

RATIONALE AND CURRENT CHALLENGES FOR SDH & HiAP: GLOBAL, REGIONAL AND COUNTRY ACTIONS



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**Regional Workshop on implementation of HiAP
SEARO, New Delhi, 14-17 July 2015**

Outline

1. SDH, HiAP and equity: central to global agendas
2. Global, Regional and Country achievements on SDH and HiAP
3. WHO's Secretariat priority areas to support SDH& HiAP country action



1. SDH and equity: central to global agendas

FINANCIAL TIMES

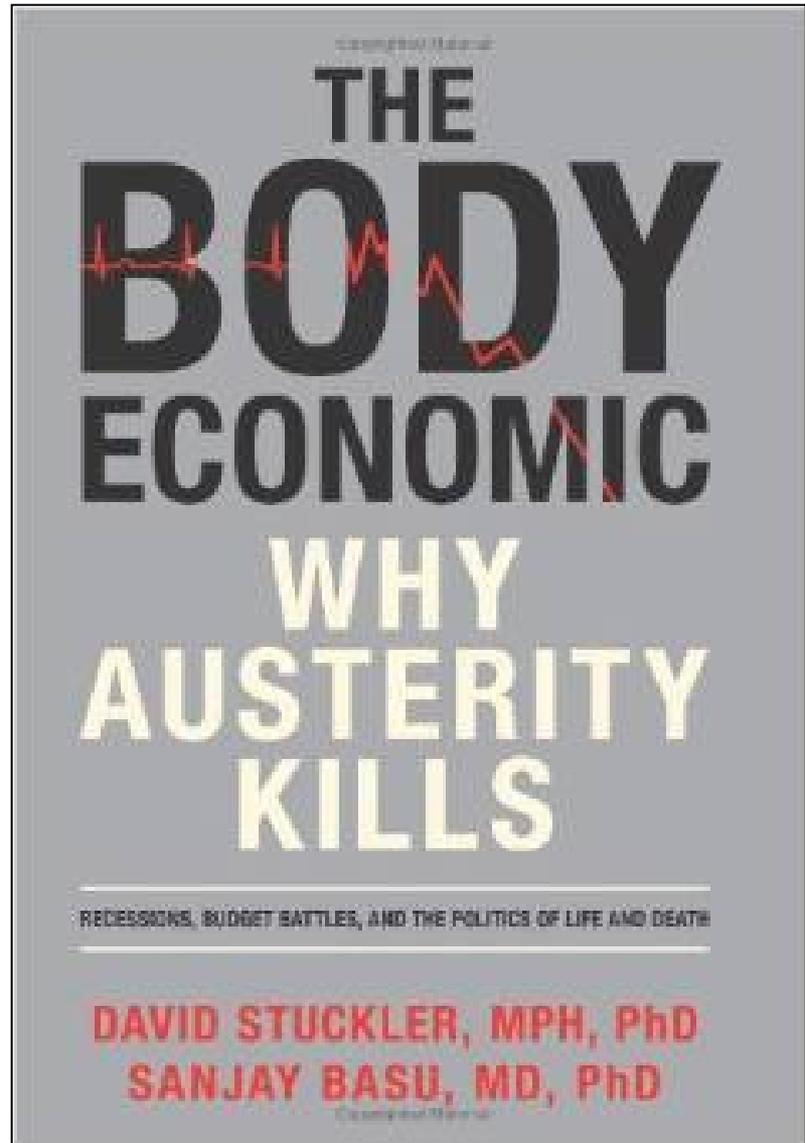
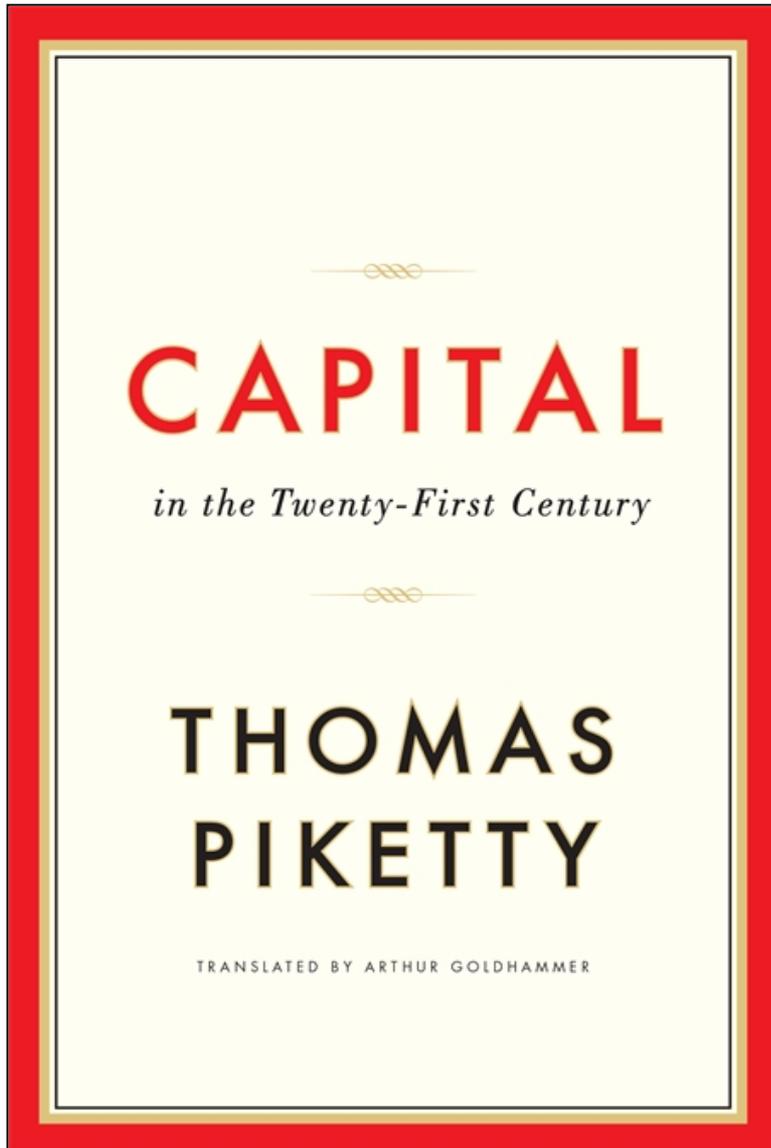
Thursday November 13 2014

