

***What Do Social Determinants of
Health Have to Do with Public
Health in Canada?...***

by

The Hon. Monique Bégin, PC, FRSC, OC
University of Ottawa

WHO Commission on Social Determinants of
Health

Public Health WORKS Speaker Series,
Edmonton

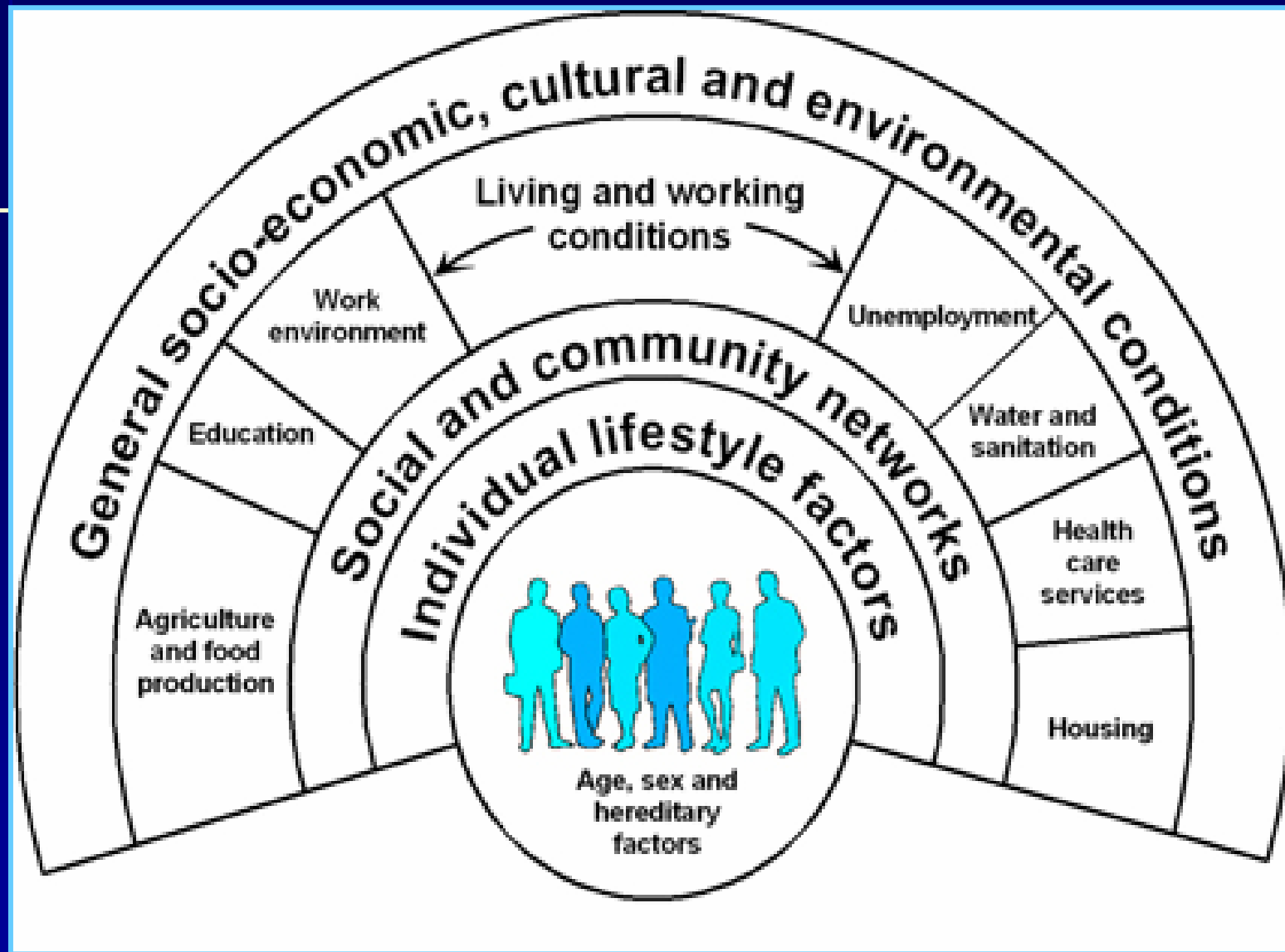
21 November 2006

Part I:

The WHO Commission on Social Determinants of Health

*“What good does it do
to treat people’s
illnesses, and then send them
back to the
conditions that made them
sick? “*

Commission Chair Michael Marmot



**Dahlgren's and
Whitehead's frequently
cited model explains how
inequalities in health are
the results of
various layers of individual
and socio-economic
factors**

WHO Commission on Social Determinants of Health

- From March 05 to March 08
- Michael Marmot, Chair
- 20 members (volunteers)
(M. Bégin & Stephen Lewis)

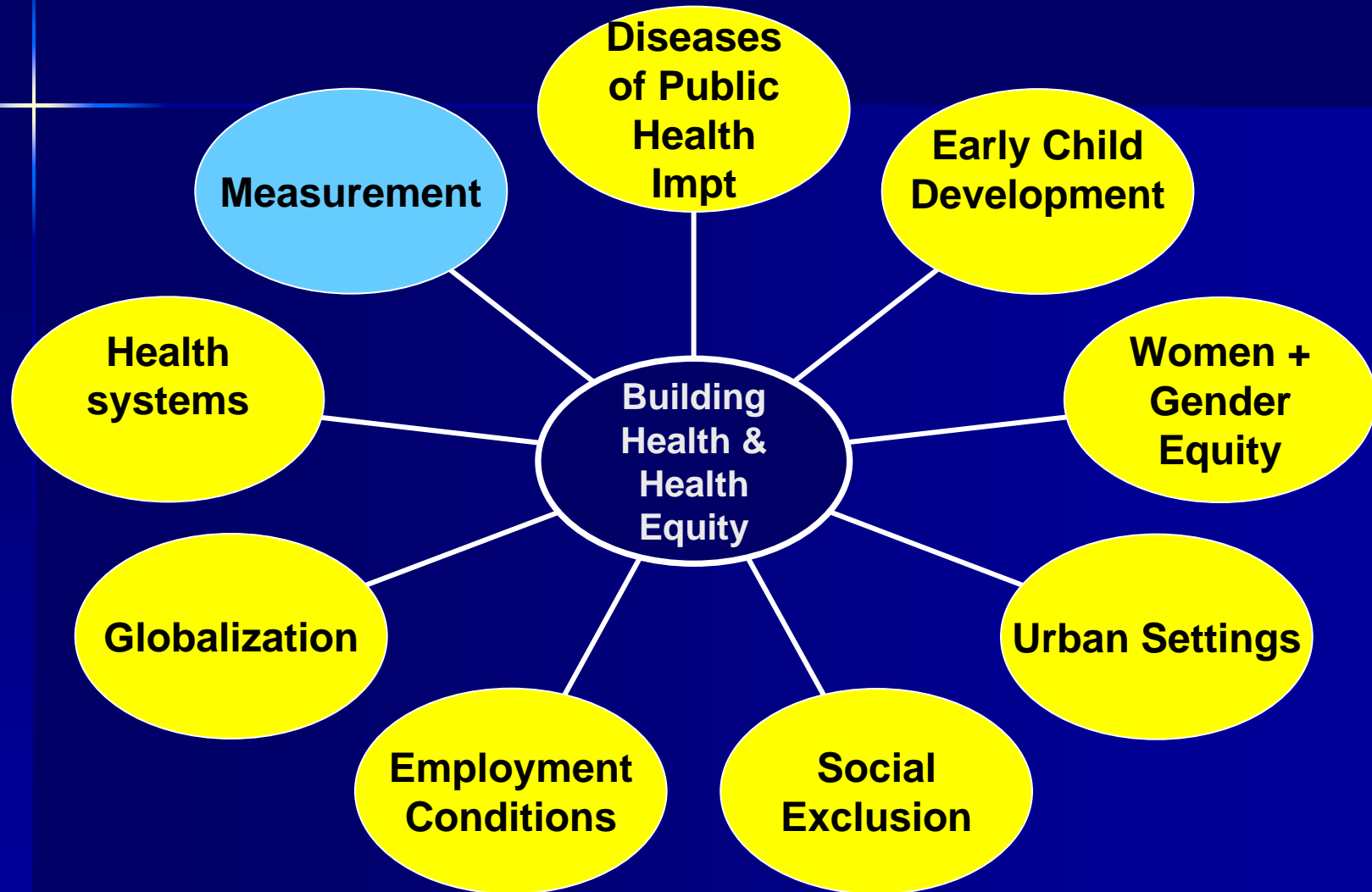
How is the Commission organized?

