



U N I V E R S I T Y O F B E R G E N

Global Health Priorities

Improving health and reducing poverty

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www.uib.no/en/rg/globpri

Plan for the talk

- Sustainable Development Goals
- Universal Health Coverage
- Theories of distributive justice and health
- How to improve health and reduce poverty?

This talk will critically examine the Sustainable Development Goals for health and poverty and discuss how they are interlinked



SUSTAINABLE DEVELOPMENT GOALS

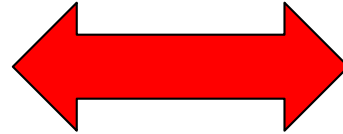


GOAL 1



END POVERTY IN ALL ITS FORMS EVERYWHERE

SUSTAINABLE DEVELOPMENT GOALS
More at sustainabledevelopment.un.org/sdgsproposal

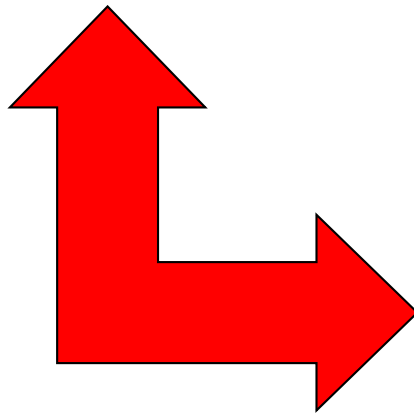


GOAL 3



ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

SUSTAINABLE DEVELOPMENT GOALS
More at sustainabledevelopment.un.org/sdgsproposal

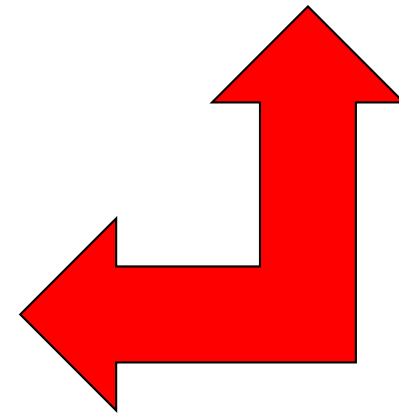


GOAL 10



REDUCE INEQUALITY WITHIN AND AMONG COUNTRIES

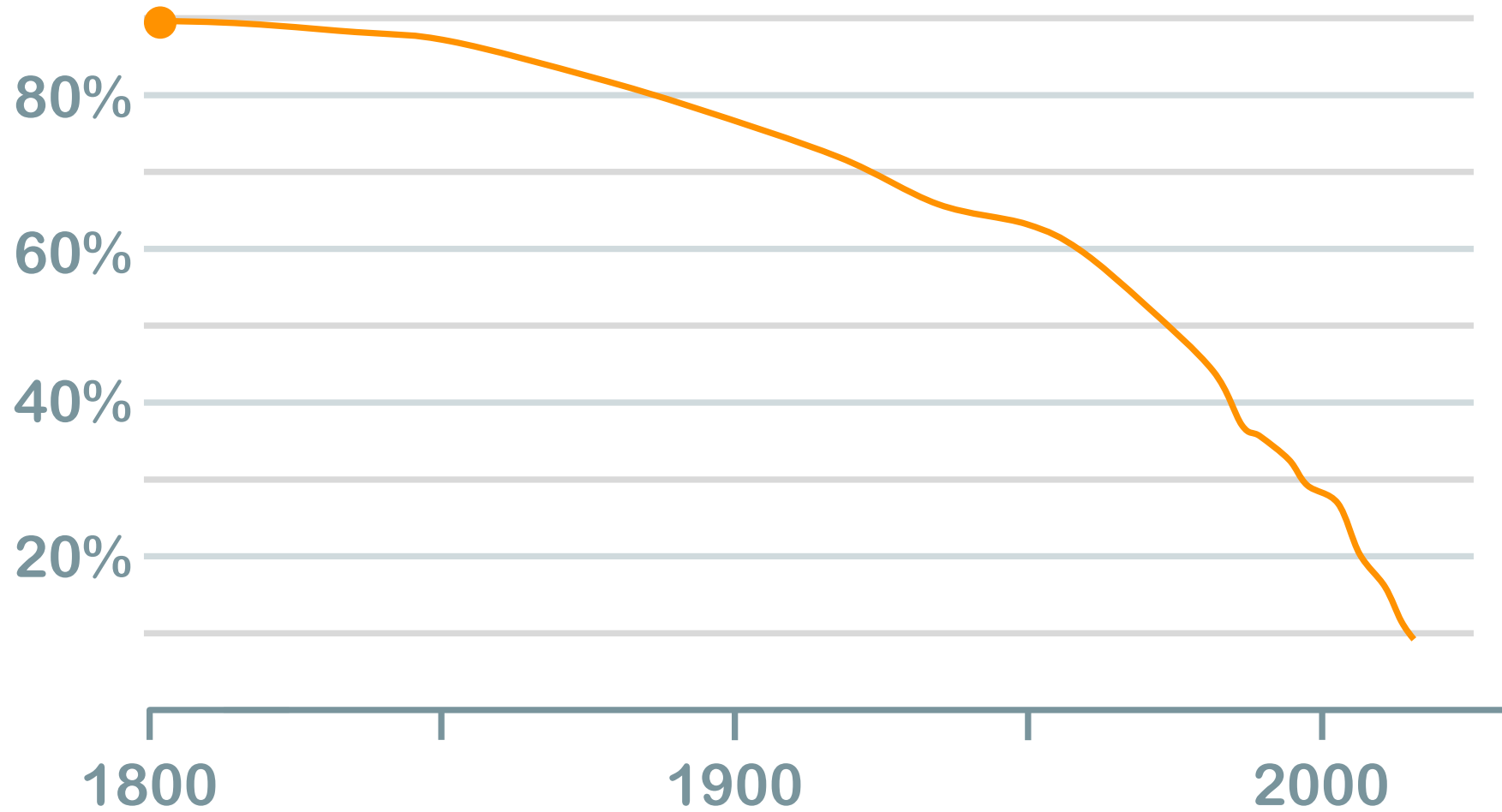
SUSTAINABLE DEVELOPMENT GOALS
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Income and income inequality - trends

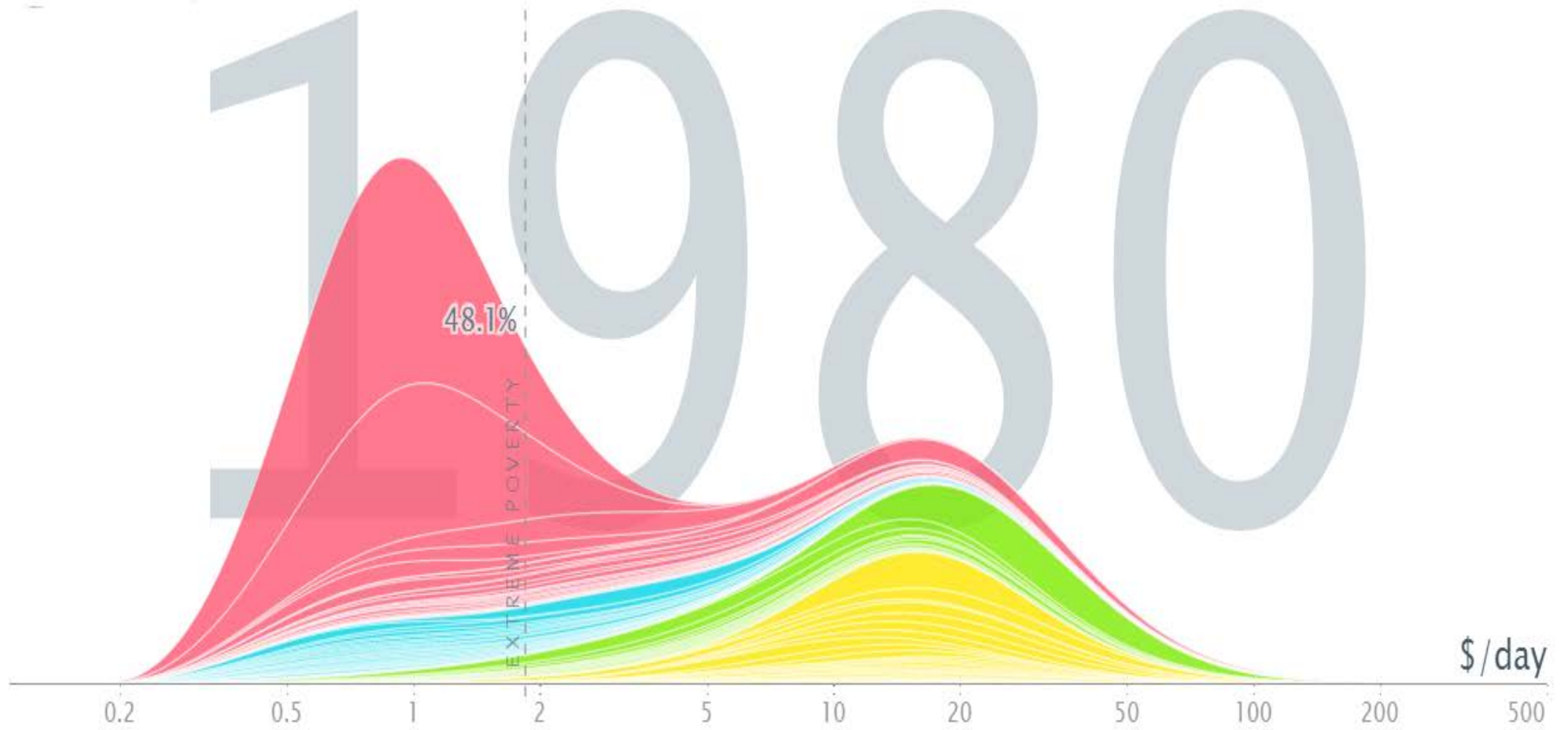
- Reduced poverty?
- Improved income?
- Improved income inequality?
 - Within and among countries?

% Extreme Poverty



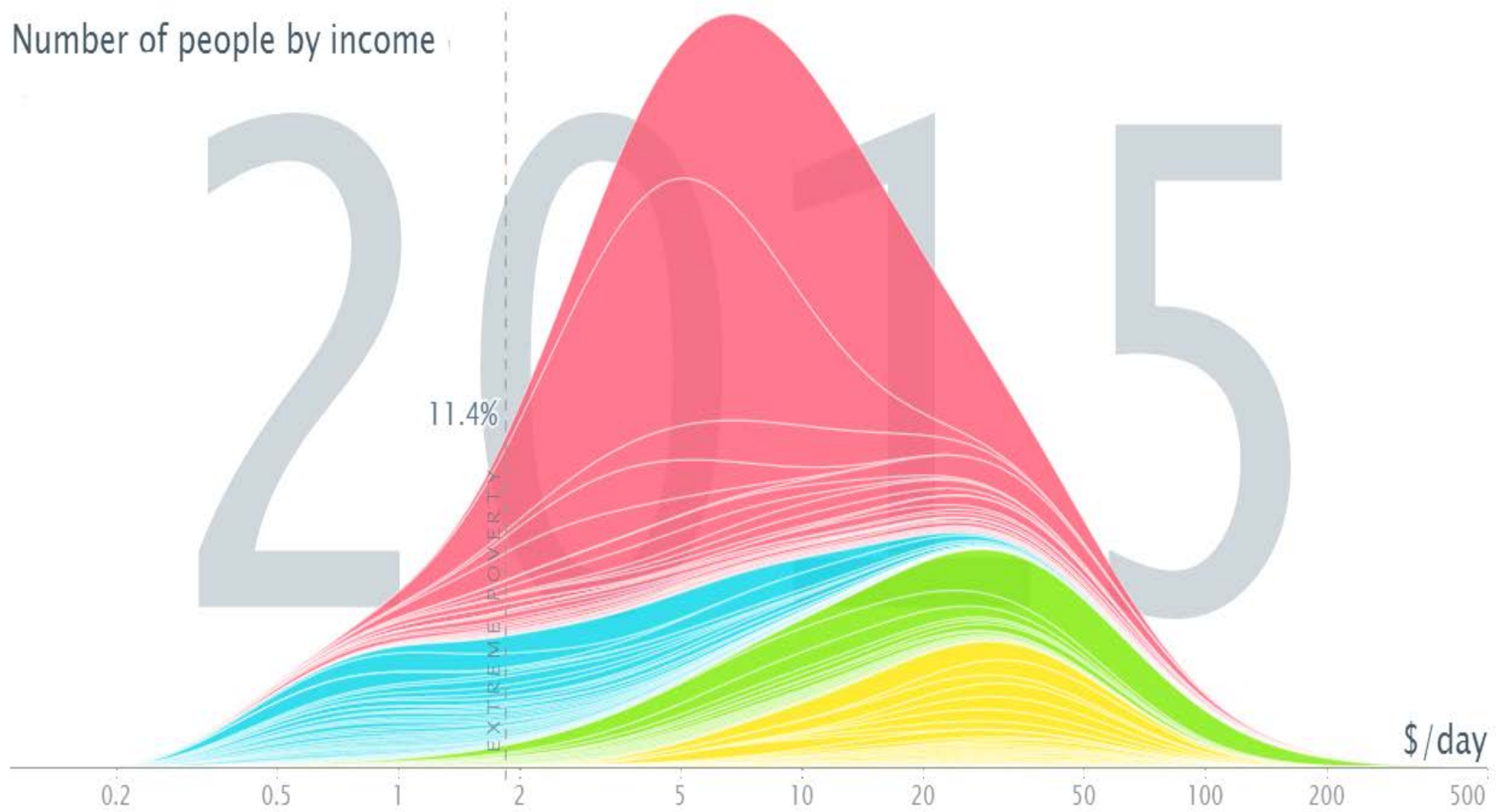
(Source: Gapminder)

