



L'Institut de  
Recherche sur  
La Santé des  
Populations

The Institute  
of Population  
Health



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L'Université canadienne  
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# **Concluding thoughts: On the perils of being practical**

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**“A platform and a period of time and listeners who choose to be there creates a threshold of mortality. If you never say anything else to them (you might not) and if you die right afterward (you could), what would have been worth this time?” (Catharine MacKinnon, 1987)**

# 1. Money matters

## “Healthy choices” on a low income, Toronto, 2008

	One person household, Ontario Works	Single parent household, 2 children, Ontario Works	Two-parent family of four, Ontario Works	One person household, Disability Support
<b>Total monthly income</b>	<b>\$580</b>	<b>\$1,665</b>	<b>\$1,782</b>	<b>\$1,026</b>
<b>Cost of Shelter (average market rent)</b>	<b>\$742 (bachelor)</b>	<b>\$1,072 (2-bedroom)</b>	<b>\$1,275 (3 bedroom)</b>	<b>\$742 (bachelor)</b>
<b>Cost of food, Toronto Nutritious Food Basket</b>	<b>\$205</b>	<b>\$432</b>	<b>\$590</b>	<b>\$205</b>
<b>What’s left for everything else?</b>	<b>-\$367</b>	<b>\$161</b>	<b>-\$83</b>	<b>\$79</b>

\* Including child benefits, GST credit

Source: Toronto Medical officer of Health, 2008

## **2. Power and powerlessness matter**



World Health  
Organization



Commission on  
Social Determinants of Health

# Closing the gap in a generation

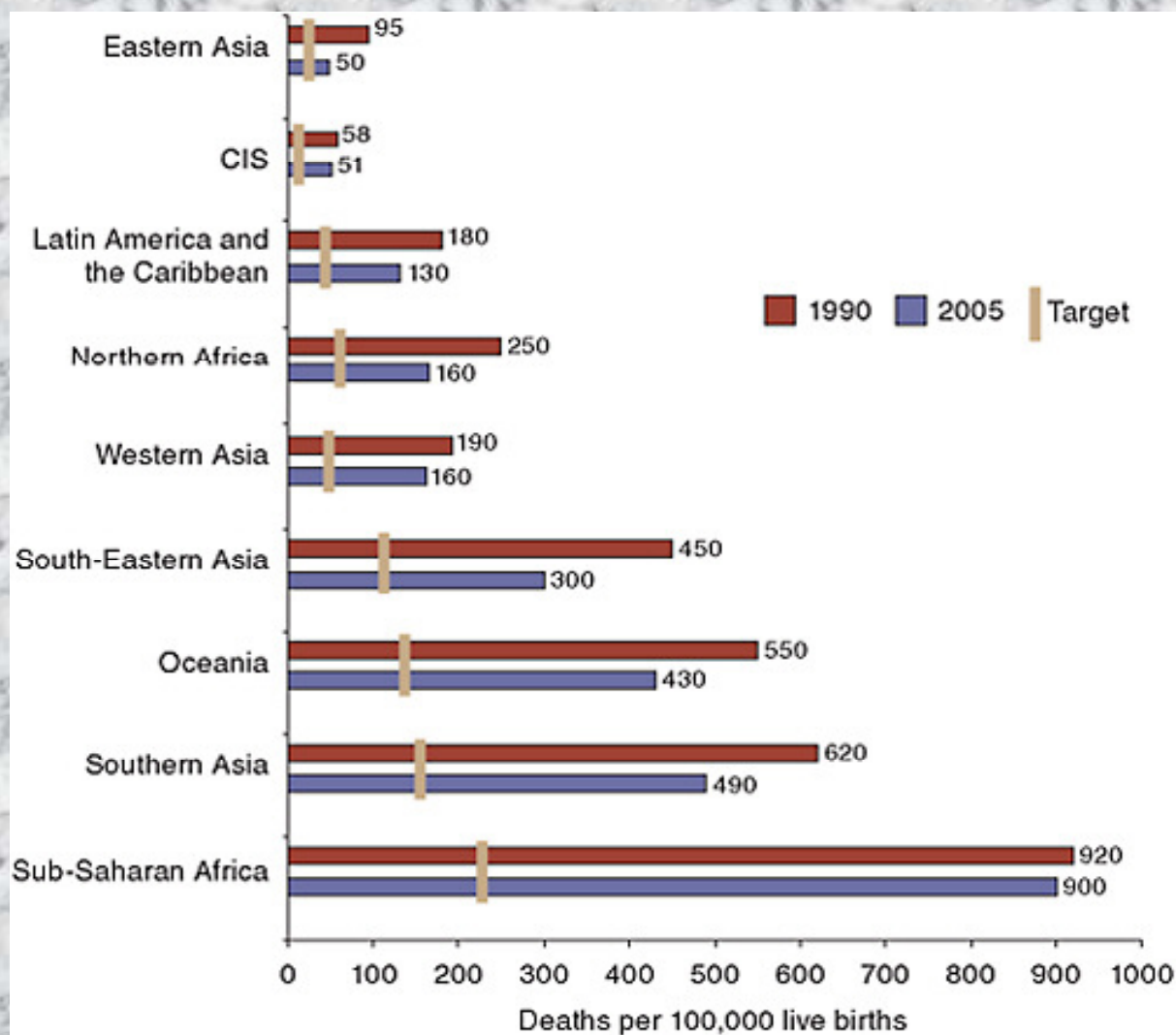
Health equity through action on  
the social determinants of health



