Session 1: Introduction to Global Concepts and Definitions Social Determinants of Health and Development Policies

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HEALTH-IN-ALL POLICIES: AN APPROACH TO ACHIEVE SUSTAINABLE DEVELOPMENT GOALS IN THE EASTERN MEDITERRANEAN REGION
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I. 1 Conceptual Framework

The Framework and its purpose

The framework is a propositional structure that explains the topic under study.

بناء يتم اقتراحه لشرح الموضوع محل الدراسة.

Provides the theoretical understanding of the topic under investigations.

عرض للفهم النظرى للموضوع محل الدراسة.

It assembles what is known or what is being proposed about the relationships among the variables.

تجميع لما هو معروف أو ما هو مقترح عن العلاقات بين المتغيرات.

I. 1 Conceptual Framework of Health

Explains the main things to be studied – the key factors, concepts, or variables – and the presumed relationships among them.

The concept of health, the determinants of health, pathways of influence are key in explaining our understanding of how health is shaped and how to influence it.

I- 2 Health : Concept, Relevance, Measures

WHO definition of health

“Health is a state of complete physical, mental and social well-being and not merely the
absence of disease or infirmity. ...The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race,
religion, political belief, economic or social condition.”

“Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.”
Source: WHO, 2006.

I- 2 Health : Concept, Relevance, Measures

Health and human rights

The WHO Constitution enshrines "…the highest attainable standard of health as a fundamental right of every human being."

The right to health includes both freedoms and entitlements :

Freedoms include the right to control one's health and body (e.g. sexual and reproductive rights) and to be free from interference (e.g. free from torture and from non-consensual medical treatment and experimentation).

Entitlements include the right to a system of health protection that gives everyone an equal opportunity to enjoy the highest attainable level of health. (WHO, 2015)

I- 2 Health : Concept, Relevance, Measures

Health: Human right and an aspiration
A measure of societal progress
Human Development Index (HDI): Life expectancy at birth, years of schooling, gross national income per capita

I- 2 Health : Concept, Relevance, Measures

Measures
Survival, diseases, morbidity, mental ill health … wellbeing

Morbidity: Departure, subjective or objective, from a state of physiological or psychological wellbeing.

