

Equity, Economics, Politics and Health – Political Economy of Health - *Prasanna Saligram*

28-10-2024

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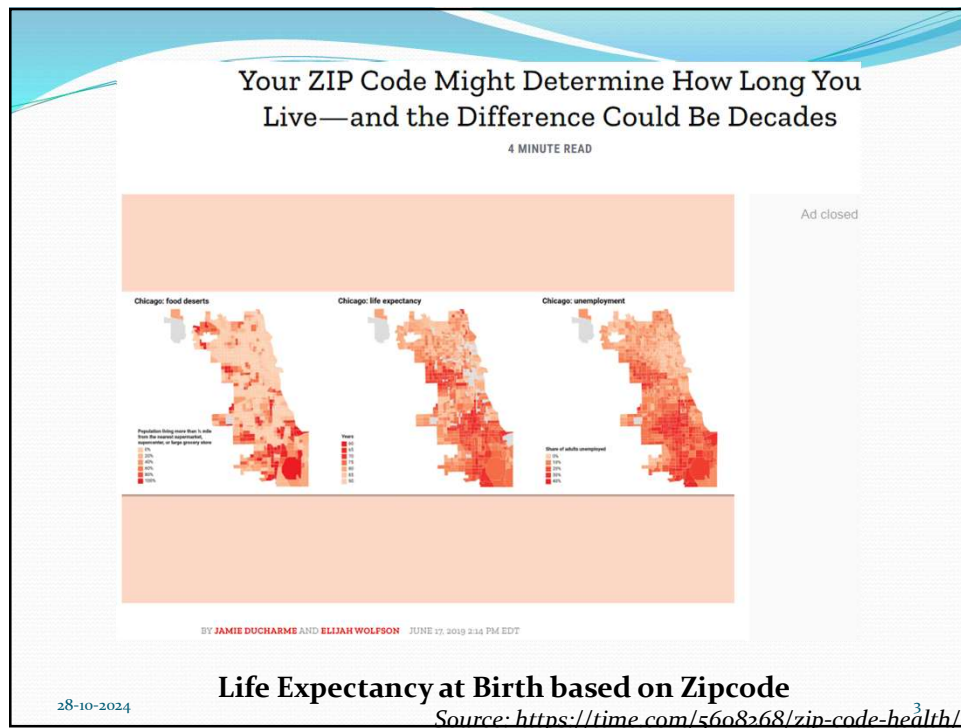
Place	Life expectancy at birth
United Kingdom, Scotland, Glasgow (Calton) ^b	54
India ^a	62
United States, Washington DC (black) ^c	63
Philippines ^a	64
Lithuania ^a	65
Poland ^a	71
Mexico ^a	72
United States ^a	75
Cuba ^a	75
United Kingdom ^a	77
Japan ^a	79
Iceland ^a	79
United States, Montgomery County (white) ^c	80
United Kingdom, Scotland, Glasgow (Lenzie N.) ^b	82

Male Life Expectancy at Birth according to the place of birth

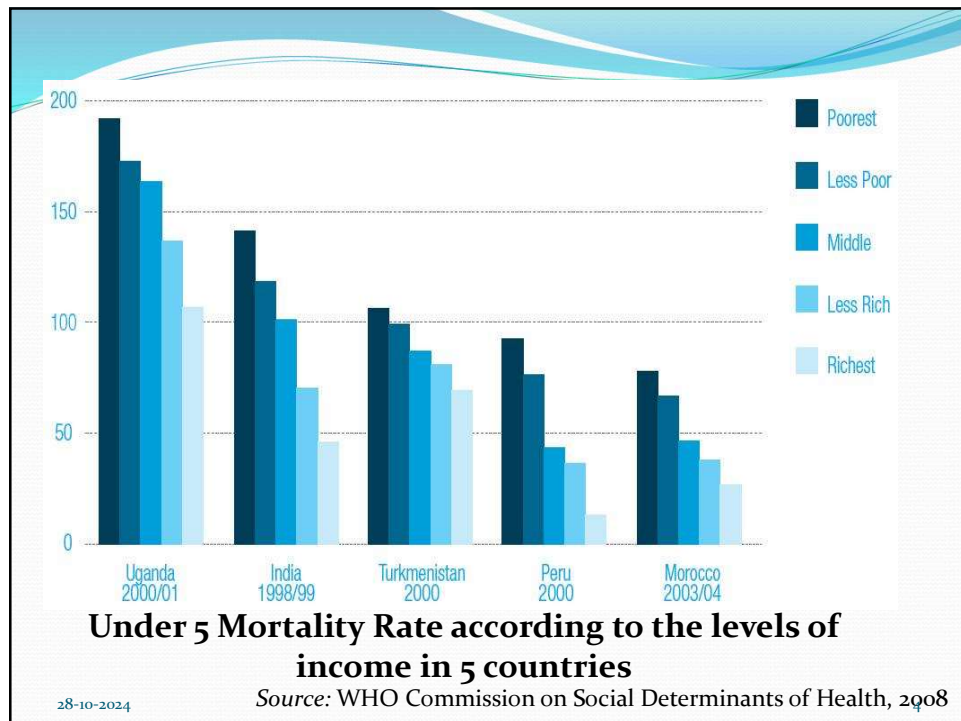
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Source: WHO Commission on Social Determinants of Health, 2008

