



# GLOBAL HEALTH EXCHANGE CONFERENCE

**DUBLIN CITY UNIVERSITY, SEPTEMBER 12 - 2019**

**REACHING THE FURTHEST BEHIND FIRST:  
ADDRESSING GENDER AND OTHER  
INEQUALITIES TO MEET THE SDGS**



# Health Equity and Rights: Local and Global

Prof John Kevany Memorial Lecture  
Irish Forum for Global Health

12 September 2019

Diarmuid O'Donovan



GLOBAL HEALTH EXCHANGE  
CONFERENCE

DUBLIN CITY UNIVERSITY, SEPTEMBER 12 - 2019

REACHING THE FURTHEST BEHIND FIRST:  
ADDRESSING GENDER AND OTHER  
INEQUALITIES TO MEET THE SDGS



---

## John Kevany

An academic who highlighted the link between poverty and ill health

His life was characterised by a deep understanding of the multiple causes of ill health and a commitment to bring about the changes necessary to redress inequity. In 1996, in an article in the *BMJ*, he wrote: “The world's biggest killer and the greatest cause of ill health and suffering across the globe is extreme poverty. The effects of poverty on health are never more clearly expressed than in poor communities of the developing world... The scale and persistence of these problems is a blunt reminder of an international obligation ignored”

## **Teaching global / international health in Ireland (Galway 12<sup>th</sup> September)**

### **Summary of discussion**

**Attendance:** The meeting was attended by 21 people. (List attached)

**Format:** Presentations were given by Mike Rowson from MEDACT and from Chris Willott.

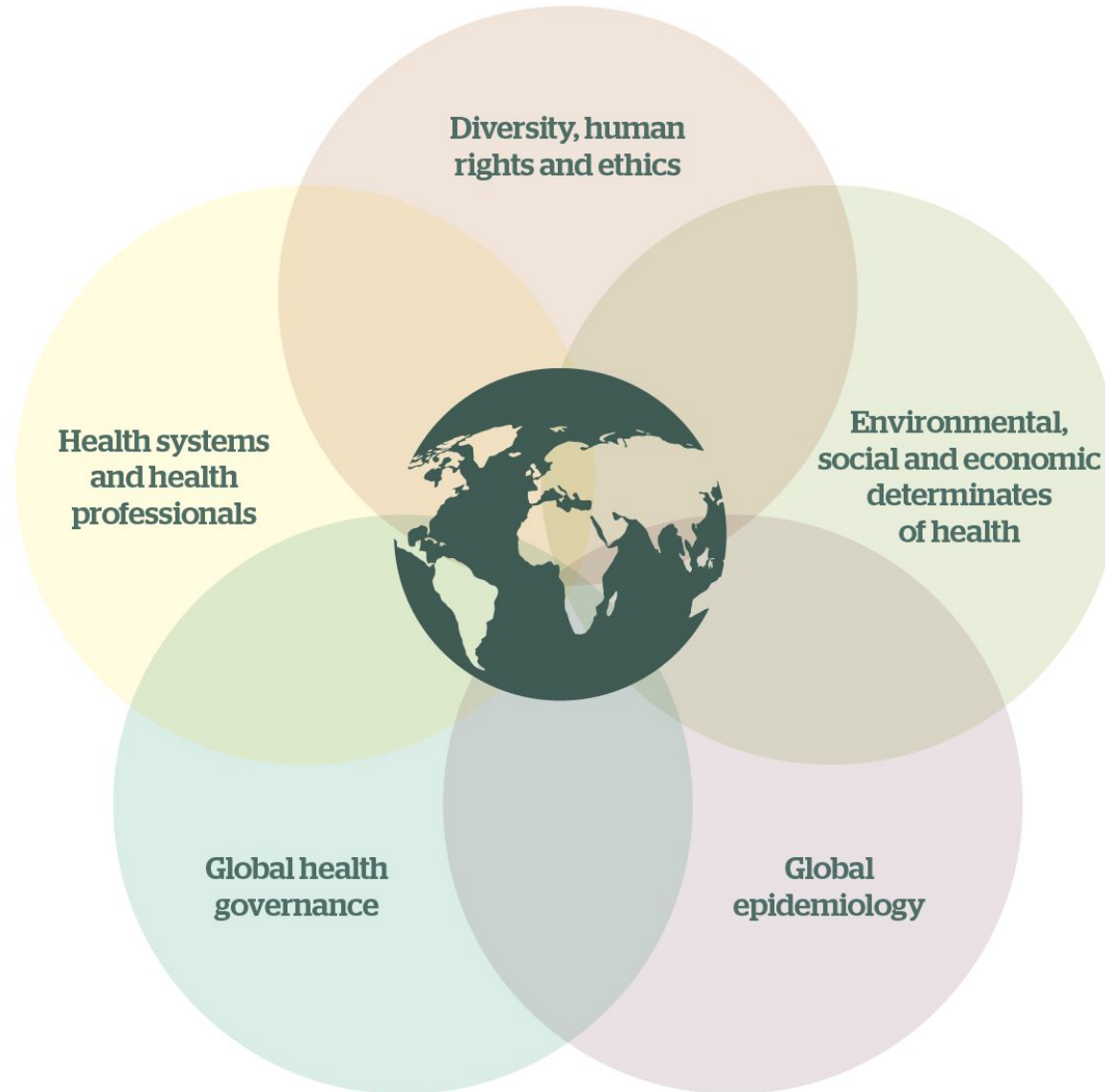
**Name:** The group was provisionally named the **Irish Global Health Forum**

## **Aim**

The aim of the Irish Forum for Global Health is to contribute to improvement in the health of individuals and populations globally by creating linkages that will promote research, education, and advocacy on global health issues.

The forum is concerned with health in its broadest sense. We cannot consider health without recognising the links between health and poverty, inequity, sustainable development, education, human rights and gender issues. The forum strives to be open and inclusive.

