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de Saúde Pública

UNIVERSIDADE NOVA DE LISBOA

Saúde e desenvolvimento sustentável

Julian Perelman

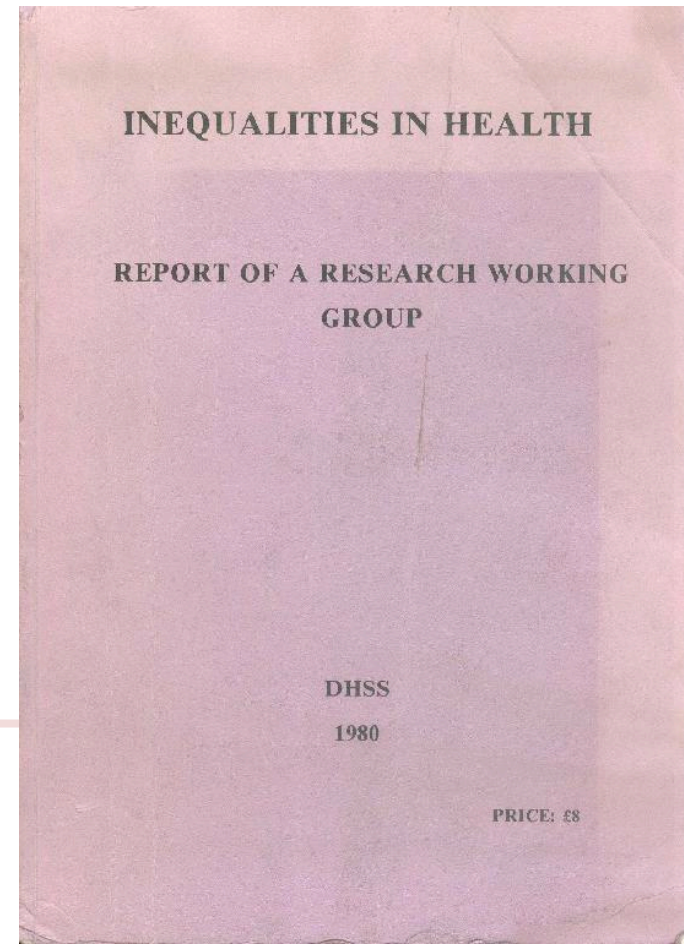
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Desigualdades em saúde

Desigualdades em saúde: o paradoxo

- ✓ Black report (1980)
- ✓ Whitehead report (1987)
- ✓ Acheson report (1998)
- ✓ The Marmot Review (2010)

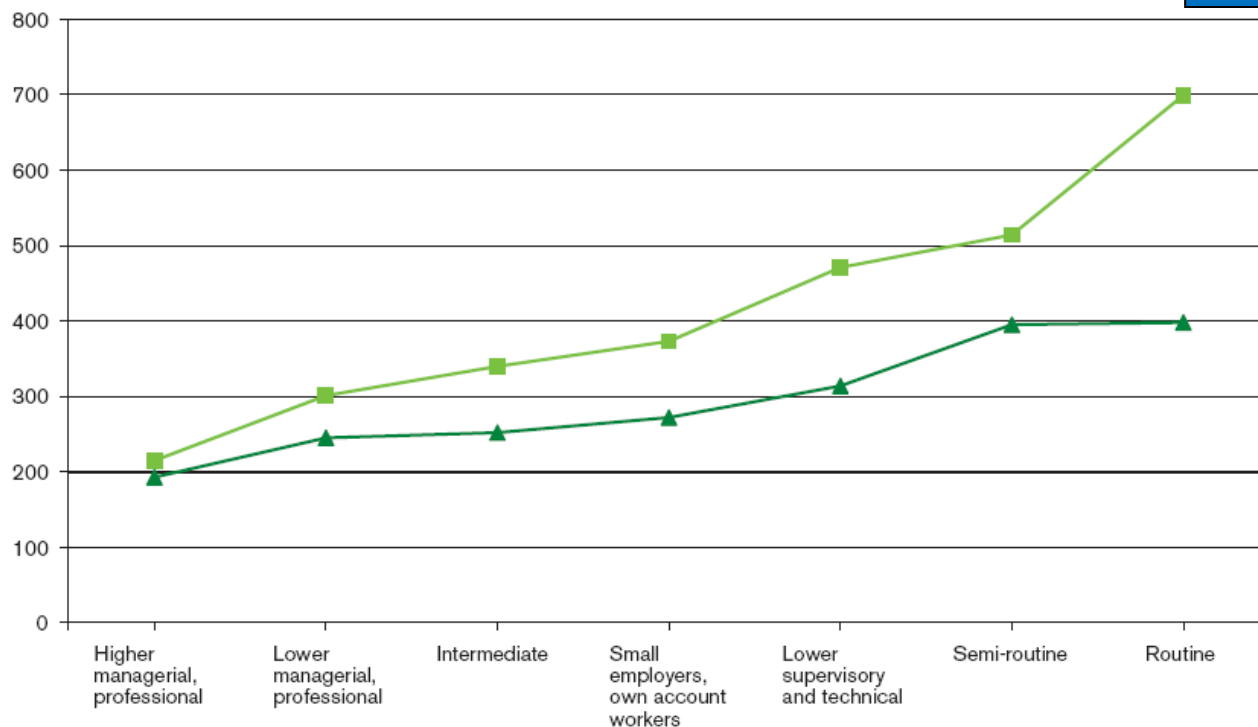


Classe social e saúde

Figure 1.6 Age standardised mortality rates by socioeconomic classification (NS-SEC) in the North East and South West regions, men aged 25–64, 2001–2003

