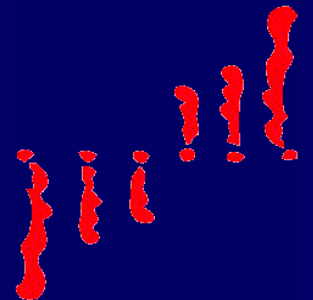


**Social inequalities in health:  
reflections on the role of  
policies and political context**

**Léa-Roback Research Centre launch  
7th October 2004, Montréal**

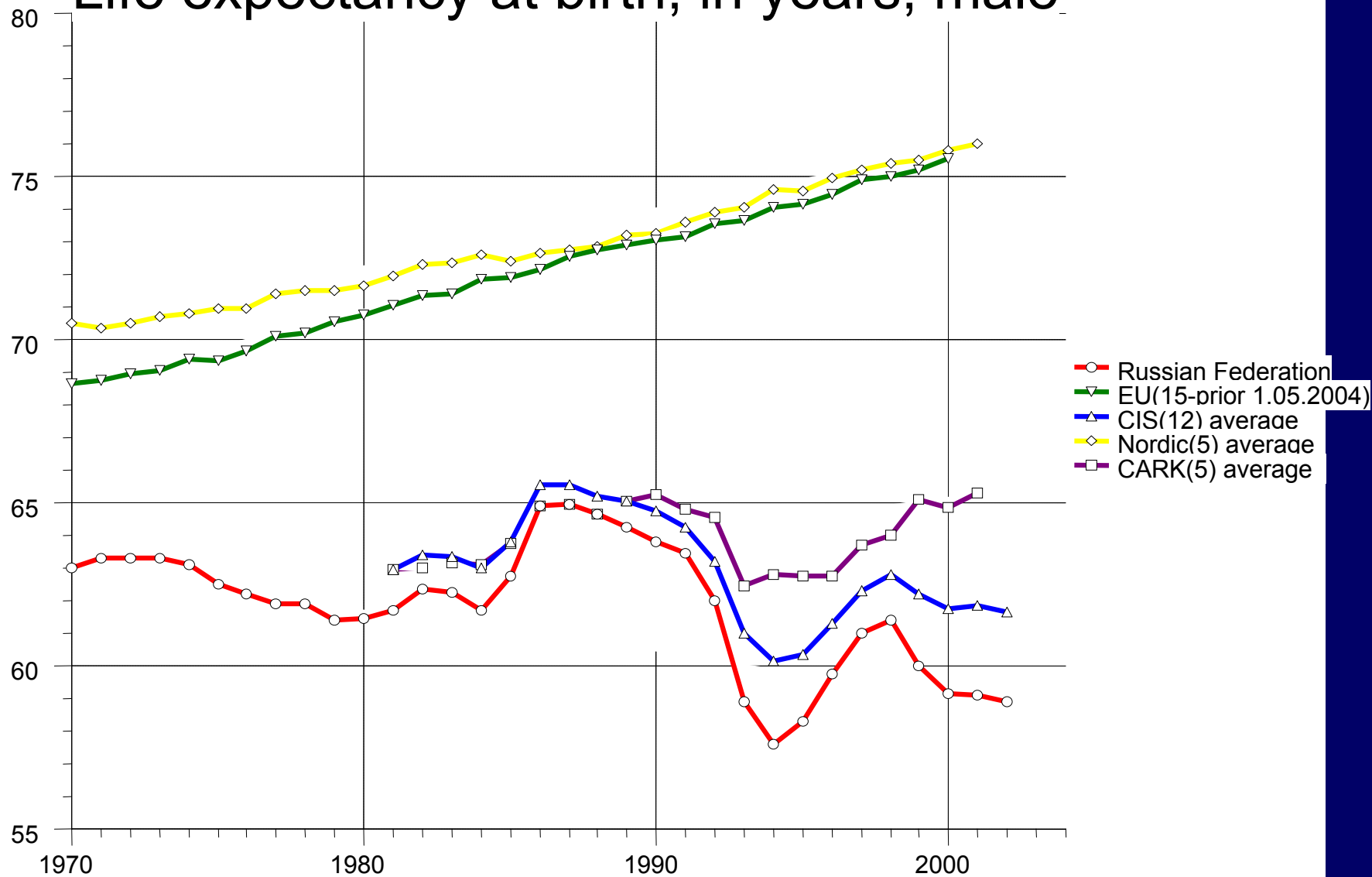
**Professor Margaret Whitehead  
University of Liverpool**



