Gesundheit und soziale Lage

Prof. Dr. Rolf Rosenbrock

Fachtagung

Deutsche Plattform für Globale Gesundheit

Berlin. 26. September 2014

Gesundheit und soziale Lage

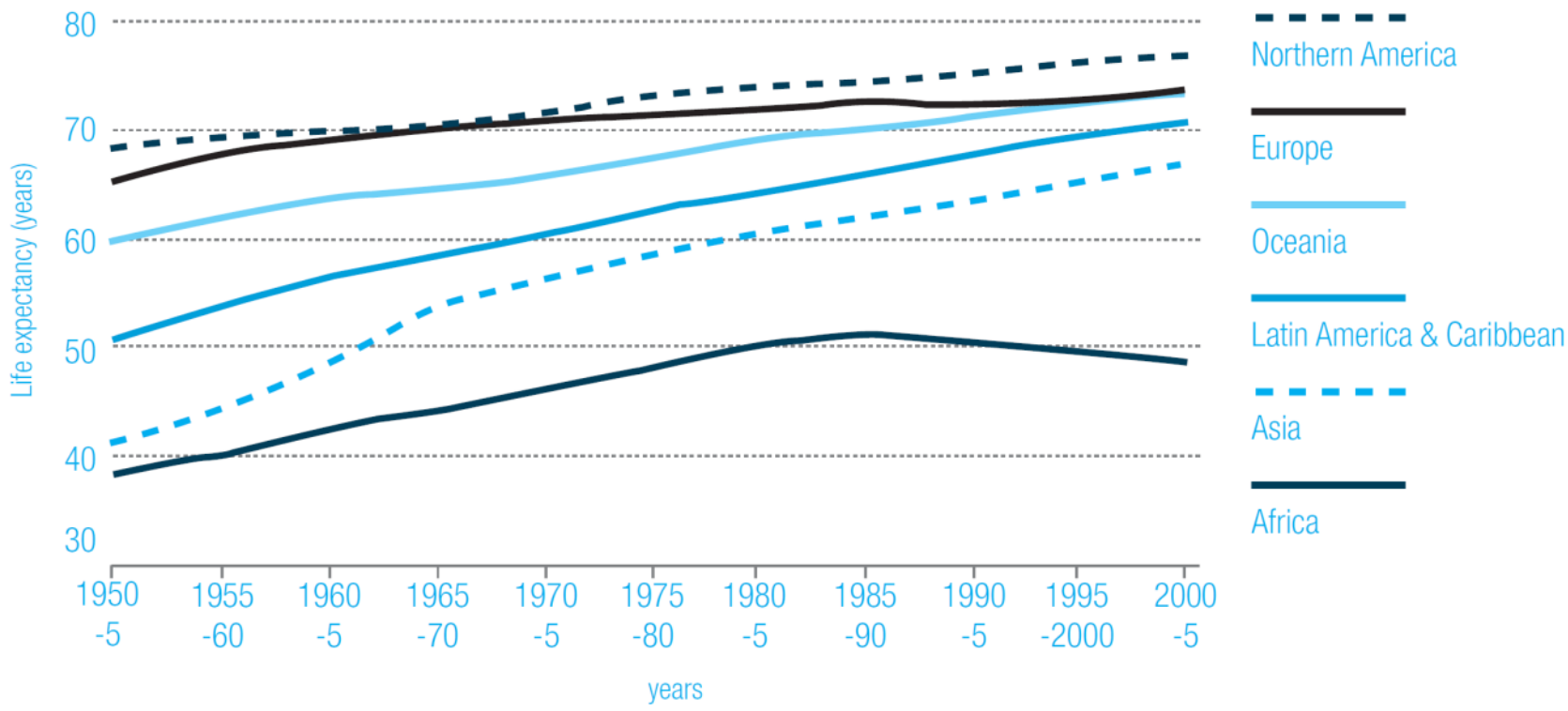
Quellen von und Grundlagen für Gesundheit:

„Freiheit mit ihren Töchtern Bildung und Wohlstand“

Rudolf Virchow

DER PARITÄTISCHE
GESAMTVERBAND

Figure 15.1 Life expectancy at birth (in years) by region, 1950–2005.

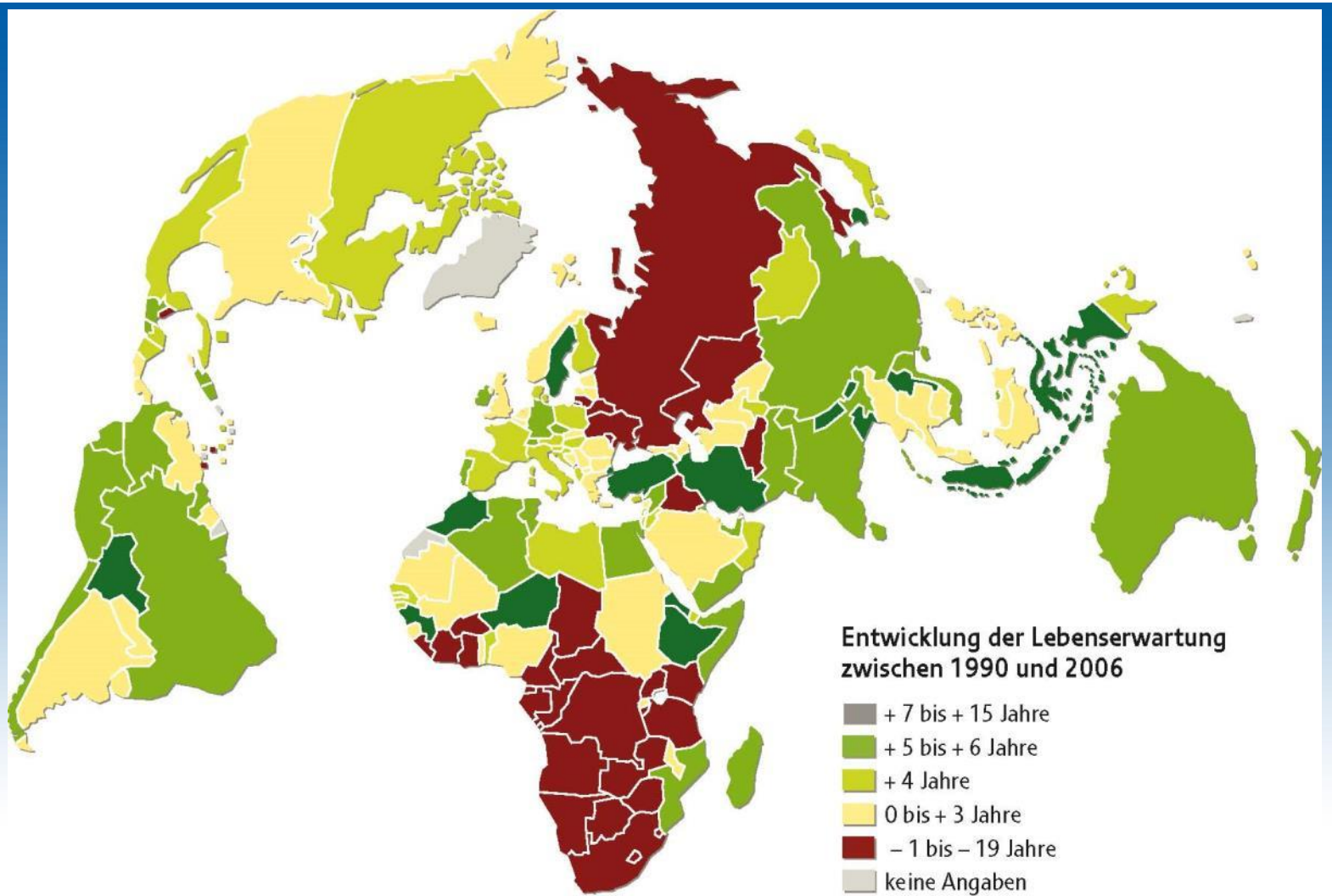


Reprinted, with permission of the publisher, from Dorling et al. (2006).

