University of BRISTOL

UNIVERSITY OF BRISTOL
Townsend Centre for International Poverty Research

SECOND UNITED NATIONS DECADE FOR THE eradication of poverty (2008 – 2017)

Child Health and Universal Health Care

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The International Policy Context

Universal Health Coverage and the Post 2015 Development Agenda

The idea of Universal Health Coverage for all people in the World gained momentum during 2012.

In May 2012, Dr Margaret Chan (Director-General of the World Health Organization) stated that; *'Universal health coverage is the single most powerful concept that public health has to offer*'

In July 2012 the UN General Assembly adopted Resolution (66/288) *'The Future We Want'* which stated;

'*We also recognize the importance of universal health coverage to enhancing health, social cohesion and sustainable human and economic development. We pledge to strengthen health systems towards the provision of equitable universal coverage*'

Similarly, in December 2012 the UN General Assembly adopted Resolution (67/81) *'Global Health and Foreign Policy*' which mandated United Nations organisations to give high priority to universal health coverage (and its 'links with social protection floors') and report back during 2013 on how countries can *'succeed in implementing universal health coverage*'.

ILO Social Protection Floor 2012

In 1948 the United Nations agreed that social security and health care for children, working age people who face unemployment or injury and older persons are a universal human right (ILO 2014). In June 2012, the ILO Social Protection Floors Recommendation (No. 202), were agreed by the governments and employers' and workers' organizations from 185 countries.

'National social protection floors should comprise at least the following four social security guarantees, as defined at the national level:

- *access to essential health care, including maternity care;*
- *basic income security for children, providing access to nutrition, education, care and any other necessary goods and services;*
- *basic income security for persons in active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability;*
- *basic income security for older persons.'*

Sustainable Development Goals (SDGs) 2015 to 2030

17 Goals, 169 targets, ??? Indicators

SDG Goal 3: Good Health & Wellbeing

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

3.8 ***Achieve universal health coverage****, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all*

3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

The State of the World’s Children

UN General Assembly Definition of Child Poverty,

December 2006

“Children living in poverty are deprived of nutrition, water and sanitation facilities, access to basic health-care services, shelter, education, participation and protection, and that while a severe lack of goods and services hurts every human being, it is most threatening and harmful to children, leaving them unable to enjoy their rights, to reach their full potential and to participate as full members of the society”

Human Rights

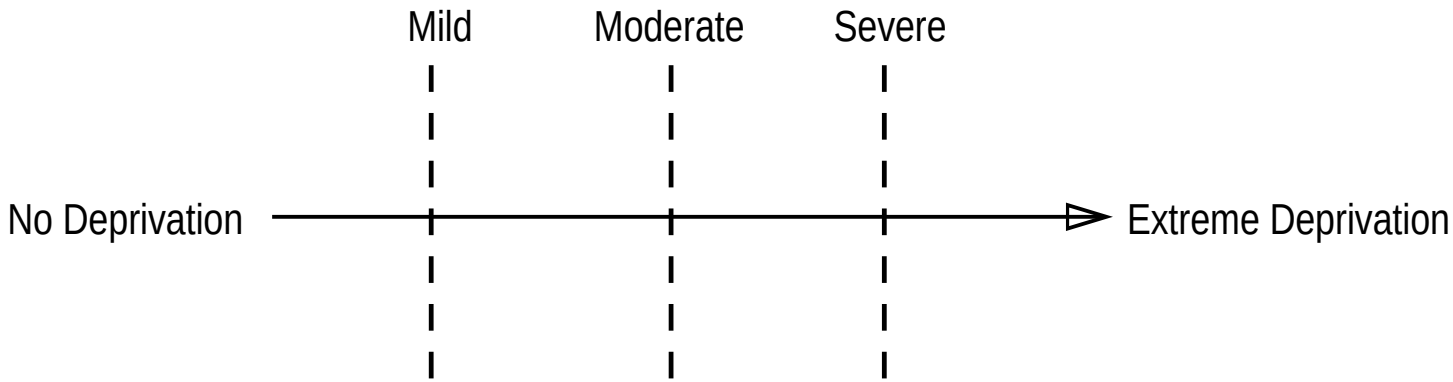
The Minimum Core Obligations

The UN Committee on Economic, Social and Cultural Rights

"*is of the view that a minimum core obligation to ensure the satisfaction of, at least, minimum essential levels of each of the rights is incumbent upon every member state party. Thus, for example, a state party in which any significant number of individuals is deprived of essential foodstuffs, of essential primary health care, of basic shelter and housing, or of the most basic form of education is, prima facie, failing to discharge its obligations under the convention*"

Deprivation can be conceptualised as a continuum which ranges from no deprivation through mild, moderate and severe deprivation to extreme deprivation.