BREAKING NEWS

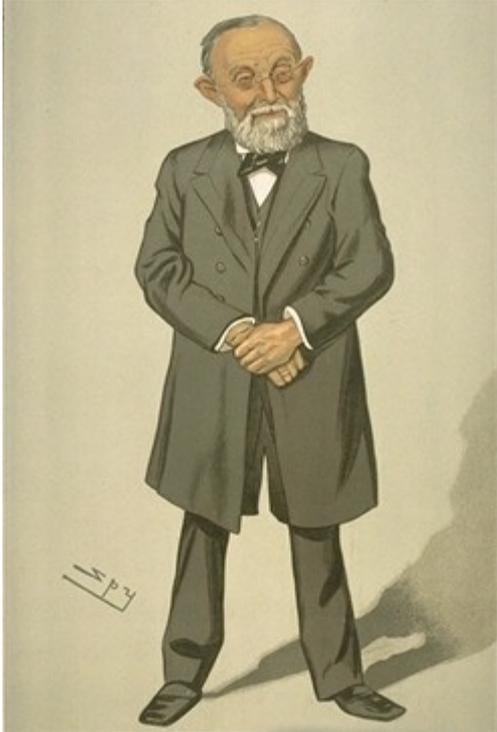
Thomas Piketty's 'Capital' wins Business Book of the Year

Capital in the Twenty-First Century, an epic analysis of the roots and consequences of inequality, has been named the 2014 Financial Times and McKinsey Business Book of the Year

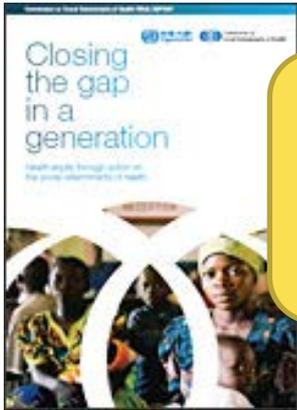




Virchow: Medicine is a social science and politics is nothing but medicine at a larger scale



Commission on Social Determinants of Health



Inequalities are killing on a grand scale...

- The circumstances in which people are born, grow up, live, work and age, and the systems in place to deal with illness.
- These circumstances are shaped by a wider set of forces: economics, social policies, and politics (health system, one force).
- Largely responsible for health inequities.

