

Equity and Challenges Relating to Health in All Policies

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THE UNIVERSITY
of ADELAIDE


make
history.





Greetings from the land of the Kurna People: Adelaide, South Australia



Public Health Reports Calling for Equity Action in All Sectors

 Friedrich Engels
1820-1895

 Rudolph Virchow 1821-1902

 UK Beveridge Report – Welfare State – 1942

 WHO Health for All Alma Ata 1978

 UK Black Report 1980

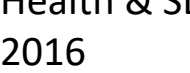
 WHO Ottawa charter 1986

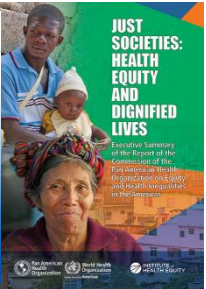
 People's Health Charter, 2000


 WHO Commission on SDH 2008

 WHO World Conference on SDH 2011

 The Lancet – University of Oslo Commission 2014

 WHO Shanghai Health & SDGs, 2016

 PAHO Equity, 2018

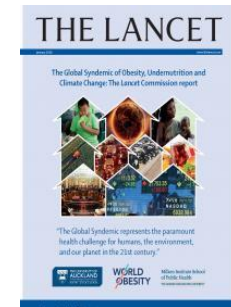
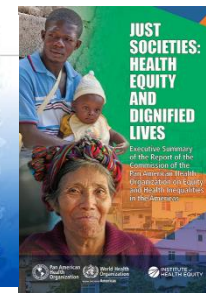
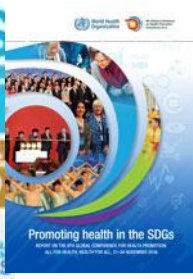
 The Lancet Global Syndemic, 2019



All for



Global Governance for Health
THE LANCET - UNIVERSITY OF OSLO COMMISSION



World Report on SD of health Equity 2024

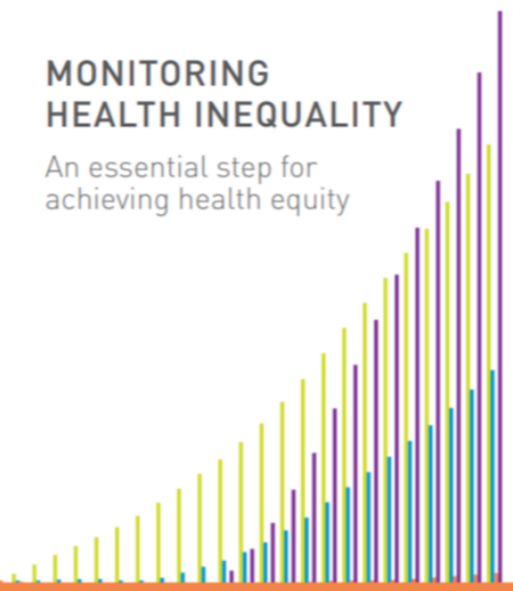
Closing the gap in a generation

Health equity through action on the social determinants of health



MONITORING HEALTH INEQUALITY

An essential step for achieving health equity



ILLUSTRATIONS OF FUNDAMENTAL CONCEPTS



INEQUALITY KILLS

The unparalleled action needed to combat unprecedented inequality in the wake of COVID-19

REPORT

Inequalities in overweight and obesity and the social determinants of health

2007-08 to 2017-18



SA: THE HEAPS UNFAIR STATE

WHY HAVE HEALTH INEQUITIES INCREASED IN SOUTH AUSTRALIA AND HOW CAN THIS TREND BE REVERSED?

INEQUALITIES IN HEALTH

THE BLACK REPORT

'...The most important single document on health since the war' - Labour Weekly

PETER TOWNSEND
NICK DAVIDSON



THE INEQUALITY VIRUS

Bringing together a world torn apart by coronavirus through a fair, just and sustainable economy

EMBARGOED UNTIL JANUARY 25, 2021 00:01 GMT

World Health Organization

Environmental health inequalities in Europe

Second assessment report

World Health Organization tasc

Health Inequalities in Europe:

Setting the Stage for Progressive Policy Action

Timon Forster, Alexander Kentikelenis and Clare Bambra

JUST SOCIETIES

Health Equity and Dignified Lives

Report of the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas

PAHO

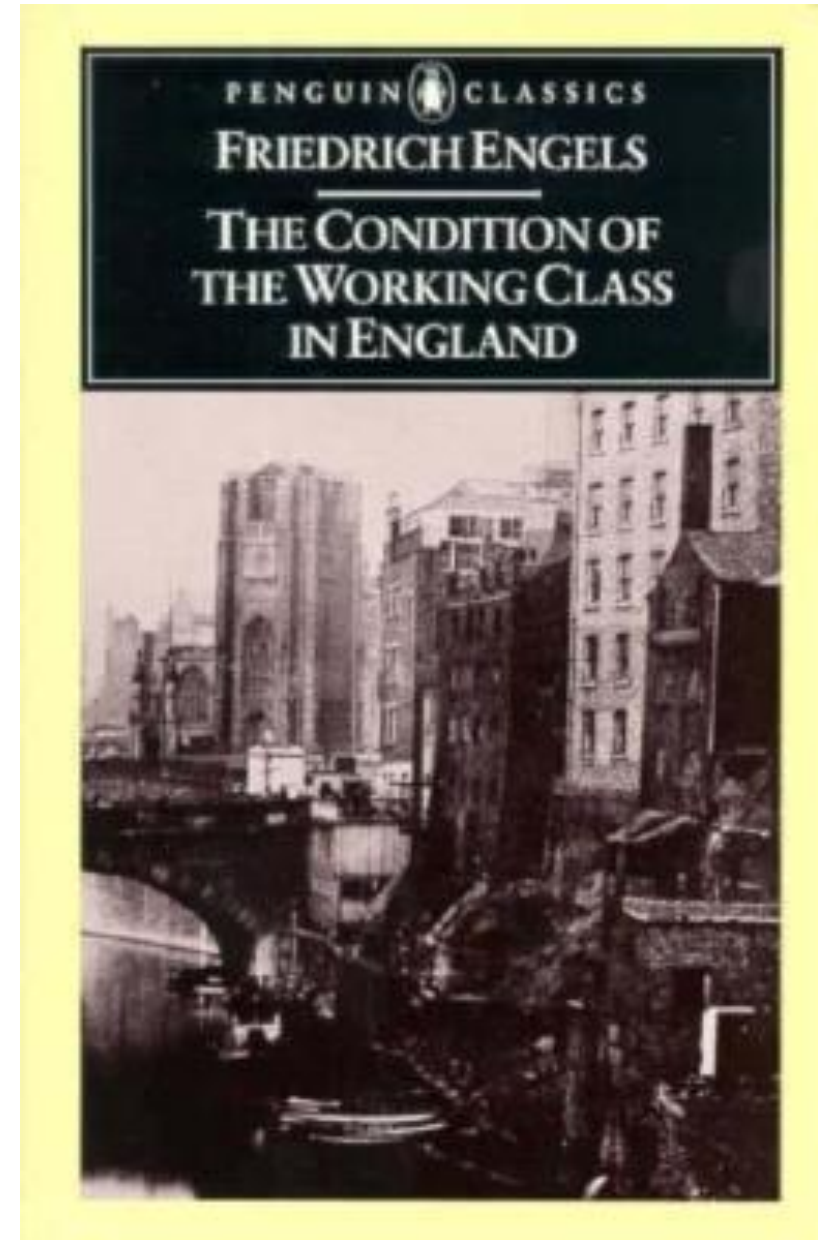
INEQUALITY MONITORING IN SEXUAL, REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

A STEP-BY-STEP MANUAL

World Health Organization

19th Century call for HiAP

- Documented heavy health toll of the early industrial revolution
- Noted low incomes of workers
- Documented very poor living and working conditions
- Called for sanitation and better and safer conditions at work. Improved housing and high wages and curbs on child labour all in the name of health



Poly-crises faced globally –implication for HiAP?

Ecological and climate crisis –
increasing disasters:
floods, fires, droughts,
excessive extraction,
destruction of country,
pandemics,
unsustainable food

War conflict & occupation
Increasing under
climate pressures,
commercial factors
driving

Political Leadership:
neo-liberal, pro-profit not
health, unstable,
privatising public assets,
populist leaders, declining
trust



Financial and cost of living crisis
Austerity
Inflation
Wages falling behind
Profits increasing

Social crisis – isolation, declining solidarity, less community spirit and solidarity, harder to protect culture, fundamentalism, threat of terrorism, hate speech

Less than optimal health outcomes –
inequities, increasing chronic disease, mental illness, anxiety, depression, new infectious diseases



The wealth of the 10 richest men has doubled, while the incomes of 99% of humanity are worse off, because of COVID-19.¹