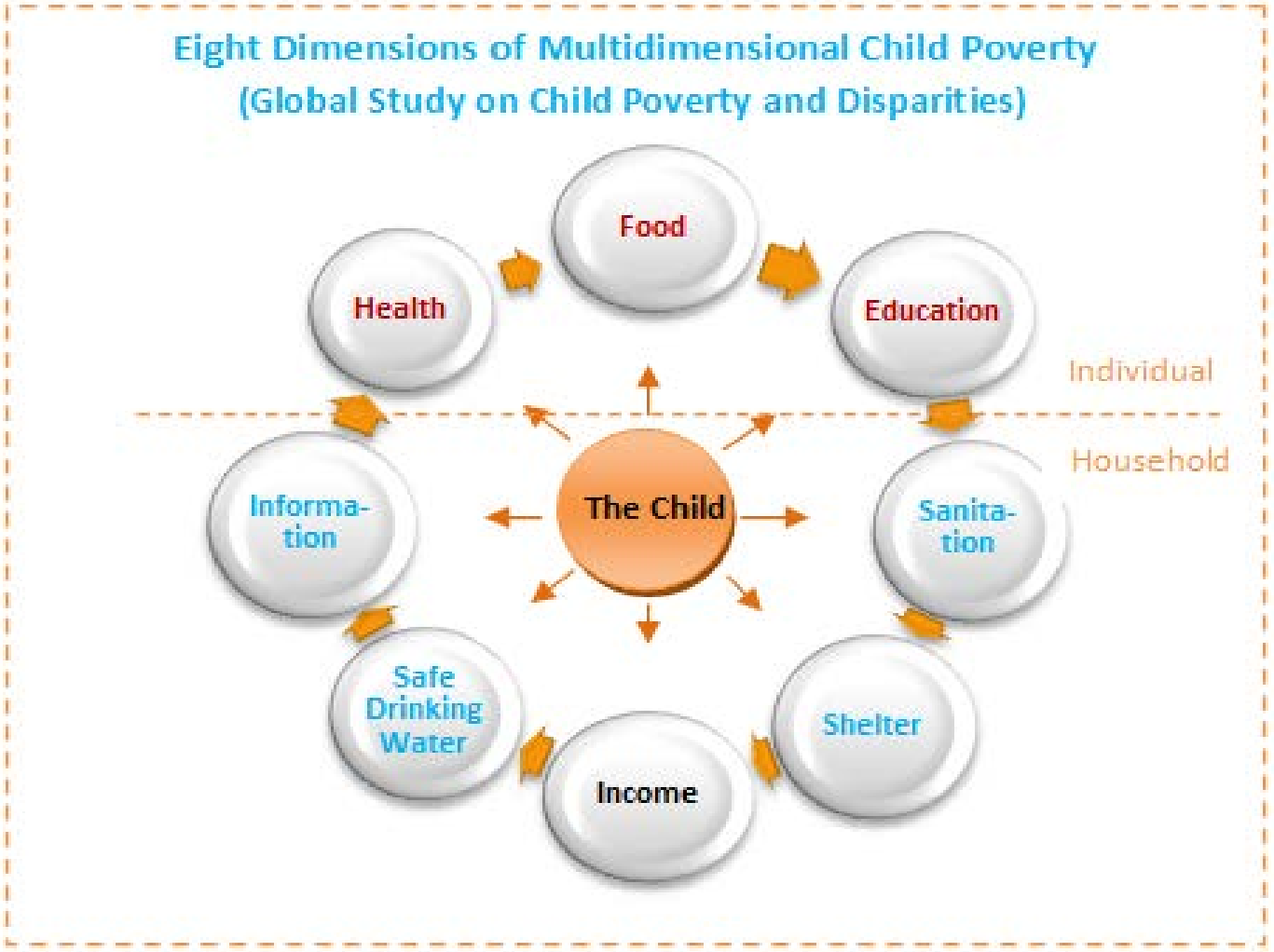
Continuum of deprivation



In order to measure absolute poverty amongst children, it is necessary to define the threshold measures of severe deprivation of basic human need for:

1. food
2. safe drinking water
3. sanitation facilities
4. health
5. shelter
6. education
7. information
8. access to service

Dimensions of Child Poverty



Child Poverty in the World

In 2000, over one billion children – **half** the children in the world- suffered from severe deprivation of basic human need and **30%** (650 million) suffered from absolute poverty (two or more severe deprivations).

In 2010, over one billion children – **almost half (48%)** of the children in the world- suffer from severe deprivation of basic human need and **28%** (615 million) suffer from absolute poverty (two or more severe deprivations).

Severe Deprivation of Basic Human Need for Children in 2010

(Items in **Bold** have improved since 2000**)**

•80 million children (9%) have not been immunised against any diseases or have had a recent illness causing diarrhoea and have not received any medical advice or treatment.

•Seventeen percent of children under five years in the developing world are severely malnourished, almost half of whom are in South Asia.

•Almost a third of the world's children live in dwellings with more than five people per room or which have a mud floor.

•Over half a billion children (25%) have no toilet facilities whatsoever.

•Over 230 million children (11%) are using unsafe (open) water sources or have more than a 30-minute round trip to walk to collect water.

•About one child in ten, aged 3 to 18, lacks access to radio, television, telephone or newspapers at home.

•One child in fifteen aged between 7 and 18 (over 87 million) are severely educationally deprived - they have never been to school.

Child Malnutrition: The Missing Millions?

There is a great deal of scientific research into malnutrition and anthropometric failure amongst young children (under 5) and the long term health outcomes for these children.

The major surveys e.g. DHS, MICS, etc. measure the heights, weights and other physical characteristics of young children so there are reasonably good global population estimates on the extent and nature of the ‘problem’.

However, there are three critical periods during the life course when a lack of adequate food may result in significant damage to health – pre-school age, teenagers going through puberty and old age.

For most countries we know virtually nothing about the extent of malnutrition amongst teenage children nor the physical and mental health consequences – teenagers represent the ‘missing millions’ in global knowledge about child hunger.

Do hungry Asian adolescents have more health problems?

Wing Chan (University of Bristol)

Sample of 60,000 aged **12 years to 16 plus** from the Global Students Health Survey (GSHS), from 2003 to 2013.

