

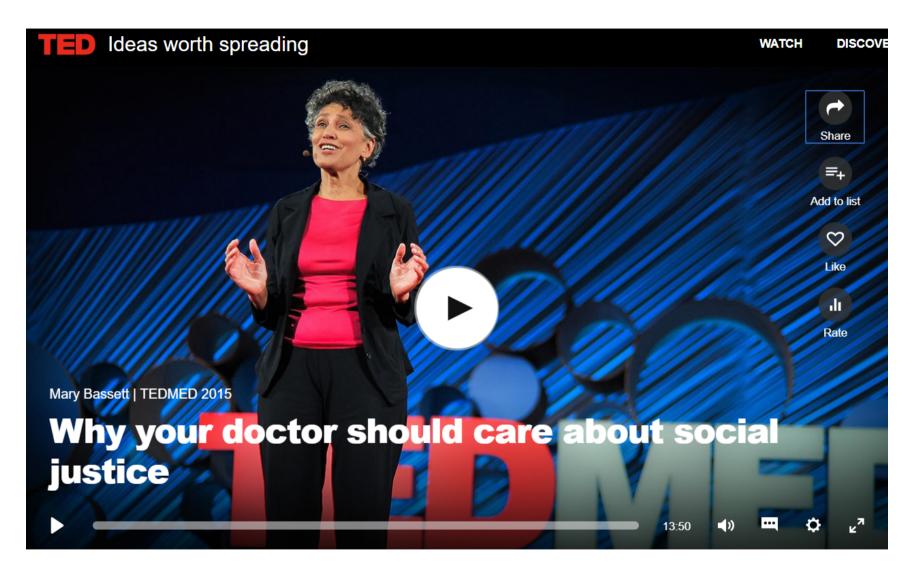
Global Health: international monographic course

# 'Issues in Public Health: a global perspective'

Rome, 27<sup>th</sup> november 2020

Maurizio Marceca, Giulia Civitelli

Department of Public Health and Infectious Diseases

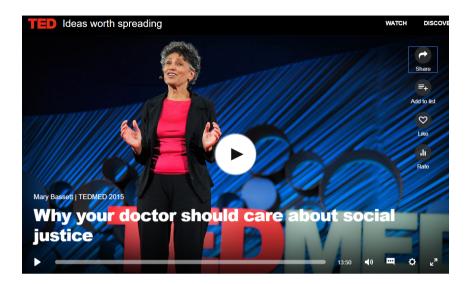


Mary Bassett - director of the François-Xavier Bagnoud (FXB) Center for Health and Human Rights at Harvard University



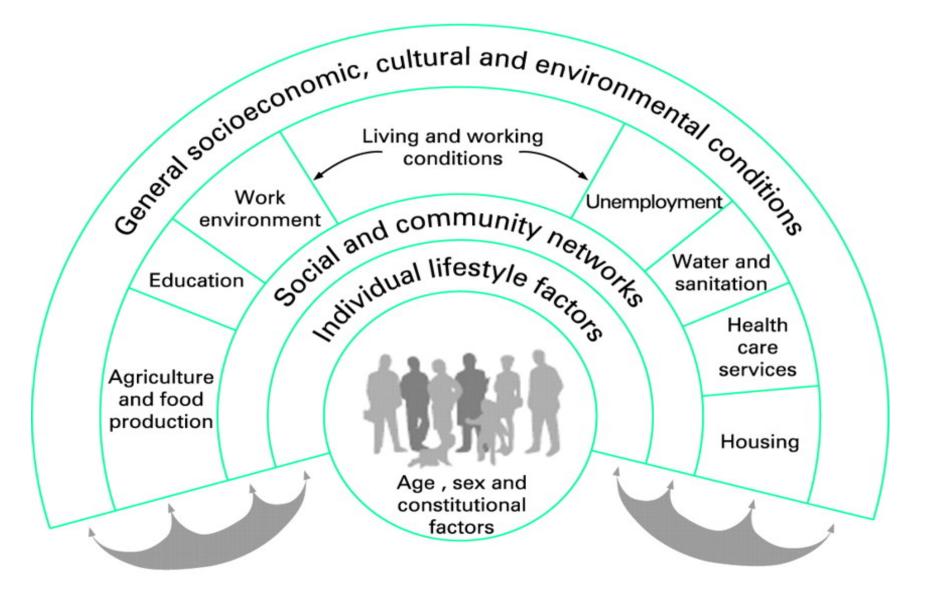
#### About Mary Bassett

New York City Public Health Commissioner Mary Bassett has been a health activist since her Radcliffe days of volunteering at a Black Panther Clinic. She began her career on the medical faculty at the University of Zimbabwe, a position she held for 17 years. The valuable lessons she learned in Harare, including the development of one of the first HIV awareness programs, gave her a unique perspective in tackling community health challenges for New York City's diverse populations. She has led the charge to nudge healthier behaviors, including pushing for higher cigarette taxes and banning artificial trans fats in restaurants. In her current role, she has called for the medical community's deeper engagement in the #BlackLivesMatter movement and efforts to tackle institutional racism.