Social determinants recommendations

1 Improve Daily Living Conditions



2 Tackle the Inequitable Distribution of Power, Money, and Resources



3 Measure and Understand the Problem and Assess the Impact of Action



Population groups, diseases, health and welfare systems

Mortality reduction in child under-5 mortality between 1990 and 2010

50%

was attributed to non-health sector investments by the Success Factors study

[Read the bulletin](#)

Reducing inequalities in noncommunicable diseases requires substantial non-health sector investments to

50%

of inequalities in major NCDs, especially for cardiovascular diseases and lung cancer, are accounted by social inequalities in risk factors, as reported by The Lancet NCD Action Group Lancet article

[Read the Lancet article](#)

Integrated social and medical services, tailored to disadvantaged families and delivered by nurses in homes, show up to

10-fold

reductions in child mortality between treatment and control groups, as well as educational and employment co-benefits

[Read the article](#)



Implementing the Rio Political Declaration on SDH



1. To adopt **better governance** for health and development: **HiAP**
2. To promote **participation** in policy-making and implementation
3. To further **reorient the health sector** towards reducing health inequities
4. To strengthen **global governance** and collaboration
5. To **monitor progress** and increase accountability

SDH, HiAP and health equity are intrinsically linked to:

- **Universal Health Care**
 - Health care systems are a vital determinant of health
 - Health systems can exacerbate and create inequities
 - Progressive realization of equity-oriented UHC requires inequities to be monitored and addressed
- **Primary Health Care**
 - Emphasis on prevention and promotion
 - Priority to intersectoral actions: HiAP's seed

SDH&HiAP and health equity are intrinsically linked to:

- **Millennium Development Goals**

- Failure to address HiAP as such and equity in the MDGs



- **Post- 2015 & Sustainable Development Goals**

- SDH is the bridge between health and development
- Place equity (and SDH) as central to the global development agenda
- Will HiAP be once again missed??

Challenges for implementing HiAP

- Proof of concept - demonstrate feasibility and impact - and dialogue
- Provide concrete linkages with basic health care services and communities
- Clarifying health sector's role in the HiAP process, and terminology
- Addressing equity for health
- Build systems, linked to SDGs, for surveillance of trends in inequities in health determinants and health impacts

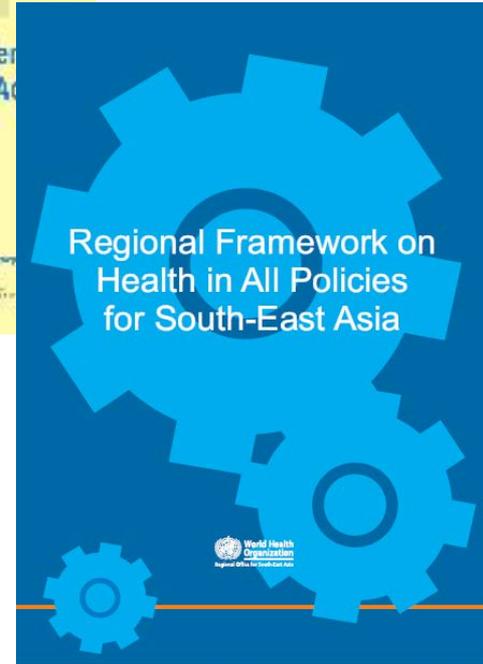


2. Global achievements on SDH

Improved political commitments



Social, economic and environmental determinants of health as one of the 6 leadership priorities



Increased capacity building

CapUHC
Capacity building on
Universal Health Coverage

Vision: A global social and intellectual capital for UHC

Mission: Mobilize partners' collaboration to build sustainable capacities on UHC in developing countries



Health Literacy Toolkit

For Low- and Middle-Income Countries

A series of information sheets to empower communities and strengthen health systems



HEALTH IN ALL POLICIES:
REPORT ON PERSPECTIVES AND
INTERSECTORAL ACTIONS IN
THE AFRICAN REGION



Mainstreaming SDH and equity in health programmes

Piloted in Indonesia and EURO countries; further piloting planned

SDH, including housing, education, employment and sanitation at the heart of the cooperation agreement

Steps of the review process

- STEP 1: Apply evaluative thinking to the programme and map its theory
- STEP 2: Identify who is being left out by the programme, and who is not
- STEP 3: Consider the barriers and facilitating factors that subpopulations experience
- STEP 4: Identify the mechanisms that generate inequities
- STEP 5: Explore how intersectoral action and social participation can be used to reduce inequities
- FOLLOW-UP: Formulate the goals
- FOLLOW-UP: Integrate equity, social participation and the ongoing monitoring, review and



Home > Web Bulletins > Argentina Signs Declaration of Cooperation with the Caribbean on Multiple Health Issues

Argentina Signs Declaration of Cooperation with the Caribbean on Multiple Health Issues

Buenos Aires, 27 June 2013 (PAHO/WHO).— Today in Buenos Aires, Argentina signed a joint declaration with eight Caribbean Community (CARICOM) countries for cooperation in the areas of medicines, prevention of HIV and other sexually transmitted diseases, transplants, chronic noncommunicable diseases, and initiatives that address social determinants of health, including housing, education, employment, and sanitation, among others. The initiative will be channeled through the Caribbean Public Health Agency (CARPHA), with support from the Pan American Health Organization (PAHO), which serves as the Regional Office for the Americas of the World Health Organization (WHO).