# Global Health Capabilities

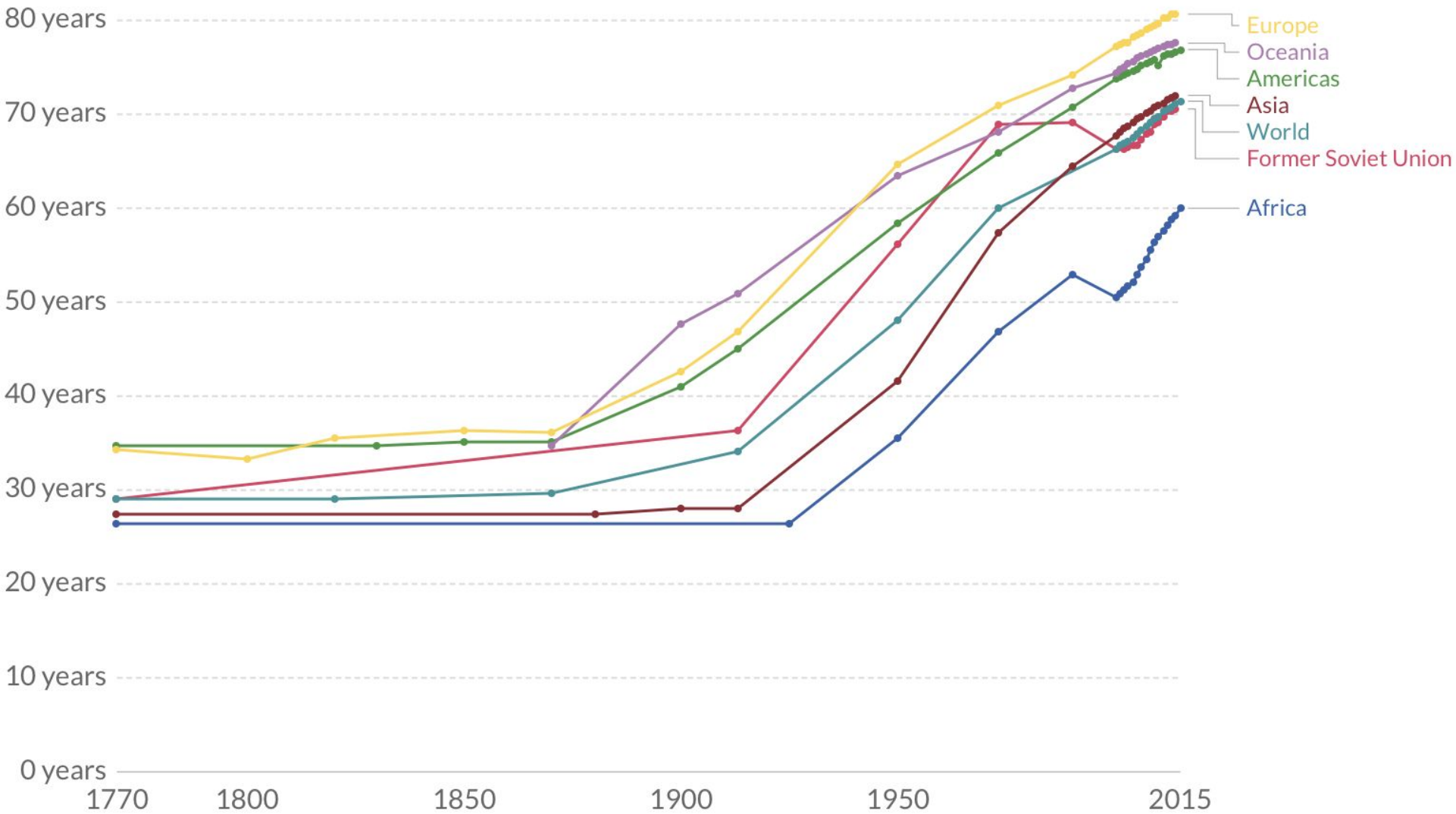


# GETTING STARTED WITH THE SDGS IN UNIVERSITIES

A GUIDE FOR UNIVERSITIES, HIGHER EDUCATION INSTITUTIONS, AND THE ACADEMIC SECTOR



# Life expectancy by world region



Source: Life expectancy - James Riley for data 1990 and earlier; WHO and World Bank for later data (by Max Roser)

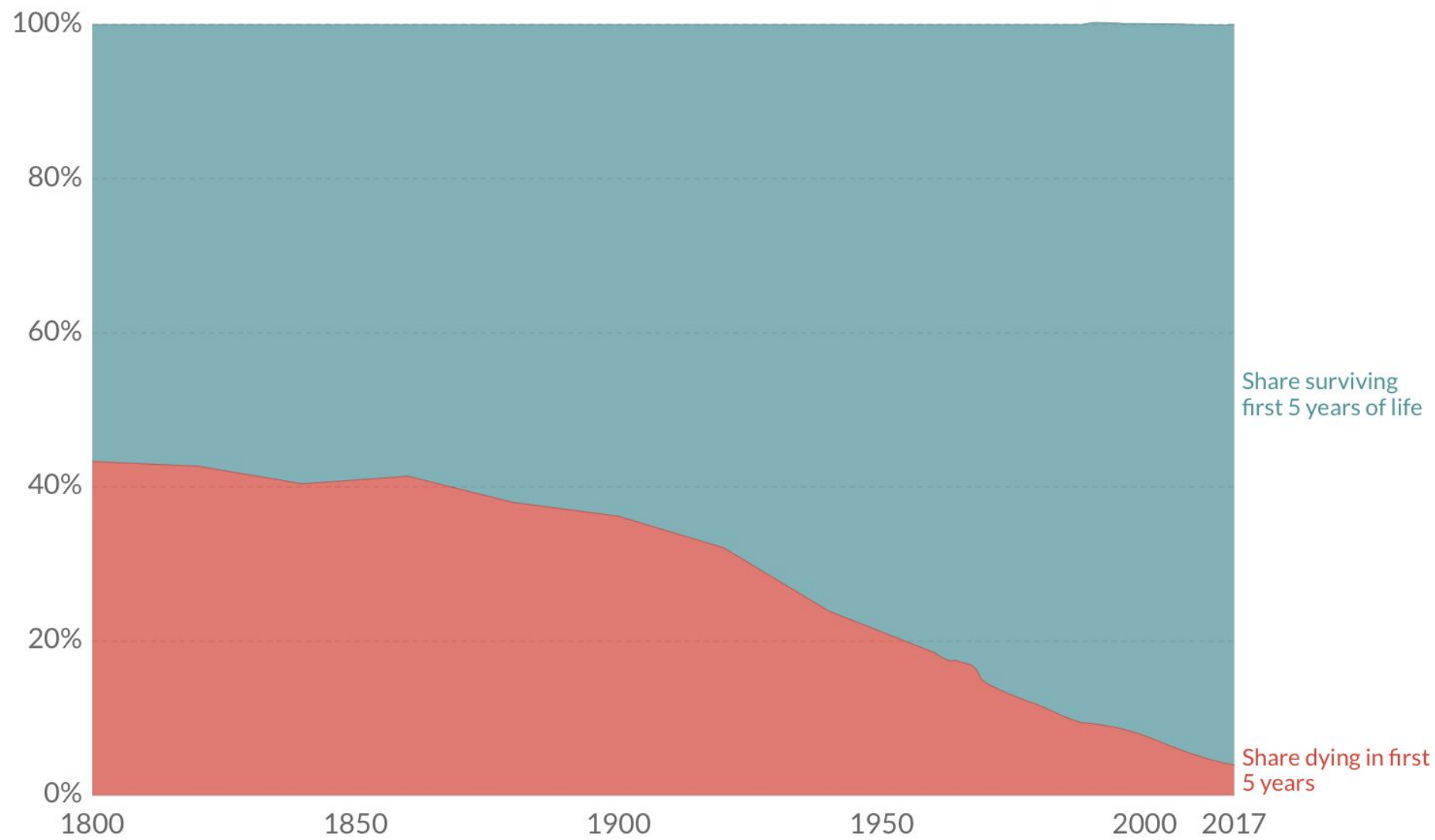
▶ 1770  2015

[CHART](#) [DATA](#) [SOURCES](#) [Download](#) [Share](#) [Fullscreen](#)



# Global child mortality

Share of the world population dying and surviving the first 5 years of life.



