A project financed by the European Union

A project implemented by Medici con l'Africa Cuamm

MEDICI CON L'AFRICA CUAMM

EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

LE DISUGUAGLIANZE IN SALUTE

In partnership with:

Department of Medicine and Public Health, University of Bologna (Italy)

Italian Global Health Watch - OISG (Italy)

Italian Secretariat of Medicine Students (Italy)

Region of Veneto (Italy)

Transilvania University of Brasov (Romania)

Medicine Students Scientific Association of Brasov (Romania)

Humanitarian Aid Foundation "Redemptoris Missio" - Medicus Mundi (Poland)

Poznan University of Medical Sciences (Poland)

International Federation of Medical Students' Association (Poland)

Latvian Association for Family Planning and Sexual Health " Papardes zieds" (Latvia)

University of Medicine – Pleven (Bulgaria)

In association with:

Bulgarian Medical Students' Association (Bulgaria); Association "Development of Personality and Human Communities" (Bulgaria); Latvian Medical Students' Association (Latvia); University of Latvia (Latvia); Malta Medical Students' Association (Malta); Central European University Budapest (Hungary); Italian Federation of Medical Association - FNOMCeO (Italy).

Che cosa sono le disuguaglianze?

EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

La Dichiarazione di Alma Ata (1978)

PAHO/WHO

Dr Halfdan Mahler, WHO director-general at the time of the 1978 conference on primary health care, sits at the podium of the Lenin Convention Center with US Senator Edward Kennedy at his side.

Salute per tutti entro l'anno 2000

EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

DIFFERENZE o DISUGUAGLIANZE?

Il termine *disuguaglianza* ha una dimensione morale ed etica. Si riferisce a *differenze* che sono evitabili e non necessarie, oltre che inique e ingiuste.

M. Whitehead, The concepts and principles of equity and health, WHO, Regional Office for Europe, Copenhagen, 2000.

EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

“Le profonde disuguaglianze nello stato di salute tra i paesi più industrializzati e quelli in via di sviluppo, così come all’interno dei paesi stessi, sono politicamente, socialmente ed economicamente inaccettabili e costituiscono motivo di preoccupazione comune per tutti i paesi.”

OMS, Dichiarazione di Alma Ata (URSS), 12 Settembre 1978

EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

Disuguaglianze in salute

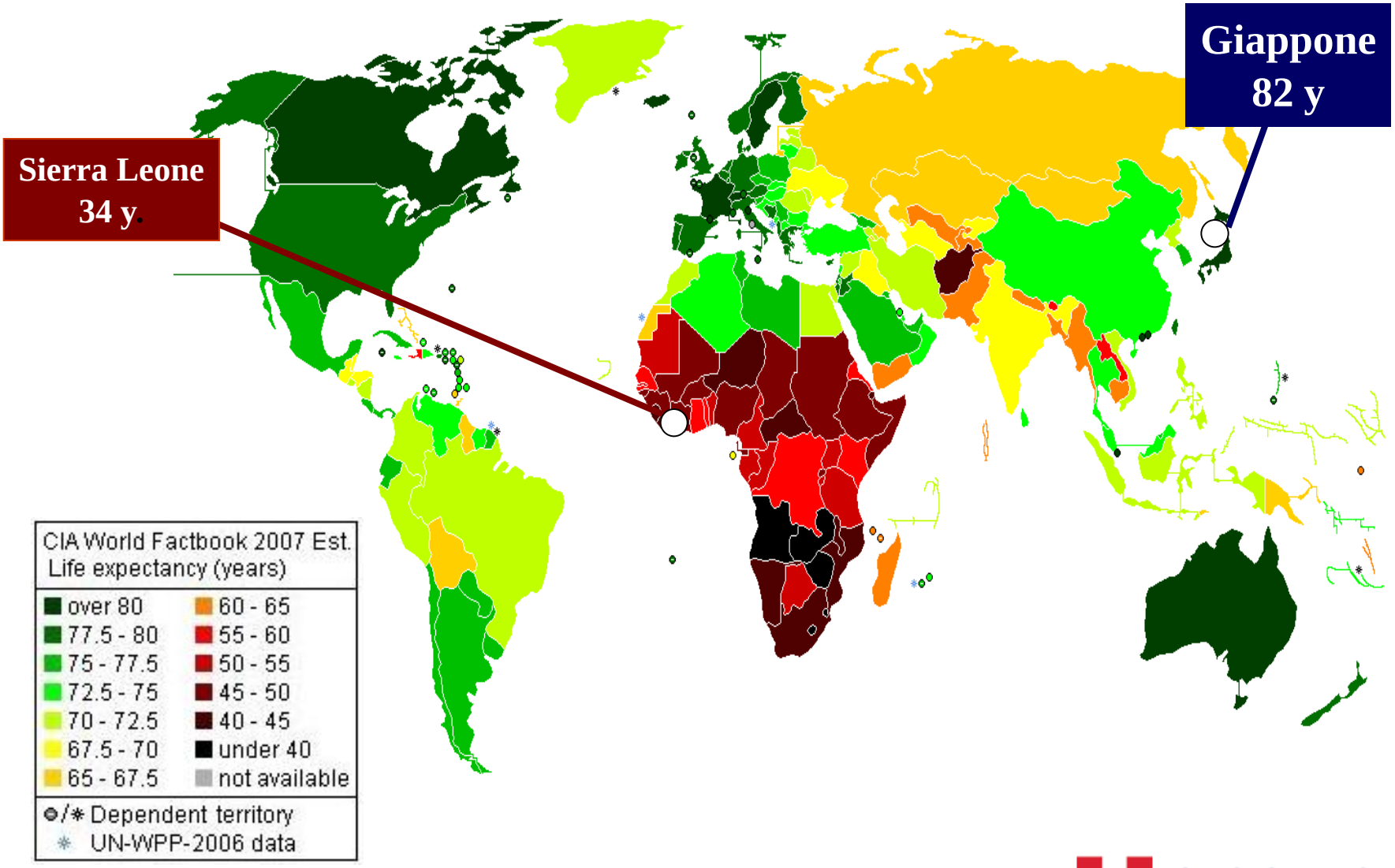
- Disuguaglianze tra diversi Paesi
- Disuguaglianze tra individui all'interno di uno stesso Paese

EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

DISUGUAGLIANZE TRA PAESI

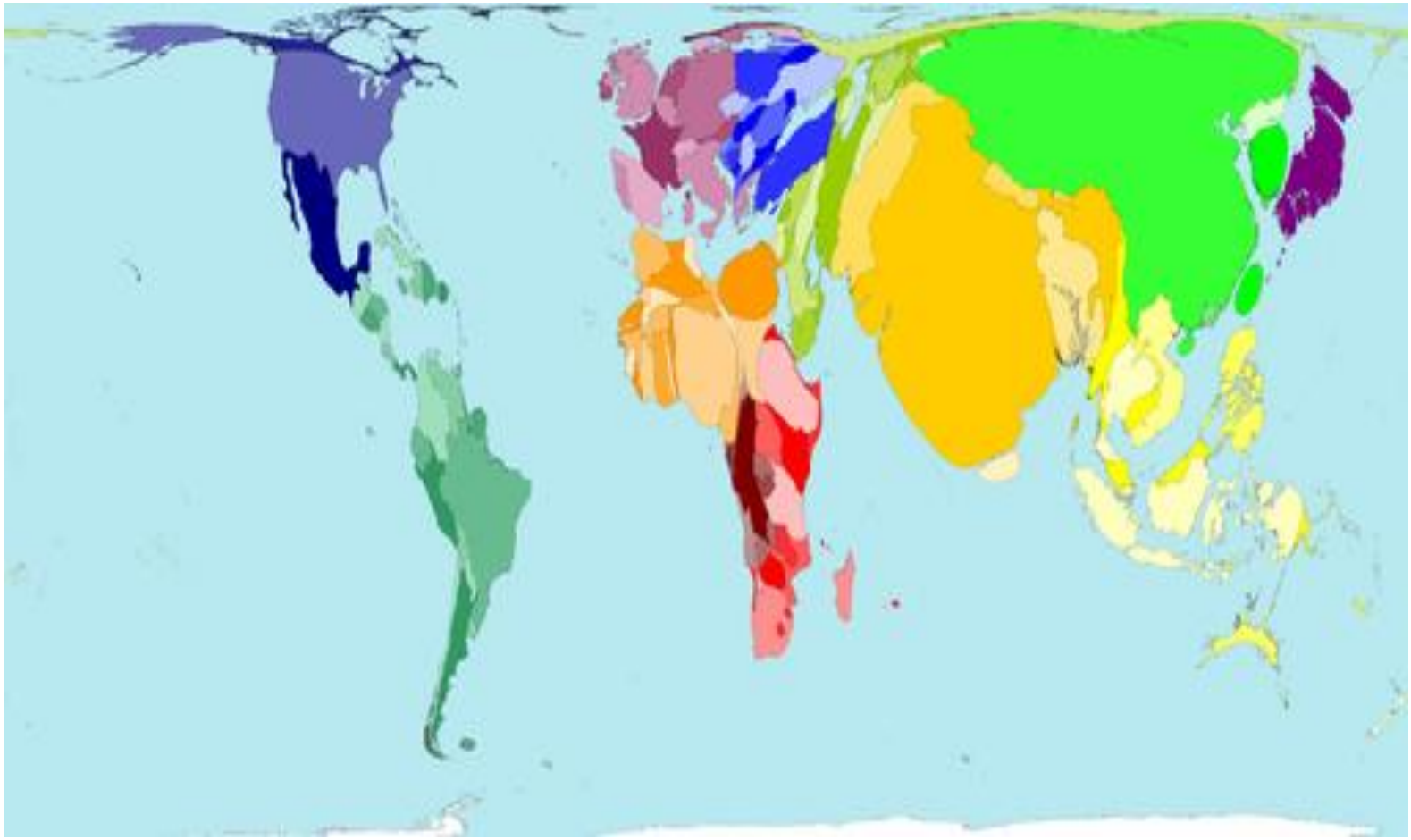
EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

Aspettativa di vita alla nascita, 2007



EQUAL OPPORTUNITIES FOR HEALTH
ACTION FOR DEVELOPMENT

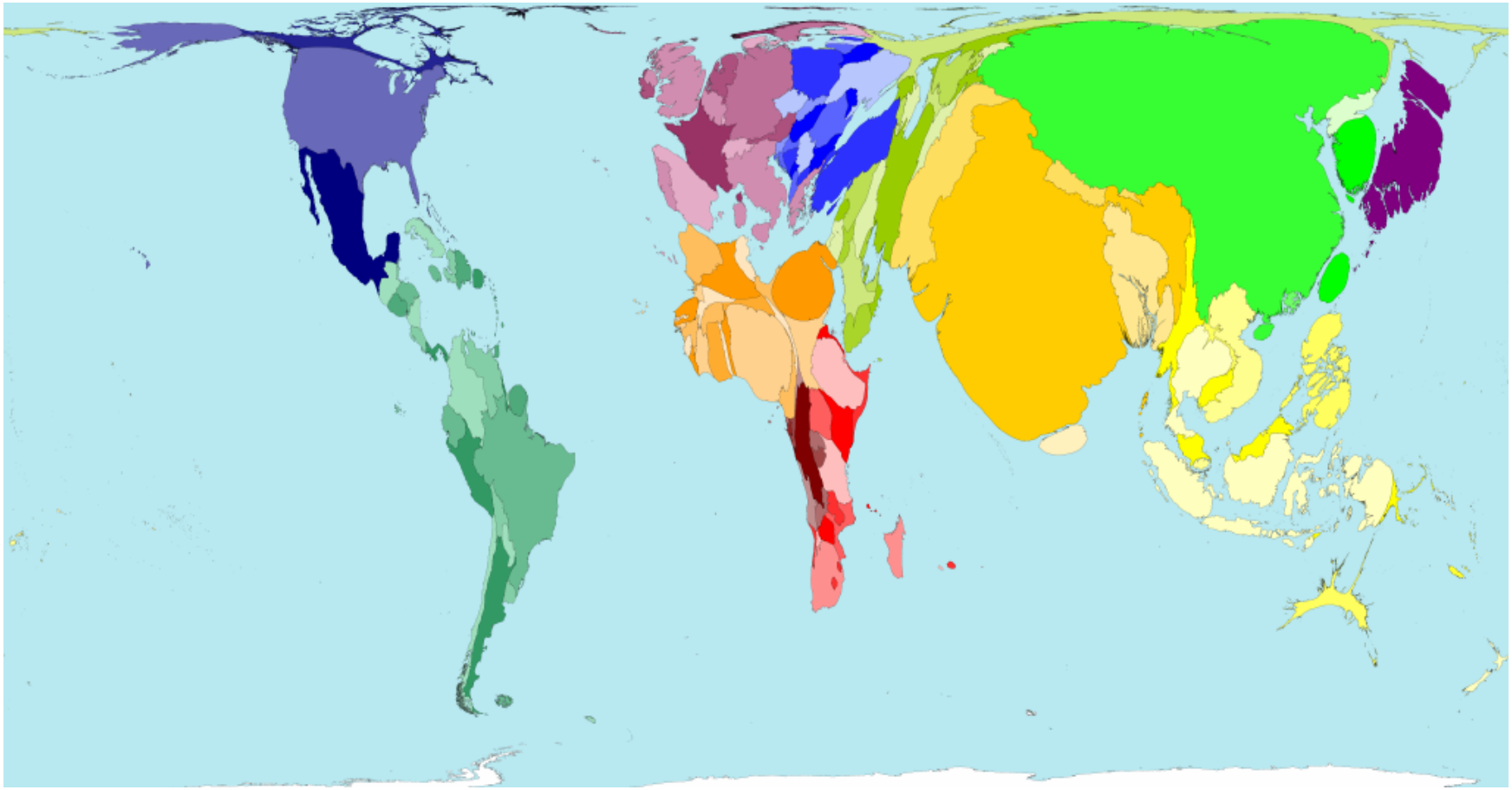
Distribuzione della popolazione



da: www.worldmapper.org

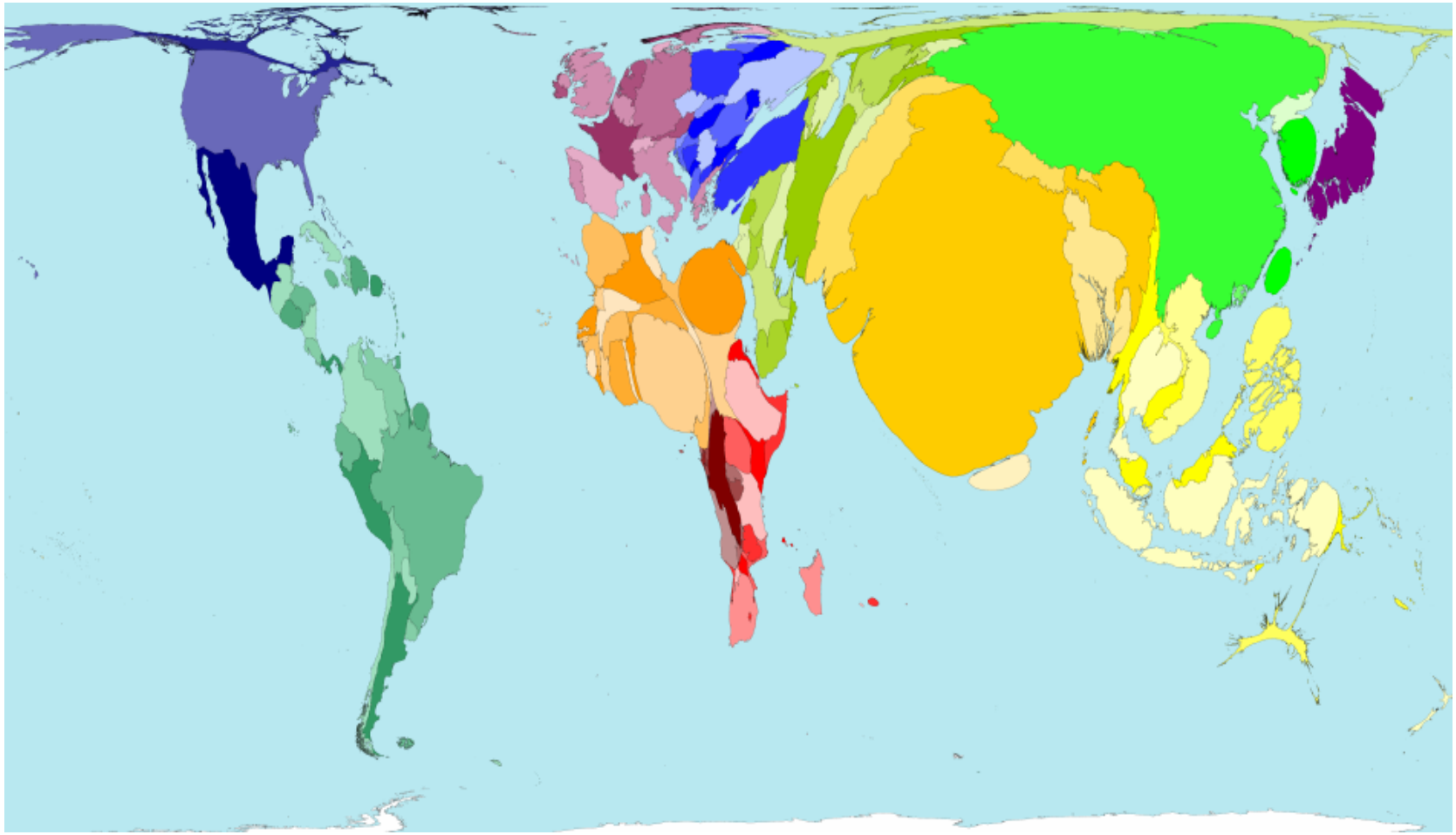
EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

Aspettativa di vita



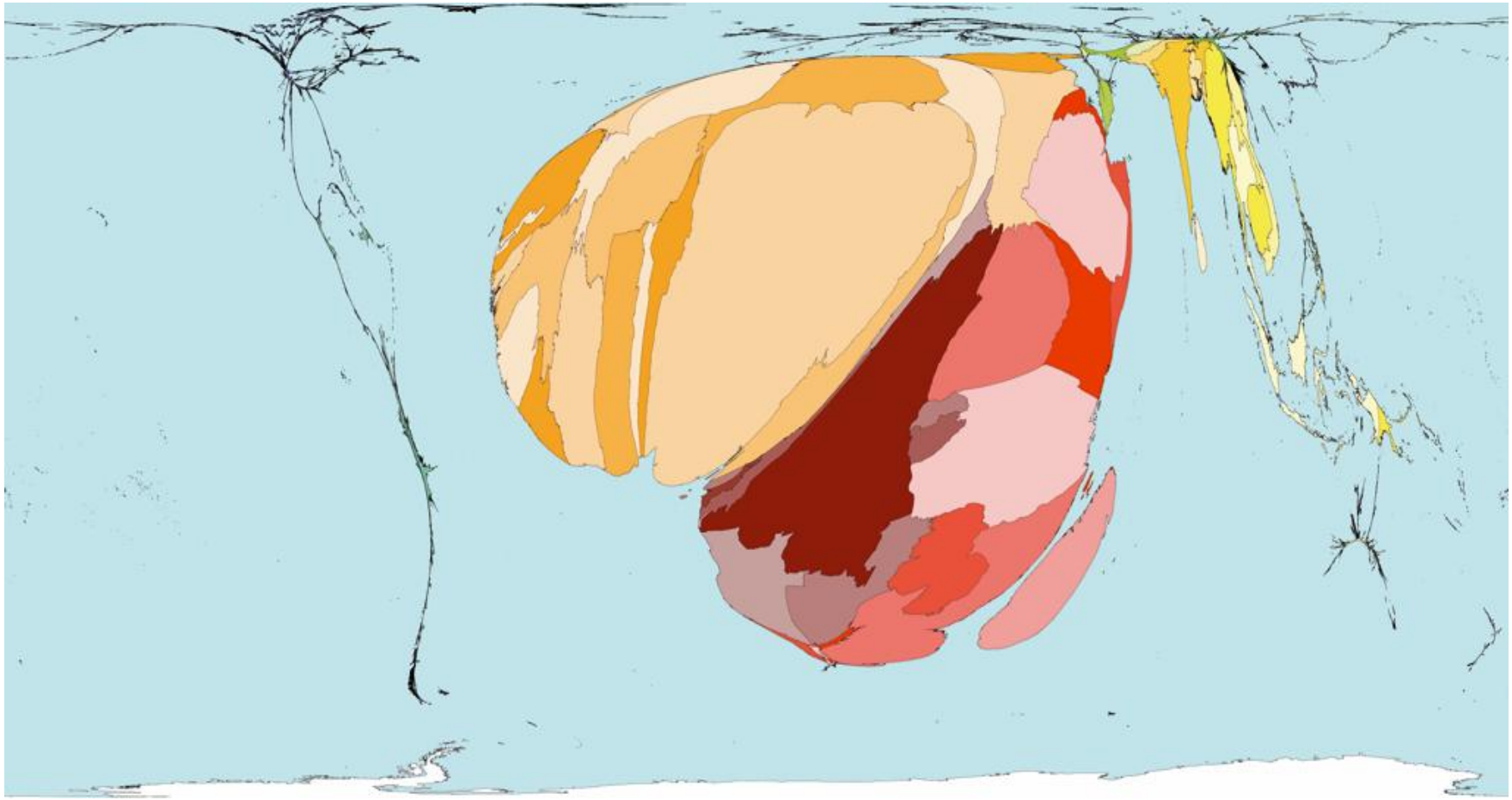
EQUAL OPPORTUNITIES
FOR HEALTH
ACTION FOR DEVELOPMENT