- a small Secretariat in Geneva
- and a smaller Scientific Team in London
- 3-4 meetings a year in different countries + e-mails
- June 07: in Vancouver

The 4 pillars of our work:

- 8 knowledge networks
- countries (and regions)
- civil society and global partners
- World Health Organisation +

KNOWLEDGE NETWORK THEMES



3 Knowledge Networks funded by Canada:

- Early Childhood Development
(Dr. Clyde Hertzman, B.C.)
- Globalization and Health
(Dr. Ron Labonte, Ont.)
- Health Systems
(via IDRC, in South Africa)

The Knowledge Networks:

- Identify all existing valid research evidence **on what works**
- Analyze and synthesize it
- Integrate that knowledge
- Make key recommendations each
- Report by Spring 2007

Countries' partnerships

Expressions of interest	Discussing collaboration	Formalizing collaboration
India	Kyrgyzstan	Brazil
Mozambique	China	Canada
Peru		Chile
Algeria		England
		Iran
		Kenya
		Sweden

Canada's participation:

- The PHAC created a **Canadian Reference Group** with various stakeholders
- Engaging the Canadian society
- A joint project with UK and Sweden on «whole-of-government» strategies
- An Aboriginal Sub-Committee

Part II:

A Global Challenge...

- - * 40% of the world's population is at risk of malaria

- * 33% of the world's population is currently infected with TB.

- * AIDS deaths in 2005 total 3.1 million people

- * According to the World Bank, the number of **very poor** people has increased by 10.4% between 1987 and 2001.

In the developing world...

- 43 % of the urban population of all developing countries combined live in slums
- over 78 % of the urban population in the Least Developed Countries (LDCs) live in slums.

No comments...

- In Kumasi, Ghana, a country which privatized public toilets in the 1990s, private toilet use once a day for a family costs 10% of the basic wage.



% PROBABILITY OF DYING BETWEEN AGES 15 AND 60 (males)

LESOTHO	90.2
RUSSIA	46.9
BOLIVIA	26
SRI LANKA	23.8
COLOMBIA	23.6
PAKISTAN	22.7
SWEDEN	8.3

SOURCE: THE WORLD HEALTH REPORT 2004,WHO

Monique Bégin

Global Health Watch...

- reports that the cost of achieving and maintaining universal access to basic education, basic health care, adequate food, and safe water and sanitation for all has been estimated at less than 4% of the combined wealth of the 225 richest people in the world.
- They consider poverty and development as a public health issue.

Part III:

A Canadian Challenge?...

Our invisible poverty...

18% of Canadians live in unacceptable housing situations.

In such a rich country...

- Food insecurity exists among 10.2% of Canadian households representing 3 million people.
- Monthly food bank use is 747,665 or 2.4% of total Canadian population, **double the 1989 figure.**

**The Human
Development Index for
Registered Indians and
Inuit is significantly
lower than that
observed for other
Canadians,**

... and the gap has
been narrowing in the
last 10 years, but not
significantly.

	Canada	Status Indians	Inuits
Life expectancy at birth	Female 82	77	68
	Male 76	69	70
Infant mortality (1000)	5.3	8.0	15.0
Deaths by suicide (100,000)	13	28	79

Public Health Professionals:

- See the problem daily
 - Have at times access to agencies who can make a difference
 - Can develop pathways to work with front lines clinicians
 - Can speak in favour of a shift in resources
- And more...**