



Addressing health inequalities through co-ordination with social protection systems: a perspective on social determinants of health

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International Seminar
Inequalities in access to health: the centrality of Primary Health Care to advance towards universal health
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This presentation covers two topics

1 Socioeconomic inequalities are reflected in health systems and outcomes, and vice-versa

2 Overcoming these inequalities requires action beyond health and integrating health and social protection



SOCIOECONOMIC INEQUALITIES AND HEALTH – A TWO-WAY RELATIONSHIP

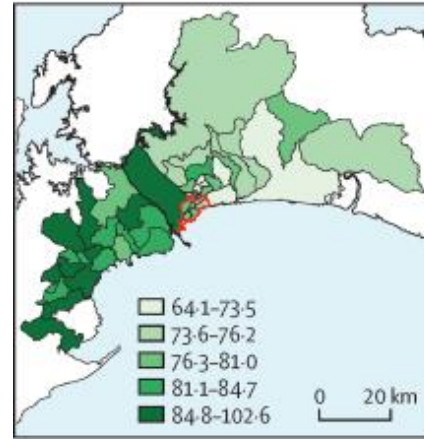


Health gains have been large on average, but gains have not been evenly shared

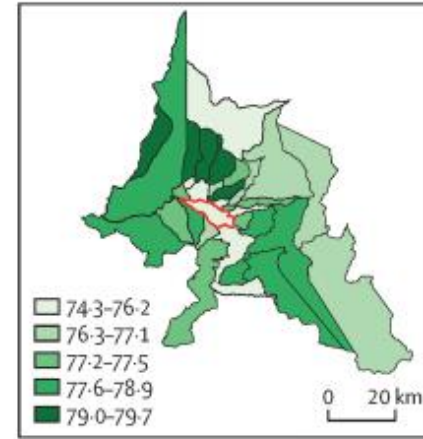
Spatial distribution of life expectancy at birth in men

Maps of cities with subcity units indicated. Categories are quintiles of life expectancy at birth in each city