Anni di vita in cattiva salute



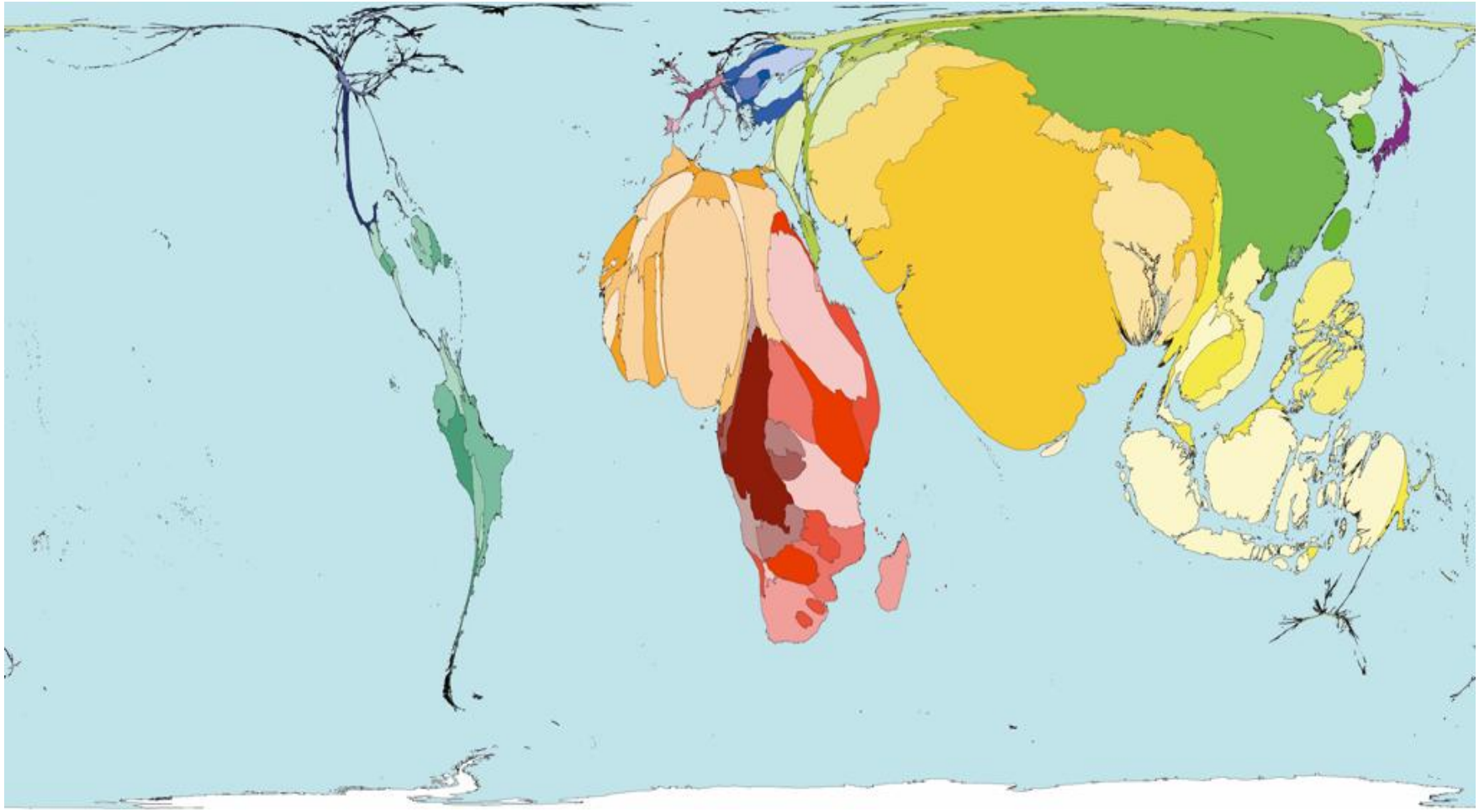
EQUAL OPPORTUNITIES
FOR HEALTH
ACTION FOR DEVELOPMENT

Morti Malaria (2002)



EQUAL OPPORTUNITIES
FOR HEALTH
ACTION FOR DEVELOPMENT

Casi di Tubercolosi (2004)



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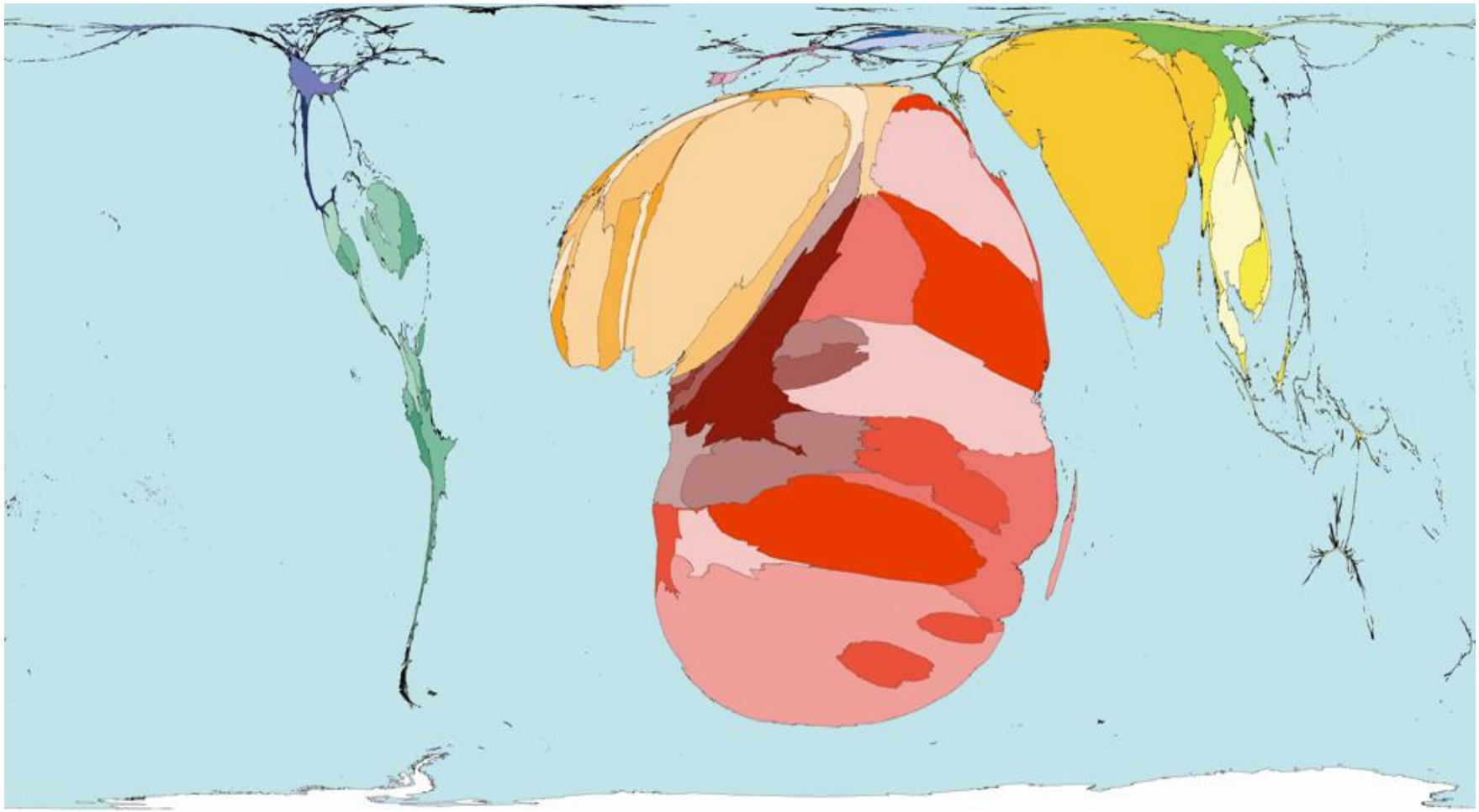
FOR HEALTH
ACTION FOR DEVELOPMENT

Morti per HIV/AIDS (2002)



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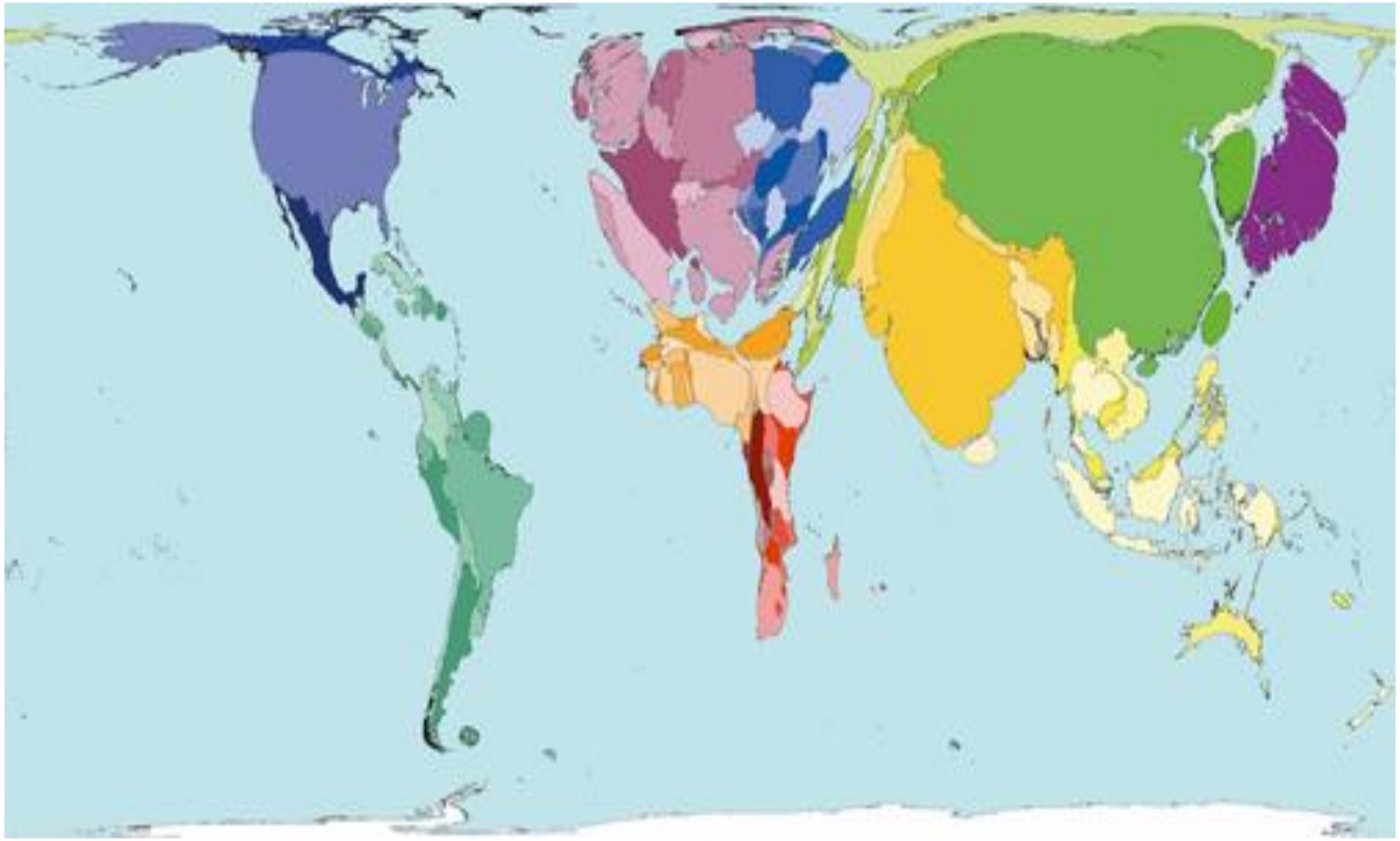
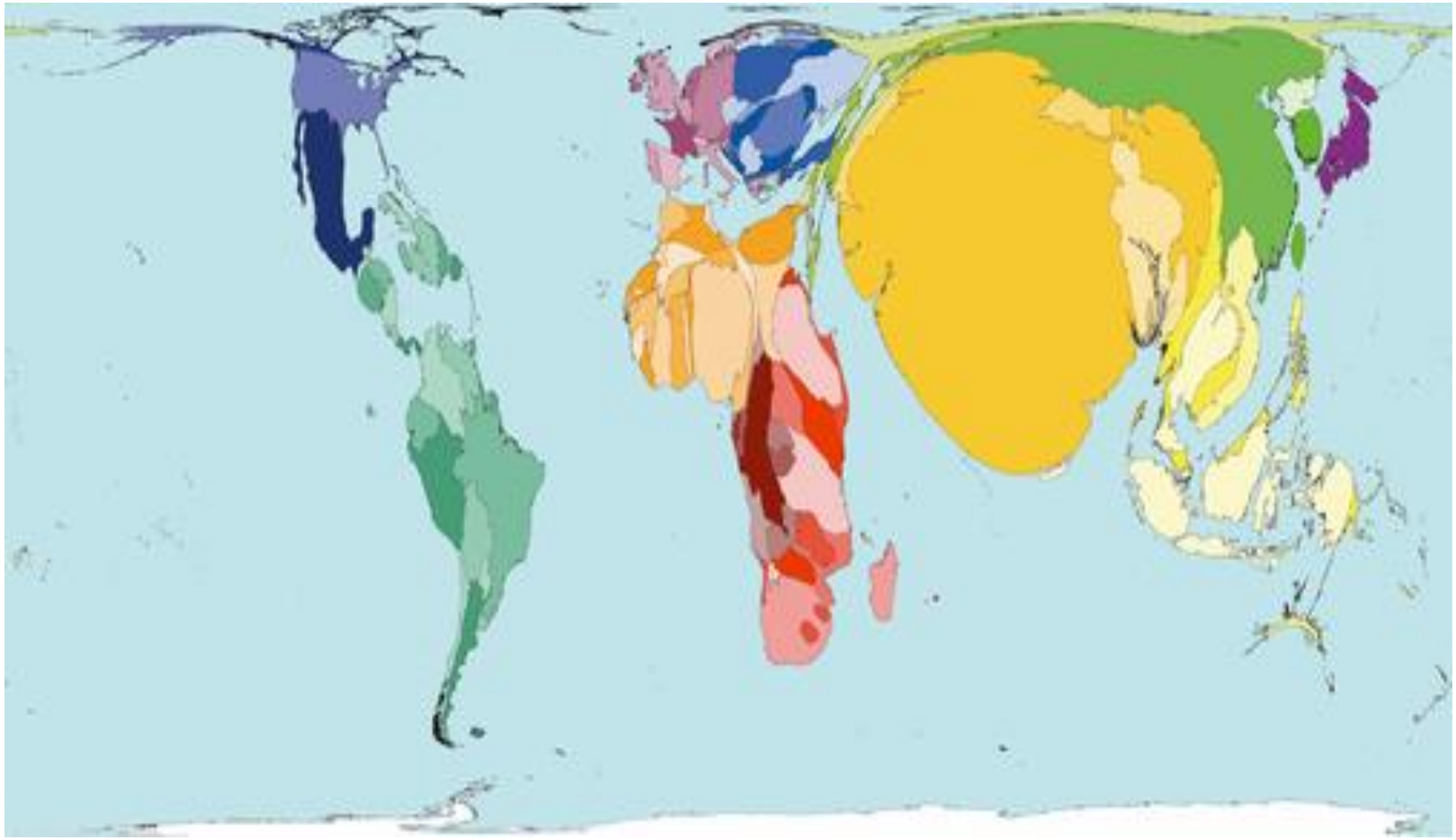
FOR HEALTH
ACTION FOR DEVELOPMENT

Mortalità per tutti i tumori



EQUAL OPPORTUNITIES
FOR HEALTH
ACTION FOR DEVELOPMENT

Tumore della cervice uterina



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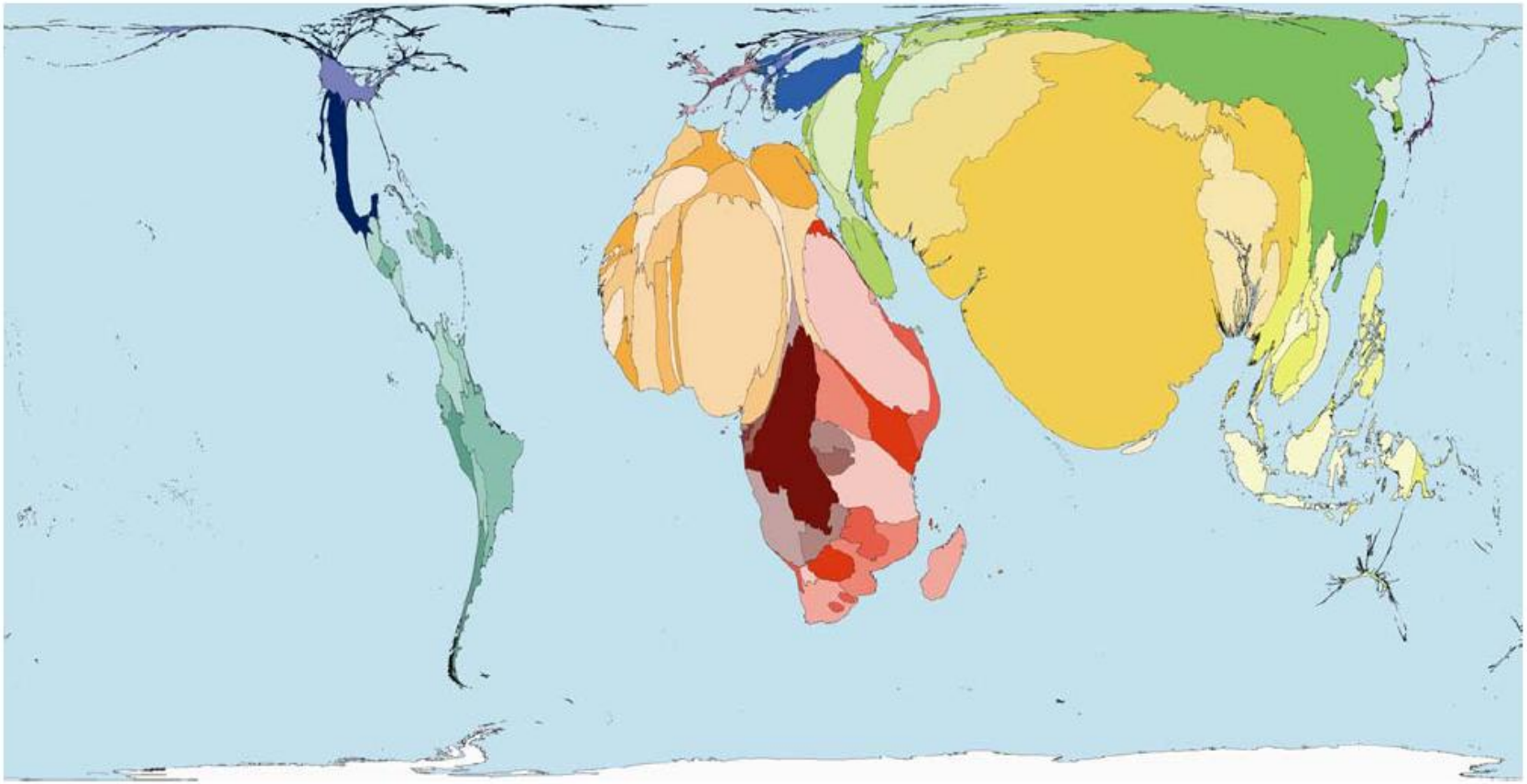
FOR HEALTH
ACTION FOR DEVELOPMENT

Mortalità neonatale precoce



doi:10.1371/journal.pmed.0040001.g004

Figure 4. Early Neonatal Mortality: Worldmapper Poster 260
Source of data used to create map: World Health Organization, 2005, World Health Report, Basic data.

da: **www.worldmapper.org**; dati World Health Report 2005

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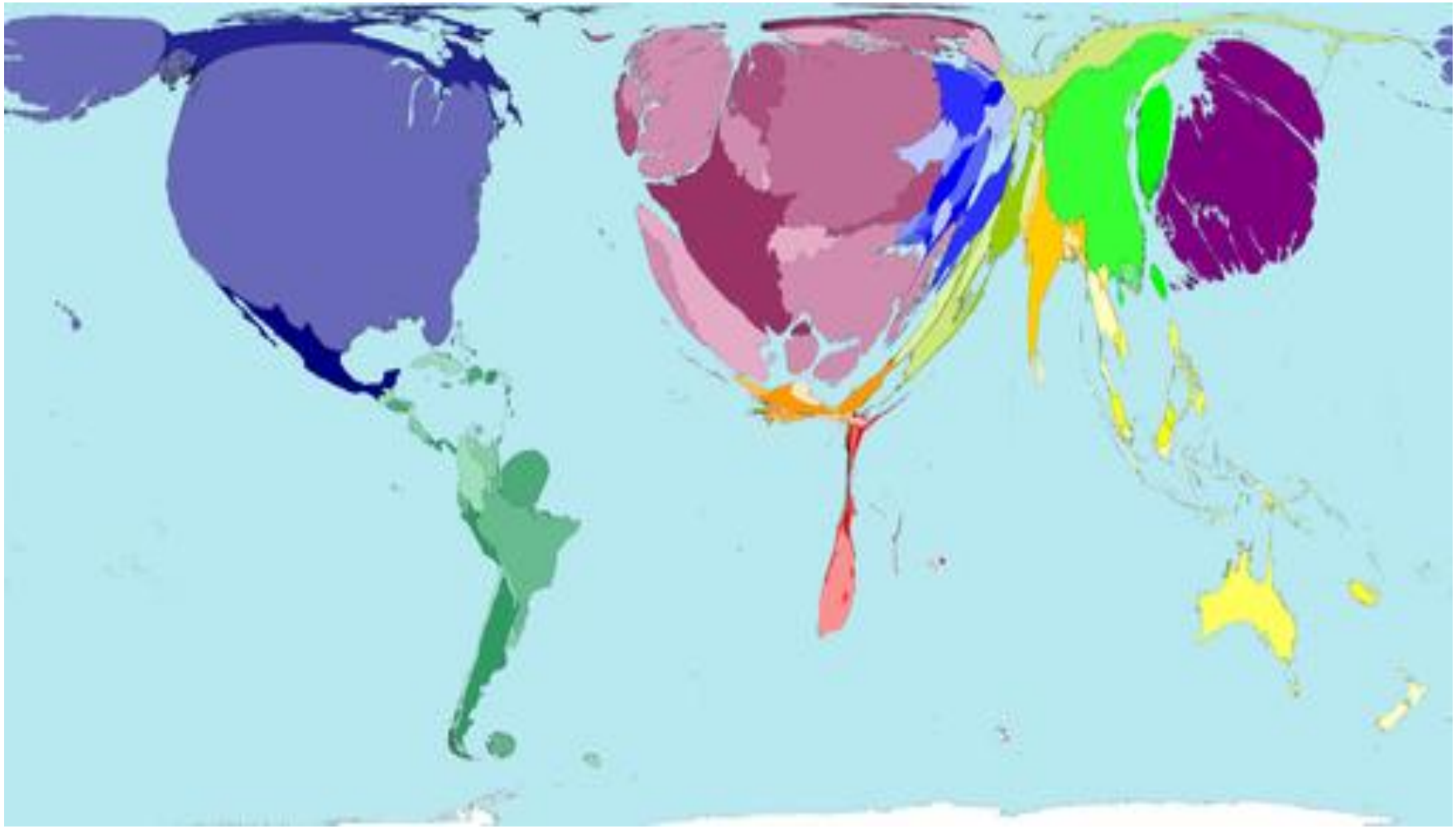
Spesa sanitaria pubblica