Mortality rate
per 100,000

Marmot Review, 2010



■ North East
▲ South West

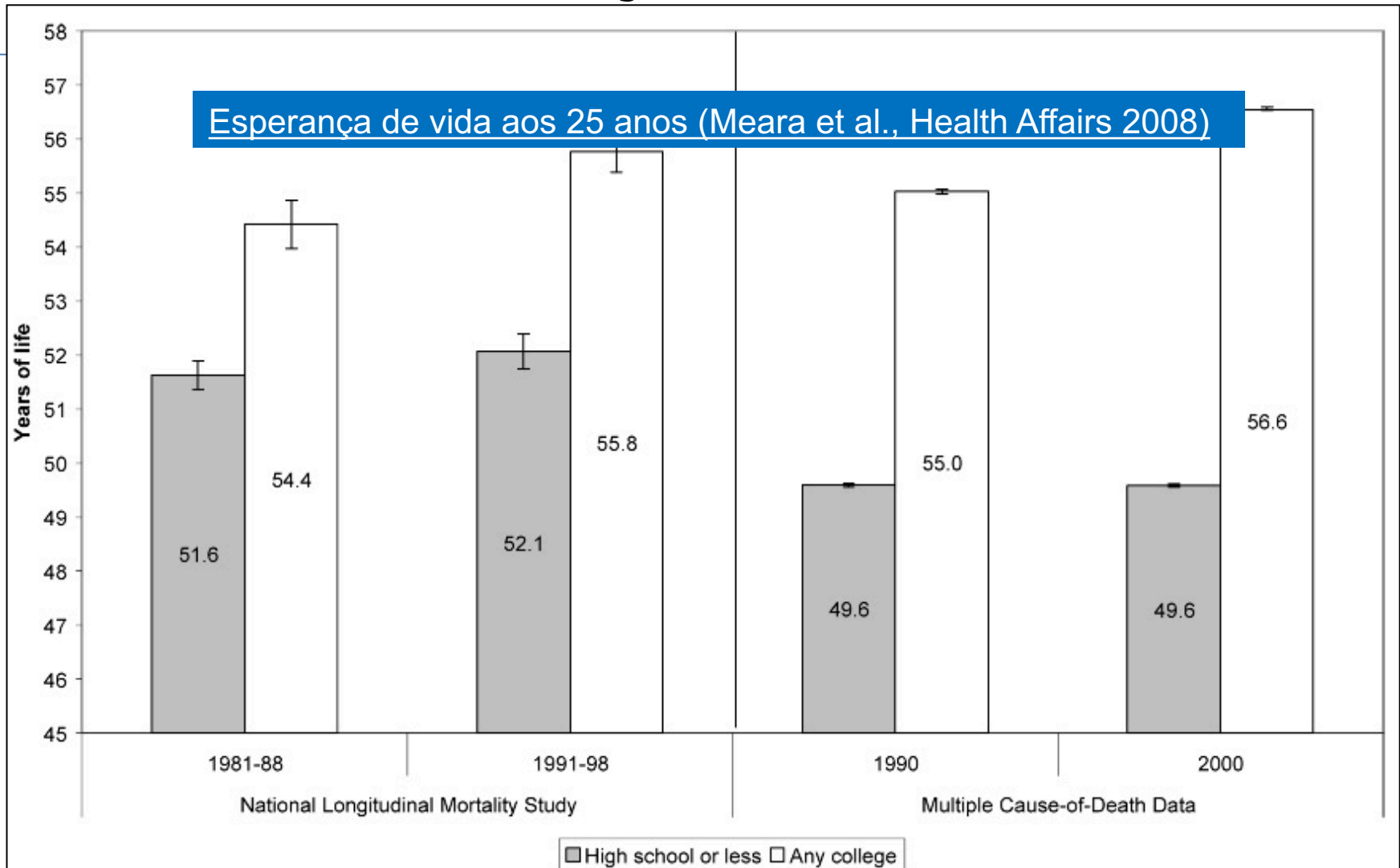
Note: NS-SEC = National Statistics Socio-economic Classification
Source: Office for National Statistics⁴³



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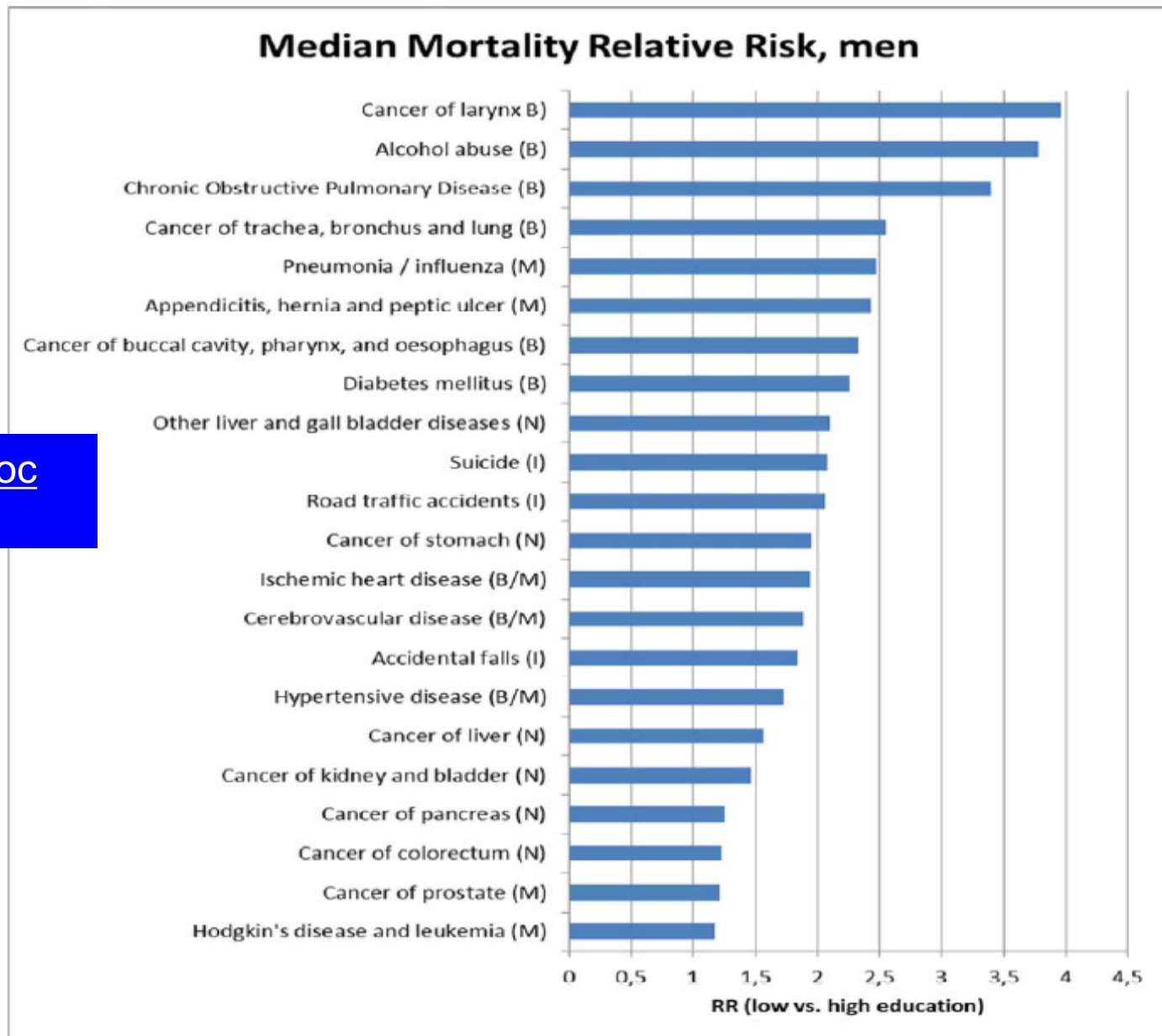
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Educação e saúde