10th Pacific Health Ministers meeting opens in Apia

Wednesday, 03 July 2013 01:00 0 Comments

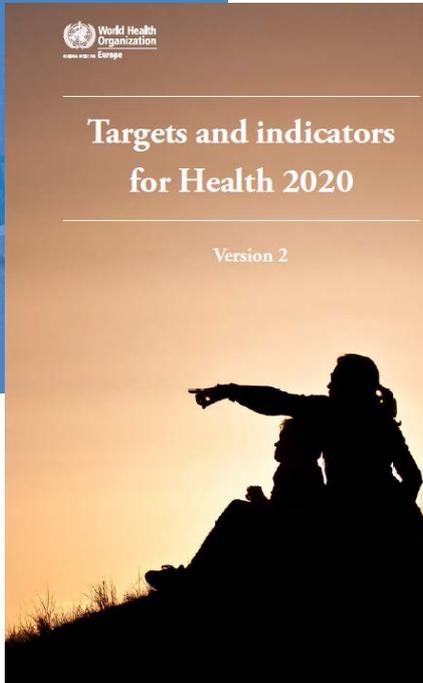
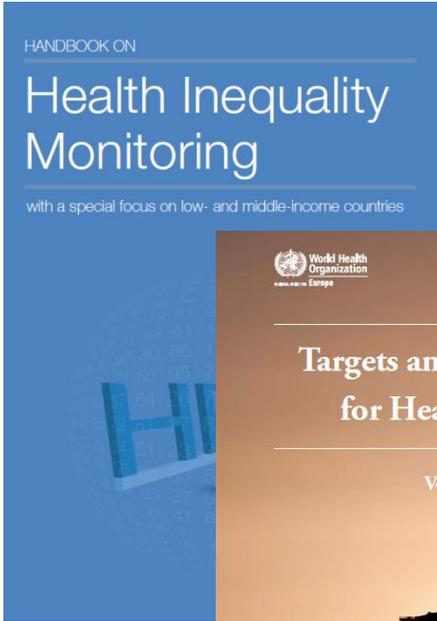


KODAK MOMENT: Health Ministers and officials from the Pacific region are pictured in front of the Tui Atua Tupua Tamasese Efi Building following the opening ceremony of the 10 Pacific Health Ministers Meeting being held in Apia this week. Photo: Ron Kubik



Meeting included technical session on scaling up SDH

Monitoring SDH



Gender and health in the Western Pacific Region

World Health Organization
Western Pacific Region

DIFFERENCES IN THE DETERMINANTS OF HEALTH

Gender is a major determinant of health. The distinct roles and activities of men and women in a given society, dictated by that society's gender norms and relations, give rise to gender differences. In many cases, these differences take the shape of gender inequalities, which systematically determine health risk, needs, access to health care and health outcomes.

- The Gender Inequality Index (GII) measures the loss of achievement within a country due to gender inequality across three dimensions: reproductive health, empowerment and labour market participation (1). The lowest GII values in the Region, indicating higher levels of equality, are found in Australia (0.13) and Singapore (0.10), while Lao People's Democratic Republic and Papua New Guinea have higher GII values of 0.48 and 0.61, suggesting less equality between men and women. In general, GII values are decreasing across most countries in the Region (Figure 1), suggesting improvements in gender equality.
- Compared to men, women in the Region are significantly underrepresented in national parliaments (2). In 2013, Australia (29.2%) and New Zealand (22.2%) had the highest shares of women in parliament, while the Federated States of Micronesia (0.1%) and Nauru (0.1%) had the lowest (3). Even after getting elected, women often face unequal opportunity as parliaments are male-dominated institutions.
- Women's economic empowerment is associated with their improved access to more networks. Economic empowerment for women is also associated with their increased community and society at large.
- Labour force participation rates for women aged 15 years and above are consistently lower than for men in the Region (2) (Figure 2), with Fiji showing the largest gap, where men are 40% more likely to be employed than women. These data are likely to comprise an under-measurement of women's actual work, which takes the form of home-based or informal work, which therefore renders it invisible.
- The term "glass ceiling" is used to describe the unacknowledged barriers that prevent women's equitable advancement in the workplace. For example, in the absence of adequate role-sharing at home by men, taking time off for childbirth and domestic duties falls on women, negatively impacting their ability to move to higher positions and limiting their influence in economic and political decision-making (3).