www.worldmapper.org; dati World Health Report 2005

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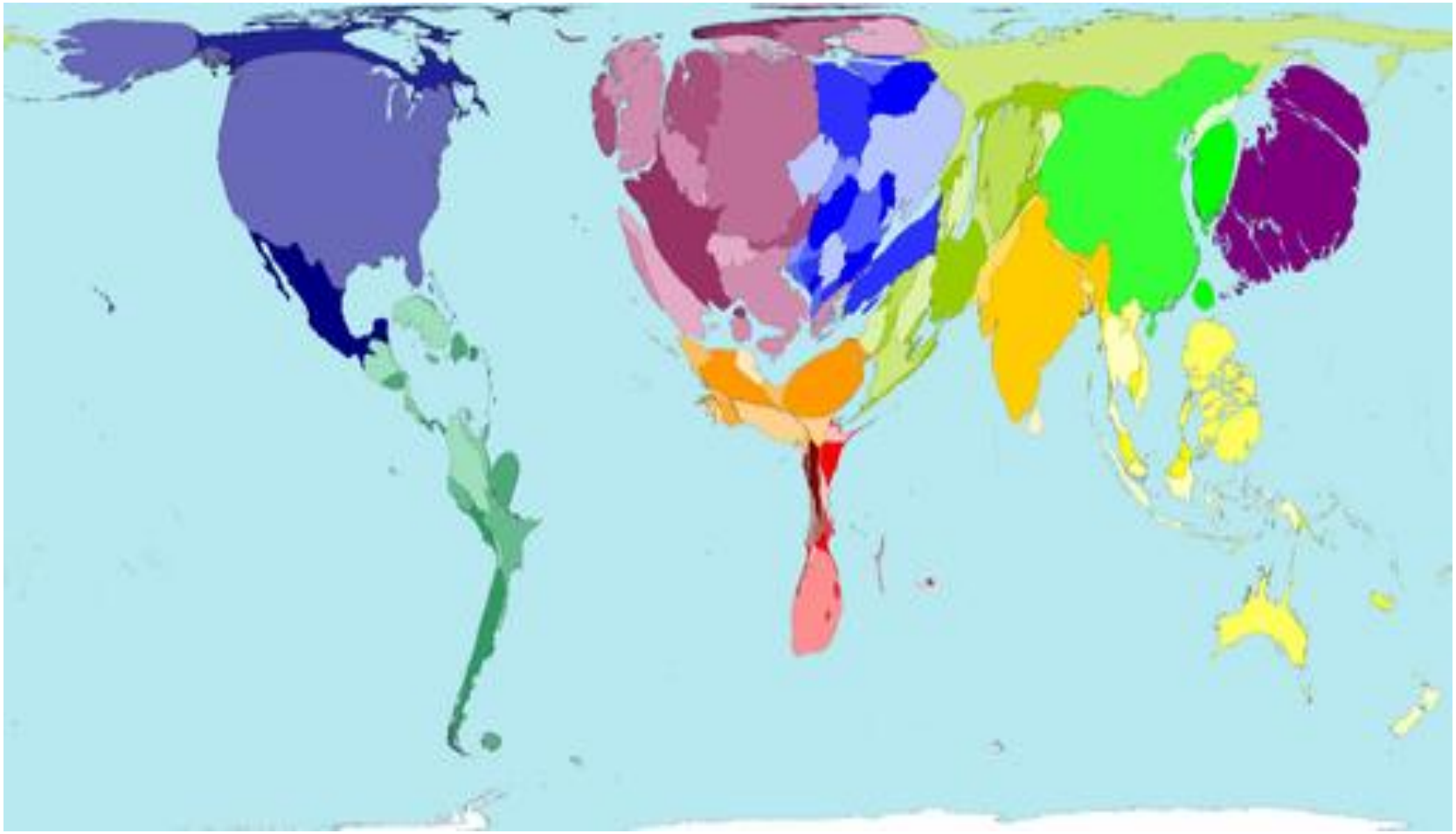
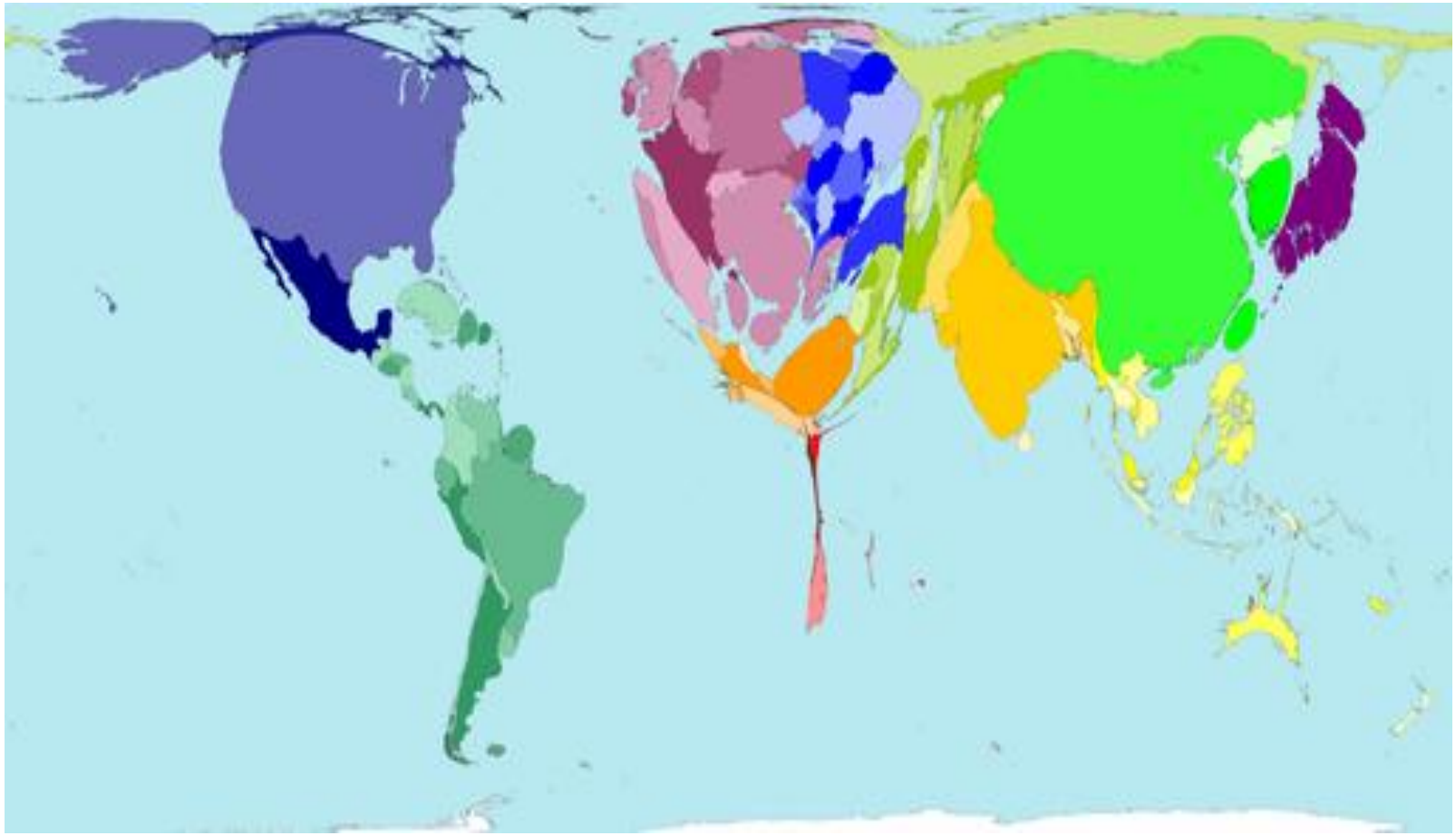
Infermieri che lavorano nel paese



EQUAL OPPORTUNITIES
FOR HEALTH
ACTION FOR DEVELOPMENT

Medici che lavorano nel paese



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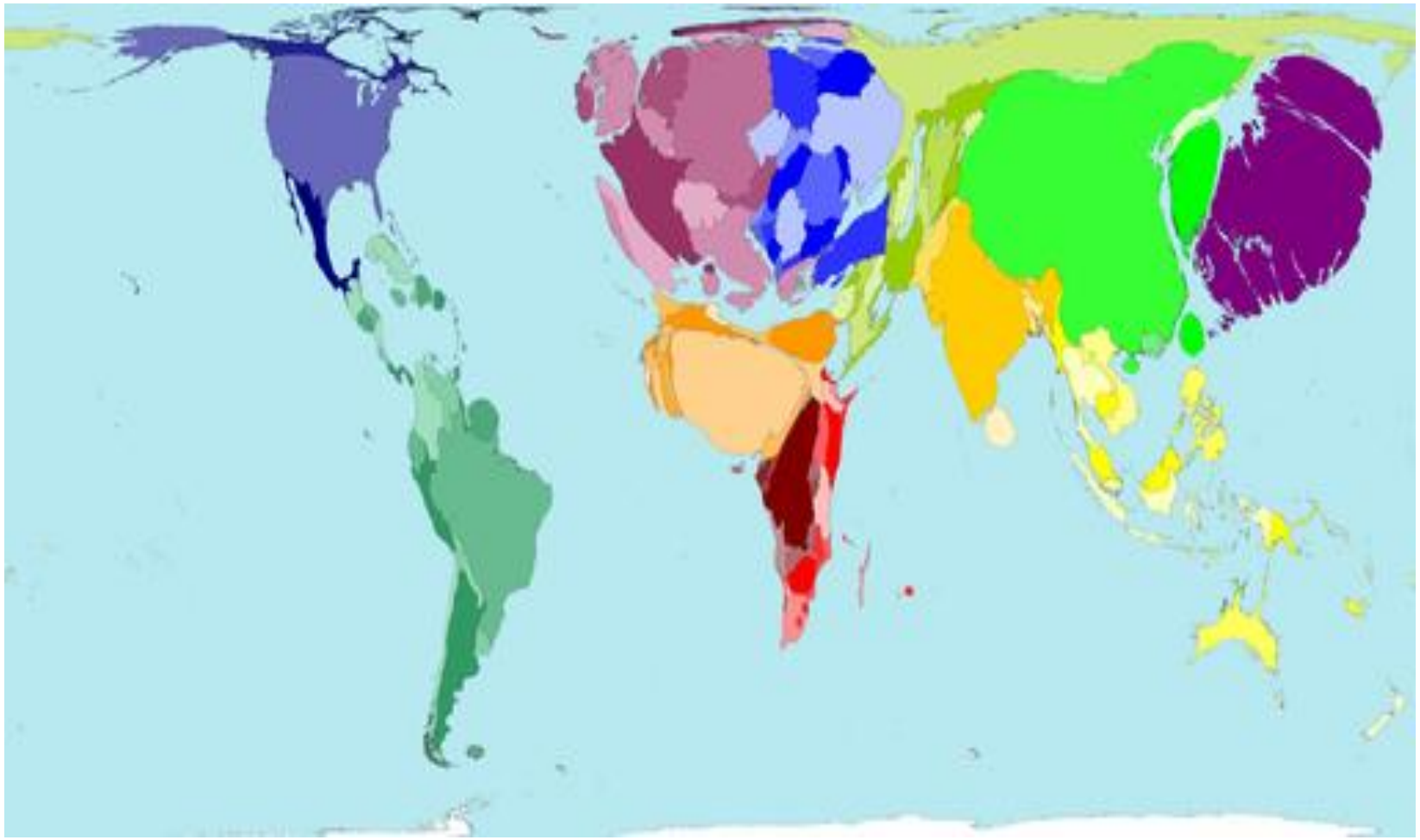
FOR HEALTH
ACTION FOR DEVELOPMENT

Letti di ospedale



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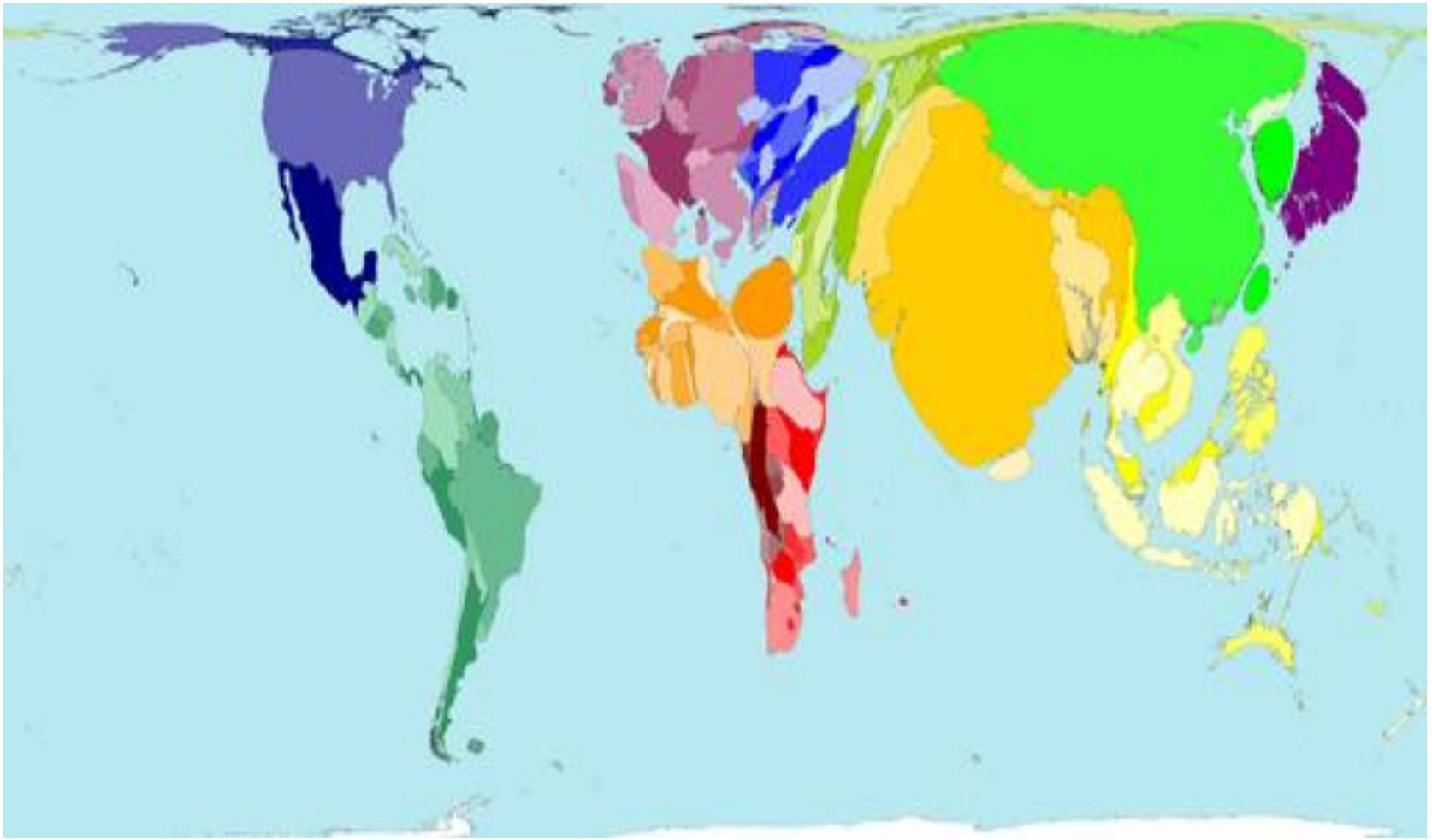
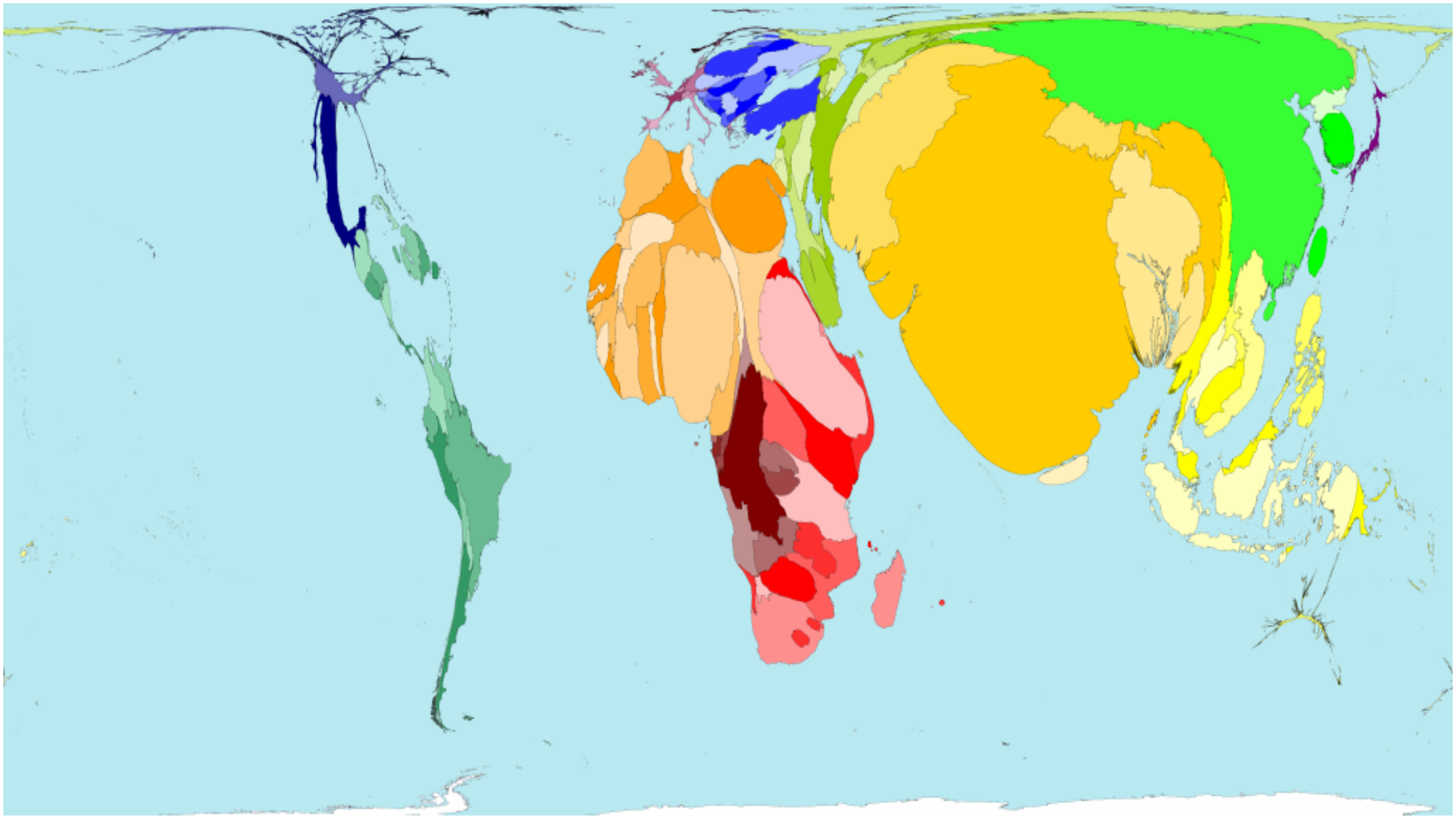
FOR HEALTH
ACTION FOR DEVELOPMENT