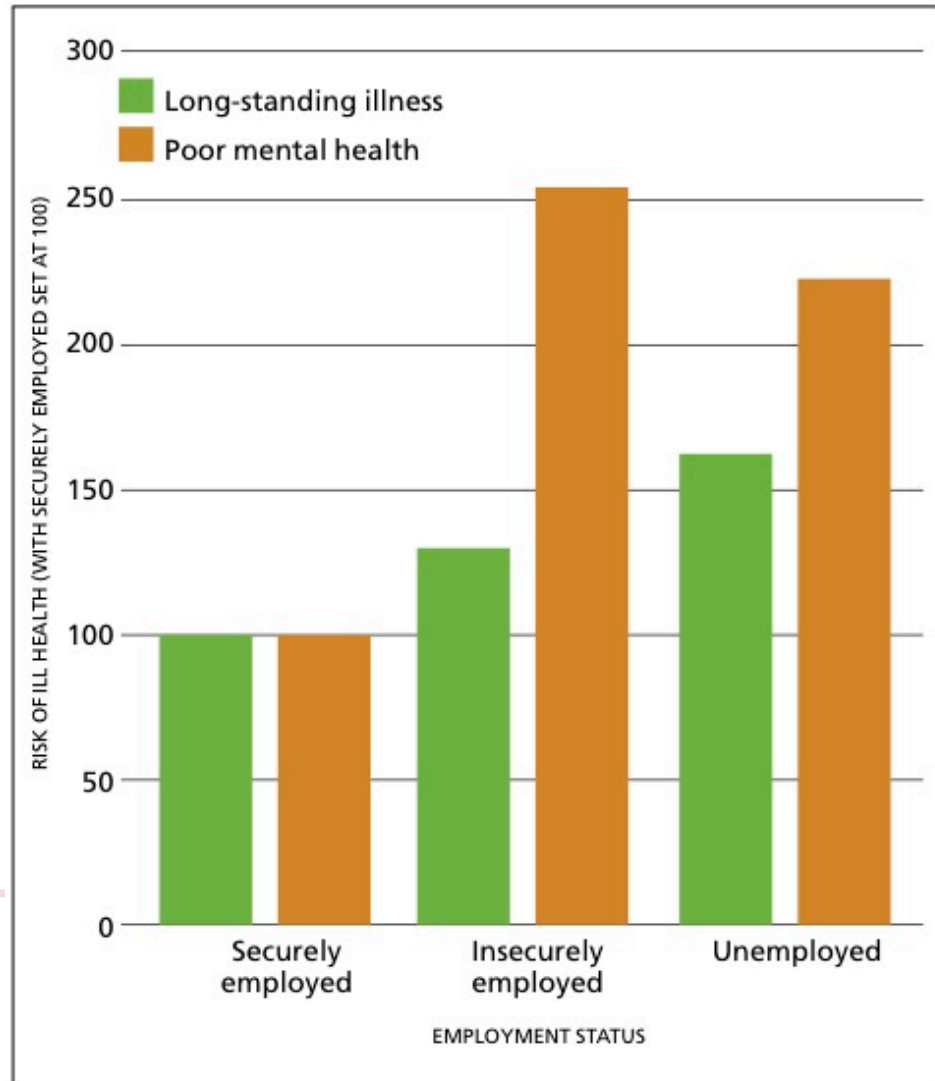
Educação e saúde

Mackenbach et al, Soc
Sci and Med, 2014



Emprego e saúde

Fig. 5. Effect of job insecurity and unemployment on health



Marmot Review, 2010

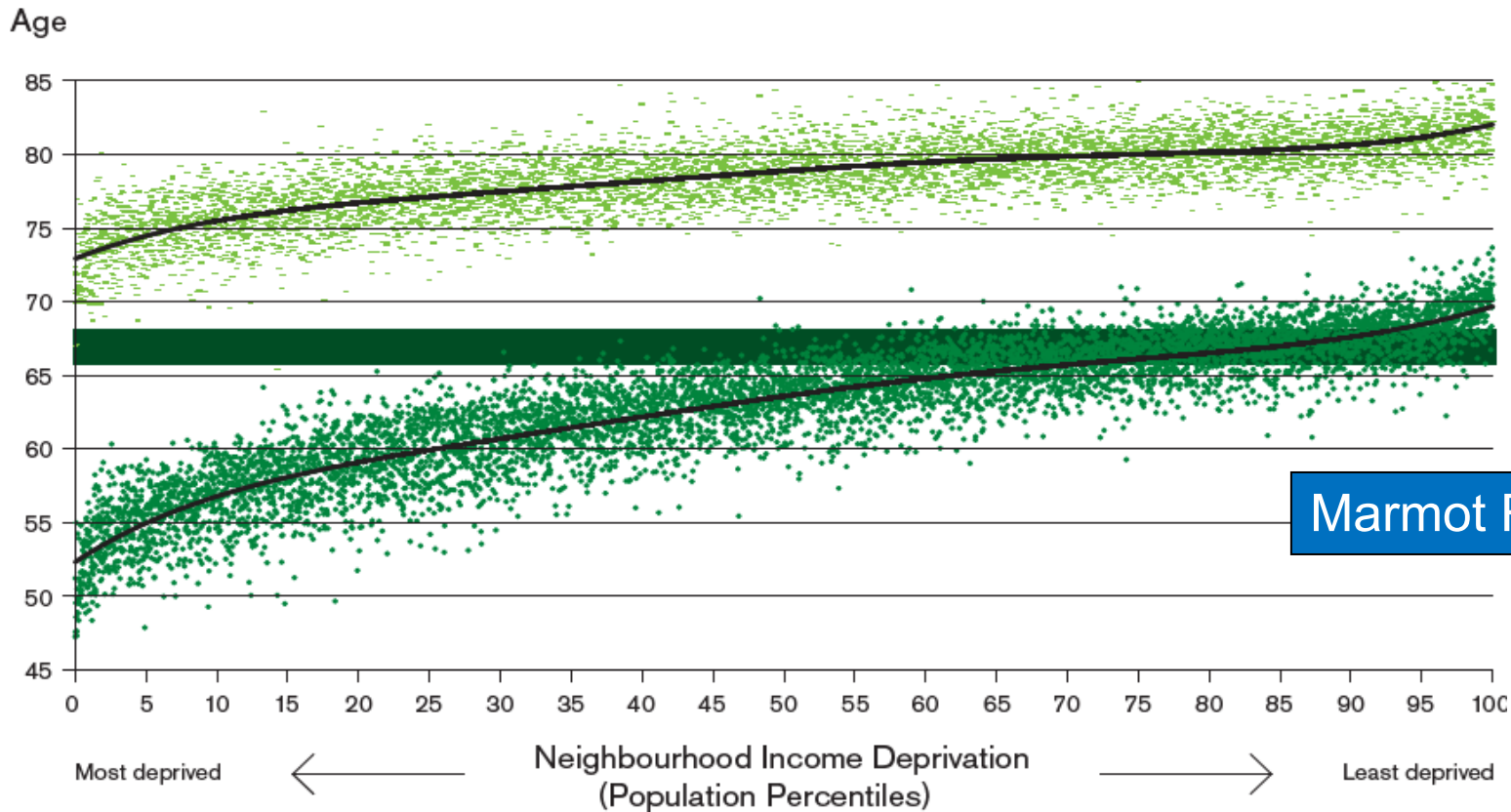


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Rendimento e saúde