Source: Gapminder and the World Bank

CC BY

CHART

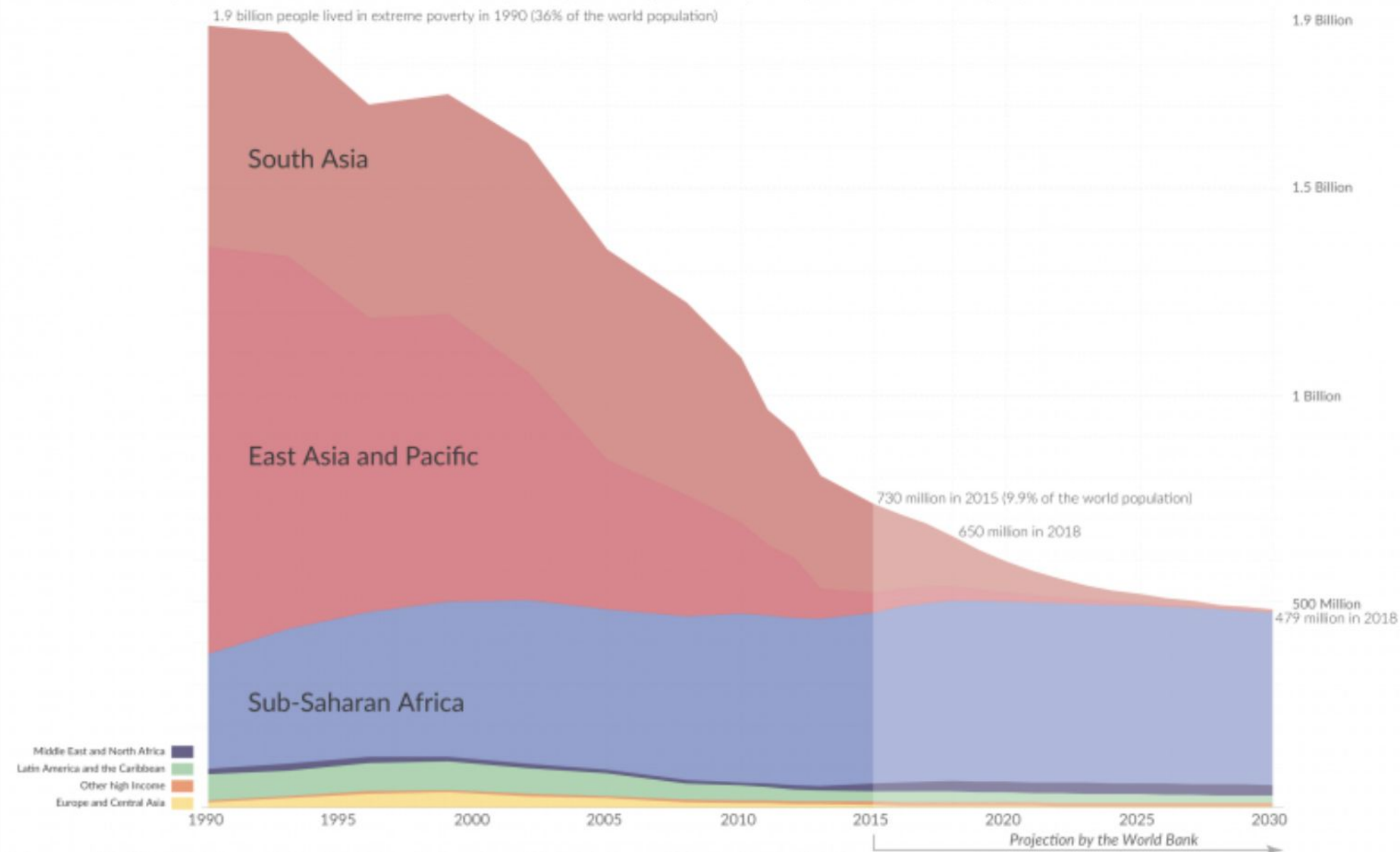
DATA

SOURCES



# The number of people in extreme poverty – including projections to 2030

Extreme poverty is defined by the 'international poverty line' as living on less than \$1.90/day. This is measured by adjusting for price changes over time and for price differences between countries (PPP adjustment). From 2015 to 2030 the World Bank's projections are shown.



Data source: World Bank data from 1990 to 2015. The projections from 2015 to 2030 are published in the World Bank report *Poverty and Shared Prosperity 2018*.

This is a visualization from [OurWorldinData.org](http://OurWorldinData.org), where you find data and research on how the world is changing.

Licensed under CC-BY by the author Max Roser.