Independent variable: '*During the past 30 days, how often did you go **hungry** because there was not enough food in your home?'*

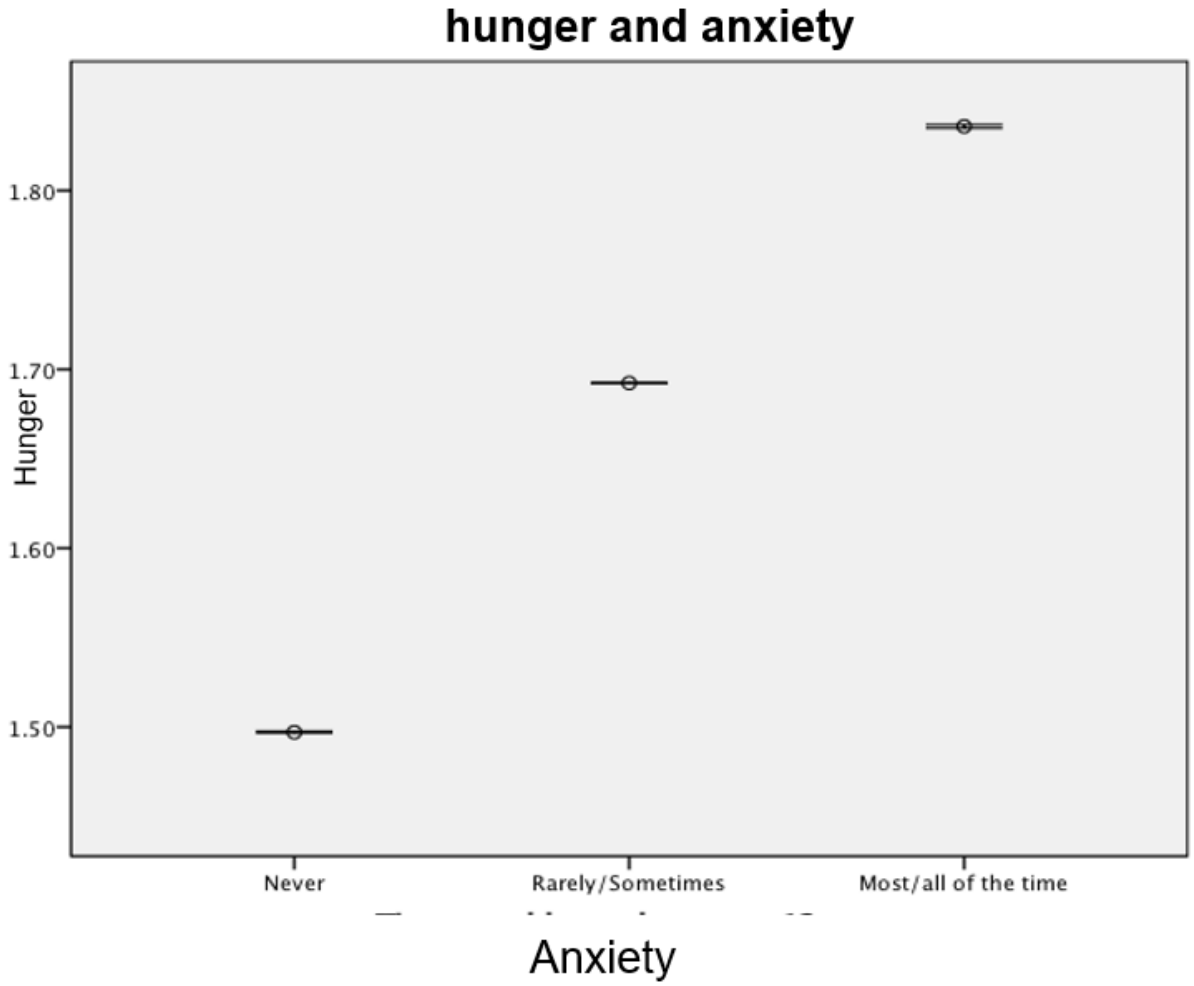
Dependent Variables: self-reported **symptoms of anxiety, loneliness, and suicidal thoughts** in the past 12 months; reported **serious injury** in the past 12 months.

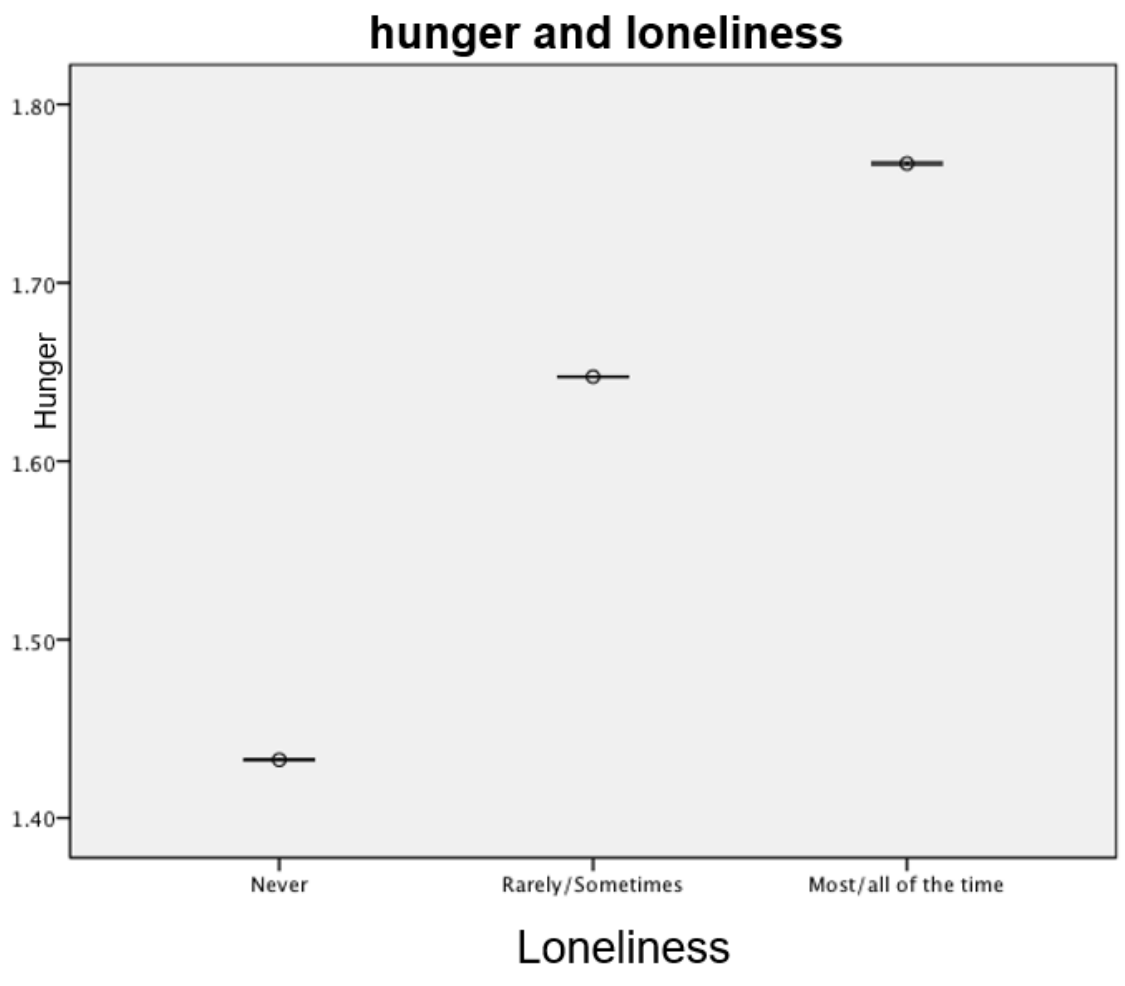
Covariates: age, sex, diet and family relationship.

