**Casestudy:**

**Inter-sectorial Approach to Addressing Social Determinants of Health in Mexico**

Overall, the analysis of the Mexican public policy cases shows that an inter-sectorial approach to addressing SDH is feasible, but difficult to implement for three main reasons. First, social factors are still not fully recognized as determinants of health by all policy - and decision -makers, including the medically biased health sector. The term itself is not well known.

Secondly, shared budgets or at least resource allocation based on common goals are still awaiting a window of opportunity when the effective achievement of inter-sectorial alignment can be addressed.

Finally, political barriers need to be overcome to improve inter-sectorial implementation. Political will and leadership at the highest level is key to achieving inter-sectorial actions addressing SDH. Furthermore, this inter-sectorial approach is more effective when it is followed from the beginning of the policy-making process, its planning phase.

Findings show that the design of inter-sectorial public polices has been based on strong empirical evidence. This has helped their incorporation into the agenda for implementation. However, formal and rigorous evaluations have not been conducted except for Portunidades and Seguro Popular. The most recent public policies analysed, the Programme for the development of Priority Zones, the Mexican Road Safety Initiative, and the National Agreement for Healthy Food have not been fully implemented and evaluated. When

the need to evaluate arises, budgets tend to be targeted more often at implementing projects than to measuring their impact on health and other determinants.

Economic arguments such as the return on investment in recreational spaces for physical

activities, estimating the cost-effectiveness of preventive measures, or measuring the financial protection effects of public insurance schemes, such as Seguro Popular, are necessary, but not sufficient to convince decision-makers both within and outside the health sector to design and implement public policies tackling SDH.

Other arguments such as empirical evidence of the health benefits or the ethical value of health itself are also useful for pushing these public policies onto the agenda, particularly if there is very little information in economic or monetary terms to both assess and support these types of policies.

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