Number of people by income



(Source: Gapminder)

Number of people by income



(Source: Gapminder)

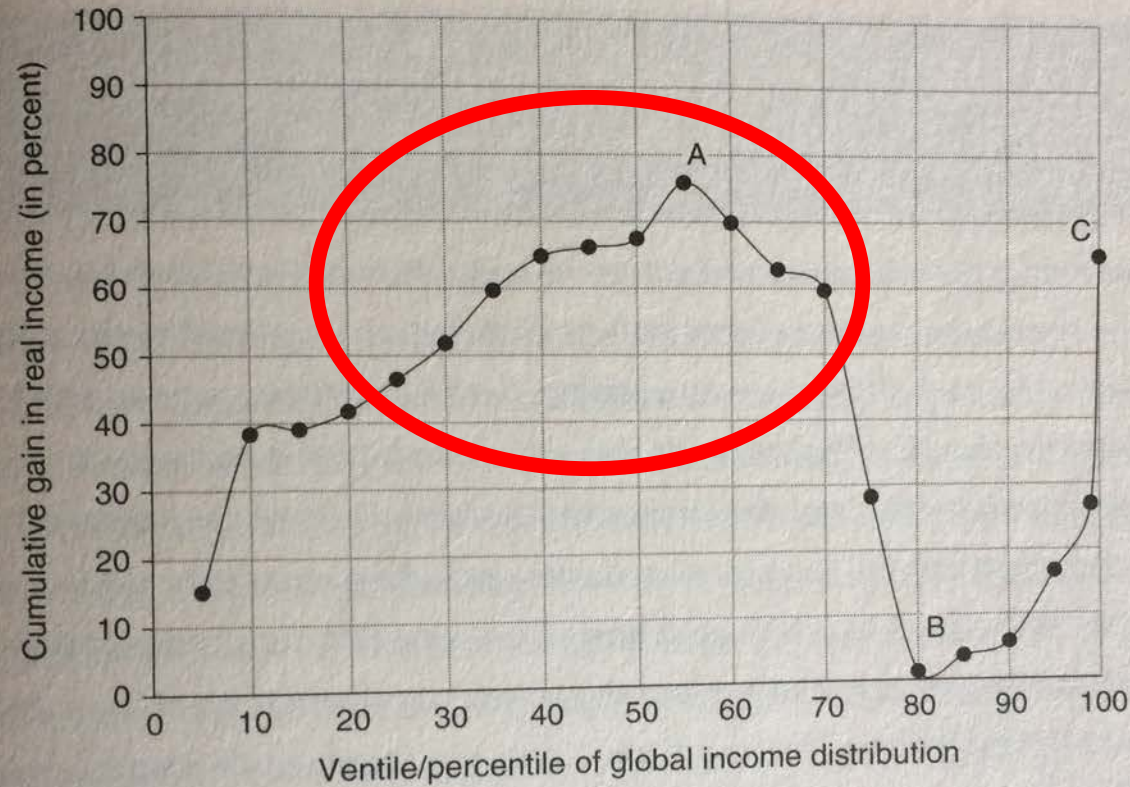
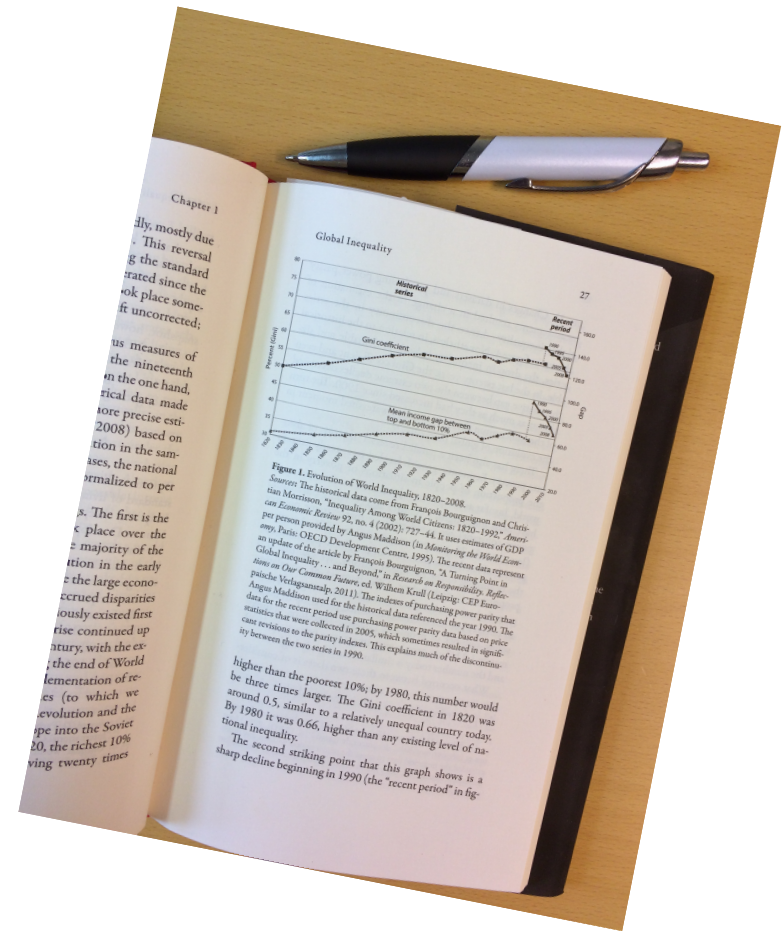
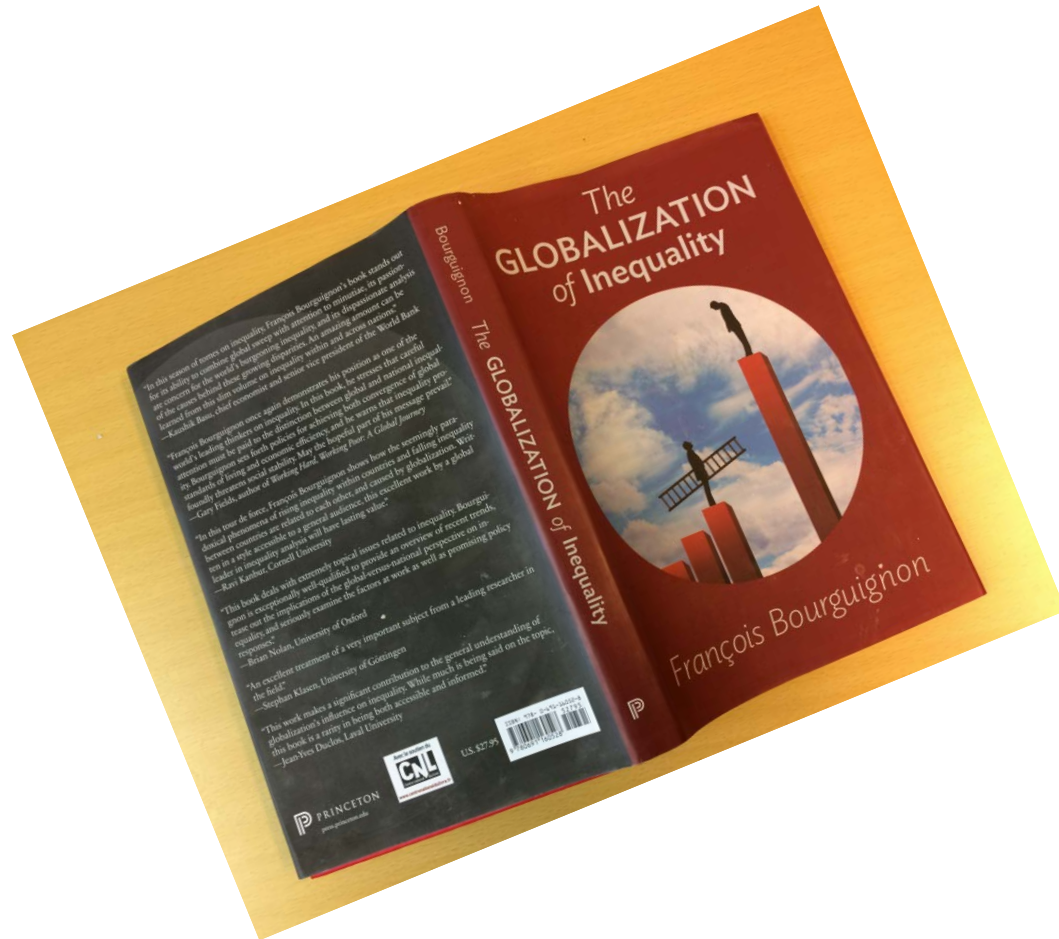


FIGURE 1.1. Relative gain in real per capita income by global income level, 1988–2008

This graph shows relative (percentage) gain in real household per capita income (measured in 2005 international dollars) between 1988 and 2008 at different points of the global income distribution (ranging from the poorest global ventile, at 5, to the richest global ventile, at 100). Real income gains were greatest among people around the 50th



Chapter 1

...ly, mostly due to the reversal of the standard since the book place somewhat uncorrected;

...us measures of the nineteenth on the one hand, more precise estimates (2008) based on the national normalized to per

...x. The first is the place over the majority of the early the large economic disparities existed first rise continued up century, with the end of World implementation of res (to which we evolution and the pe into the Soviet 20, the richest 10% ving twenty times

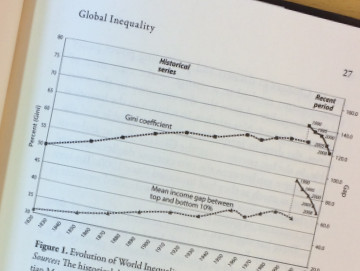


Figure 1. Evolution of World Inequality, 1820-2008
 Sources: The historical data come from François Bourguignon and Christian Morisson, "Inequality Among World Citizens: 1820-1992," *American Economic Review* 92, no. 4 (2002): 227-44. It uses estimates of GDP per person provided by Angus Maddison (in *Monitoring the World Economy*, Paris: OECD Development Centre, 1995). The recent data represent an update of the article by François Bourguignon, "A Turning Point in Global Inequality... and Beyond," in *Research on Responsibility: Applications in Our Common Future*, ed. Wilfried Krull (Leipzig: CEP Europäische Verlagsanstalt, 2011). The indexes of purchasing power parity that data for the recent period use purchasing power parity data that statistics that were collected in 2005, which sometimes resulted in significant revisions to the parity indexes. This explains much of the discontinuity between the two series in 1990.

higher than the poorest 10%; by 1980, this number would be three times larger. The Gini coefficient in 1820 was around 0.5, similar to a relatively unequal country today. By 1980 it was 0.66, higher than any existing level of national inequality. The second striking point that this graph shows is a sharp decline beginning in 1990 (the "recent period" in fig.

