

Folkehelsekonferansen 2022, Hamar




# Fra økende ulikheter til bærekraftige samfunn – en global tilstandsrapport

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#### Reference

Katrin Glatz Brubakk, Elin Lovise Folven Gjengedal, Øyvind Enger, and Kam Sripada (2022). Ammunition Waste Pollution and Preliminary Assessment of Risks to Child Health from Toxic Metals at the Greek Refugee Camp Mavrovouni. *Environmental Research and Public Health*

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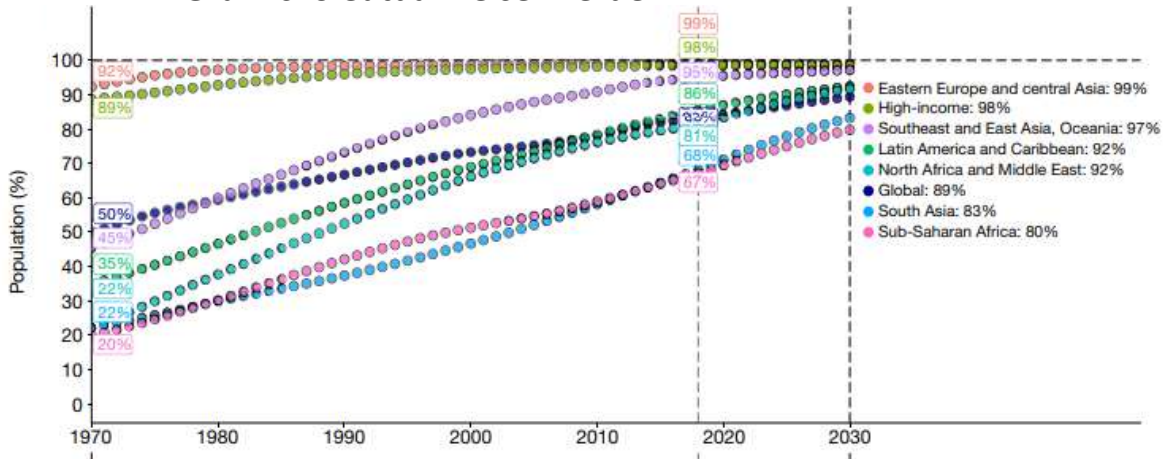
**Children's chances of surviving their first five years increase for every year of education of their parents**

Balaj M, et al. Parental education and inequalities in child mortality: a global systematic review and meta-analysis. *Lancet* 2021;398:608-20.

Photo: Unicef

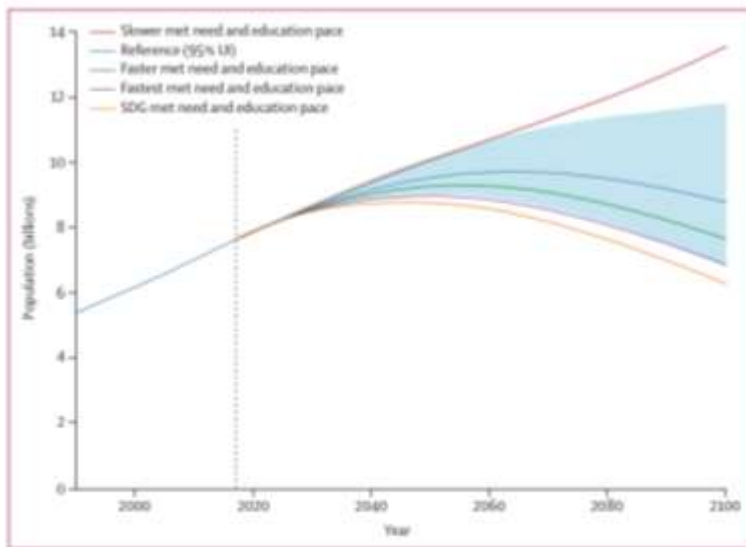
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### Grunnskoleutdannelse i verden



Friedman, J. et al. Measuring and forecasting progress towards the education-related SDG targets. *Nature* 580, 636–639 (2020)

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**Figure 5: Global population in the reference, slower, faster, fastest, and SDG pace scenario, 1990–2100**  
 The reference scenario is presented with 95% UIs, which are represented by the shaded area. Past estimates are from GBD 2012 and values are in billions. GBD—Global Burden of Diseases, Injuries, and Risk Factors Study. SDG—Sustainable Development Goal. UI—uncertainty interval.