Figure 1.1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003

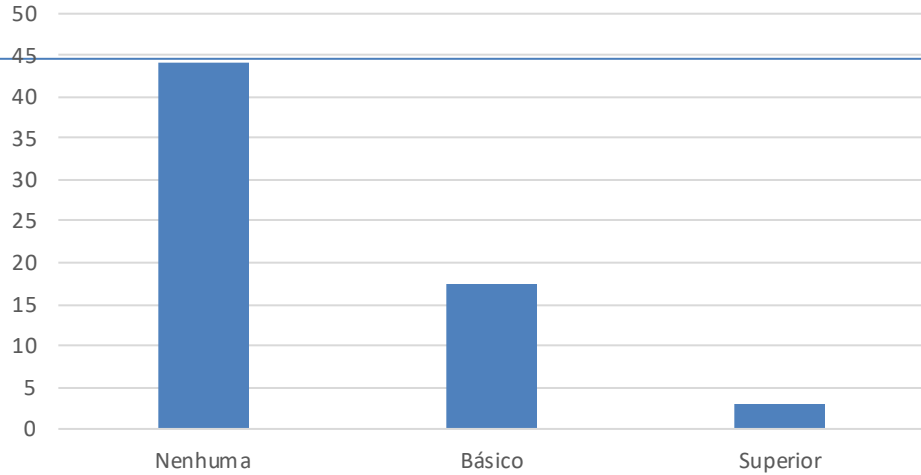


- Life expectancy
- DFLE
- Pension age increase 2026–2046

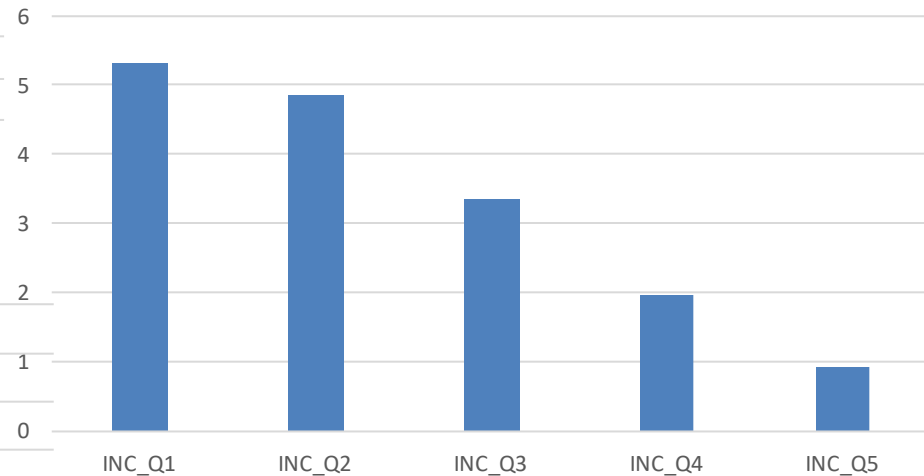
Source: Office for National Statistics³⁴

