Health Care Inequalities & National Security

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In this presentation, I would like to draw your attention to two questions; whether there is a relationship & what is the relationship between health care inequalities & national security. There are health inequalities in populations but not among individuals (*Saukya Vishamatha*). For an example differences in average health in rural & urban and rich & poor. Rich people die later, that means they are healthier.

The Opposite of security is "insecurity" and that is related to the amount of trust people have for each other.

If we look into the definition, hypothesis and frame work of health inequalities, health care inequalities & security is directly or indirectly linked to each other. Three hypotheses are; health inequalities are a result of social inequalities (*Samaja vishamatha*), social inequalities lead to national insecurity and health inequalities lead to national insecurity

What are the evidences? Social inequalities arise from income inequalities; not social status or position but income. I will talk about the relationships between income & health inequalities, income & national insecurities and health inequalities & national insecurity.

Average health or the variations in health is determined by income inequalities. What is the evidence? This graph in which the X axis is the per capita income of the country and Y axis is the average life expectancy (as a health outcome) shows that the income is directly related to the average health. With increasing income, the health outcomes also increase and after sometime it plateaus.

However, "more income" does not mean that the country has a better health. From 1960 onwards we have been outliers; we are doing very well for the health in spite of the low income. It is important to note that Sri Lanka is one of the exceptional country which delivers good health to its people at a low cost. After certain limit, the income will not be an important determinant, but the inequalities will still be important. The study which was published by Prof. Shanthi Mendis looks into the effects of socio economic inequalities on health outcomes.

The poorer people have higher chances of getting non communicable diseases, except diabetes. All the other cardiovascular diseases, arthritis, asthama, mental illnesses like depression & other co-morbidities show higher rates among poor. It is the same for females. So what is the situation in Sri Lanka? We have data coming from the report from World Bank on mortality due to diabetes related to socio economic status. In Sri Lanka, the richer people have higher rates of diabetes. When it comes to mortality from asthma, it is exactly the opposite. We also find that the rates of many chronic diseases are higher in the poorer group.

What about income inequality & insecurity? There are a lot of data on this, coming from international comparisons where they have looked at income inequalities & trust. These surveys have been done in several countries. If we consider the income & homicide, again correlations are

striking. More "unequal" means less trust and higher the killing/homicide rate. Even within the country this may change in different areas. Eg: In Brazil there are areas where the male homicide rate is high. It is more interesting to see whether "Do health inequalities lead to insecurity"? Syria is a good example. In Syria, violence is spreading rapidly. One argument is that the reforms in health sector which involved privatization widened the health inequalities, and may have contributed to some of the violence in Syria. With the evidences to support the broad hypothesis we can say that the social inequalities (income inequalities) lead to health inequalities, social inequalities (income inequalities) lead to insecurity and health inequalities could lead to insecurity.

If we consider the income inequalities in Sri Lanka; the data from Central Bank says the richest 20% of the country has 54% of wealth and the poorest 20% has 4.5% of the wealth. If we measure the inequalities related to GD-coefficient we can see that higher the coefficient, the worse the inequality. In Sri Lanka it's steadily rising. Majority of people are in rural, estate & urban. In conclusion, based on the evidences we have to think of how we could narrow this inequality. Narrowing the gap in the earnings will be impossible. We have to get ideas from the other countries. Example; Scandinavian countries when there is an income increase, they do so in such a way that the lowest income group gets the highest percentage rise. At the same time the infrastructure facilities should be developed. Eg; Water for world. "Why should a farmer in northern central province have to walk miles to get water, while if I'm building a house in Battaramulla, the government gives me a tap. Both of us are Sri Lankan citizens. Welfare is there to support employees. In Sri Lanka about 50% of people are employed without any contract signed. When they finish their work or physically exhausted, there is no one except the relatives to look after them.

In summary, I have presented some of the evidences and examples & I think Sri Lanka is sitting on a time bomb. It is the time for us to seriously think about reducing our inequalities as well as we need to protect the free health service in the country.