### https://www.tedmed.com/talks/show?id=527616

# SOCIAL DETERMINATS OF HEALTH



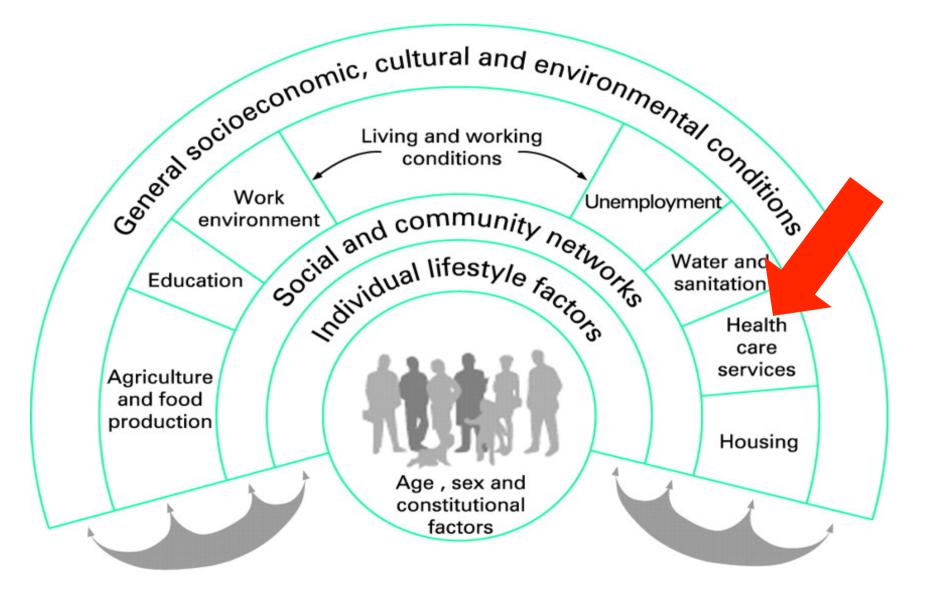
When I moved to Harare in 1985, social justice was at the core of Zimbabwe's national health policy. The new government emerged from a long war of independence and immediately proclaimed a socialist agenda: health care services, primary education became essentially free...