Portugal

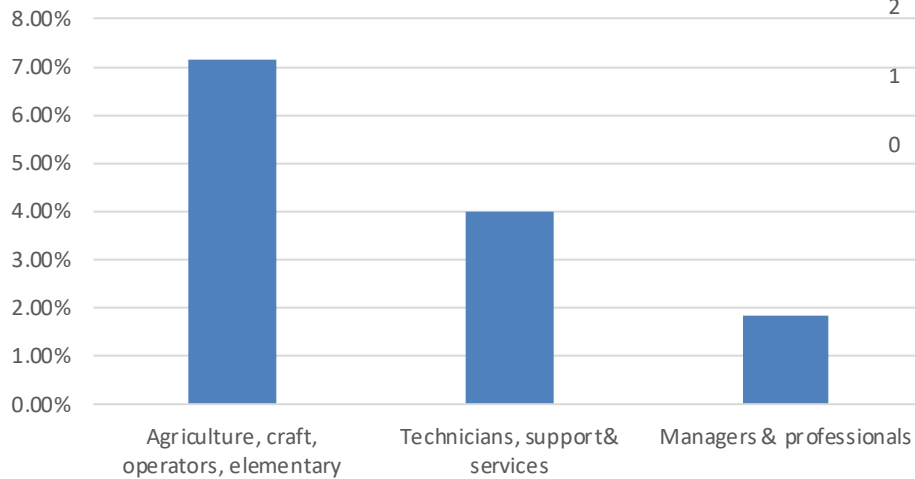
Self-reported bad/very bad health (INS 2014)



Self-reported bad/very bad health (INS 2014)



Self-reported bad/very bad health (INS 2014)



Dados portugueses, Inquérito Nacional de Saúde (2014)

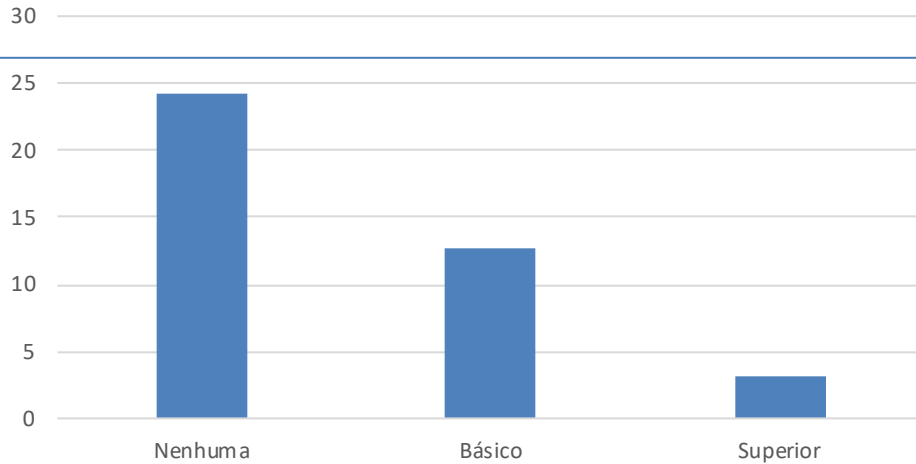


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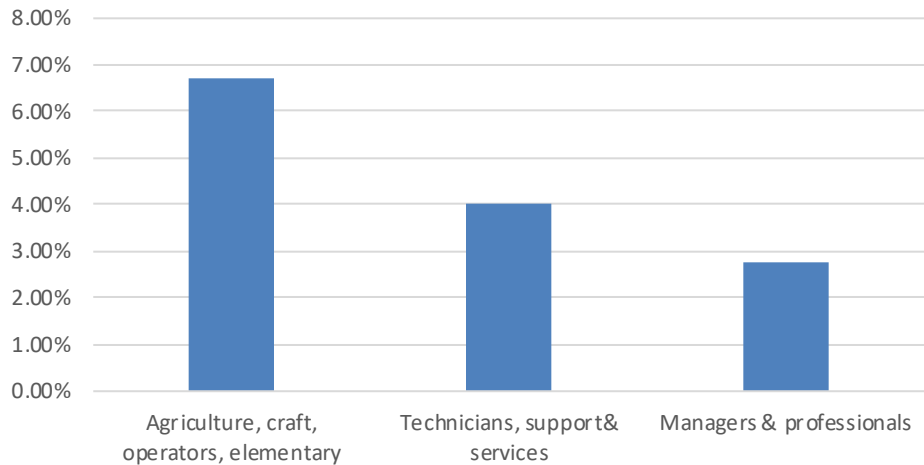
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Portugal

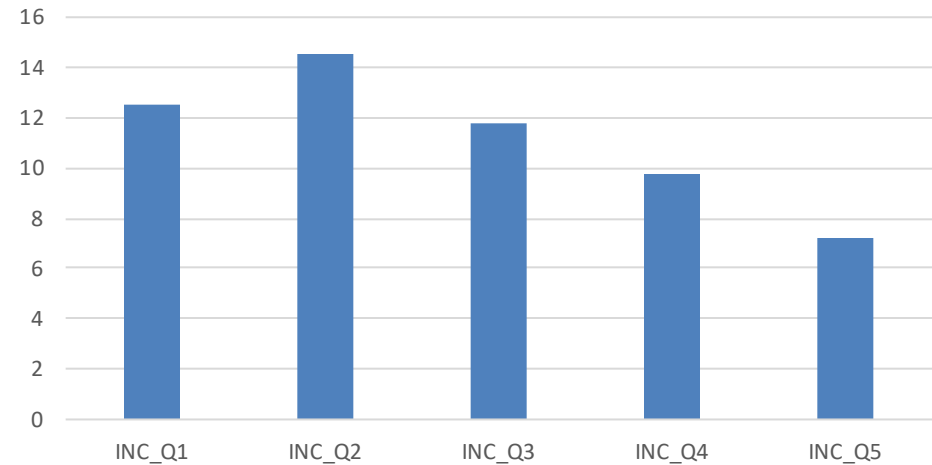
Diabetes (INS 2014)



Diabetes (INS 2014)



Diabetes (INS 2014)