Global Inequality

27

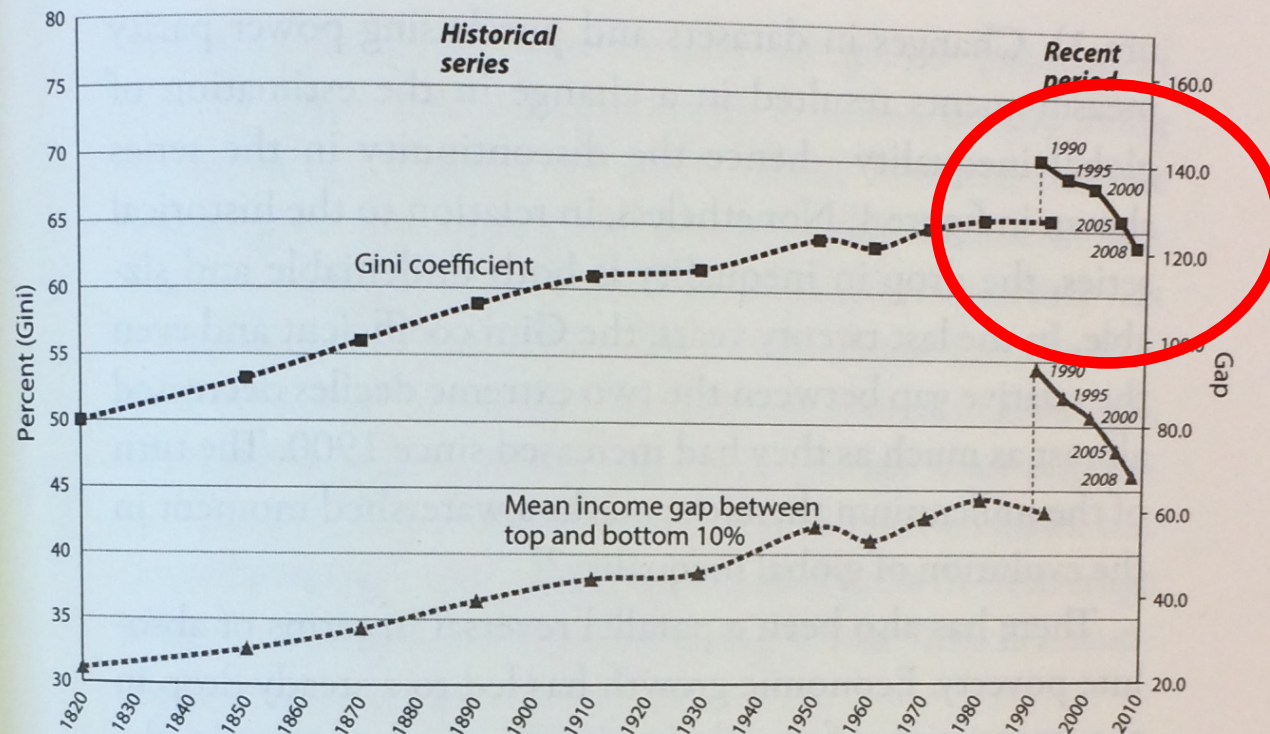


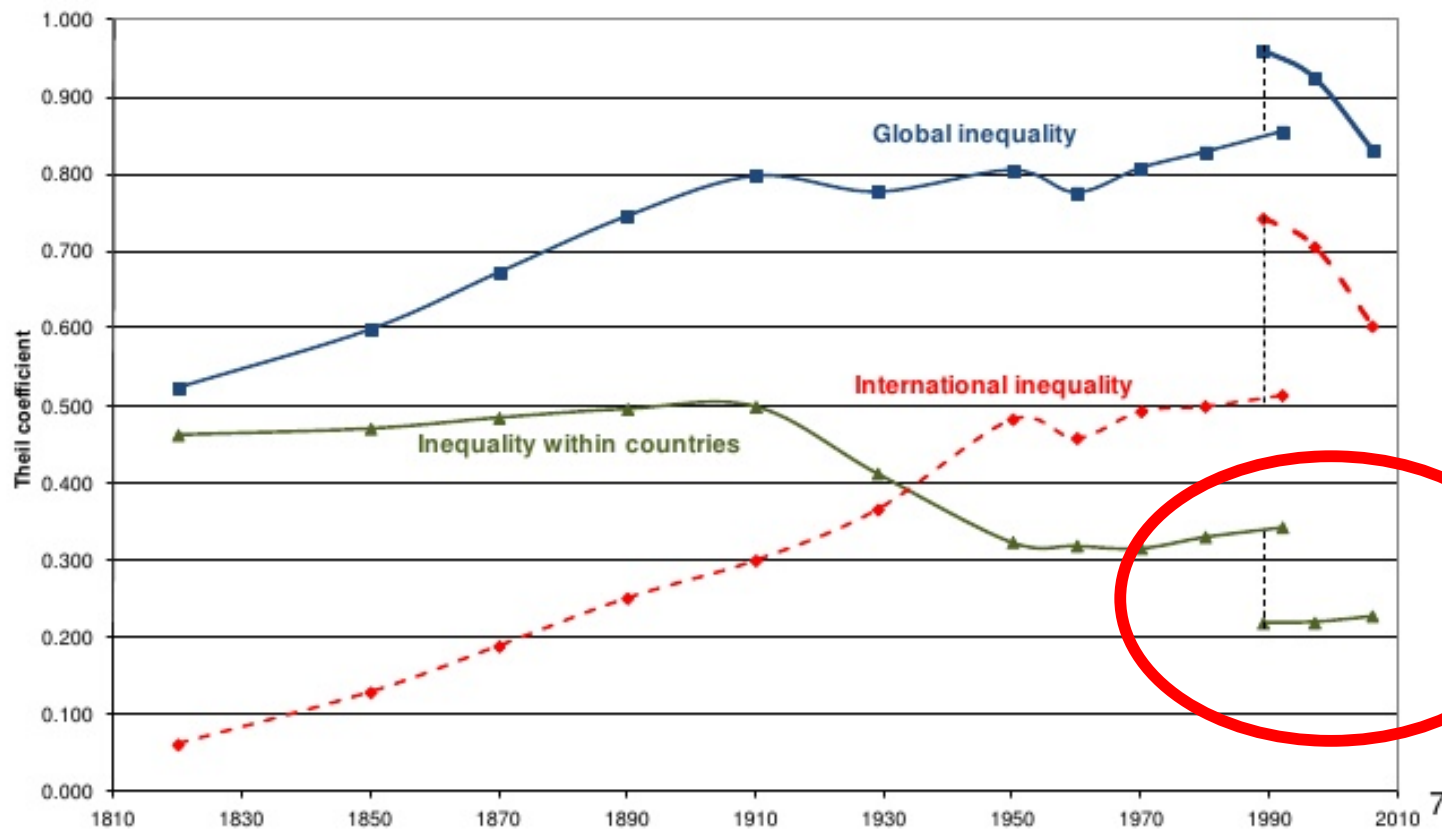
Figure 1. Evolution of World Inequality, 1820–2008.

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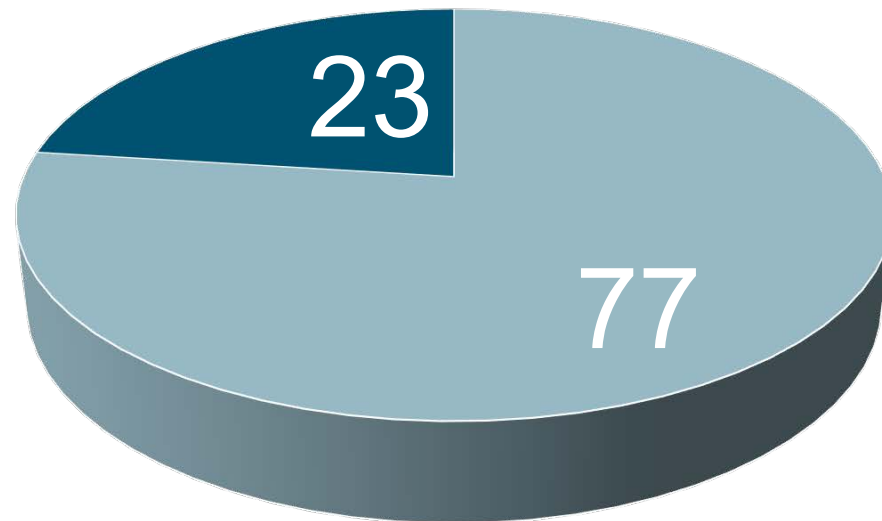


Remark 1: Inter- and Intra country global inequality

Decomposition of global inequality into Between and Within components (Theil coefficient)



Global income inequality - decomposed



■ Between countries ■ Within countries

Discuss: is the world a better place now?

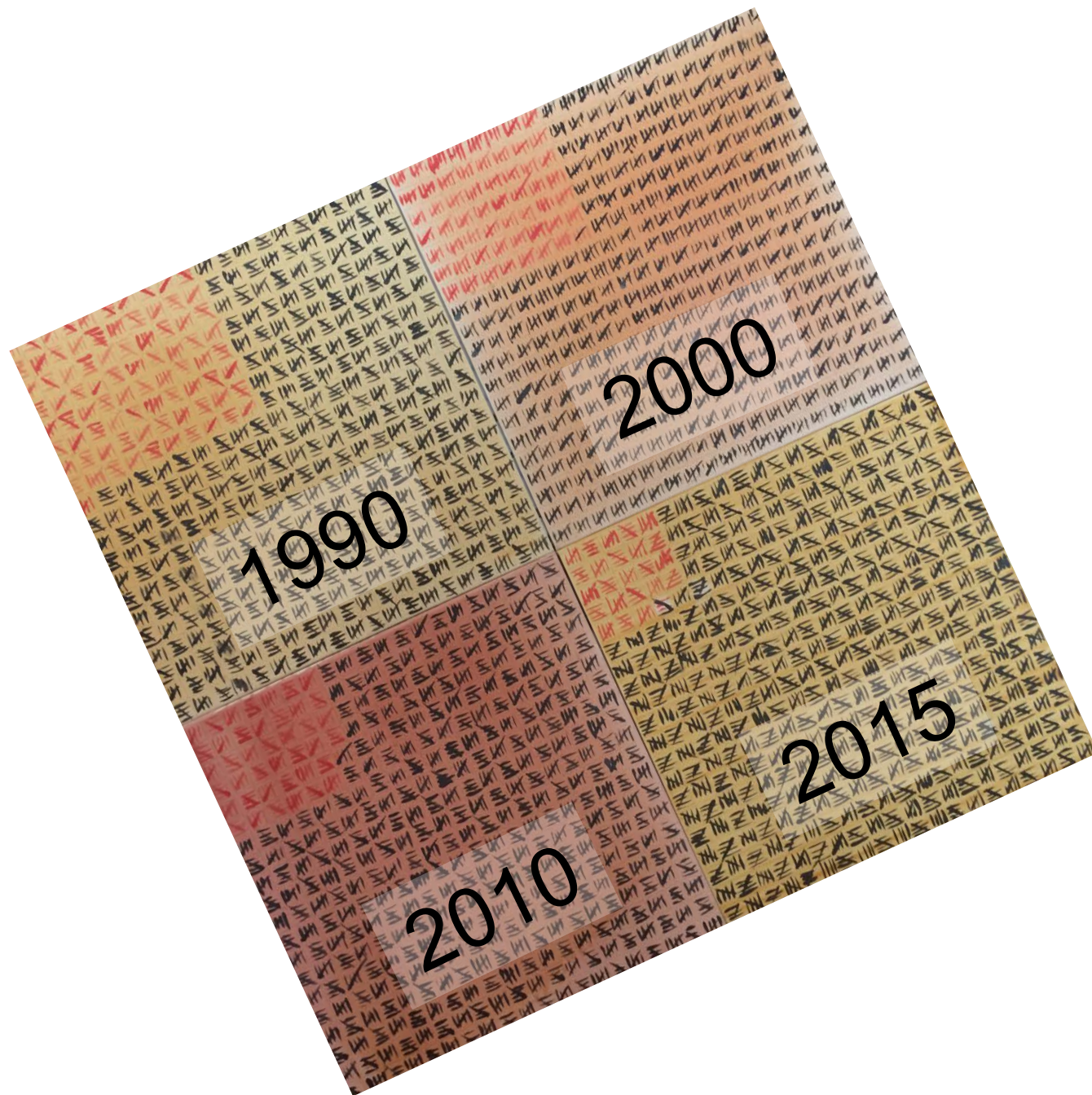
- Reduced poverty?
- Improved income?
- Improved inequality?
 - Within and among countries?