Figure 1: Trends in Gender Inequality Index, selected countries, Western Pacific Region

Figure 2: Adult labour force participation in the Pacific Region

Gender and health in the Western Pacific Region

Multisectorial consultation and training to implement UrbanHEART 2014

Demographic, Social and Health Indicators for Countries of the Eastern Mediterranean

2013
WHO-EM/HST/213/E

Urban HEART
Urban Health Equity Assessment and Response Tool

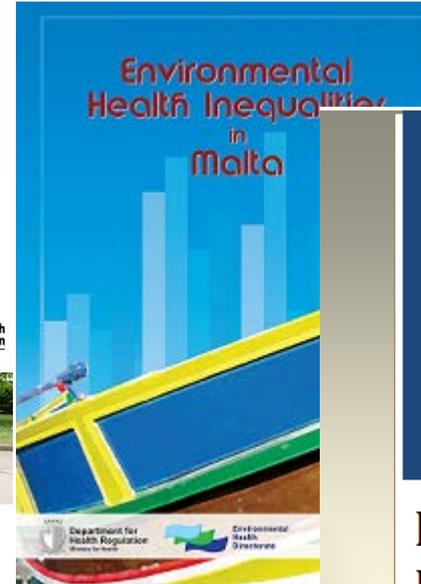
World Health Organization

Align social and environmental determinants



PHYSICAL ACTIVITY PROMOTION IN SOCIALLY DISADVANTAGED GROUPS: PRINCIPLES FOR ACTION

Policy summary



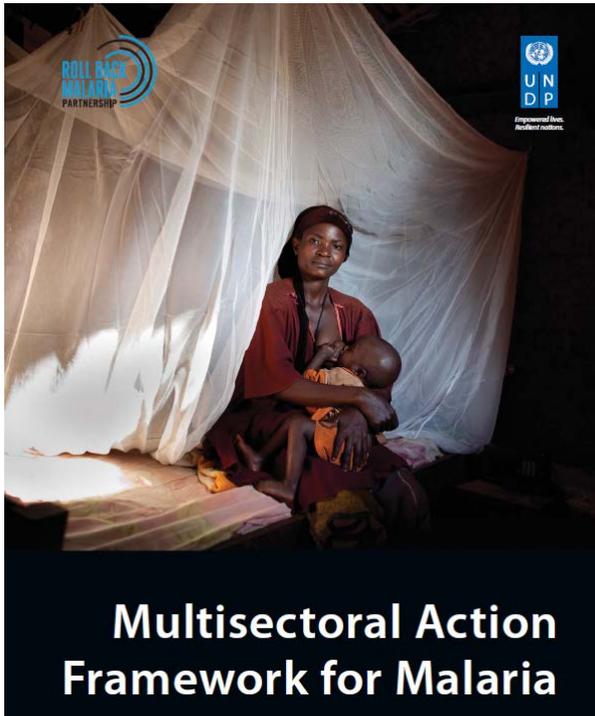
Maldives is one of the most environmentally vulnerable countries in the world. While it has very successfully overcome the historical health scourges of communicable diseases, it now faces huge challenges due to environmental degradation both in the physical setting and in human behaviour as the country tussles with the negative environmental health consequences that result from its engagement with national economic development in a globalizing world and a new democratic governance process in this new century.

NEHAP - Maldives 2015-2020

Towards an Environmentally
Friendly and Healthy
Maldives

Report prepared by ENDEVOR - Maldives:
December 2014

Working across the UN



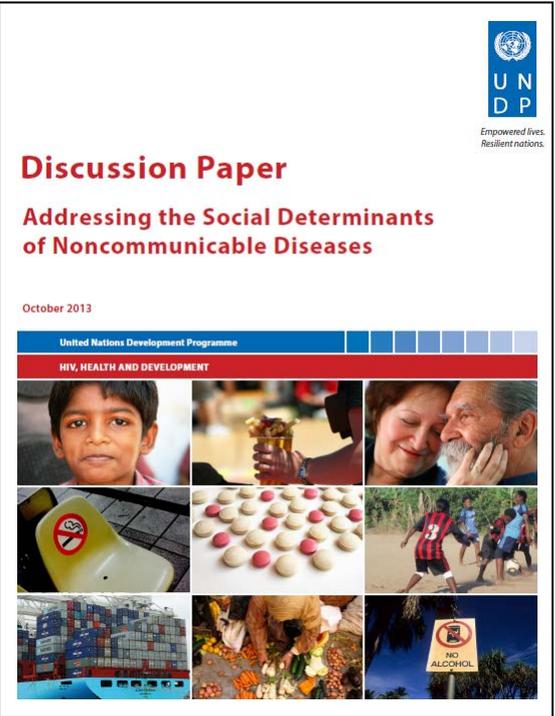
Health in the post-2015 development agenda: need for a social determinants of health approach

Joint statement of the UN Platform on Social Determinants of Health

Background

The UN Platform on Social Determinants of Health is an informal mechanism to provide coordinated support to Member States with implementation of the Rio Political Declaration on Social Determinants of Health. The Platform also advocates placing the social determinants of health highly on the global development agenda, and fostering coherent action on the social determinants of health. Currently, the platform involves staff from ILO, UNDP, UNFPA, UNICEF, WHO and UNAIDS.