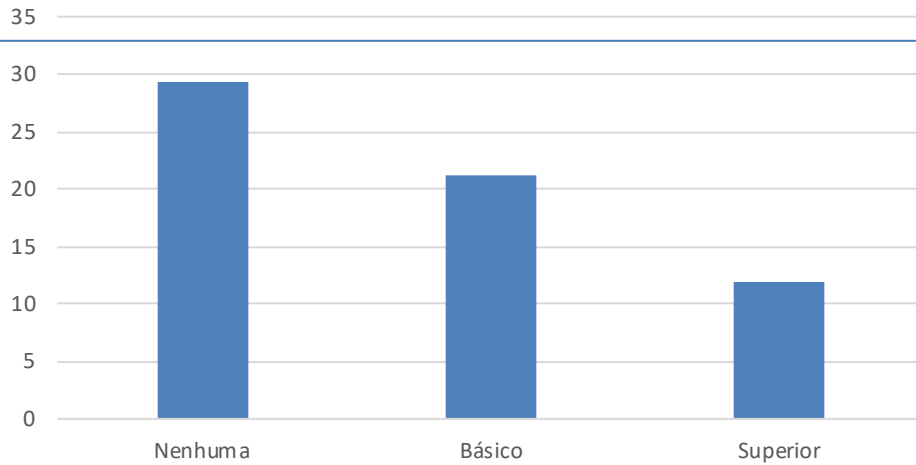
Dados portugueses, Inquérito Nacional de Saúde (2014)



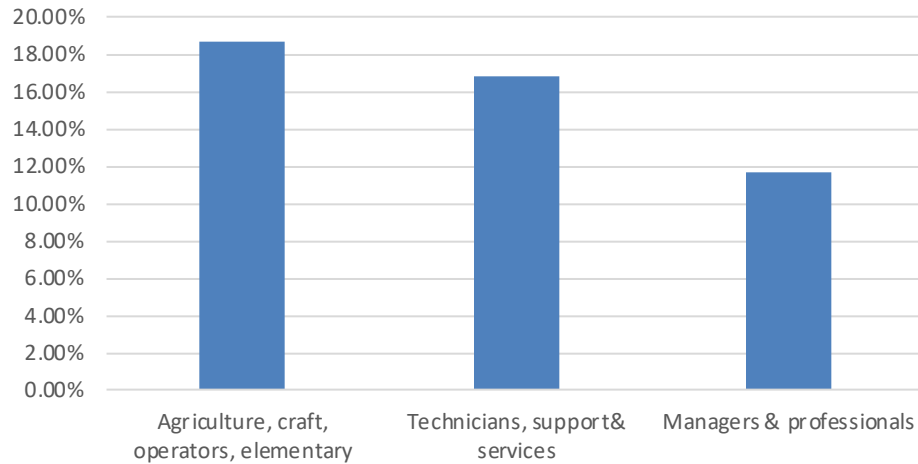
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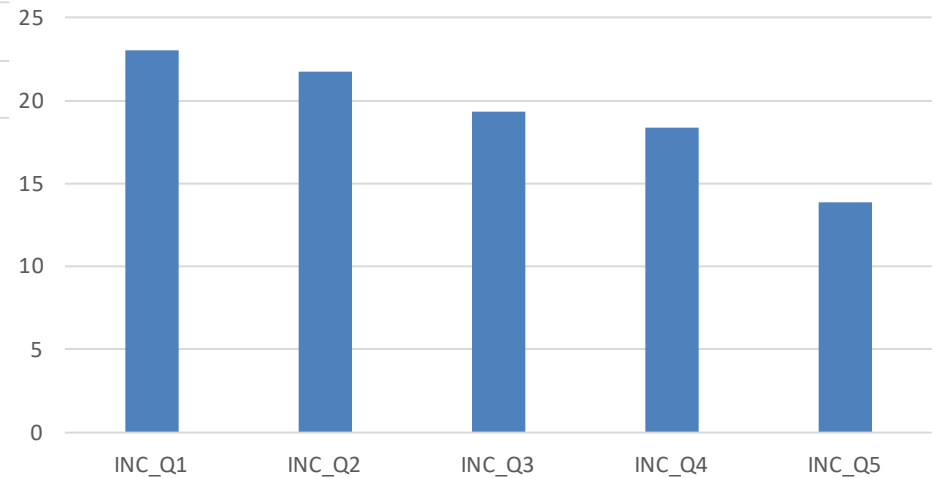
Obesidade (INS 2014)



Obesidade (INS 2014)



Obesidade (INS 2014)



Dados portugueses, Inquérito Nacional de Saúde (2014)



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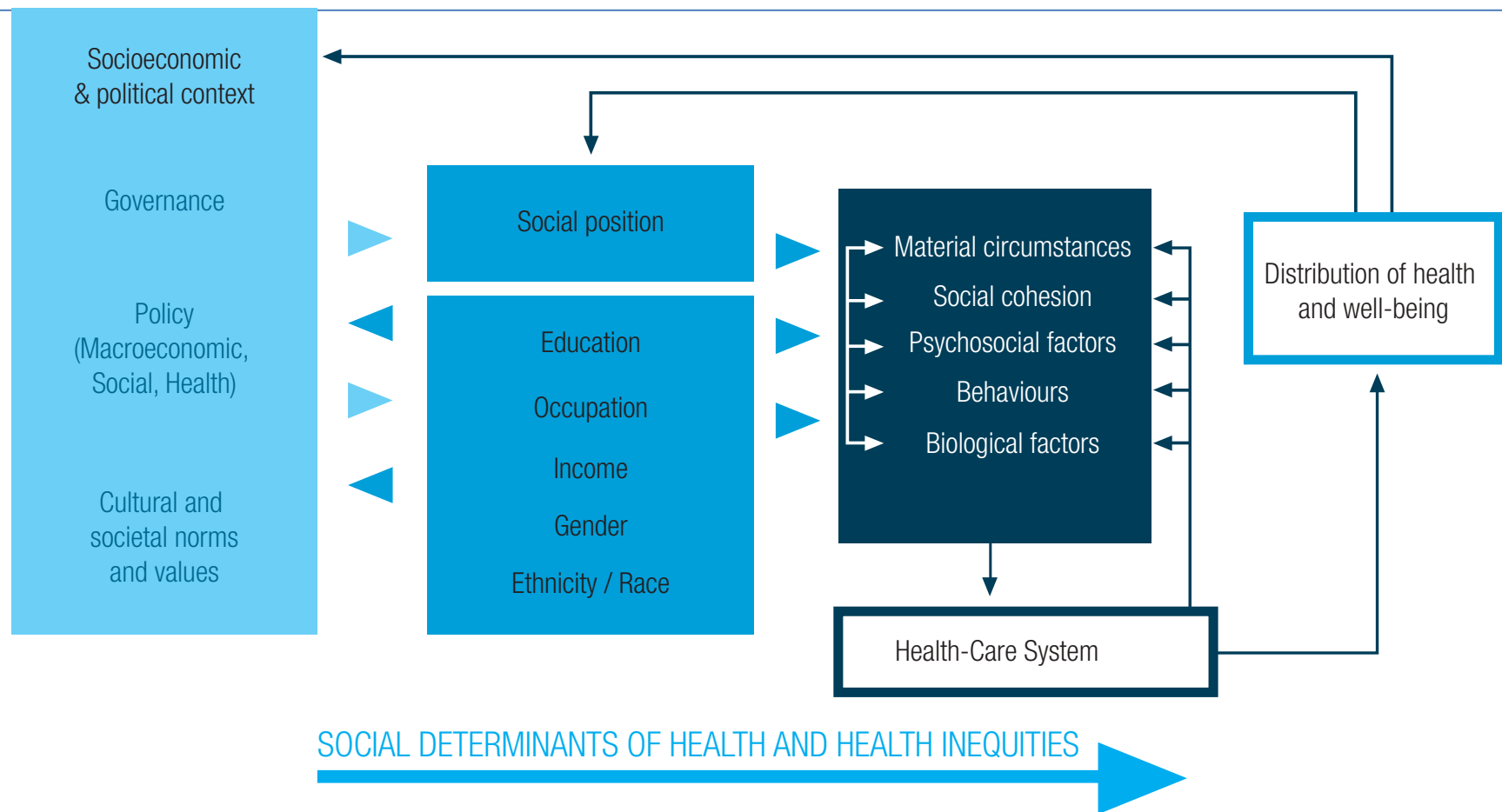
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Desafio da equidade