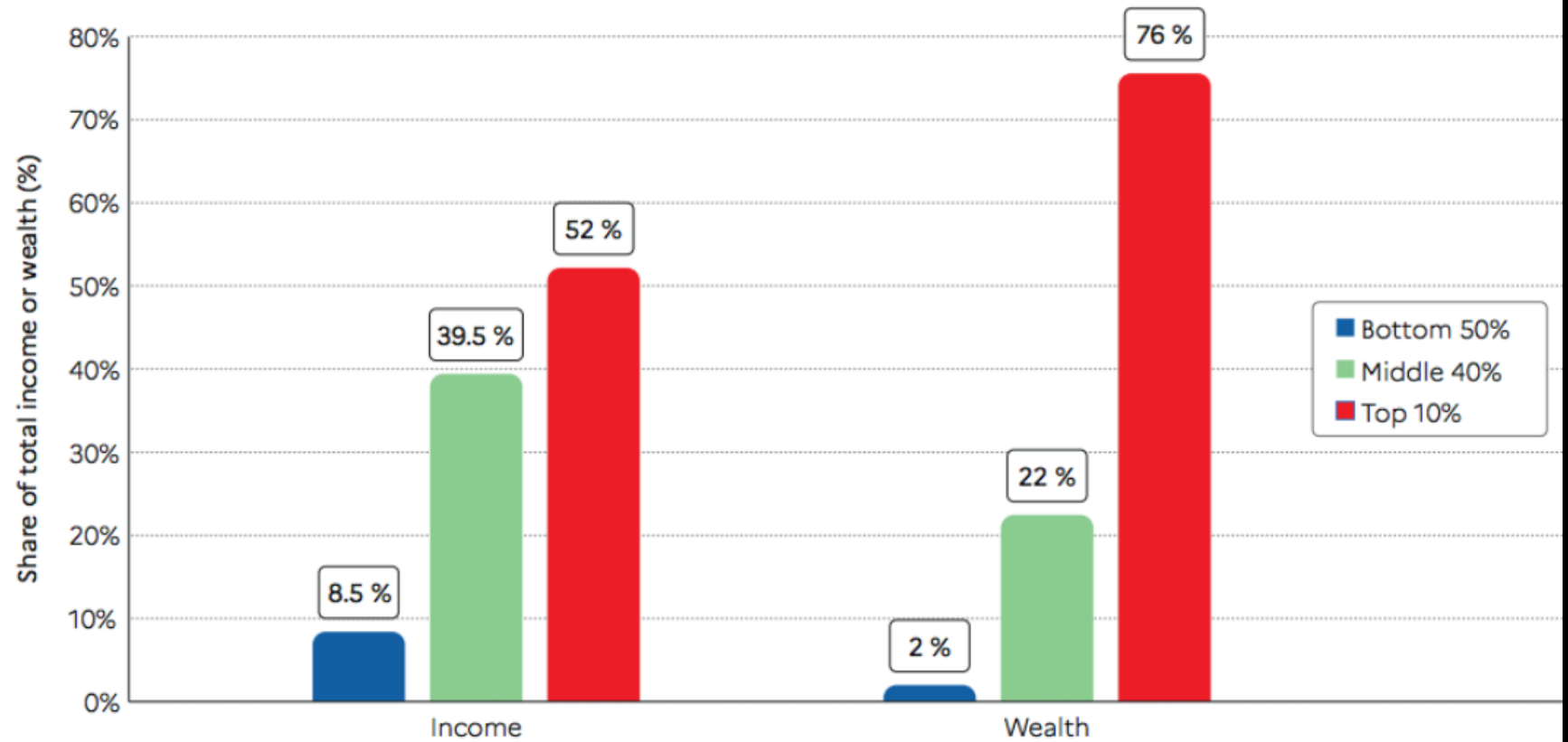
March 2020



November 2021

10 richest men

Figure 1 Global income and wealth inequality, 2021



“The myth is that we are all in the same boat, while we are all floating on the same sea, it’s clear that some are in super yachts, while others are clinging to the drifting debris”