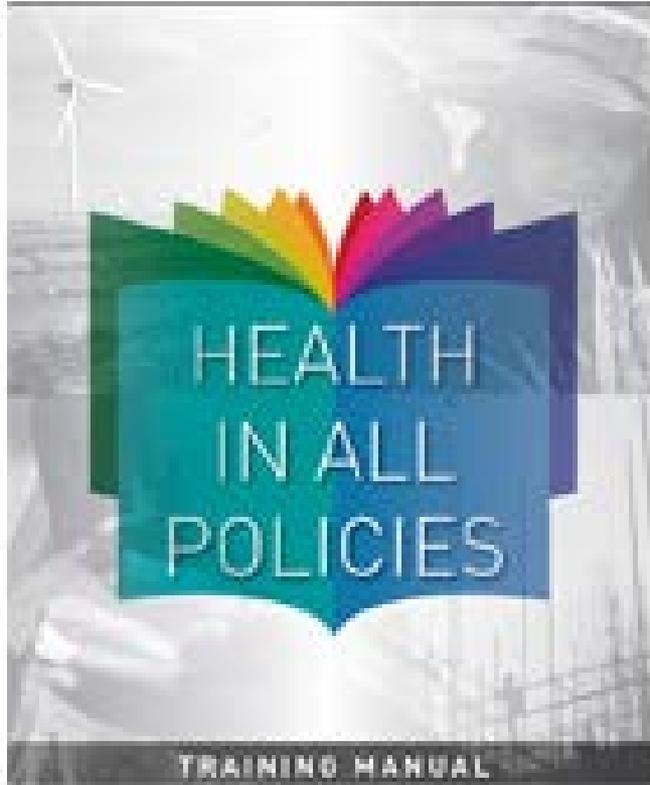
This is an informal document, and does not represent the official positions of the organizations. It aims at informing how best to consider the social determinants of health aspects in the post-2015 global thematic consultations organized under the United Nations Development Group. Annex 1 aims to briefly illustrate the concept of the social determinants of health as applied to the ideas of the specific thematic groups, give some examples of why health is important to each specific theme, and show how each theme could contribute to health. The descriptions are compilations from various sources, and are not intended to be exhaustive. More specific papers will be required for more detailed inputs.





3. WHO's Secretariat priority areas to support SDH country implementation

Implementing Health in All Policies for improving health equity

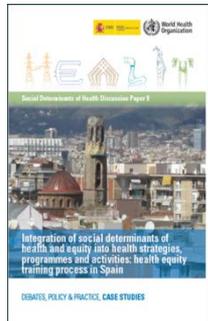
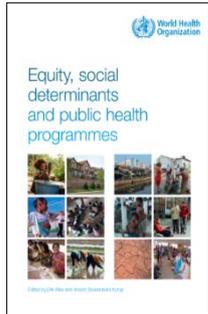


Towards a Master Global Plan for Training in Working Across Sectors

- Dissemination, advocacy and demand generation in national governments
- Supporting networks of institutions/trainers to deliver the training
- Conducting regional and country trainings
- Creating a database of resources and generating new materials – supporting communities of practice
- Actively supporting course adaptation
- Resourcing: active fund raising

Mainstreaming equity, social determinants of health, gender and human rights into public health programmes

Development of a *methodology* to strengthen equity focus in national health programmes



✓ **Enhanced capacity.** Use an “applied learning” approach linked to health professionals’ ongoing programmatic work to strengthen their **capacity to understand and apply** key related concepts and underlying principles.

✓ **Entry points for action.** Through a guided analysis conducted by a multidisciplinary review team, **identify entry points to strengthen** how the programme addresses equity, social determinants of health, gender and human rights.

✓ **Sustained change.** Improve a programme’s ongoing **planning, monitoring, review and evaluation cycles** by integrating measures on equity, social determinants of health, gender and human rights.