---

## Help eliminate hunger, food insecurity and malnutrition

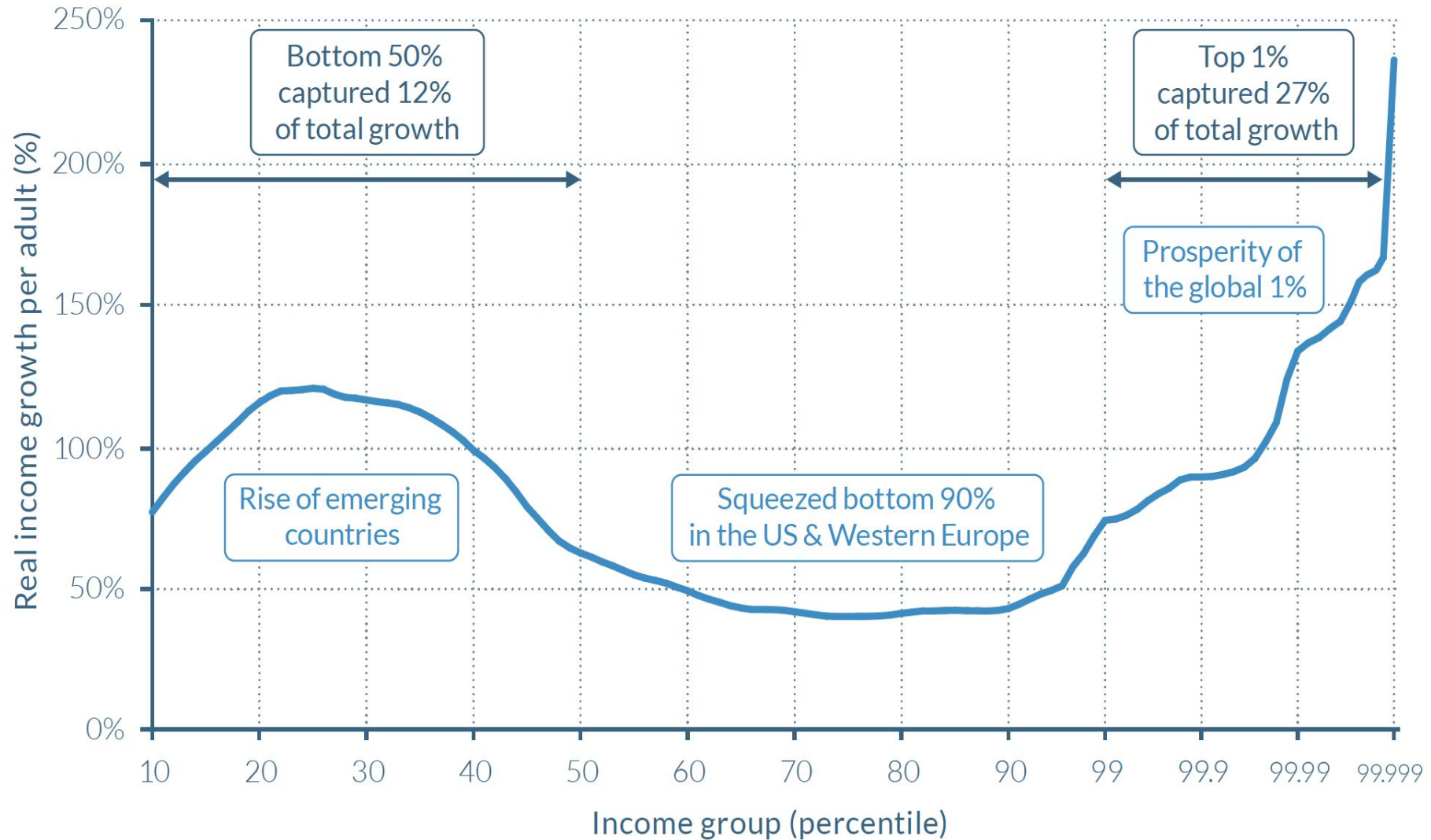
In spite of progress made over the last two decades, more than 820 million people still suffer from chronic hunger. Meanwhile other forms of malnutrition are also on the rise: overweight and obesity, associated with the development of a significant surge in diet-related non-communicable diseases, affect almost four in ten adults worldwide. At the same time, more than two billion people suffer from various micronutrient deficiencies. This shows that, despite a stronger political commitment, investments and policies are not being fully effective in fighting hunger and malnutrition and are not reaching some population groups.



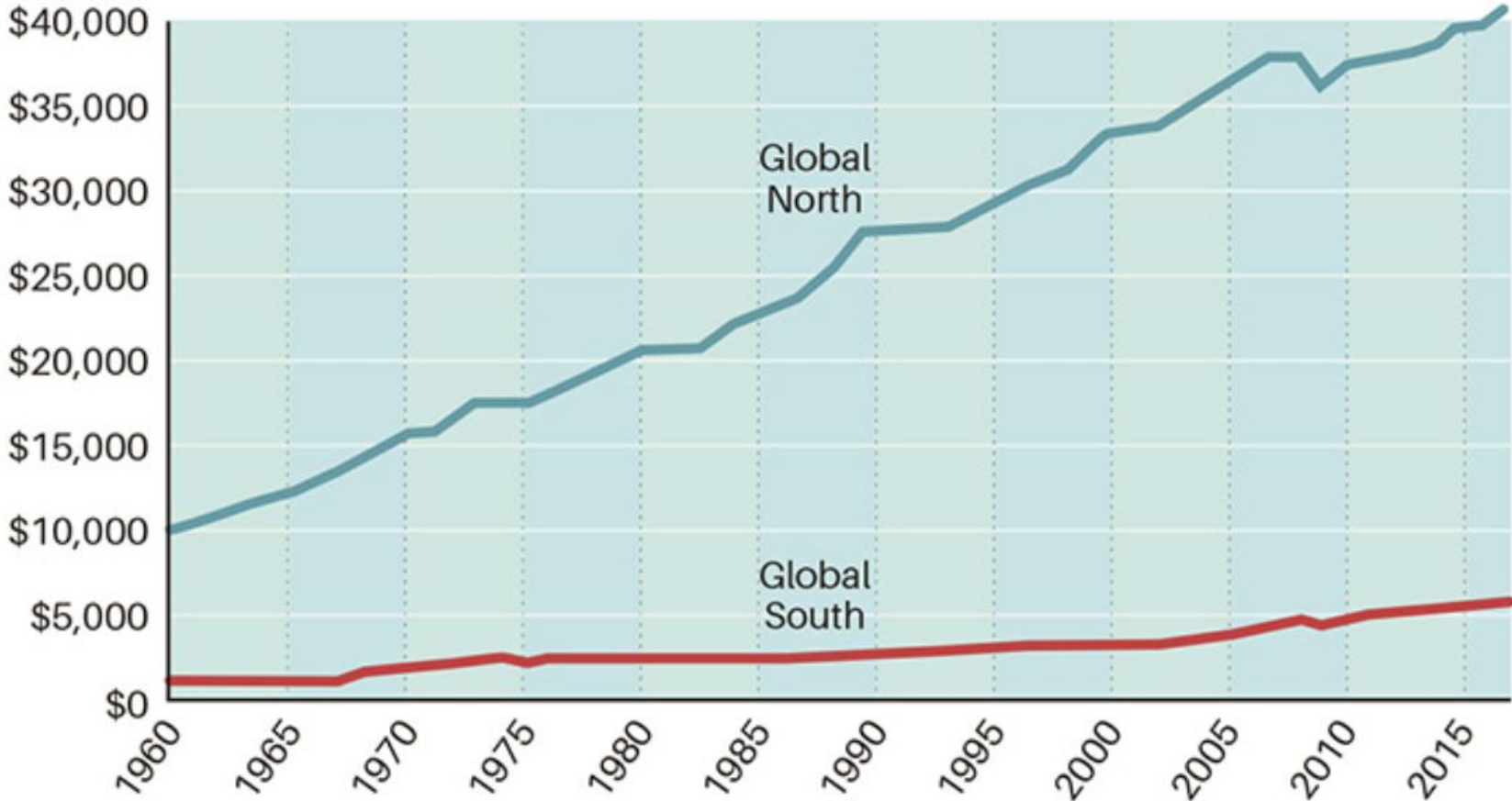
---

**\$1.90**

# WORLD INEQUALITY



# INCOME (USD 2010 PER CAPITA)



Source: World Bank. Global North: EU, US, Canada, Australia, New Zealand/Aotearoa, Switzerland, Iceland, Greenland, Norway, Russia, Japan; Global South: rest of the world