- ✓ Justiça social: igualdade de oportunidades
- ✓ Direitos humanos: saúde direito fundamental
- ✓ Desenvolvimento sustentável e coesão social
- ✓ Injusto, desnecessário e evitável



Figure 4.1 Commission on Social Determinants of Health conceptual framework.



WHO, Commission on the Social Determinants of Health, 2008



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A importância do contexto

- ✓ Fatores ambientais (15% da mortalidade na Europa)
- ✓ Contexto político e social (desigualdade, recessão, educação)
- ✓ Políticas macro (redistribuição, trabalho, educação, saúde)

Quais políticas?

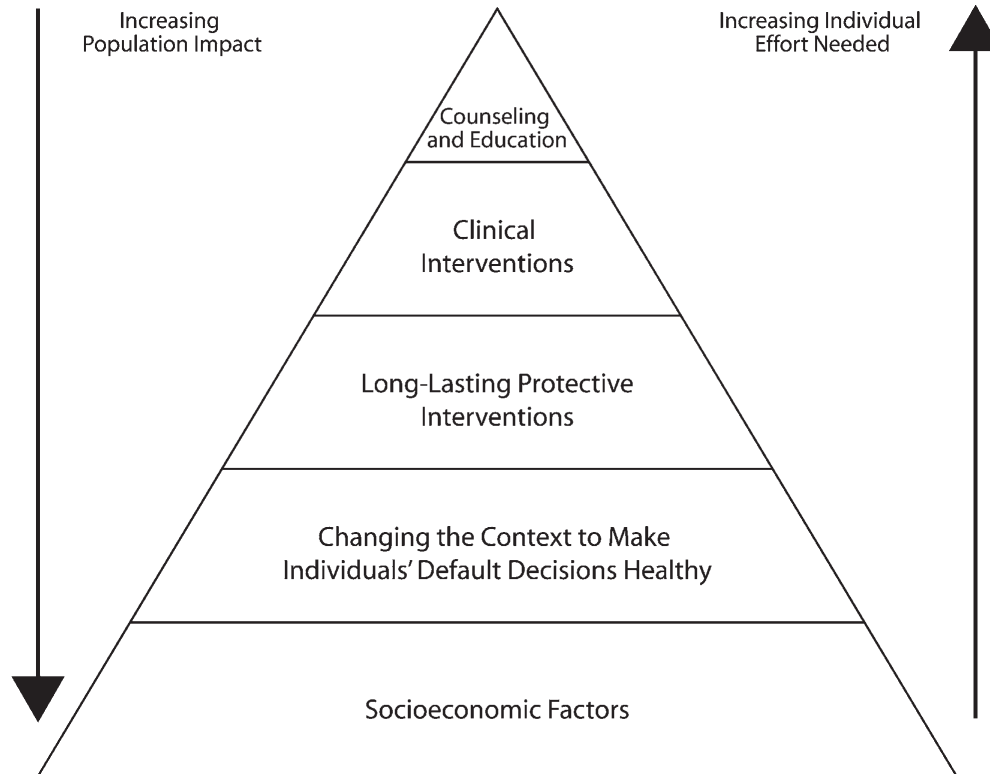


FIGURE 1—The health impact pyramid.

Sustentabilidade

	Brazil		China		England		India		Mexico		Russia		South Africa	
	DALYs	CE*	DALYs	CE*	DALYs	CE*	DALYs	CE*	DALYs	CE*	DALYs	CE*	DALYs	CE*
20 years														
School-based interventions	4	†	10	704 863	0	†	8	†	3	†	12	830 177	3	†
Worksite interventions	1187	8270	399	7785	1725	45 630	405	6151	644	37 912	1759	6187	254	25 409
Mass media campaigns	627	5074	688	7188	1361	25 897	246	15 552	533	6858	811	12 911	421	23 221
Fiscal measures	1642	CS	1027	CS	1496	CS	139	CS	509	CS	1696	CS	528	CS
Physician counselling	2805	8503	864	9390	5562	25 284	523	6155	2796	23 811	6988	5982	719	23 841
Food advertising regulation	38	CS	145	556	245	25 672	49	3186	112	11 151	288	5718	89	13 241
Food labelling	1030	9962	779	71	1134	12 577	495	952	358	3974	1176	396	389	7953
50 years														
School-based interventions	170	93 350	337	35 174	245	152 989	232	59 665	83	235 957	696	26 114	152	153 233
Worksite interventions	3323	3541	1383	3393	6078	20 506	939	4491	2175	16 932	5929	2926	739	14 561
Mass media campaigns	1803	1994	2500	3177	4025	13 796	670	8575	1530	2778	2914	5822	1047	15 211
Fiscal measures	5483	CS	3909	CS	6049	CS	355	CS	1978	CS	5898	CS	1725	CS
Physician counselling	7163	5156	2306	5718	14 776	15 731	1045	5553	7477	15 108	16 644	4331	1739	16 591
Food advertising regulation	988	CS	1314	CS	2179	4278	752	332	658	3415	5823	552	610	3352
Food labelling	3259	CS	2805	CS	4019	5268	1089	776	1304	CS	4099	CS	1157	3927
Cost-effectiveness threshold (US\$/DALY)‡	..	15 000	..	5000	..	50 000‡	..	2500	..	20 000	..	15 000	..	15 000

