Agenda 2030-
Prospects for Health and Equity

9th July 2018
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Master Programme in Global Development Theory and Practice

– Foundations of Health Promotion
– Gender Analysis in Global Development - Core perspectives and Issues

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https://www.uib.no/en/studies/MAPS-GLODE
‘Caring for those infected means caring for the future’ (2002-2006)

Aim: To create a support initiative addressing HIV positive people in the Limpopo Province, based upon a thorough exploration of their perceptions, needs and resources. Participatory, longitudinal PhD project
Building social capital in community HIV care and support KwaZulu-Natal (2007-2011)
Social capital has become a focus of interest in health research, and serves as a useful framework to understand aspects of care and support for those living with HIV/AIDS. Response-ability in the era of AIDS: Building social capital in community care and support explores the social norms, mechanisms and practices related to HIV/AIDS care and support in a semi-rural community in KwaZulu-Natal, South Africa and makes specific recommendations for improvement of the current care and support situation.

The chapters in the book provide different yet complimentary ways of understanding and responding to HIV/AIDS care and support in a local setting. The first section of the book introduces social capital as a framework for study of HIV/AIDS care and support. In the second section, broader community and system responses are discussed, paying particular attention to participation, cooperation and coordination between community organisations, and challenges connected to this. Home-based care and volunteering are the themes of section three. While being a cornerstone of HIV/AIDS care and support efforts, support for the volunteers are often lacking. Through in-depth exploration, important messages concerning the current situation and potential ways of strengthening the volunteer work are given. Section four contains novel perspectives on HIV/AIDS care and support, and tells of how one can empower and give results back to the community using narrative theatre as a tool.

The aim of this book is to disseminate the results of our research, and to further inform, inspire and create a platform for debate between practitioners, academics, researchers, trainers and facilitators interested in addressing community needs in terms of HIV/AIDS and support. The whole research process was approached in the context of capacity building and the book formed part of developing the voice of postgraduate students. The book is mainly written for a graduate and professional public, but will be interesting and useful for practitioners as well. We hope that the lessons we have learnt during this time will also inspire others working in the field.

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Overview

• Agenda 2030 and the Sustainable Development Goals (SDGs)

• Health inequity and inequality

• Prospects for health and equity
Transforming our world:
The 2030 agenda for sustainable development

- Adopted by the UN member states in 2015
  - People
  - Planet
  - Prosperity
  - Peace
  - Partnership
More than a continuation of the MDGs…

- SDGs…
  - are global in nature and universally applicable *(we are all developing)*
  - are integrated and indivisible
  - have a strong focus on equity *(leaving no one behind)*
  - are a national, regional and global responsibility
  - were created and agreed upon in a global process
Fig. 1. A framework for the health Goal and targets in the 2030 Agenda for Sustainable Development

Goal: Ensure healthy lives and promote well-being for all at all ages

Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, medicines and vaccines for all

- 3.1: Reduce maternal mortality
- 3.2: End preventable newborn and child deaths
- 3.3: End the epidemics of AIDS, TB, malaria and neglected tropical diseases and combat hepatitis, waterborne and other communicable diseases
- 3.7: Ensure universal access to sexual and reproductive health-care services

New SDG 3 targets

- 3.4: Reduce mortality from NCD and promote mental health
- 3.5: Strengthen prevention and treatment of substance abuse
- 3.6: Halve global deaths and injuries from road traffic accidents
- 3.9: Reduce deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

SDG3 means of implementation targets

- 3.a: Strengthen implementation of framework convention on tobacco control
- 3.b: Provide access to medicines and vaccines for all, support research and development of vaccines and medicines
- 3.c: Increase health financing and health workforce in developing countries
- 3.d: Strengthen capacity for early warning, risk reduction and management of health risks

Interactions with economic and other social and environmental SDGs and SDG 17 on means of implementation

Sustainable Development

OUR COMMON FUTURE
THE WORLD COMMISSION
ON ENVIRONMENT
AND DEVELOPMENT

Norway's follow-up of Agenda 2030 and the Sustainable Development Goals

Agenda 2030 is a global roadmap for eradicating extreme poverty through sustainable development and for promoting good governance and peaceful societies before 2030
(One) definition of health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

(WHO, 1948)
The importance of health

- Health **instrumental** for achieving other goals
- Health is a **resource** for everyday life, not the objective for living
- Health a **means** of achieving a socially and economically productive life

"the extent to which an individual or group is able to realize aspirations and satisfy needs and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources, as well as physical capacities“  

(WHO, 1984)
Health inequity

- Health inequities are differences in health status between population groups that are socially produced, systematic in their unequal distribution across the population, avoidable and unfair.