# HEALTH IN THE SDG ERA



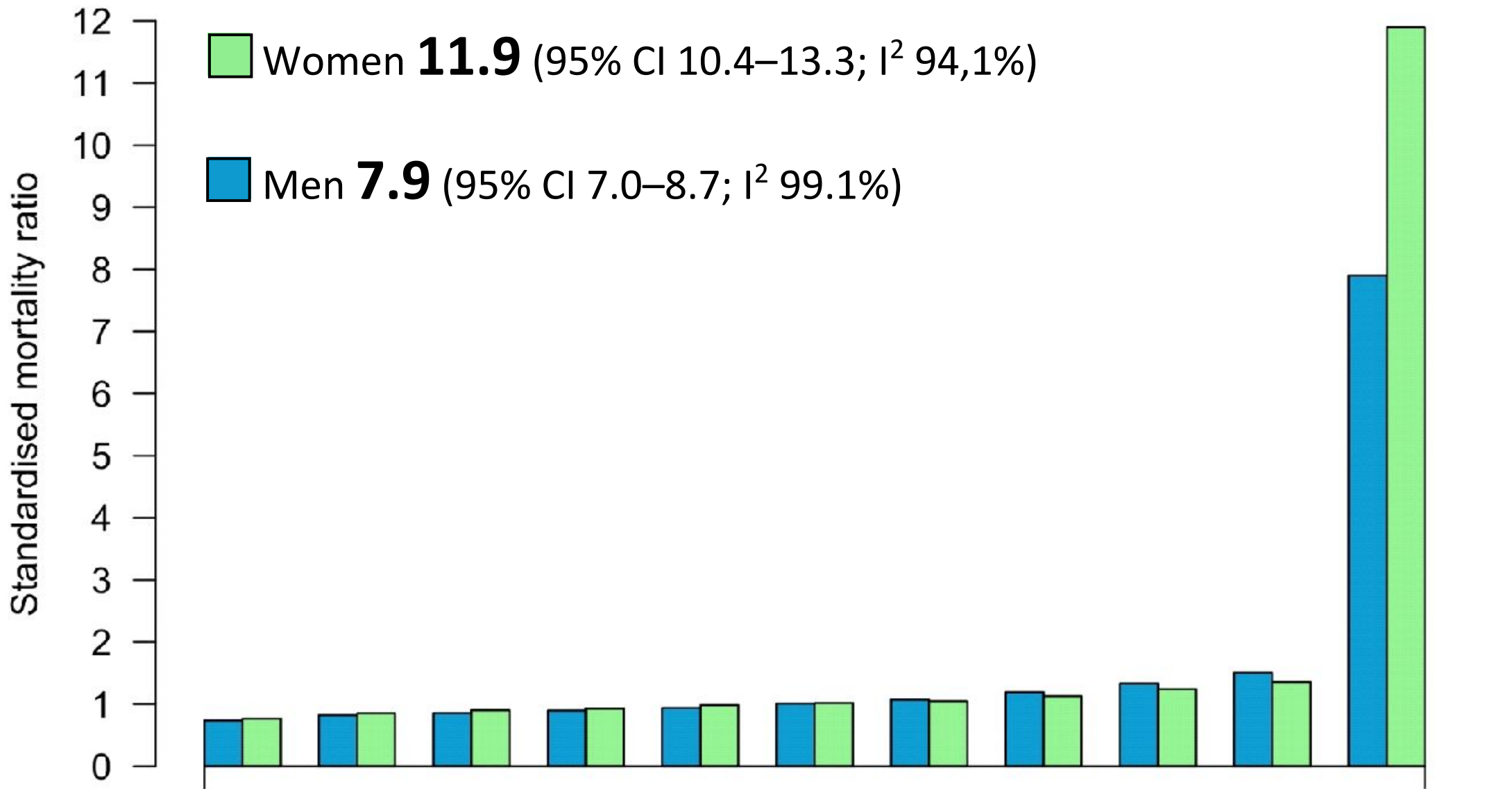
World Health Organization

[WWW.WHO.INT/SDGS](http://WWW.WHO.INT/SDGS)





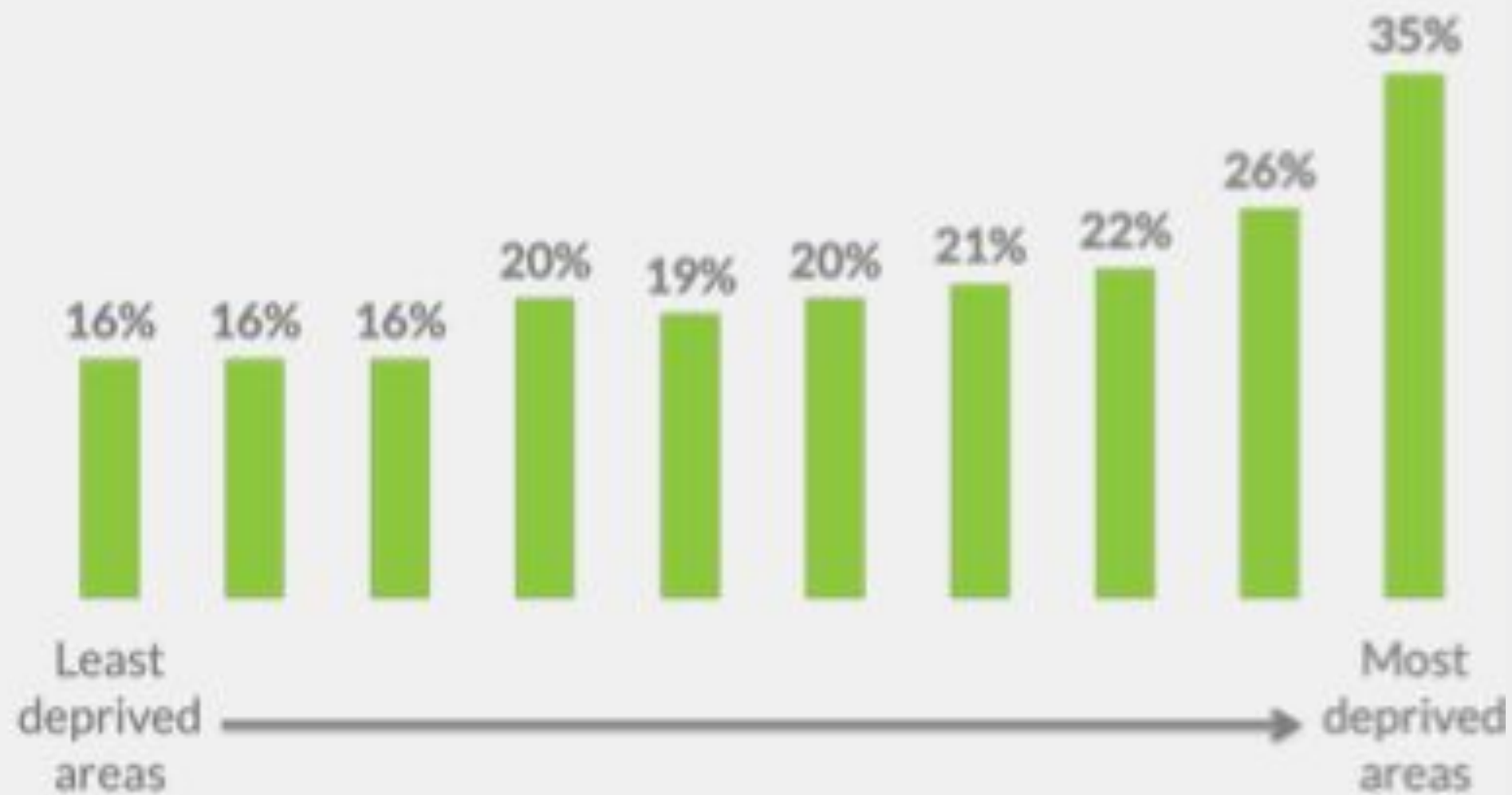
*\*Deaths by underlying cause, deprivation decile areas, 5 year age groups and sex, England and Wales, 1981 to 2015  
 Populations by deprivation decile areas, 5 year age groups and sex, England and Wales, 2001 to 2015*



