GLOBAL HEALTH INEQUALITIES: ECONOMICS, ETHICS AND POLITICS

Political Science, Spring 2010
François Briatte
francois.briatte@sciences-po.org

Fridays, 5–7pm
Feb 19, 26; Mar 12, 19, 26; Apr 2
56, rue des Saints Pères, 75007 Paris
Room B304

Why study health inequalities? Life expectancy and health status play an essential role in development, yet despite some remarkable improvements, especially in the second half of the twentieth century, health remains an unequally distributed resource, both on a global scale and within populations.

This course offers a multidisciplinary approach to the topic of health inequalities, based on three perspectives for study: an economic dimension, grounded in the links between health, poverty and employment; a social dimension, that focuses on psycho-social determinants of health and the role played by health systems; and a specifically political dimension, through which we will discuss the ethical foundations of state intervention against health inequality and look at how to assess the effects of policies in that area.

By design, this course will approach health inequalities through methods and concepts taken from various branches of the social sciences. How, for instance, can health economics measure these inequalities? What can political philosophy contribute to defining the ethics of global health? Even more generally, what is the overall contribution of the social sciences to the epidemiological study of health inequalities?

No previous knowledge in any of these topics is required for taking the course, but some curiosity in every of them will prove useful.

Acknowledgements: this course draws extensively on teaching material provided by Florence Jusot, who taught the course last year. All omissions and mistakes in referencing naturally remain mine and mine alone.
COURSE ASSIGNMENTS

Students are expected to be regular and active participants in the course, and to complete required readings prior to class meetings. Course sessions start with a 30-minute introduction, after which two students (or groups of students, depending on how many students registered for the course) will each give an oral presentation of roughly 15 minutes, followed by a 20-minute discussion in both cases. Presentations will be concise, synthetic, descriptive and explanatory, and will make extensive use of the recommended readings.

A written policy memo of strictly 4 pages is due at the end of the course (a precise deadline will be given at the first meeting). In the absence of truly exceptional circumstances, there will be no time extensions. In the memo, students are required to act as policy advisors reporting to a lead authority in a national health department or an international organisation. The memo must provide a concise, synthetic overview of a recent policy report or research document on health inequalities, and formulate realistic, structured recommendations for intervention, either declarative (public speech) or operative (policy decision). Eligible reports and research for the policy memo assignment are listed in the main readings below; feel free to suggest any other material of interest, but please make sure to submit your ideas well in advance.

Feel free to ask for additional guidance on what to read and how to structure memos and oral presentations, yet do not wait for the very last minute to do so. The grading policy for the course is 40 points for presentations, 40 points for memos and 20 points for attendance and participation. Further expectations about coursework will be outlined at the first meeting. Finally, students will be asked several times to provide feedback on the course.

COURSE SUMMARY

0. Global Health Inequalities and Development
1. Poverty, Income and Employment
2. Psycho-Social Determinants of Health
3. Health Systems Inequalities
4. Ethical Foundations of Public Health
5. The Politics of Health Inequalities

Course structure: The course starts by focusing on economics and social factors (part 1), and then turns to ethical concerns and policy interventions (part 2).
**MAIN READINGS**

*Reports*


*Research*


**ADDITIONAL READINGS**


*Reading guide*: Beaglehole and Bonita as well as Cash et al. are extensive introductions to the issue of international health intervention; Graham is a state-of-the-art collection of sociological findings on the spread of health inequalities among populations; Kawachi and Wamala is a compendium on global health; Marmot and Wilkinson summarises the basic epidemiological data on health inequalities; and Sudhir et al. covers discussions of health and social justice in the fields of philosophy and economics.

**WEBSITES**

Gapminder:  

Harvard Program in Ethics and Health:  
[http://peh.harvard.edu/](http://peh.harvard.edu/)
SESSION 0   GLOBAL HEALTH INEQUALITIES AND DEVELOPMENT

Readings


Additional readings


Part 1. Economic and social aspects

SESSION 1   POVERTY, INCOME AND EMPLOYMENT

Readings


Presentations
- **Wealth, Work, Health and Death in France**

- **Cross-National Variations in Income Differences and Health Inequalities**
SESSION 2  PSYCHO-SOCIAL DETERMINANTS OF HEALTH

Readings


Presentations

□ Effects of Race and Ethnicity on Screening Practices Among Patients and Practitioners


□ Translations of Work Exposures into Stress and Disease: Comparative Perspectives


SESSION 3  HEALTH SYSTEM INEQUALITIES

Readings


Presentations

□ Health Sector Inequalities in High-Income Settings: Measuring the Effects of Health Insurance (or absence thereof) in the United States


Health Sector Inequalities in Low-Income Settings: Measuring the Effects of Household Consumption in Vietnam


Note: this presentation requires reading some (rather light) econometrics, which can be challenging if you do not have any background in economics.

Part 2. Policy interventions

SESSION 4 ETHICAL FOUNDATIONS OF PUBLIC HEALTH

Readings


Presentations

Collective Responsibility in Public Health Ethics: Economic Recommendations on Health Inequalities


Note: the purpose of the presentation is to present the viewpoint of economists on policy interventions regarding health inequalities. For the essential background in health economics, see Wagstaff, A. and van Doorslaer, E. 2000. “Equity in Health Care Finance and Delivery.” In Culyer, A. and Newhouse, J. (eds), Handbook of Health Economics. Elsevier [Chapter 34, pp. 1803–1862].

Individual Responsibility in Public Health Ethics: Paying for Smoking-Induced Lung Cancer Treatment


Wait a second! This looks like an easy presentation, based on merely 10 pages of reading. The truth is, the content is highly formalized and requires that you can read equations. If no one is math-proficient enough with modelling to follow the argument, we will fall back on the following reading: Fleurbaey, M. 2006. “Health, Equity and Social Welfare.” Annales d’Économie et de Statistique 83–84: 21–59.
SESSION 5 THE POLITICS OF HEALTH INEQUALITIES

Readings


Note: see also Chapter 1, pp. 3–24, for some epidemiological background that was already presented in class. Mackenbach et al. have written plenty of reports on the reduction of health inequalities in the European Union; see his work for the Eurothine project in 2007, or his Health Inequalities: Europe in Profile report, delivered to the UK presidency of the EU in 2005, as well as the Judge et al. report, Health Inequalities: A Challenge for Europe, delivered to the same policy forum.

Presentations

□ Effects of Political Systems on Health Inequalities:
  Measuring Regime Influence on Health


□ Policy-Making Dimensions of Health Inequalities:
  Agenda-Setting Factors and Strategies


ANOTHER VISION OF THE WORLD

All three maps are from the worldmapper.org website, based on WHO data. On these maps, territory size has been altered from actual size to reflect the worldwide distribution of female smokers, of diabetes, and of cholera deaths. Years in brackets indicate the period of data collection.


Type 1 and 2 diabetes prevalence for people over 15 (2001)

Cholera deaths (2004)