Inequality in income between and within countries

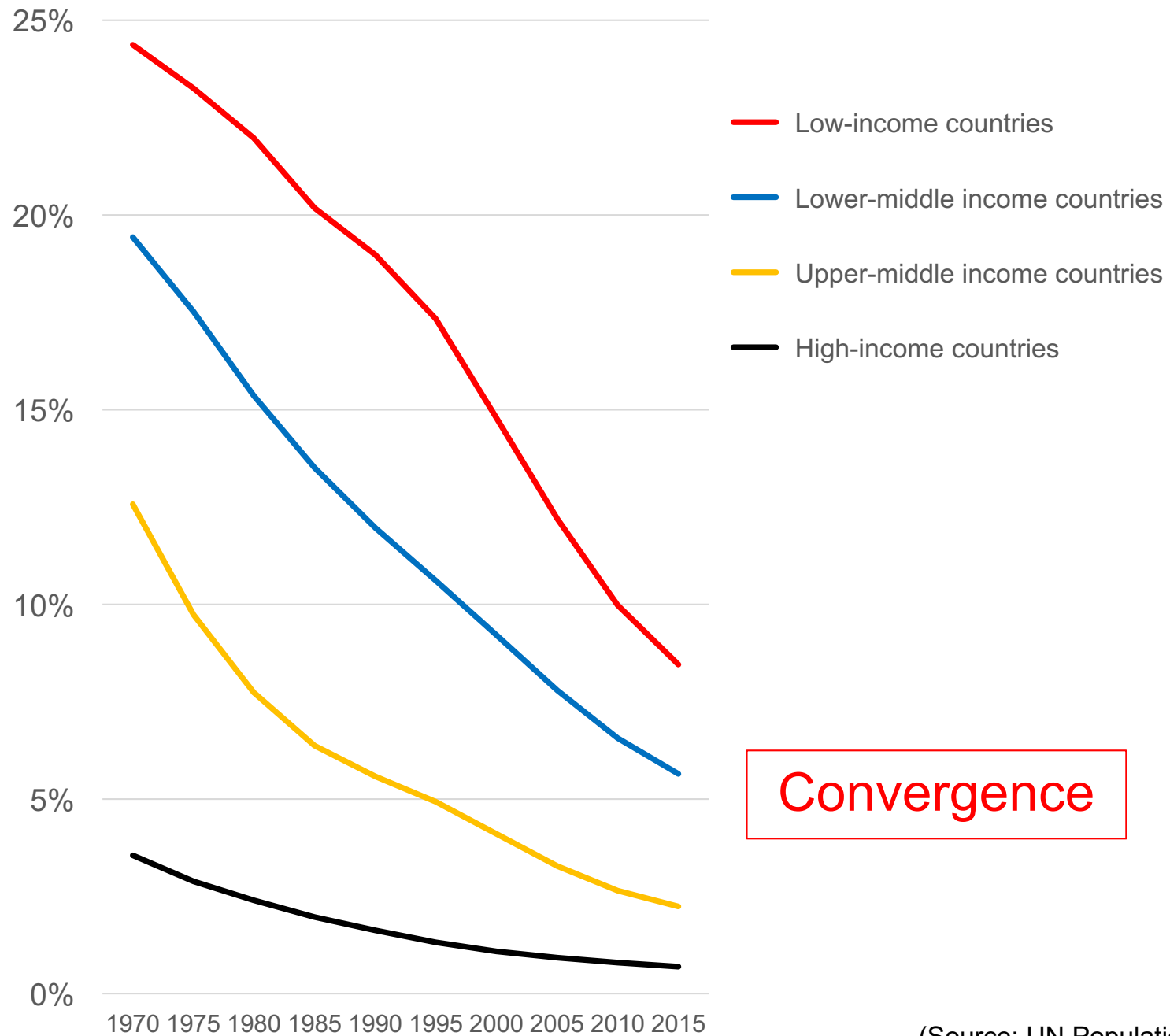
- Global inequality – between all people in the world
 - Is very high but going down
- Within country inequality
 - Is going up (in many countries)

Health and health inequality - trends

- Improved health?
- Reduced inequalities in health?

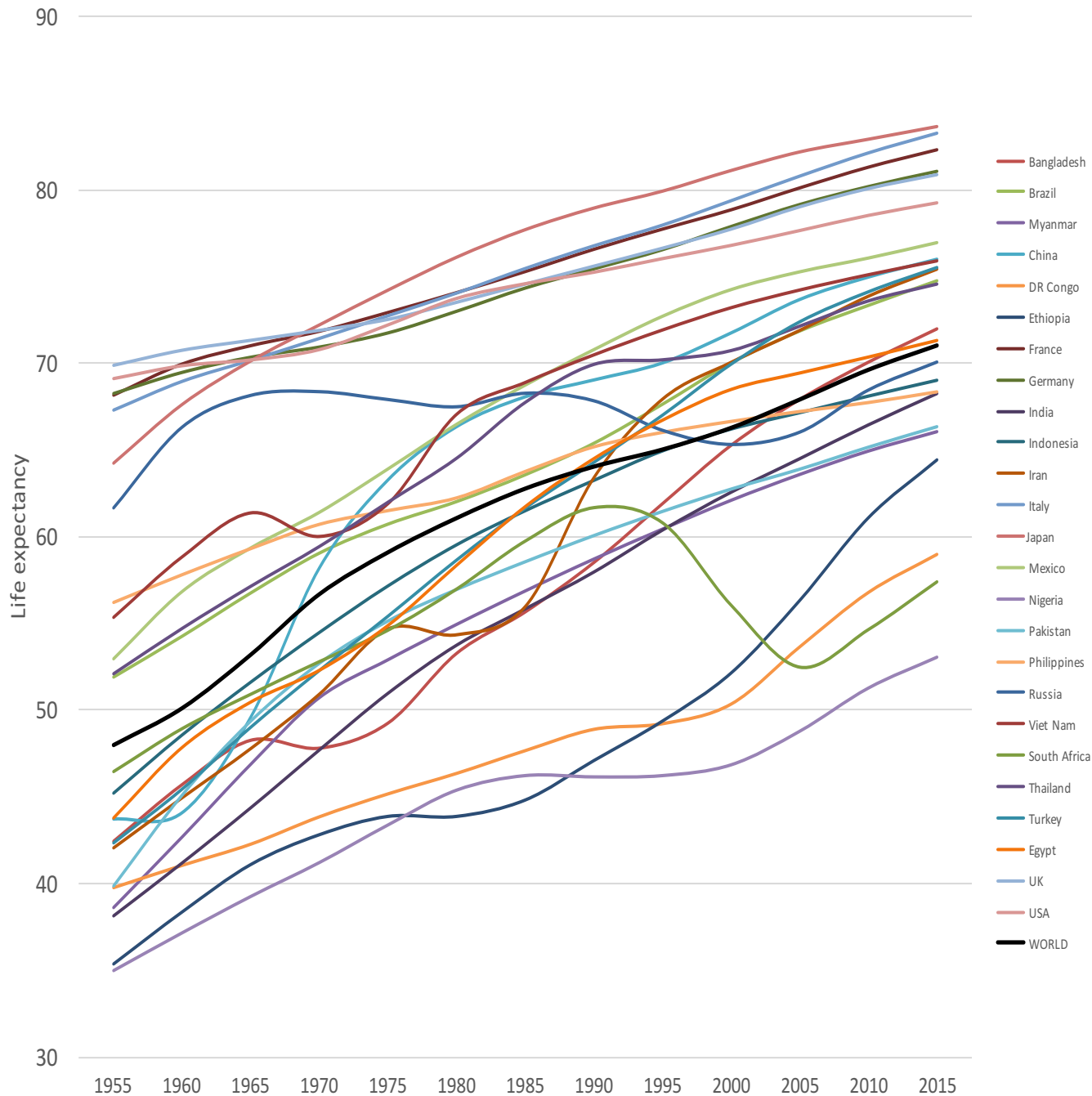


Probability of dying (below age 5)



(Source: UN Population Division, 2015)

Life expectancy at birth, 25 largest countries,
1955-2015



World life expectancy:
48 to 71 years
> 4 months of increase per year

(Source: UN Population Division, 2015)

U N I V E R S I T Y O F B E R G E N

Global Health Priorities

Articles

Avoiding 40% of the premature deaths in each country, 2010–30: review of national mortality trends to help quantify the UN Sustainable Development Goal for health

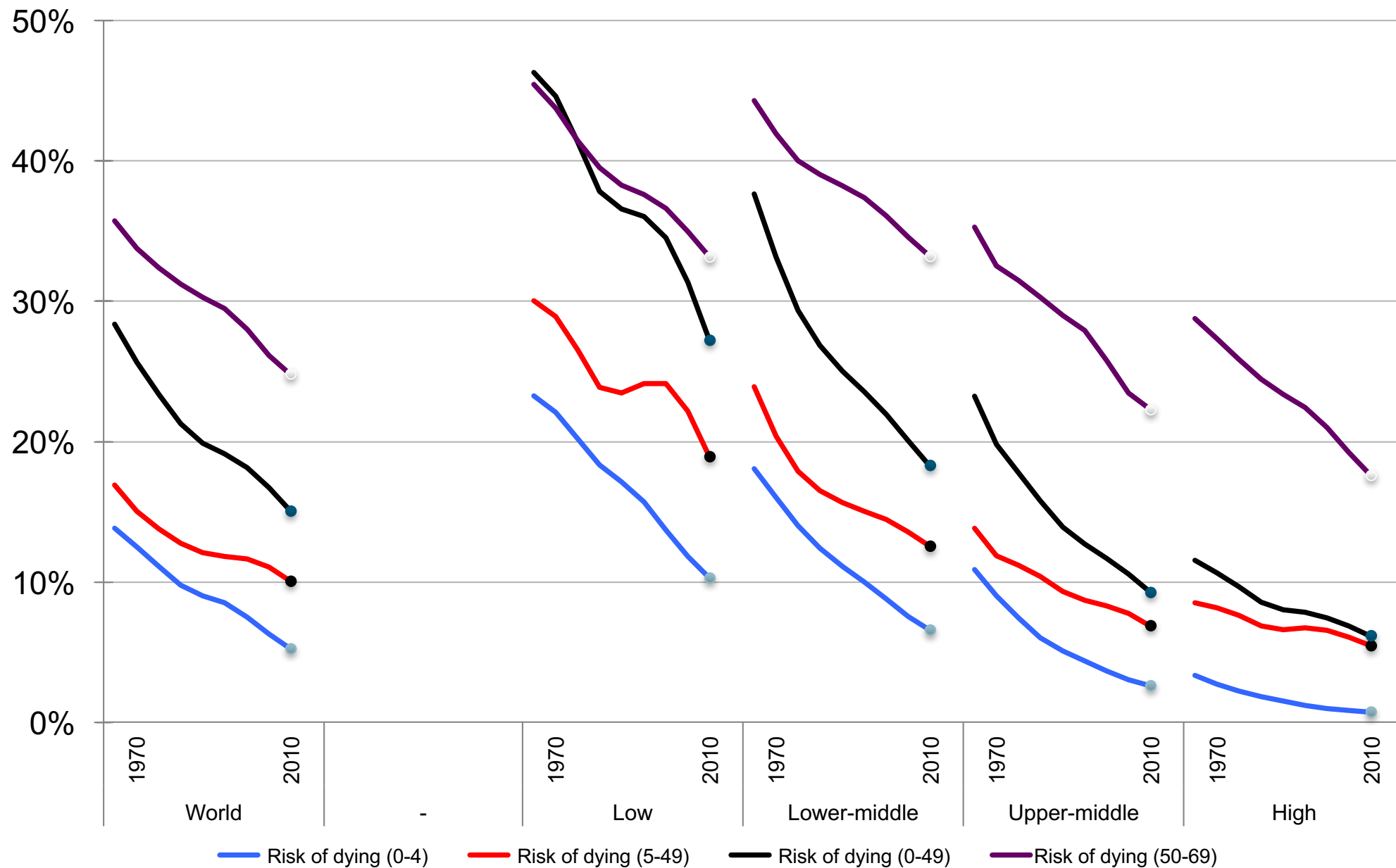
Ole F Norheim, Prabhat Jha, Kesetebirhan Admasu, Tore Godal, Ryan J Hum, Margaret E Kruk, Octavio Gómez-Dantés, Colin D Mathers, Hongchao Pan, Jaime Sepúlveda, Wilson Suraweera, Stéphane Verguet, Addis T Woldemariam, Gavin Yamey, Dean T Jamison, Richard Peto