Antonio Guterres, UN Secretary General on Covid-19 impact

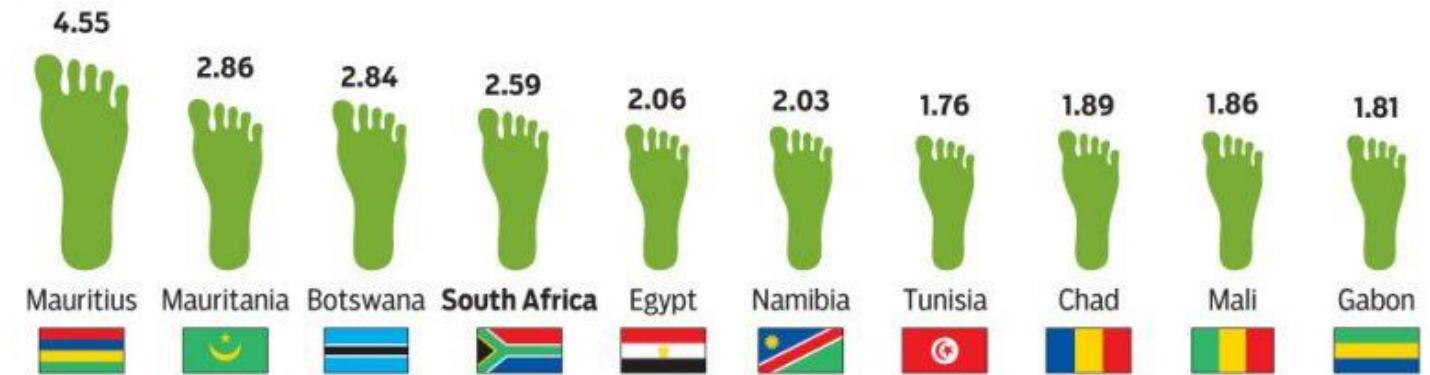
World Economic Forum

“The “average” billionaire has gained roughly \$1.7 million for every \$1 of new wealth earned by a person in the bottom 90%. The collective wealth of the world’s super-rich is increasing by \$2.7 billion a day. Yes, really. You may want to read that again.....Inequality is the accumulation of wealth and power in a few hands. It has corrupted and polarized our politics and media. It is corroding our democracies”

Top 10 countries with the biggest ecological footprint per person



Top 10 African countries with the biggest ecological footprint per person



* United Arab Emirates

Source: WWF

Graphics24



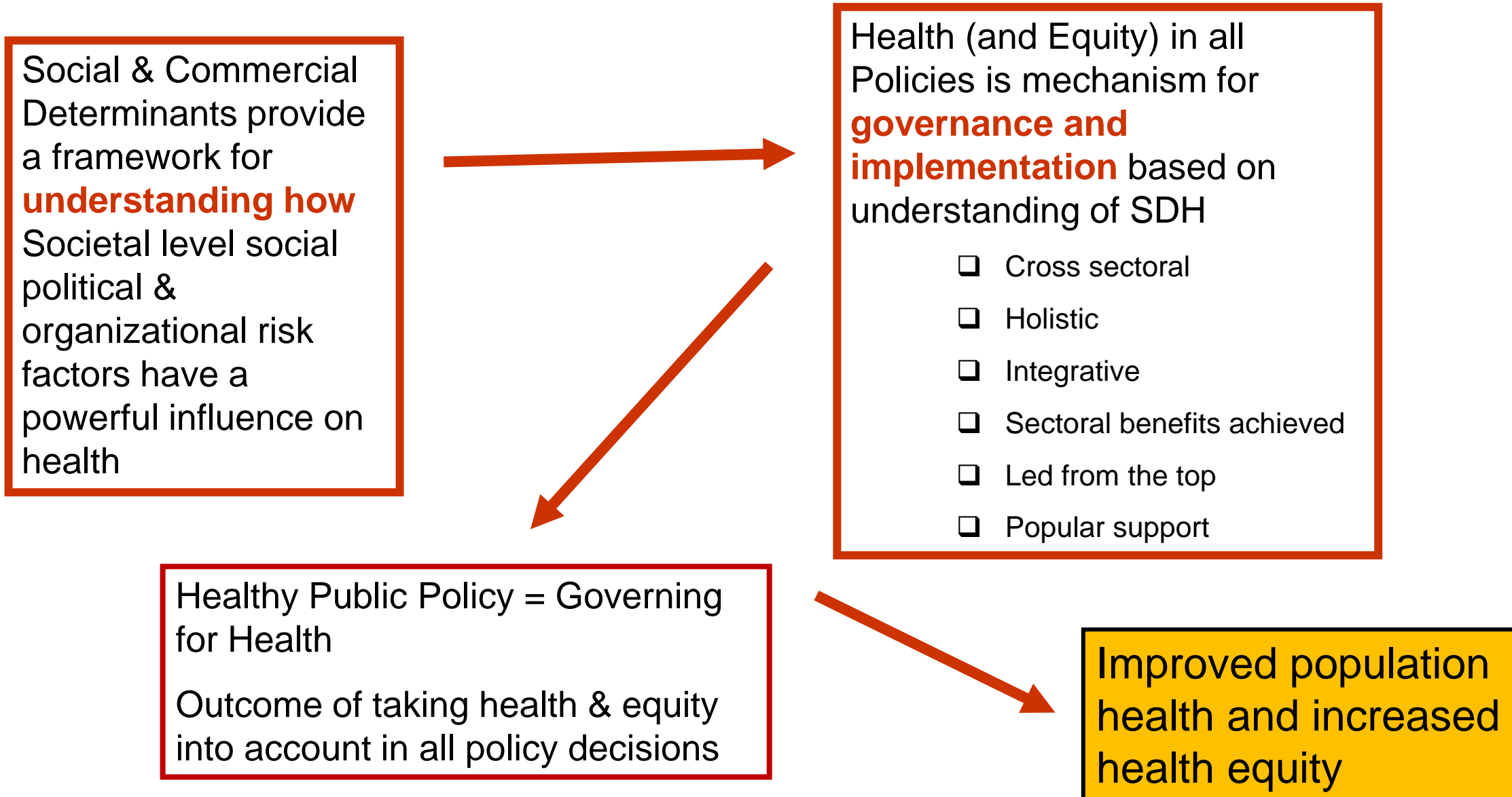
“Government agencies readily understood HiAP as providing tools for improving the process of intersectoral policy development, while the more distal outcome-focused intent of improving equity was not well understood and gained less traction.”

