

WEEK 14 – DEFINITIONS

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Before we can talk about a country's priorities, we need to establish a framework for how countries are viewed from a health policy perspective. There are a number of definitions for a country's status. Let's start with how a country is defined from a fiscal perspective. Some organizations, such as the International Monetary Fund, use the terms emerging, developing, and industrialized countries.

Others, such as the WHO, use the World Bank Dev categories to identify low, low-middle, upper middle, and high income countries, which are then grouped by region. This is where the LMIC, lower middle income countries, designation is utilized. The WHO also separates countries into six World Bank regions, East Africa and Pacific, Europe and Central Asia, Latin America and the Caribbean, Middle East and North Africa, South Asia, and sub-Saharan Africa. High-income countries within each of these regions are separated out as a seventh group.

Why is income an important consideration? A country's financial status affects how much it can or is able to allocate to identify [INAUDIBLE] concerns. Much of the literature establishes individual and national poverty as a significant factor that affects a number of areas, such as infrastructure, employment, standard of living, and political stability, as well as morbidity and mortality rates. The World Bank reports that in 2011, 17% of people in the developing world lived on less than US \$1.25 a day. However, that figure is part of the 2.2 billion people who lived at least at or below the global poverty line, which is a US \$2 a day. This number is considered a measure of deprivation which ultimately not only affects the population living in poverty but also the ability of the country to provide basic health services.

Another definition of interest is NGO. In addition to national governments, there are a number of other players in determining global policy priorities. One such group is the non-governmental organization or an NGO. An NGO is any nonprofit, voluntary citizen's group which is organized at a local, national, or international level. NGOs may be funded by governments, foundations, businesses, or private persons. The United Nations and the World Health Organization are examples of NGOs.

The United Nations is comprised of 193 countries that agreed to cooperate in solving international problems and in promoting respect for human rights. Although it does not make laws, it does formulate policies, known as conventions and protocols, on human rights and health. The WHO employs 7,000 people, in 150 WHO offices located across the world. As part of the UN, it provides leadership on global health matters and establishes evidence-based policy options, sets norms and standards, and shapes the global and national health research agendas. Perhaps two of its most important functions are providing technical support and the surveillance of health trends worldwide.

A third group is the European Union, which is a unique economic and political partnership between 28 European countries. Unlike the UN and the WHO, the EU conducts its business based on rules of law. That means it creates binding agreements, treaties, to which every member country agrees to comply. Although there are many other examples we can include in this lecture, we will stick to the UN, the WHO, and the EU as we frame the rest of the lecture.

Another definition is health as a human right. In 1946, the constitution of the WHO defined health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. In 1948, Article 25 of the Universal Declaration of Human Rights also mentioned health as part of the right to have an adequate standard of living. It was later codified as a human right in a 1966 international covenant of economic, social, and cultural rights.

The 1989 UN Convention on the Rights of the Child frames health as a human right that is universally applicable to all children, regardless of culture or society. Since that time, numerous international and human rights treaties have recognized and referred to the right to health. The importance of health as a human right is seen in international declarations and in domestic legislation and policies. Take a moment to examine the WHO framework from its linkages document to see the larger societal framework of health as a human right.

It is also in the ICESCR that we see the first mention of the underlying determinants of health, which led to a larger definition of the social determinants of health, which you can see on this slide, which combines the UN convention as well as the WHO protocols. We can see the independence of health as a human right in the context of other determinants of health such as poverty.

In 2008, the Commission on Social Determinants of Health defined the social determinants of health, the SDH, as the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. Hence, an individual's right to health must also address how to reduce these social, societal determinants of health, which in the United States, are commonly referred to as health inequities, health inequalities, or disparities. So for this lecture, keep in mind how terms are defined and framed as a more global view of a topic may not mirror the common tropes in the US literature.