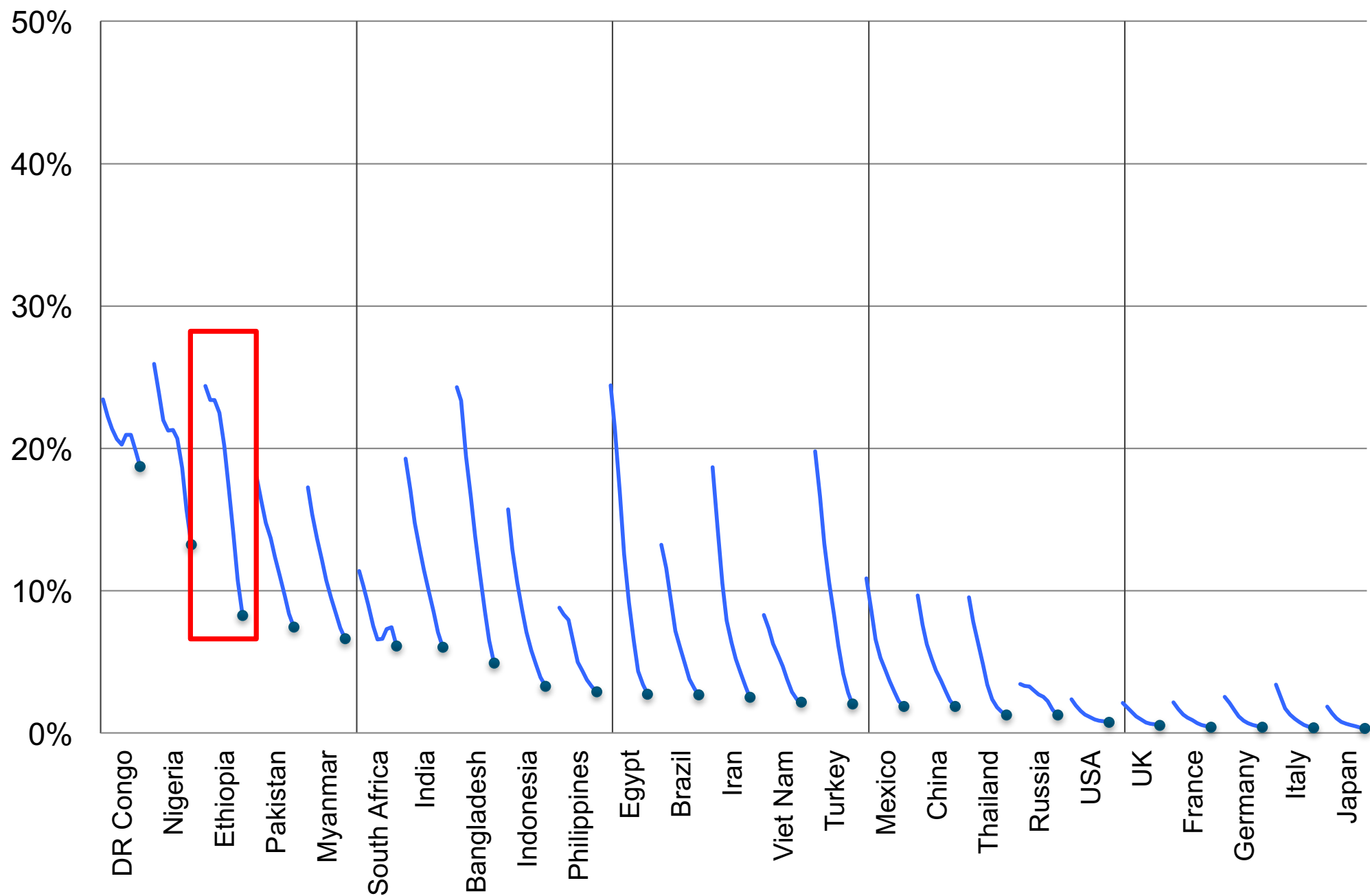
Lancet 2015; 385: 239–52

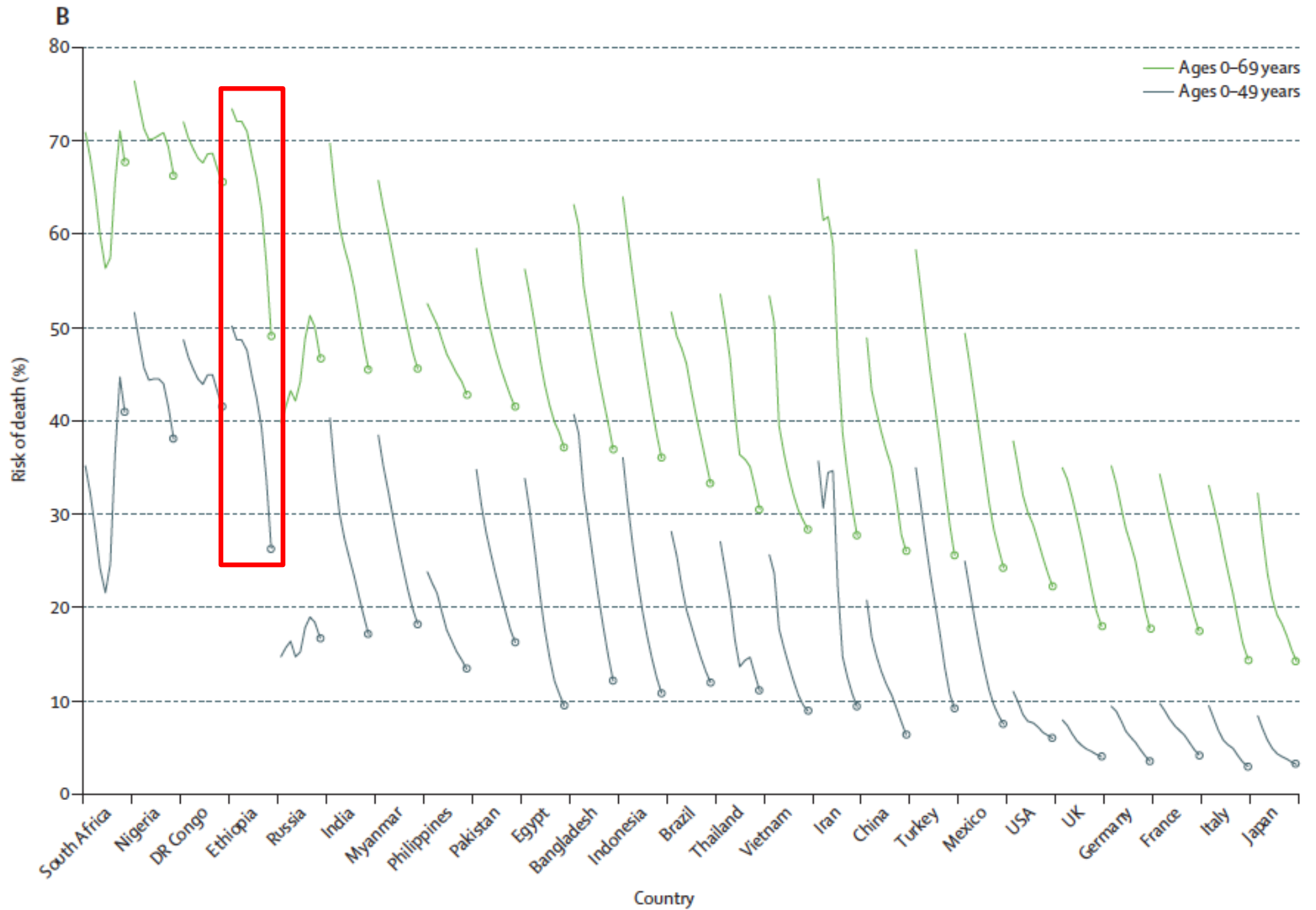


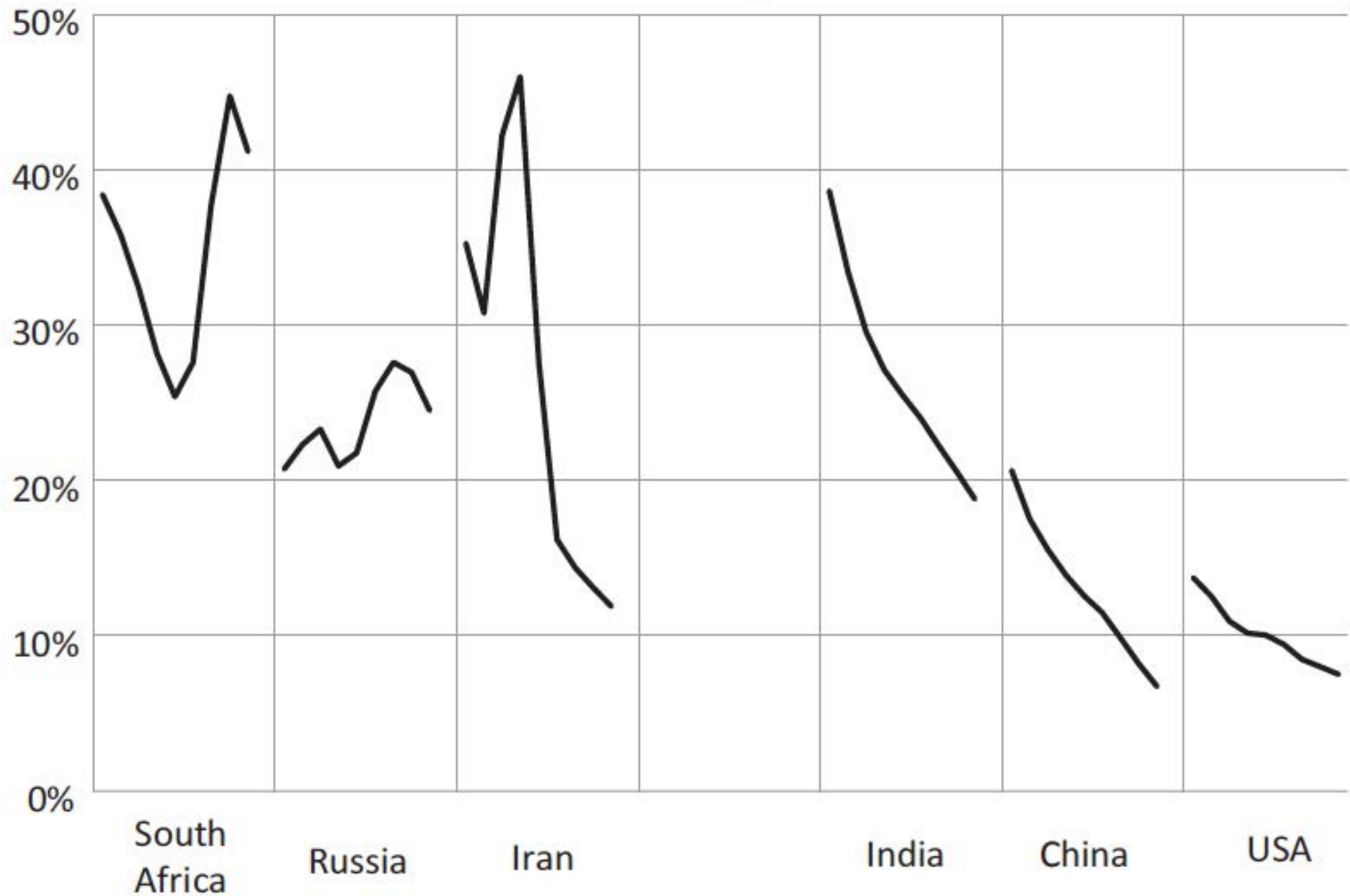
COMBINED (M+F): 40-year trends, 1970-2010, in risks of death in selected age ranges for World and 4 groups of countries, low-income to high-income



Combined (M+F) risk of dying, ages 0-4: 1970-2010 trends in 25 most populous countries, sorted by 2010 risk (marked)