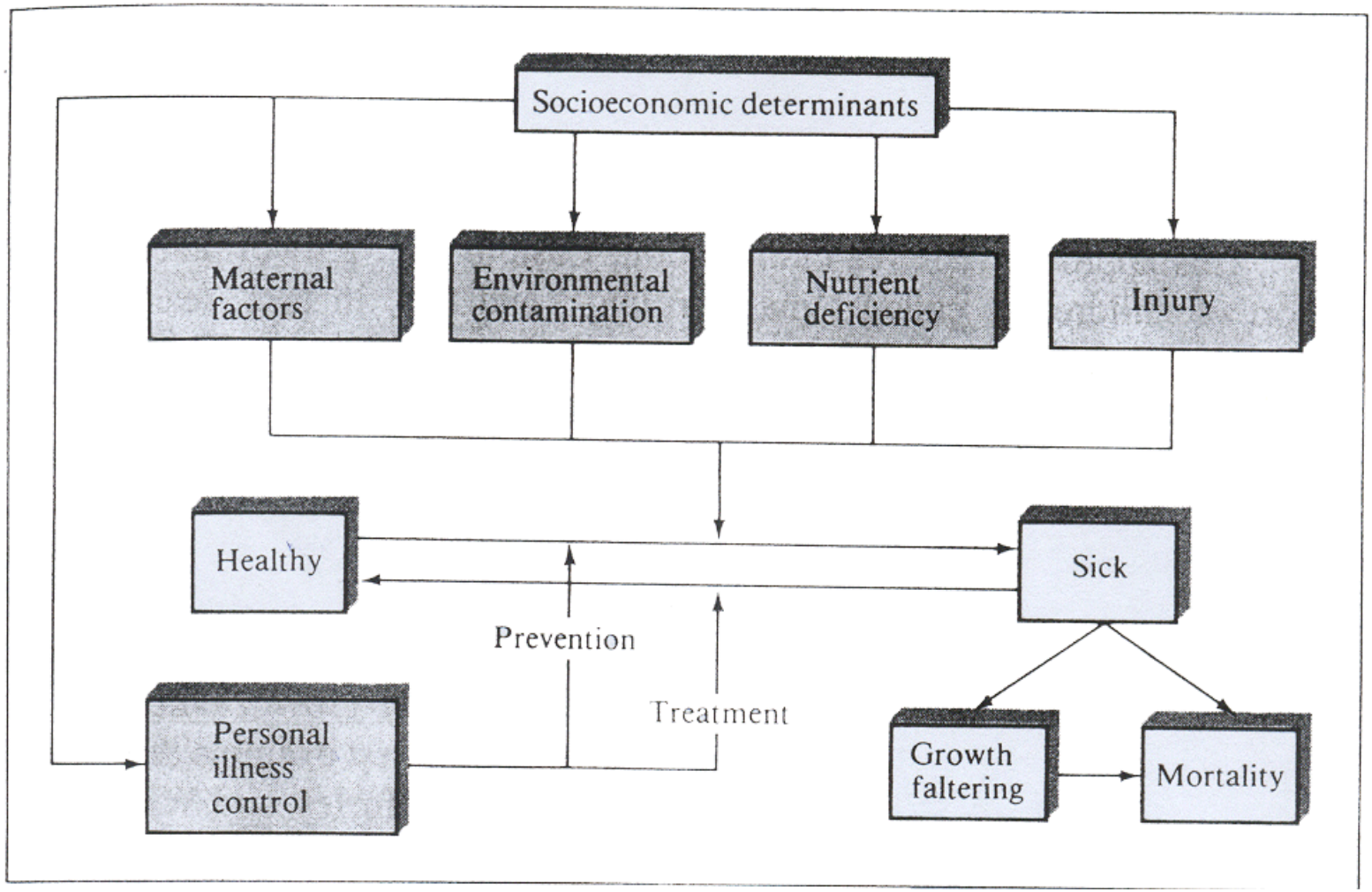
Dimensions of wellbeing:

- Physical concerns practical welfare and standard of living : (income, employment, physical health access to services, …)
- Relational concerns personal and social relations (network of support, influence,…
- Subjective concerns values, perception and experience (sense of meaning, satisfaction,..)

