative consequences for different individuals and groups
- These changes are acting on existing determinants of health and creating transborder determinants of health and health outcomes

- What kinds of health governance to best manage these changes optimally to protect and promote human health?

Some suggested readings for

Seminar: What is Global Health

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