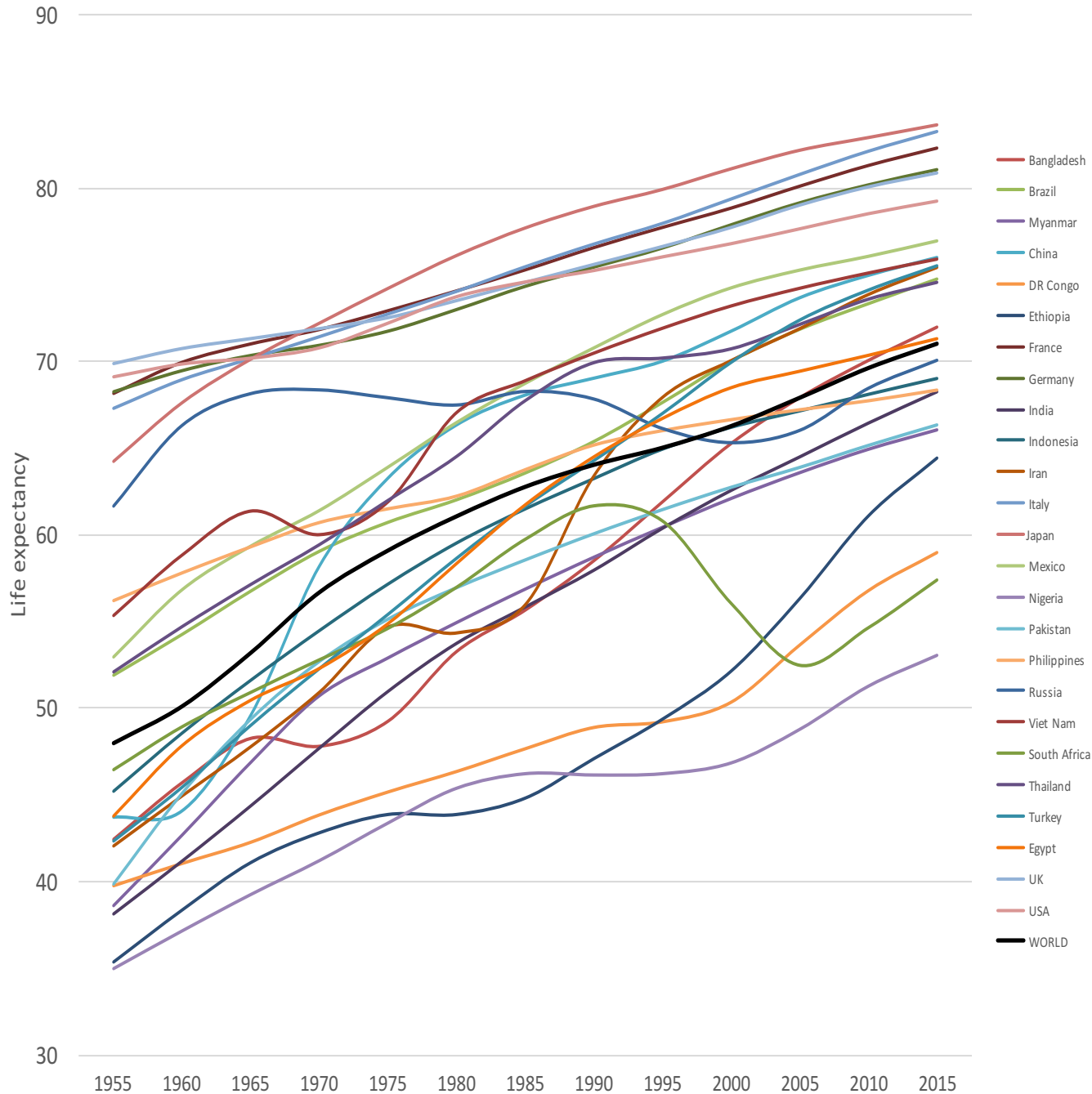




MALE under-50 mortality 1970-2010: 6 countries

TRENDS: INEQUALITY IN LIFE EXPECTANCY AND AGE AT DEATH

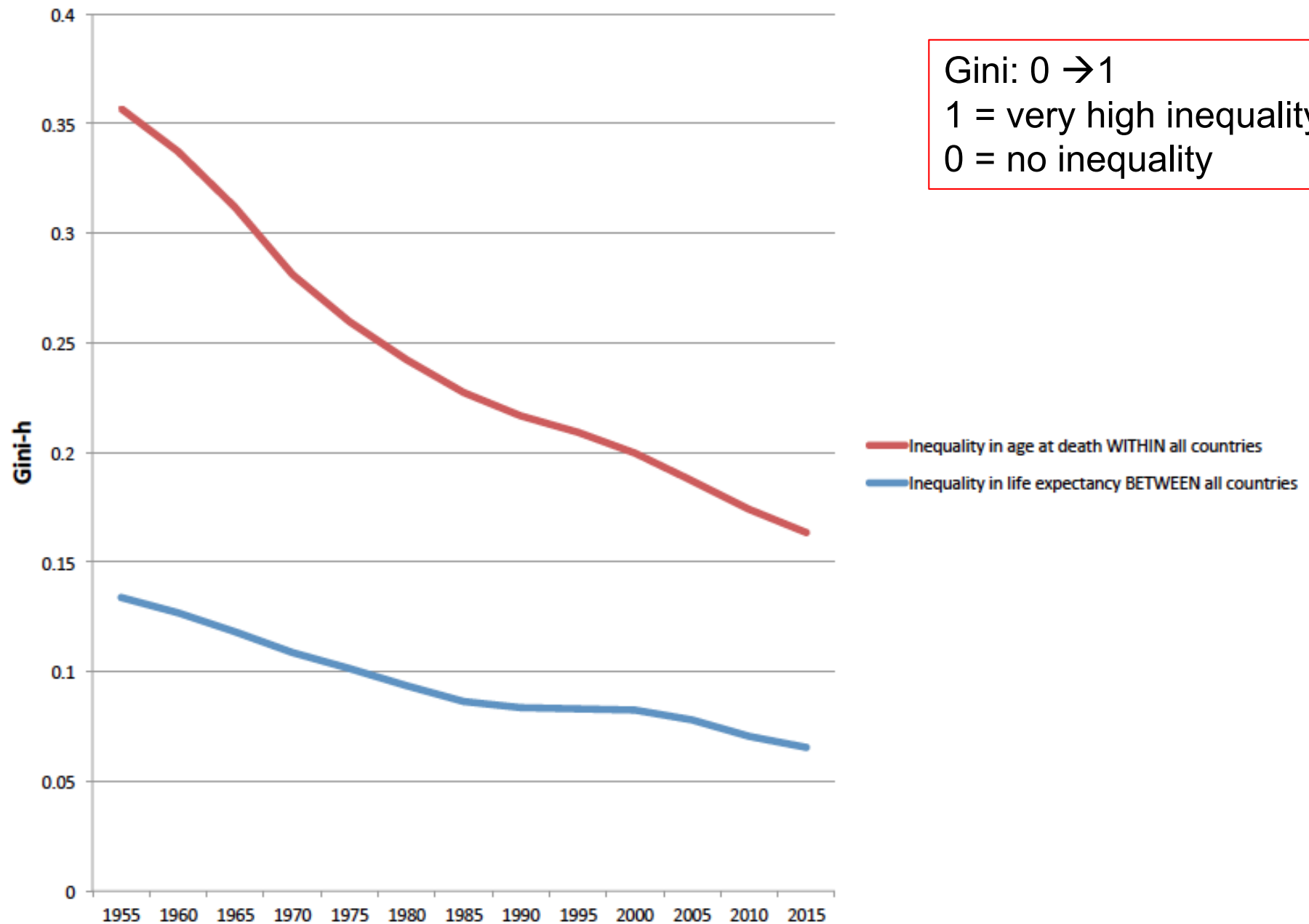
Life expectancy at birth, 25 largest countries,
1955-2015



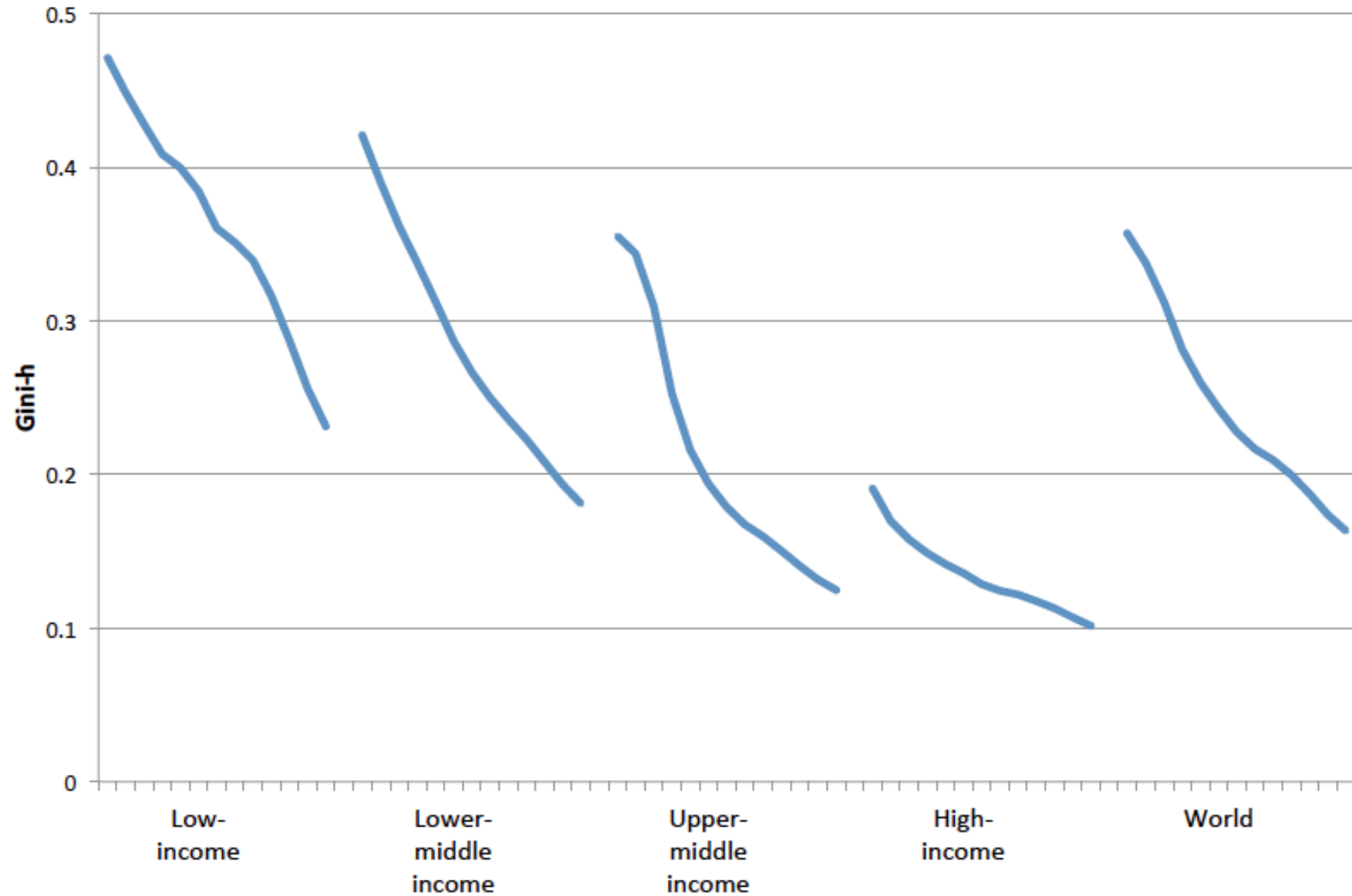
Is inequality in life expectancy
The same?
Increasing?
Falling

(Source: UN Population Division, 2015)