- They come from the social conditions in which people are born, grow, live, work and age. Health inequities have significant social and economic costs both to individuals and societies and could be reduced by the right mix of government policies.
Inequity: healthy life expectancy

Healthy life expectancy (HALE) at birth, both sexes, 2015

Source: World Health Statistics 2016, WHO
Note: WHO Member States with a population of less than 90,000 in 2015 were not included in the analysis.
"Inequalities in health between and within countries are avoidable. There is no necessary biological reason why life expectancy should be 48 years longer in Japan than in Sierra Leone (...) Reducing these social inequalities in health, and thus meeting human needs, is an issue of social justice"

Inequity: maternal mortality
Inequalities

• Sometimes used interchangeably with inequity, but they are conceptually different

• **Inequalities** in health status between individuals and populations are inevitable consequences of genetic differences, of different social and economic conditions, or a result of personal lifestyle choices
Equality and equity

http://jech.bmj.com/content/56/9/647
Social justice

• Social justice refers to the equal rights and opportunities of members of society, particularly those members who are at a disadvantage due to societal factors beyond their control.

• Social justice ethic is defined as collective action to distribute resources equitably to protect and restore health.
Health as a human right

“The right to the highest attainable standard of health” including the availability of health services, safe working conditions, adequate housing and nutritious foods. Achieving the right to health is closely related to that of other human rights, including the right to food, housing, work, education, non-discrimination, access to information, and participation” (WHO)
Human rights principles

• Non-discrimination
• Availability
• Accessibility
• Acceptability
• Quality
• Accountability
• Universality
Responsible for rights?

• Primary responsibility for protecting health equity rests with government

• The realization of the human right to health implies the empowerment of deprived communities to exercise the greatest possible control over the factors that determine their health (WHO, 2010)
Social gradient in health

https://www.physiospot.com/wp-content/uploads/2013/10/Screen-Shot-2013-10-20-at-10.57.27.png
Social determinants of health

- The conditions in which people are born, grow, live, work and age, circumstances that are shaped by the distribution of power and resources and which are themselves influenced by policy choices

Determinants of health

Example: poverty

- Different definitions of poverty:
  - Absolute poverty is the inability of people to provide for the basic necessities of life (<$1.90/ZAR 25 day)
  - Relative poverty (lack the means to participate fully in society – normative standards)
Example: poverty cont.

- Poverty as lack of **capabilities** (Amartya Sen), not just income-based – include aspects like literacy, life expectancy, aspirations and agency, education

- Inequalities accumulate over a lifetime
The Commission’s overarching recommendations

1. Improve daily living conditions
2. Tackle the inequitable distribution of power, money and resources
3. Measure and understand the problem and assess the impact of action

To achieve this: build a global movement
Hans Rosling: global health and income

https://www.youtube.com/watch?v=jbkSRLYSoojo

https://www.gapminder.org/
Prospects for health and equity?

- MDG effect often exaggerated
  - Halving of poverty (China)
  - Growing inequalities (the richest get ahead)
  - Low-hanging fruits
- Inequality of what?
  - Opportunities or outcomes?
  - Focus on distribution hampered by extreme wealth disparities and self-interested regimes

Indicators

• The purpose of indicators is to capture key aspects of an intervention and its effects
  – Specific
  – Measurable
  – Appropriate
  – Relevant
  – Time related

• Governments’ will, implementation of effective and equitable policies, and accountability
«Recall the face of the poorest and weakest person you may have seen and ask yourself if the step you contemplate is going to be of any use to them»

Mahatma Ghandi
Can you think of a group of people in your home country that experiences worse health and well-being than others in the country?

– What are the causes of their health situation?
– Talk about this situation in terms of inequality, inequity, social justice, human rights
– How can the SDGs improve the situation?
Recommended readings


UNIVERSITY OF BERGEN