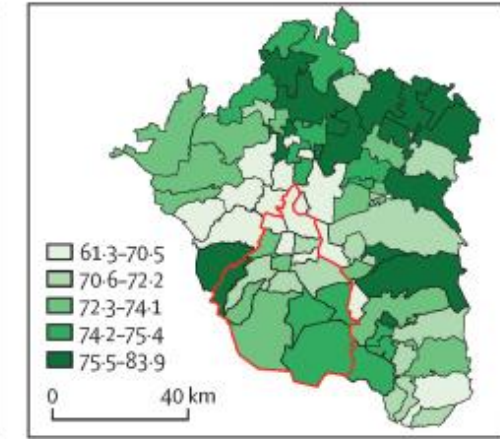
Panama City



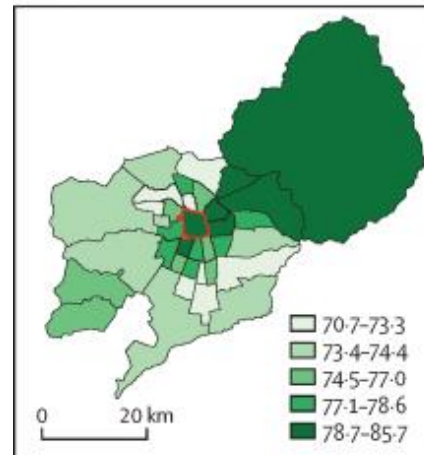
San José



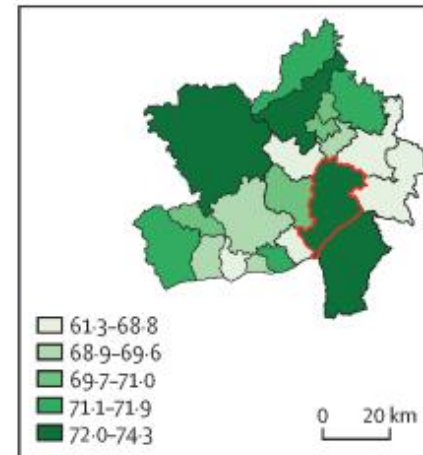
Mexico City



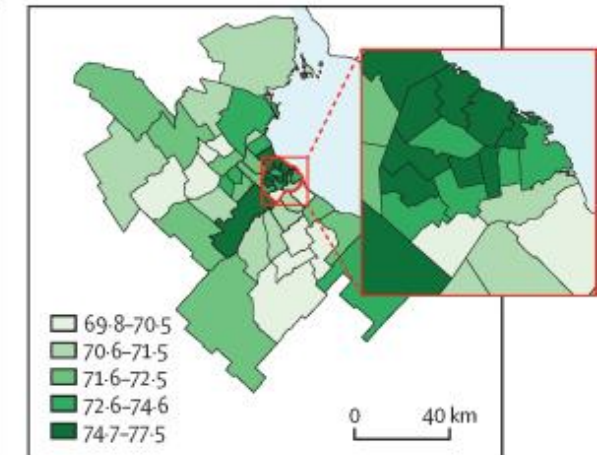
Santiago



Belo Horizonte



Buenos Aires



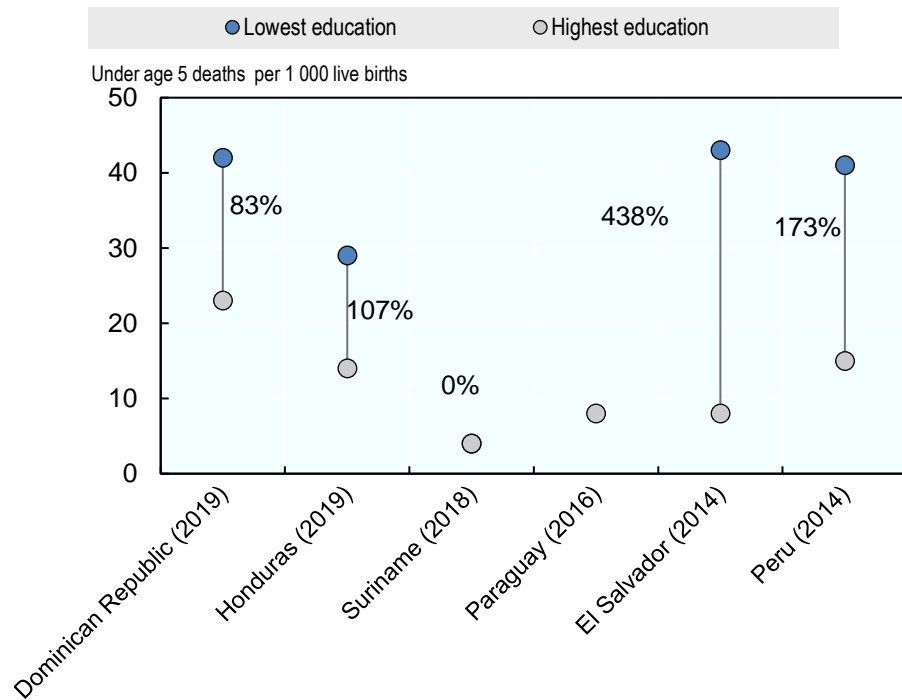


Socioeconomic disparities drive health inequalities

– under 5 mortality