› [Int J Environ Res Public Health](https://doi.org/10.3390/ijerph14111288). 2017 Oct 25;14(11):1288. doi: 10.3390/ijerph14111288.

Health in All Policies in South Australia—Did It Promote and Enact an Equity Perspective?

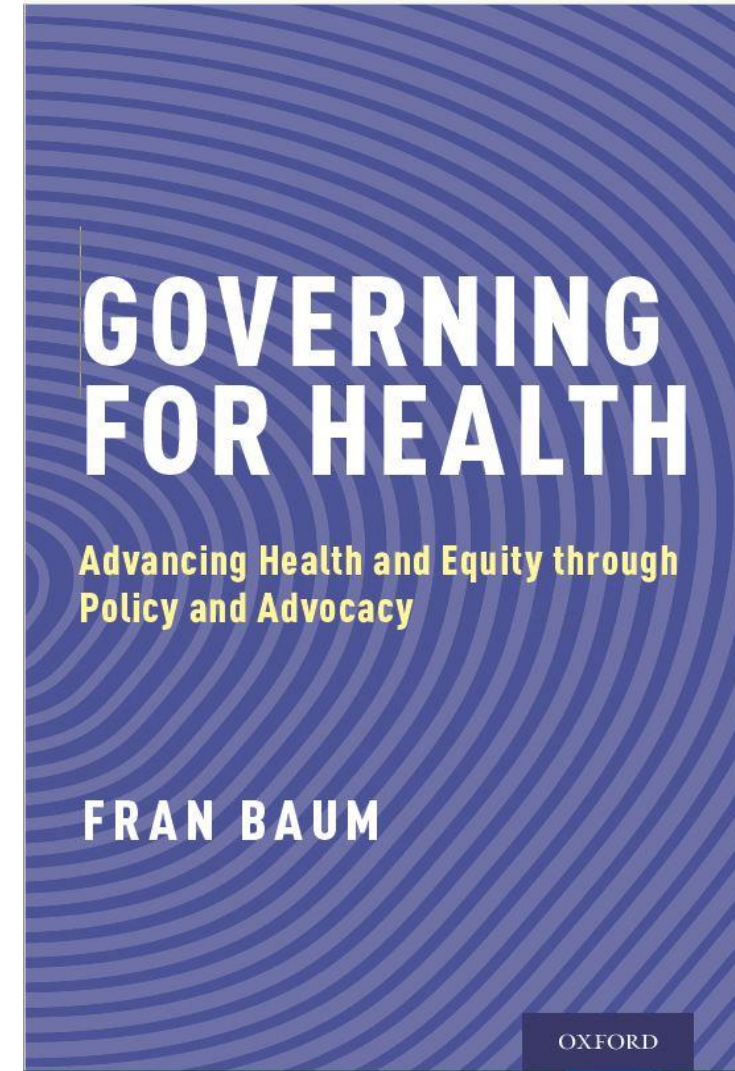
Helen van Eyk ¹, Elizabeth Harris ², Fran Baum ³, Toni Delany-Crowe ⁴, Angela Lawless ⁵,
Colin MacDougall ⁶ ⁷

Social & Commercial Determinants, Healthy Public Policy & HiAP



Governing for health

- **Healthy public policy** means designing, crafting, drafting, and implementing policies that will result in **healthy, equitable, and sustainable** societies in which well-being is enhanced.
- These policies need to be present in **every sector**.
- They need to both direct government actions toward **well-being** and equity and provide a **regulatory** framework for the private sector” (p.13).



People's Health Movement



People's
Charter
For
Health



What is the aim of Health Equity in All Policies?

“Equity, ecologically-sustainable development and peace are at the heart of our vision of a better world - a world in which a healthy life for all is a reality; a world that respects, appreciates and celebrates all life and diversity; a world that enables the flowering of people's talents and abilities to enrich each other; a world in which people's voices guide the decisions that shape our lives. There are more than enough resources to achieve this vision”.