Inequality in life expectancy and age at death, world, 1955-2015

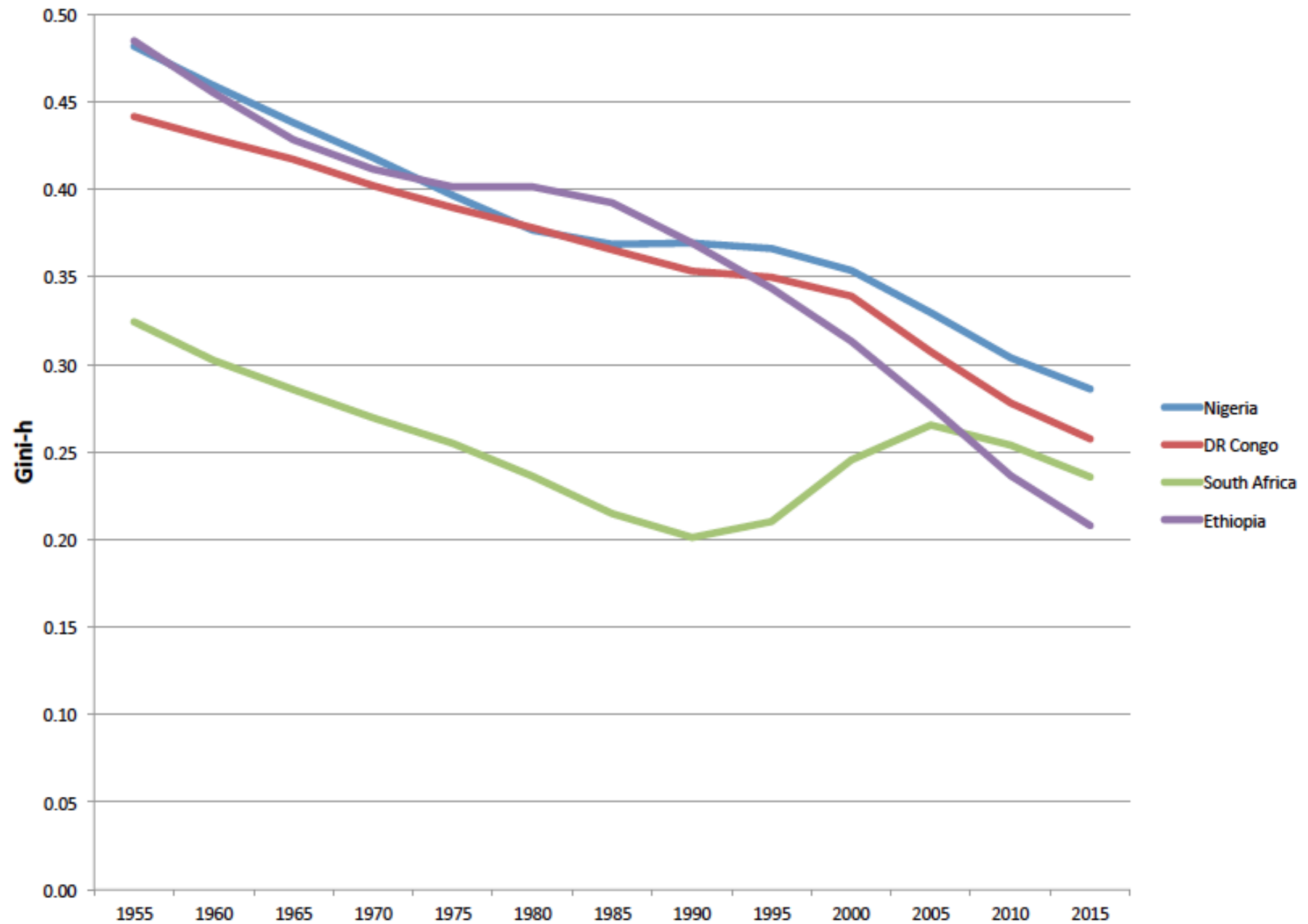


**Inequality in age at death, both sexes,
World Bank income groups, 1955-2015
(UNPD, 2015 revision)**

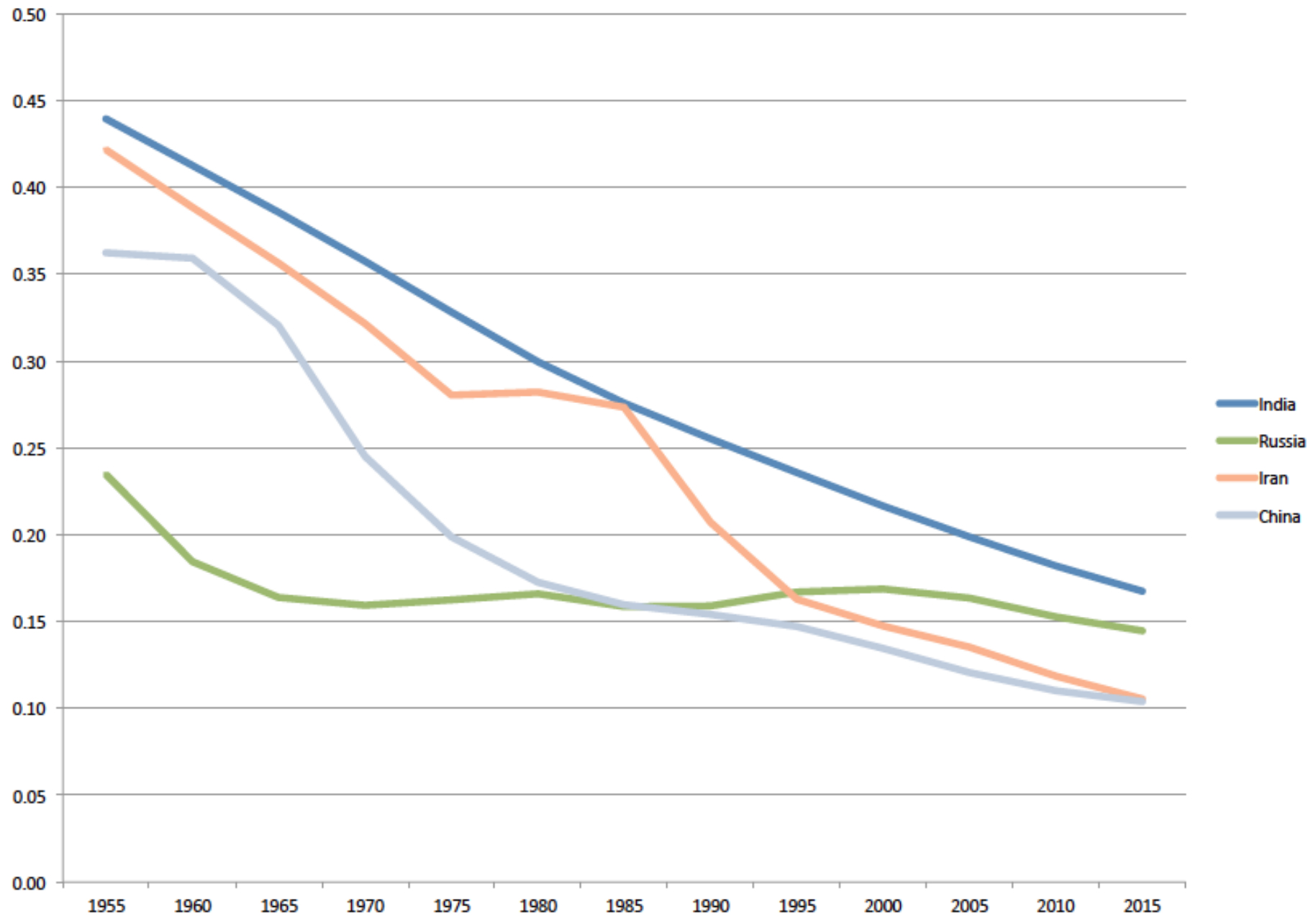


TRENDS: INEQUALITY IN AGE AT DEATH, WITHIN COUNTRIES

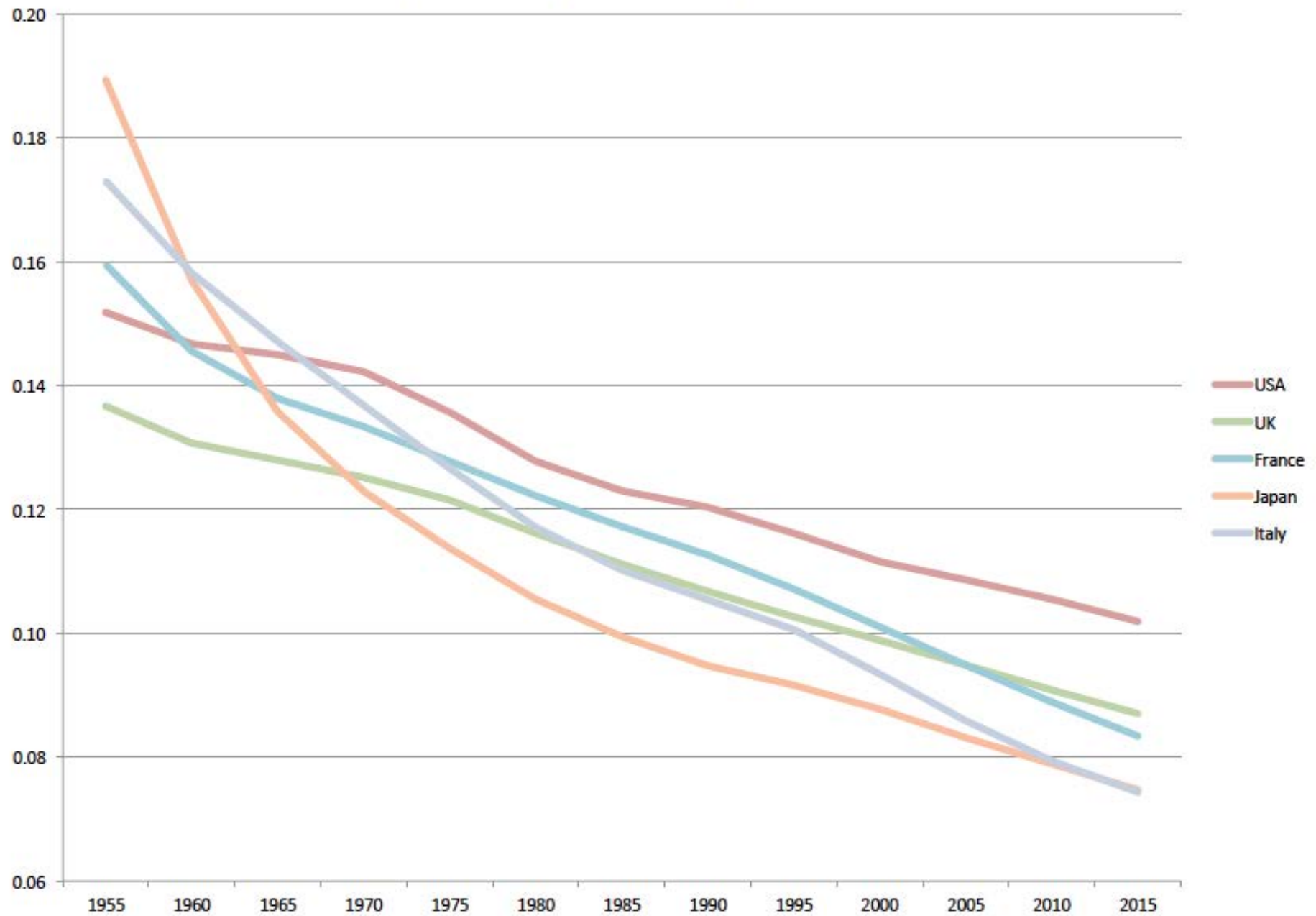
Inequality in age at death (gini-h), 1955-2015



Inequality in age at death (gini-h) 1955-2015



Inequality in age at death (gini-h) 1955-2015



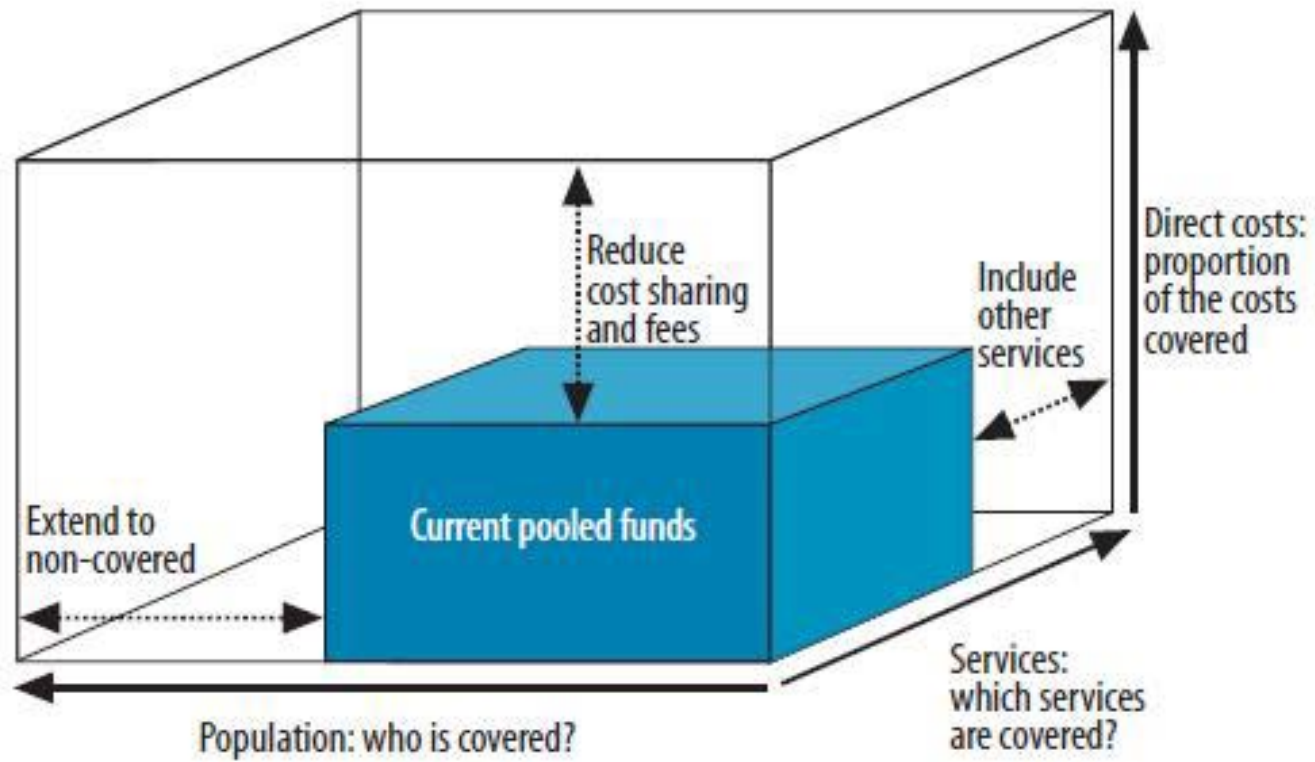
Discuss

- Improved health?
- Reduced inequalities in age at death?