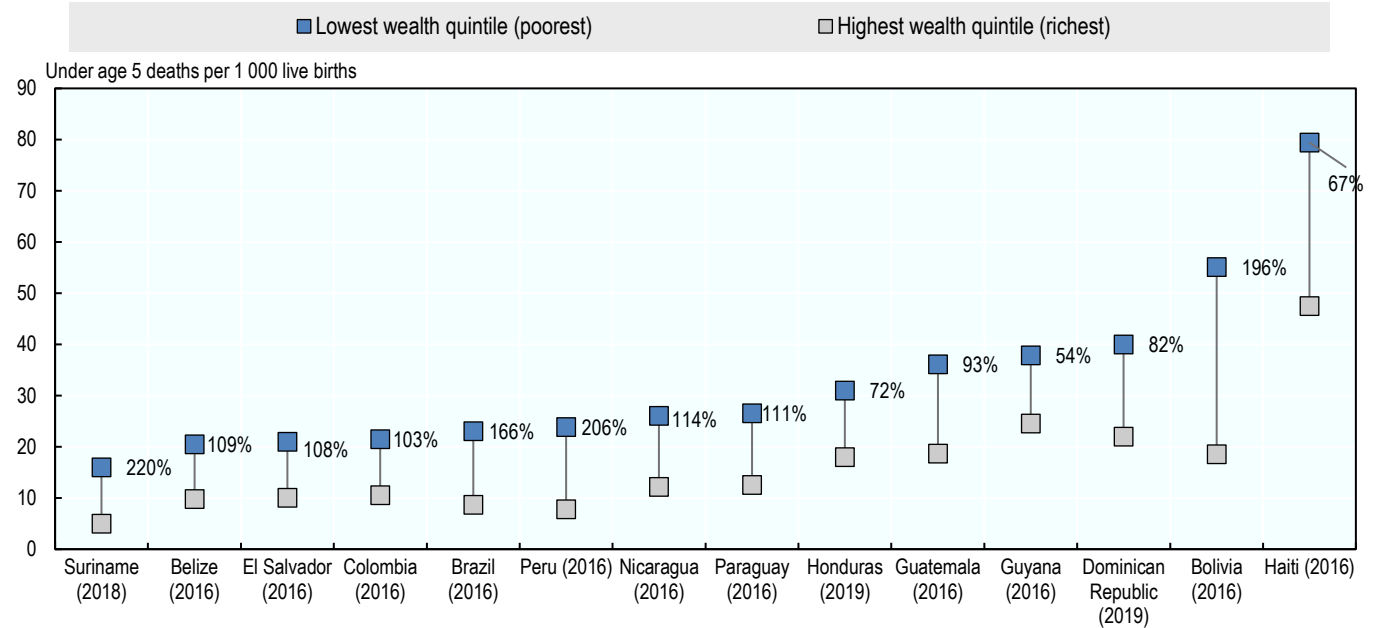
Under age 5 mortality by education

Deaths per 1000 live births



Under age 5 mortality by income quintile

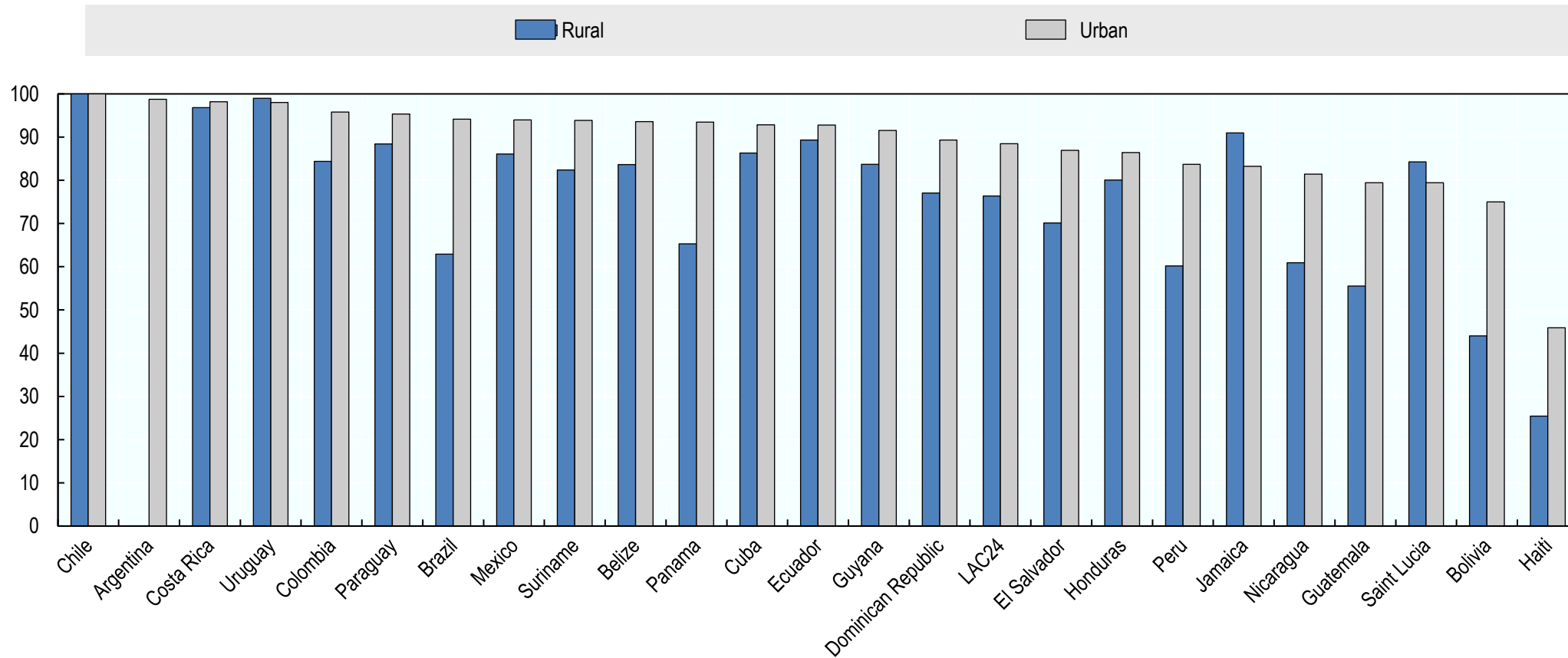
Deaths per 1000 live births





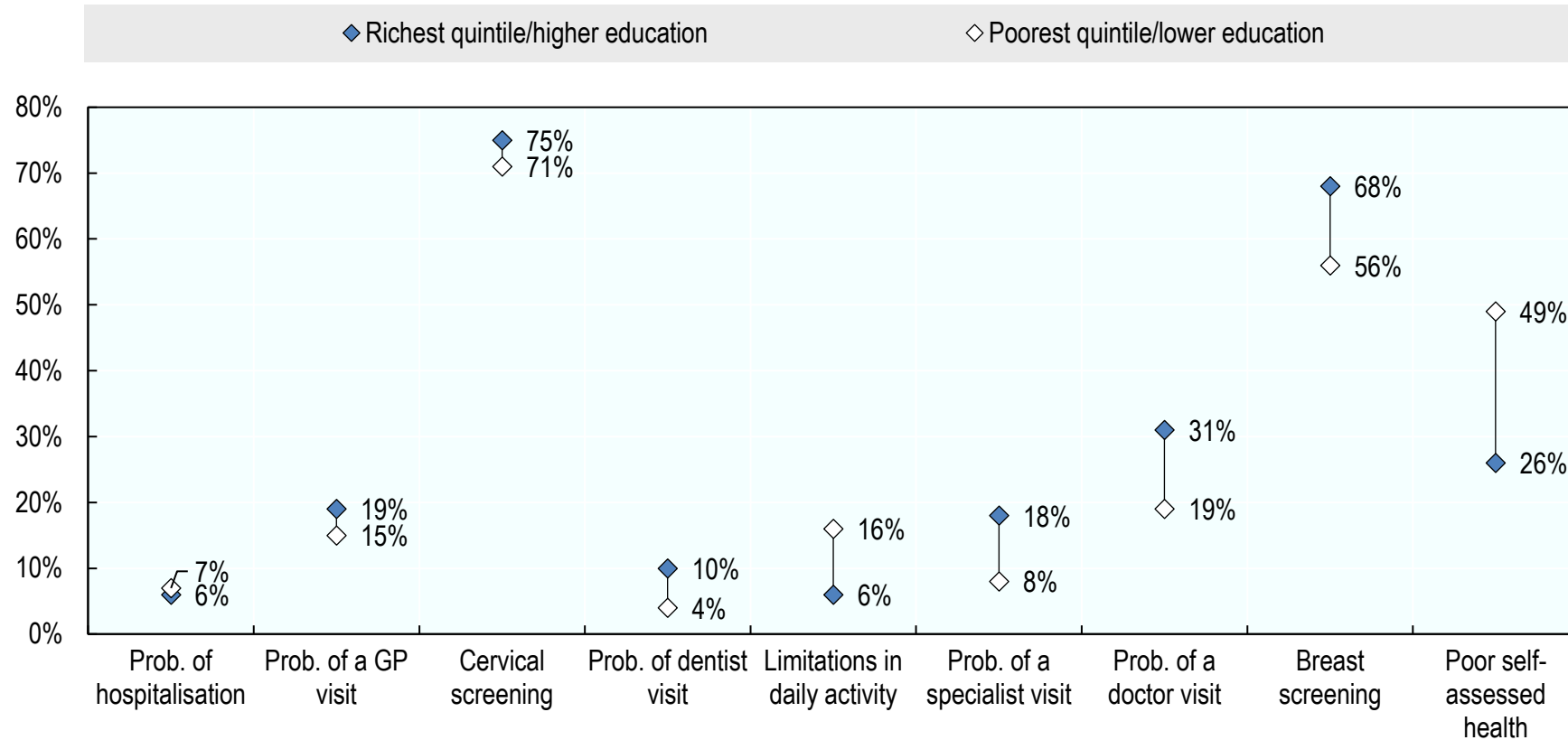
Similarly, geographical disparities translate into inequalities in access to basic health