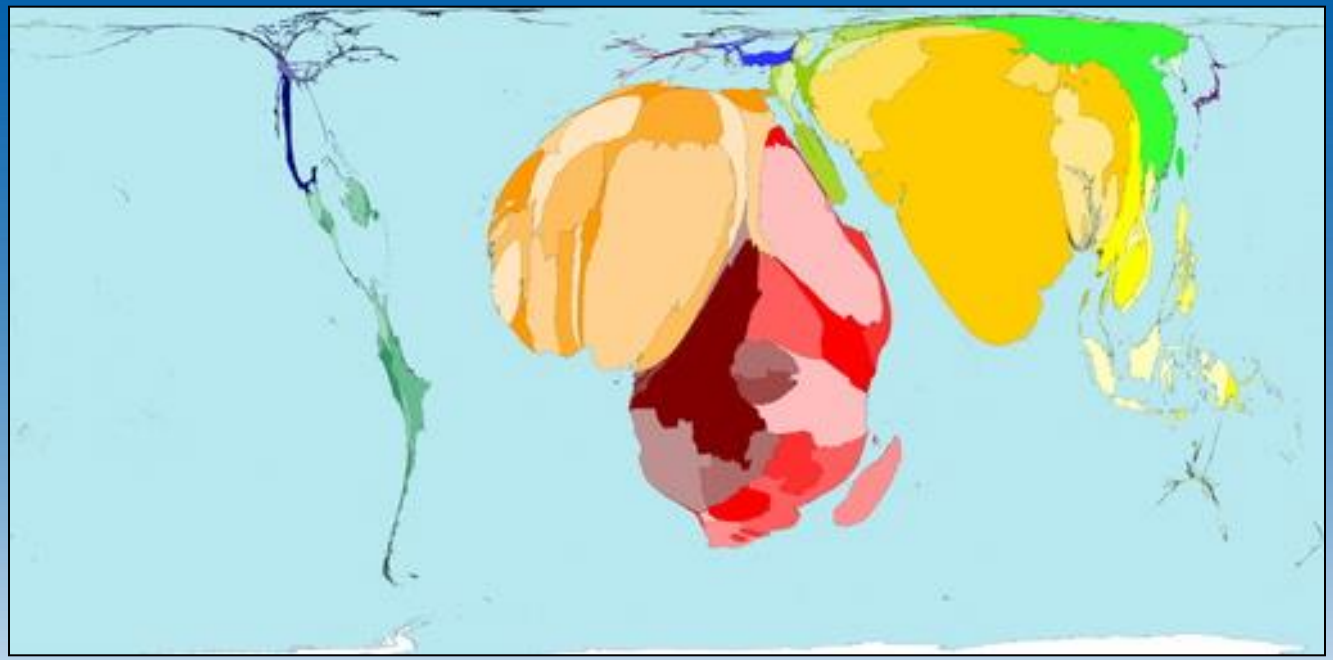
WHO / CSDH 2008

DER PARITÄTISCHE
GESAMTVERBAND

Lebenserwartung

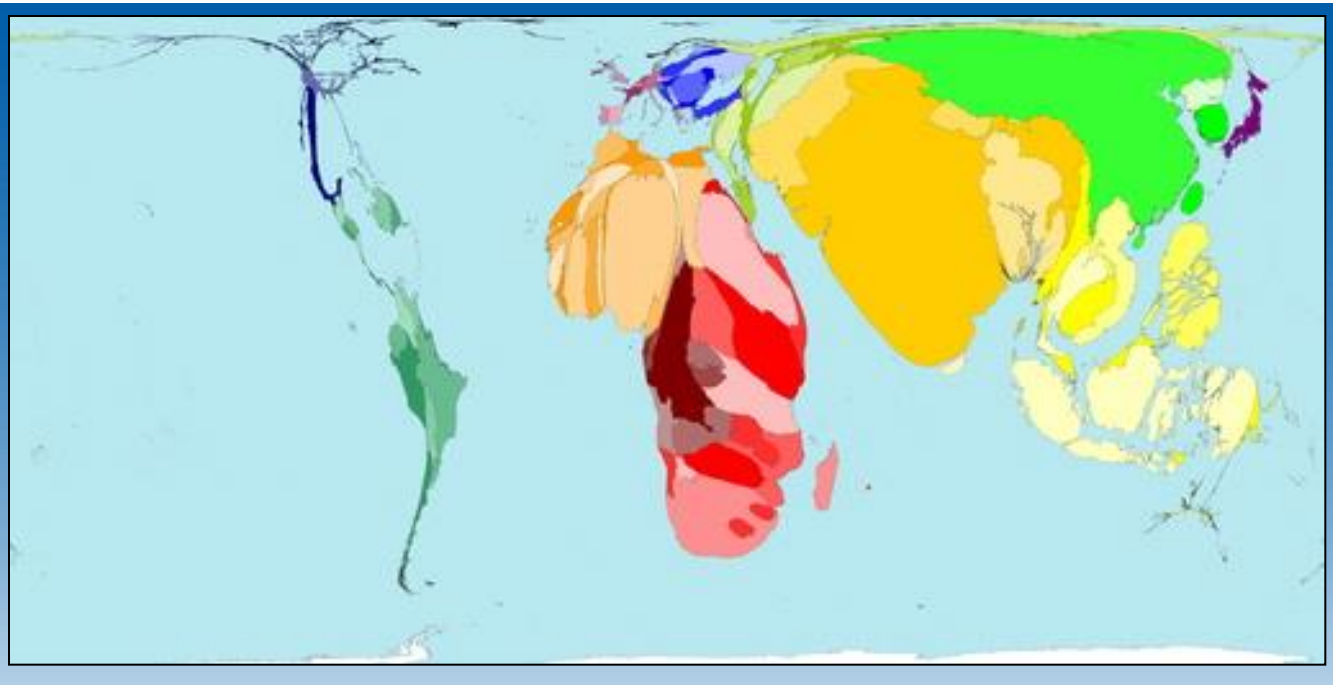


Mortality 1 - 4 year olds



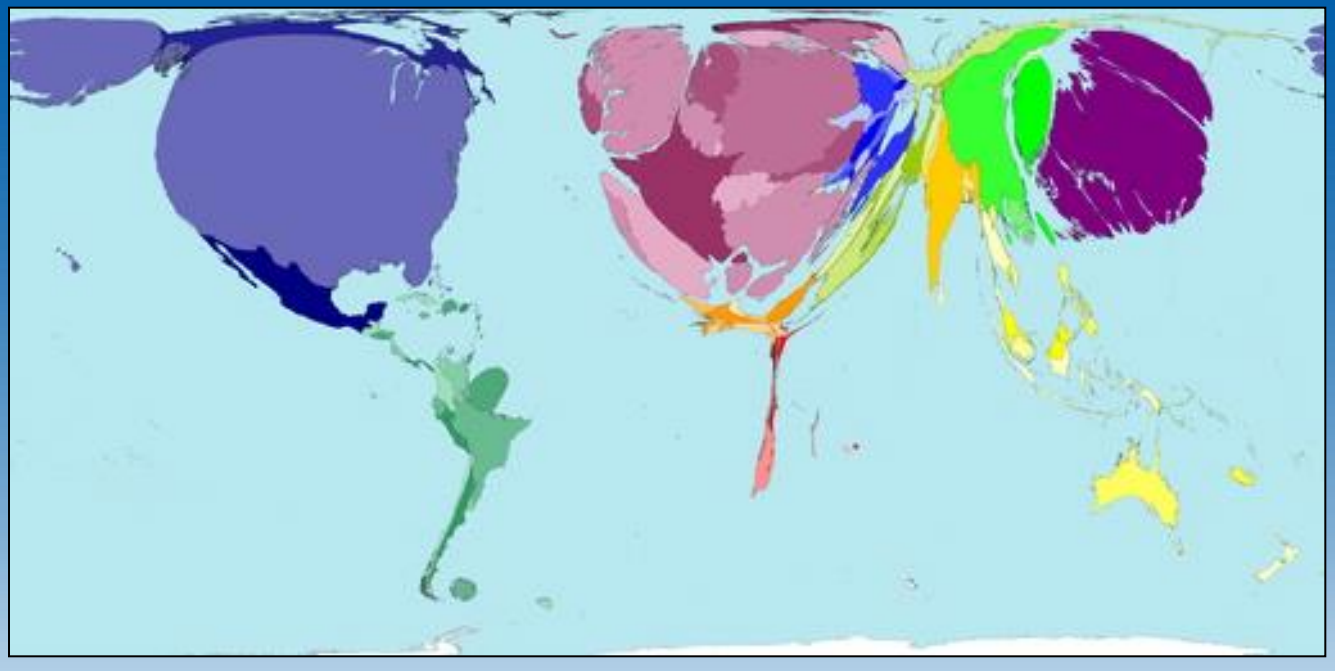
Territory size shows the proportion of all deaths of children aged over 1 year and under 5 years old, that occurred there in 2002.

TB cases



Territory size shows the proportion of worldwide tuberculosis cases found there.

GDP wealth



Territory size shows the proportion of worldwide wealth, that is Gross Domestic Product based on exchange rates with the US$, that is found there.