Health Equity for All Requires

- Redressing inequities associated with colonial expansionism and extractive capitalism
- Redistribution of wealth/income
- Social and economic security across the life cycle for all
- Universal free or affordable education from early childhood to tertiary level
- Racial, sex and disability discrimination legislation and enforcement
- Fair and decent employment for all
- Urban, rural, food environments that support healthy living choices for all
- Accessible, equitable and affordable health system



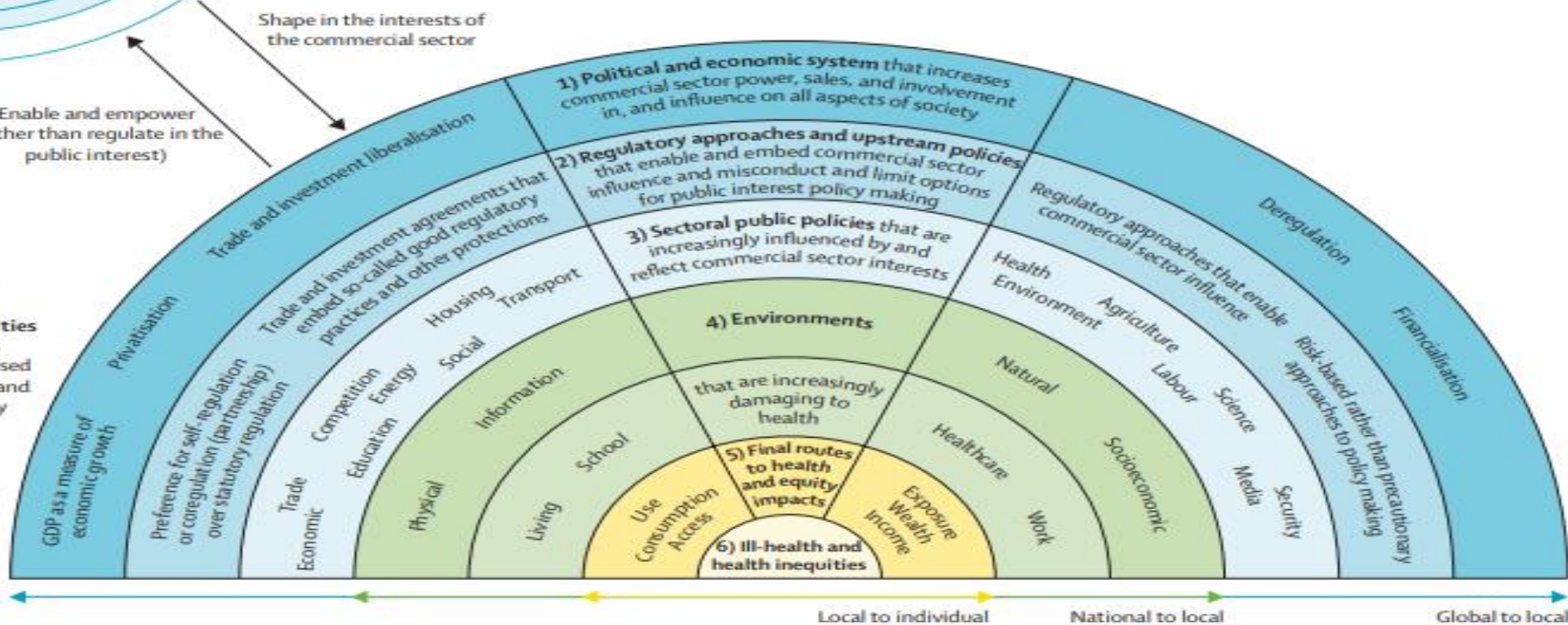
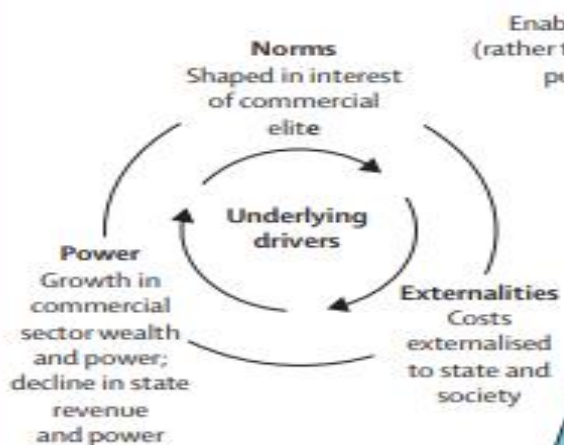
COMMERCIAL DETERMINANTS CAN THREATEN HEALTH & EQUITY IN ALL POLICIES

CDoH are “the systems, practices, and pathways through which commercial actors drive health and equity”

Gilmore, Fabbri, Baum et al (2023) v *Defining and conceptualising the commercial determinants of health, The Lancet, Vol 401 April 8*

Model of the Commercial Determinants of Health showing the barriers to Health Equity in All Policies

Gilmore, Fabri, Baum et al (2023) v Defining and conceptualising the commercial determinants of health, *The Lancet*, Vol 401 April 8




CORPORATE PRACTICES THAT AFFECT HEALTH –



CAN HIAP TACKLE THESE?