Access to basic sanitation, 2020
Proportion of the total population



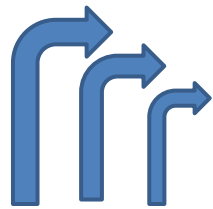
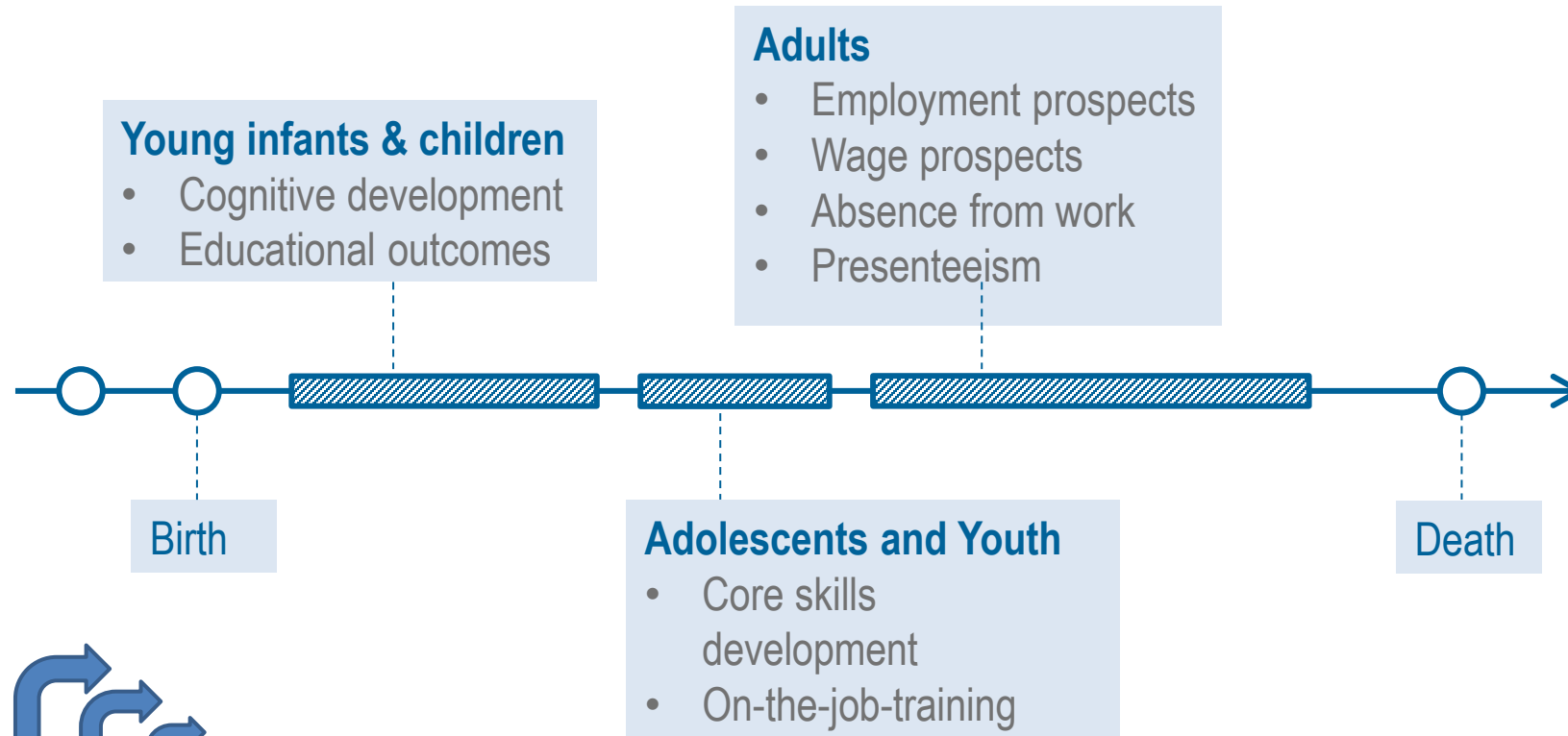


In Chile, socioeconomic disparities are reflected into inequalities of risk factors, access & health outcomes





A two-way link: Ill-health also worsens economic prospects throughout an individual lifecycle



intergenerational transmissions



Poor health damages labour market outcomes

Unemployment

- Unemployed in UK ~2x as likely to have long-standing illness/ disability (UK Office for National Statistics 2012)
- Being unemployed further worsens mental health

Absence from work

- Across 15 OECD countries, 11 days lost per person in 2013
- Rates particularly high in Germany (18) & Norway (16)

Presenteeism

- Estimated to have cost US economy \$150bn pa in early 2000s (Hemp 2004)
- Worse for those in mental ill-health

Lower wages

- Men in good health earn 8% more than peers in bad health, difference widens to 16% by age 64
- For women, gaps rise from 4% to 15% respectively

Sources (unless stated): OECD/WHO 2016: Inclusive growth: improving the dialogue & OECD 2017 Ageing Unequally