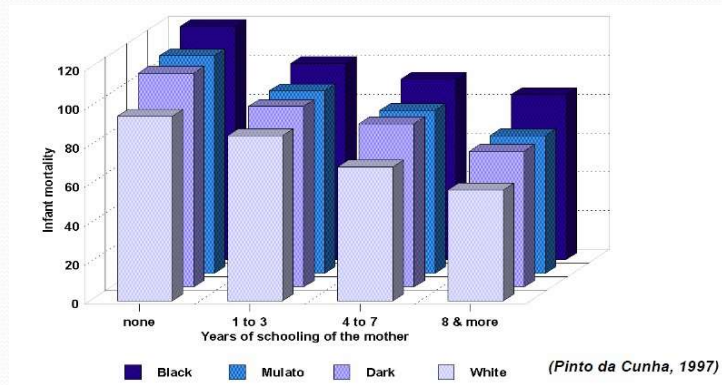
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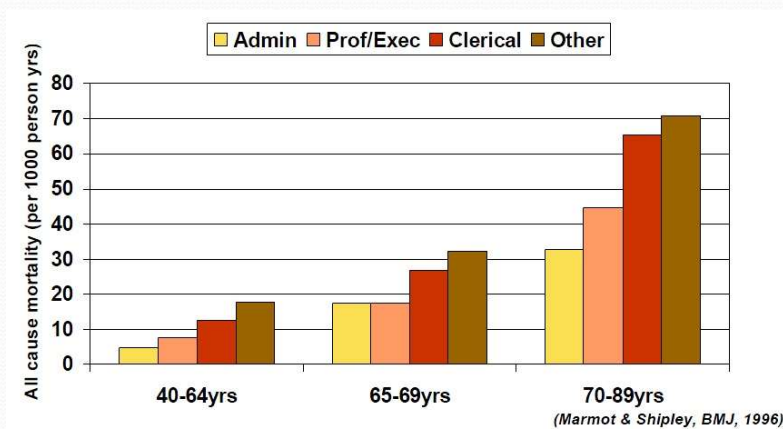


Infant Mortality by race and education of mother in Brazil

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Source: Pinto Da Cunha, 1997

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Whitehall Study showing the mortality rates of various class of workers

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Source: Marmot & Shipley, 1996

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Table 7.2 Early childhood mortality rates by background characteristics

Neonatal, postneonatal, infant, child, and under-five mortality rates for the five-year period preceding the survey, by background characteristics and residence, India, 2015-16, and for 0-4 years before NFHS-3, NFHS-2, and NFHS-1

Background characteristic	Neonatal mortality (NN)	Postneonatal mortality ¹ (PNN)	Infant mortality (iq)	Child mortality (cq)	Under-five mortality (uq)
URBAN					
Schooling					
No schooling	28.2	13.3	41.5	12.8	53.8
<5 years complete	31.8	17.6	49.5	6.8	56.0
5-7 years complete	25.5	7.1	32.6	6.5	38.9
8-9 years complete	22.2	10.7	32.9	4.4	37.1
10-11 years complete	13.4	8.4	21.8	5.1	26.8
12 or more years complete	14.4	4.2	18.6	2.5	21.0
Religion					
Hindu	20.3	7.9	28.2	5.9	33.9
Muslim	21.8	10.3	32.1	7.4	39.3
Christian	6.7	5.6	12.3	2.1	14.4
Sikh	14.0	3.5	17.5	2.2	19.6
Buddhist/Neo-Buddhist	11.7	16.7	28.4	1.0	29.3
Other	25.3	0.1	25.4	0.0	25.4
Caste/tribe					
Scheduled caste	20.7	10.4	31.1	8.0	38.9
Scheduled tribe	16.5	7.1	23.5	4.4	27.8
Other backward class	23.1	9.0	32.1	5.8	37.7
Other	16.2	6.5	22.7	5.2	27.8
Don't know	(21.0)	(12.1)	(33.1)	(13.7)	(46.3)
Wealth index					
Lowest	33.4	13.3	46.7	13.2	59.3
Second	27.2	11.8	39.0	12.7	51.2
Middle	26.0	13.9	40.0	10.2	49.7
Fourth	20.2	7.6	27.8	4.9	32.6
Highest	13.7	5.0	18.7	2.5	21.1
Total	20.1	8.4	28.5	6.0	34.4

