



**Capitalism, Neoliberalism  
and Poverty**

# The Health Case for a Universal Basic Income in a Capitalist Context



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# Capitalism and health inequity

- ❖ Widening income/wealth inequality in context of austerity politics
- ❖ Social determinants of health, health inequity and inequalities

## Health inequalities in England:

- Millions of extra years of life & free of illness/disability lost annually (*Marmot et al., 2010; Marmot et al., 2020*)
- 130,000 preventable deaths between 2012 and 2017 due to austerity measures (*Hochlaf et al., 2019*)
- Mortality and life expectancy differ strongly across income groups and areas of deprivations (*Bennett et al. 2018*)



*"So, according to your chart, you've been experiencing brief surges of hope followed by prolonged waves of dread."*



# In parallel with inadequate and morally questionable contemporary social protection systems

- ❑ Degradation of contemporary means-tested and conditional social protection programmes such as Universal Credit
- ❑ **Negative health impacts** among eligible populations (*Cheetham et al. 2019; Dwyer et al. 2020; Wickham et al. 2020; William et al. 2021; Wright et al. 2022*)

*“It’s not right. I shouldn’t have to go to my daughters and depend on her for something to eat. It should be the other way round ... It makes you feel so low, especially when you’ve got to go to the foodbanks (Claimant)”*

## An alternative?

- Could **eradicate poverty** overnight and **cover vulnerable groups** in a dignified manner (*Greve, 2020*)
- Can provide people with **agency** to choose the life they wish to lead (*Standing, 2005*)
- Providing income stability can strengthen the **effectiveness of other interventions** that address social determinants of health (*Haagh & Rohregger, 2019*)





# To the evidence..



## Physical health (*Gibson, 2020*):

- Increased birth weight, decreased likelihood of low birth weight (*Negative Income Tax trials*)
- Decreased probability of young adult obesity and lower body-mass index (*Tribal Dividends*)



## Mental and social wellbeing (*Gibson et al. 2021, Wilson & McDaid, 2021*)

- Reduced **stress, psychiatric disorders** including depression & **social stigma**
- Improved **sense of dignity, self-confidence, social engagement, relationships with family members**
- Improvements for **general satisfaction in life**, and **confidence to influence societal matters**



## Health-promoting behaviour: Improved food security & more diverse diets (*Hasdell, 2017*)



## Education: Children more likely to complete high school & experienced higher average test scores (*Gibson et al. 2021*)



## Healthcare: Access to better neonatal nutrition and healthcare and a decline in healthcare utilization (*Gibson et al. 2021*)



## Housing security: Moved to a different neighbourhood with better housing and health-enhancing attributes, and improved housing consumption (*Ruckert et al. 2017*)







- [illegible]

(West & Castro, 2023)



# Kenya Universal Basic Income experiment



Two sub-counties in Rural Kenya (23,000 recipients across 195 villages)



**Long-term** (44 villages), **short-term** (80 villages) and **lump-sum** (71 villages)



## ➤ Physical health

- Anthropometrics significantly improved in short-term transfer group



## ➤ Mental health

- Positive effects on measures of **well-being** and **life satisfaction** (all groups)
- Reductions in reports of **depression** (all groups)



## ➤ Health-related behaviours

- Short-term transfer group shows largest effect on food expenditures
- Similar-sized, positive effects on protein intake & dietary diversity (all groups)
- Less likely to perceive drinking as a problem (all groups)



(Banerjee et al. 2023)



