

Health inequity is a problem, universal basic income could be a solution

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In May 2023, academic and policy experts in social protection, economics, public health, history, and ethics gathered at the Brocher Foundation in Geneva to consider the potential for Universal Basic Income (UBI) to contribute to health equity.

Health inequities have long been a recognised global problem. In 2013, [a review of countries](#) covering 74% of the world's population found substantial variation in health outcomes according to income, education, sex, and migrant status. Achieving health equity is a moral imperative and necessary to fulfil the human right to health. Health inequalities cannot be solved by the health sector alone – achieving health equity requires addressing the social determinants of health that largely involve social domains beyond health, such as social security, education, housing, and issues such as domestic and sexual violence and abuse, race and class prejudice, adverse employment conditions, the physical environment, and climate change.

Poverty and income inequality are fundamental drivers of poor physical and mental health. Poverty is widely recognised as carrying a higher risk of a range of non-communicable diseases. The link between poverty and mental health has been recognised since the 1930s and [is well evidenced](#).

UBI holds promise [as a measure to reduce poverty and income inequality](#). Consisting of permanent, periodic, unconditional cash payments to all individuals, a UBI, especially when coupled with a progressive financing mechanism and the strengthening of universal social protection policies combined with high-quality public services, will raise the incomes of those at the lower end of the income distribution, [notably those in precarious employment](#).

In addition to the role that UBI could play in reducing poverty, some core features of this approach have the potential to reduce health inequalities. The regularity of [receiving UBI payments reduces income insecurity](#), which is a known factor in worse mental health outcomes.

The universality and unconditionality address drawbacks in currently prevalent social protection systems which contribute to poor mental health. Currently, [there are large gaps in coverage, adequacy, and comprehensiveness](#) in countries' social protection provision. For instance, 53.1 per cent or 4.1 billion people worldwide lack any social protection at all. And 33 per cent or some 2.7

billion people worldwide are not effectively covered by any social health protection scheme. These protection gaps exacerbate the deleterious effect of health inequalities.

Poverty stigma and the negative feelings of shame prevalent among those living in poverty [are associated with poorer mental health and wellbeing](#). UBI may reduce poverty stigma by creating non-stigmatising pathways to adequate income that do not depend on a particular social status. Conditionality in the form of benefit sanctions has been [found to be associated with increased health problems](#).

However, while a UBI has the potential to improve health equity, its effects in practice are not yet fully known. In our view, policymakers should consider the benefits of UBI as a means of addressing social determinants of health and reducing health inequalities. We recommend that pilots of UBI [include evaluation of its potential to reduce health inequalities and improve health equity](#). When considering all income support measures, national and international policymakers should assess their likely mental and physical health effects. They should also consider how to reduce or eliminate conditionality for income support.

We are aware of a number of basic income pilots in train or planned, including in Catalonia (Spain), Ireland, the United States, England, and Wales. We encourage research into the health effects of these pilots and look forward to seeing further evidence that contributes to our understanding of how UBI can contribute to health equity. We also encourage research into the specific ways UBI can be designed to maximize its positive impact on health equity. Gleaning lessons from social protection systems that share similar design qualities to UBI — i.e. universal social pensions/universal child benefits— that are easy to access, may also help give insight into the societal-level mental health effects of UBI, where such insights cannot otherwise be derived owing to the absence of a full national UBI anywhere.

Authors and affiliations:

Jurgen De Wispelaere, PhD, Visiting Professor, Götz Werner Chair of Economic Policy & Constitutional Theory, University of Freiburg.

Carina Fourie, PhD, Associate Professor, Benjamin Rabinowitz Chair in Medical Ethics, Program on Ethics, Philosophy Department, University of Washington.

Troy Henderson, PhD, Senior Research Officer, Mental Wealth Initiative, Brain and Mind Centre, Sydney Business School and Co-Director, [The Australian Basic Income Lab](#), The University of Sydney.

Matthew T. Johnson, PhD, Department of Social Work, Education and Community Wellbeing, Northumbria University.

Tijs Laenen, PhD, School of Social and Behavioral Sciences, Tilburg University (the Netherlands) and the Centre for Sociological Research of KU Leuven.

Douglas MacKay, PhD, Associate Professor, Department of Public Policy, Center for Bioethics, Philosophy, Politics, and Economics Program, University of North Carolina.

Shari McDaid, PhD, Head of Policy & Public Affairs (Scotland, Wales and Northern Ireland), Mental Health Foundation (UK), McLellan Works.

Neil McHugh, PhD, Glasgow Caledonian University, Cowcaddens.

Kerry Ellen O'Neill, PhD, Assistant Professor, Department of Philosophy, McMaster University.

Ian Orton, PhD, Social Protection Policy Officer, International Labour Organization.

Matthew Smith, PhD, Centre for the Social History of Health and Healthcare (CSHHH), University of Strathclyde.

Lou Tessier, Health Protection Specialist, International Labour Organization.

Aida Martinez Tinaut, Analista de dades, Oficina del Pla Pilot per Implementar la Renda Bàsica Universal, Gabinet de la Consellera, Departament de la Presidència.

Vida Panitch, PhD, Associate Professor of Philosophy and Director of the Ethics and Public Affairs programs at Carleton University.

Nicole Valentine, Technical Officer, World Health Organization.

Jenna van Draanen, PhD, MPH, Assistant Professor, Department of Child, Family, and Population Health Nursing, School of Nursing, Department of Health Systems and Population Health, School of Public Health, University of Washington.

Daniel Weinstock, PhD, Katharine A. Pearson Chair in Civil Society and Public Policy, McGill University, Faculty of Law.

Competing interests:

Jurgen De Wispelaere serves on the Executive Committee of BIEN (<https://basicincome.org/>), and Troy Henderson is co-director of the Australian Basic Income Lab, a BIEN affiliate

(<https://www.ausbasicincome.org/>). Both are organisations aimed at promoting debate around basic income.

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