

of data, including the accompanying rules for protecting patient privacy. In the quest to focus on outcomes, and to pay for results, private and public players need to find ways to automatically capture data and keep track of the agreements they have made. Furthermore, the life sciences and health care sectors should be vigilant about cybersecurity threats which will likely increase in future.

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# INCLUSIVE GROWTH AS A ROUTE TO TACKLING HEALTH INEQUALITIES

By: Emma Spencelayh

**Summary:** There are entrenched health inequalities between and within countries that continue to be unacceptable, in part because inequalities represent a failure of government to maximise the social and economic potential of its population. The Sustainable Development Goals provide a framework for cross-sector action and the translation of benefits from one sector to another. There are great opportunities for health policy makers and practitioners to tap into economic development agendas such as inclusive growth as a route to tackling health inequalities.

**Keywords:** Inclusive Growth, Health Inequalities, Social Determinants, Sustainable Development Goals

## Revisiting the Declaration of Alma-Ata declaration

Thirty years ago, the declaration of Alma-Ata made it clear that the level of health inequality was ‘politically, socially, and economically unacceptable’.<sup>1</sup> Three decades on, we are still facing the issue of entrenched health inequalities between and within countries. For example, across countries, life expectancy varies by 34 years – a child born in Sierra Leone can expect to live for 50 years while a child born in Japan can expect to live for 84 years.<sup>2</sup> As an example of in-country inequalities, across the United Kingdom from 2014 to 2016, the gap in healthy life expectancy at birth between local areas with highest and lowest average health life expectancy was 18.4 years for females and 15.6 years for males.<sup>3</sup>

While there are clear and sound arguments for investing in health care systems as a route to improved health outcomes, tackling unacceptable variations cannot be left to the health care system alone, which is only one of many factors contributing to overall health outcomes. A wide variety of factors contribute to a person’s health and wellbeing, including access to education and good work, environmental factors such as decent homes and pleasant surroundings and strong social networks. These influences (the social determinants of health) are not distributed equally and are strongly shaped by government policy, including economic, social, housing and planning policies.

It can be difficult to determine the precise role the social determinants have compared to health care delivery or

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other factors. Recent research using data from more than 1.7 million individuals in 48 independent cohort studies in seven countries found that the independent association between socio-economic status and mortality is comparable in strength and consistency to the individual effects of other more widely recognised risk factors such as tobacco use, alcohol consumption, insufficient physical activity, raised blood pressure, obesity or diabetes.<sup>9</sup>

“the proceeds of economic growth should be shared more equally

Viewing socio-economic status as an equal risk factor to tobacco use raises questions about the nature of prevention and the role of professionals working to improve public health. Where should public health professionals be located within a health system and are there sufficient incentives in place to collaborate and work across traditional sector boundaries? In England, public health functions were moved into local government from the health care delivery system following the Health and Social Care Act 2012 with the intention of supporting more holistic and integrated service delivery. Research suggests that while public health teams have integrated well with departments more closely associated with health such as children's services or adult social services, there are weaker connections with economic development teams.<sup>10</sup> Are we expecting too much of public health professionals in advancing the wider determinants agenda? Is the task of reducing health inequalities through action on the wider determinants expecting too much of an average public health professional or even health departments?

The 2011 Rio Political Declaration on the Social Determinants of Health refers explicitly to the desire to achieve a social

and health equity through a comprehensive inter-sectoral approach. And yet, it is still incredibly difficult in practice to make the case for investing in health care and health enhancing policies to non-health audiences, leading to criticism in some quarters of health imperialism. Instead of making the case for health in all policies in isolation, is there another way?

### Can the Sustainable Development Goals (SDGs) play a role in bridging sectors?

The United Nations' SDGs provide a framework and a call to action for ending poverty, protecting the planet and enabling people to enjoy peace and prosperity. The SDG framework provides an excellent opportunity to position a health in all policies approach within a broader comprehensive, inter-sectoral approach to national policymaking. It also provides the opportunity to show that good health has a role to play in supporting sustainable development more broadly. The Adelaide Statement II on health in all policies 2017 highlights the opportunities the SDGs provide to reach out across different sectors, while emphasising that health in all policies can be a vehicle to support SDG implementation, particularly in relation to improvements around policy coherence.<sup>11</sup>

The health of a population has a complex, multi-directional relationship with other social and economic outcomes. Good health is of course of value to individuals but it is also a societal asset that can help enable people and places to flourish. Evidence suggests that progress on target 3.4 (reducing preventable mortality by a third by 2030) would have a role in determining the outcome of at least nine SDGs. For example, reducing the mortality and morbidity from non-communicable diseases could lead to a rise in productivity and household incomes, helping to achieve progress against Goal 8 (decent work and economic growth) and Goal 10 (reduced inequalities).<sup>12</sup> In turn, the SDGs provide an opportunity to make progress in the areas that are likely to affect people's life trajectories and experiences such as the environment in which they live and the sorts of jobs available which should in turn support good health.

The SDG framework doesn't offer a perfect blueprint for tackling health inequalities – for example, the health targets are absolute rather than relative and there is no mention of health inequalities within the overall set of indicators on inequality. However, the focus on policy coordination and policy coherence, as well as partnership working, highlights the need for activity that is mutually enhancing across sectors. In particular, there is a great opportunity to tap into work to promote more inclusive, economic growth.