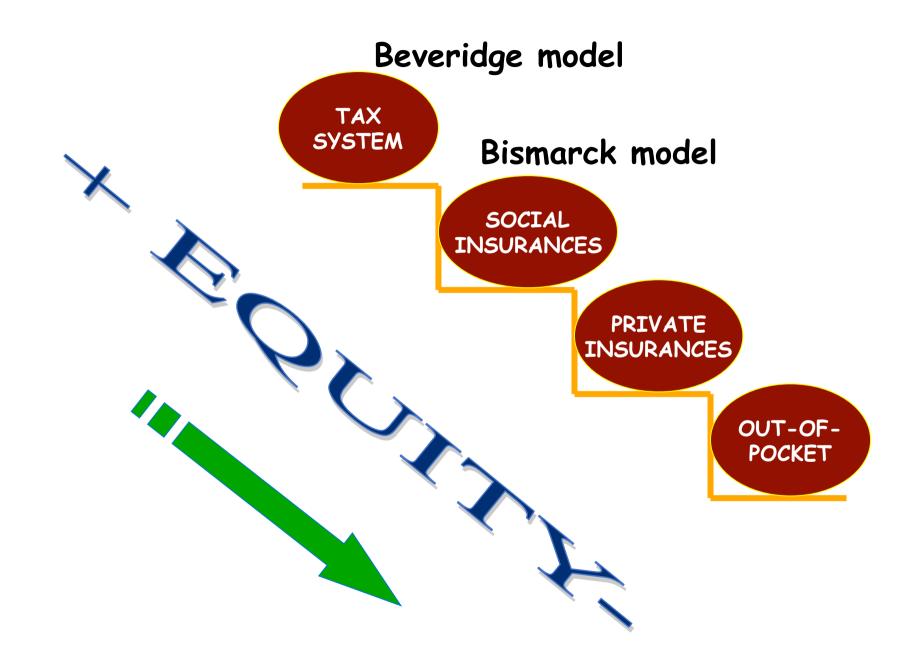
#### 1:00

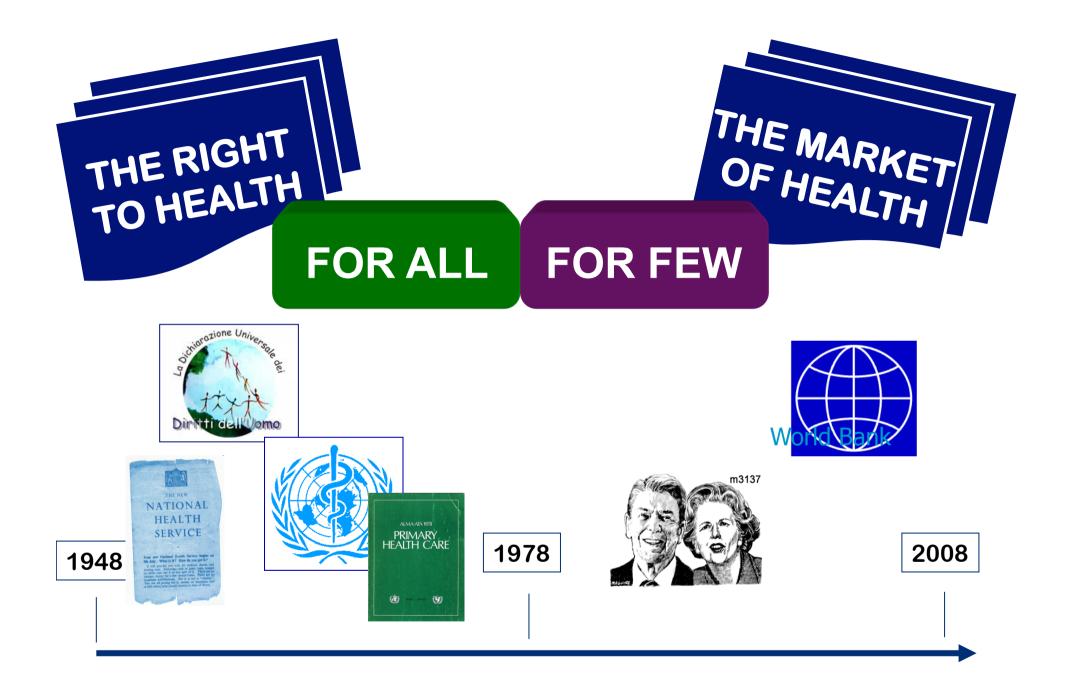
In 1980, the year of independence, 25 percent of Zimbabwean children were fully immunized. By 1990, a mere decade later, this proportion stood at 80 percent.



# SOCIAL DETERMINATS OF HEALTH







The government is not the solution. It is the problem.









" Financing Health Services in Developing Countries " 1987

- Introduction of user fees
- Promote insurance programmes
- Promote the privatization of health services

But there were daunting challenges. <u>Zimbabwe</u> <u>reported its first AIDS case in 1985,</u> (...)

2:15

By the mid-1990s, I'd told hundreds of people in the prime of life that they were HIV-positive 2:31

In response, my colleagues and I set up a clinic. We did condom demonstrations. We launched school education and workplace interventions. We did research. We counseled the partners of infected men about how to protect themselves. We worked hard, and at the time, I believed that I was doing my best. I was providing excellent treatment, such as it was.



while living in Zimbabwe, I didn't see my role as an advocacy or a political one. I was there for my technical skills, both my clinical and my research epidemiology skills.

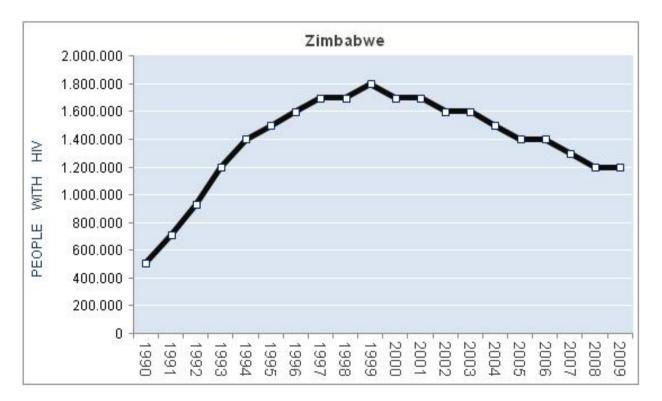
4:24

I was aware that socially marginalized populations were at disproportionate risk of getting and dying of AIDS. And on the sugar plantations, which really more closely resembled feudal fieldoms than any modern enterprise, 60 percent of pregnant women tested HIV-positive.