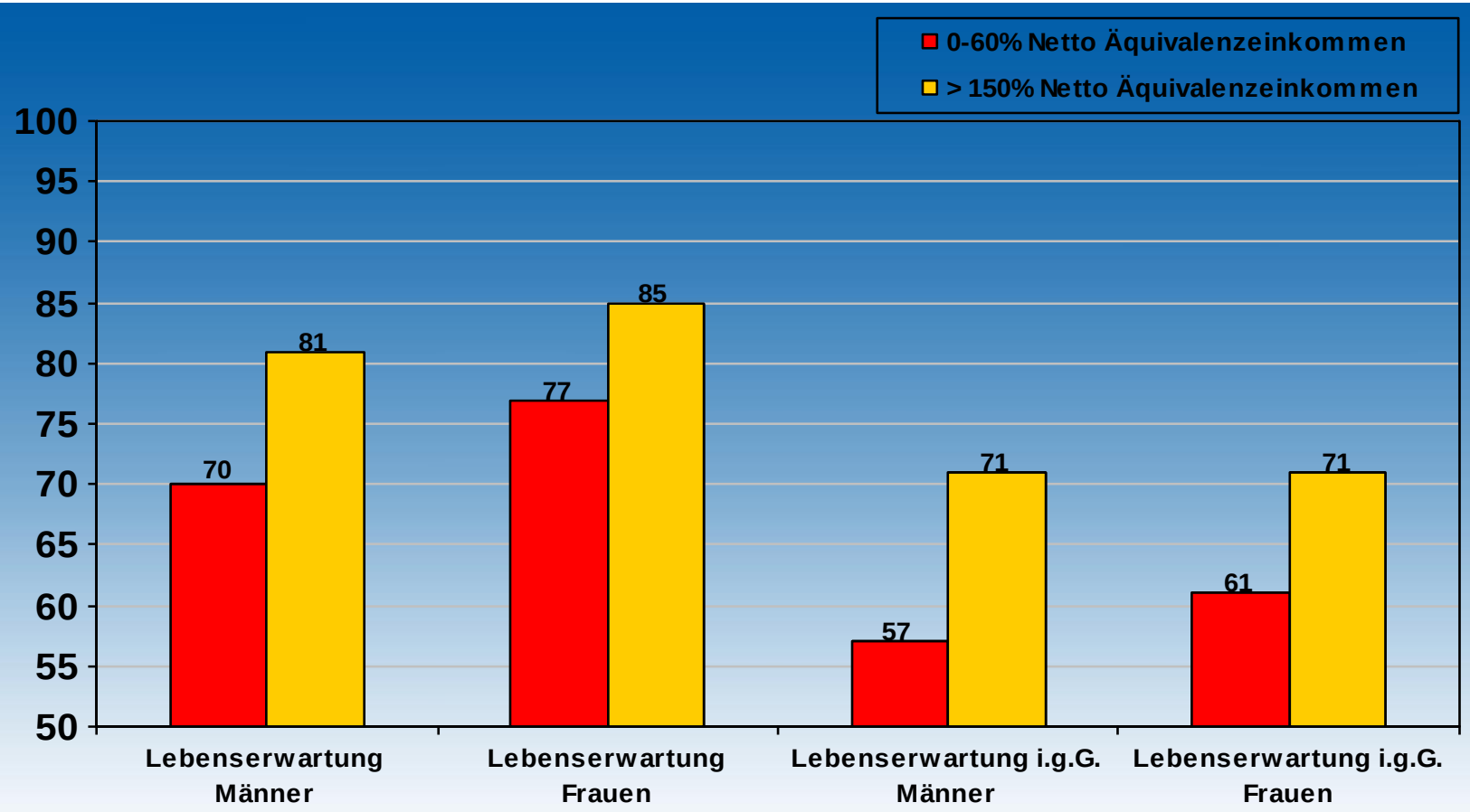
DER PARITÄTISCHE
GESAMTVERBAND

Life expectancy at birth (men)

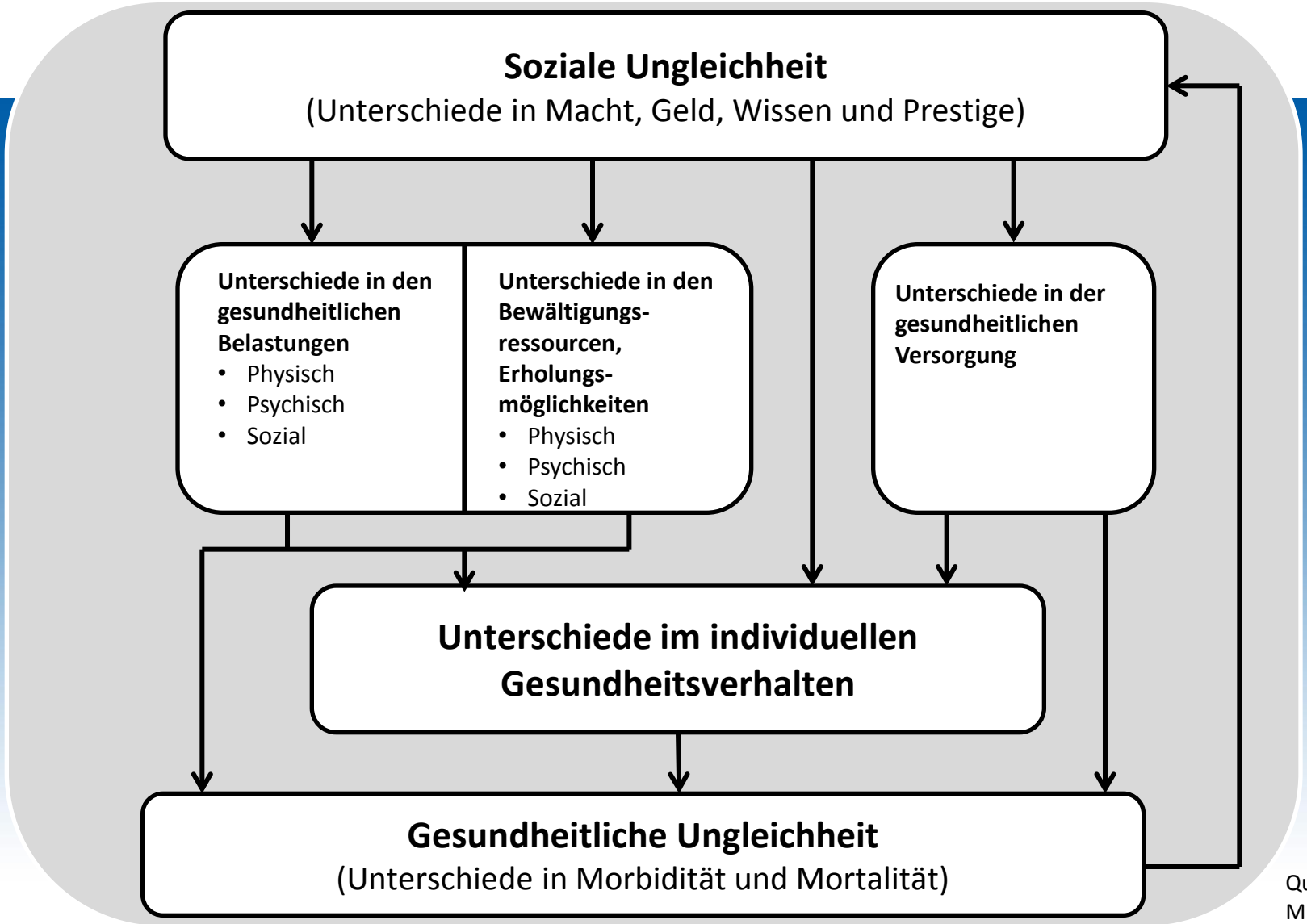
Glasgow, Scotland (deprived suburb)	54
India	61
Philippines	65
Korea	65
Lithuania	66
Poland	71
Mexico	72
Cuba	75
US	75
UK	76
Glasgow, Scotland (affluent suburb)	82

(WHO World Health Report 2006; Hanlon,P.,Walsh,D. & Whyte,B.,2006)