### Inclusive growth as a means to tackling health inequalities

Goal 8 promotes inclusive and sustainable economic growth, employment and decent work for all. There is a growing recognition that the proceeds of economic growth should be shared more equally across the population. Widening income inequality has been referenced as the defining challenge of our time and can be evidence of a lack of opportunity and risks concentrating power in the hands of the few, which can threaten economic stability and social cohesion.<sup>13</sup>

Gross Domestic Product statistics are the main way in which economic performance is measured and reported on at a national level. This focuses attention on policies that aim to affect the overall level of economic activity in areas such as skills development, labour markets, competition, investor and corporate governance, social protection, infrastructure basic services, which in turn shape patterns of who benefits from growth.<sup>14</sup>

Inclusive growth (see Box 1) is a term that originally gained prominence within the international development field by groups such as the World Bank. Though this term was originally used to discuss economic development in lower-middle income countries, it has quickly been adopted in higher-income countries too.<sup>15</sup>

### Why does this matter for health outcomes?

Income inequality is important from a health perspective as it is widely accepted that there is a social gradient in health.

## Box 1: Inclusive growth

There are multiple definitions of inclusive growth but there are several key ideas that are consistent, such as ‘ensuring opportunities for all’ and ‘broad-based growth’.

The OECD defines inclusive growth as “economic growth that creates opportunity for all segments of the population and distributes the dividends of increased prosperity, both in monetary and non-monetary terms, fairly across society”.<sup>11</sup>

The European Commission states that inclusive growth involves: “empowering people through high levels of employment, investing in skills, fighting poverty and modernising labour markets, training and social protection systems so as to help people anticipate and manage change, and build a cohesive society... It is about ensuring access and opportunities for all... making full use of [Europe’s] labour potential”.<sup>12</sup>

The association between socio-economic status and health status is well established. For example, the European Commission’s recent report on fairness notes that individuals with a poor family background are more likely to smoke or be overweight or obese than those from more privileged family background. The chance of reporting poor health for those from a poor family background are nearly 110% higher (after accounting for age and gender).<sup>13</sup>

“Implementation of the SDGs needs innovation in delivery and new policy approaches

As well as multiple definitions of inclusive growth, there are a number of indicator frameworks that seek to assess progress towards achieving inclusive growth, some of which recognise health as a specific component. Where health outcomes are included, they are often limited to overall life expectancy. The OECD’s dashboard of indicators does, however, include an indicator relating to regional life expectancy gap.<sup>14</sup> OECD research

has outlined that health is a critical component of inclusive growth, both as a major dimension of wellbeing in itself and because of its two-way relationship with income, employment and other key aspects of living standards.<sup>15</sup>

Tapping into the inclusive growth agenda has the potential to facilitate mutually beneficial action across economic development and health sectors. For example, the OECD’s framework for policy action on inclusive growth focuses on action to:

- Invest in people and places that have been left behind, providing equal opportunities for all
- Support business dynamism and inclusive labour markets
- Build efficient and responsive governments.<sup>16</sup>

These areas of focus are well aligned with policy recommendations to address health inequalities arising from social and economic determinants. The World Health Organization’s (WHO) Commission on the Social Determinants of Health’s overarching recommendations highlighted the need to improve daily living conditions and tackle the inequitable distribution of power, money and resources.<sup>17</sup>

The World Economic Forum’s (WEF) virtuous cycle of inclusive growth shows a self-reinforcing cycle in which rising economic output and social inclusion support each other. The WEF also

argues that there is no inherent trade-off in economic policymaking between the promotion of social inclusion and that of long-term economic growth and competitiveness.<sup>18</sup>

The city of Malmö in Sweden has been highlighted as an exemplar for its work to embed a health in all policies approach as well as its attempts to create a more inclusive economy. This dual focus on people and place has the potential to be powerful policy levers for change. Implementation of the SDGs needs innovation in delivery and new policy approaches as exemplified by Malmö.

While it may be tempting to view inclusive growth as a silver bullet, it is also important to recognise its limitations. Growth may not be a sustainable goal in itself – either at a national or subnational level. In some areas, inclusive economics may need to facilitate policies that actively support the redistribution of resources within a neutral or ‘degrowth’ context.

## Conclusions

A healthy population is essential for a thriving society and economy. The SDGs provide an opportunity and catalyst for health to bridge barriers with sectors such as economic development and to advance mutually beneficial policies. The inclusive growth agenda is creating a focus on inequalities in the broadest sense and it is important that action to tackle health inequalities isn’t attempted in isolation when there are clear opportunities for alignment and amplification of action. Whole system approaches are difficult to deliver in practice but the SDGs, with their emphasis on whole government action, provide new and much needed impetus for innovative approaches to policymaking.

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## Policy Brief Series on Health Systems for Prosperity and Solidarity

Using economic evidence to help make the case for investing in health promotion and disease prevention

By: David McDaid

stubbornly low in many countries. For instance, OECD countries typically allocate between 2% and 4% of total health sector spending to these activities. Moreover, between 2009/2010 and 2012/2013 on average spending fell in real terms and still in 2014/2015 was only growing at around 2% per annum, a rate that is much lower than before the onset of the global economic crisis.



There are many different reasons for this, but undoubtedly some budget

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