“Inequity in the conditions of daily living is shaped by deeper social structures and processes. The inequity is systematic, produced by social norms, policies, and practices that tolerate or actually promote unfair distribution of and access to power, wealth, and other necessary social resources.”

### **3. Accountability matters**

## MDG 5: Maternal mortality



**SOURCE:**  
UN, 2008b;  
Institute of  
Medicine,  
2009

## **4. Global responsibility**

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Using its latest International Poverty Line (**\$1.25** per day or \$38 per month, in 2005 int'l dollars), the World Bank counts **1.4 billion** poor people living **28%** below this line on average. Total deficit: **\$70 billion p.a. or 0.15% of world product** (0.33% at PPP).

With a more realistic poverty line of **\$2.50** per day or \$76/month (2005 int'l dollars), the Bank counts **3.14 billion** poor living **45%** below this line on average. Total deficit: **\$500 billion p.a. or 1.1% of world product** (2.2% at PPP).

## **5. Health foreign policy (or global health diplomacy?)**

“Global health diplomacy comprises all multilateral and bilateral negotiations and related activities (consultation, facilitation, dialogue, etc), formal and informal, aiming at, or leading to new or changed framework conditions, standards and policies, in all kinds of forms (treaty, code, set of rules and principles, partnerships, etc) legally binding or voluntary, with a formal validity extending geographically to the entire planet.”

The background of the slide is a light-colored, marbled paper with a complex, organic pattern of veins in shades of beige, cream, and light brown. The pattern resembles natural stone or aged parchment.

**An absolutely critical tension:** between a foreign policy driven by national interests and one driven by a commitment to values that go beyond national interests

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“Do the strong do what they will, while the weak suffer, or are trade and health governance mechanisms capable of producing more symmetry between trade and health interests ...?” (Fidler et al., 2009)

## **6. Towards a global health strategy?**

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*Health is Global:*  
A UK Government  
Strategy 2008-2013

Five areas for action:

1. Better global health security
2. Stronger, fairer and safer systems to deliver health
3. More effective international health organizations
4. Stronger, freer and fairer trade for better health
5. Strengthening the way we develop and use evidence to improve policy and practice

“In a public address, the President should declare that the dominant rationale for U.S. government investments in global health is that the United States has both the responsibility as a global citizen, and an opportunity as a global leader, to contribute to improved health around the world” (Institute of Medicine, 2009).

## **6. Towards a global health strategy?**

**The complex landscape of global health governance creates problems, but also offers abundant new opportunities for national leadership and collaborative action**

## **7. Alternative grand challenges?**

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**Goal: To improve human health by addressing inherently global issues**

GC#1: Develop international systems for fair trade and fair commodity pricing; support democratic mechanisms for human rights and redistribution of entitlements to peace and stability; and create incentives for redistributive social welfare efforts including humane employment and living wages, workplace safety, healthy housing and neighbourhoods, education and leisure needs, and safe environments (Birn, 2005)

# 7. Alternative grand challenges?

**Goal: To foster "best practices" models of integrated political, social, and medical means of reducing social inequalities in health**

GC#2: Learn from developing societies that have achieved substantial and sustained health improvements across social groups by studying what combinations, implementation processes, triggers, enabling aspects, and timing of political, social, economic, public health, and medical factors have been effective and achievable over the long term (Birn, 2005)

# 7. Alternative grand challenges?

**Goal: To improve nutrition to promote health**

GC#3: Create a system of food subsidies and income supports, analogous in size to the farm subsidies provided in industrialised countries, that would prevent poverty-induced malnutrition; work with local farmers, nutrition specialists, and agricultural scientists to develop methods of crop rotation and inter-cropping and other locally based approaches to improve the range and output of farming products for domestic consumption (Birn, 2005)

**“You may think that I’m not being very practical. I have learned that practical means something that can be done while keeping everything else the same”  
(Catharine MacKinnon, 1982)**