Fertility, mortality, migration, and population scenarios for 195 countries and territories from 2017 to 2100: a forecasting analysis for the Global Burden of Disease Study. (2020). *Lancet*. Volume 396, issue 10258. Stein Emil Vollset, Emily Goren, Chun-Wei Yuan, [...], Christopher J L Murray

Press release:  
<https://www.healthdata.org/news-release/lancet-world-population-likely-shrink-after-mid-century-forecasting-major-shifts-global>

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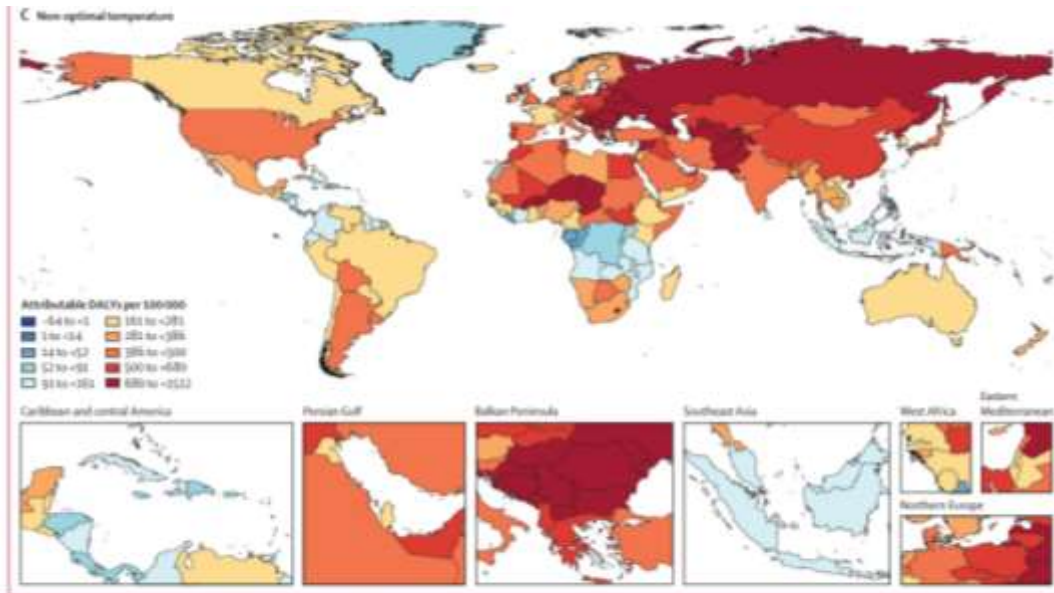
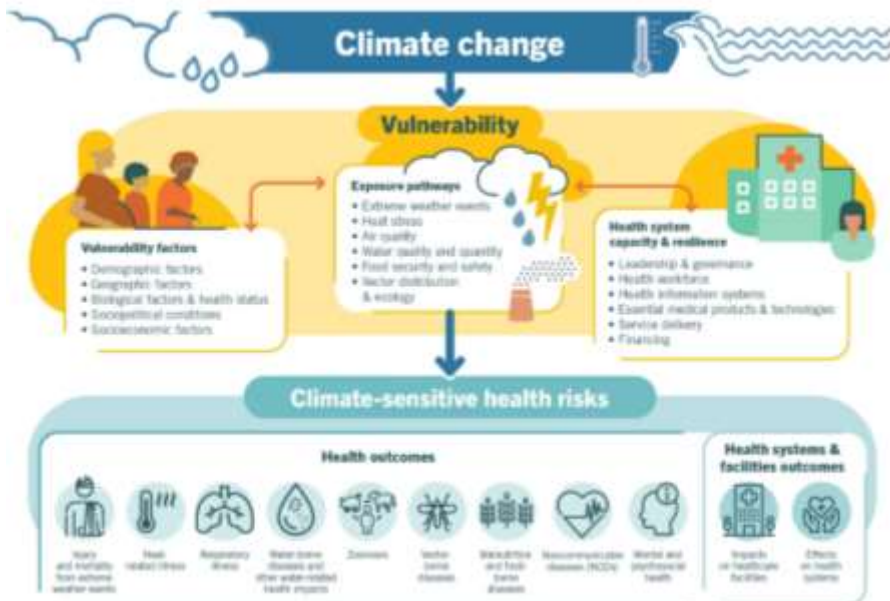


Figure 6 Spatial distribution of all-cause DALYs (per 100,000) attributable to high temperature (A), low temperature (B), and non-optimal temperature (C) exposure in 2019. DALYs=disability-adjusted life-years.