IMR and Equity

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Source: NFHS-4, 2017

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"I became sick because of my poverty."

"Well, I became poor because of my sickness!"

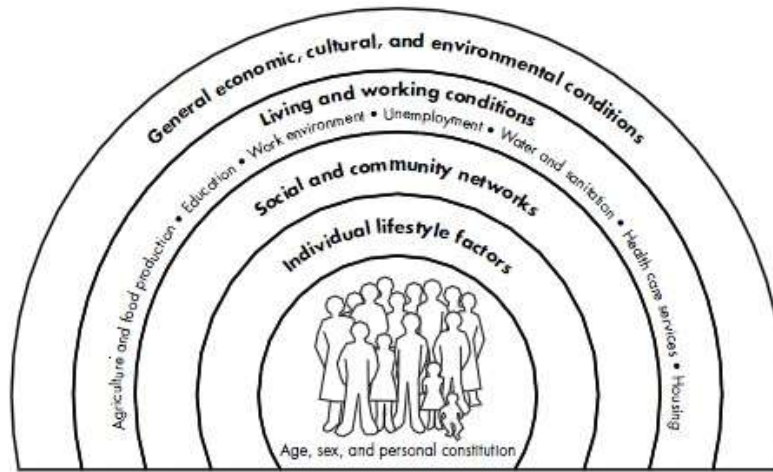
Source: Community Health Cell

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A Conceptual Model of the Social Determinants of Health



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Source: Dahlgren and Whitehead, 1991

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Source: Community Health Cell

Source: Community Health Cell

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JUSTICE

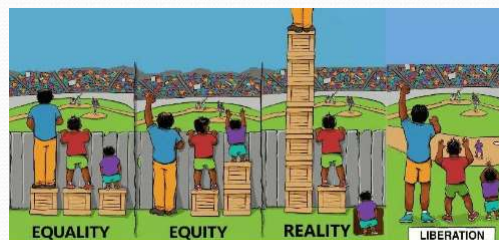
- › Justice
- › Justice as fairness and reasonableness
- › Justice means each person receives his /her due
- › Burdens and benefits are equally shared and distributed
- › The powerful minority accepts their fair share of burden and needs to protect the powerless majority threatened with death, disease and disability

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Equity in Health



Liberation

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Politics and Health

- › Politics – As acts of governments – very narrow definition
- › *Politics as power* – *Politics is the process through which desired outcomes are achieved in the production, distribution and use of scarce resources in all areas of social existence* – Most commonly understood
- › Politics also means autonomy over one's own health and one's own bodies
Bambra et al 2005
- › Politics - to search for the common good and just society
Beauchamp, D 1976
- › Rudolf Virchow's famous statement – '*medicine is a social science, and politics is nothing but medicine on a grand scale*'
- › Social determinants of health are amenable to political actions – Political parties have shaped the reduction of inequalities and thereby health outcomes
Navarro 2006

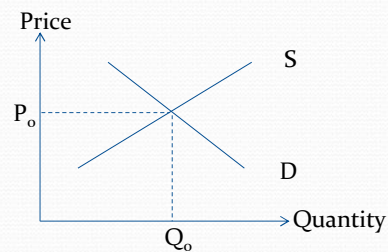
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Market Logic

Efficiency – The 'Invisible hand'



S – Supply
 D – Demand
 P_o – Price at Equilibrium
 Q_o – Quantity at Equilibrium

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Why Health Economics?

- Delivery of health services is itself an economic activity
- For eg. You need building for a hospital for which you need labour who need wages and one needs to give salary for the health workers
- All the activities need financing and where money is involved economic principles apply

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Health Economics

Scarcity

- There are two types of scarcity defined by health economists
 - The desire to remain healthy
 - ❖ Due to Ageing Population – Elderly people require more health care than youth
 - ❖ Increase in real incomes
 - ❖ Improvements in Medical Technology – New Vaccines
 - On the other side, you have resources which are limited – Eg. Land, labour, Capital etc.,

So Health Economists argue that since there is this scarcity there has to be proper decisions made regarding the distribution of health care.