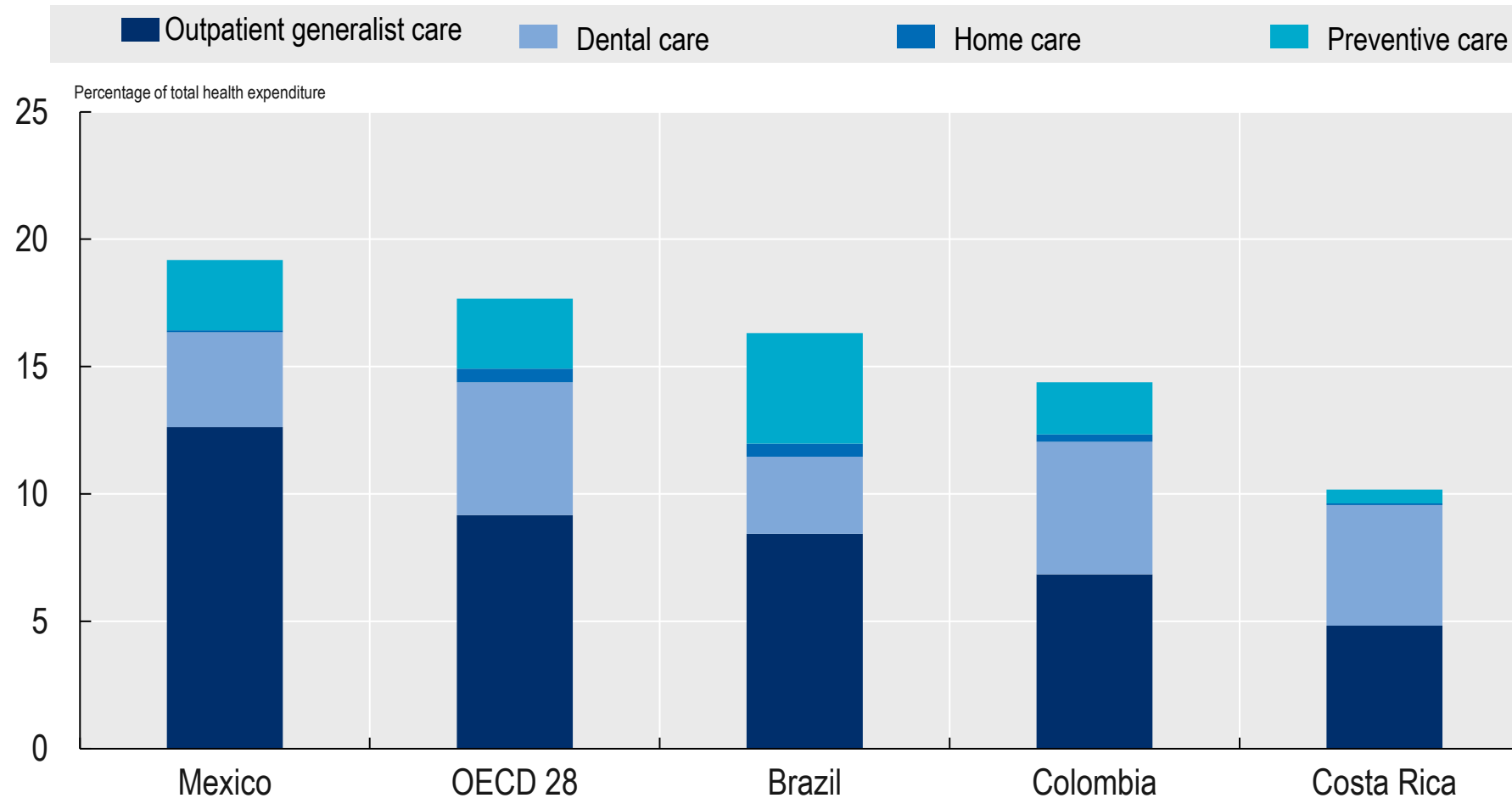
**OVERCOMING THESE INEQUALITIES
REQUIRES MULTIPRONGED ACTION**



1. Stronger health systems, centred on primary care

Expenditure on Primary Health Care, 2019

Spending on primary health care services as a share of current health expenditure