Disponibilità di servizi di qualità



EQUAL OPPORTUNITIES
FOR HEALTH
ACTION FOR DEVELOPMENT

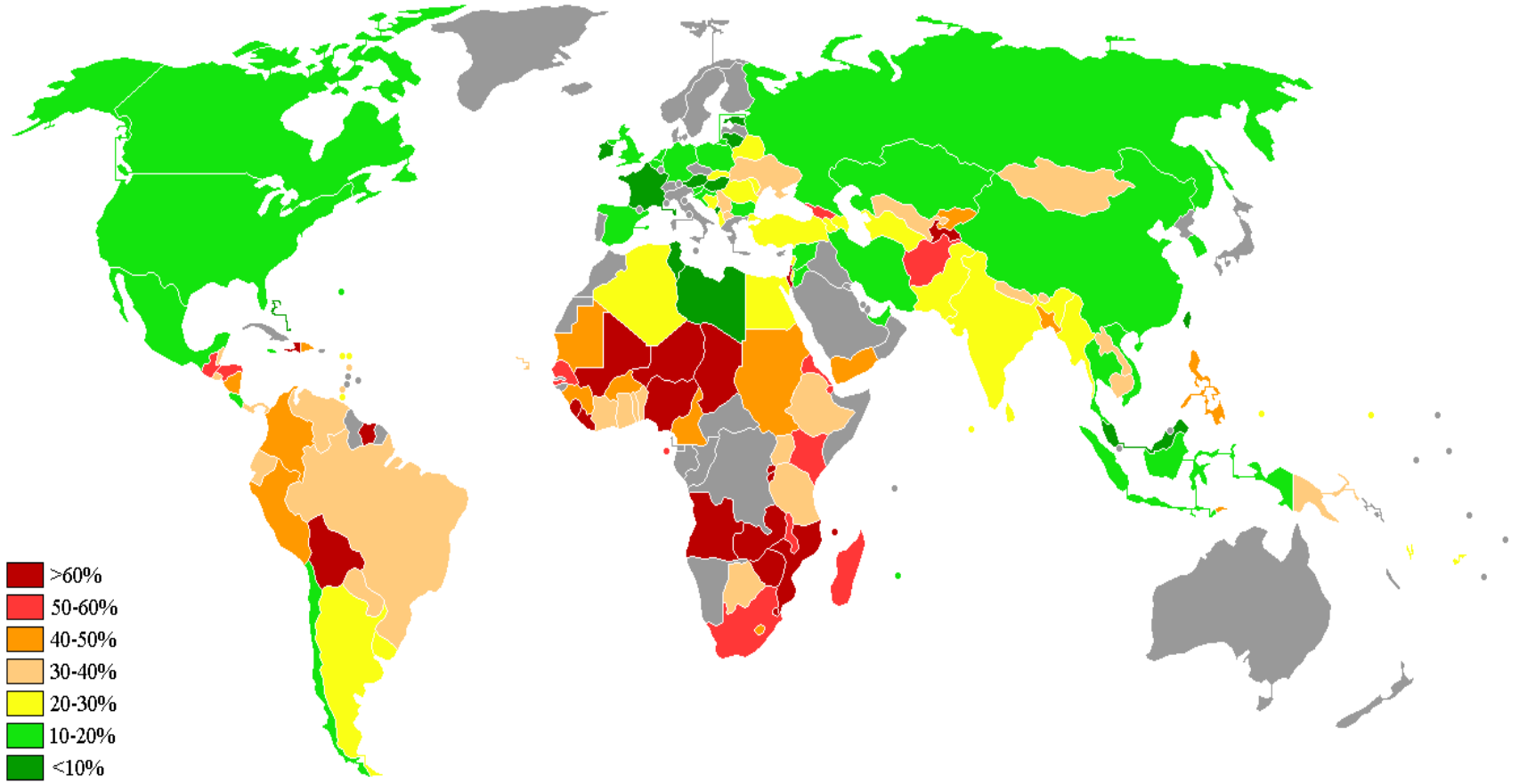
Distribuzione della povertà



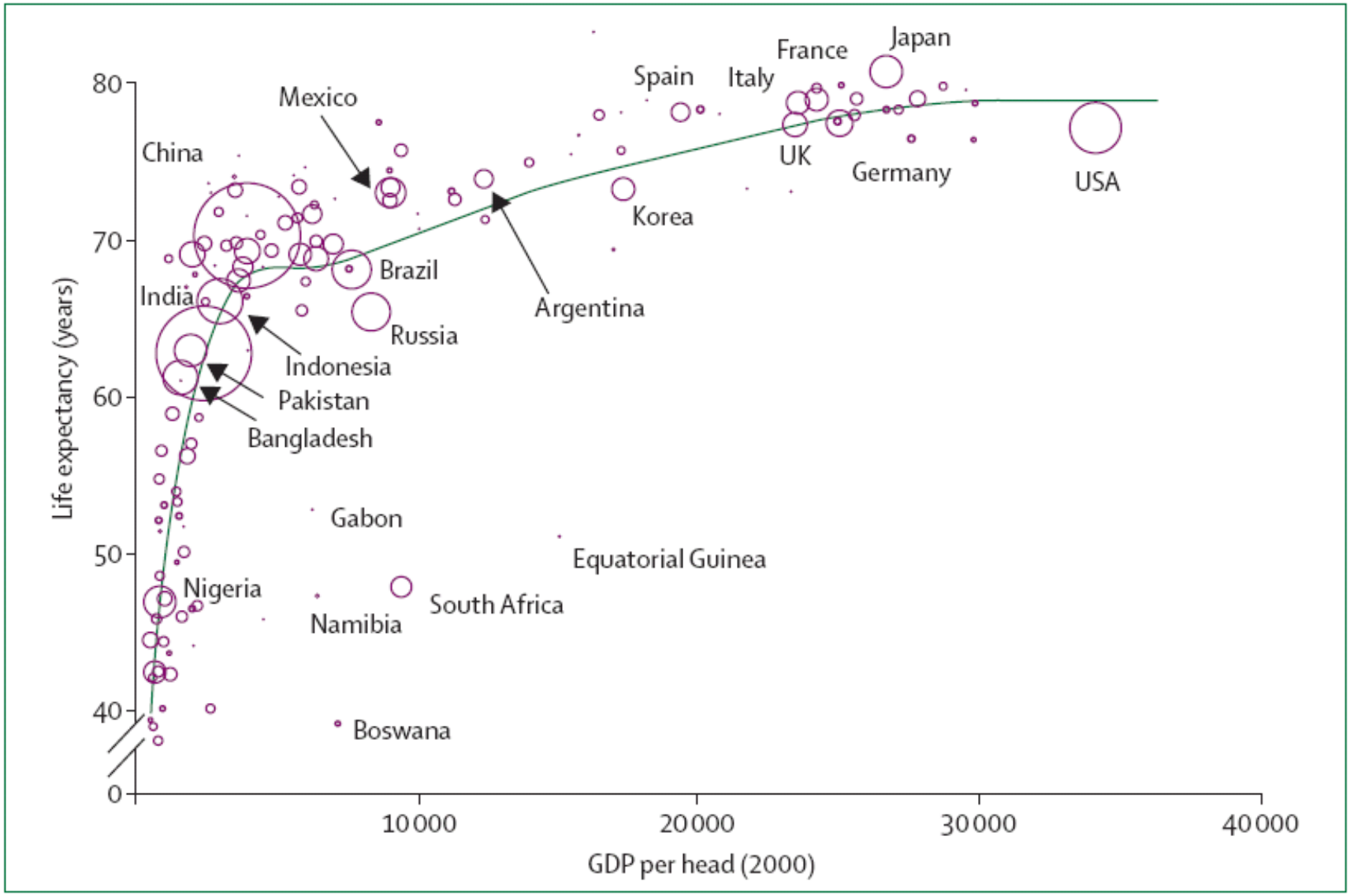
www.worldmapper.org; dati World Health Report 2005

EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

Distribuzione delle povertà 2008

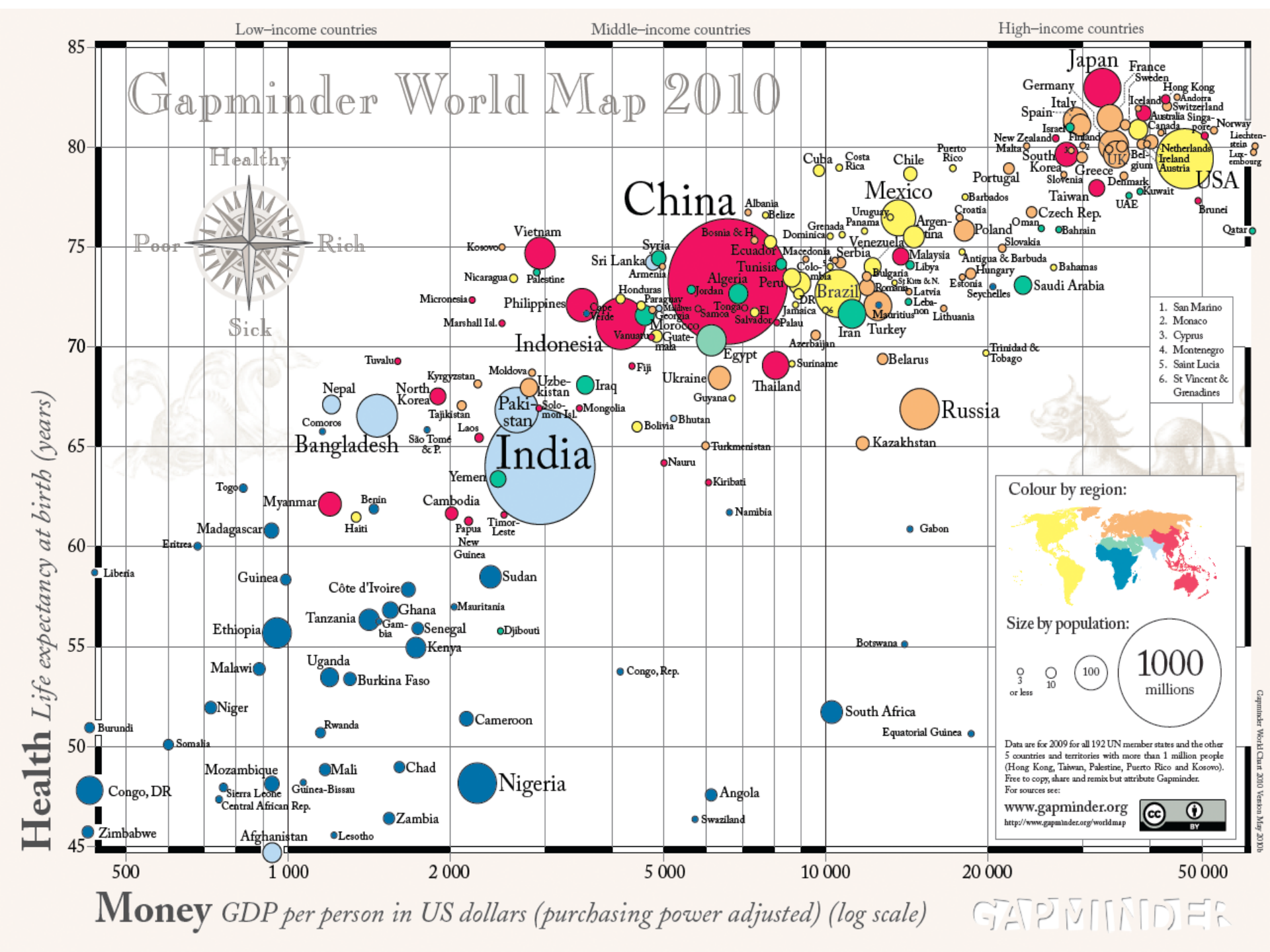


EQUAL OPPORTUNITIES
FOR HEALTH
ACTION FOR DEVELOPMENT

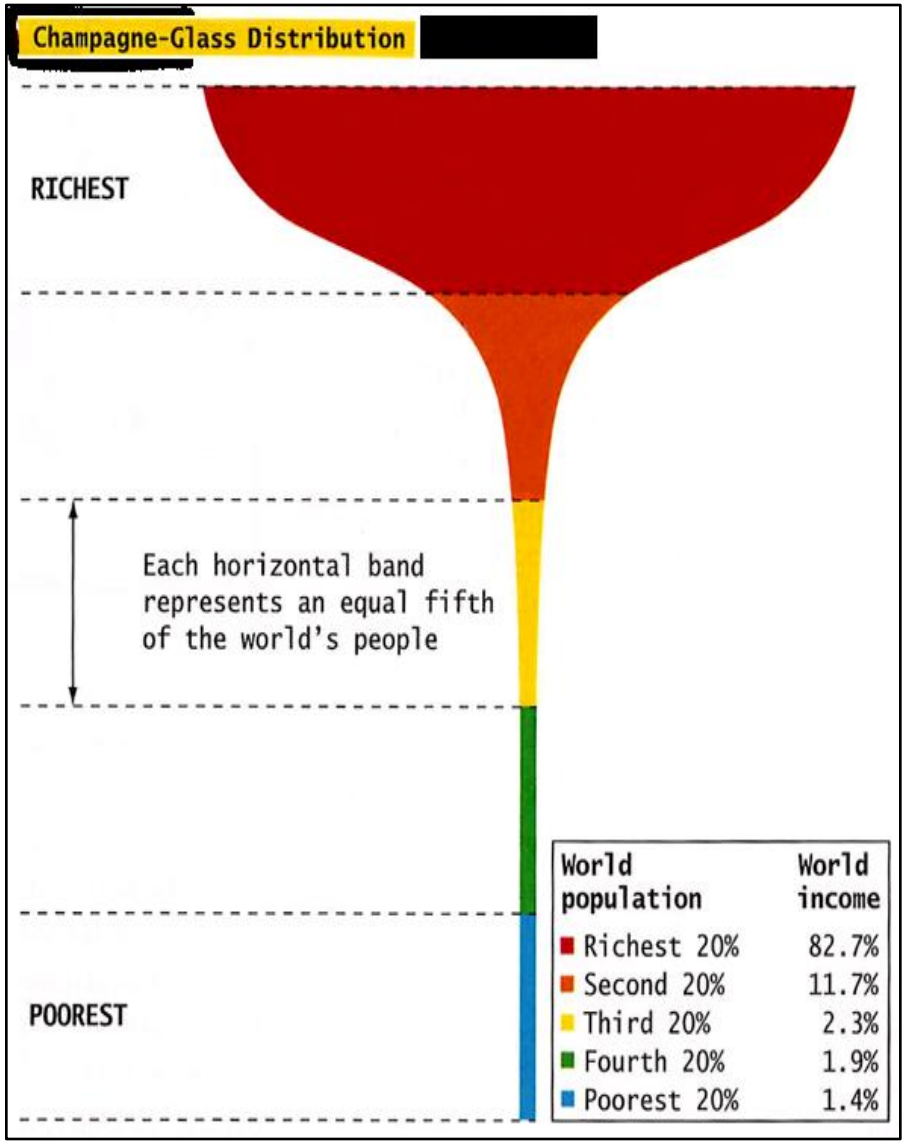


Marmot, *Lancet* 2006

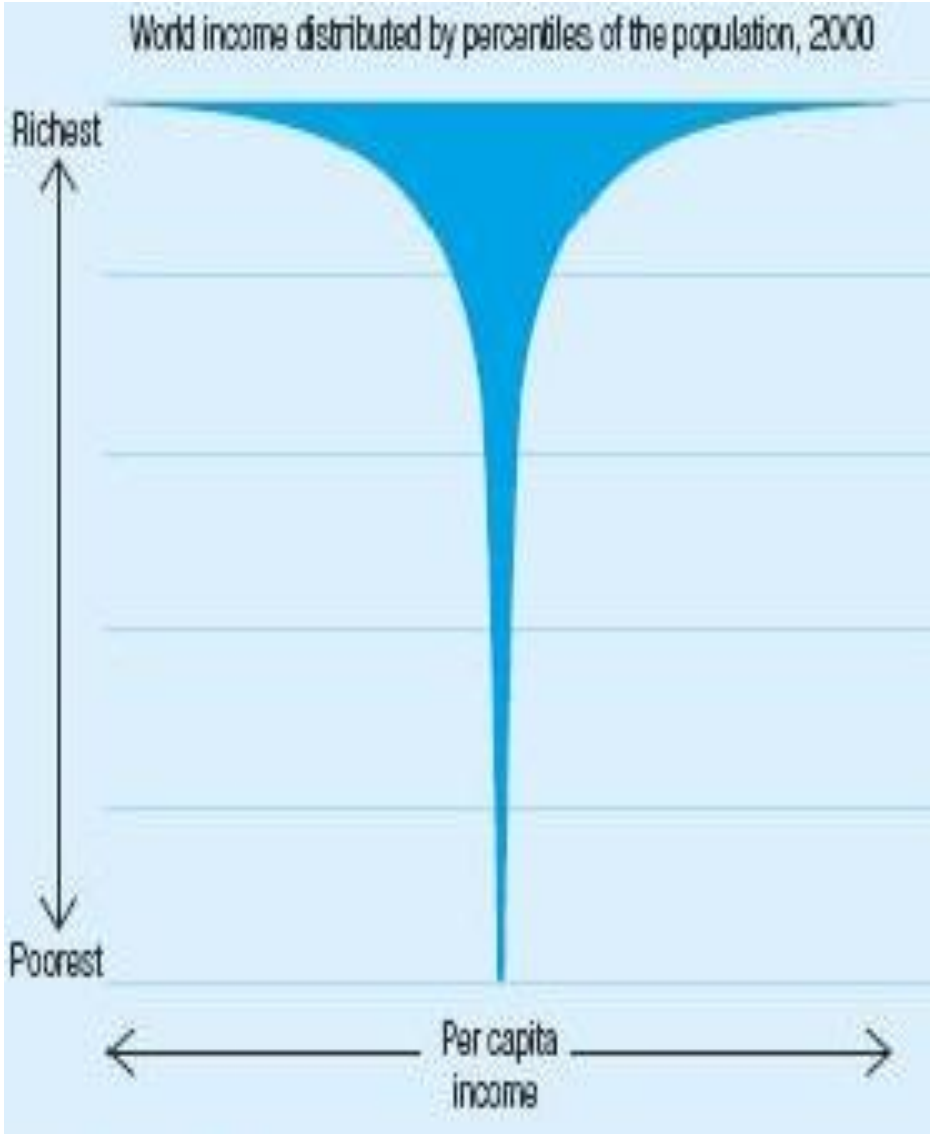
EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT


Low–income countries
Middle–income countries
High–income countries
Gapminder World Map 2010
Healthy
Poor
Rich
Sick
Health Life expectancy at birth (years)
Money GDP per person in US dollars (purchasing power adjusted) (log scale)
85
80
75
70
65
60
55
50
45
500
1 000
2 000
5 000
10 000
20 000
50 000
China
India
Indonesia
Brazil
Russia
USA
Japan
Nigeria
Bangladesh
Pakistan
Mexico
Thailand
Egypt
Iran
Turkey
Ethiopia
Congo, DR
Vietnam
Philippines
Nepal
North Korea
Myanmar
Cambodia
Sudan
Kenya
Tanzania
Uganda
Burkina Faso
Niger
Malawi
Mozambique
Zambia
Zimbabwe
Afghanistan
Chad
Cameroon
Angola
South Africa
Kazakhstan
Algeria
Peru
Ecuador
Bosnia & H.
Serbia
Venezuela
Argentina
Poland
Saudi Arabia
Germany
France
Sweden
Italy
Spain
Canada
Australia
Netherlands
Ireland
Austria
Switzerland
Belgium
Greece
Portugal
Czech Rep.
Taiwan
Colour by region:
Size by population:
3 or less
10
100
1000 millions
1. San Marino
2. Monaco
3. Cyprus
4. Montenegro
5. Saint Lucia
6. St Vincent & Grenadines
Data are for 2009 for all 192 UN member states and the other 5 countries and territories with more than 1 million people (Hong Kong, Taiwan, Palestine, Puerto Rico and Kosovo).
Free to copy, share and remix but attribute Gapminder.
For sources see:
www.gapminder.org
http://www.gapminder.org/worldmap
Gapminder World Chart 2010 Version May 2010b
GAPMINDER

Viviamo in un mondo ineguale



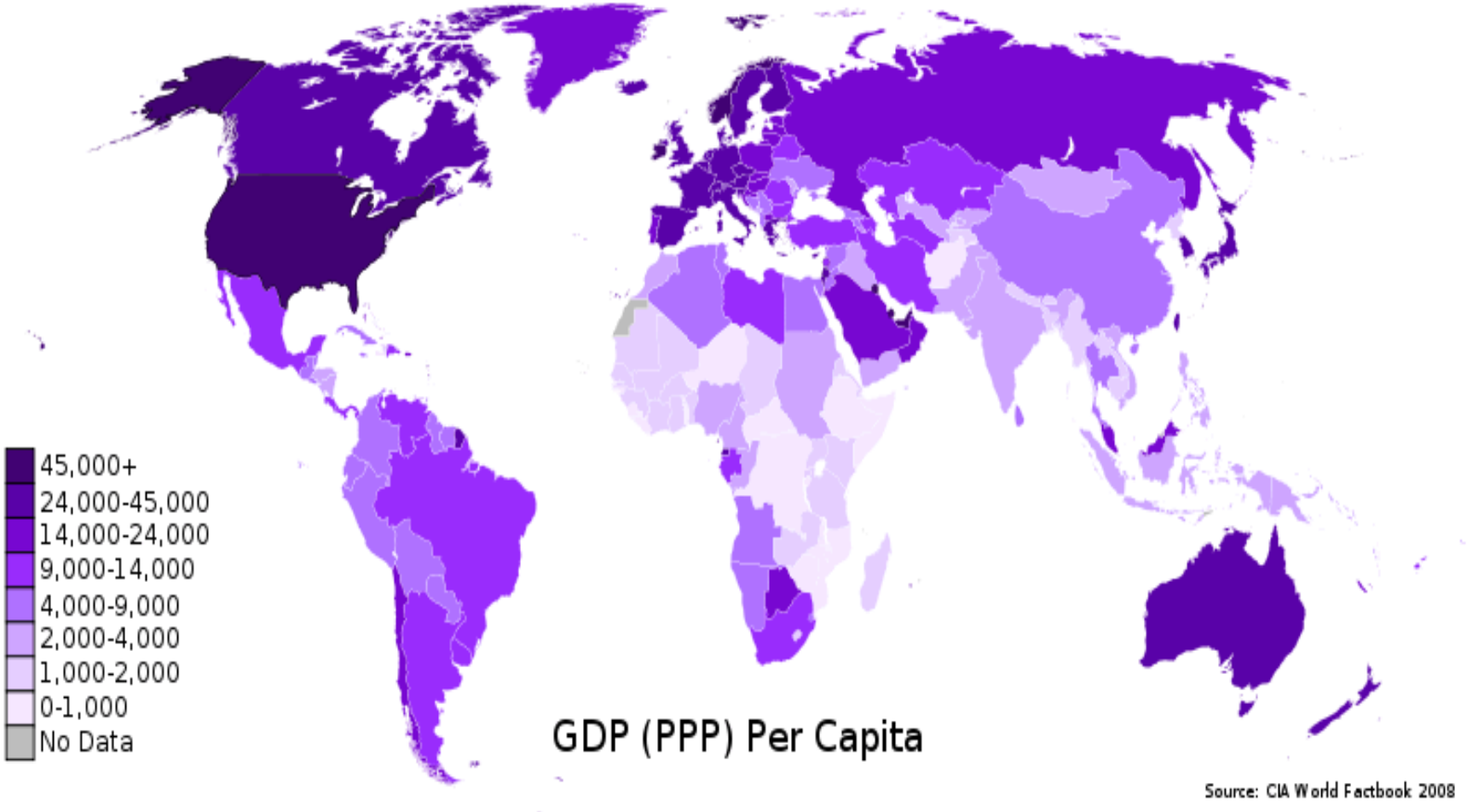
1992



2000

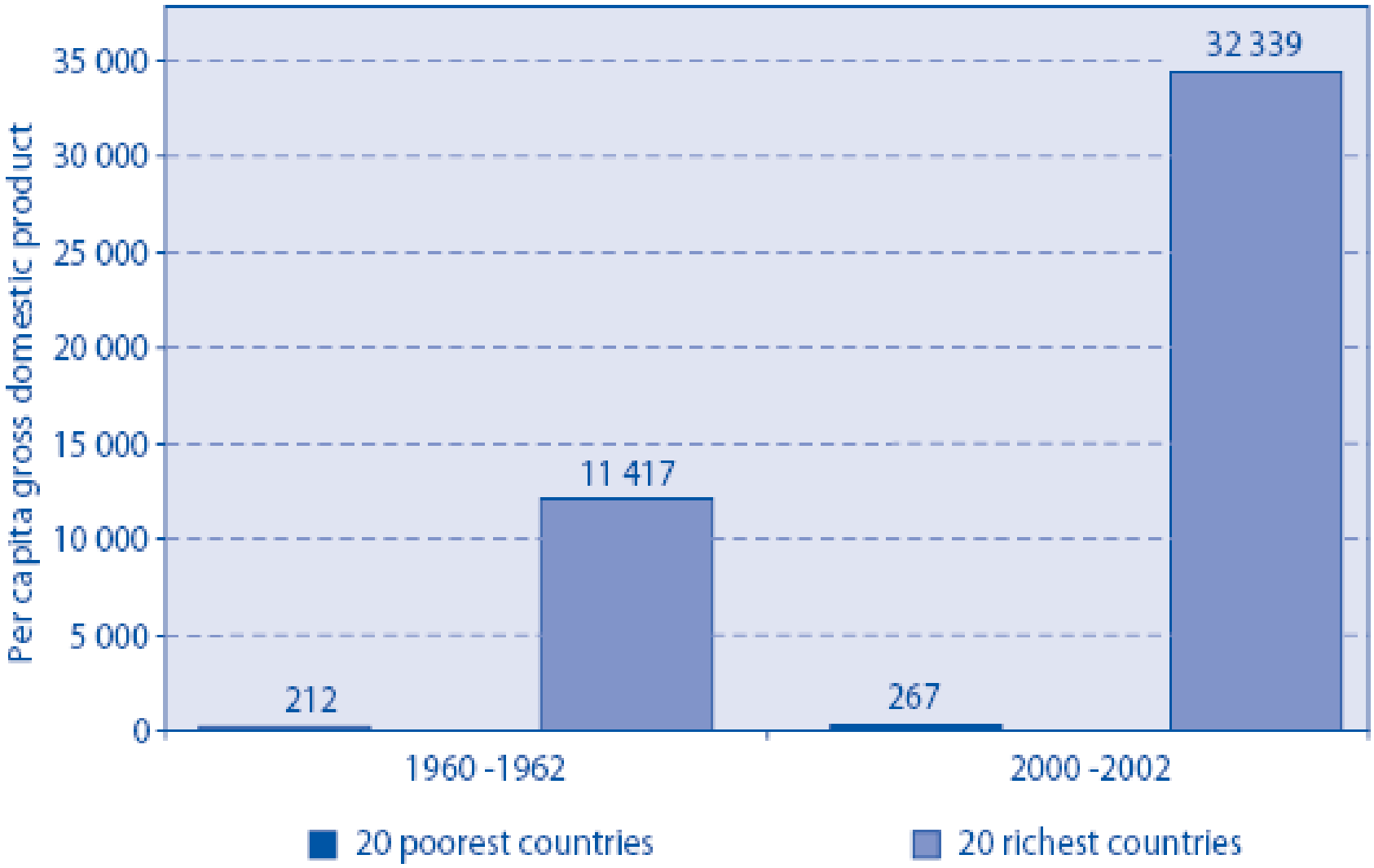
EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