Soziale Ungleichheit: Lebenserwartung und Gesundheit

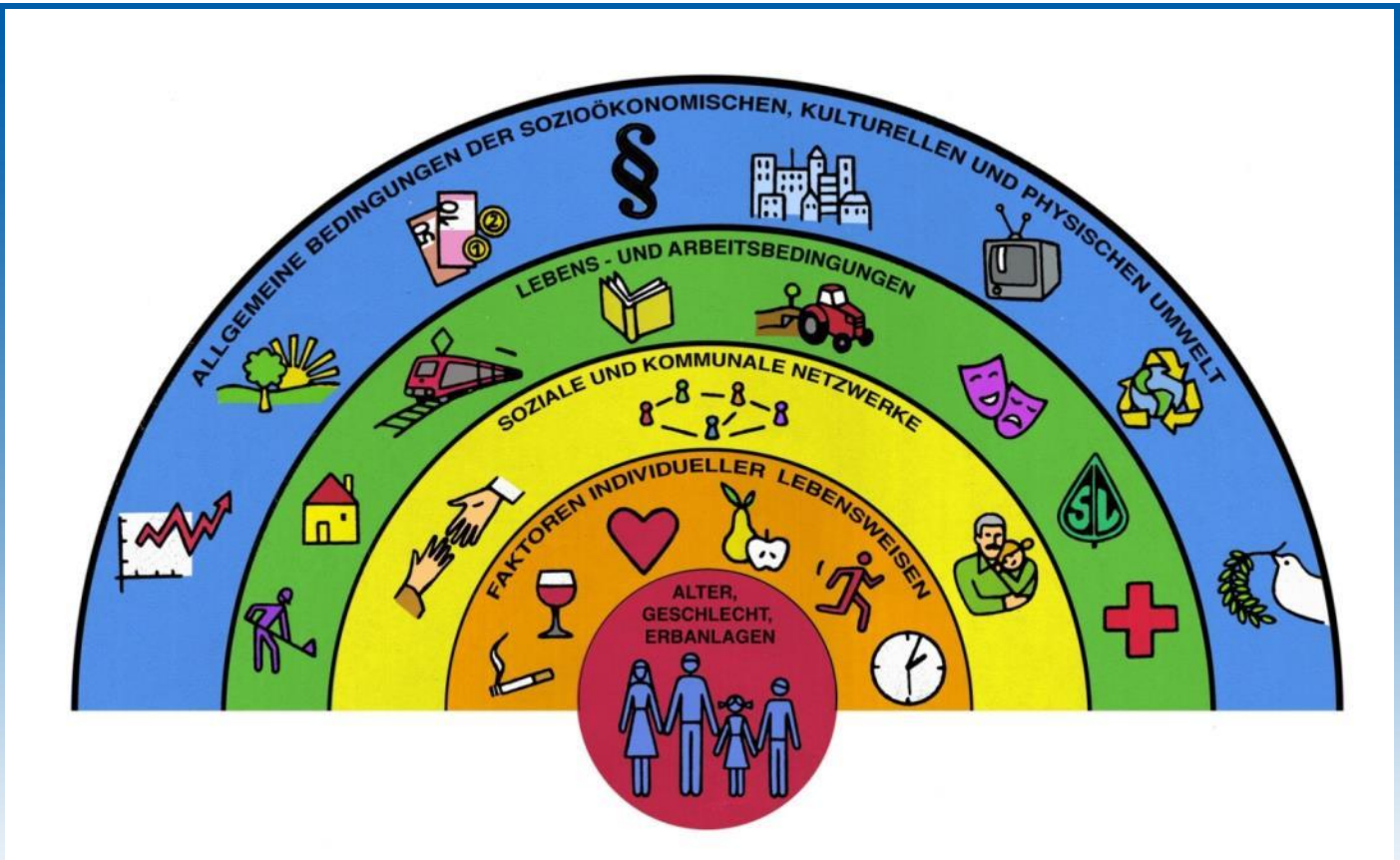


Gesundheit und soziale Lage



Quelle: nach Mielck (2000)

Die Determinanten von Gesundheit



Dahlgren und Whitehead (1991)

Gesundheitschancen

Gesundheitsbelastungen

- physische
- psychische
- soziale

Gesundheitsressourcen

- physische
- psychische
- soziale

Gesunde Lebensbedingungen

- Sichere Wohnung/Unterkunft
- Soziale Umgebung/Gemeinschaft
- Zugang zu gesunder Nahrung
- Medizinische Grundversorgung
- ‚Gute Arbeit‘
- Soziale Sicherung
- …

WHO/CSDH 2008

10 Tipps für ein gesundes Leben

DER PARITÄTISCHE GESAMTVERBAND

Nach Donaldson 1999	Nach Gordon 1999
• Don't smoke. If you can, stop. If you can't, cut down.	• Don't be poor. If you can, stop. If you can't, try not to be poor for long.
• Follow a balanced diet with plenty of fruit and vegetables.	• Don't have poor parents.
• Keep physically active.	• Own a car.
• Manage stress by, for example,	• Don't work in a stressful, low paid manual job.
• If you drink alcohol, do so in moderation.	• Don't live in damp, low quality housing.
• Cover up in the sun and protect children from sunburn.	• Be able to afford to go on a foreign holiday and sunbathe.
• Practise safer sex.	• Practice not losing your job and don't become unemployed.
• Take up cancer screening opportunities.	• Take up all benefits you are entitled to, if you are unemployed, retired or sick or disabled.
• Be safe on the roads. Follow the Highway Code.	• Don't live next to a busy major road or near a polluting factory.
• Learn the First Aid ABC—airways, breathing, circulation.	• Learn how to fill in the complex housing benefit/ asylum application forms before you become homeless and destitute.

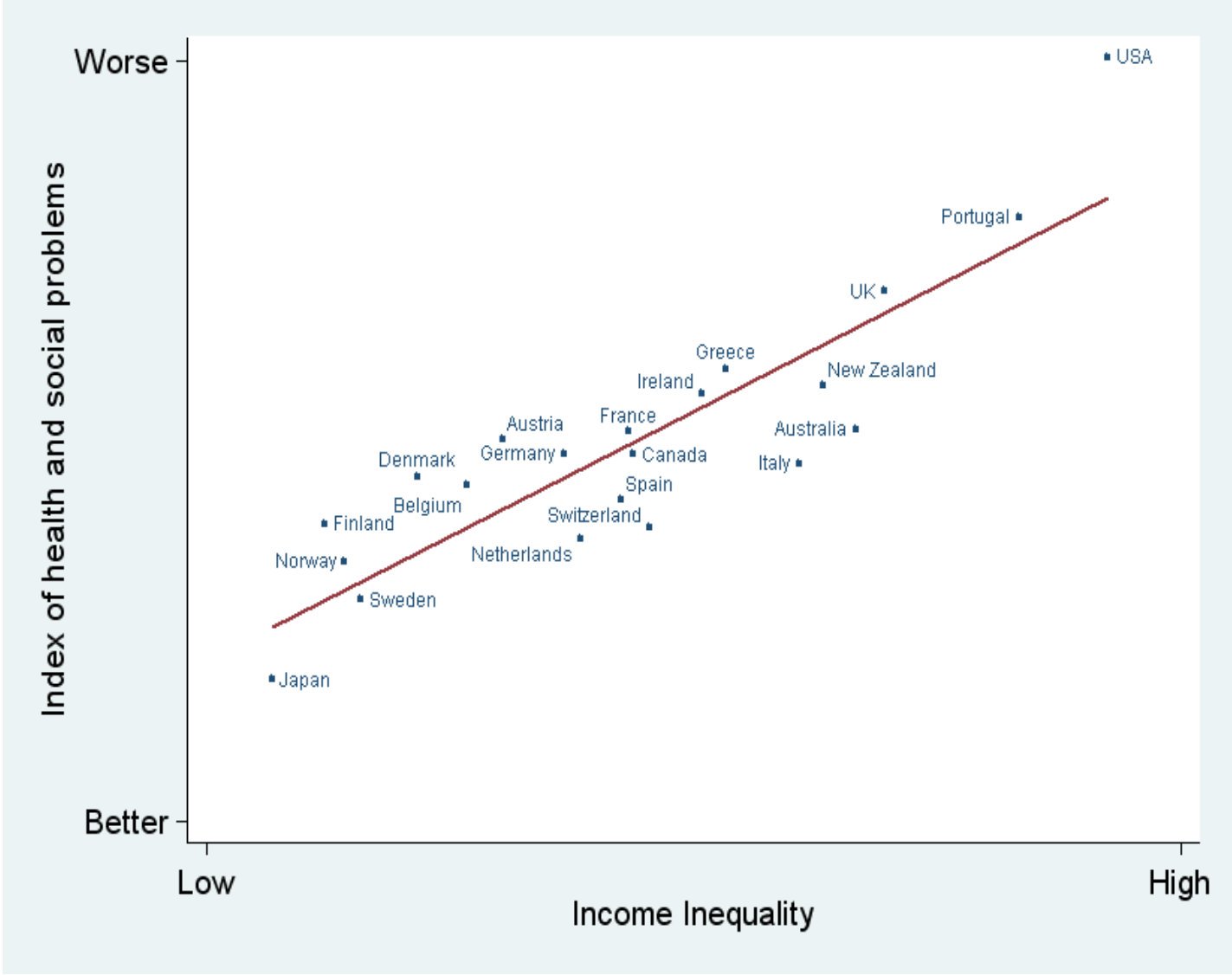
Gesundheitsressourcen (subjektiv)