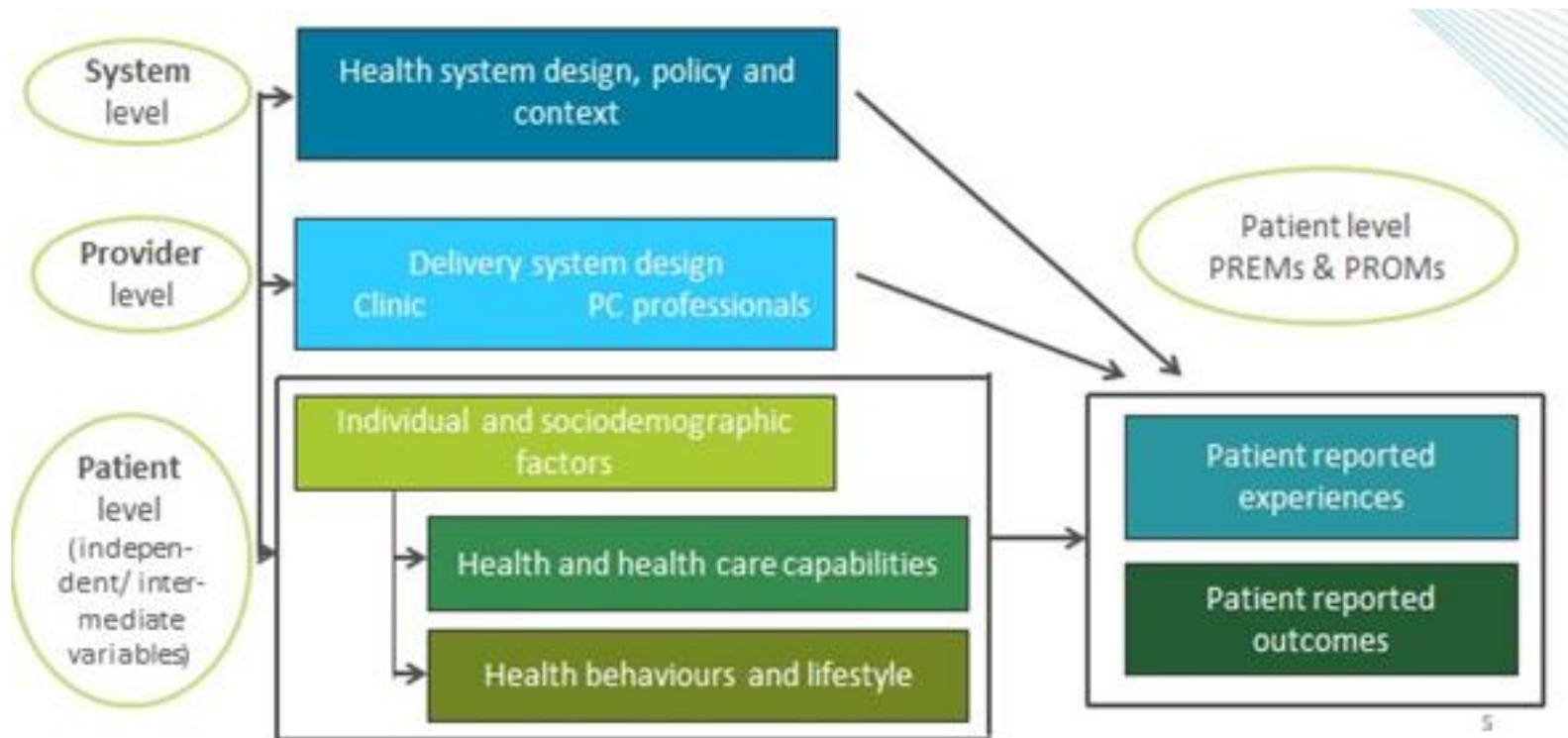




... and equipped with better data on what care delivers for people

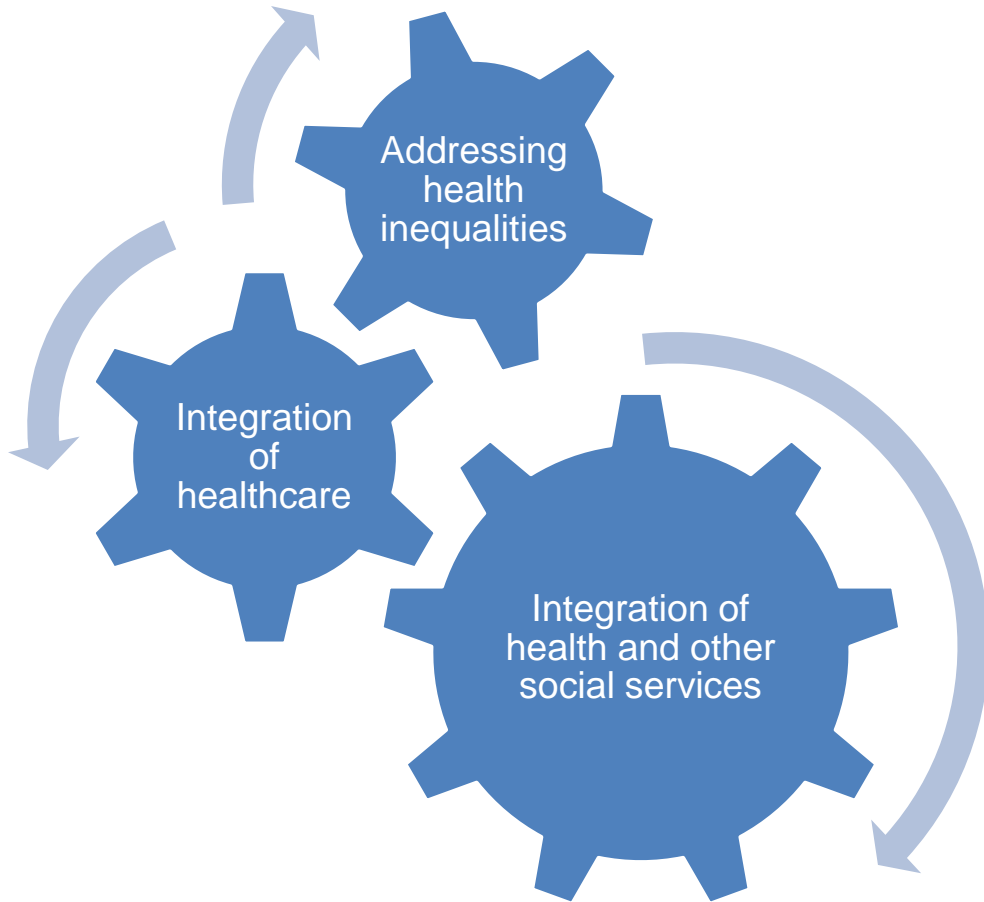
PaRIS

Patient-Reported Indicators Surveys





2. Better integration of health and social services has multiple benefits: access, cost, quality



Integration of healthcare

- Patient - centeredness
- Care coordination
- Data integration
- Alignment of payment systems

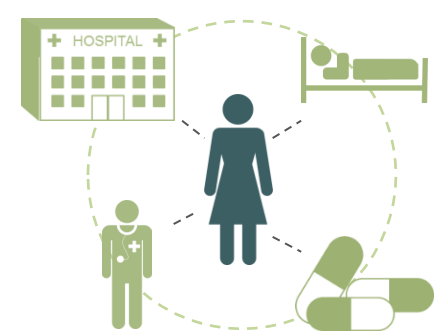
Integration of health and other social services

- Vulnerable families
- Children and youth with mental health concerns
- Homelessness
- Long term care



How do we move forward?

- 1 Strengthen Governance
- 2 Financial integration
- 3 Patient centeredness
- 4 Data strategies
- 5 Use and develop evidence