- Hunger is **strongly associated** with symptoms of anxiety, loneliness and suicidal thoughts, after confounding variables at the individual and family level.
- **Hunger also leads to poorer physical health:** There is a strong association between the frequency of going hungry and self reported serious Injury (after controlling for cofounders)

Frequency of hunger in Asian countries amongst children in Secondary School

During the past 30 days, how often did you go hungry because there was not enough food in your home?		Never	Rarely	Sometimes	Most of time/Always	Total
Country	Philippines	33%	27%	33%	7%	100%
	Cambodia	45%	20%	29%	6%	100%
	Indonesia	36%	27%	32%	6%	100%
	Malaysia	40%	28%	27%	5%	100%
	Thailand	47%	23%	27%	3%	100%
	Myanmar	64%	7%	26%	3%	100%
	China	55%	29%	13%	2%	100%
	Mongolia	63%	23%	12%	2%	100%
	Vietnam	48%	30%	22%	1%	100%
Total		**43%**	**26%**	**27%**	**4%**	100%



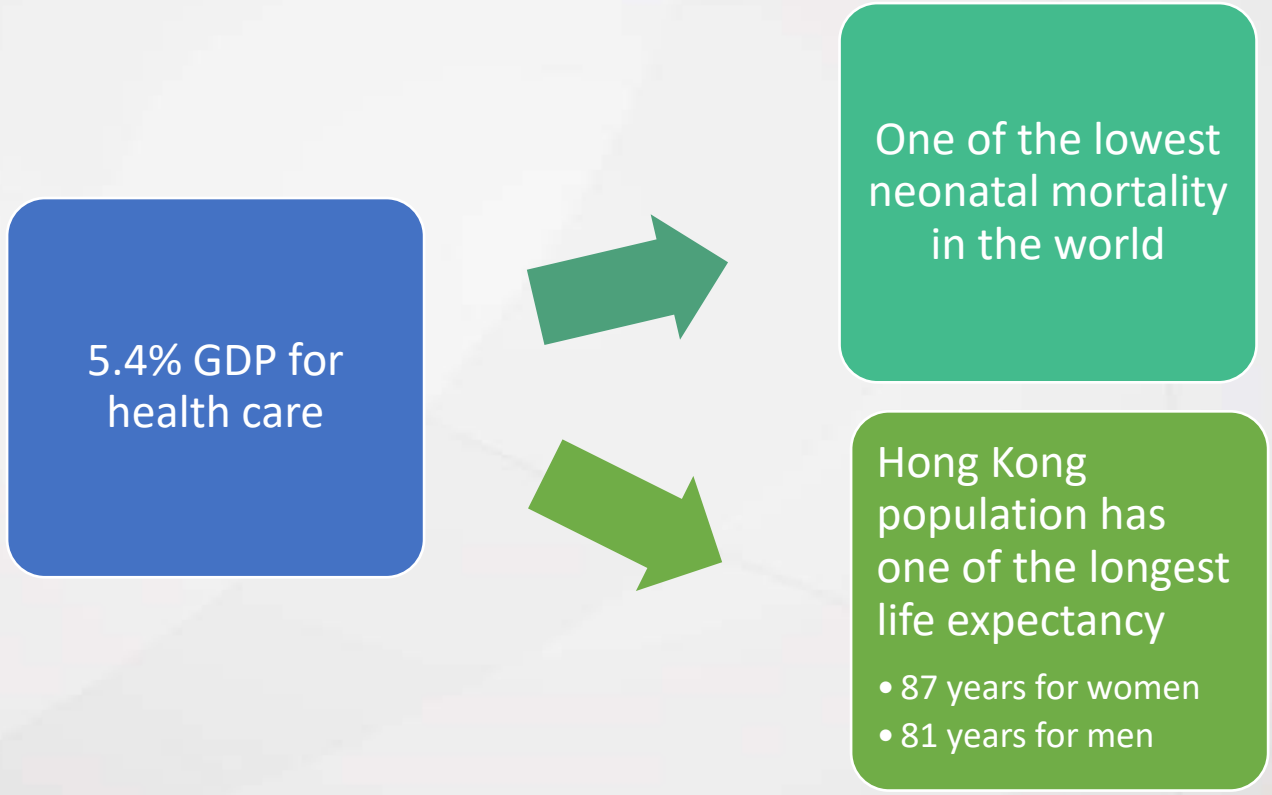


Amongst the adolescent children in the South & East Asia GSHS who had gone hungry 'Most of the time' or 'Always'