DALYs=disability-adjusted life-years saved per million population. CE=cost-effectiveness. CS=cost-saving. *Cost-effectiveness ratios are expressed in US\$ per DALY averted, and represent the net cost of gaining 1 additional year of healthy life, relative to a no prevention or treatment-only scenario. †Cost-effectiveness ratio is higher than US\$1 000 000 per DALY. ‡For countries other than England, the guideline amount of three times gross domestic product per head (US\$2005) is used as a cost-effectiveness threshold. In England, US\$50 000 DALY is a threshold commonly adopted by the UK's National Institute for Health and Clinical Excellence to denote that an intervention is cost effective.

Table 2: Effectiveness and cost-effectiveness of interventions after 20 years and 50 years

Cecchini et al, Lancet 2010, 376.



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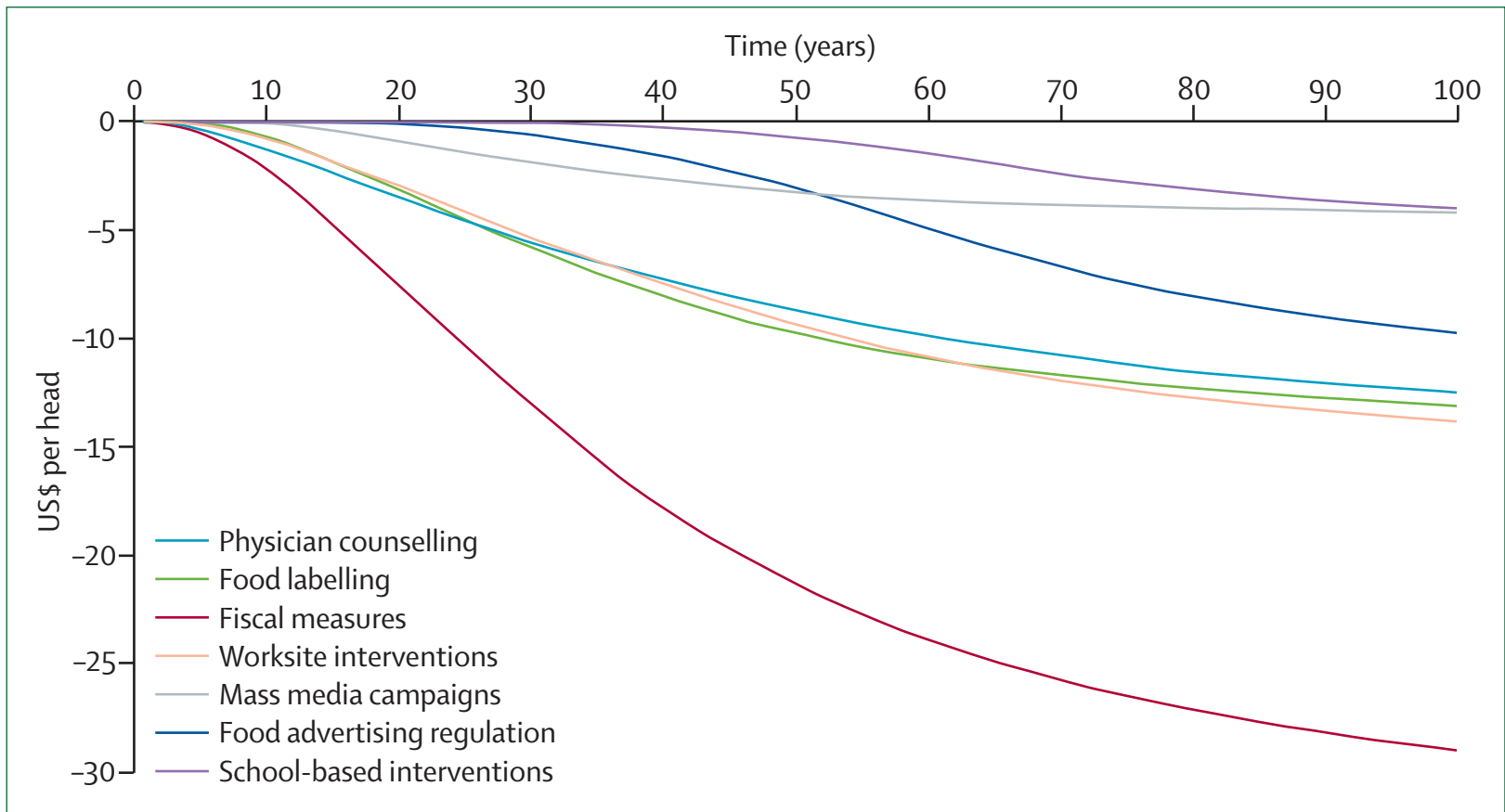


Figure 4: Cumulative effect on health expenditure over time (US\$ per head) in Brazil

[Cecchini et al, Lancet 2010, 376.](#)



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Conclusão

- ✓ Evidência forte de desigualdades sociais em saúde
- ✓ Evidência forte de desigualdades sociais nos estilos de vida
- ✓ Prioridade social e económica
- ✓ As intervenções mais eficazes para combater estilos de vida não saudáveis e as desigualdades nestes estilos de vida: modificação do contexto
- ✓ Também são **as mais custo-efetivas: é um problema de alocação de recursos**