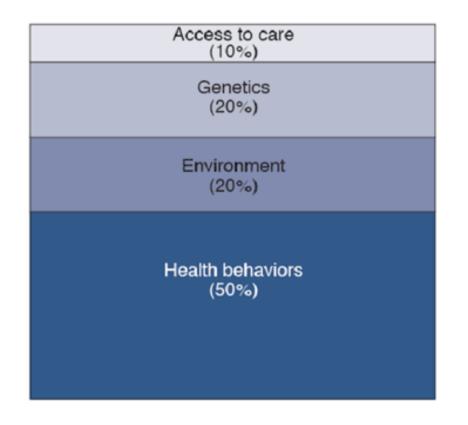
As health professionals, our tools were pitifully weak: imploring people to change their individual behaviors, use condoms, reduce number of partners.

Infection rates climbed,



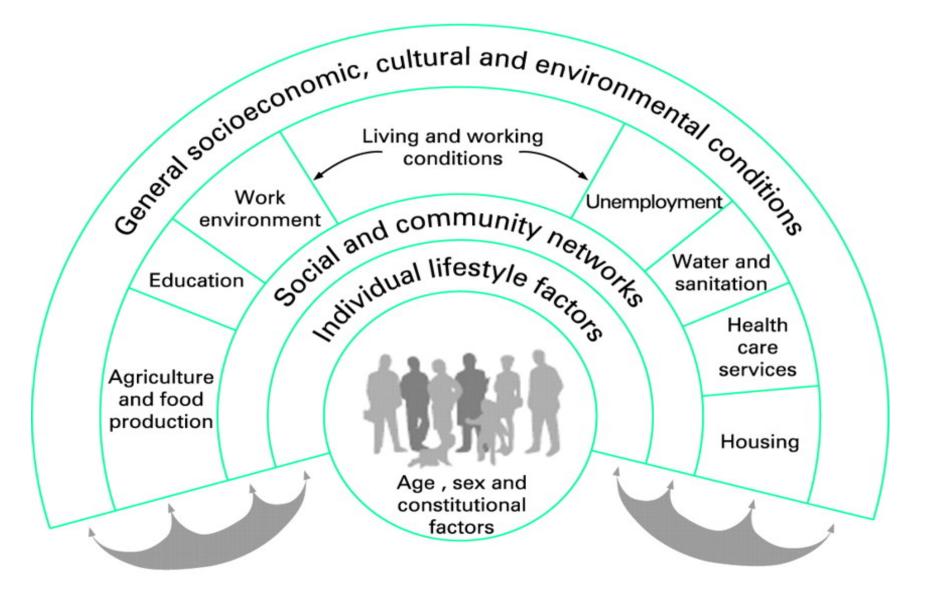


# The american model. Health status depends on:



Source: IFTF; Centers for Disease Control and Prevention.

# SOCIAL DETERMINATS OF HEALTH



Many doctors, health professionals, may think I did nothing wrong. Our pact with our patients, the Hippocratic Oath and its variants, is about the sanctity of the patientdoctor relationship. And I did everything I could for each and every patient of mine.

But I knew that epidemics emerge along the fissures of our society, reflecting not only biology, but more importantly patterns of marginalization, exclusion, discrimination related to race, gender, sexuality, class and more.



When treatment became available in the West, treatment that remains our most potent weapon against this virus, it was unaffordable to the public sector across Africa.

(In these times)...I didn't speak out about the unequal access to these life-saving drugs or about the underlying economic and political systems that were driving infection rates in such huge swaths of the population.





# TRIPs: the globalization of patents

- 1995: WTO TRIPS Agreement (<u>Trade related aspects of</u> <u>intellectual property rights</u>)
- Few standards of protection for intellectual property rights (mainly for more developed contries)
- Length of patent: 20 years
- No differences between medicines and other goods
- No differences between essential medicines and trivial good
- Obligation for countries



### Compulsory Licence (art 30 - 31 TRIPs)

In case of national health needs, the government can allow the production of an essential drug without the authorization from the patent holder.