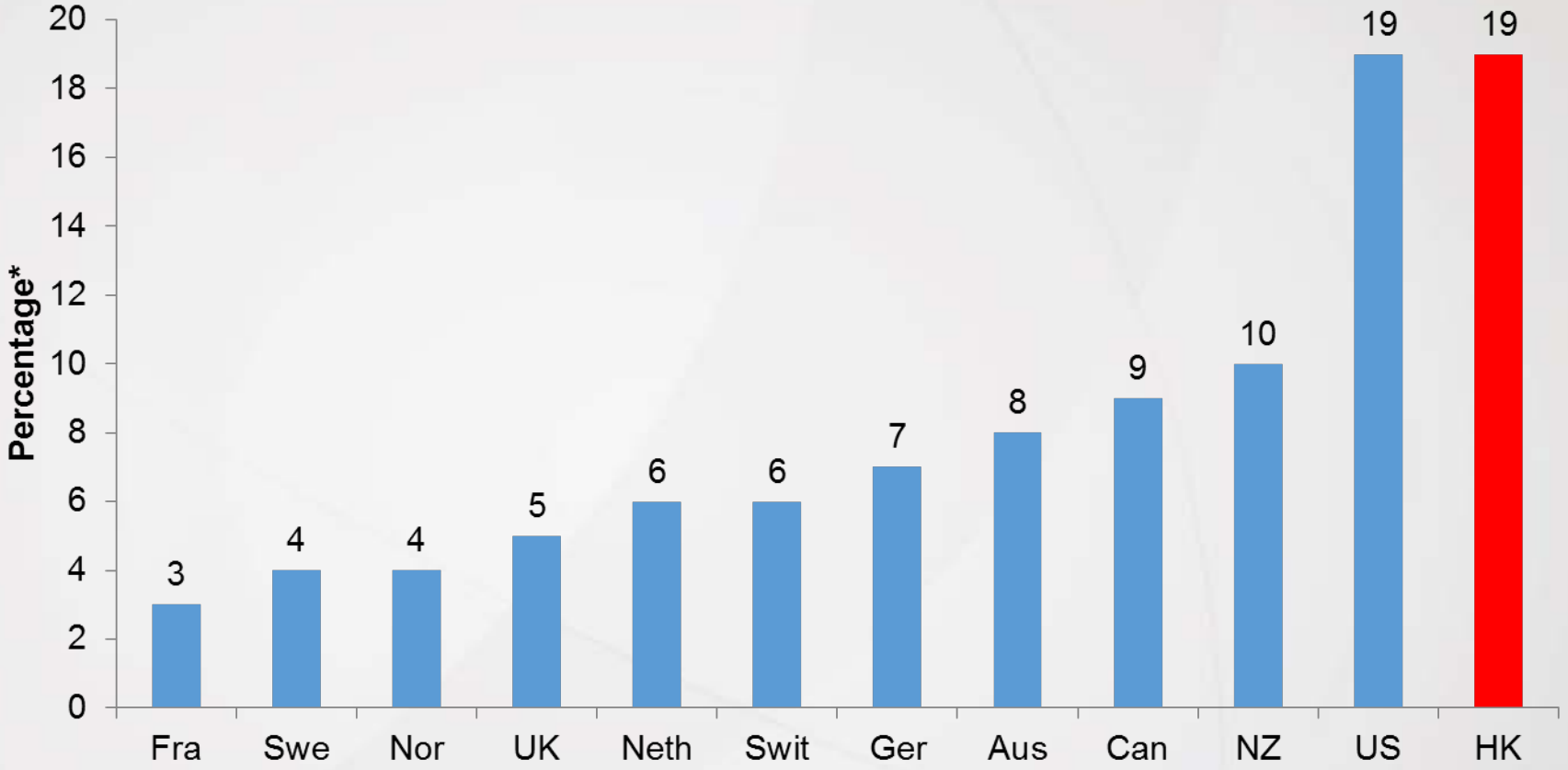
23% had considered suicide and 14% had made one or more suicide attempts during the past 12 months.

Universal Health Coverage Vs Efficient Health Care Systems
The Inverse Care Law:
The Case of Hong Kong

- Overall, Hong Kong healthcare system is one of the most efficient healthcare systems in the world



Cost-Related Access Problems in the Past Year (Not published yet)



* For HK, data included: had a medical problem but did not visit doctor, skipped medical test or treatment recommended by doctor due to cost

For other countries, data included : had a medical problem but did not visit doctor, skipped medical test or treatment recommended by doctor, and/or did not fill prescription or skipped doses because of the cost

Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults in Eleven Countries

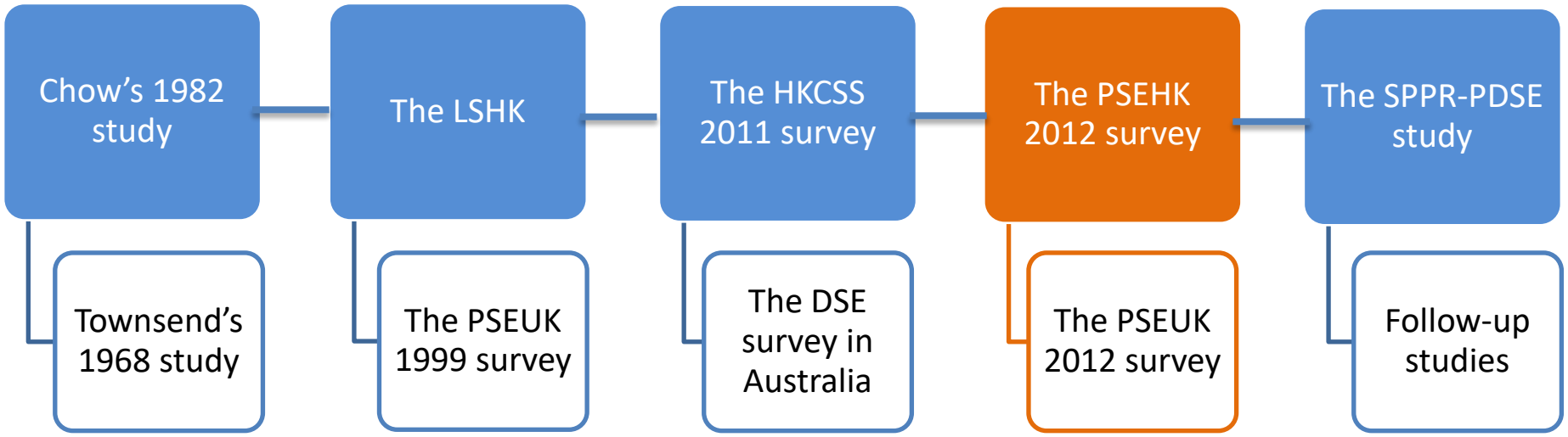
The Inverse Care Law

The term 'inverse care law' was coined by Tudor Hart (1971) to describe the general observation that *"the availability of good medical care tends to vary inversely with the need of the population served.“*

The law “*operates more completely where medical care is most exposed to market forces, and less so where such exposure is reduced.*”

Background

- The project of “Poverty and Social Exclusion in HK” (PSEHK) funded by the ESRC/RGC Joint Research Scheme (RES-000-22-4400)



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PSE HK

HKPSE: People 'wanting' the item (for children)

Items / Activities	Wanting
Three meals a day	100
Fresh fruit or vegetables at least once a day	100
New, properly fitted shoes (e.g. leather shoe and sport shoe)	100
Enough warm clothes for cold weather	99
New clothes and shoes for all children for Chinese New Year	99
School uniforms of correct size every year	99
Participation in extra-curricular activities (e.g. sports, music)	99
Meat/fish/vegetarian equivalent at least twice a day	99
School lunch box	99
Some new, not all clothes are old ones from siblings	98
Books at home suitable for their ages (including reference books and supplementary exercises)	97
Outdoor leisure equipment (e.g. racket or football)	97
A meal out with children at least once a month	96
Going on a school trip at least once a term	96
Mobile phone for children aged 11 or older	95
Partitioning for every child over 10 of different sex to have his/her own space	95
A suitable place at home to study or do homework	94
Tutorial lessons after school	94
A family day trip at least four times a year (e.g. going to Lantau Island, Amusement parks)	93
Educational games (e.g. chess)	93
Brand name trainers	90
Pocket money for his/her own	89

Health and Poverty in Hong Kong

The ESRC/RGC funded Hong Kong Poverty and Social Exclusion Survey found that;

- Poor households in Hong Kong are ten times less likely to consult a doctor or have regular dental or eye check-ups than their non-poor peers.

- Limited access to affordable private doctor consultations may contribute to non-urgent cases among poor families queuing (under the triage system) for ‘low-cost’ Accident & Emergency services.

- The unaffordability of dental and optical primary care services amongst poor households may have long-term impacts on health well-being and on public healthcare expenses.

Medical History & Health Services

- The Trends and Implications of Poverty and Social Disadvantages in Hong Kong Survey interviewed adults and children aged 10-17

- Adult respondents were asked "In the past year, has a lack of money prevented you from seeing a doctor?". Children were asked about their self-rated health (GHQ) and completed the Strengths & Difficulties questionnaire

- The presence or absence of chronic disease was based on adults report of diagnosis by their physicians for both themselves and for each child in the household.

Results

- A total of 4,947 addresses were sampled with 3,791 valid addresses
- The final surveyed sample consisted of 2,282 household respondents aged 18 years and over, with a response rate of 60.2%
- 2,236 participants answered the question of medical service access
- 186 participants (8%) did not seek medical care because of lack of financial means in the past one year