PIL pro capite, 2008



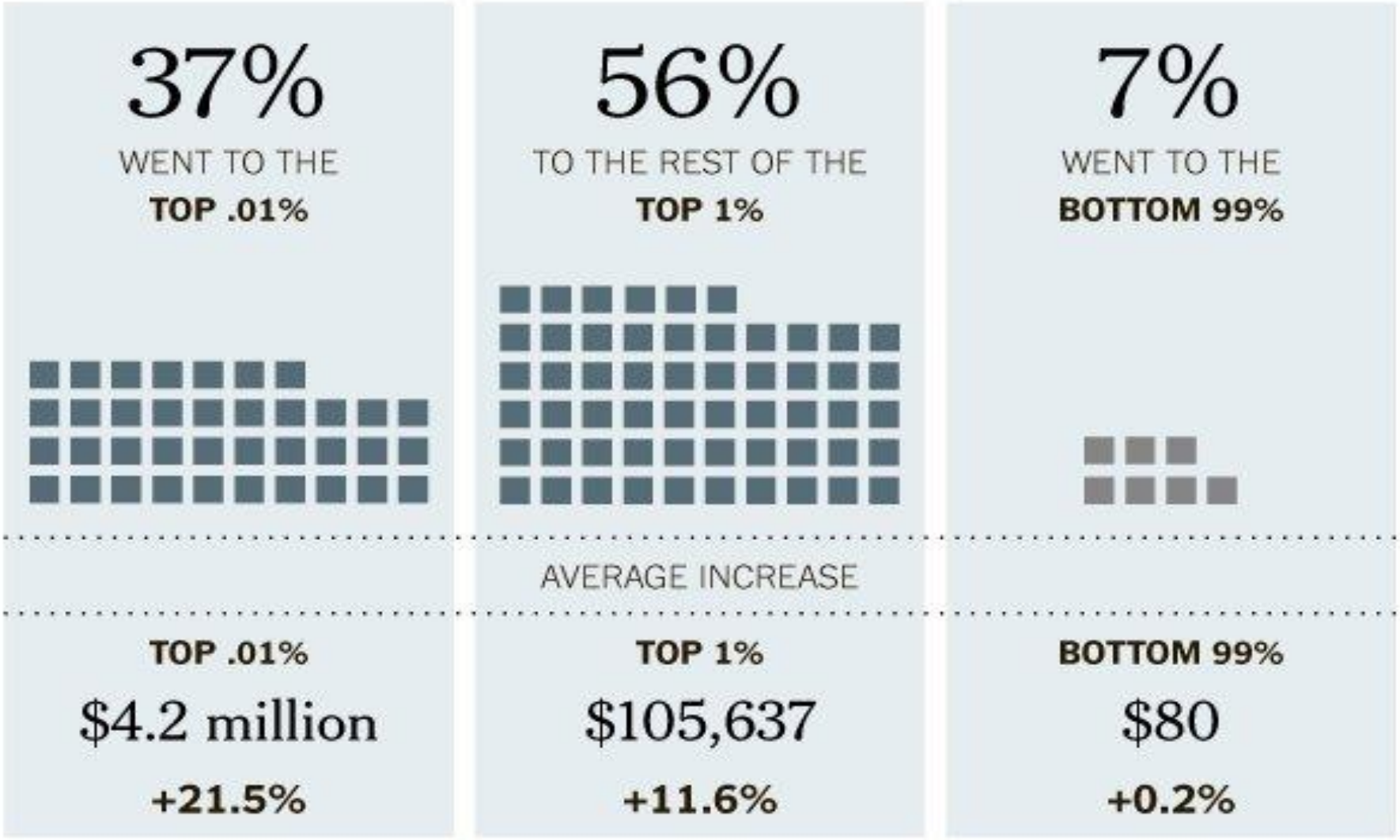
EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

Figure III.2. Per capita gross domestic product in the poorest and richest countries, 1960-1962 and 2000-2002 (*in constant 1995 US$, simple average*)



Source: World Commission on the Social Dimension of Globalization, *A Fair Globalization: Creating Opportunities for All* (Geneva, International Labour Organization, February 2004).

Of Total Income Increase in 2010 ...



Source: Thomas Piketty and Emmanuel Saez

THE NEW YORK TIMES

EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

"The poor are getting poorer, but with the rich getting richer it all averages out in the long run."

EQUAL OPPORTUNITIES
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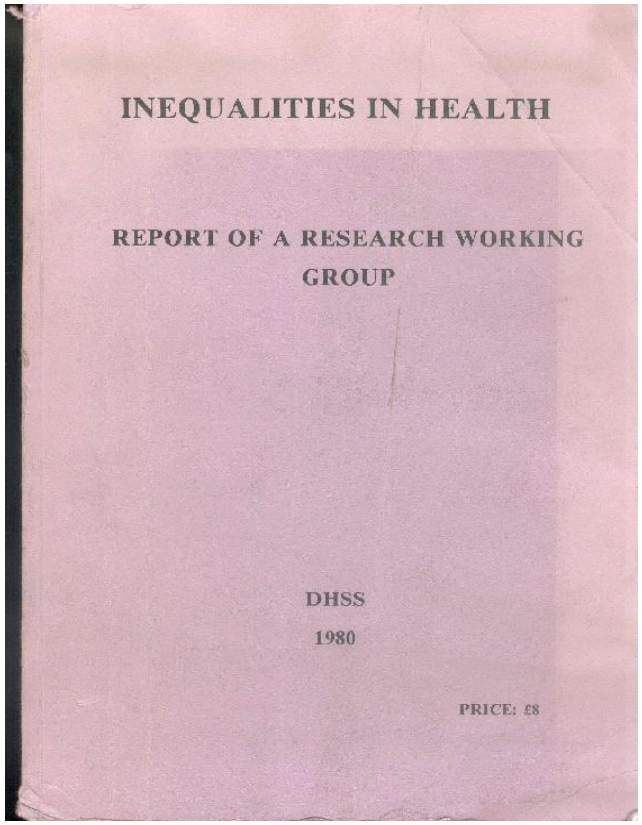
ACTION FOR DEVELOPMENT

DISUGUAGLIANZE ALL'INTERNO DEI PAESI

EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

Disuguaglianze in salute all'interno di uno stesso Paese

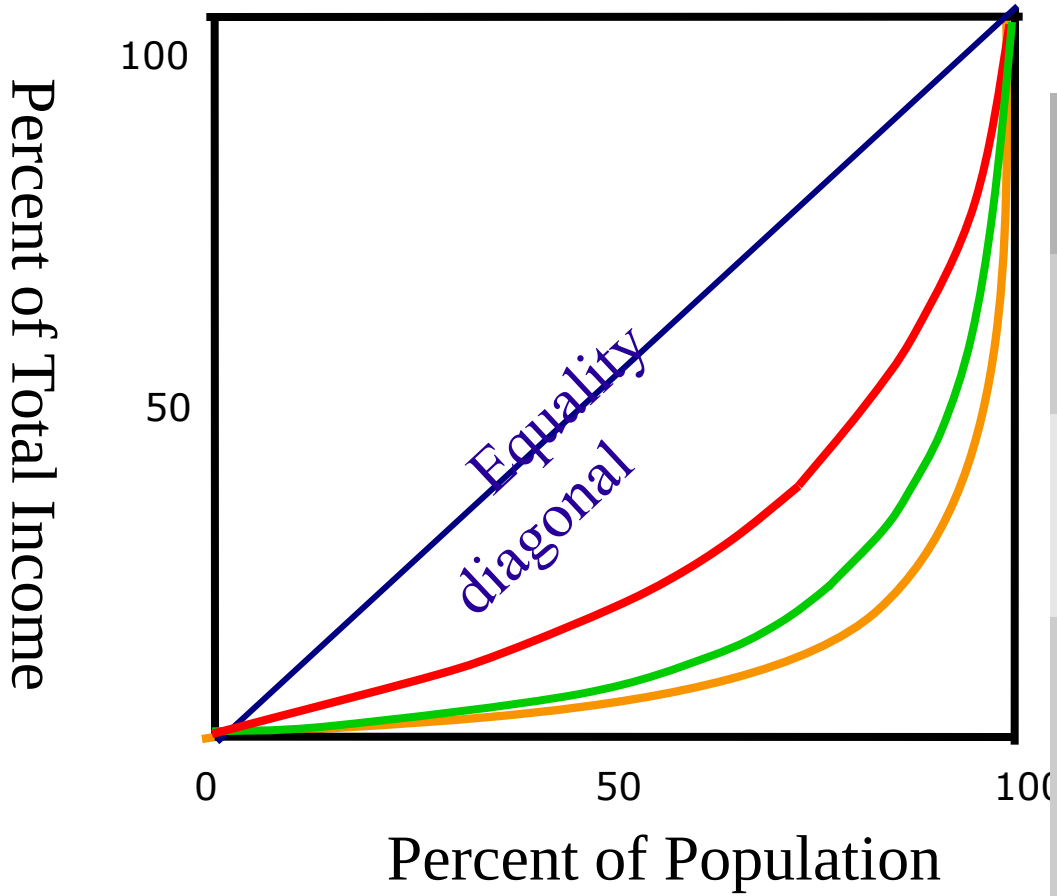


http://www.sochealth.co.uk/history/black.htm

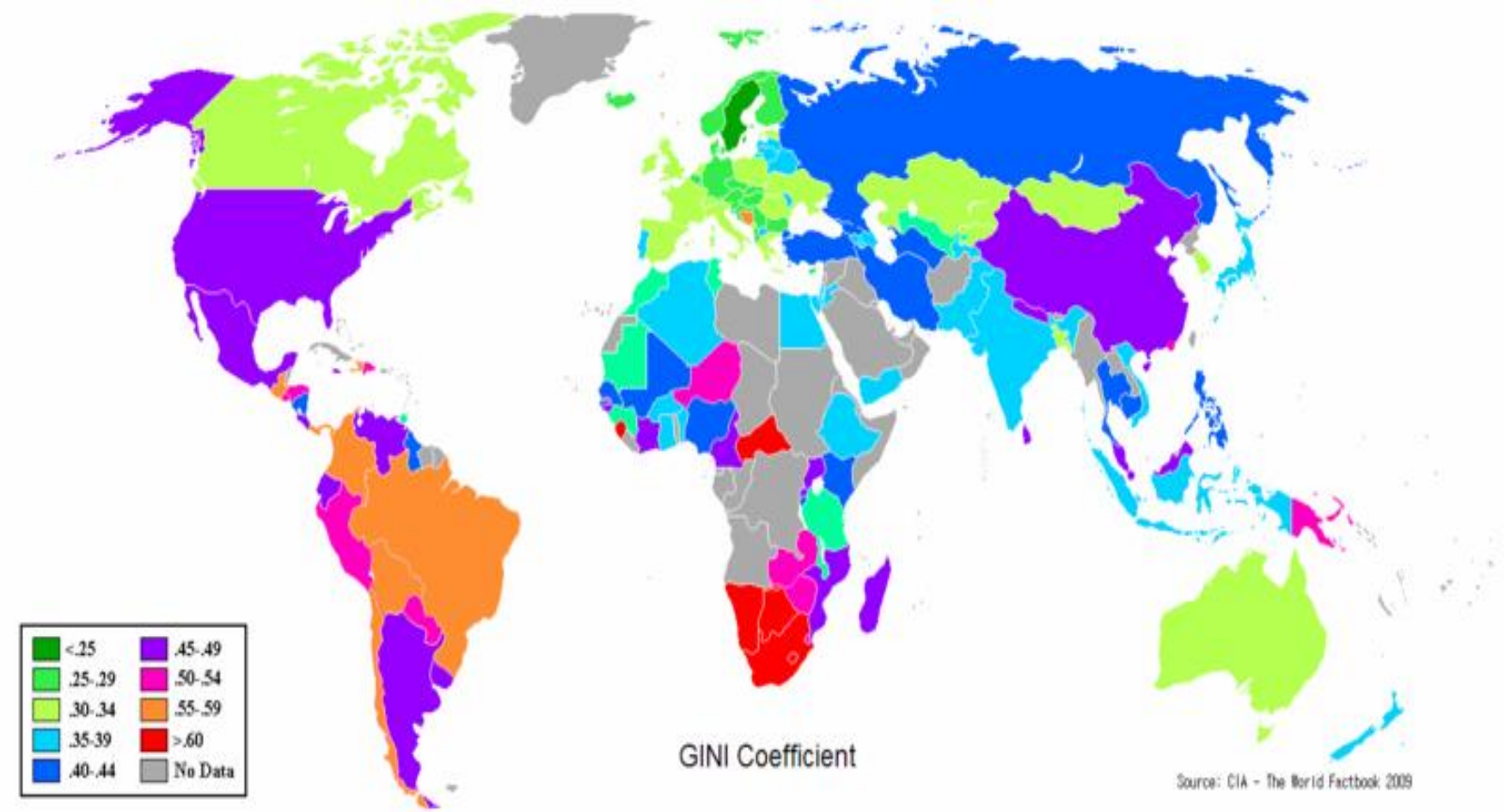
EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

Diseguaglianze nei paesi

Gini Index for Income Inequality



Rough comparisons:	
Canada	32.6
Brazil	57.0
Namibia	74.3



Mappa mondiale del coefficiente di Gini. **I paesi a coefficiente di Gini più basso** (G < 0,3, verde scuro, verde, verde chiaro) **sono i paesi dove il reddito è distribuito più equamente**. Al contrario, quelli a coefficiente di Gini più elevato (G > 0,5, rosa, magenta, rosso) sono quelli dove la diseguaglianza nella distribuzione del reddito è maggiore.

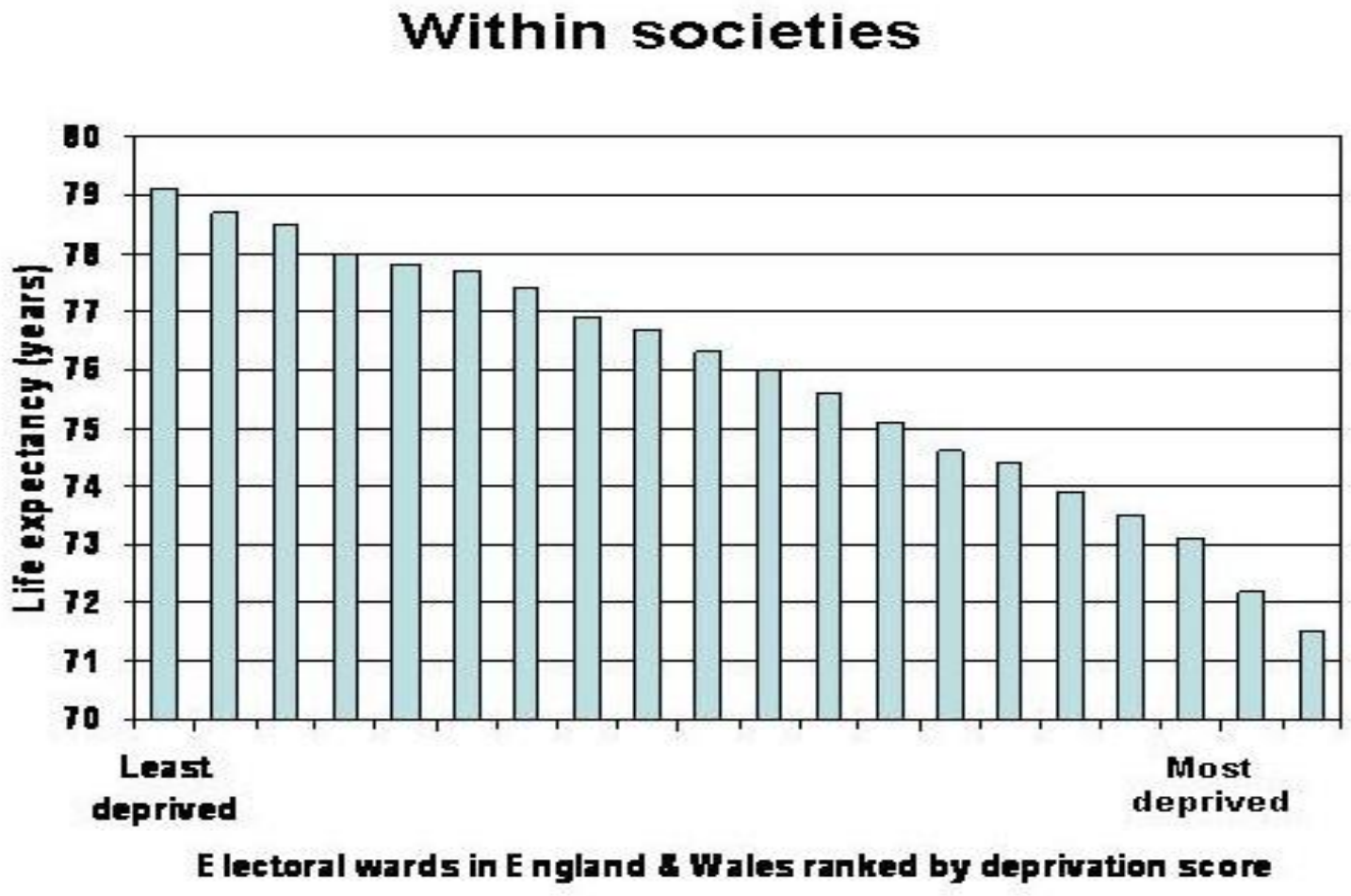
EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

Le disuguaglianze nella salute all'interno di una nazione

"Quale che sia l'indicatore di posizione sociale impiegato - *l'istruzione, la classe sociale, le caratteristiche dell'abitazione* - il rischio di mortalità cresce in ragione inversa delle risorse sociali di cui gli individui dispongono."

G. Costa, M. Cardano, M. Demaria, Torino, storie di salute in una grande città. Città di Torino, Ufficio di statistica, Osservatorio socioeconomico torinese, 1998.

Reddito e disuguaglianze in salute

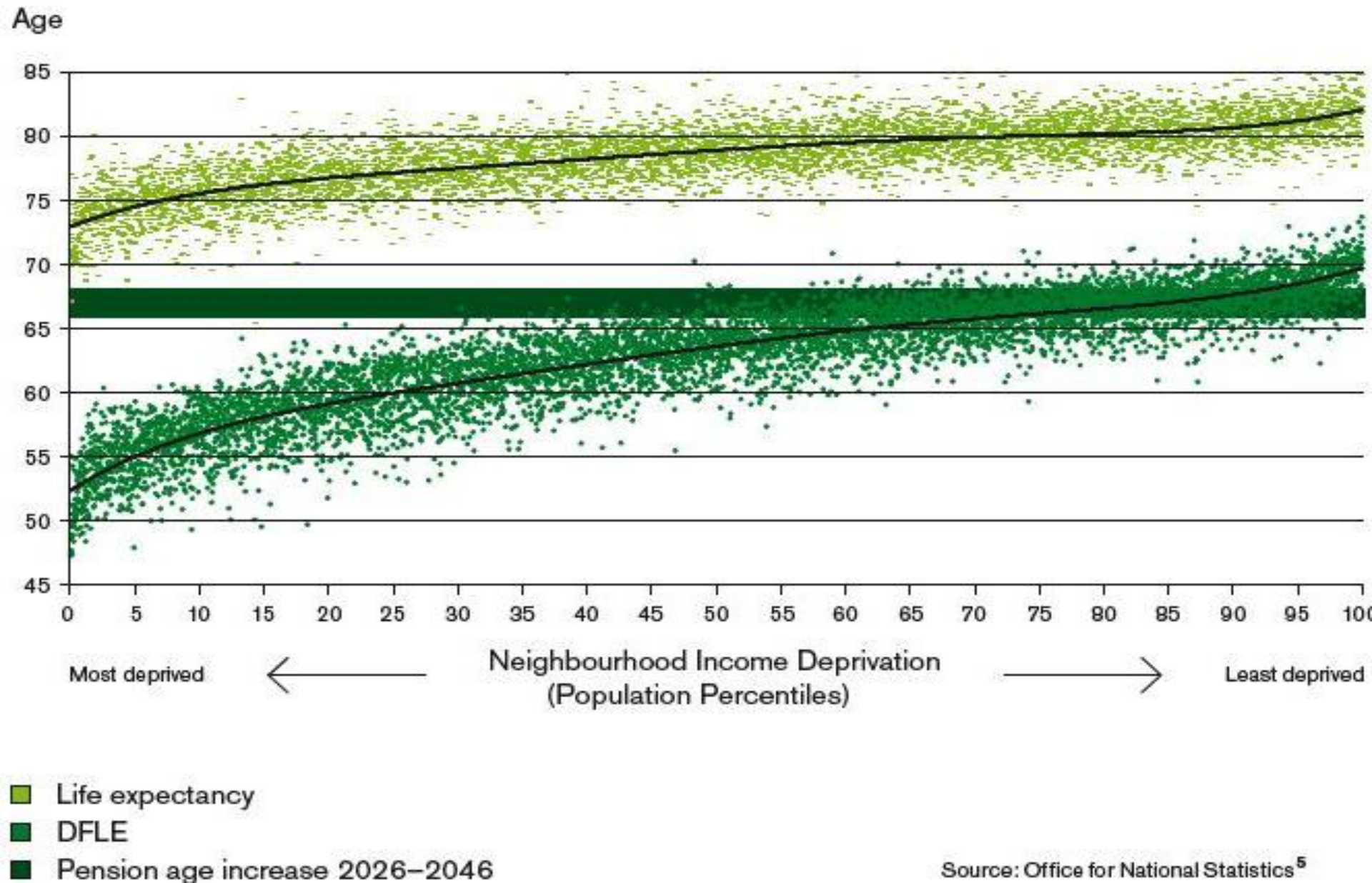


www.equalitytrust.org.uk

The Equality Trust

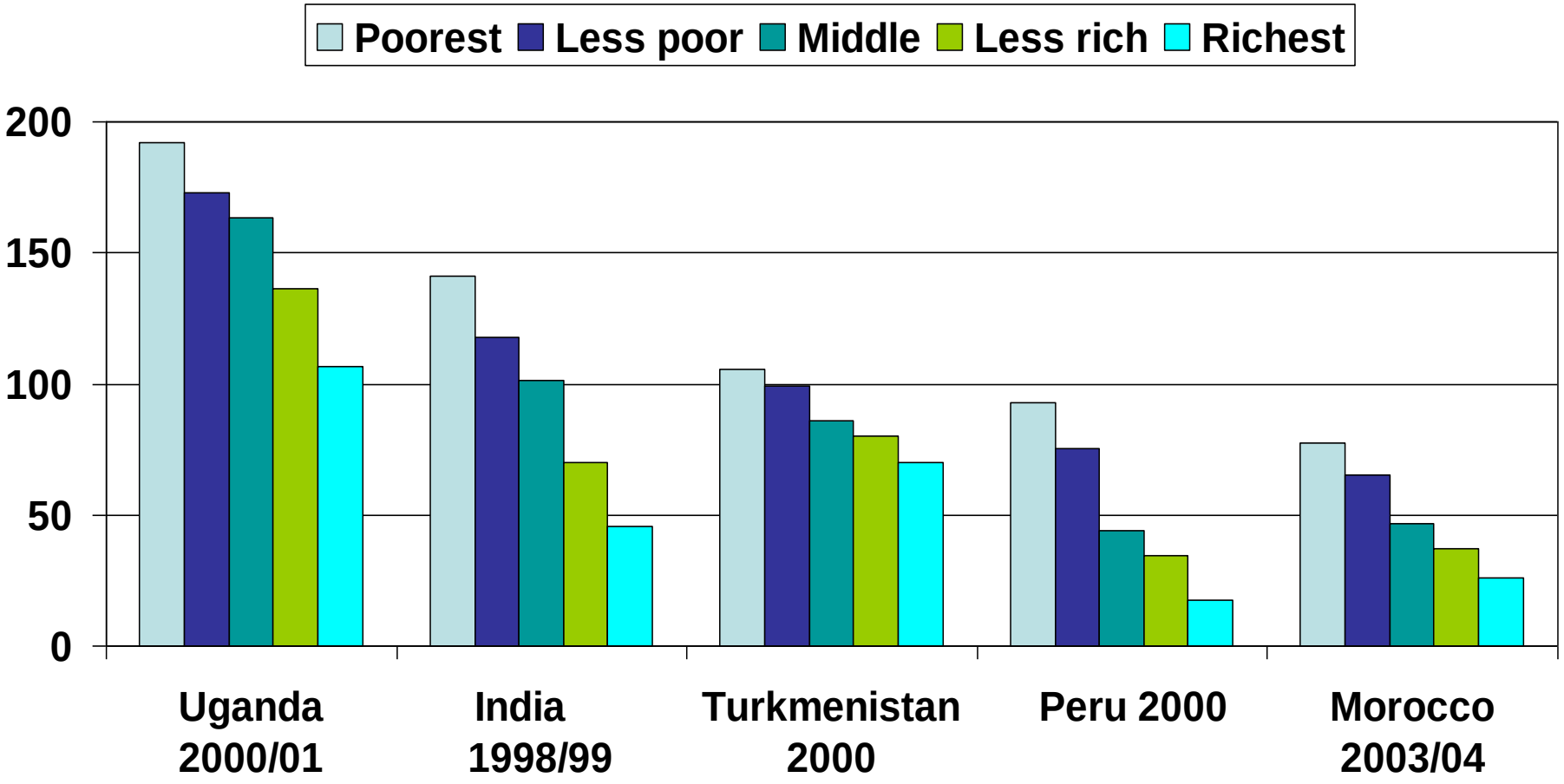
EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