I.3. SDH and their Operation at Different Levels

- Examples of well known frameworks

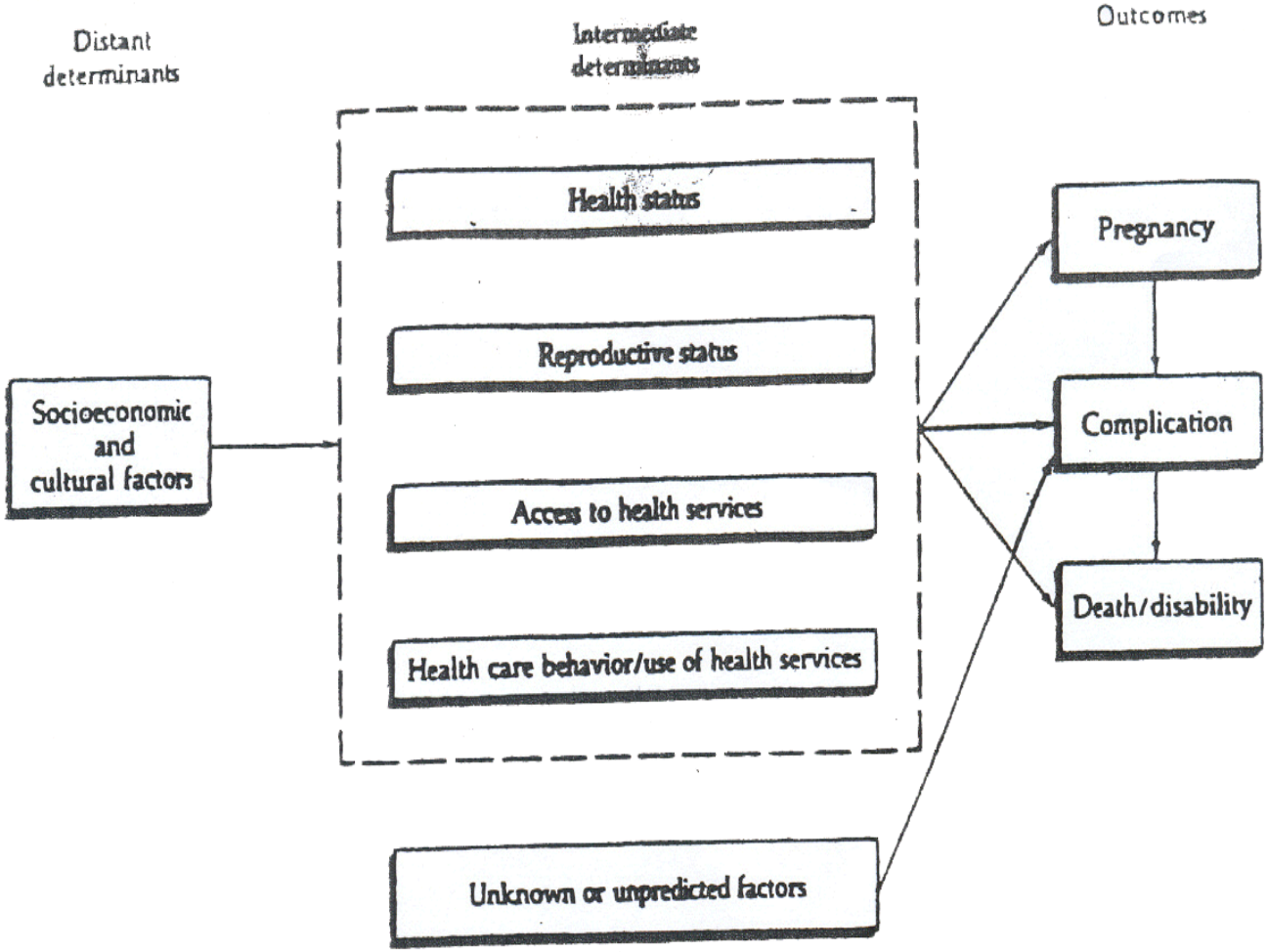
  Infant Mortality Framework (Mosley and Chen)



I.3. SDH and their Operation at Different Levels

- Examples of well known frameworks

  Maternal; Mortality Framework (MacArthur and Maine)



I.3. SDH and their Operation at Different Levels

Both frameworks are proximate (intermediary) frameworks

Specifying Biological and Behavioral Mechanisms Through Which Social, Economic and Cultural Forces Operate.

Intermediary Determinants

"Socially Mediated Biological Factors"

↓

"Socially Sensitive Medical Interventions" (Drivers)

↓

"Medical Monopoly"