Multivariate Analysis Results

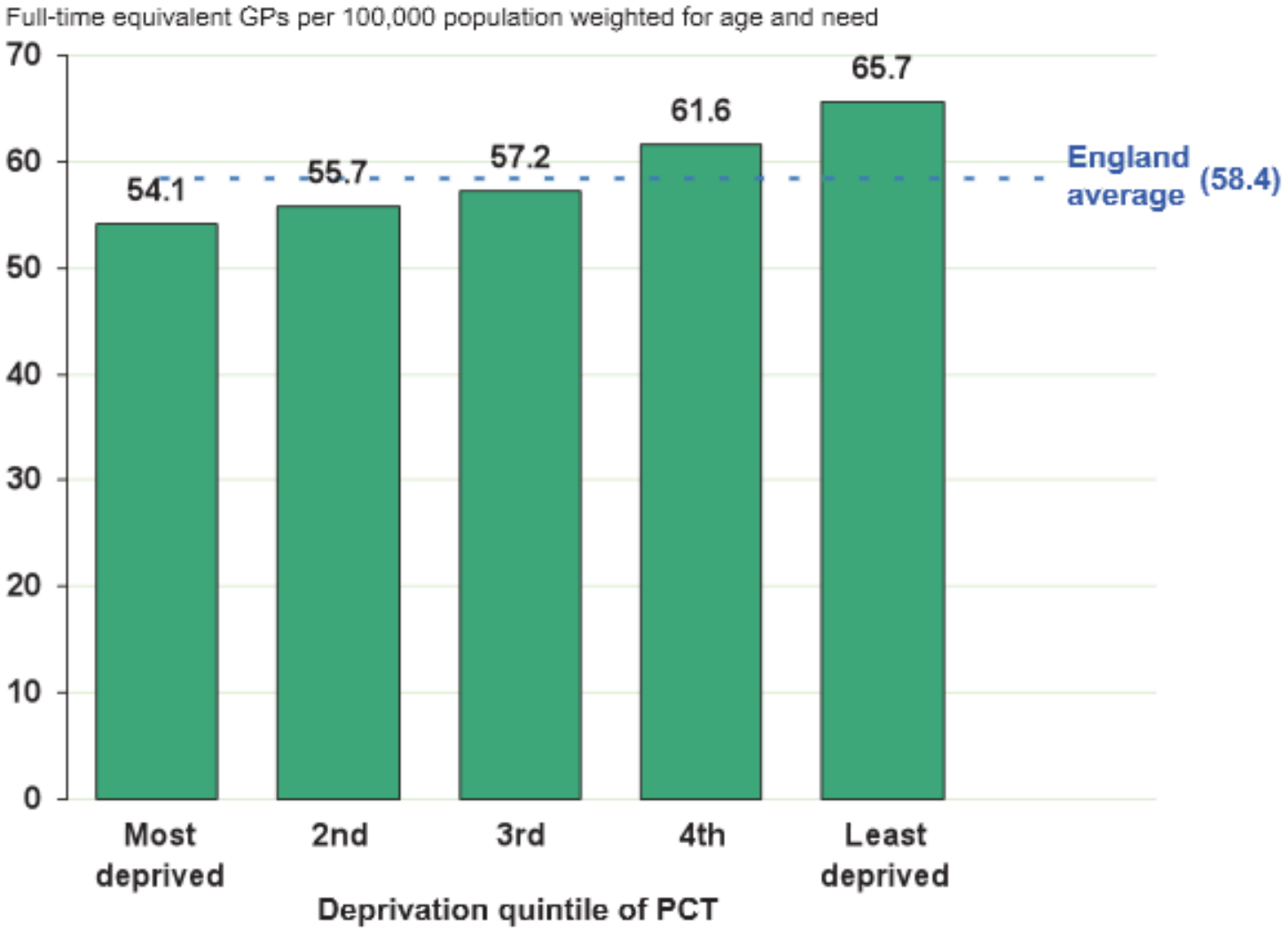
- Participants did not seek medical care due to lack of financial means were more likely to be
  - female
  - students
  - work in elementary jobs
  - suffer from pain symptoms that affected their daily activities

- With respect to physical and mental health, they reported
  - higher level of stress
  - worse physical health related quality of life
  - worse mental health related quality of life
  - higher disability

Adults and children who cannot afford medical care in Hong Kong have worse health than their richer peers