# **The European backdrop: two turbulent decades**

- **Breakup of USSR: 50+ countries in WHO EURO**
- **Armed conflict/ethnic tension/insecurity**
- **Migration/asylum/entitlements/human rights**
- **Precipitous transition to market economies/market reforms**
- **Collapse in life expectancies/new diseases**
- **Concern about high unemployment, growing poverty, widening social inequalities**

# Life expectancy at birth, in years, male



# Inequalities Action Spectrum



## Healthy Life Expectancy by Socio-economic Status (SES), The Netherlands

	Low SES	High SES	Difference
Life expectancy in years	72	77	5
Healthy life expectancy in years	52	64	12

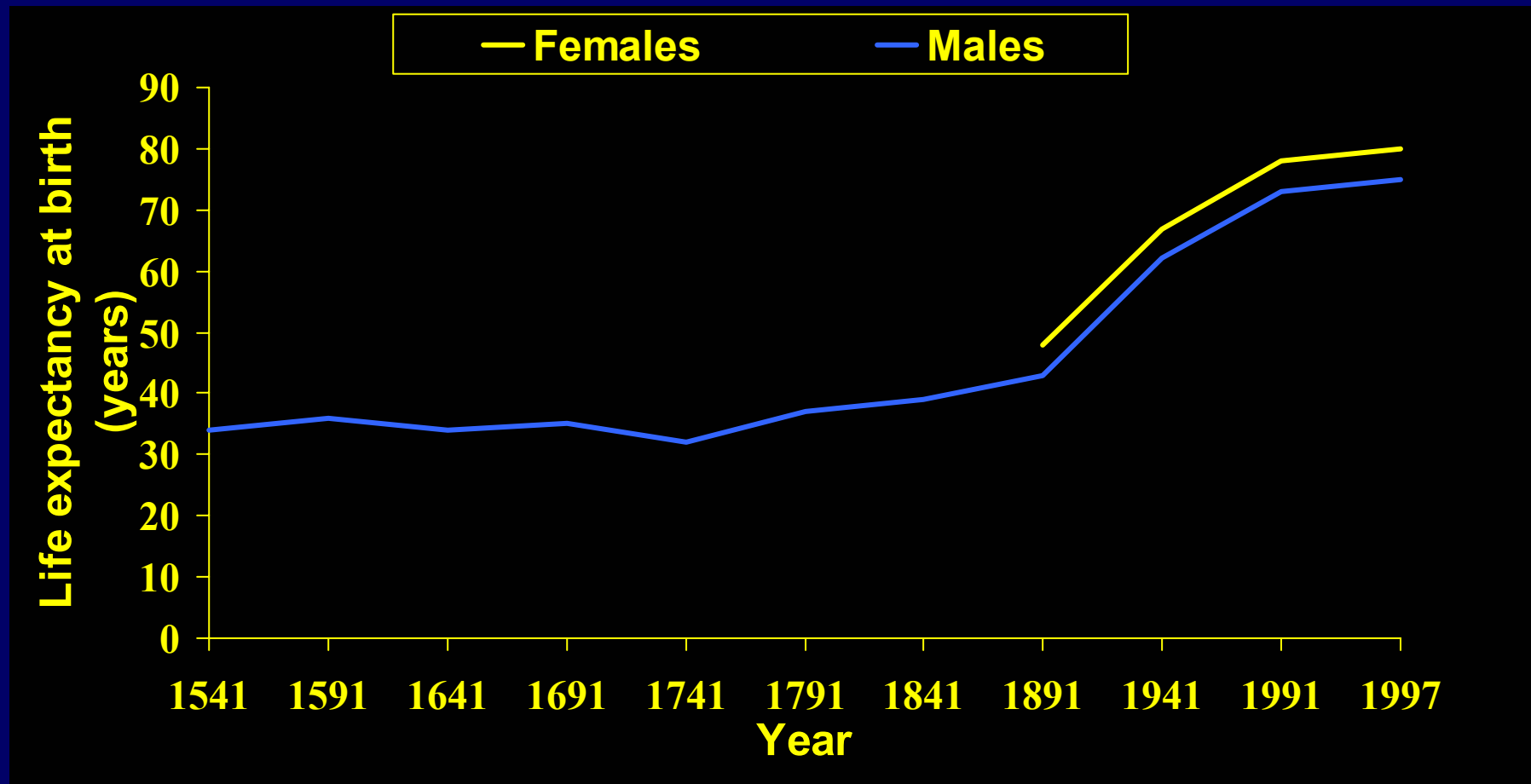
# Consensus approach in The Netherlands

- 1970s: health inequalities a non-issue
- 1980: New evidence - no political follow-up
- 1985: Test country for European HFA Strategy + Dutch “Black Report”
- 1987 - coalition government (centre right) calls national conference, broad plan of action adopted, 5-year research programme funded
- 1989: Labour Government - support continues