(Office of Health Economics, undated)

Two principles applied to help this decision making

- Efficiency
- Equity

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- **Efficiency**

- Productive efficiency
- Allocative efficiency

- **Equity??**

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HEALTH IS A MARKET FAILURE

- Information Asymmetry (Principal-Agent problem)
- Externalities (For eg. Herd immunity)
- Public Goods (non-exclusionary, non-rivalrous, free rider principle)

Hence one needs a 'Visible' hand in the form of public endeavours !!

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MARKET LOGIC

- Entitlements to people to what they have acquired
- Emphasis on Individual responsibility – primary duty to avert death and disability is with the individual ignoring the pre-conditions for such a behaviour.
- Victim blaming and moves the debate away from the “structural violence”
- Fatalism and a weakening of the collective endeavour
- Minimal obligations to protect the common good
- Over reliance on Biomedicine - technological fix for a painful social change
- ‘Winner takes all’. Does not recognize the social / societal inequalities.

Source: Beauchamp, D 1976

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SOCIAL JUSTICE

- Under Social Justice all persons are entitled to all the ends equally such as health protection or minimum standards of income.
 - Importantly burdens are collectively accepted otherwise powerful forces will obstruct fair distribution
 - ***‘The dream of public health is of minimizing preventable death and disability which is also the dream of Social Justice’.***
 - Social Justice framework is a powerful critique of the market justice of the unjust protection of powerful from collective burden and to the extravagant faith on the efficacy of medical care
 - Public health is not just about a technical activity but is to be seen as a way of doing justice, as a way of asserting the value of human life
- Source: Beauchamp, D 1976*
- What are the benefits worth if they have been purchased at human cost?

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Political Economy of Health

- Political Economy is the relationship between State, Economics and Civil Society. It links the subject areas of Political Science, Sociology and Economics
- Issues considered under Political Economy are:
 - Production and distribution of wealth
 - Political Power of the Social Classes
 - Extent of society's reliance on state control of distribution of resources Vs. reliance on Market

(Raphael 2006)
- Political Economy of Health looks at how different types of state structures, political and economic systems and institutions affect population health inequalities (Beckfield and Krieger 2009)

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Political Economy of Health

The Role of the State

- Power to distribute resources.
- It could be contradictory. For eg. Pictorial warnings of Tobacco but at the same time giving tax concessions to tobacco industry and considering tobacco as a major source of income for the state