IMD



## Smoking Prevalence by Deprivation Deciles



**Report of the Independent Review Group  
established to examine  
Private Activity in Public Hospitals**

**February 2019**



# Equality



# Equality



# Equity



# Equality

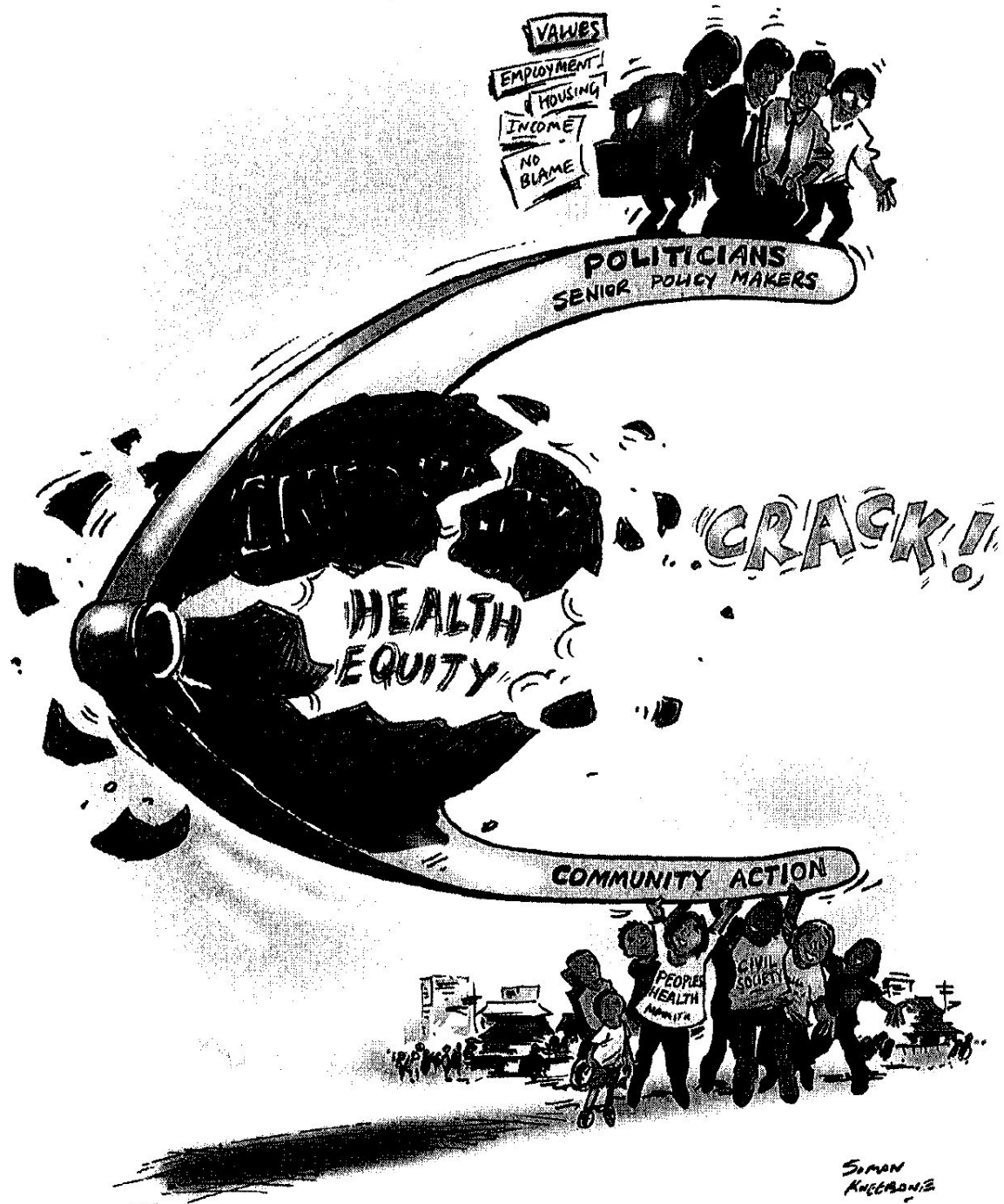


# Equity



# Justice





VALUES  
EMPLOYMENT  
& HOUSING  
INCOME  
NO BLAME

POLITICIANS  
SENIOR POLICY MAKERS

CRACK!

HEALTH  
EQUITY

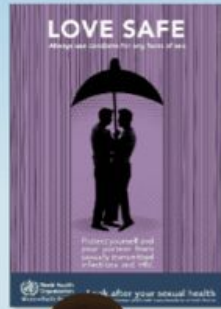
COMMUNITY ACTION

PEOPLES  
HEALTH

CIVIL  
SOCIETY

SIMON  
KNEEBONE

# Health is a human right for everyone, at every age.







# Public Sector Equality and Human Rights Duty

Section 42 of the Irish Human Rights and Equality Commission Act 2014 imposes a statutory obligation on public bodies in performing their functions to have regard to the need to:

- eliminate discrimination;
- promote equality of opportunity and treatment for staff and persons to whom it provides services; and
- protect the human rights of staff and services users.

This Public Sector Equality and Human Rights Duty places equality and human rights at the heart of how a public body fulfils its purpose and delivers on its strategic plan.