Supported by



Training guide modules



Active training & facilitator support

Sensitization phase

- Module S.1: Overview of the 5-step review process
- Module S.2: Underlying concepts and principles
- Module S.3: Checklist

Sensitization

Team completes Checklist

5 - step review phase

- Module R.1: Understanding the programme's theory
- Module R.2: Identify who is left out
- Module R.3: Analyze barriers & facilitators
- Module R.4: Identify mechanisms generating inequities
- Module R.5: Participation & intersectoral action

Training and review session

Team completes 5-step review: Recommendations

Follow-up & redesign phase

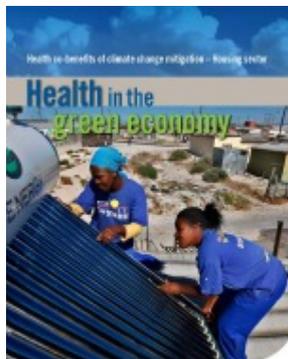
- Module F.1: Formulation the goals and priorities for redesign
- Module F.2: Enhancing the ongoing planning, review and M&E processes

Programme & ongoing M&E strengthened

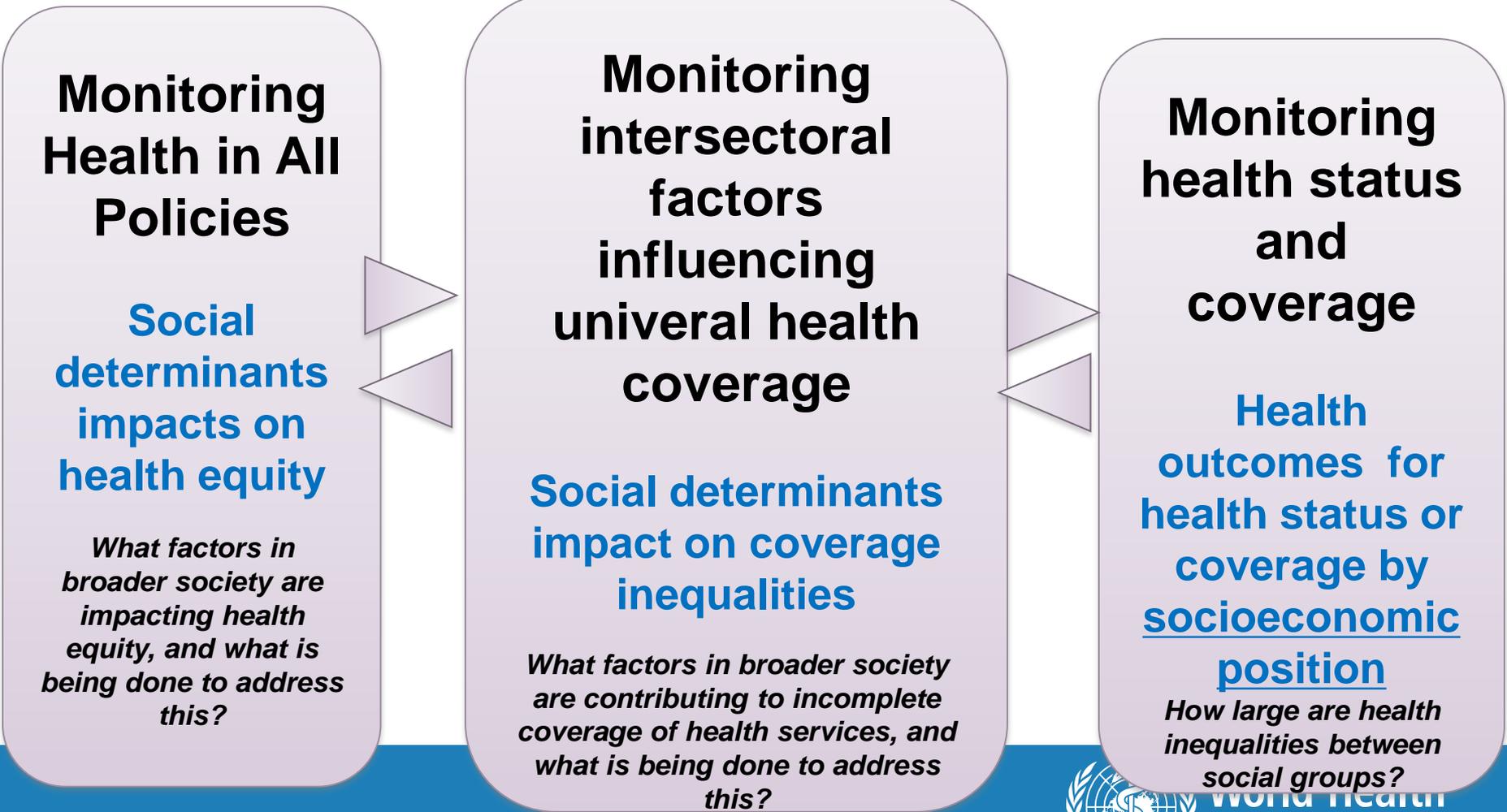
Enhancing pro equity linkages between social and environmental determinants of health