- 1991: Conference of all political parties - agree coordinated action on HI
- 1994: results of 1st research prog. reported
- 1995-2000: second 5-year R&D prog: evaluations
- 2001: National Programme Committee on HI issues 26 recs, with health policy targets

# Social justice approach in Sweden

- 1930s: Hot political issue, triggered by large poor-rich inequalities in infant mortality. Goals set, plus raft of maternal health policies
- 1950s/1960s: Interest subsides/problem “solved”
- mid-1970s: new evidence, but ignored
- mid-1980s: Evidence of HI accepted, 1st policy bill, with “reducing inequities” a major objective
- 1991: 2nd bill - equity in health a priority, but then new centre right government plays it down
- 1992: economic recession
- 1995: Soc Dem govn. Sets up parliamentary committee plus commission for national health objectives, focusing on HI
- 2000: Commission makes 19 recs. Based on social justice, focus on social determinants

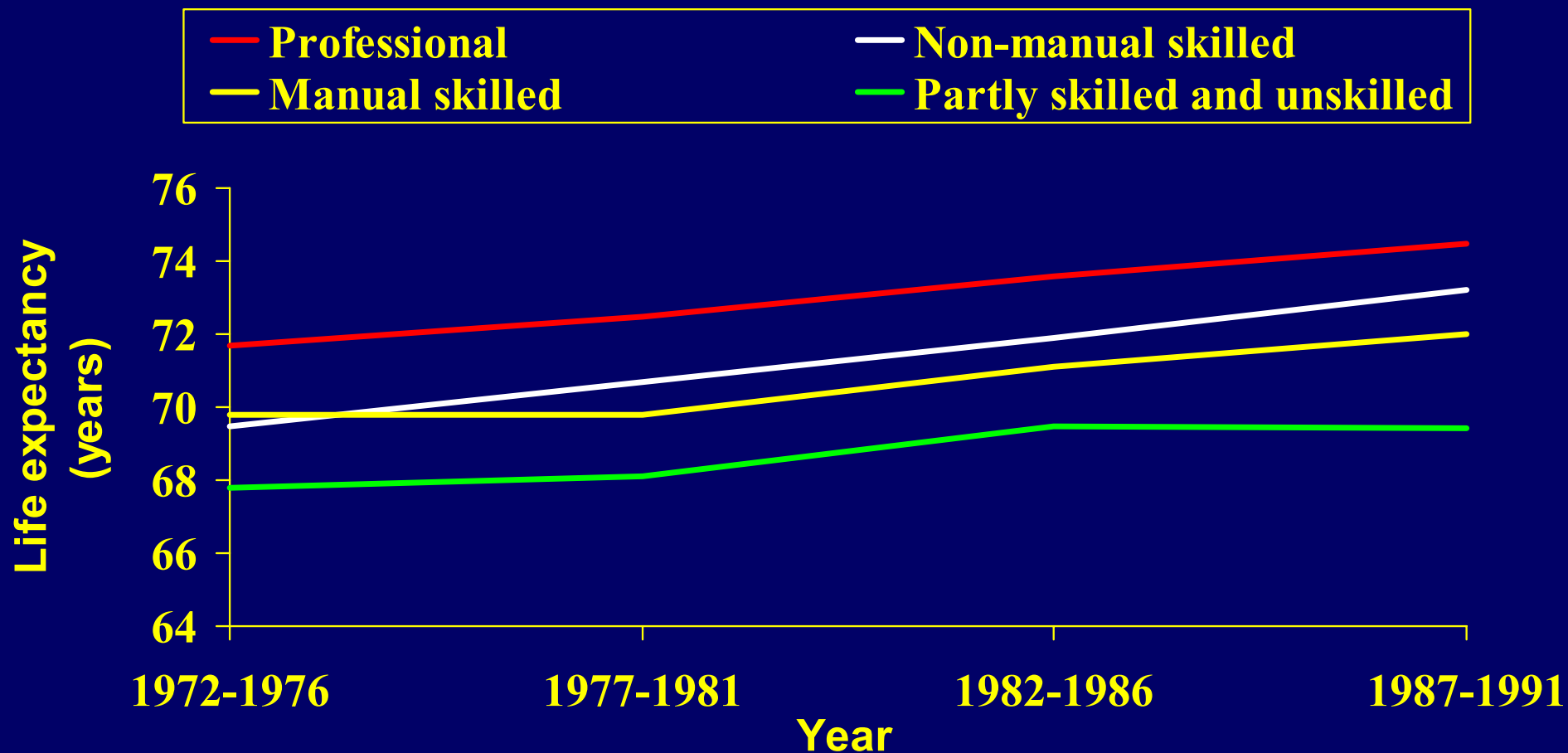
# Life expectancy at birth, England, over 450 years