- Selbstwertgefühl
- Selbstwirksamkeitsgefühl
- reziproke Einbindung
- „Sinn“

Health and Social Problems are Worse in More Unequal Countries

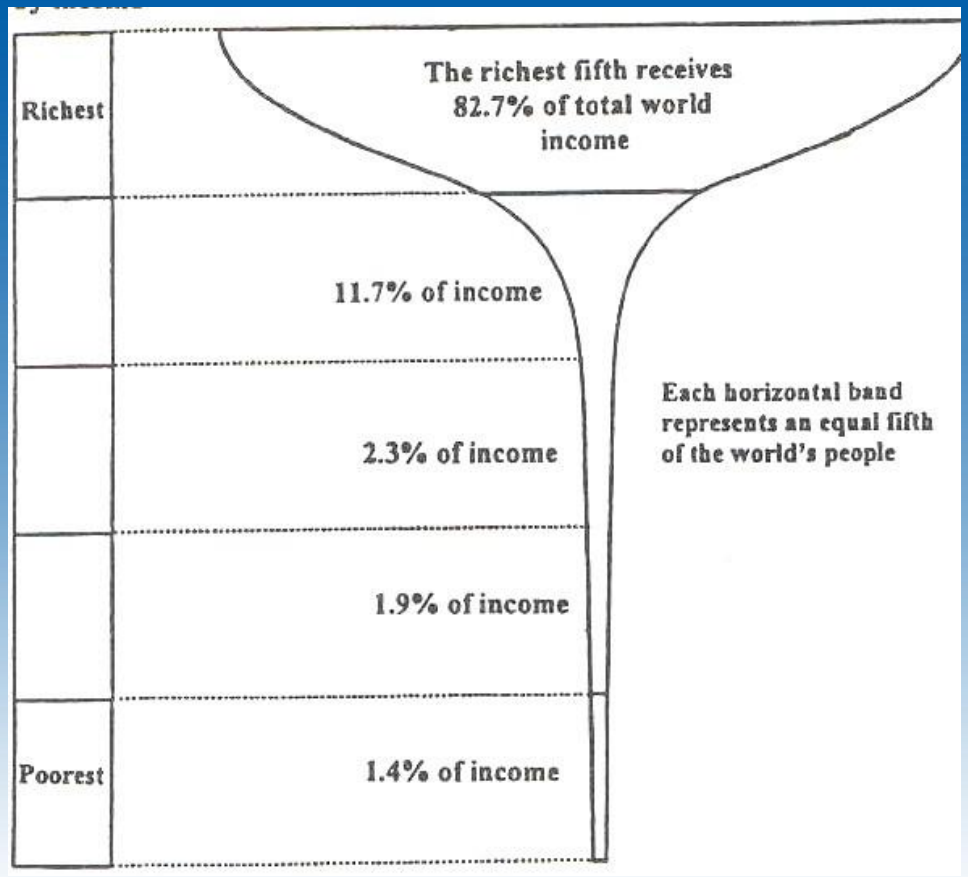
Index of:

- 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)

..and unequal distribution of global income



UNDP 1997

Untersuchung von Analyse und Lösungsebenen:
Soziale Determinanten der Gesundheit – das Beispiel Tuberkulose

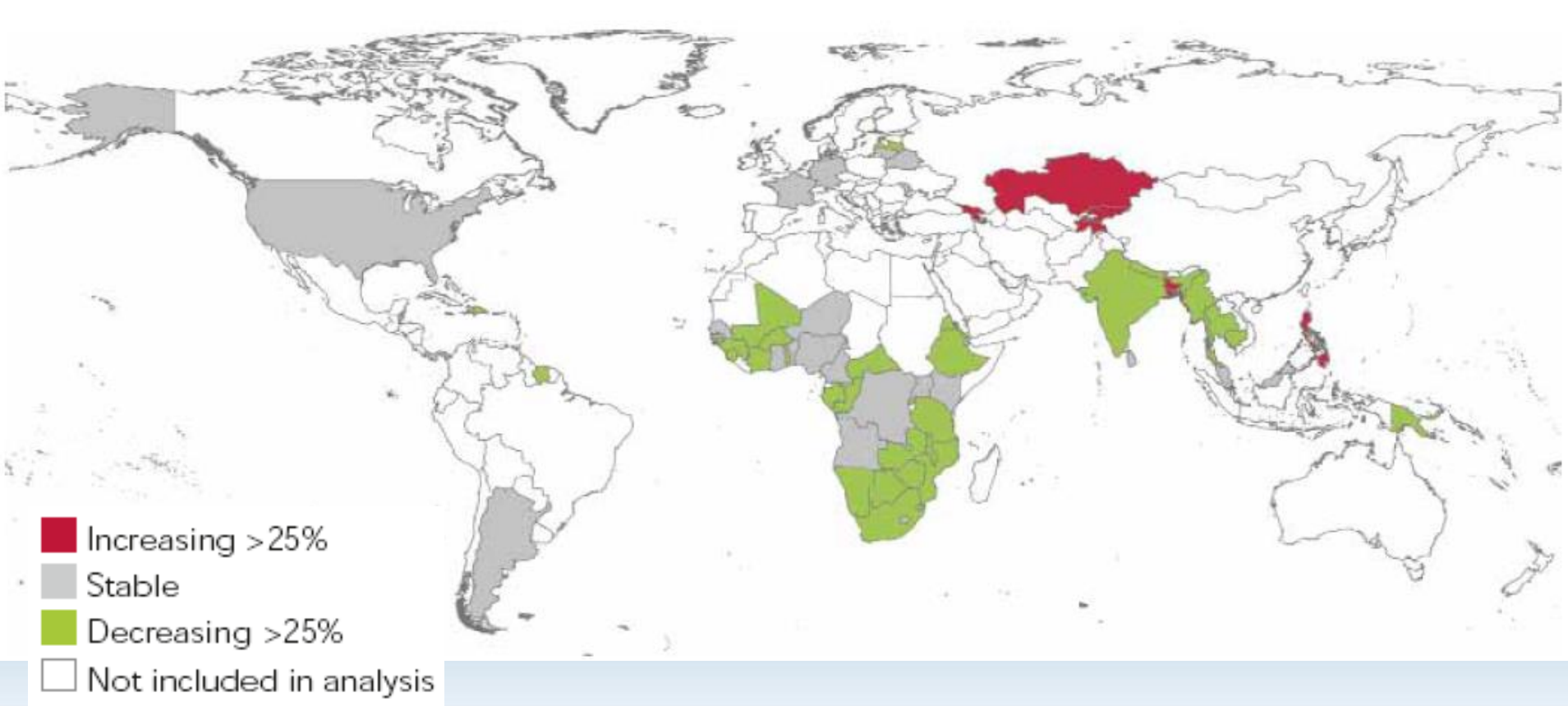
Analyse Ebene der Tuberkulose	Gewöhnliches Verständnis von Tuberkulose	Lösungen/Kontrollstrategien für Tuberkulose
Oberflächen Phänomen (medizinisches und public health Problem)	Infektionskrankheit / Erreger-theorie	BCG, Fall findung und Antibiotikatherapie auf Haushaltsebene (DOTS)
Unmittelbare Ursache	Unterernährung /Geringe Widerstandskraft,schleche Wohnverhälnisse, geringes Einkommen, geringe Kaufkraft	Entwicklung und Sozialhilfe – Einkommensschaffende Maßnahmen, sozialer Wohnungsbau
Zugrunde liegende Ursachen (Symptom ungerechter Verhältnisse)	Armut / Verelendung, ungleicher Zugang zu Ressourcen	Landreformen, soziale Bewegungen für eine gerechtete Gesellschaft
Basis probleme (internationale Problemebene)	Widersprüche und Ungleichheiten der sozio-ökonomischen und politischen systeme auf internationaler, nationaler and lokaler Ebene	Gerechtere internationale Beziehungen, Handelsbeziehungen ect.

Source: Community Health Cell, Narayan T.,1998

Selektive und umfassende Gesundheitsstrategien:
Comprehensive management of diarrhoea

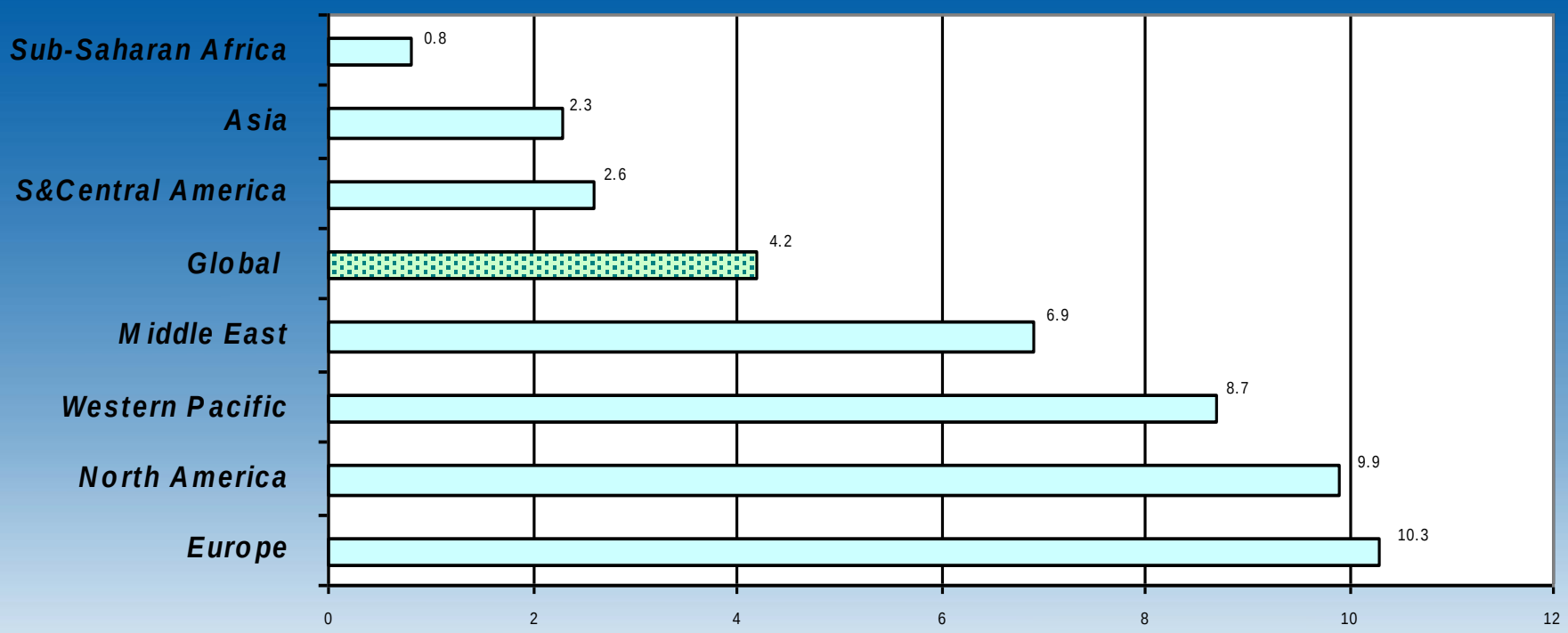
REHABILITATIV	KURATIV	PREVENTIV	PROMOTIV
Ernährungsrehabilitation	**Oral Rehydration Therapie** Ernährungsunterstützung	**EDUCATION FOR PERSONAL & FOOD HYGIENE** MEASLES VACCINATION BREAST FEEDING	WATER SANITATION HOUSEHOLD FOOD SECURITY