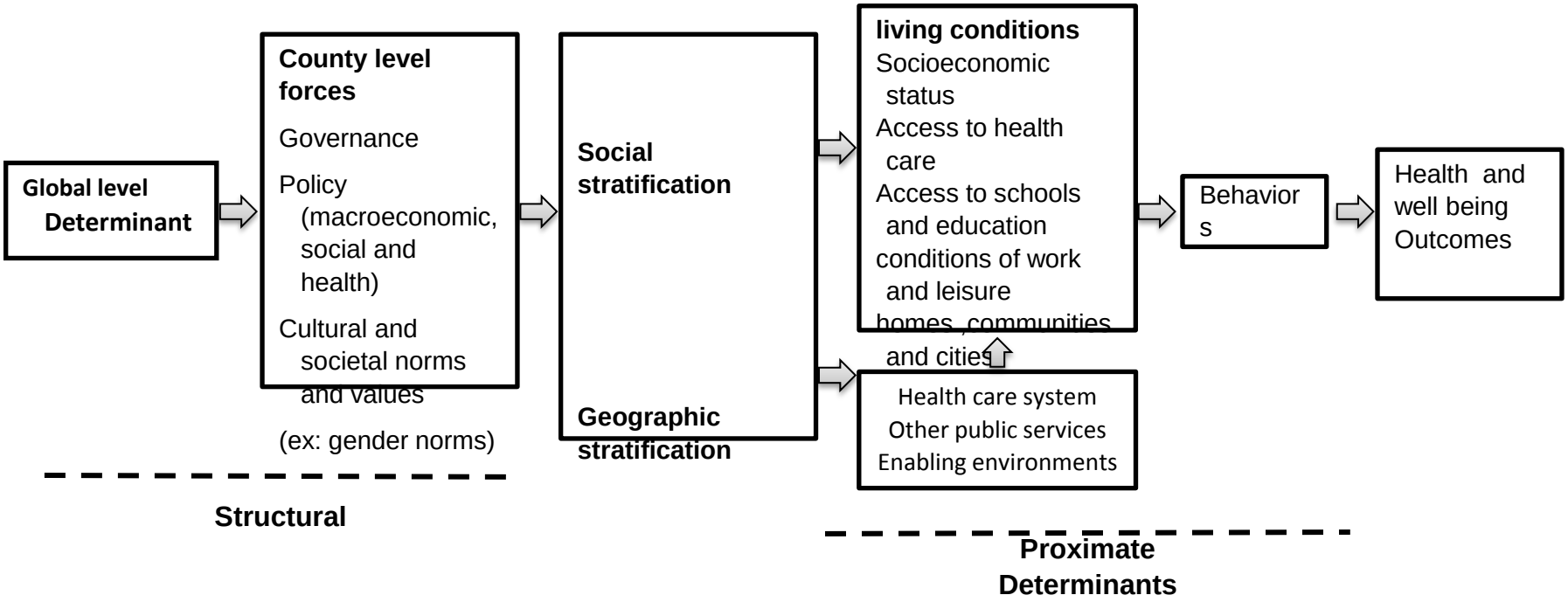
I.3. SDH and their Operation at Different Levels

(Proximate SDH → Narrow; Selective:)

- Targeting Vulnerable not Preventing Vulnerability (Changing Behavior not Living conditions)
- Health Promotion (Awareness); Blaming Victim
- Essential Package (cost effective interventions)
- PHC Implementation (Com. Level, Missing Policy Level)

I.3. SDH and their Operation at Different Levels

Social Determinants of Health Framework



1.4 From Social (Proximate)to Structural

Causes of the Causes

Political Analysis → Transformative Changes

Health & Development

From Proximate to Structural (Global Level):

Lancet-University of Oslo Commission: Global Political Drivers

"Power Disparities and Dynamics Across Policy Areas Requiring Improved **Global Governance**".

"Norms, Policies and Practices That Arise From Global Political Interaction Across All Sectors That Affect Health".

Type of Global Policy Areas:

Economic Crises and Austerity Measures
Knowledge and Intellectual Property
Foreign Investment Treaties
Food Security
Transnational Cooporate Activity
Irregular Migration
Violent Conflict

} Manifestation of Bad/Unfair Global Politics

1.4 From Social to Structural(National Level): Type of Forces

Ottawa Charter (1986)	Vienna Declaration (2016) Ottawa+	CSDH Knowledge Networks (2005)
• Peace, • Shelter, • Education, • Food, • Income, • A stable eco-system, • Sustainable resources, • Social justice, and equity	• Systems of local, national, regional, and global governance (open accountable, fair) • levels of social protection for all; • Good quality work, (fair employment policies, safe, health-promoting) • Optimal early childhood conditions.	• Early childhood Development • Employment Conditions • Urban Settings • Health Systems • Priority Public Condition • Social Exclusion • Women and Gender • Globalization • Measurement and Evidence

1.5. Message 1

The health promotion paradigm is currently moving the focus within SDH from proximate determinants to structural upstream drivers. This explains why the recent health discourse is emphasizing the role of the state, the role of social sectors beyond health sector, the importance of transformative public policies (preventive) in promoting health.

II. From Inequality to Inequity

II.1. Def. of Inequities

Health Inequities: Systematic, Unnecessary, Avoidable, Unjust, Unfair.