Figure 1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003



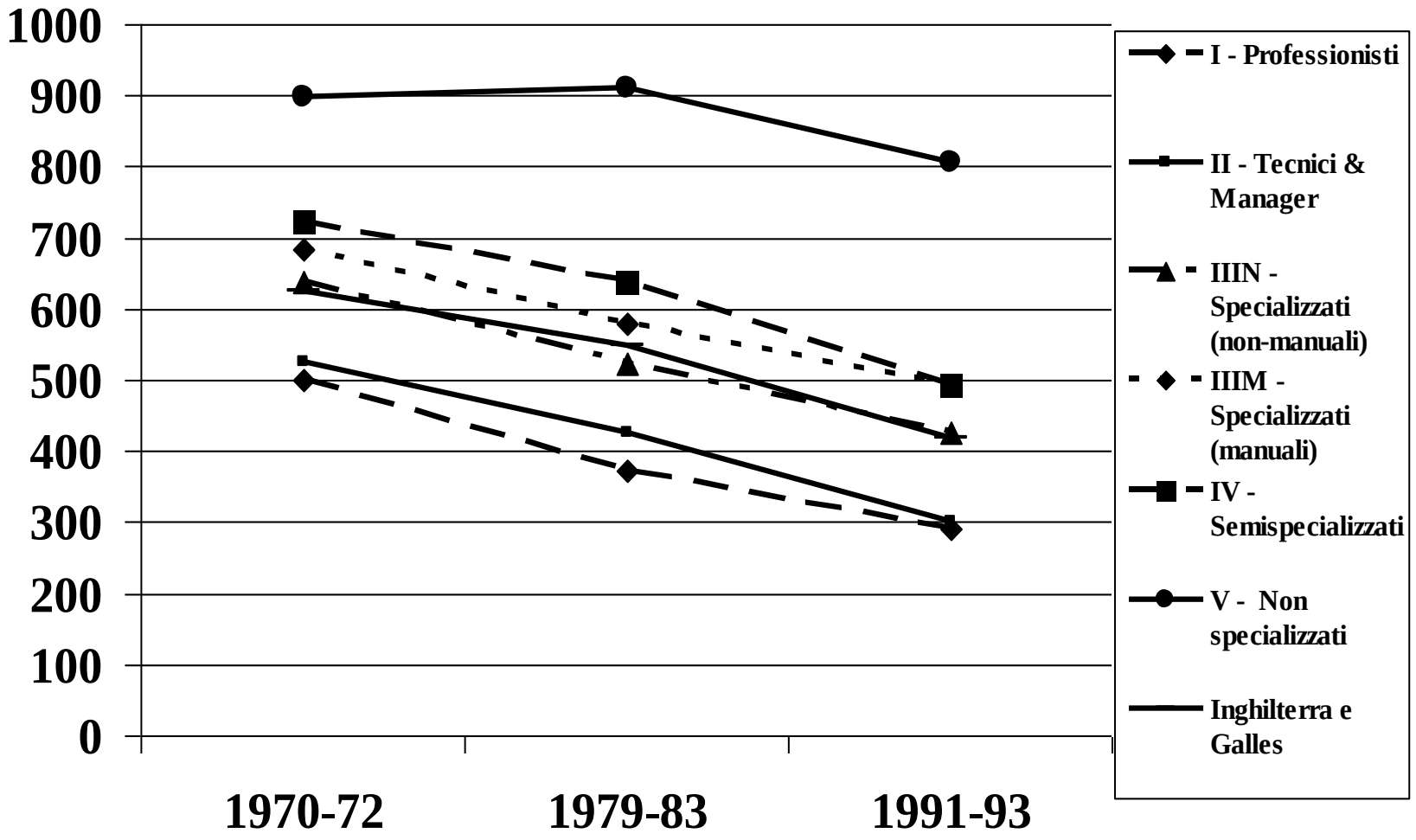
Source: Office for National Statistics[5]

Mortalità sotto i 5 anni per quintile di livello socioeconomico della famiglia in paesi selezionati



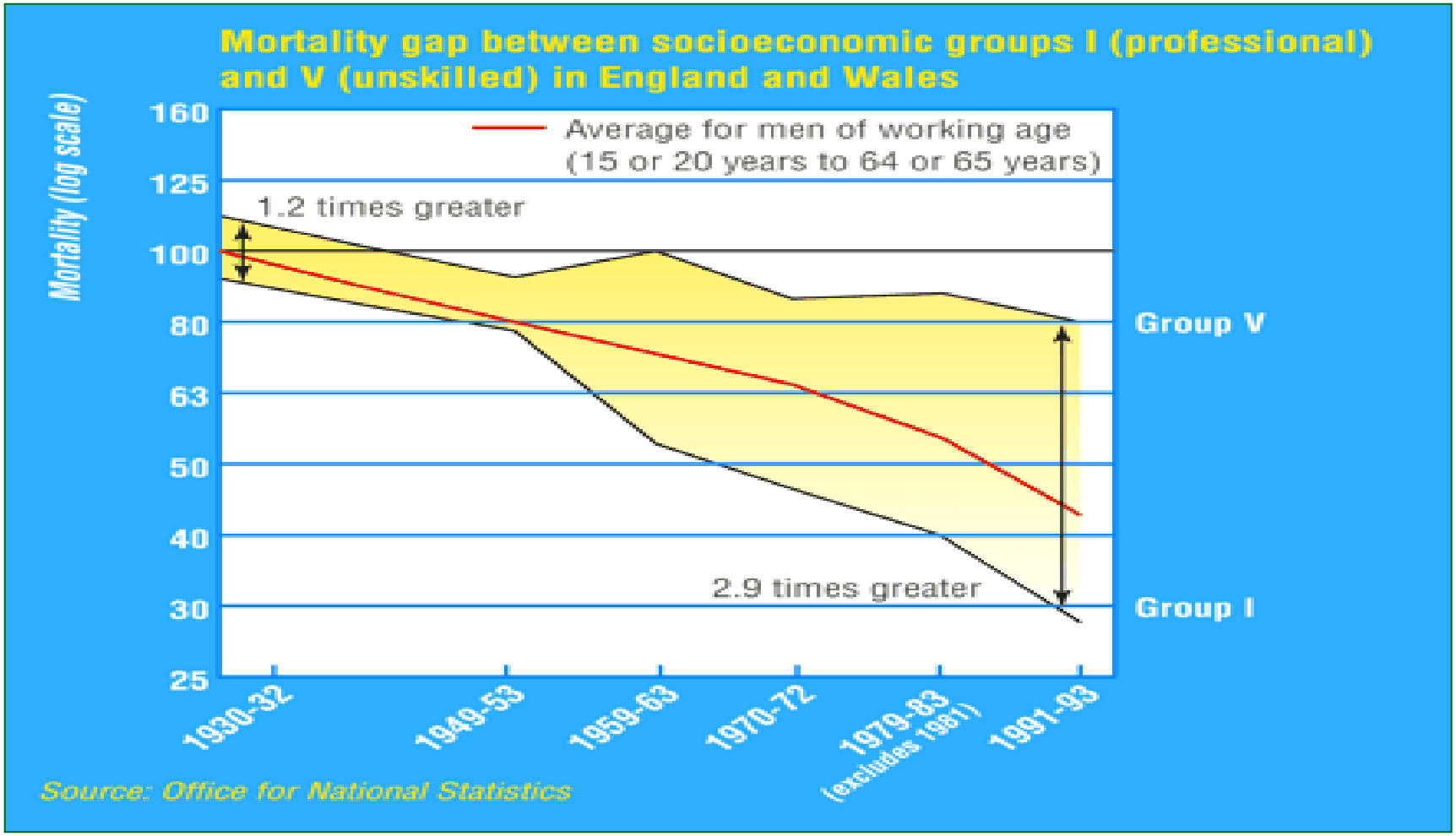
EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

Tassi standardizzati di mortalità (x 100.000), per classi sociali, tutte le cause, uomini di 20-64 anni, Inghilterra e Galles



Fonte: *Acheson, 1998.*

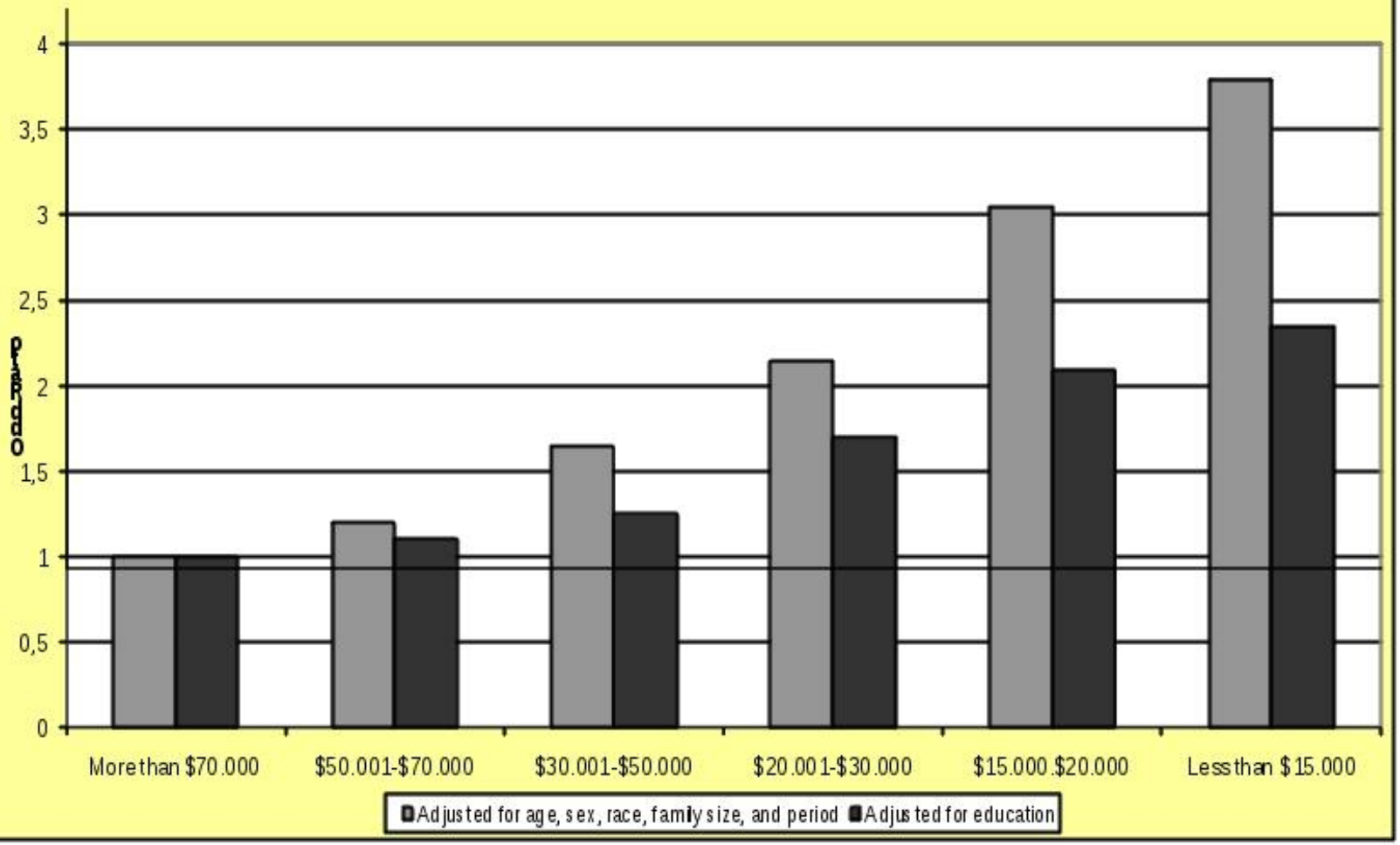
Divario in mortalità tra gruppi socio-economici Inghilterra e Galles, 1930 - 1993



EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

Figura 5. Risk of Death According to household income, shown as Odd Ratio with and without adjustment for education, person ages 45-64.

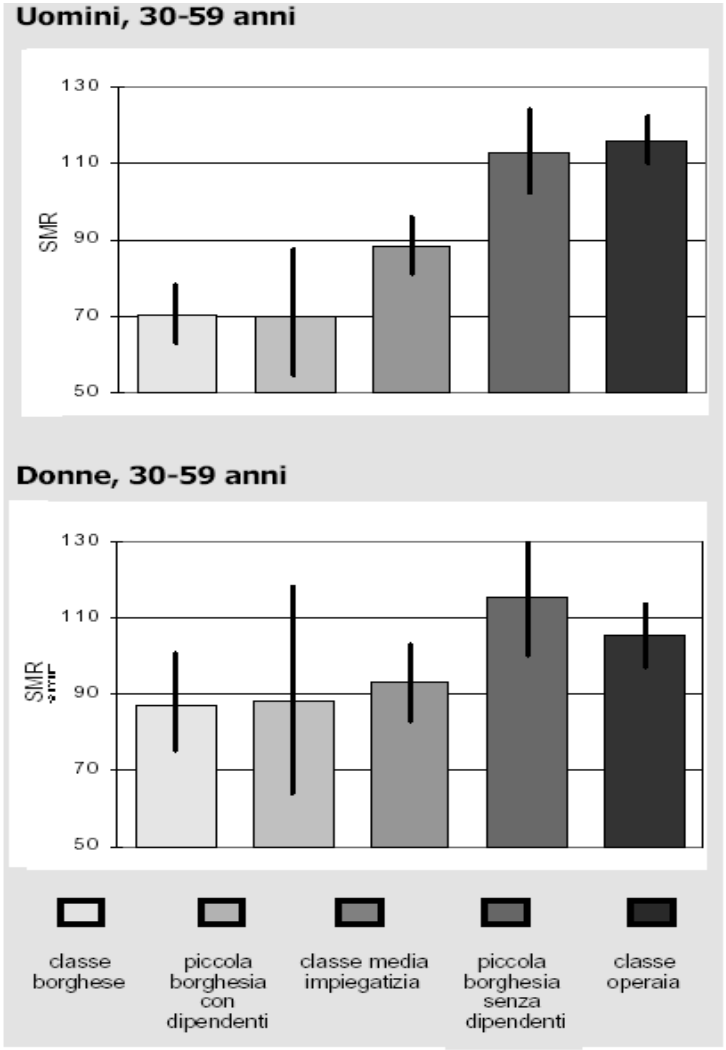
Fonte: P. McDonough et al. - American Journal of Public Health (September 1997): 1476-1483.



EQUAL OPPORTUNITIES FOR HEALTH
ACTION FOR DEVELOPMENT

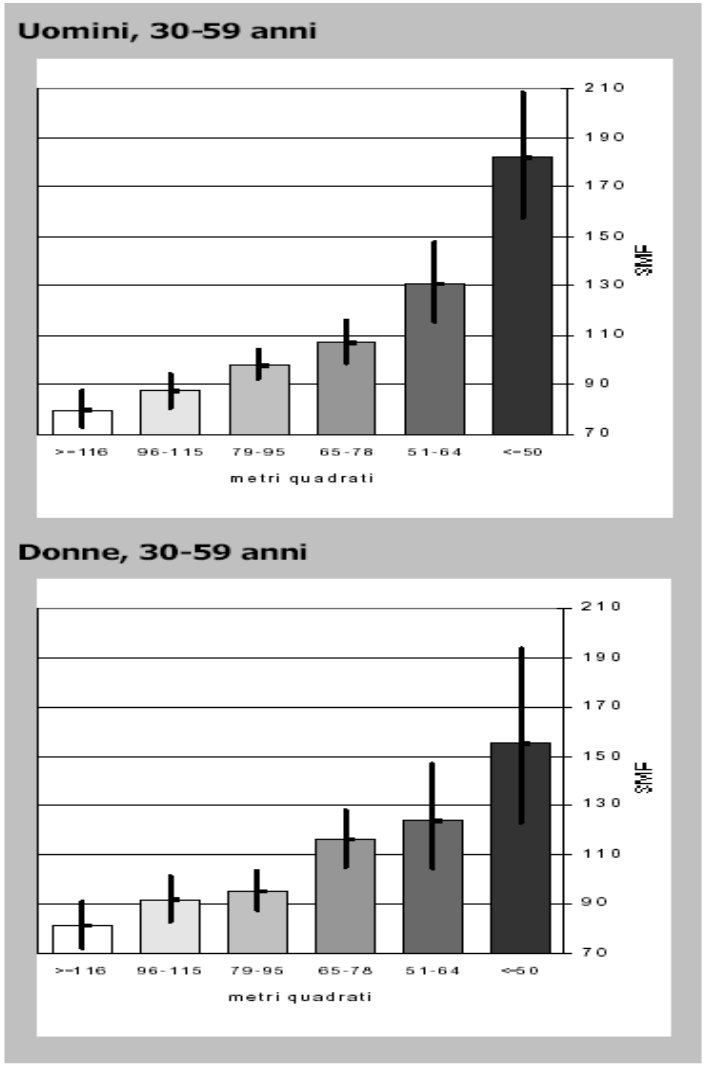
Mortalità per classe sociale della famiglia

Fonte: G. Costa, M. Cardano, M. Demaria (1998)



Mortalità per superficie dell'abitazione

Fonte: G. Costa, M. Cardano, M. Demaria (1998)



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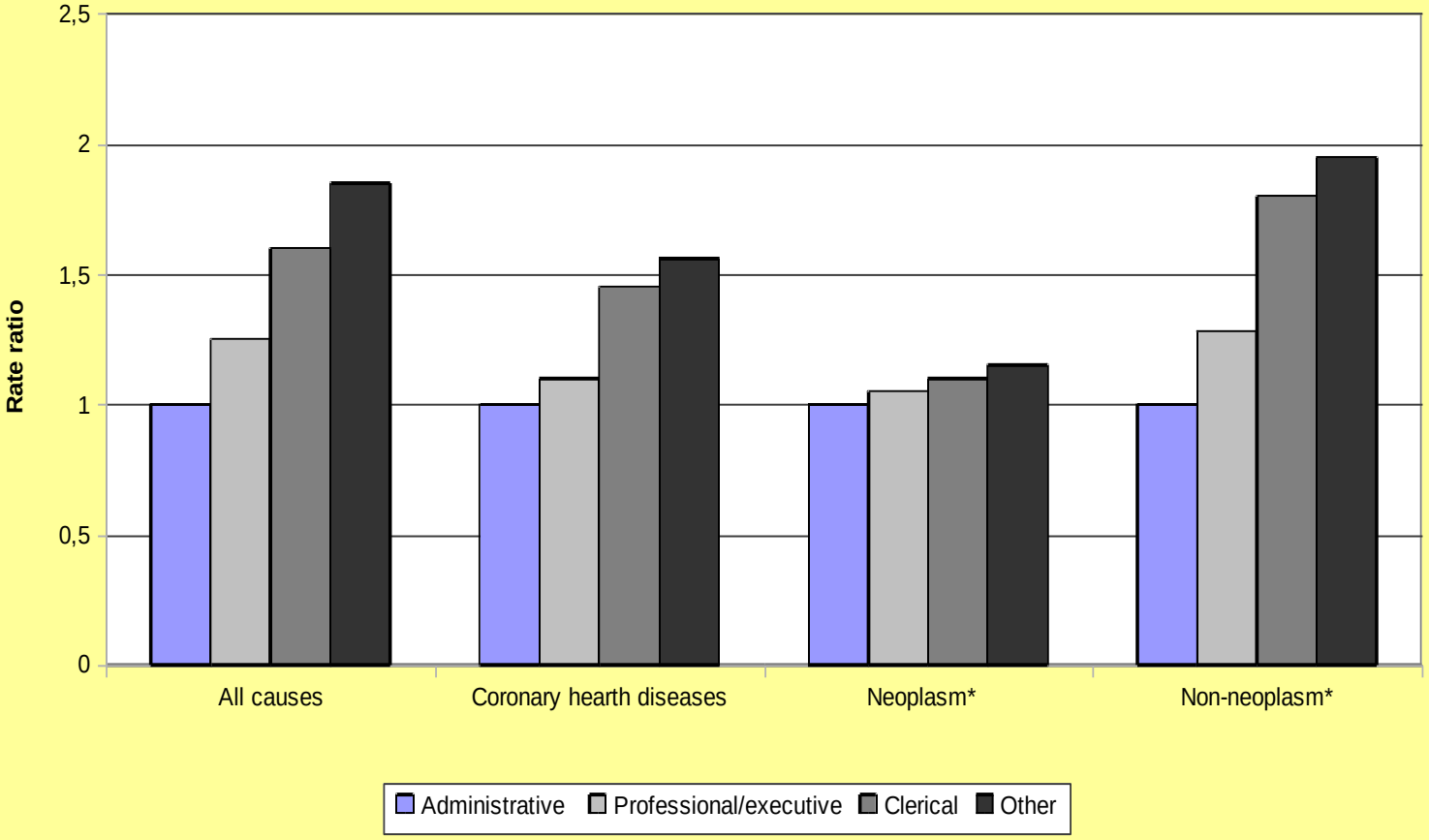
Whitehall Twenty-Five-Year Mortality (British Civil Servants)
By Employment Grade
nte: C. Van Rossum et al - Journal of Epidemiology and Community Health (March 2000): 178-18
sub-title