<https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2901700-1>

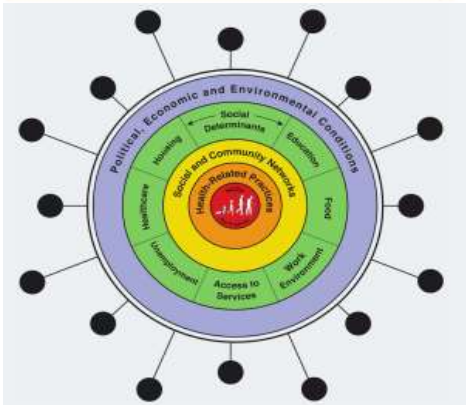
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Kilde: [who.int/news-room/fact-sheets/detail/climate-change-and-health](https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health)

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**The COVID-19 pandemic and health inequalities: we are not all in it together**



The syndemic of COVID-19, non-communicable diseases (NCDs) and the social determinants of health (adapted from Singer23 and Dahlgren and Whitehead25).

**The syndemic pandemic explained**

— **What is a syndemic?** A syndemic occurs when risk factors for illness are intertwined, cumulative, and interactive – thereby increasing the disease burden and its negative effects. It was first defined by Merrill Singer to understand relationships between sytivation, substance abuse and violence in the USA in the 1990s.

**Who is COVID-19 likely to affect more?**

- minority ethnic groups
- people living in areas of higher socioeconomic deprivation
- people living in poverty or working in low income jobs
- marginalised groups such as homeless people, prisoners and street-based sex workers

**Why?**

**Inequalities in chronic diseases:** These groups are more likely to present underlying clinical risk factors such as hypertension, diabetes, asthma, chronic obstructive pulmonary disease (COPD), heart disease, liver disease, renal disease, cancer, cardiovascular disease, obesity and smoking.

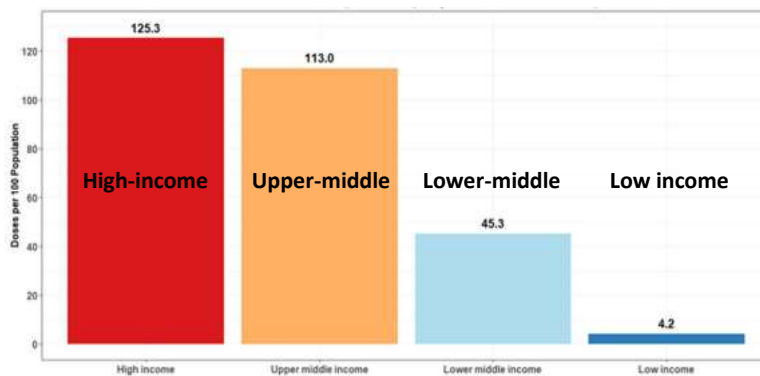
**Inequalities in exposure to the social determinants of health:** These groups are more likely to face adverse working conditions, unemployment, less access to essential goods and services (water, sanitation and food), poor quality of insecure housing, chronic stress and anxiety, and greater difficulties in accessing healthcare.



*Underlying chronic conditions and unequal living and working conditions can increase the prevalence and severity of COVID-19 infections.*

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**COVID-19 vaksinasjoner per 100 personer etter i verdens land etter inntektskvartiler**



**Fig. 1 Global distribution of covid-19 vaccinations by world bank country income groups.** The rate of vaccination doses administered per 100 population is shown as of October 1st, 2021, separate by world bank county income groups, according to data from ourworldindata.org.

