

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

21-10-2024

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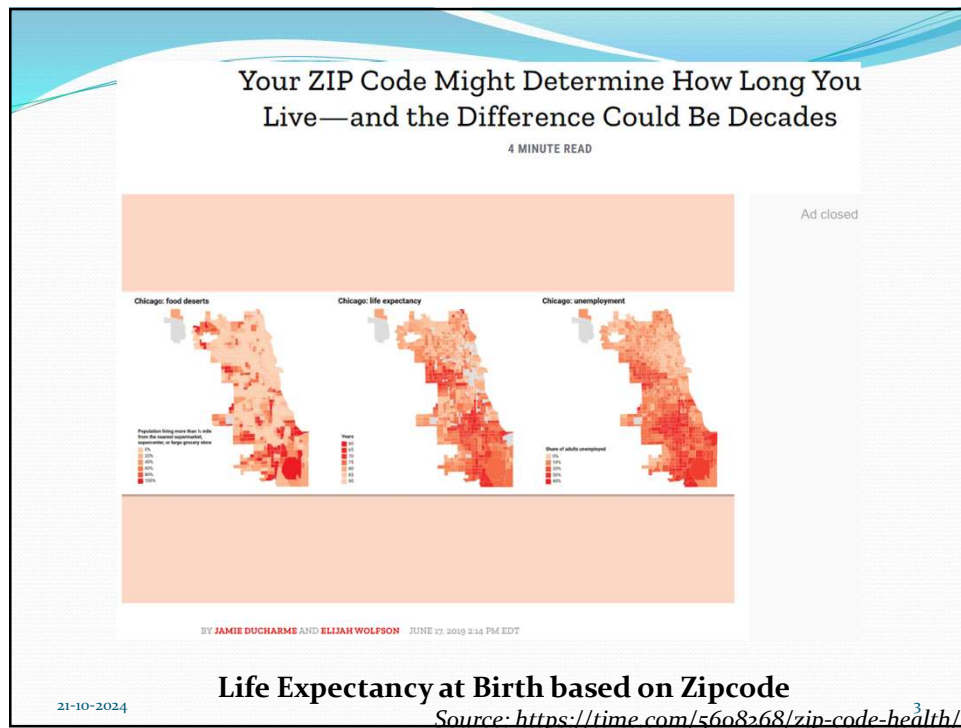
Place	Life expectancy at birth
United Kingdom, Scotland, Glasgow (Calton) ^b	54
India ^a	62
United States, Washington DC (black) ^c	63
Philippines ^a	64
Lithuania ^a	65
Poland ^a	71
Mexico ^a	72
United States ^a	75
Cuba ^a	75
United Kingdom ^a	77
Japan ^a	79
Iceland ^a	79
United States, Montgomery County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

Male Life Expectancy at Birth according to the place of birth

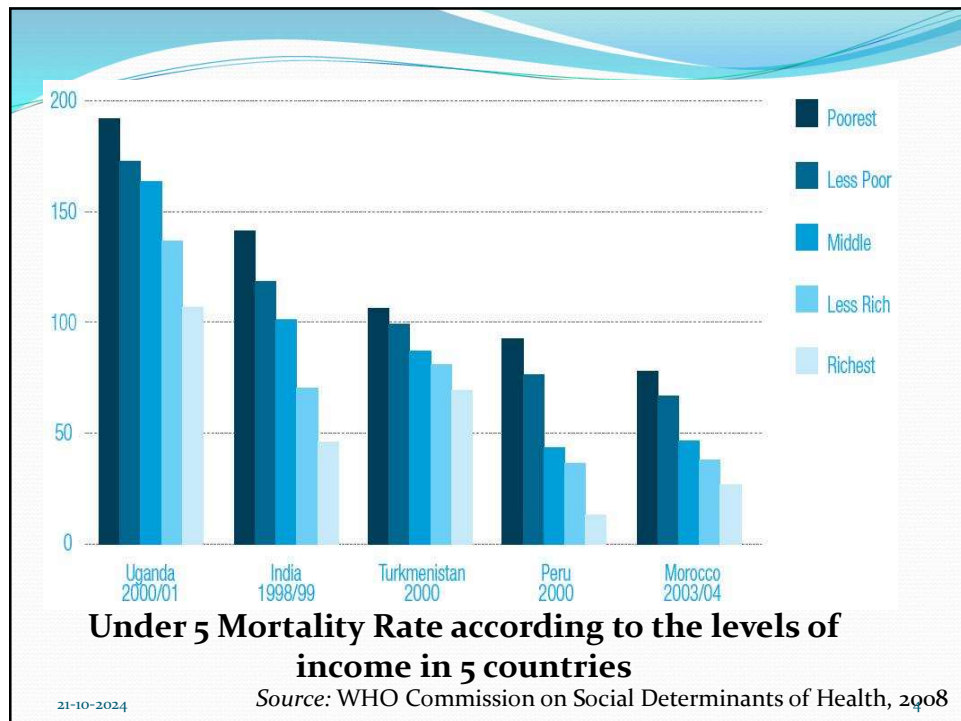
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Source: WHO Commission on Social Determinants of Health, 2008