Source: Whitehead, 1997

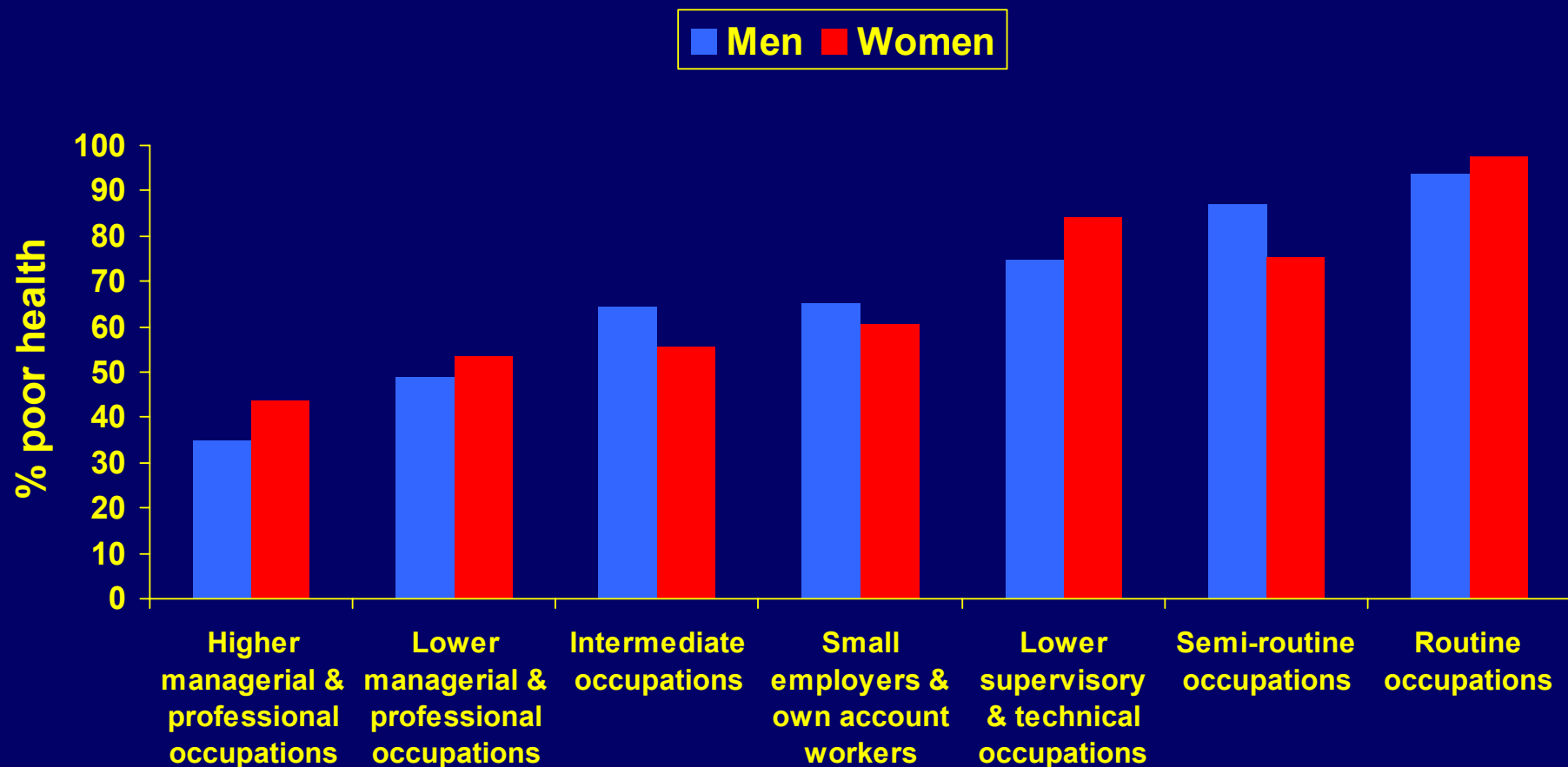


# Trends in life expectancy at birth by social class, men, England and Wales 1972-91



Source: Hattersley, 1997

# European age standardised rate (per 1000) of self reported poor health by social class: men and women aged 25-64, Great Britain 2001



# The British approach: confrontation

- 1970s: Leading medical researchers raise awareness of emerging evidence
- 1977: Labour sets up (Black)working group
- 1980: Black Report published, but new Tory govn. tries to “bury” it. Public Health bodies object and opposition parties adopt HI issue
- 1980s: A decade of confrontation. Stream of reports published (including “The Health Divide”). Official “denial” of problem
- 1990: Thatcher resigns, softening of official line
- 1995-97: national research progs plus NHS recs.
- 1997: Labour elected, Acheson Inquiry set up
- 1998 onwards: Acheson reports, health equity targets set, national strategy developed



INEQUALITIES  
IN  
HEALTH

THE  
BLACK REPORT

EDITED BY PETER TOWNSEND AND  
NICK DAVIDSON



THE  
HEALTH DIVIDE

BY MARGARET WHITEHEAD

SECOND EDITION

## Health Minister's response to *The Health Divide*

“These issues can be approached from a class bias, a fascination with a class division of society which is basically a Marxist approach... Marxism is entirely based on this class approach and is carefully reflected in the Black Report and *The Health Divide*... the answer is not to impose on society the socialism that everyone else has rejected, and seemingly only the few authors of these reports and a few left-behind diehards on the Opposition Benches still believe in.”

Ray Whitney, Minister of Health, 1987

**.....but by 1997.....**

- **“...These inequalities do matter and there is no doubt that the published statistics show a link between income, inequality and poor health. It is important to address that issue, and we are doing so”**

**Tony Blair, July 1997**

# The Acheson Inquiry

Independent Inquiry into  
**Inequalities in Health**  
REPORT

CHAIRMAN: SIR DONALD ACHESON

# **Acheson Inquiry: The 3 Priority Areas**

- **Health inequalities impact assessment of policies**