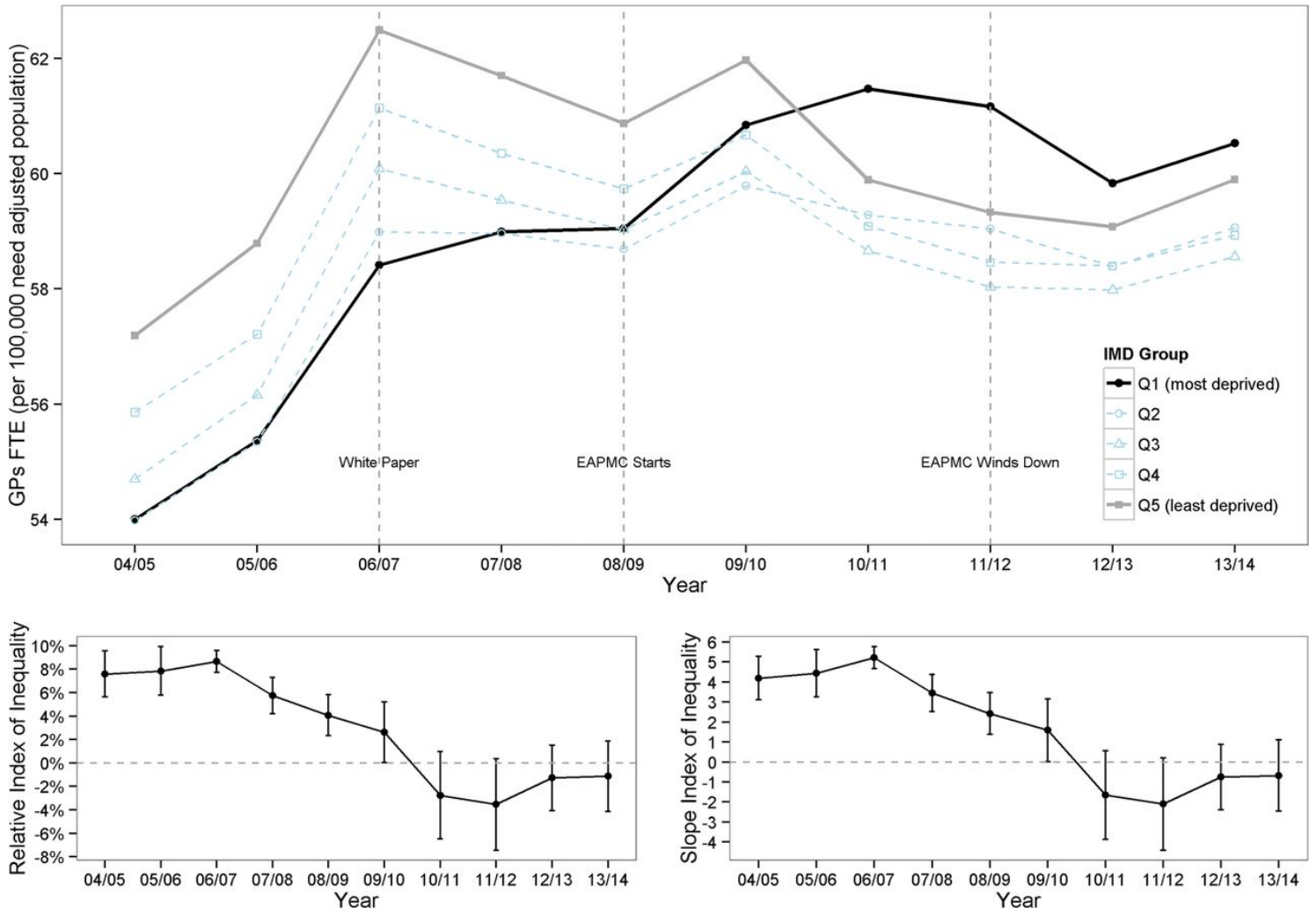
The Inverse Care Law

Average number of GPs per 100,000 by area deprivation, 2005



Source: DoH (2009) *Tackling Health Inequalities: 10 Years On*

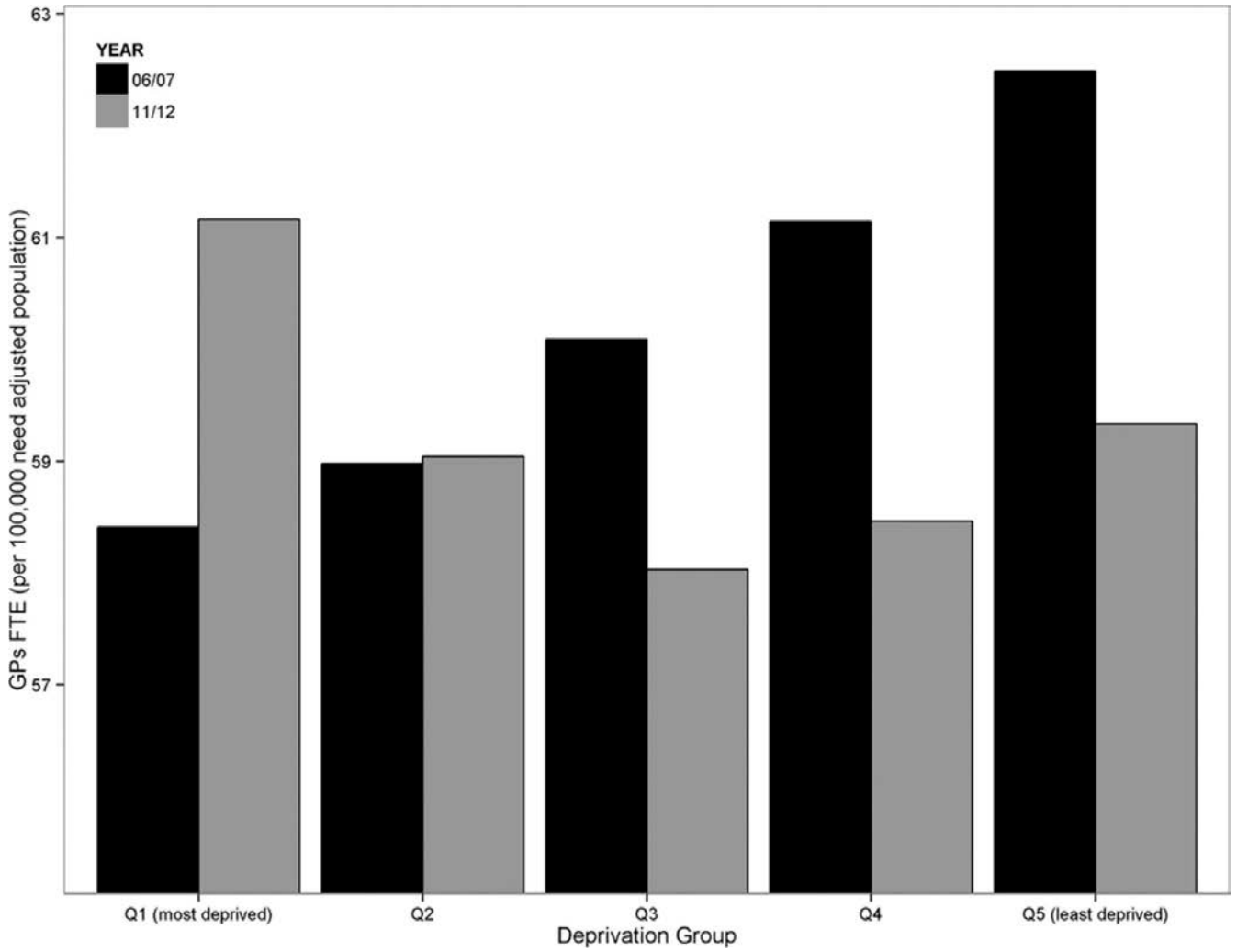
Socioeconomic inequality in GP supply in England 2003/2004 to 2013/2014.



Miqdad Asaria et al. BMJ Open 2016;6:e008783

BMJ Open

Socioeconomic gradient in GP supply in 2006/2007 and 2011/2012, before and after the Equitable Access to Primary Medical Care programme.



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Justice and Fairness

If the misery of our poor be caused not by the laws of nature, but by our institutions, great is our sin.

– Charles Darwin, 1845