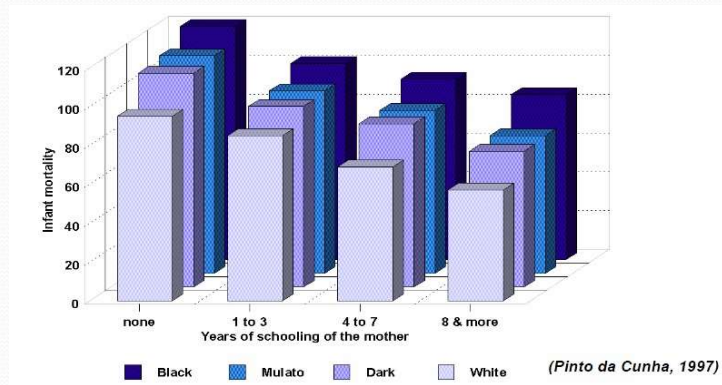
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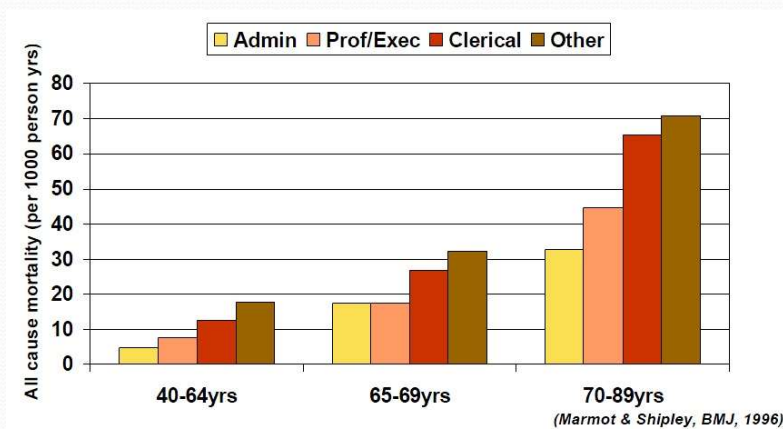


Infant Mortality by race and education of mother in Brazil

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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 (q1)	Under-five mortality (5q0)
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!"

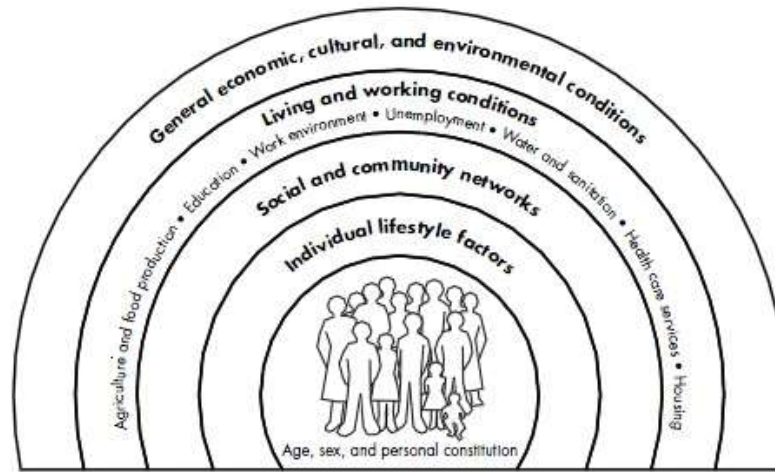
Source: Community Health Cell

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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

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Source: Community Health Cell

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JUSTICE

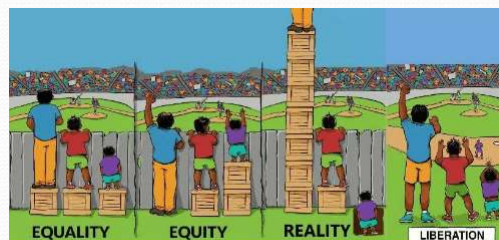
- › Justice
- › Justice as fairness and reasonableness
- › Justice means each person receives his /her due
- › Burdens and benefits are equally shared and distributed
- › The powerful minority accepts their fair share of burden and needs to protect the powerless majority threatened with death, disease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

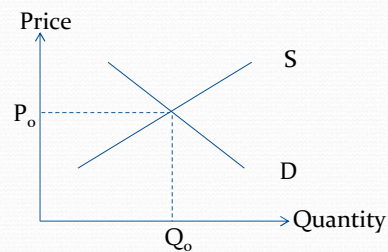
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Market Logic

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 (government actions) !!

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