



Evangelical Lutheran Church in America  
God's work. Our hands.

## A JUST SOCIETY SUPPORTING HEALTH OF ALL RESOURCE SERIES



### GLOBAL HEALTH INEQUALITIES

*Inequities in health systems are a major problem in low- and middle-income countries. Just as in the United States, different socio-economic groups experience different levels of access to quality health care. Historical lack of attention to social determinants of health (SDH) — the conditions under which people are born, grow, work, live and age — and the wider forces and systems shaping the conditions of daily life<sup>1</sup> have hampered efforts to improve health outcomes and close health disparities between and within countries. The good news is that public health and policy experts are paying more attention to this intersection of social determinants as they tackle global health inequities.*

#### STRIDES AND CHALLENGES

The history of global health advances shows that the world has made significant strides in reducing or eliminating the burden of diseases, many of which used to kill hundreds of thousands of people. The [Global Health series](#) from ELCA Advocacy shares additional information about Malaria, HIV/AIDS Maternal and Child Health and more. From eradication of smallpox to HIV treatment, there is much to celebrate. These advances have led to an overall

increase in life expectancy in both high- and low-income countries.

Nonetheless, many challenges remain.

- [810 women](#) die every day from complications of pregnancy or childbirth, 94% of them living in low- and lower-middle-income countries.
- [5 million children](#) under age 5 die every year from preventable causes, 50% of them in sub-Saharan Africa.
- High-income countries invest [\\$5,180 per person](#) in health care, but for low-income countries the figure is only [\\$44 per person](#).
- [More than half](#) of world's rural population lacks access to health care.

Ensuring healthy lives and promoting well-being for all ages is one of the 17 Sustainable Development Goals adopted by United Nations member states in 2015. Achieving equity in health must be the principle that drives this work, but we will never fulfill this goal without attending to the economic and social factors that determine people's access to good health services.

As Lutherans, we foster "faith that is active in love, a love that seeks justice, and an insight that strives to discern what is right, good and fitting." We "join with others to remove obstacles of discrimination and indifference that prevent people from living out their callings." (Both quotes are from the ELCA's 1991 social statement *Church in Society: A Lutheran Perspective*.) But social, economic and political inequality is acute, and indications of it abound. This series places before us the intersection of racial equity with environment, global, health, housing, hunger and migration realities. It invites us to look at obstacles and equip ourselves to advocate for a just society supporting the health of all.

A just society supporting health for all is a society that addresses such cross-cutting issues as poverty, gender equality, nutrition, clean water, education, employment, peace and justice, and access to affordable energy. “The stress on individuals and families because of society’s inability to fashion an adequate health care system makes action

increasingly urgent,” reads the ELCA’s 2003 social statement *Caring for Health: Our Shared Endeavor*. “The breadth and complexity of the challenges require serious conversations and bold strategies to establish the shared personal and social responsibilities that make good health possible. The health of each individual depends on the care of others and the commitment of society to provide health care for all” (pg. 2).

We must work together to attain good health for all. To care for the health of others expresses love of neighbor and promotes a just society.

**WHAT IS HEALTH IN ALL POLICIES?** World Health Organization

Good health requires policies that actively support health

It requires different sectors working together, for example:

HEALTH TRANSPORT HOUSING WORK NUTRITION WATER & SANITATION

TO ENSURE ALL PEOPLE HAVE EQUAL OPPORTUNITIES TO ACHIEVE THE HIGHEST LEVEL OF HEALTH

**HOW DOES IT WORK?**

Here is one example: **Worldwide**

**1 IN 8 DEATHS** is linked to **air pollution exposure**

**TO TACKLE AIR POLLUTION COLLABORATION IS NEEDED**

**CLEAN ENERGY**  
SUSTAINABLE, CLEAN FUELS  
LESS WOOD, DIESEL, COAL

**HOUSING**  
HEATING AND LIGHTING  
CONSTRUCTION STANDARDS  
COOKING VENTILATION

**URBAN PLANNING**  
COMPACT AND EFFICIENT

**TRANSPORT**  
LOW EMISSION VEHICLES  
CAR ALTERNATIVES

**INDUSTRY**  
REPLACE SMOKE STACKS  
WASTE MANAGEMENT

**WASTE MANAGEMENT**  
EMISSION CONTROLS  
BIO-WASTE MANAGEMENT  
REDUCE, REUSE, RECYCLE

**LOCAL AND REGIONAL AUTHORITIES**  
PLANNING CODES  
TAX INCENTIVES

**HEALTH MINISTRY**  
TRACK HEALTH IMPACT  
PNEUMONIA, ASTHMA, HEART DISEASE, STROKE

The health sector drives conversations within all sectors to keep good health at the top of everyone's mind

"Health in all policies" infographic from [who.int](http://who.int)

**DISCUSSION QUESTIONS**

1. How does your congregation or synod connect with global companion synod partners?

Does your congregation have other international ties?

If so, what health care concerns do your companions face?

2. If you had an opportunity to meet with your members of Congress, on which global health issue(s) would you ask them to work?

Why these issues and not others?

**ENDNOTE**

<sup>1</sup> The World Health Organization extends its [definition of social determinants of health \(SDH\)](#) by describing these forces and systems as including economic policies and systems, development agendas, social norms, social policies and political systems.

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