Equity: The absence of avoidable or remediable differences among populations or groups defined socially, economically, demographically or geographically

II. 2. Human Right and Justice Framing

Human Right (Frame Dominating Policies/Actions)

Recent Framing: From Human Right to Unfair Social Arrangements

Health Inequity: Inequalities that can be avoided (with no value judgement on the determinants of Inequality)

Inequity Framing: Denial of a Human Right that can be addressed by Feasible Actions

Compassionate Model

Actions: Targeting Disadvantaged usually at Proximate Level → Medical Model

II. 2. Human Right and Justice Framing

Justice Framing

(Shift not Fully Demonstrated in Policies/Actions)

Health Inequity: Inequalities Caused by Unfair Social Arrangements

Implications: Ethical Imperative, Weight of Social Determinants, HE is a Manifestation of Societal Functioning (Structural Focus)

Justice Framing

Health Equity Not about the Focus on Health Inequality as an outcome. Health Equity is about a process of Linking Health Inequality with Social Arrangements

(Amartya Sen, 2002)

HE = SDH

II.3. Implications of Justice Framing on Policies and Actions

Drivers for HE: Two Entry Points in HE Approach:

- Palliative Programes to Protect Disadvantaged Groups Against Specific Forms of Exposure and Vulnerability Linked to their Socio Economic Status (Dominate/Human Right Framing, Curative)
- Alter Patterns of Inequality in Society through Far Reaching Distributive mechanisms. (cornerstone of Recent Framing)