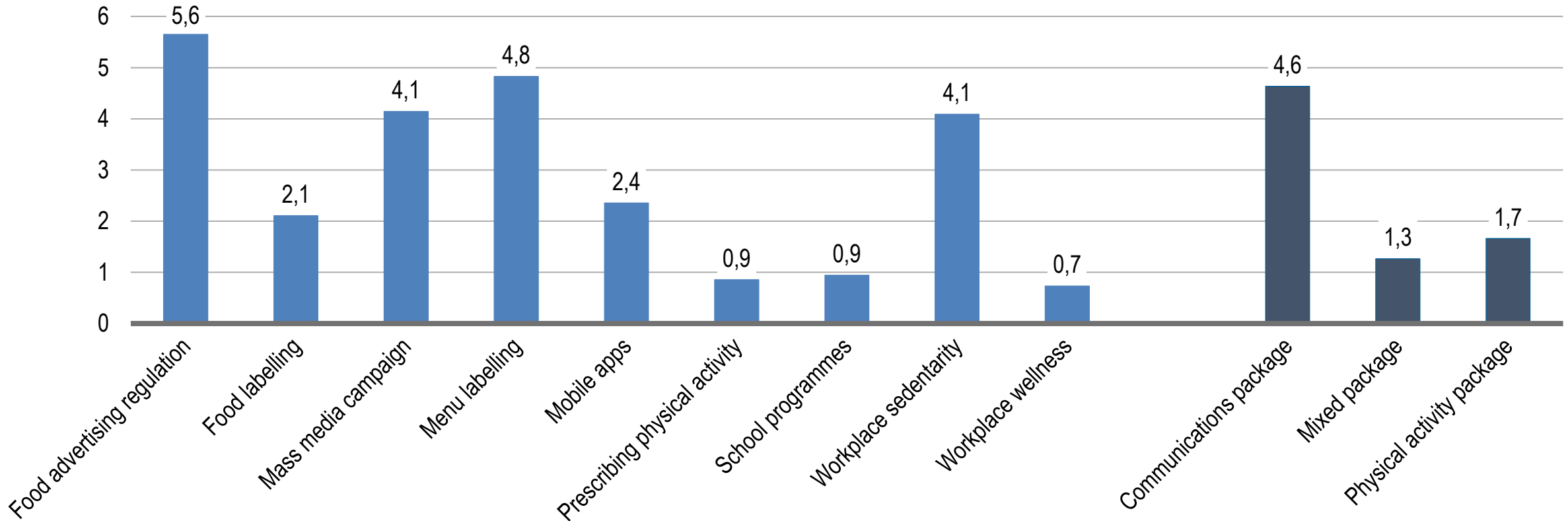




3. A stronger focus on prevention: costs little and delivers a lot

Example: Preventing Overweight Is a Good Investment for OECD, EU 27 and G20 Countries

Return on investment: USD returned in GDP for every 1 USD invested in the intervention





Yet too little is spent on prevention, and implementation is often not focussed on the most cost-effective measures

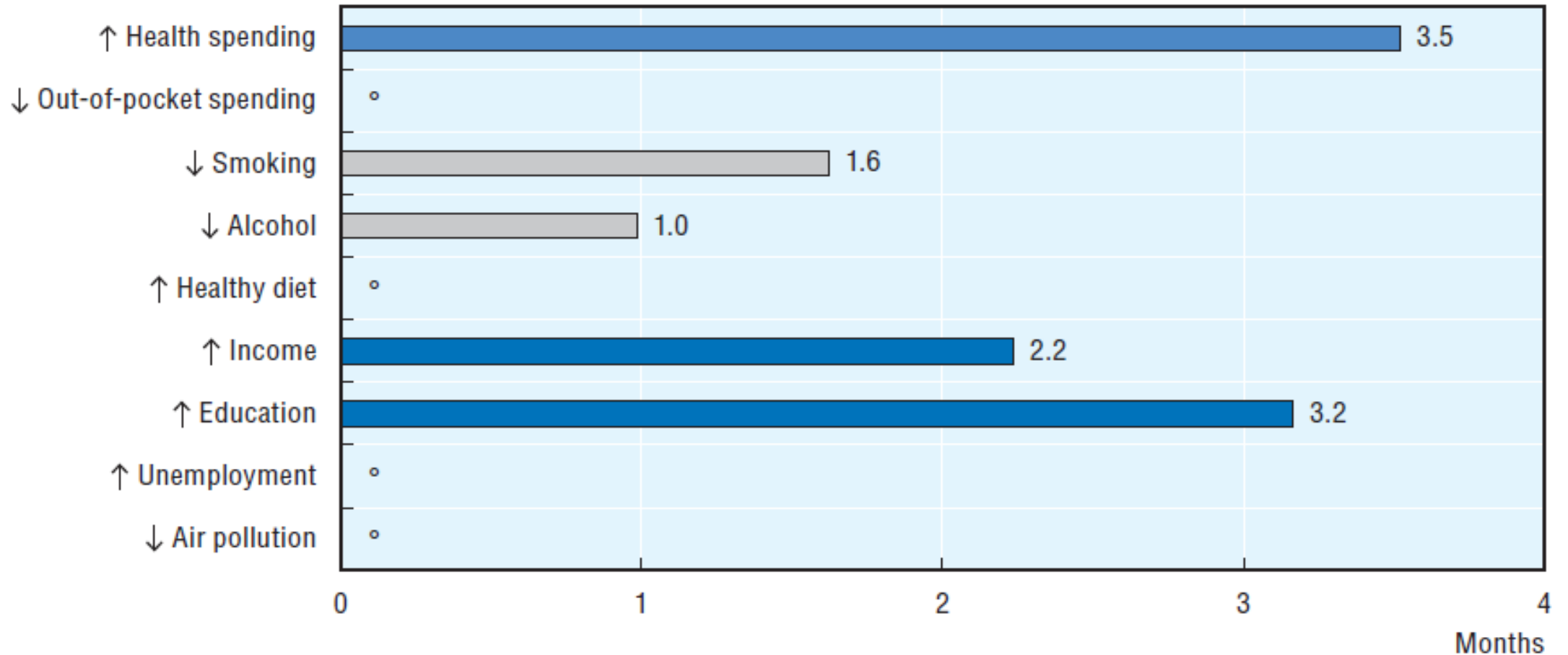
3%

Less than 3% of total health spending goes to disease prevention and health promotion