- **Tax evasions and Corporate subsidies** reduces funds for public goods like education, health, social services
- **Advertising** encourages the consumption of unhealthy products and changes cultures
- **Influence science** through funding to universities and academics from evidence production, through dissemination and use
- **Denying health impacts** of products e.g. smoking and lung cancer alcohol and breast cancer
- **Shift burden of responsibility** to individual consumer
- **Lobby governments** for corporate friendly policies e.g. free trade agreements and reduction in regulation, reduce power of public health
- **Direct influence on policy** – through consultancy, outsourcing of public sector functions and multi-stakeholderism
- **Conflicts of Interest**
- **Corporate social responsibility is often window dressing** – corporations are mandated by law to maximise profits
- **Externalisation** of costs e.g. waste, pollution, low wages



"I, too, hate being a greedy bastard, but we have a responsibility to our shareholders."

Big food and the World Health Organization: a qualitative study of industry attempts to influence global-level non-communicable disease policy 

 Kathrin Lauber ¹,  Harry Rutter ², Anna B Gilmore ¹
Correspondence to Kathrin Lauber; kl580@bath.ac.uk

FAST FOODS AND HEALTH


[PLoS Med.](#) 2012 Jun; 9(6): e1001242.

Published online 2012 Jun 19. doi: [10.1371/journal.pmed.1001242](https://doi.org/10.1371/journal.pmed.1001242)

Big Food, Food Systems, and Global Health

[David Stuckler](#) ^{1, 2, *} and [Marion Nestle](#) ^{3, 4}

How food companies influence evidence and opinion – straight from the horse’s mouth

Gary Sacks  , Boyd A. Swinburn, Adrian J. Cameron & Gary Ruskin

Pages 253-256 | Received 18 May 2017, Accepted 18 Aug 2017, Published online: 13 Sep 2017

obesity reviews

doi: 10.1111/obr.12107

Review

Ultra-processed products are becoming dominant in the global food system

C. A. Monteiro¹, J.-C. Moubarac¹, G. Cannon², S. W. Ng³ and B. Popkin³

"Big food," the consumer food environment, health, and the policy response in South Africa

Ehimario U Igumbor ¹, David Sanders, Thandi R Puoane, Lungiswa Tsolekile, Cassandra Schwarz, Christopher Purdy, Rina Swart, Solange Durão, Corinna Hawkes

Affiliations + expand

PMID: 22802733 PMID: PMC3389030 DOI: [10.1371/journal.pmed.1001253](https://doi.org/10.1371/journal.pmed.1001253)

[Free PMC article](#)

HARVARD HEALTH BLOG

What are ultra-processed foods and are they bad for our health?



January 9, 2020

By Katherine D. McManus, MS, RD, LDN, Contributor

HOW CAN SMALL HIAP INITIATIVES ON FOOD SUPPLY COMPETE?

20

- Food and Beverage TNCs are the disease vectors for diet-influenced NCDs
- Sugar-sweetened beverage industry dominated by Coca Cola and Pepsi-Co value growing fast – projected to be \$1.885 trillion in 2023
- NCDs account for 71% of deaths world-wide and two-thirds related to modifiable risk factors

W Non-Communicable Diseases 4

Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries

Rob Moodie, David Stuckler, Carlos Monteiro, Nick Sheron, Bruce Neal, Thaksaphon Thamarangsi, Paul Lincoln, Sally Casswell, on behalf of The Lancet NCD Action Group

Lancet 2013; 381: 670-79 The 2011 UN high-level meeting on non-communicable diseases (NCDs) called for multisectoral action inclu



CAN HIAP ADDRESS THE STRUCTURAL CHALLENGES?

- Strong headwinds to be tackled
- HiAP needs to be Health Equity in All Policies
- Progressive challenges to the three decades of neo-liberalism are becoming stronger and more frequent
- Current HiAP work needs to be conducted with full awareness of the structural problems we face and especially inequities and the climate emergency
- HiAP needs strong links with social movements and opportunities to hear the voice of civil society which are increasingly naming and shaming the current crises....two examples to finish

HIAP AND THE STATE

- HiAP requires a strong, stable and motivated public sector
- Neo-liberal policies have seen state bureaucracies “downsized”, restructured which means HiAP work is harder
- As a consequence, public services have been hollowed out and deskilled
- Level of trust in governments have declined and HiAP relies on high trust for full effectiveness
- Corporations are often larger and more powerful than states
- Political parties in many countries depend on donations from large firms
- Economic considerations are very often dominant in liberal democracies to the detriment of health and equity
- Privatisation has corporatised services that were previous public
- ‘Shadow’ public sectors have developed and likely undermine HiAP initiatives