  Social Immunization

II.3. Implications of Justice Framing on Policies and Actions

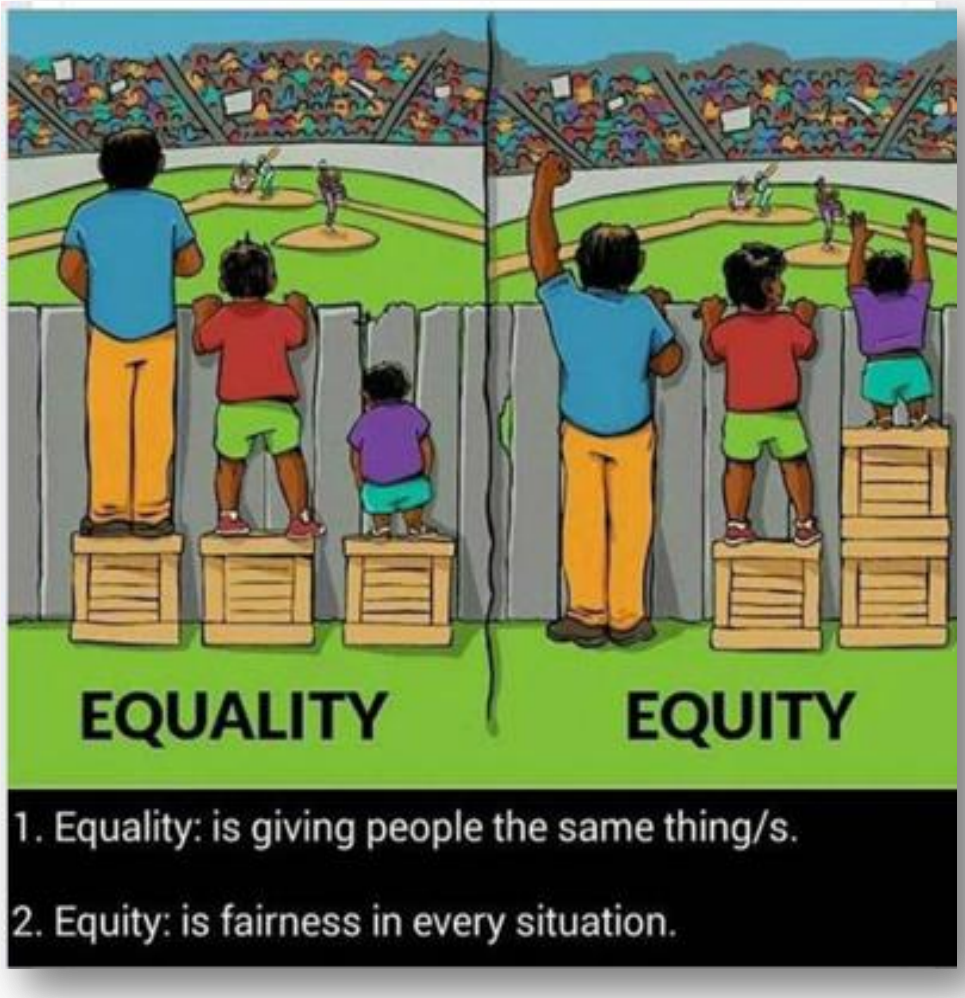
The Equity Approach to Health

Seeks to change the unfair distribution of resources, opportunities, services as well as power relations, inclusiveness and voice among social groups. This approach also a change in the environment of behaviors to enable those in disadvantaged positions to adopt choices to improve their lives, including their health.

Combining Two Entry Points

II.3. Implications of Justice Framing on Policies and Actions

Remedial Drivers Dominant



II.4. Convergence of Health and Development Fields

EFFICIENCY of Government → Fair Governance

Governance + Fairness: Encourages a Movement from Inequities of ill Health to Equity in Positive health.

"It is the Duty of the Government to Create the Adequate Environment for the Happiness of Individual, Families and Employees"

Sheikh Mohamed Bin Rashed

UN General Assembly has invited Member States to "Pursue the elaboration of additional measures that better capture the importance of the pursuit of happiness and well-being in development with a view to guide their public policies" (UN, 2011, P.1)

Fairness is a key feature → Good Governance → Wellbeing for All

II.4. Convergence of Health and Development Fields

Fair Governance

Convergence: Health & Development

Def. of Resources: Material → Biological Pathways

↓

Survival, Diseases

Psychosocial assets → Complex pathways and manifestation

↓

(Power, Part., Voice) Individual/Societal Wellbeing (Sufferings Cohesion, Polarization)

II.4. Convergence of Health and Development Fields

- SDH Movement Should embrace HE Movement (Fair Social Arrangements, ‡ Medical Monopoly
  Development Field Should embrace HE Movement (Social Success, Structural Drivers, Governance)

- HE is a **Hope** Movement not a **Blame** Movement

It moves Policies from the **Paralyzing Acceptance** that Nothing Could be Done to Change Health Inequalities or the Assertion that we are **doing our Best Within Limited Resources.**

To

Movement of Policy Reforms within Existing Resources
(Whole of Gov. Vision/Commit; HEiAP; ISA; HS reforms, M&E of HE)

II.5. The Urgency of Action on HE in the Arab Region: WHY?

(Rationale, Status, Policies)

1. Rationale : Individual Level

Inequity in itself is a Disease -→ Sufferings, isolation, Frustration, Depression, Aggression

H in E are Priority Public Health Conditions

1. Rationale : Societal Level

Ethical Imperative :(grounded in HR & SJ) Denial of a Fundamental Human Right Due to: "Unfair Economic Arrangements, Bad Social Policies, and poor politics" (CSDH, 2008, P.35)

Future We Want : Public Aspirations for Fairness & Indusiveress

Threat: breaking the fabric of a cohesive society; marginalized, disgruntled and polarized social groups, threatening security of nations

Efficiency: Long term, preventable, sustainable, health promotion policies

HE is an Outcome Measure of Development & Social Success

1. Rationale : Societal Level

Feasibility and Potential Impact

From Determinants to Drivers: Feasibility and Potential Impact?