Coimisiún na hÉireann um Chearta  
an Duine agus Comhionannas

Irish Human Rights and Equality Commission

# Public Sector Equality and Human Rights Duty

The 2014 Act requires a public body, having regard to its functions, purpose, size and resources available to it, to:

- 1. Assess** - set out in its strategic plan an assessment of the human rights and equality issues it believes to be relevant to the functions and purpose of the body;
- 2. Address** - set out in its strategic plan the policies, plans and actions in place or proposed to be put in place to address those issues;
- 3. Report** - report on developments and achievements in its annual report.



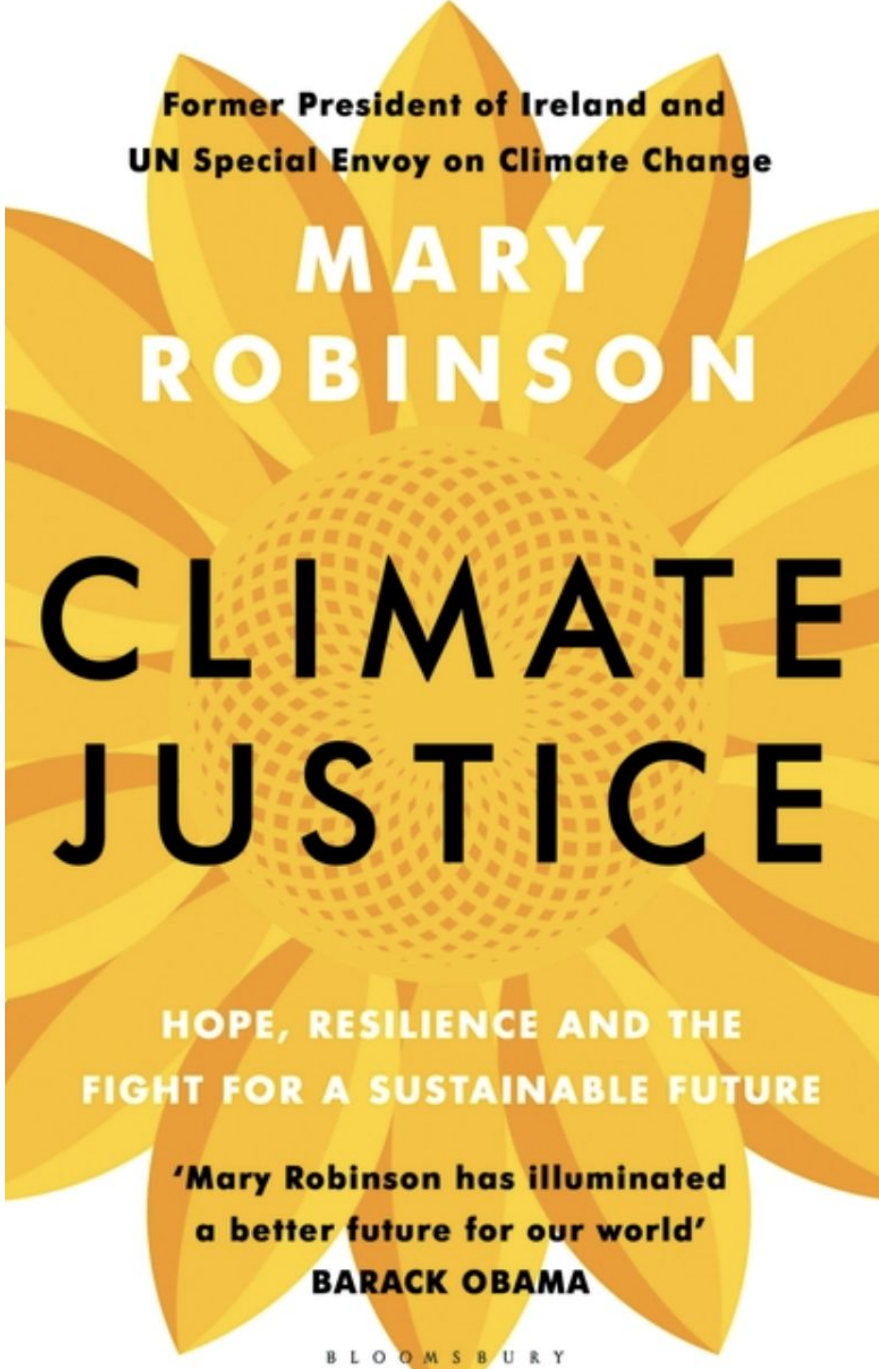
Coimisiún na hÉireann um Chearta  
an Duine agus Comhionannas  
Irish Human Rights and Equality Commission

# Inclusion health

- A social justice movement to prevent and address the harms of extreme inequity through research, service and policy
- Measuring: assess to address







**Former President of Ireland and  
UN Special Envoy on Climate Change**

**MARY  
ROBINSON**

# **CLIMATE JUSTICE**

**HOPE, RESILIENCE AND THE  
FIGHT FOR A SUSTAINABLE FUTURE**

**'Mary Robinson has illuminated  
a better future for our world'**

**BARACK OBAMA**

BLOOMSBURY

... linking climate change with human rights and development to achieve a human-centred approach, safeguarding the rights of the most vulnerable and sharing the burdens and benefits of climate change and its resolution equitably and fairly.



Rialtas na hÉireann  
Government of Ireland

# A Better World

Ireland's Policy for International Development



Year	ODA level € Million	Expected ODA/GNI % Target
2019	817	0.30%
2023	1400	0.50%
2025	1800	0.57%
2027	2100	0.62%
2030	2500	0.70%



*Health for All Now!*

## People's Health Movement

About Us

The PHM is a global network bringing together grassroots health activists, civil society organizations and academic institutions from around the world, particularly from low and middle income countries (L&MIC). We currently have a presence in around 70 countries.

“Equity, ecologically-sustainable development and peace are at the heart of our vision of a better world – a world in which a healthy life for all is a reality; a world that respects, appreciates and celebrates all life and diversity; a world that enables the flowering of people’s talents and abilities to enrich each other; a world in which people’s voices guide the decisions that shape our lives....”