CONSULTING FIRMS – UNDEMOCRATIC²³

Deloitte
Boston

Consulting
Group

KPMG

PwC

EY

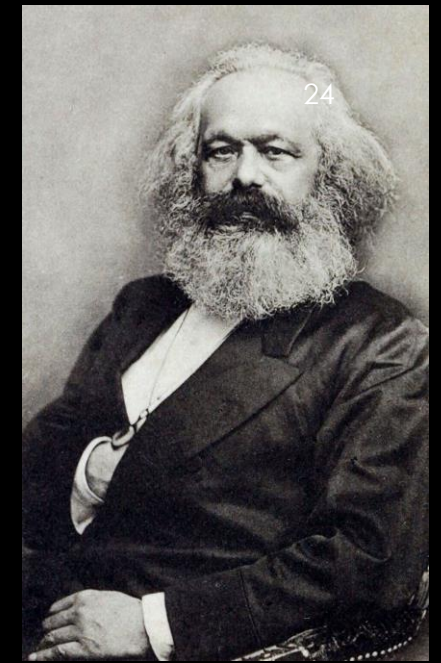
- Undermine strong public sector as outsourcing of government functions has increased
- Do not promote equity or have the long-term view required to put equity in public policy and health in other sectors
- Many Conflicts of Interest e.g. advise on debt restructuring, privatisation tax avoidance and consult to firms who benefit
- Undemocratic practice – no disclosure of who they work for
- Called a Shadow public services



INEQUITIES ARE CREATED SO HEIAP NEEDS A POLITICAL ECONOMIC FRAME

- **Critique of society** – privatisation, colonialism, global health's neo-imperialism, racism, exclusionism, alienation
- **Set of values** – freedom for individuals, equitable society, end of exploitation, participatory, hopeful capacity for change, a sense of the interdependence and indivisibility of our common humanity
- **Call for people** to join the struggle against exploitation

- **Growing attention to Marxist** political economy in public health literature



Socialism as the way forward: updating a discourse analysis of the social determinants of health

Dennis Raphael ^a and Toba Bryant ^b

RESEARCH AND ANALYSIS 

**The Political Economy of Health:
Revisiting Its Marxian Origins
to Address 21st-Century Health
Inequalities**

Michael Harvey, DrPH

HEiAP needs a national fiscal policy

for equity

Progressive taxation

Financial transaction tax

Global tax on capital

Close loopholes for TNCs and mega rich

Campaign to argue for public good value of tax

Strong social security system

Many ways of envisaging a transformative new economic order: steady state, no-growth, zero-carbon, wellbeing



SURVIVAL OF THE RICHEST

How we must tax the super-rich now to fight inequality



PEH suggests HEiAP requires strengthened public not private services

Evidence indicates claims for privatisation have not been met

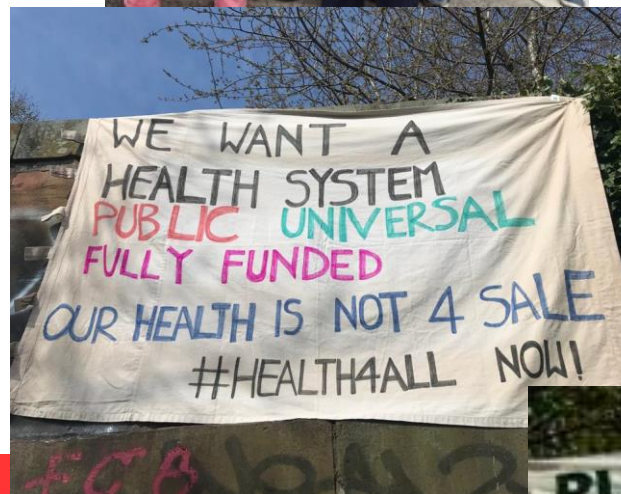
Short term profit for governments
long term profit for TNCs

Not cheaper or more efficient

Equity not a consideration

Requires governance especially
to encourage equity

Limits collectivism and
diminishes solidarity



**PRIVATISATION
HURTS
EVERYONE**



STOP THE PRIVATISATION OF OUR



**Urgent Lobby
of Parliament**

Tue 26th March
Act Now to Revoke the Regs



Coalition of Peaks

WHO ARE WE?

The Coalition of Peaks came together to change the way Australian governments work with our people.

Our Story

We came together as an act of self-determination to be formal partners with Australian governments on Closing the Gap.

[GET TO KNOW US](#)

National Agreement

The National Agreement is the first of its kind – having been developed in genuine partnership between the Coalition of Peaks and Australian governments.

[LEARN MORE](#)

Resources

We are committed to providing relevant, accessible, and useful resources that your communities can use!

[GO THERE](#)

Priority Reforms

The four Priority Reforms in the National Agreement are about changing the way governments work with our people.

[READ MORE](#)



Health Equity in All Policies

Guiding Vision ✓

Processes for trust and breaking down silos ✓

Political commitment ✓

Equity focus ✓

Citizen participation ✓

Also need to act locally, think globally and identify structural threats to health and act in full awareness of these

make
history.



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