Stumbling Block: Priority Feasible Interventions with Measurable Impact

Gov. reaction to Black Report, 1980:

"I must make it clear it will be seen that the Group has reached the view that the causes of health inequalities are so deep-rooted that only a major and wide-ranging programme of public expenditure is capable of altering the pattern. I must make it clear **THAT ADDITIONAL EXPENDITURE ON THE SCALE** which could result from the Report's recommendation—the amount involved could be upwards of 2 billion pounds a year –**IS QUITE UNREALISTIC** in present or any foreseeable economic circumstances, quite apart from any **JUDGMENT** that may be formed of the **EFFECTIVENESS OF SUCH EXPENDITURE IN DEALING WITH THE PROBLEMS IDENTIFIED.** I cannot, (therefore, endorse the Group's recommendations." (Vayda, 1984, P.576)

II.5. Message 2

The role of the state acquires extra ammunition and additional urgency when the justice framing of inequality (equity framing) is adopted.

III. SDG and Health

III. 1. Root and Common Causes of Priority Public Health Conditions

Distribution of ill health by wealth, education, area of residence, ….
demonstrate that poverty, low education, area deprivation, …..

Leads to

(Clustering of ill health by living and working conditions)

We can address: 1. manifestations of these living conditions in risk factors (Part. behavior)

2. The living conditions of target groups

but more importantly

3. Causes of Causes

III.2. New Approach to Development (CSDH report, WHO (2008), P.1

The commission's work embodies a new approach to development. Health and health equity may not be the aim of all social policies but they will be a fundamental result.

III.2. New Approach to Development (CSDH report, WHO (2008), P.1

Take the central policy importance given to economic growth: Economic growth is without question important, particularly for poor countries, as it gives the opportunity to provide resources to invest in improvement of the lives of their population. But growth by itself, without appropriate social policies to ensure reasonable fairness in the way its benefits are distributed, brings little benefit to health equity.

III.2. New Approach to Development (CSDH report, WHO (2008), P.1

Traditionally, society has looked to the health sector to deal with its concerns about health and disease. Certainly, maldistribution of health care - not delivering care to those who most need it – is one of the social determinants of health.

III.2. New Approach to Development (CSDH report, WHO (2008), P.1

But the high burden of illness responsible for appalling premature loss of life arises in large part because of the conditions in which people are born, grow, live, work and age. In their turn, poor and unequal living conditions are the consequence of poor social policies and programs, unfair economic arrangements, and bad politics. Action on the social determinants of health must involve the whole government, civil society and local communities, business, global fora and international agencies. Policies and programs must embrace all the key sectors of society not just the health sector.

III.2. New Approach to Development (CSDH report, WHO (2008), P.1

That said, the minister of health and the supporting ministry are critical to global change. They can champion a social determinants of health approach at the highest level of society, they can demonstrate effectiveness through good practice, and they can support other ministries in creating policies that promote health equity. The WHO as the global body for health must do the same on the world stage.

III.3. Sustainable Development Goals

1. Poverty
2. Hunger, food security, nutrition, agriculture
3. Healthy lives, Wellbeing
4. Quality education, long life learning
5. O equality
6. Availability, sustainable m g m of water and sanitation
7. Access to energy
8. Economic growth, employment, decent work
9. Resilient infrastructure, industrialization
10. Deduce inequality within and among countries
11. Safe, sustainable related goals

12-15 Sustainability related goals

16. Inclusive societies, justices for all

17. Global partnerships

III.4. SDG and Health

Transformative, equitable drivers
Health and wellbeing
Health indicators

Examples of Health Indicators

Goal 1: Poverty
1.5.1. Number of deaths, missing persons and persons affected by disaster per 100,000 people.

Goal 2: Hunger & nutrition
2.1.1 Prevalence of under nutrition
2.2.1 Prevalence of stunting
2.2.2 Prevalence of malnutrition

III.4. SDG and Health

Goal 4: Education

4.2.1 Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial wellbeing by sex

Goal 5: Gender

5.2.1, 5.2.3 Proportion o women and girls aged 15 years and older subjected to physical, sexual or psychological violence (intimate, non-intimate partner)

5.3.2 Proportion of girls and women 15-45 years who have under gone FGC.

5.6.1 Aged 15-45 make their own decisions regarding sexual relations, contraceptive use and reproductive health care.

III.5. Message 3

The commitment to SDG is an opportunity for both health and development field to work together (HiAP and ISA) to achieve both health and other sectoral goals (health is an input and output) through adoption of fair transformative social public policies.

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