# People's Health Movement

People's  
Charter  
For  
Health





*Health for All Now!*

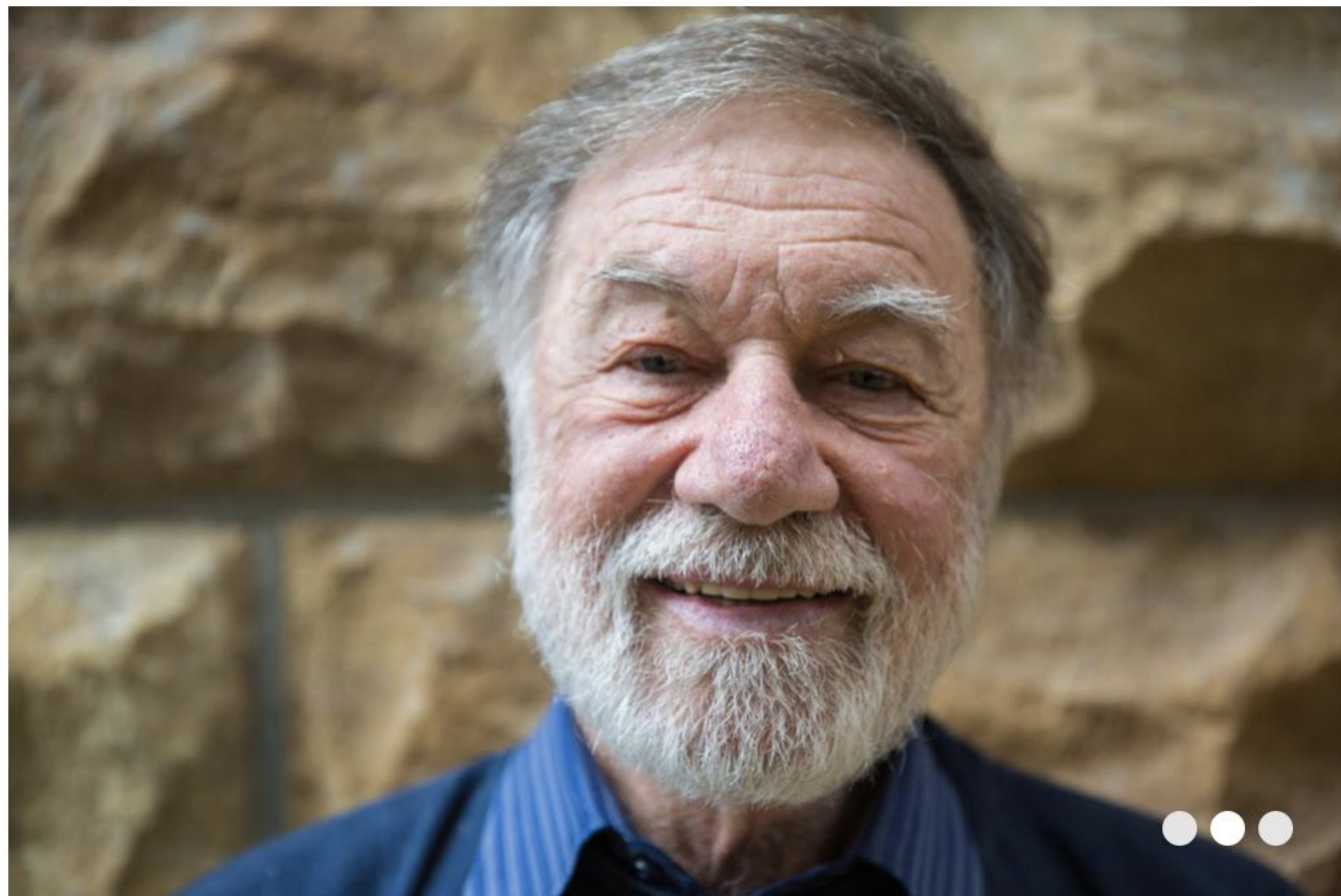
**People's Health Movement**

[About Us](#) ▾

[What we do](#) ▾

[Get Involved](#)

**David Sanders (1945-2019) : An inspiration in the struggle of Health for All.**





# THE STRUGGLE FOR HEALTH

Medicine and the Politics of Underdevelopment



David Sanders with Richard Carver

# GLOBAL HEALTH WATCH

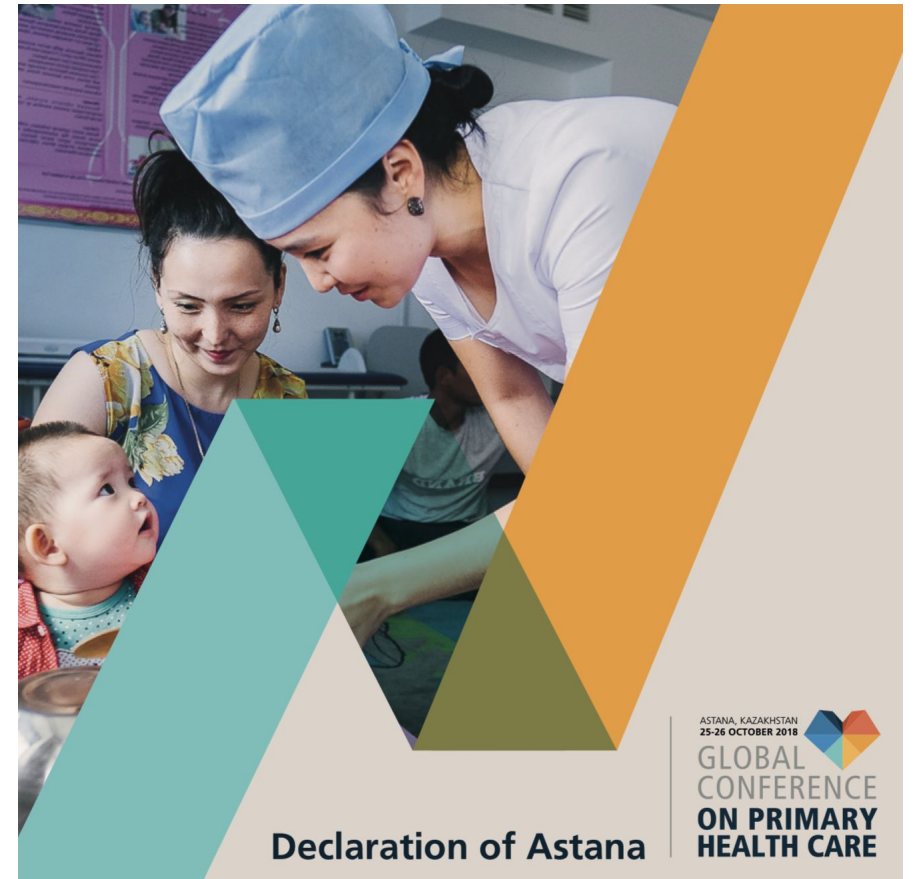
AN ALTERNATIVE WORLD HEALTH REPORT

5

# Primary Health Care

## Alma Ata 1978

- universal accessibility and coverage on the basis of need
- comprehensive care with the emphasis on disease prevention and health promotion
- community and individual involvement and self-reliance
- intersectoral action for health
- appropriate technology and cost-effectiveness in relation to the available resources





# MOVING TOGETHER TO BUILD A HEALTHIER WORLD



UN High-Level Meeting on Universal Health Coverage, 23 September 2019, New York

“Of all the forms of inequality, injustice in health is the most shocking and the most inhuman.”

*Martin Luther King*

“As long as poverty, injustice and gross inequality persist in our world, none of us can truly rest... overcoming poverty is not a gesture of charity. It is an act of justice.”

*Nelson Mandela*

“The scale and persistence of these problems is a blunt reminder of an international obligation ignored”

*John Kevany*



Health is a human right  
Do something  
Do more  
Do better