HIV-Neu-Infektionen: Zuwachs-/Abnahmeraten 2001 - 2009



Quelle: UNAID Global Report 2010, S. 17

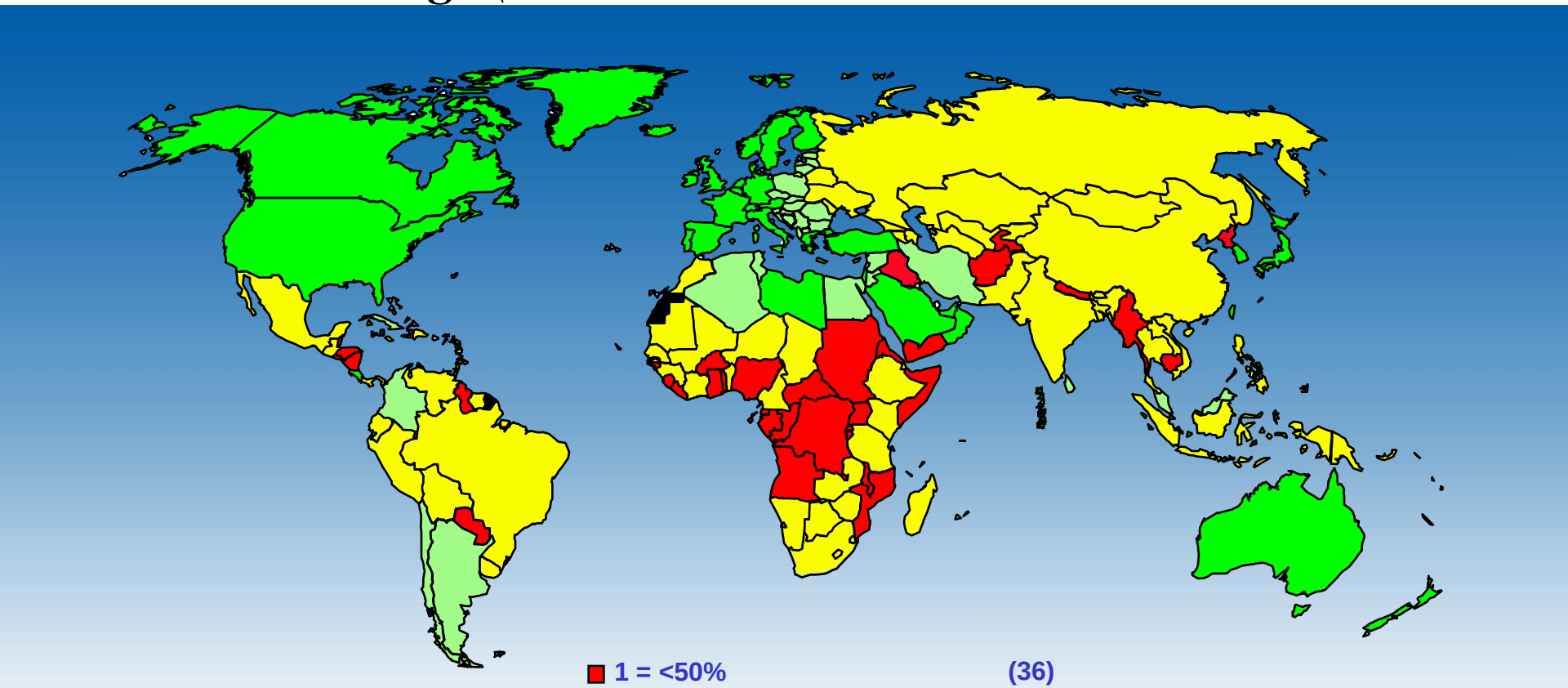
HRH DENSITY BY REGIONS



Access to essential drugs

DER PARITÄTISCHE GESAMTVERBAND

Share of population with regular access to essential drugs (1997)



WHO EDM 2003

DER PARITÄTISCHE GESAMTVERBAND

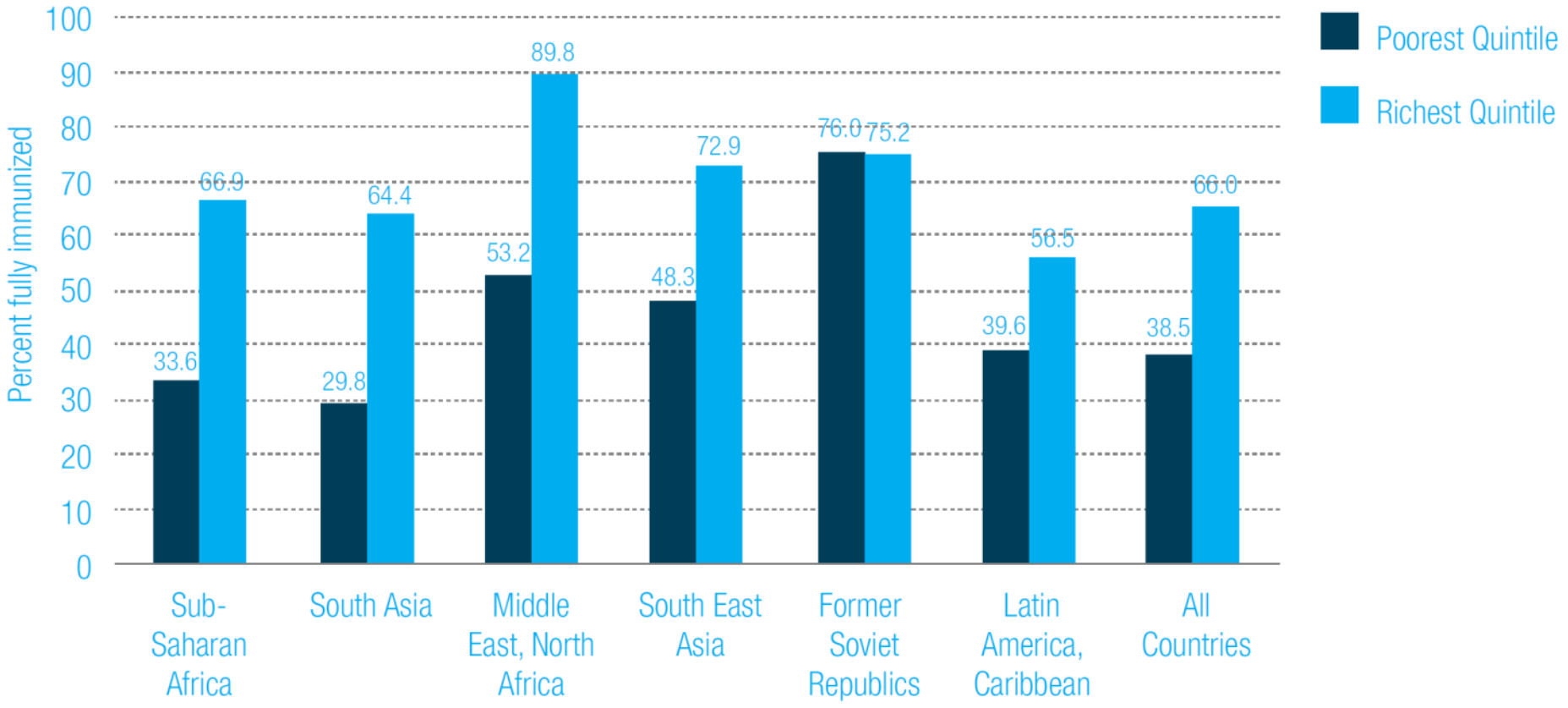
Expenditure for drugs

Countries with	private	public	*total*
high	167.2	264.4	***431.6***
Lower middle income	20.8	10.5	***31.3***
low income	5.85	1.76	***7.61***