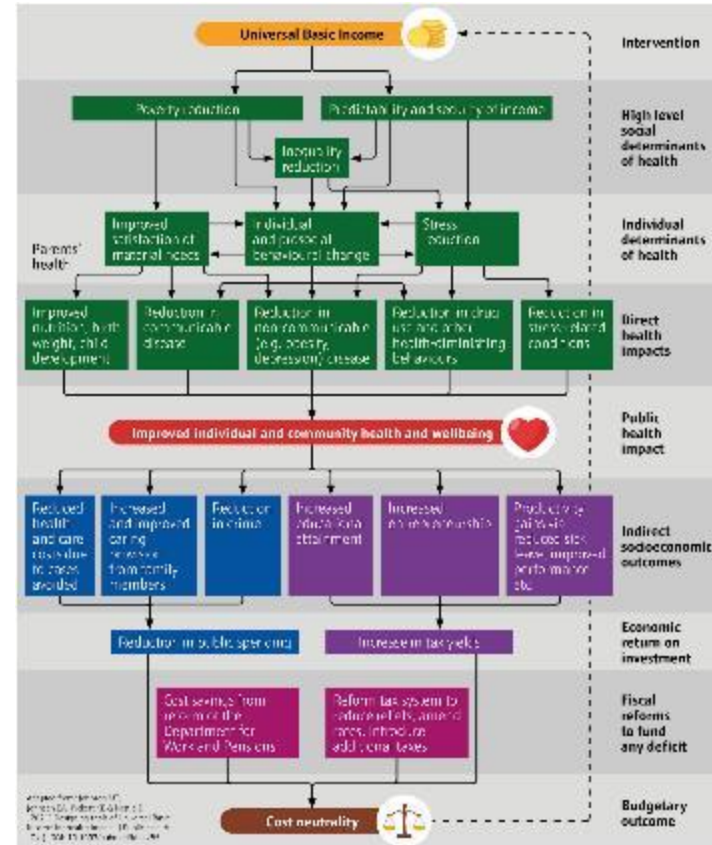
# The potential public health impact of a UBI (4)

## Poverty and income inequality reduction:

- Improved satisfaction of material needs
- Individual and prosocial behavioural change
- Stress reduction and related positive health benefits through economic stability

A belief among London citizens that a UBI improves:

- ✓ **Physical, mental and social** well-being
- ✓ Reduce **stress**
- ✓ Limit **experienced indignities** of the current welfare system





# UBI and health equity within our current capitalist system

An adequate UBI is unaffordable? (Martinelli, 2017)

**Lower health costs** (Chen et al. 2023):

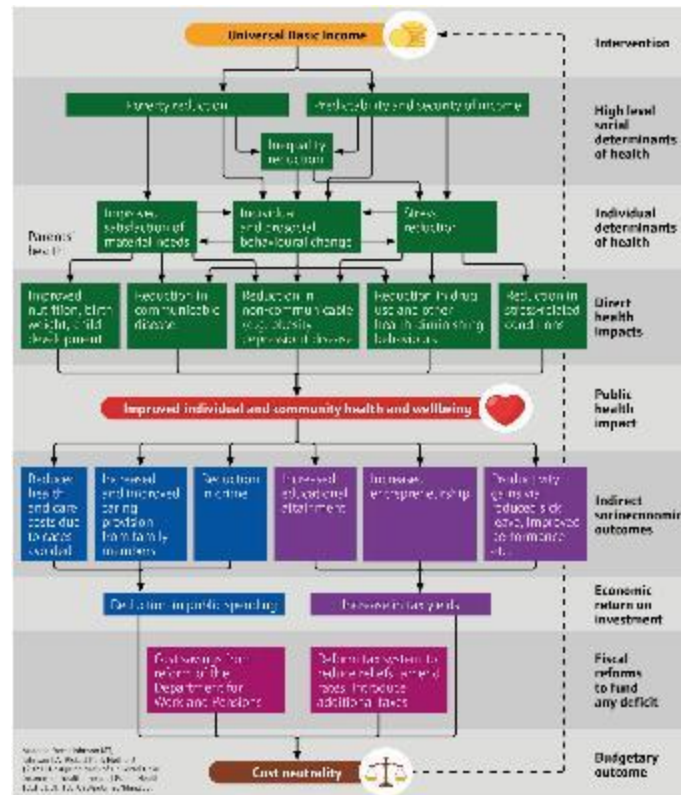
- **Healthcare services** cost saving at **£4.2 billion (£3.7-£4.6)**
- Gained **quality-adjusted life years (QALYs)** valued at between **£3.9 billion and £19.7 billion**

**Potential limitations...**

- ❖ Dismantling of other aspects of the welfare state infrastructure (Ruckert et al. 2017)

**UBI is not a panacea..**

- ✓ Accompanied by (other) **income/wealth redistribution policies** (Artnr, 2019)
- ✓ UBI complements **other universal services** (Haagh & Rohregger, 2019)



(Howard et al. 2024)



**Thank you for listening!**





# UBI, public health and systems change

## Improvement of citizen's health and wellbeing to:

1. Improved citizen's physical and mental capacity for political participation? *(Kela, 2020)*
2. Shift in values towards well-being and community?
3. More leisure, less material consumption?  
*(Schachtschneider, 2012; Wilkinson & Pickett, 2009)*
4. Move to a less labour-centred and growth-based approach?  
*(Boulanger, 2010; Schachtschneider, 2012; Widerquist et al., 2013; Malmaeus et al., 2020)*