EQUAL OPPORTUNITIES FOR HEALTH
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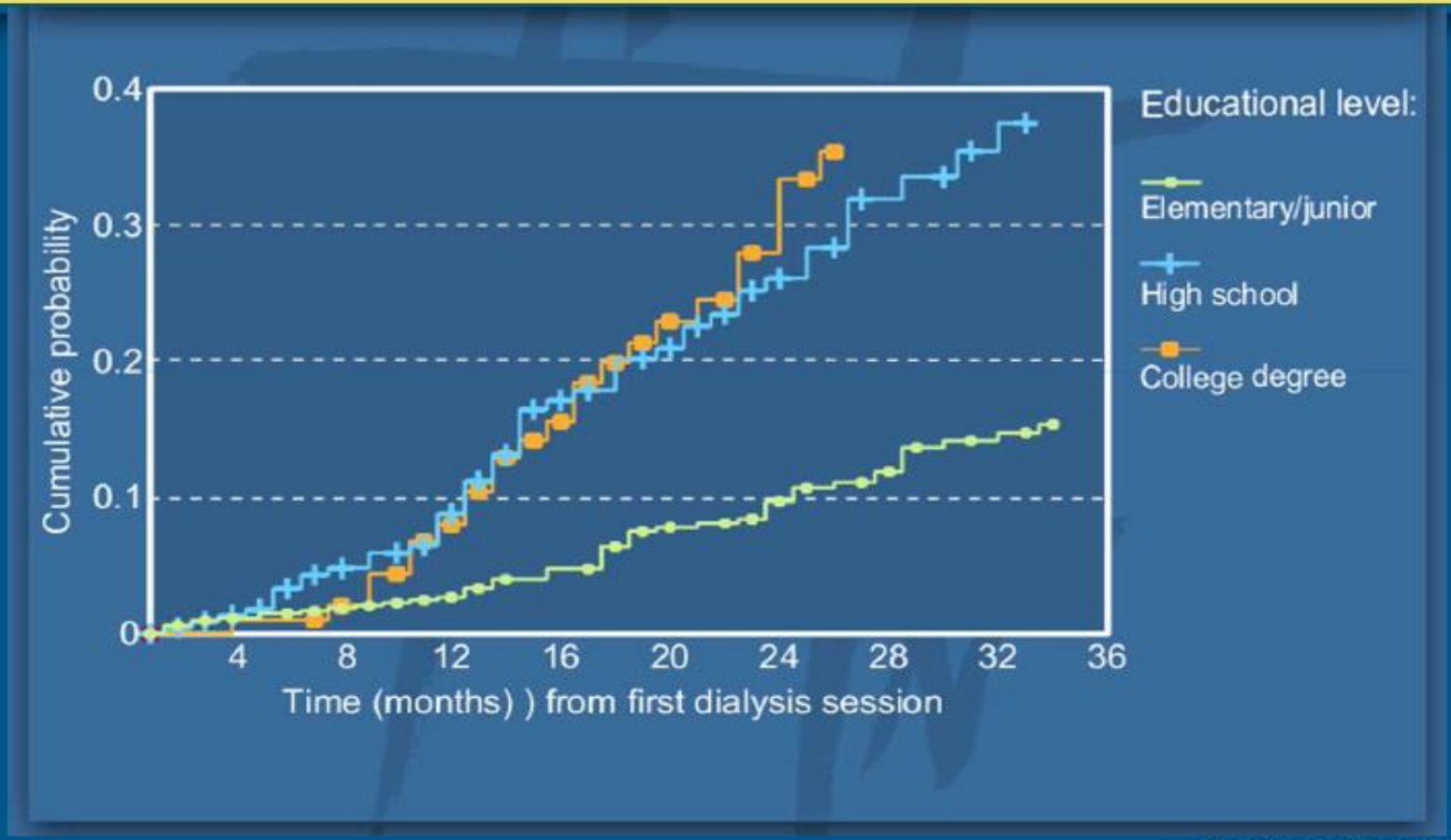
DISUGUAGLIANZE NELL'ACCESSO AI SERVIZI

EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

Cumulative probability of transplantation by educational level. Anni 1994-98



Miceli M et al JECH 2000.

Dipartimento di Epidemiologia
ASL RME

Adattato da Perucci C. Atti del congresso su Disuguaglianze e Salute, Erice 2008.

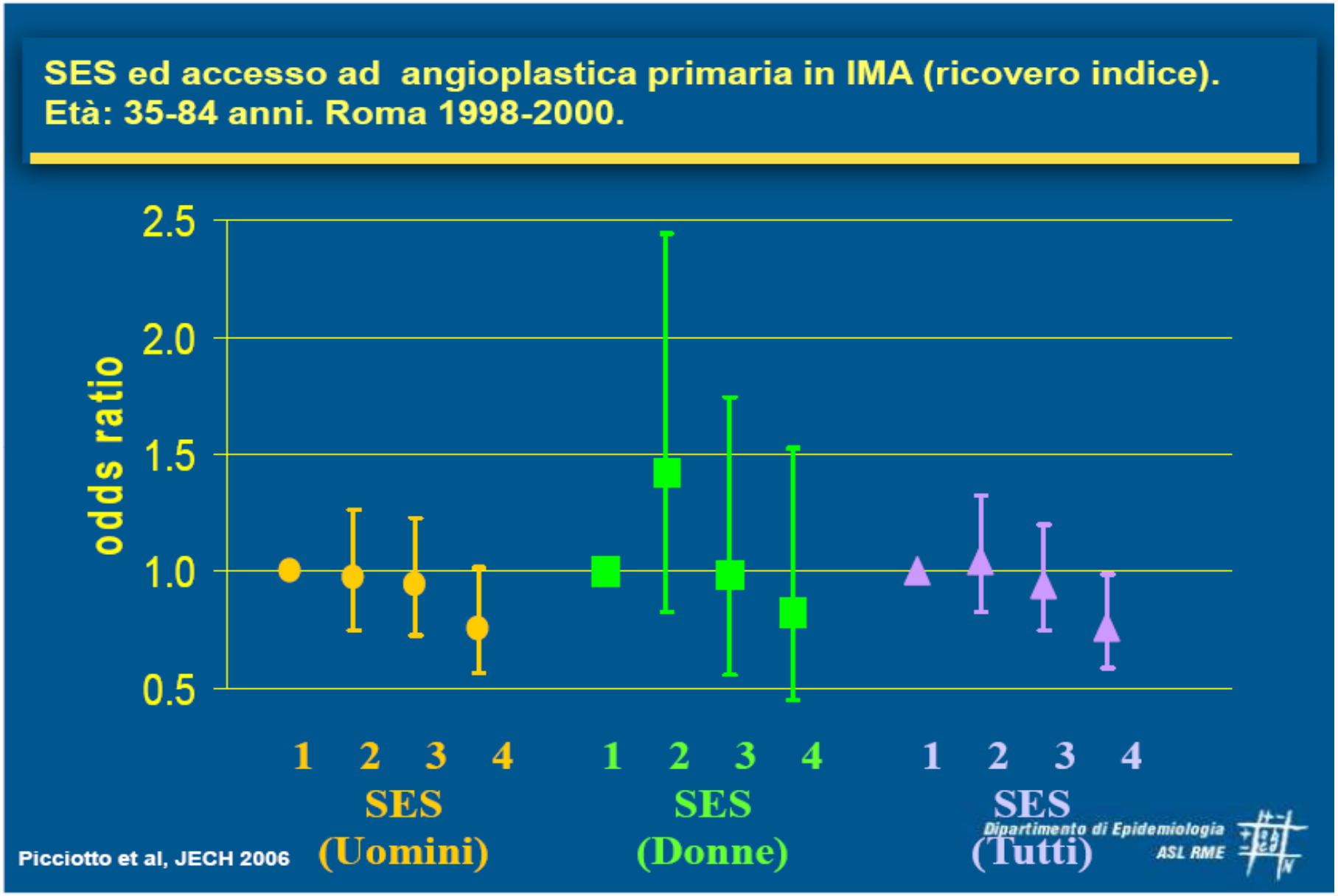
EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

Mortalità infantile in residenti in AVR, per cittadinanza ed età neonatale. Numeri assoluti e tassi per 1.000 (1998-2003)

Cittadinanza	Nati vivi	Numero decessi			Tassi x 1.000 (IC 95%)		
	n.	Totale >1 anno	Età neonat. (0-28 gg)	Età post-neonat. (29+ gg)	Totale >1 anno	Età neonat. (0-28 gg)	Età post-neonat. (29+ gg)
Italia - UE	43.895	133	100	33	3,0 (2,5-3,5)	2,3 (1,9-2,8)	0,8 (0,5-1,1)
Extra UE	2.297	20	12	8	8,7 (5,3-13,4)	5,2 (2,7-9,1)	3,5 (1,5-6,9)

Numeratori e denominatori fanno riferimento alla popolazione residente in Area Vasta Romagna, comprendente i territori delle province di Ravenna, Forlì-Cesena e Rimini, nel periodo 1 gennaio 1998 - 31 dicembre 2003.

EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT



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EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

Intervento di sostituzione protesica dell'anca. Torino, Milano, Roma, Bologna 1997-2000. N= 6140. Età > 65aa.

	I più ricchi	II	III	IV	V più poveri
n	1217	1227	1308	1265	1123
% donne	67.9	69.1	72.3	69.6	71.9
% 75+ aa	41.3	37.9	37.4	36.3	34.8
tasso x 1000	1.43	1.48	1.47	1.48	1.31
RR	1	1.02	1.01	1.01	**0.87**
95/IC		0.94-1.11	0.93-1.09	0.93-1.09	**0.81-0.95**
uomini	1	1.01	0.91	0.99	**0.85**
RR		0.88-1.17	0.79-1.05	0.86-1.14	**0.73-0.98**
donne					
RR	1	1.03	1.05	1.01	**0.88**
		0.93-1.13	0.96-1.15	0.92-1.11	**0.80-0.97**

RR adj: aggiustati per età, genere, centro

Fonte: Progetto Min Sal ex art. 12

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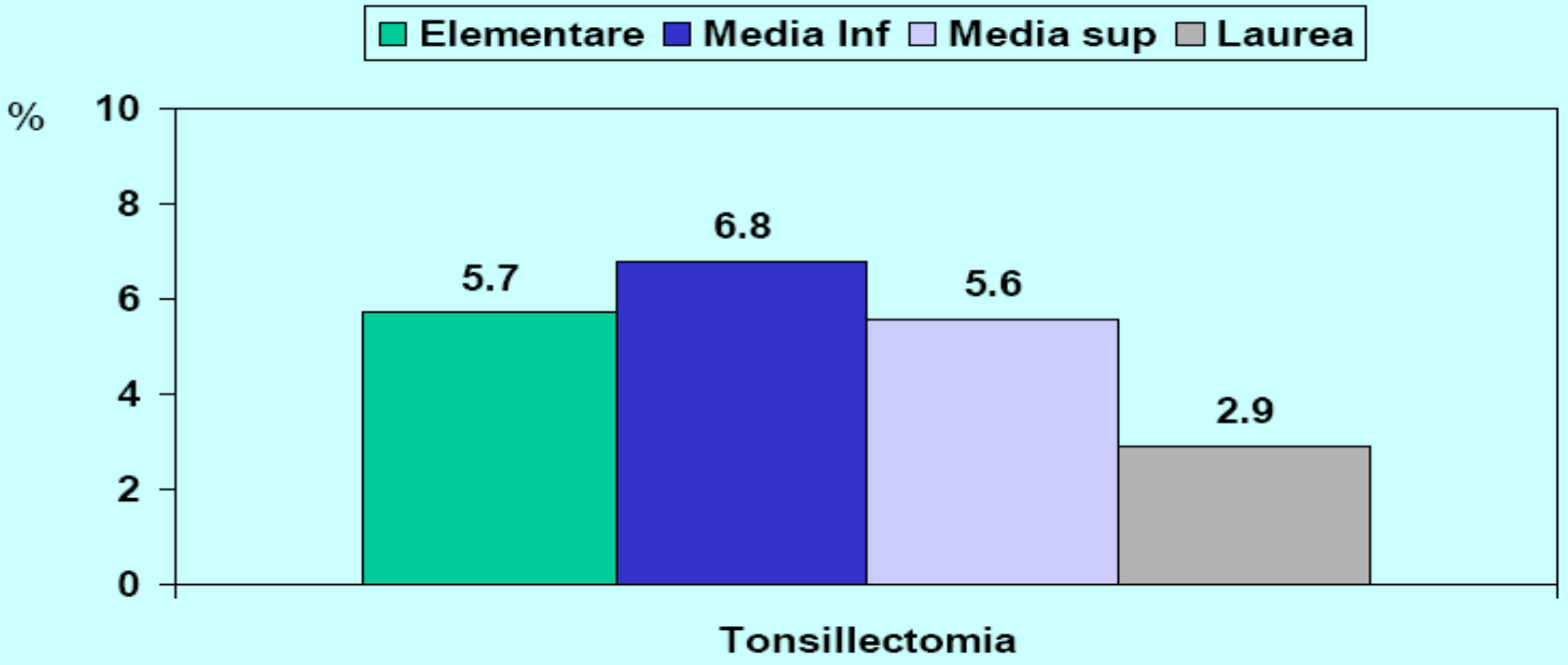
EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

Intervento di tonsillectomia per scolarità dei genitori. Sidria 2003



Campione =20016 bambini

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EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

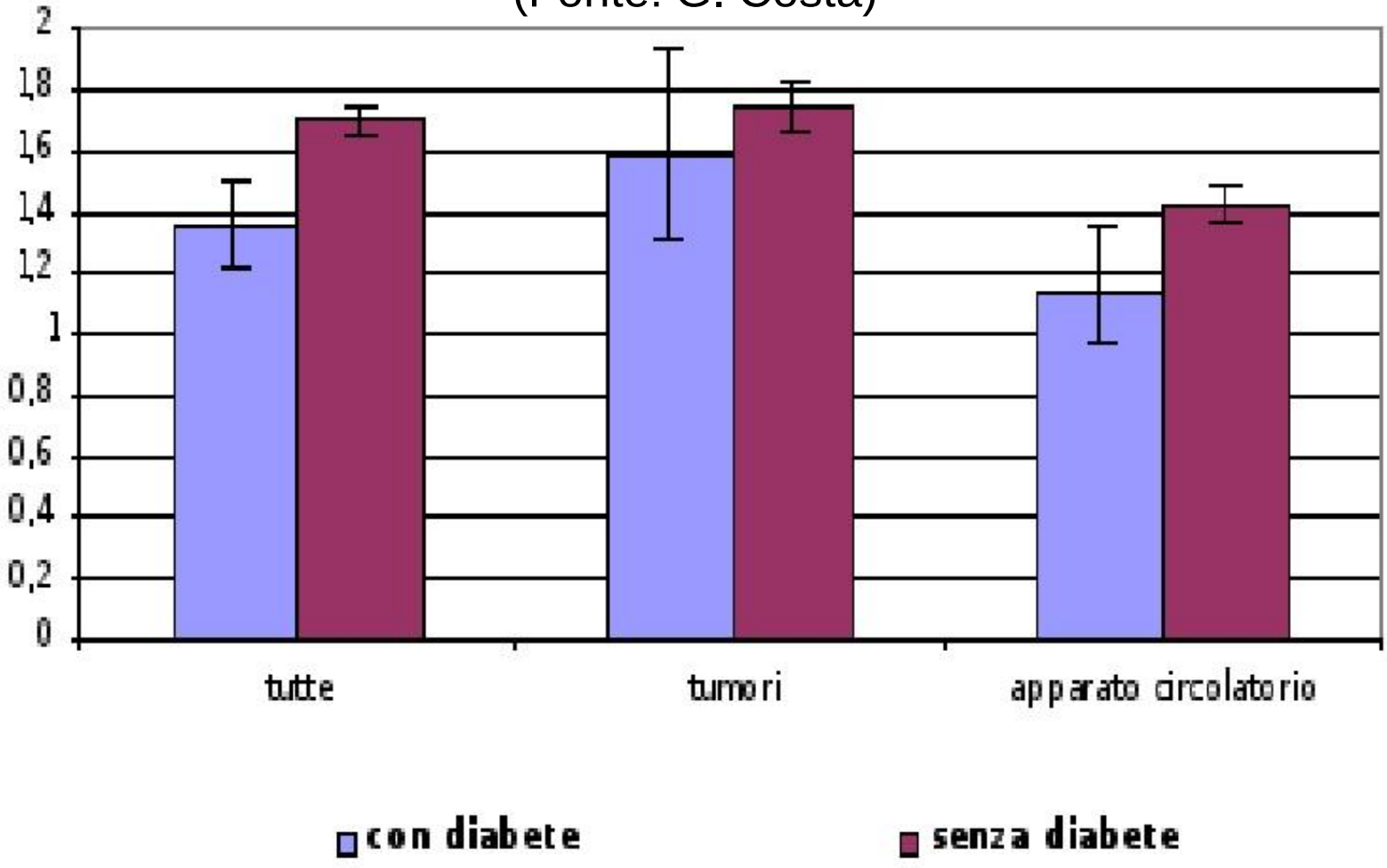
Black and White Differences in Specialty Procedure Utilization Among Medicare Beneficiaries Age 65 and Older, 1993

Source: Gornick et al., 1996

	Black	White	Black-to-White Ratio
Angioplasty (procedures per 1,000 beneficiaries per year)	2.5	5.4	0.46
Coronary Artery Bypass Graft Surgery (procedures per 1,000 beneficiaries per year)	1.9	4.8	0.40
Mammography (procedures per 100 women per year)	17.1	26.0	0.66
Hip Fracture Repair (procedures per 100 women per year)	2.9	7.0	0.42
Amputation of All or Part of Limb (procedures per 1,000 beneficiaries per year)	6.7	1.9	3.64
Bilateral Orchiectomy (procedures per 1,000 beneficiaries per year)	2.0	0.8	2.45

Rischio di morte per titolo di studio (bassa scolarità vs. alta scolarità) in persone con diabete e senza diabete a Torino negli anni ’90. Uomini.

(Fonte: G. Costa)

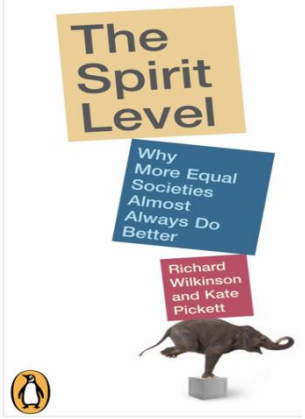


Da: Int J Epidemiol 2004;33:864-71.

EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

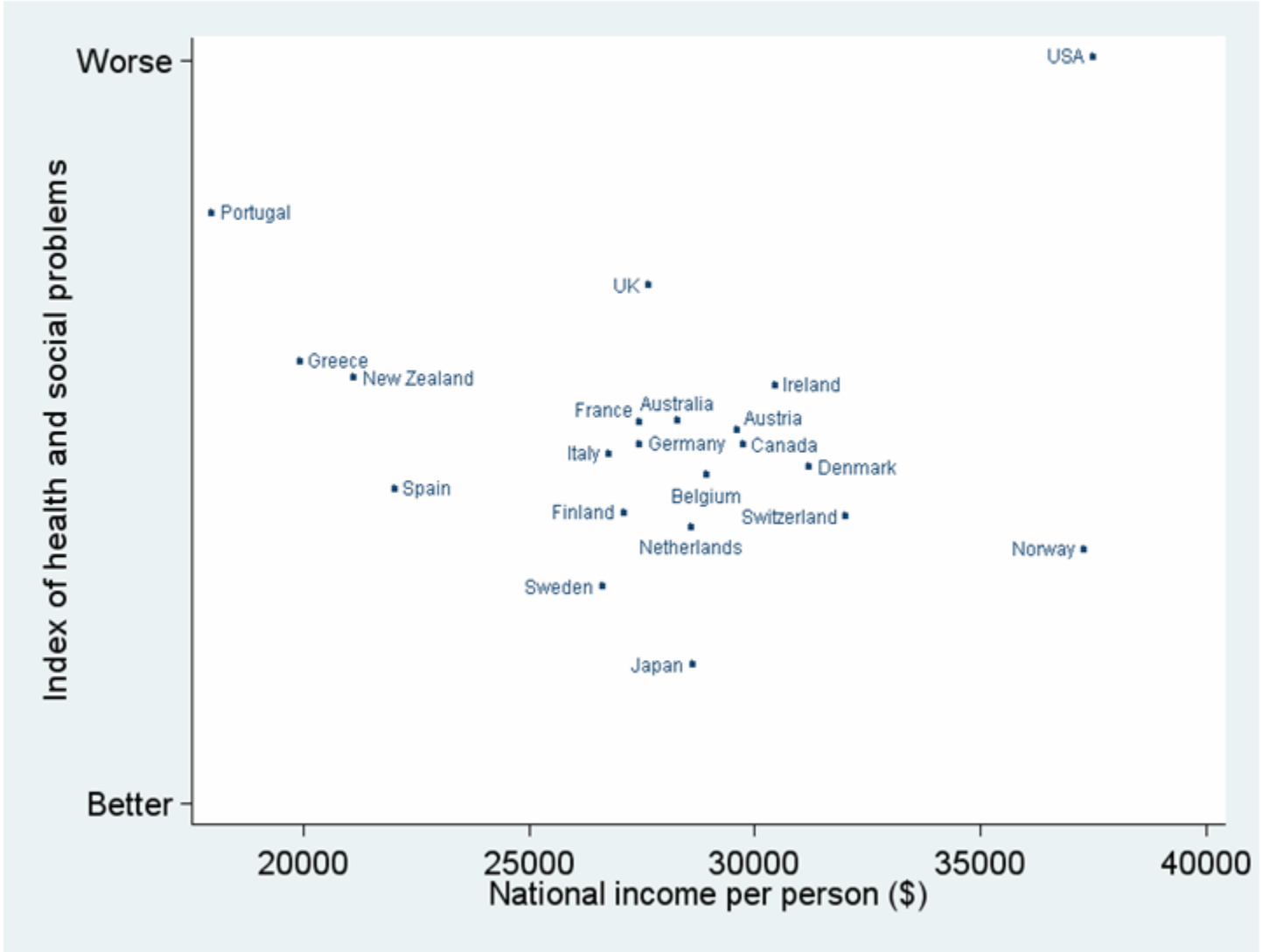
Marmot, *Lancet* 2006

EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT



Health and Social Problems are not Related to Average Income in Rich Countries

- Life expectancy
- Math & Literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness – incl. drug & alcohol addiction
- Social mobility

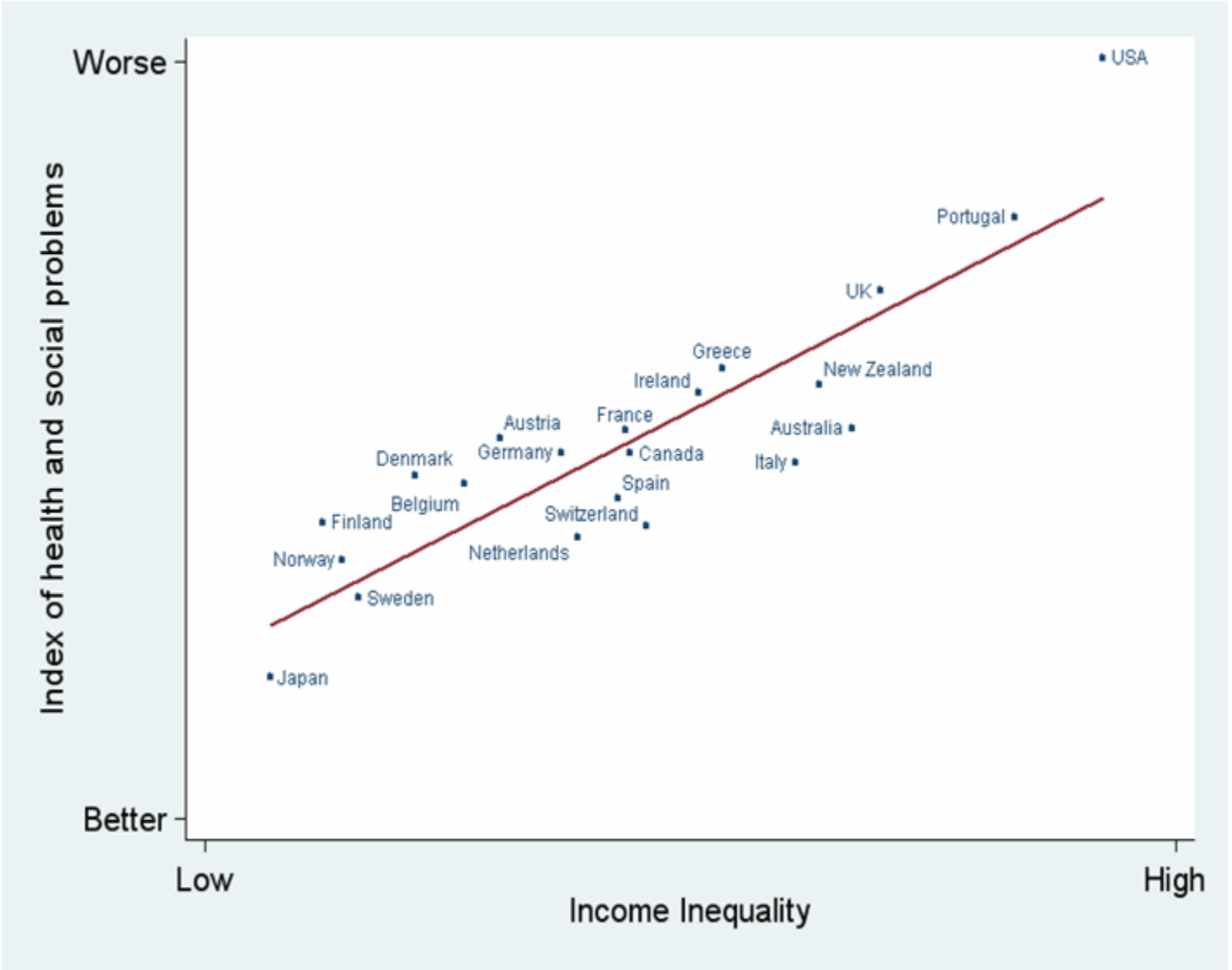


Source: Wilkinson & Pickett, The Spirit Level (2009)

Health and Social Problems are Worse in More Unequal Countries

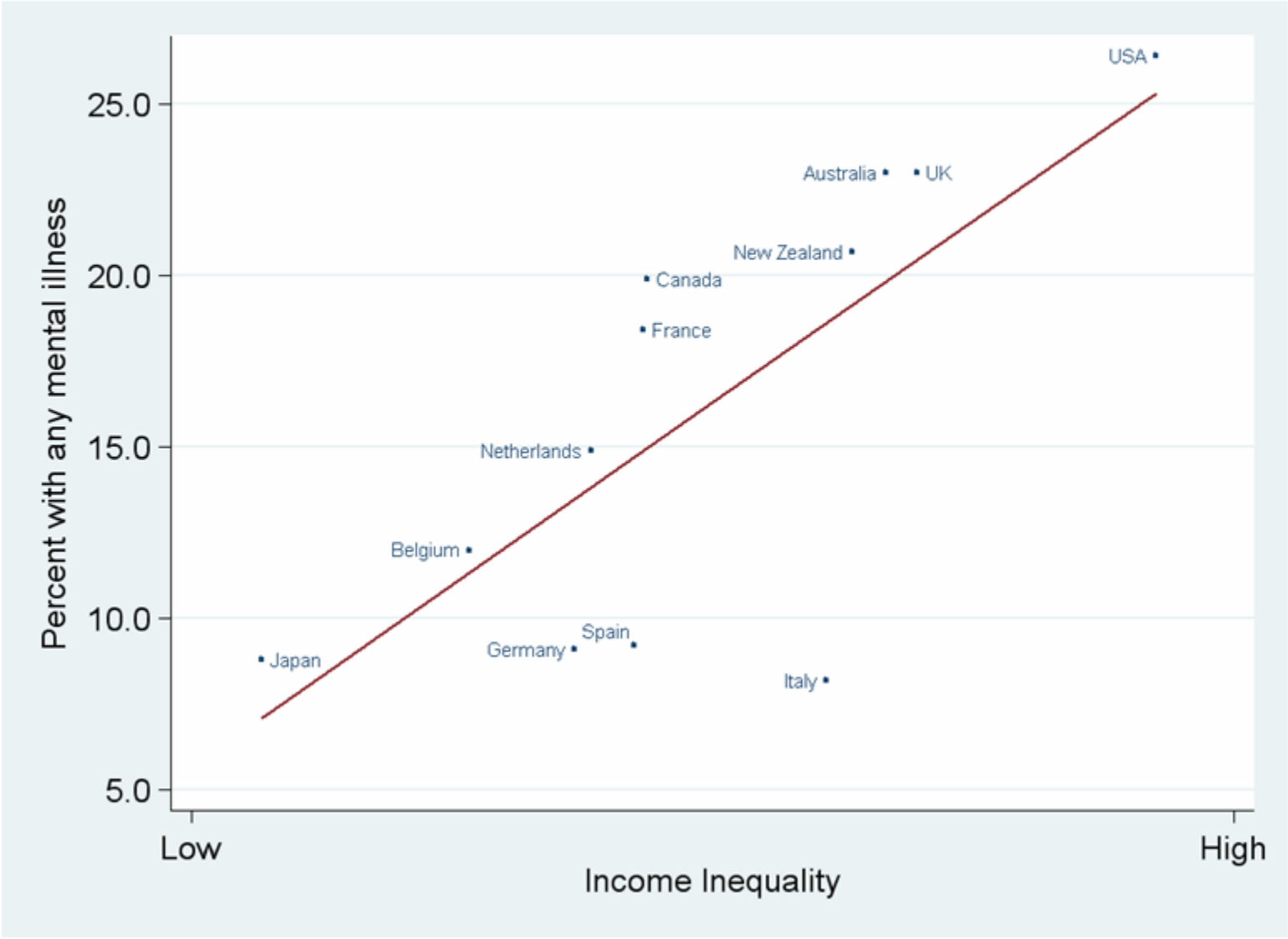
Index of:

- Life expectancy
- Math & Literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness – incl. drug & alcohol addiction
- Social mobility



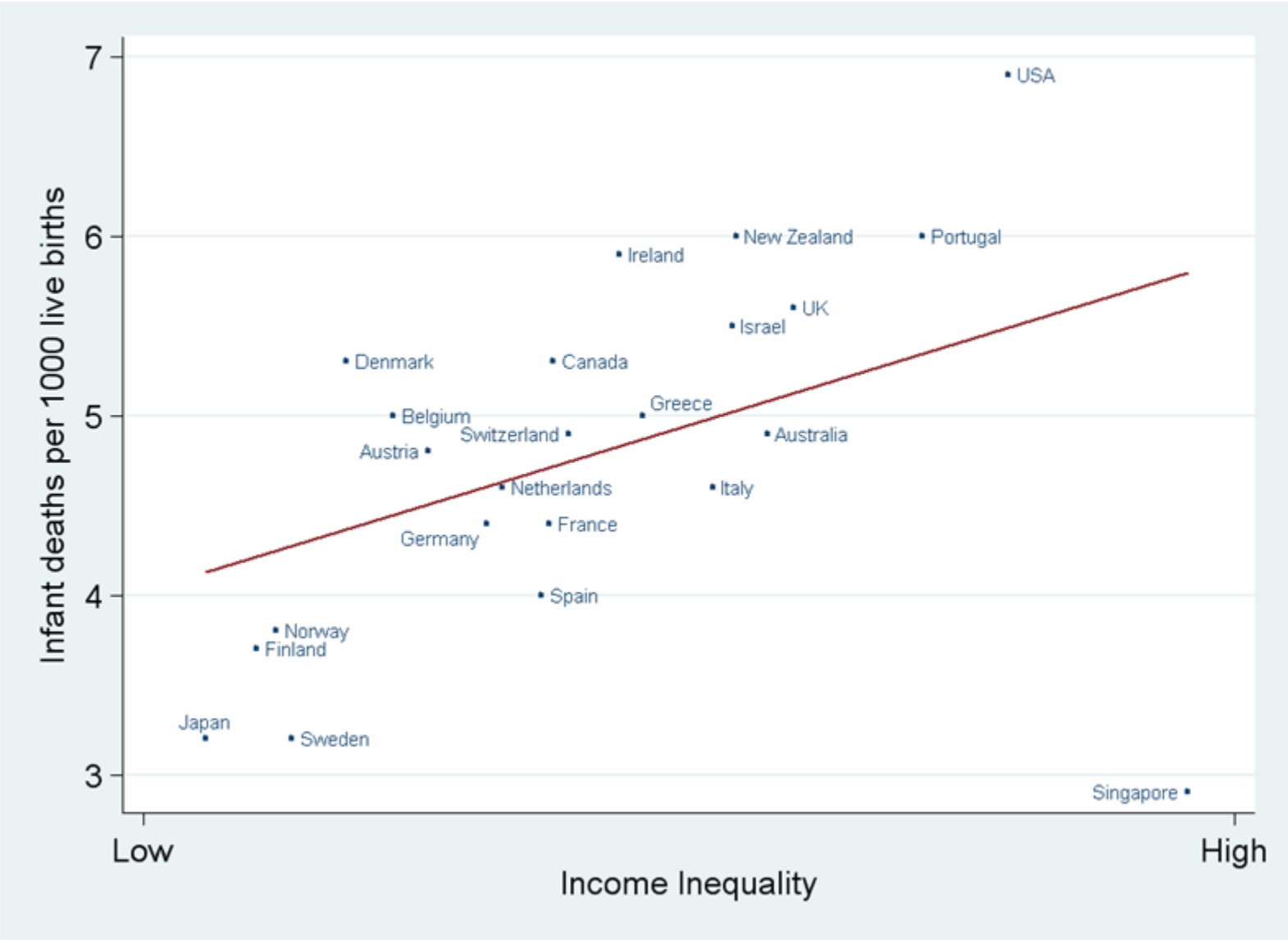
Source: Wilkinson & Pickett, The Spirit Level (2009)

The Prevalence of Mental Illness is Higher in More Unequal Rich Countries



Source: Wilkinson & Pickett, The Spirit Level (2009)

Infant Mortality Rates are Higher in More Unequal Countries



Source: Wilkinson & Pickett, The Spirit Level (2009)

More Adults are Obese in More Unequal Rich Countries

Source: Wilkinson & Pickett, The Spirit Level (2009)

More Children Drop Out of High School in More Unequal US States

Source: Wilkinson & Pickett, The Spirit Level (2009)

Teen Pregnancy Rates are Higher in More Unequal US States

Source: Wilkinson & Pickett, The Spirit Level (2009)

WHO Commission on the Social Determinants of Health (CSDH)

World Health Organization

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Social determinants of health

WHO > Programmes and projects > Social determinants of health > Commission on Social Determinants of Health, 2005-2008

Commission on Social Determinants of Health, 2005-2008

The Commission on Social Determinants of Health (CSDH) was established to support countries and global health partners to address the social factors leading to ill health and inequities. It drew the attention of society to the social determinants of health that are known to be among the worst causes of poor health and inequalities between and within countries.

:: More about the Commission

ESSENTIAL INFORMATION

Key concepts

THE FINAL REPORT OF THE COMMISSION

The Report, Executive Summaries and backgrounders

Interview with Sir Michael Marmott, Chair CSDH
Video [streaming wmv, 00:06:22]

Dr Margaret Chan WHO Director-General

MEETINGS

Closing the Gap in a Generation (London, November 2008)

Wellcome Centre History of Medicine (London, November 2008)

EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

World Health Organization

Commission on Social Determinants of Health

Closing the gap in a generation

Health equity through action on the social determinants of health

EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

“**Social justice is a matter of life and death.** It affects the way people live, their consequent chance of illness, and their risk of premature death. We watch in wonder as life expectancy and good health continue to increase in parts of the world and in alarm as they fail to improve in others. A girl born today can expect to live for more than 80 years if she is born in some countries – but less than 45 years if she is born in others. **Within countries there are dramatic differences in health that are closely linked with degrees of social disadvantage. Differences of this magnitude**, within and between countries, **simply should never happen**.”

EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

"...The crude **differences in mortality rates between the various social classes are worrying**. To take the extreme example, in 1971 the death rate for adult men in social class V (unskilled workers) was nearly twice that of adult men in social class I (professional workers) even when account has been taken of the different age structure of the 2 classes. **When you look at death rates for specific diseases the gap is even wider**. For examples for tuberculosis the death rate in social class V is 10 times that for social class I; for bronchitis it was 5 times as high and for lung cancer and stomach cancer 3 times as high. **Social class differences in mortality begin at birth.**"

The Black Report, England, 1980

The Commission's overarching recommendations

1 Improve Daily Living Conditions

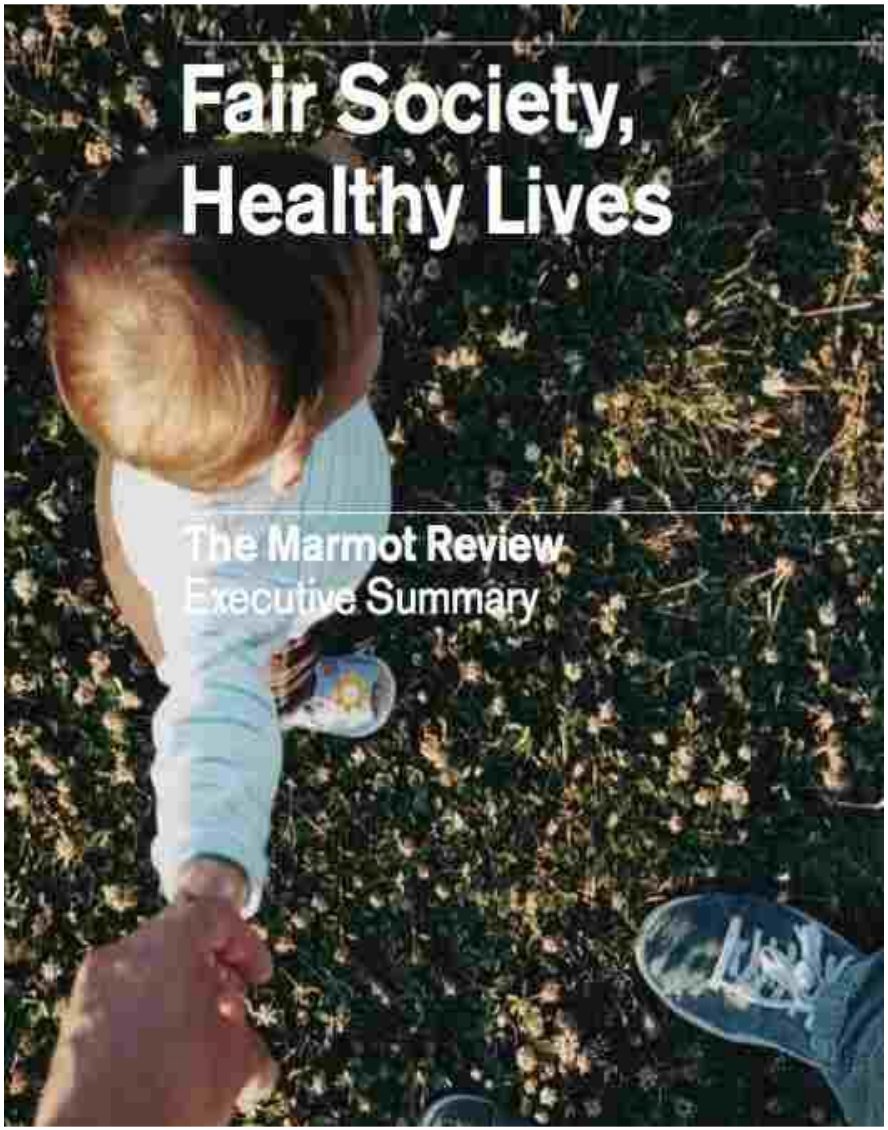
Improve the well-being of girls and women and the circumstances in which their children are born, put major emphasis on early child development and education for girls and boys, improve living and working conditions and create social protection policy supportive of all, and create conditions for a flourishing older life. Policies to achieve these goals will involve civil society, governments, and global institutions.

2 Tackle the Inequitable Distribution of Power, Money, and Resources

In order to address health inequities, and inequitable conditions of daily living, it is necessary to address inequities – such as those between men and women – in the way society is organized. This requires a strong public sector that is committed, capable, and adequately financed. To achieve that requires more than strengthened government – it requires strengthened governance: legitimacy, space, and support for civil society, for an accountable private sector, and for people across society to agree public interests and reinvest in the value of collective action. In a globalized world, the need for governance dedicated to equity applies equally from the community level to global institutions.

3 Measure and Understand the Problem and Assess the Impact of Action

Acknowledging that there is a problem, and ensuring that health inequity is measured – within countries and globally – is a vital platform for action. National governments and international organizations, supported by WHO, should set up national and global health equity surveillance systems for routine monitoring of health inequity and the social determinants of health and should evaluate the health equity impact of policy and action. Creating the organizational space and capacity to act effectively on health inequity requires investment in training of policy-makers and health practitioners and public understanding of social determinants of health. It also requires a stronger focus on social determinants in public health research.



“Rise up with me against the organisation of misery”.

Pablo Neruda

EQUAL OPPORTUNITIES
FOR HEALTH
ACTION FOR DEVELOPMENT

Esistono pochi Interventi di Salute Pubblica con un potenziale maggiore della **riduzione delle diseguaglianze**

Queste disuguaglianze causano, ogni anno, fra **1.3 e 2.5 milioni di anni di vita persi**.

Se tutte le persone di età superiore ai 29 anni avessero l'**attesa di vita dei laureati**, vi sarebbero **202.000 morti premature in meno** ogni anno.

World Health Organization Fair Society, Healthy Lives: A Strategic Review of Health, Inequalities in England, WHO 2010

EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

Ricapitolando...

- Salute e malattia **non sono distribuite *uniformemente*, né *casualmente***, nella popolazione
- Esistono disuguaglianze nella salute che correlano con **fattori di natura socioeconomica** (lavoro, istruzione, abitazione, reddito, ecc.)
- Tali disuguaglianze sono state riscontrate **in moltissimi paesi e contesti** (...praticamente ovunque sono state ricercate...)

EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

Ricapitolando...

- Le società più disuguali hanno **maggiori problemi sociosanitari**, che affliggono *tutta* la popolazione
- Esistono anche notevoli **disuguaglianze nell'accesso e nell'utilizzo dei servizi sanitari** (meno cure, più cure inappropriate) in base a reddito, istruzione, provenienza, ecc.
- Un'**azione "neutra"** in un contesto dove esistono disuguaglianze si traduce in un **aumento delle stesse**.

EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

Rapporto Acheson

Independent Inquiry into Inequalities in Health
(Acheson Inquiry) HMSO, 1997

"Le **disuguaglianze nella salute** sono il risultato di una catena di cause che trova la sua origine nella **struttura di base della società**".

EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

Rapporto Acheson

Independent Inquiry into Inequalities in Health
(Acheson Inquiry) HMSO, 1997

"E' necessario **un approccio ampio** poiché molti di questi fattori sono interrelati. **Può essere inefficace concentrarsi in un unico punto della catena** se non vengono adottate azioni complementari in grado di influenzare fattori collegati, appartenenti a un'altra area di interesse. Le strategie devono essere "a monte" (**"upstream"**) e "a valle" (**"downstream"**).

Questa iniqua distribuzione non è un fenomeno **“naturale”**, ma il **risultato di politiche che privilegiano gli interessi di alcuni su quelli di altri** – troppo spesso quelli di una ricca e potente minoranza sugli interessi di una maggioranza privata di potere.

EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

Dove le sistematiche differenze in salute sono considerate **evitabili** mediante interventi ragionevoli, esse sono, semplicemente, **ingiuste**. É ciò che chiamiano **iniquità in salute**. Raddrizzare queste iniquità – le immense e rimediabili differenze in salute tra paesi e all'interno dei paesi – è una questione di **giustizia sociale**. Ridurre le iniquità in salute è, per la Commissione sui Determinanti Sociali della Salute, un imperativo etico. **L'ingiustizia sociale sta uccidendo persone su larga scala**.

EQUAL OPPORTUNITIES FOR HEALTH ACTION FOR DEVELOPMENT

"The primary determinants of disease are mainly economic and social, and therefore its remedies must also be economic and social. Medicine and politics cannot and should not be kept apart".

Geoffrey Rose
"The strategy of preventive medicine", 1992.

EQUAL OPPORTUNITIES
FOR HEALTH
ACTION FOR DEVELOPMENT