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## Perspectives

### Inequalities in COVID-19 mortality: defining a global research agenda

Joseph Friedman,<sup>a</sup> Mirza Balaj,<sup>b</sup> Nazrul Islam,<sup>c</sup> Youyang Gu,<sup>d</sup> Petra Nahmia,<sup>e</sup> Carolina Santamaria-Ulloa,<sup>f</sup> Andres Gutierrez Rojas,<sup>g</sup> Kumanan Rasanathan,<sup>h</sup> Ahmad Reza Hosseinpoor,<sup>i</sup> Jacques BO Emina,<sup>j</sup> Terje Andreas Eikemo<sup>k</sup> & Carlos Castillo-Salgado<sup>l</sup>

The global death toll of the coronavirus disease 2019 (COVID-19) pandemic is very high, with over 6 million officially registered deaths and estimates of excess mortality ranging from 10 million to 20 million.<sup>1-3</sup> Yet this burden has not been equally distributed between countries or across race, ethnicity, socioeconomic status and social class within countries.<sup>4-6</sup> Evidence from several countries indicate disparities in exposure, susceptibility and capacity to treat and contain infection, severe illness, hospitalization and death stemming from the disease.<sup>7</sup> Leading scholars have described COVID-19 as a syndemic (that is, where social and biological factors interact to produce poor health

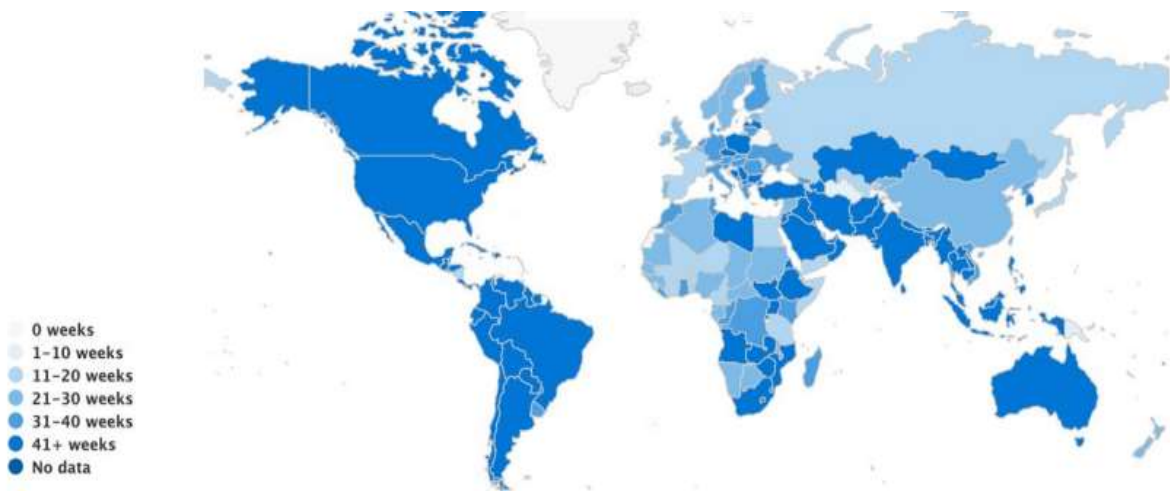
thesis of the trajectory of COVID-19 is needed. Furthermore, quantitative data synthesis is required to understand the global magnitude of inequalities in COVID-19 mortality, as measured with respect to a diverse set of social stratifiers (that is, measures of socioeconomic position, such as educational attainment or wealth). We also need more clarity to ascertain the global picture of the theoretical and methodological approaches underpinning COVID-19 mortality inequality research.<sup>8</sup>

The Technical Advisory Group on COVID-19 Mortality Assessment advises and supports efforts by WHO and the United Nations Department of Economic and Social Affairs on mat-

Observatory of the Johns Hopkins Bloomberg School of Public Health,<sup>9</sup> under supervision of the Inequality Working Group within the Technical Advisory Group<sup>8</sup> and in collaboration with a global network of researchers. We suggest that a two-phase, systematic assessment is well suited to address the research questions. The first phase will be aimed at determining the existing frameworks and data coverage describing social inequalities in COVID-19 mortality, and which social stratifiers these frameworks have focused on. The second phase will be focused on quantitatively synthesizing the effect sizes of a key set of social stratifiers for COVID-19 mortality.