Per capita and year in US$

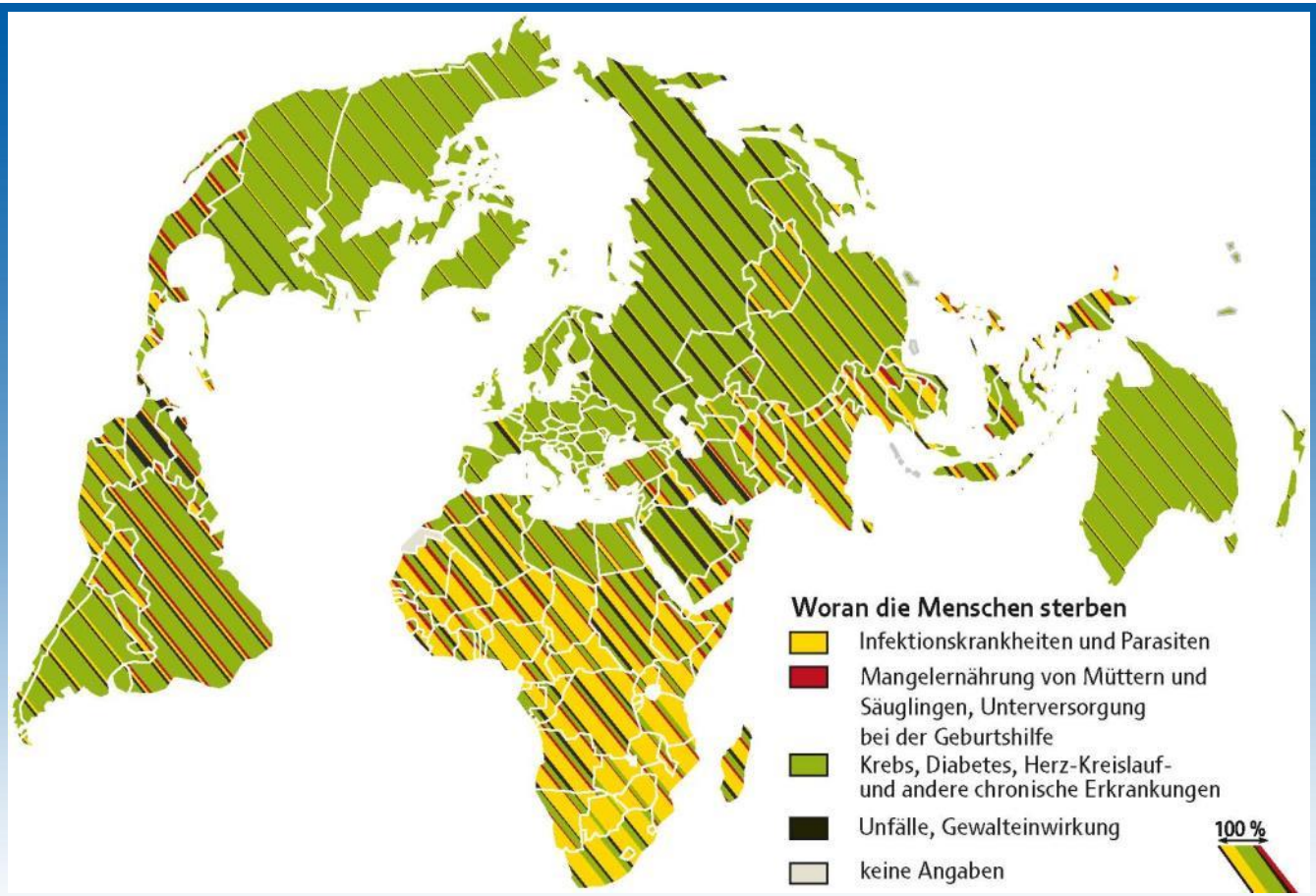
DER PARITÄTISCHE
GESAMTVERBAND

Figure 14.3 Full immunization rates among the poorest and richest population quintiles (regional averages).



Reprinted, with permission of the publisher, from Gwatkin & Deveshwar-Bahl (2001).

Chronische Krankheiten



CHRONIC DISEASES ARE THE MAJOR CAUSE OF DEATH IN ALMOST ALL COUNTRIES

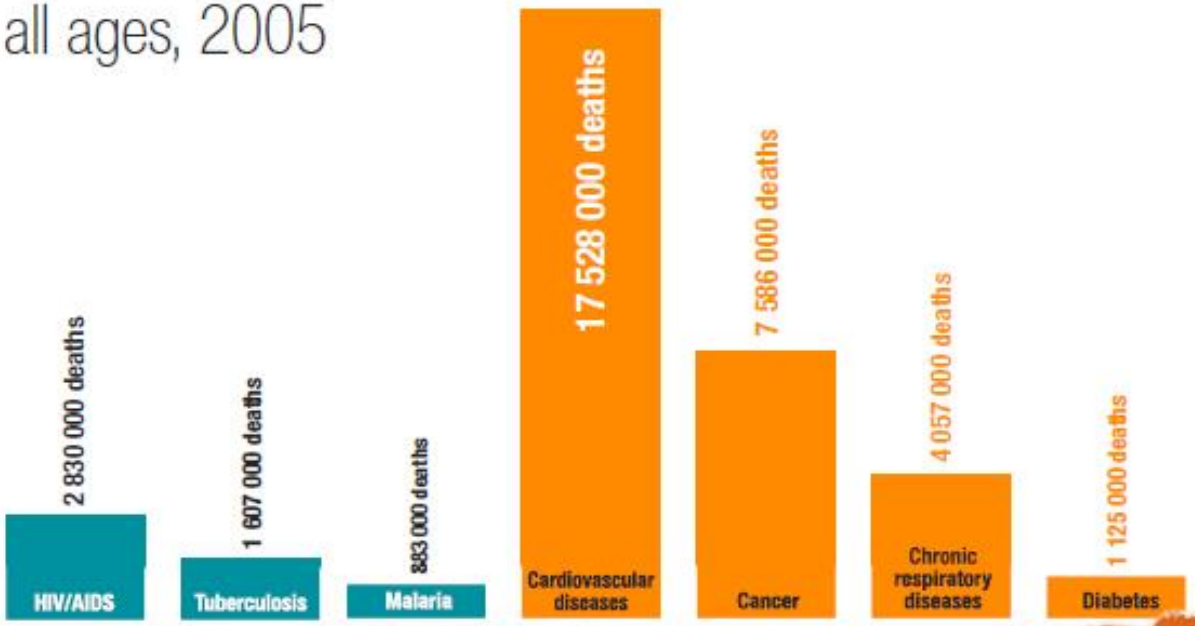
Chronic diseases include heart disease, stroke, cancer, chronic respiratory diseases and diabetes. Visual impairment and blindness, hearing impairment and deafness, oral diseases and genetic disorders are other chronic conditions that account for a substantial portion of the global burden of disease.

From a projected total of 58 million deaths from all causes in 2005,[1] it is estimated that chronic diseases will account for 35 million, which is double the number of deaths from all infectious diseases (including HIV/AIDS, tuberculosis and malaria), maternal and perinatal conditions, and nutritional deficiencies combined.

[1] The data presented in this overview were estimated by WHO using standard methods to maximize cross-country comparability. They are not necessarily the official statistics of Member States.