- Identification of priority areas based on evidence, available tools and global commitments
- Stronger integration of social determinants in existing activities and tools: WHO Housing and health guidelines; GLAAS report on water and sanitation; The Environmental Burden of Disease.
- Development of concrete project proposals focussing on social determinants of environmental health risks - Improving housing conditions in informal settlements

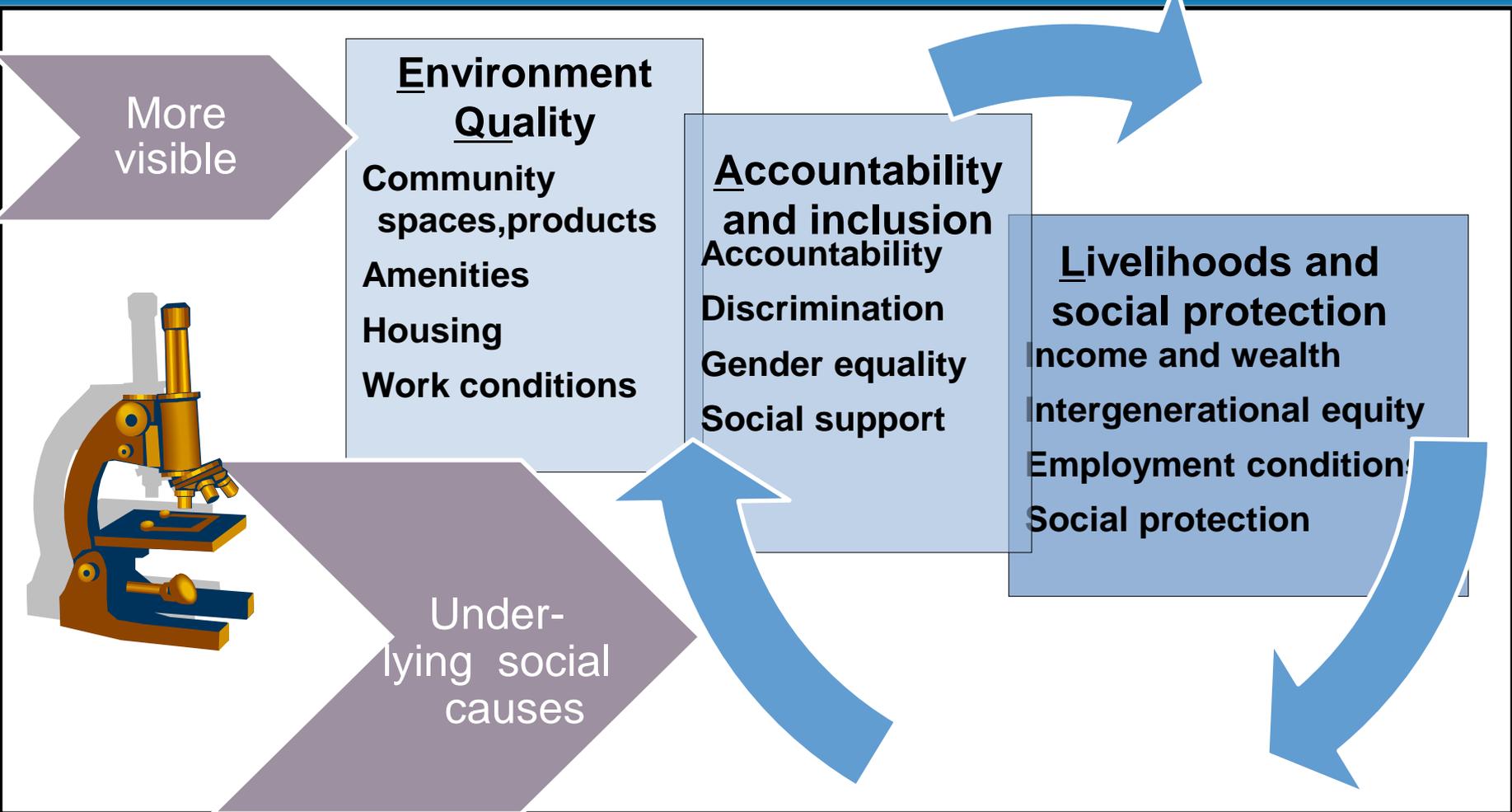
SECTORAL FOCUS: HOUSING



Monitoring and measuring health determinants/barriers to improve health and access to health services



The EQuAL lens for designing policies, and monitoring and evaluation



Source: WHO. Forthcoming 2015. *Monitoring health determinants for equity*. Geneva.

Thank you! Merci !

* * * * *

*“No one should be denied access to life-saving or health promoting interventions for unfair reasons, including those with economic or social causes. ... **When health is concerned, equity really is a matter of life and death.**”*

* * * * *

For further information:

www.who.int/social_determinants



Dr Margaret Chan
Director-General