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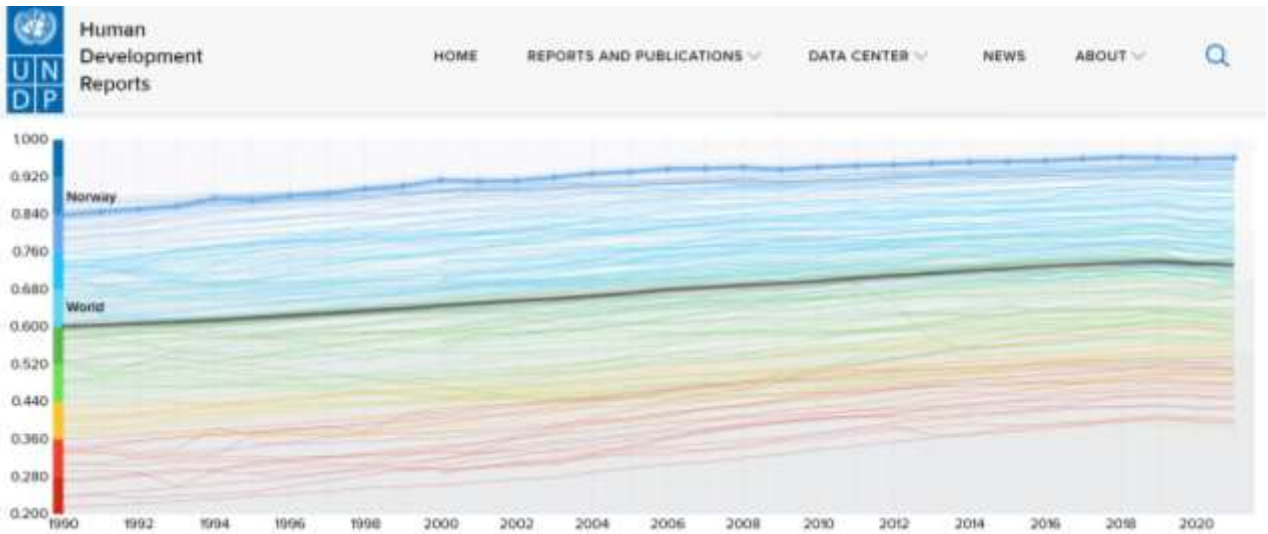
### Varighet av covid-relaterte skolestenginger



Kilde: UNESCO

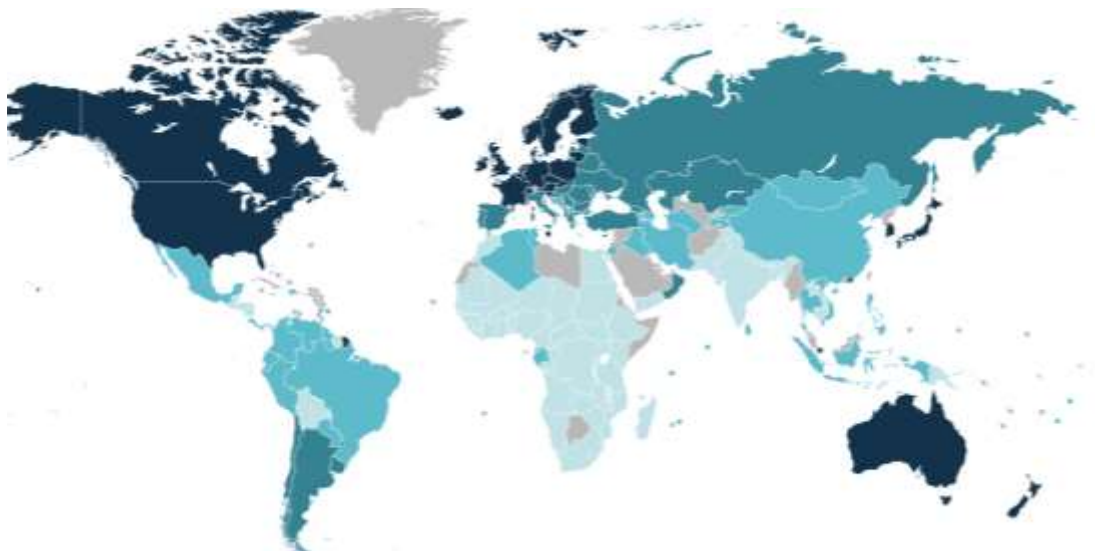
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## HDI-indeks fra 1990 - 2021



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## Ulikhetsjustert HDI-indeks, 2022



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