35 000 000 people will die from chronic diseases in 2005

Projected global deaths by cause, all ages, 2005

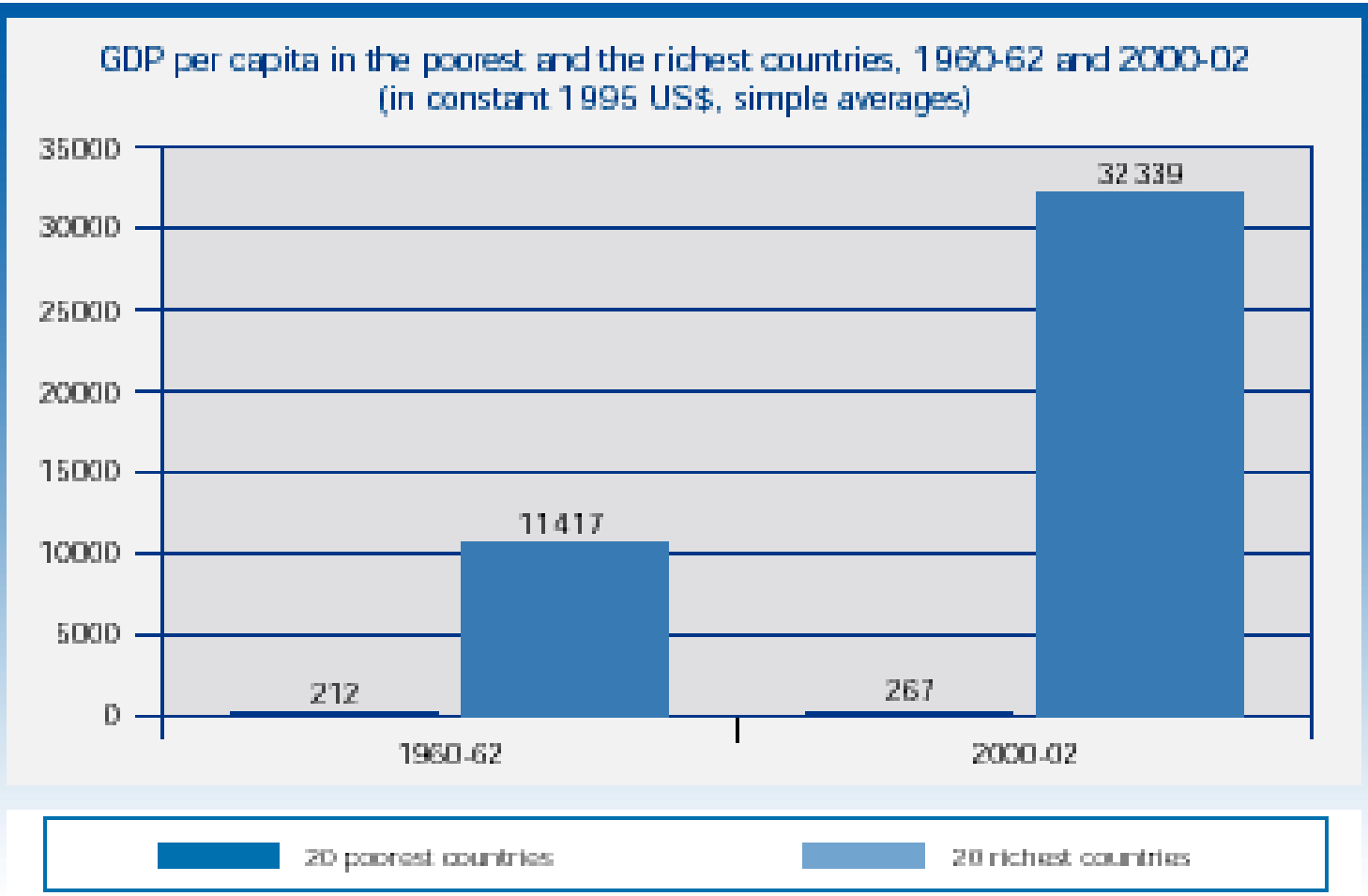


60% of all deaths are due to chronic diseases

WHO 2005

Die Kluft zwischen Globalisierungsgewinnern und -verlierern hat sich massiv vergrößert

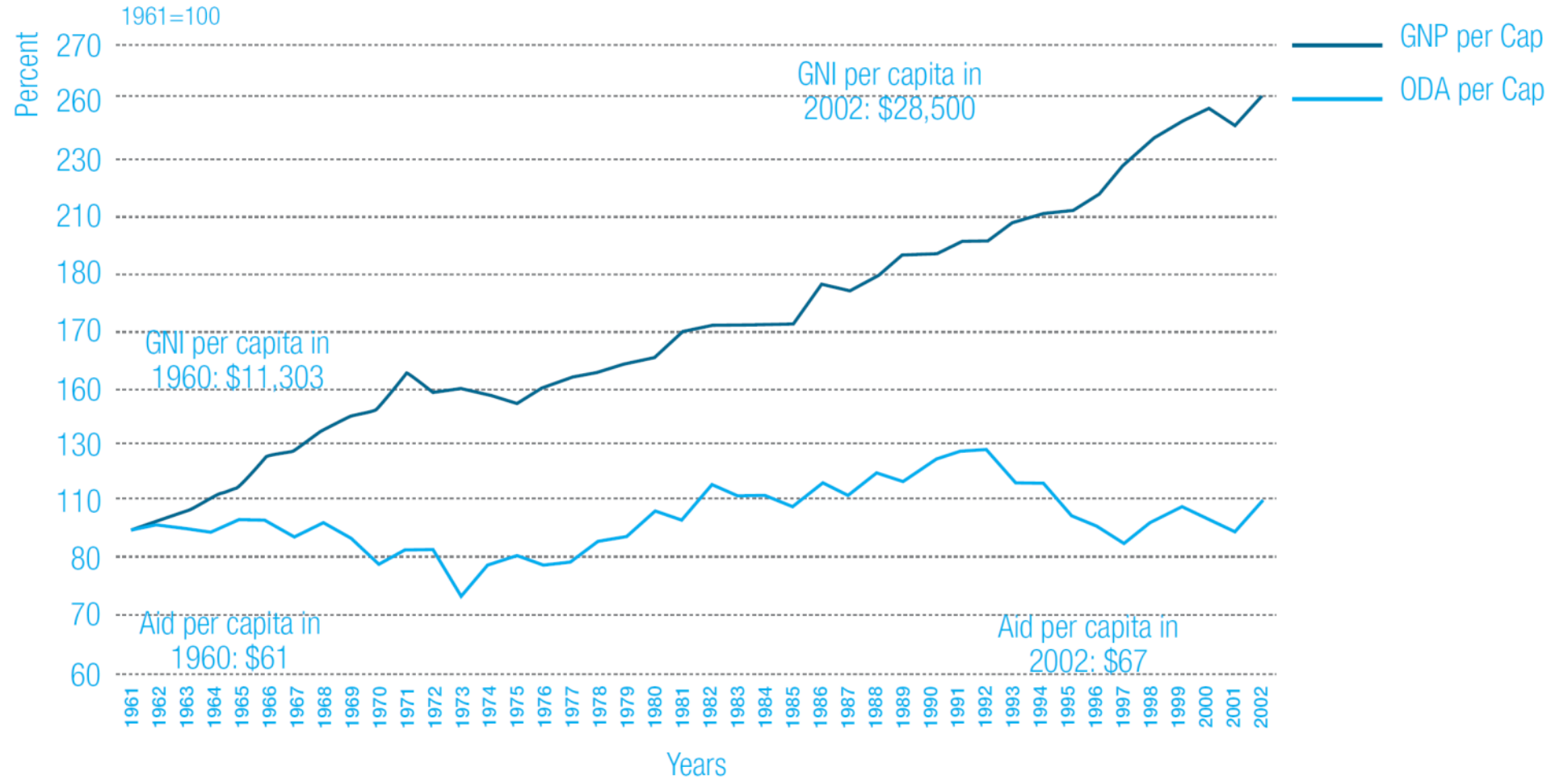
DER PARITÄTISCHE GESAMTVERBAND



Source: Based on a sample of 94 countries and territories with continuous time-series data from 1960 to 2002, as available from World Bank *World Development Indicators 2003* (online version).

DER PARITÄTISCHE
GESAMTVERBAND

The growing gap: per capita aid from donor countries relative to per capita wealth, 1960–2000.



Reprinted, with permission of the publisher, from Randel, German & Ewing (2004).

Globale Gesundheit

DER PARITÄTISCHE GESAMTVERBAND

*Sieben **politische** Treiber der Ungleichheit:*

- *Finanzkrise und Austeritätspolitik*
- *Wissen als Eigentum*
- *Internationale Investitionsverträge*
- *Internationales Lebensmittelhandel*
- *Verhalten transnationaler Unternehmen*
- *Umgang mit Flucht und Migration*
- *Gewaltsame Konflikte*
- *…*

The Lancet-University of Oslo Commission 2014

Globale Gesundheit

DER PARITÄTISCHE GESAMTVERBAND

Fünf Ursachen hinter den Treibern

- *Demokratie-Defizite*
- *Schwächen der Rechenschaftspflicht*
- *Trägheit von Institutionen*
- *Abwesenheit geeigneter Institutionen*
- *Gewicht von ‚Gesundheit' in Politik und Wirtschaft*

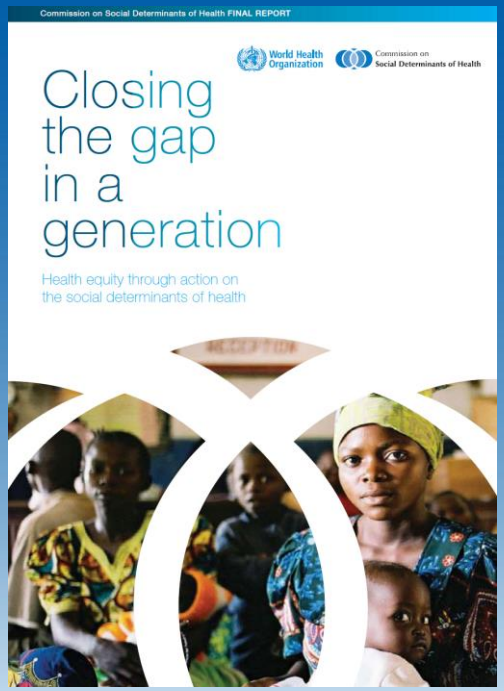
The Lancet-University of Oslo Commission 2014

Darwin’sches Gesetz der Prävention: „survival of the fittest“

- medizinische Intervention
- individuelle Verhaltensmodifikation
- Gesundheitsförderung im Setting
- gesundheitsförderliches Setting
- Veränderungen sozialer und ökonomischer Bedingungen

nach Kühn (1993)

Weltgesundheitsorganisation (WHO)



"(The) toxic combination of bad policies, economics, and politics is, in large measure responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible.

Social injustice is killing people on a grand scale. "

Abschlussbericht der WHO Commission on Social Determinants of Health: Closing the Gap in a Generation - Health Equity through Action on the Social Determinants of Health, September 2008 http://www.who.int/social_determinants/final_report/en/index.html