- **High priority for families with children**
- **Reducing income inequalities and improving living standards of poor households**



# **Acheson recommendations for families and children**

## **Reducing poverty in families by:**

- removing barriers to work**
- adequate financial support for parents**
- high quality, affordable day-care**

## **Improving nutrition by:**

- adequate benefits**
- health-promoting schools and policies**
- Review Common Agricultural Policy**

**Social and emotional support of parents**

# What factors helped progress in the UK?

- **Body of researchers and health practitioners who collected evidence and disseminated it**
- **Backing of respected medical associations (e.g. RCP) and medical journal editors**
- **NHS frontline workers bear “witness” to unfairness and health impact – local commitment**
- **Growing public perceptions of unfairness**
- **Help from international research and policy community**

# Wider international initiatives on health inequalities

- **WHO European Health Ministers' Resolution (2002): what can the health system do to alleviate/reduce poverty?**
- **WHO Commission on Social Determinants of Health, 2004; WHO Venice Office "Investment for health"**
- **EU Network on interventions and policies to Reduce Health Inequalities (Mackenbach)**
- **EU Network on Health Impact of Policies and Political Context (Navarro)**

# **International networks: what have we learnt?**

- No one country has the opportunity or capacity to test and evaluate effective strategies to reduce health inequalities**
- We need collaboration to increase learning speed to:**
  - pool research capacity**
  - exploit “natural policy experiments”**
  - show what can be done elsewhere**
- Local work helps keep flame alive in cold national climate**
- Importance of symbolic targets and international strategies**

# What can the health sector do?

**Using unique position to:**

- **Make inequities in health visible**
- **Make the differential effect of policies visible**
- **Advocate for tackling root causes**
- **Reduce the negative consequences of being in poor health**
- **Maintain the value base**