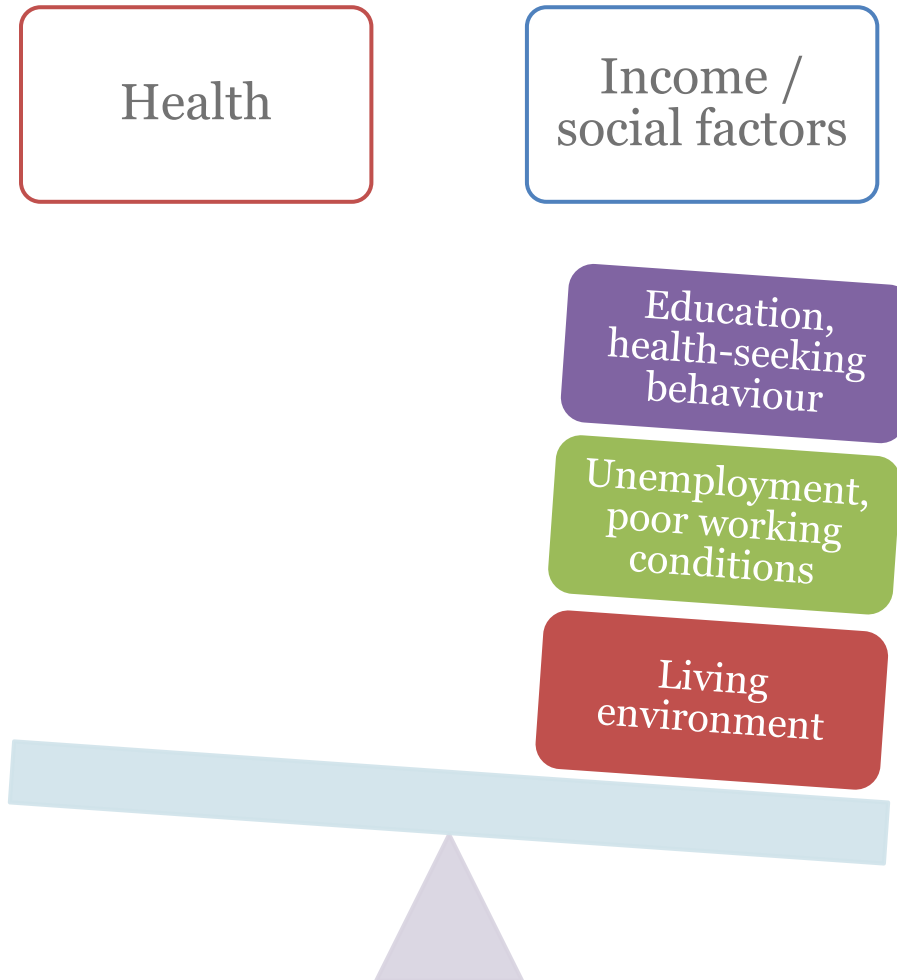
4. Access to care is part of the story: Life expectancy gains associated with a 10% change in the main determinants of health...

Analysis based on 35 OECD countries for the time period 1995-2015



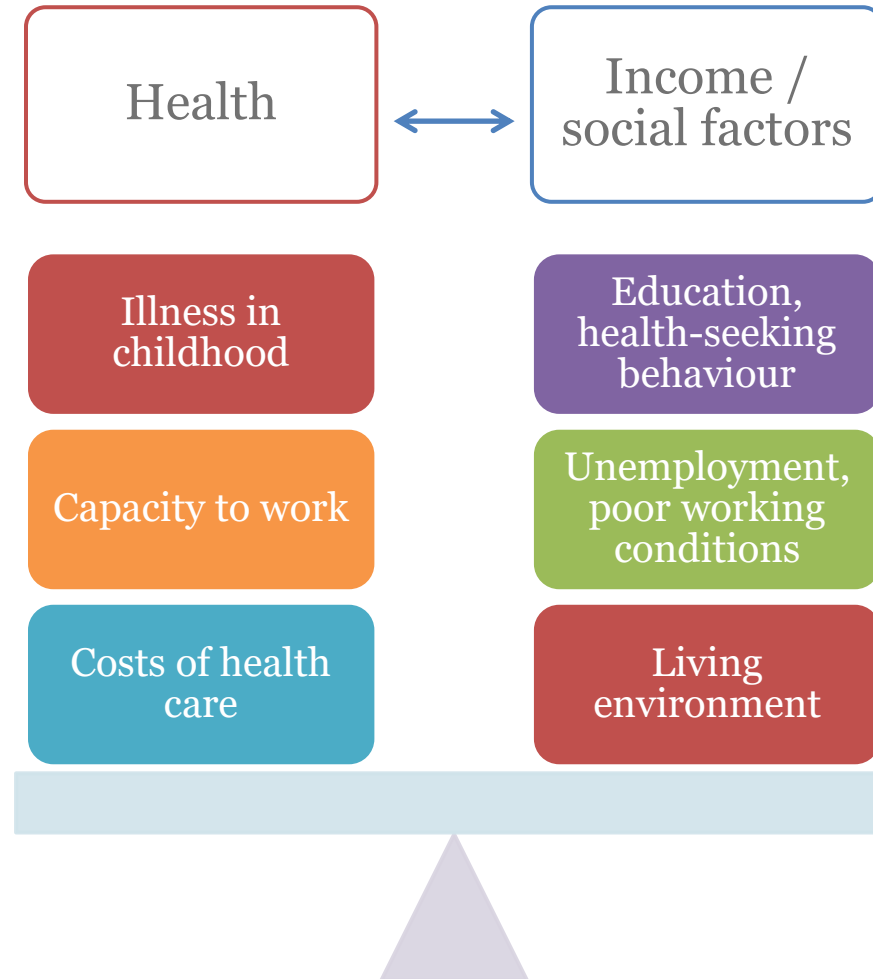


...but the policy response is often not balanced across sectors





A better policy response delivers improved outcomes





Thank you



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OECD publications on the integration of healthcare and other social services

- OECD (2015), *Integrating Social Services for Vulnerable Groups: Bridging Sectors for Better Service Delivery* ([link](#))
- OECD (2022), *International comparisons of the quality and outcomes of integrated care: Findings of the OECD pilot on stroke and chronic heart failure* ([link](#))
- OECD (2022), *Integrating Services for Older People in Lithuania*, ([link](#))
- OECD (2023), *Integrating local services for individuals in vulnerable situations* ([link](#))
- OECD (2023), *Integrating Care to Prevent and Manage Chronic Diseases: Best Practices in Public Health* ([link](#))
- *Forthcoming:*
 - *Towards person-centred integrated care in Ireland - Aligning the health service workforce in Ireland with the needs of the person and population*
 - *Community participatory processes, focused on equity in health, at local level (Basque country)*
 - *Strategy for building synergy among health and social sector (Italy)*





Recent OECD publications on Latin America

- OECD (2023), *Health at a Glance: Latin America and the Caribbean 2023* ([link](#))
- OECD (2022) *Primary Health Care for Resilient Health Systems in Latin America* ([link](#))