Summary so far

- Poverty
 - Is falling
- Inequality in income
 - Globally: very high but falling
 - Within countries: increasing in many countries
- Life expectancy is improving (fast)
- Inequality in age at death
 - Is falling both between and within countries

SDG 3 has a sub-target of achieving universal health coverage, including financial risk protection and access to quality essential health services

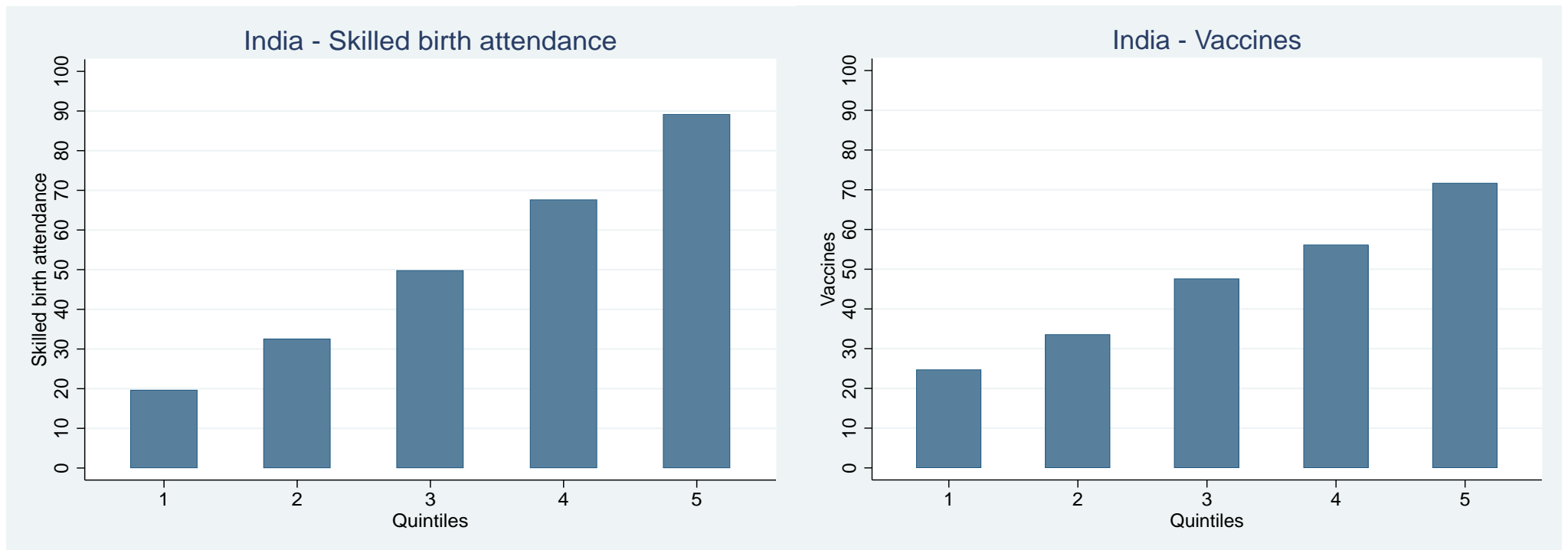


Out of pocket expenditures

“I had nothing and I sold the only sheep I had to get treatment for my child. Before my child got sick, I was planning for the future; if the sheep gave birth I could send my children to school. So after I sold my sheep, my plan will fail... When the sheep is not there, what would I do in the future?”

(Kristine Onarheim et al. “Selling my sheep to pay for medicines. Coping strategies and family priorities in a setting without universal health coverage”
Fieldwork from Ethiopia, in progress)

Coverage, according to socioeconomic status



Discuss

- If you were to advise the Minister of Health in Ethiopia, who should have priority?
- Who should pay for it?

- Treatment for HIV
- Skilled birth attendance
- Children with pneumonia
- Prevention of cardiovascular disease

What guidance can theories of distributive justice provide for countries that seek to move in the direction of universal health coverage?

A normative perspective

- Equal opportunities, equal freedoms

(Rawls 1971, Sen 1999/2009)



- Inequalities are acceptable insofar they improve the conditions for the worst-off (Rawls)

- Income (Sen):

$$W = \mu l \times (1 - \text{Gini})$$



Fairness when all needs cannot be met

- Fair distribution of social determinants of health
- Fair financing of health (Universal Health Coverage)
 - A moral right to health and essential health care
- Fair priority setting
 - Fair access to health services
 - Fair distribution of health outcomes
 - Fair process

What is required for low- and middle-income countries to reach the twin goals of improving health and reducing poverty?

Making fair choices on the path to universal health coverage

Final report of the WHO Consultative Group
on Equity and Universal Health Coverage

Members:

Trygve Ottersen, Ole F Norheim, Bona
M Chitah, Richard Cookson, Norman
Daniels, Frehiwot B Defaye, Nir Eyal,
Walter Flores, Axel Gosseries, Daniel
Hausman, Samia A Hurst, Lydia
Kipiriri, Toby Ord, Shlomi Segall, Gita
Sen, Alex Voorhoeve, Daniel Wikler,
Alicia E Yamin

WHO staff:

Tessa TT Edejer, Andreas Reis, Ritu
Sadana, Carla Saenz (PAHO)

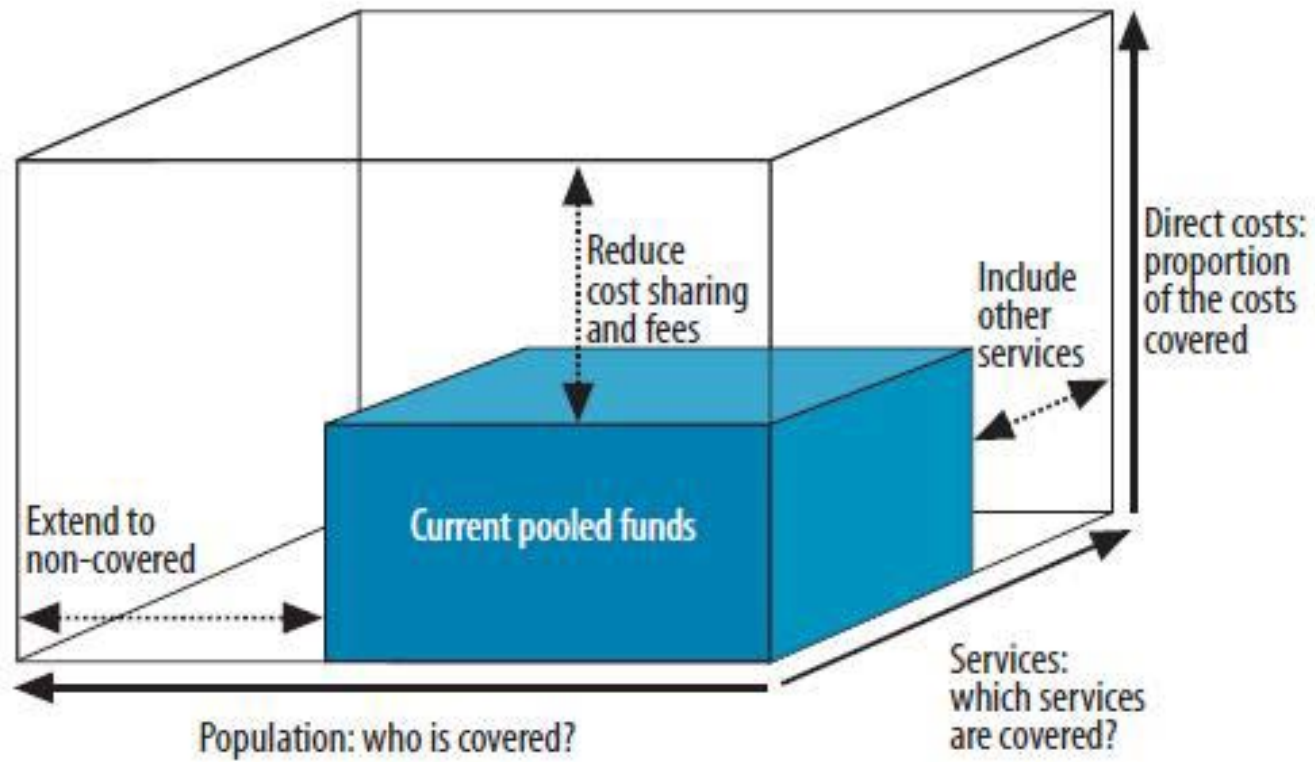
(WHO, 2014)



Definition

- Universal Health Coverage (UHC):
 - “all people receiving quality health services that meet their needs without being exposed to financial hardship in paying for the services” (WHO 2013)
- Given resource constraints, this does **not** entail all possibly effective services, but a **comprehensive range of key services that is well aligned with other social goals.**

(Making Fair Choices, 2014)





Reducing direct payments

Reduce out-of-pocket payments

- Because they are a barrier to access
- Because they are a cause of financial burden

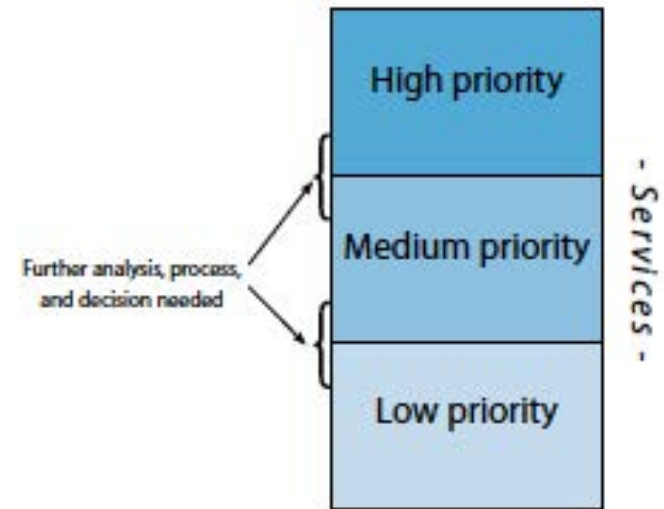
- By pooling resources
 - Taxation
 - Health insurance



Expanding priority services

Criteria for priority setting

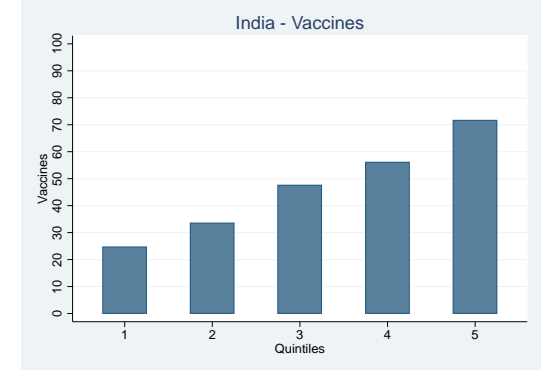
1. Cost-effectiveness
2. Priority to the worse off
3. Financial risk protection





Including more people

Whom to cover first?

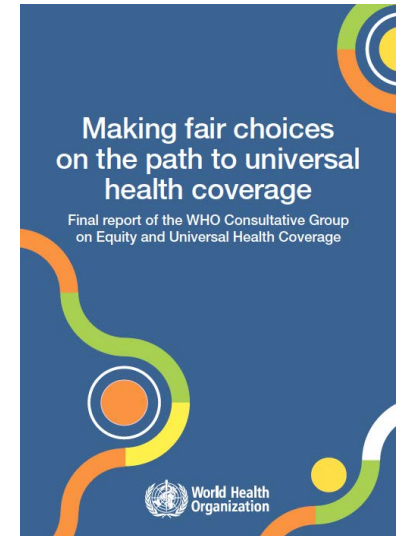


- The worse off quintiles, hard to reach populations, women, other relevant groups that are systematically disadvantaged
 - Sometimes a trade-off:
 - Priority to the worse off
 - Maximize health benefits
- The path towards UHC:
- “Equitable coverage at the highest possible level”
 - “Progressive universalism”

(Gwatkin, Lancet 2012)

Overall strategy and pathways

1. Categorize services into priority classes.
2. First expand coverage for high-priority services to everyone. This includes eliminating out-of-pocket payments while increasing mandatory, progressive prepayment with pooling of funds.
3. While doing so, ensure that disadvantaged groups are not left behind. These will often include low-income groups and rural populations.



Summary

- The Sustainable Development Goals for health and poverty are closely interlinked.
- SDG 3 has a sub-target of achieving universal health coverage that includes financial risk protection and access to quality essential health services.
- Universal Health Coverage can help low- and middle-income countries reach the twin goals of improving health and reducing poverty
 - Pooling of resources
 - redistribution + financial risk protection
 - Fair priority setting
 - Reduce inequalities in access to high priority services