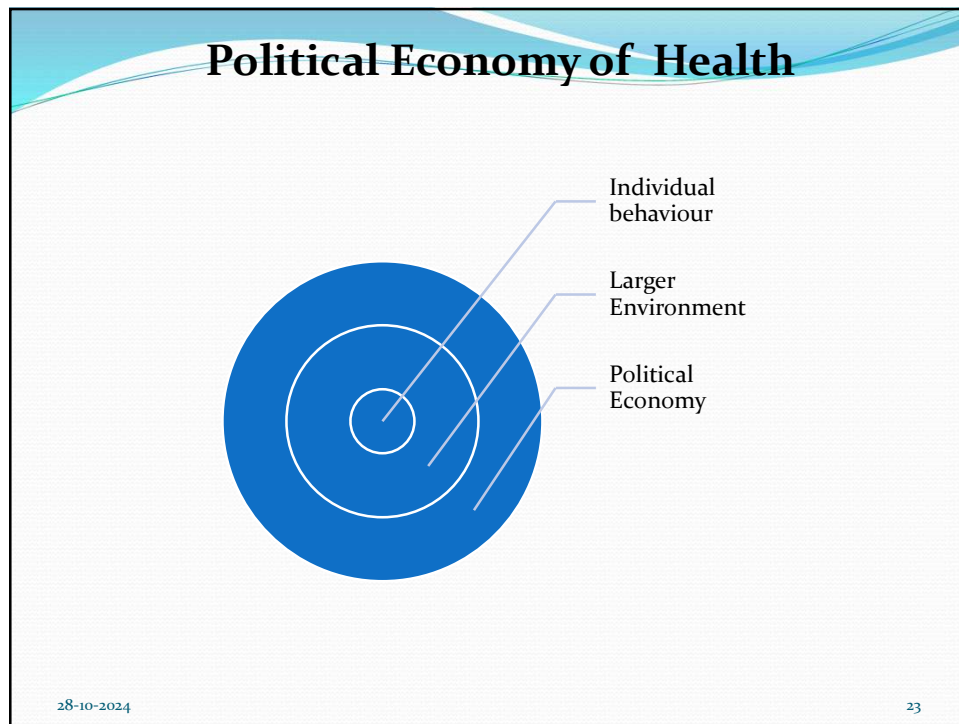
Role of Critical Consciousness

- Based on Paulo Freire's *Praxis* – combining theory with action and moving towards problem solving
 - When people with group interests use '*action based critical reflection*' to raise the level of critical consciousness.
- (Minkler et al 1995)

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Welfare State

Definition

"A system that allows the government of country to provide social services such as healthcare, unemployment benefit, etc. to people who need them, paid for by taxes"

(Cambridge Dictionary)

"... a capitalist society in which the state has intervened in the form of social policies, programs, standards, and regulations in order to mitigate class conflict and to provide for, answer, or accommodate certain social needs for which the capitalist mode of production in itself has no solution or makes no provision" (Teepie, 2000, p.15).

Types of Welfare State

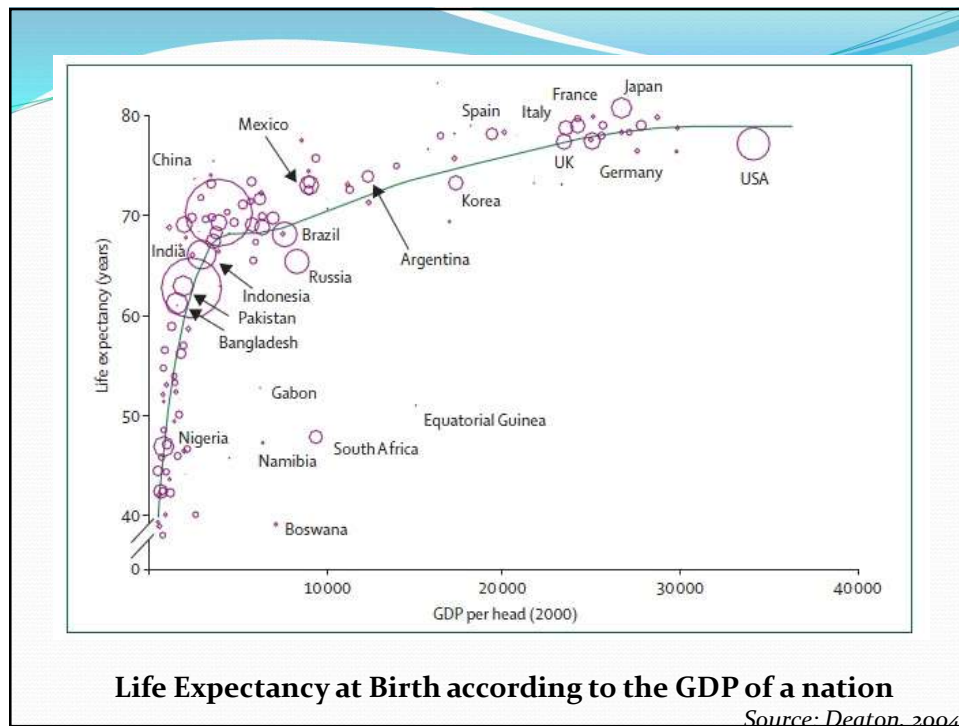
1. Social Democratic (Norway, Sweden etc.) – Benefits dependent on citizenship
2. Conservative, Christian Democratic (Germany, France) – Benefits dependent on workers' rights
3. Liberal (US and UK) – Benefits based on financial need
4. Ex- Fascist (Spain, Portugal)

The health inequalities increase as we move from 1-4 !!

(Navarro & Shi 2001)

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Neo - Liberalism

Definition

“...a theory of political, economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets, and free trade”
 (Harvey, 2005, p.2)

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Typical Prescriptions:

- Structural Adjustment Programs (SAP) – Reduce fiscal deficit, devalue currencies, open up markets
- Governments as taboo, as barriers
- Reduced Government Spending on Social sectors, reduce subsidy etc.,
- Increased privatization and commercialization (market based)
- User Fees
- Vertical Programs
- Targeted rather than Universal Systems (eg. BPL / APL)
- Purchaser – Provider Split (PPP)

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Thank you !!

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