### Conditions:

OOnly after failure of the negotiation with the patent holder

OPrevailing domestic market use

OLimited use to the emergency situation

OThe patent holder receives a compensation fee



### Parallel Importation (art. 6 TRIPs)

In case of national health needs, the government can allow the importation of the pharmaceutical product from the country where it costs less (always due to local generic production and price competition)



# 7:02 Medical anthropologists such as Paul Farmer, who worked on AIDS in Haiti, call this **structural violence**:

Structural violence describes <u>social</u> <u>structures</u> — economic, political, legal, religious, and cultural — <u>that stop individuals</u>, <u>groups</u>, and <u>societies from reaching their full</u> <u>potential</u>.

It is often embedded in longstanding "ubiquitous social structures, normalized by stable institutions and regular experience".



# STRUCTURAL VIOLENCE

Because they seem so ordinary in our ways of understanding the world, they appear almost invisible. Disparate access to resources, political power, education, health care, and legal standing are just a few examples. <u>The</u> idea of structural violence is linked very closely to social injustice and the social machinery of oppression

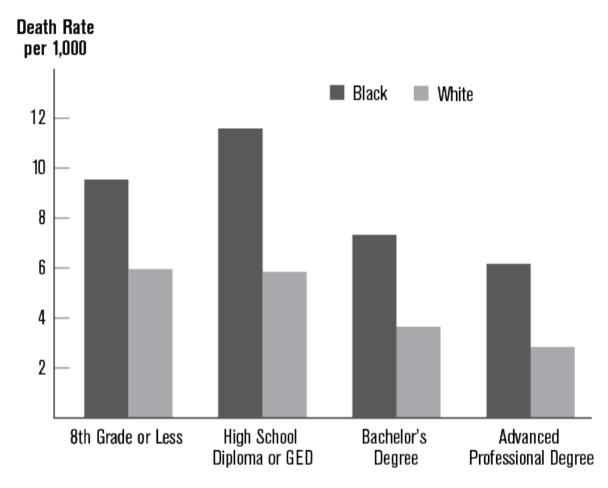
So these days, I'm not staying quiet. I'm speaking up about a lot of things, even when it makes listeners uncomfortable, even when it makes me uncomfortable. And a lot of this is about racial disparities and institutionalized racism...

#### 9:09

In New York City, premature mortality -- that's death before the age of 65 -- is 50 percent higher for black men than white ones. A black woman in 2012 faced more than 10 times the risk of dying related to childbirth as a white woman.



#### FIGURE 3.4 INFANT MORTALITY BY MATERNAL RACE AND EDUCATION, 2007-13



*Source:* Centers for Disease Control and Prevention (Wonder), Linked Birth/Infant Death Records, 2007–13

# Health inequalities and health inequities

"differenze di salute"

<u>Health inequalities</u>: generic term for differences

(i.e. random genetic mutation or life stage differences)





Health inequities: unfair, systematic and avoidable differences, stemming from some form of injustice. Talking a bout health inequities imply a moral judgement!!!

"ingiustizie nella salute"

# INEQUALITIES VS INEQUITIES

"The term inequity has a moral and ethical dimension. It refers to differences which are unnecessary and avoidable but, in addition, are also considered unfair and unjust".

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

We do little for our patients if we fail to recognize these social injustices.

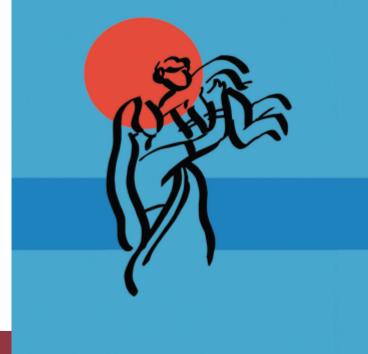
12:40

Our role as health professionals is not just to treat our patients but to sound the alarm and advocate for change. Rightfully or not, our societal position gives our voices great credibility, and we shouldn't waste that.



# People's Health Movement

People's Charter For Health



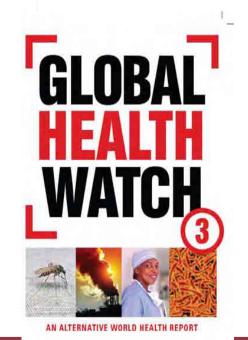
AN ALTERNATIVE WORLD HEALTH REPORT

GLOBAL HEALTH WATCH

2005-2006



GLOBAL HEALTH WATCH



An Alternative World Health Report







http://www.phmovement.org/en

# Thank you!