Report of the Iranian-Chilean Visit to Share Experiences on Chile's Approach to Tackling the Social Determinants of Health (SDH) for Health Equity (HE)

The Aim of the Visit: A visit to Chile was arranged by the World Health Organization (WHO) due to the valuable experiences regarding SDH in Chile and in order to 1) exchange experiences with Chillan experts, 2) design a more comprehensive strategic plan in our country through which, we can direct our plans towards equity in health promotion of the whole population using the SDH approach.

The Time-Frame of the Visit: December 10 to December 14, 2007

The list of Visitors:

1) Dr. Alireza Olyaeemanesh, the Head of the SDH Secretariat and the Manager of Health Economics Group in the Center for Network Development and Health Promotion
2) Dr. Seyyed Reza Majdizadeh, Advisor to the Chancellor of Tehran University of Medical Sciences and the member of SDH subcommittee
3) Dr. Ali Akbar Haghdoost, the Deputy of Medical Education in Kerman University of Medical Sciences and the member of SDH subcommittee
4) Dr. Homeyra Sadjadi, the Manager of the Educational Group for Management in the University of Welfare and rehabilitation, and the member of SDH subcommittee
5) Dr. Maryam Beheshtian, the Technical Officer of the SDH Secretariat of the Health Economics Group in the Center for Network Development and Health Promotion, and the member of SDH subcommittee
The Report of the Visit

Chile is situated in the continent of South America. According to the statistics published in 2005, the GDP per capita is announced to be around 7000 US$, the indicator for the human development has reached 0.854 and is ranked 37th in the world. The Gini coefficient in the country has reached 0.57, the percentage of people earning less than 1 US$ per day was 5.7% in 2002 and the percentage of general poverty in 1990 equals 38.6%. Due to comprehensive and extensive intervention, extreme poverty and general poverty has reached to 3.2% (2006), 18.8% (2003) respectively.

Administratively, the country is divided to 15 regions. 40% of the population lives in big cities such as Santiago.

According to the census performed in 2005, the population of the country reaches 16 million people with a annual growth rate of 1.2%. 70% of births belong to the poor society. The population pyramid tends to age. The life expectancy at birth from 2000 to 2005 equals 78.45 years( female 81.5, male 75.5), and the Infant Mortality Rate (IMR) has been reduced to 7.1 in
Chile is one of the first countries that supported WHO in March 2005 concerning the establishment of the SDH Commission. The ex-Minister of Health in Chile directed the activities of CSDH all around the world and was active as a link connecting Chile to this program along with the complete coordination with the ex-president of Chile (who acted as the SDH commissioner in this country.

The ex focal point of the program was Dr. Patricia Ferenz, who was substituted last year by Ms. Francisca Infante Spinola. A secretariat specialized to SDH was established in the Ministry of Health in order to direct participatory activities and coordinations regarding the issue.

In May 2005, based on the support of the CSDH Secretariat in WHO, a work plan was designed as follows:

1. Strengthening the process of health promotion using SDH;
2. Enhancing understanding and common viewpoints within the health sector and between external sectors;
Supporting the priorities concerning the SDH approach;

Increasing the national capacity to take measures concerning SDH

During our visit with the Health Deputy of the Ministry of Health, some of the successful measures concerning health indicators (such as MMR and IMR) were pointed out. He also mentioned that measures taken in the field of chronic diseases have not been as successful as health indicators imply; however, the significant points insisted by them included reduction of inequity in indicators such as mortality and morbidity rate. He stated that their main aim is to correct and reduce inequity among poor people by 2010. Therefore, the SDH approach is mainly focused on injustice and has been recognized as an effective approach in policy-making.

The Ministry of Health is mainly concentrated on ‘the cause of causes’ and tries to detect the basic root of the problems in order to prevent them. Also, during the past 30 years, a ….. investigation is conducted biennially to measure the socio-economic situation.

The following grand changes in the health of Chile have happened from 2000 to 2006:

A new point of view regarding health rights have been institutionalized that creates the capacity to executively guarantee accessibility and quality of services, reduction of inequity, and financial support for priorities in health (40 priorities in 2006)

Defining national health goals for the decade beginning from 2000 and ending in 2010: promotion of accessible aims in health, reducing the existing inequity in health, increasing the capacity of the people to get along with aging, and presenting health services that are compatible with the changes in the society and the demands of people.

Establishment of a general reference for health and 15 other regional references in order to enhance attention towards health determinants, including social determinants through social and intersectoral measures. Each of the measures are based on an operational program specifically designed for them aiming at achievement of national goals. The main parts of these programs are focused on the following domains: monitoring and evaluation of health status in each region, launching research projects and surveillance on regional diseases, health promotion, the participation of citizens in health, assessment the health services needed by the people, and capacity building for the human resources needed in the health system.

Reducing the burden of emergencies.

Strengthening the networks for general healthcare and health services in the domains of primary care and hospitalization, and launching new national networks for specialized care.
Establishment of a unit specific for the order and supervision of the system to guarantee the health rights and following the activities of private and public insurance companies and healthcare providers.

Enhancing the participation of the people and intersectoral partnership

The significant point worth mentioning in regional programs was their very strong participatory approaches. The national goals were planned according to regional priorities and efforts insisted on reducing inequity, poverty and rural areas.

Although the whole operational plans haven’t been achieved due to changes in the structure of the government and the Ministry of Health, and the progress of the program has been slow during the past year, significant measures have been taken regarding elimination of poverty through social support on the whole.

Despite the increase in inequity in the country from 1975 to 1990, the democratic government in Chile has been committed to socio-economic development during the past 16 years;
therefore, the programs planned towards equity and through decisive measures taken by the
government in social domains have led to basic steps to accomplish the benefits from economic
development by all of the layers of the society. The income per capita has been doubled, the
mean of the income has increased, and the minimum payments have been scaled up. Regarding
the inequity in economic situation of the people, it’s worth mentioning that although the
income in the lowest percentile was 14 times less than the uppermost percentile, the
government has reduced this indicator to 7 through governmental financial support and social
plans. Finally, the poverty has been reduced from 38.6% in 1990 to 18.8% in 2003. Life
expectancy has increased by 5.06 years, and the Infant Mortality Rate has reached 7.1 in 1000
live births from 16.0 in 1990.

On the whole, despite the correction of life status, the domain of social justice hasn’t still been
resolved and needs measure to improve it. As an example, the government again insisted on
social equity and justice in 2000 and more measures were taken towards social equity and
justice. Fortunately, the policies of the new Chilean president are concentrated on justice;
therefore, in order to move in this direction and achieve the goal, the social policies have been
formed and main programs have been devised: 1) Health Reforms, 2) The social support
system based on “Solidarity of Chile”, 3) Chile grows with you, 4) and the program on 200
locations as a new outlook in social support measures for human development. Several
Ministries are involved in these programs such as the Ministry of Planning, the Ministry of
regional development, and the Ministry of the interior affairs. Moreover, 11 municipalities in
poor regions are active in these domains and all of the municipalities and relevant organization
have defined their own operational plan. Also, a Social Council has been established within the
government in order to involve and coordinate other Ministries and stakeholders such as the
Ministry of Education and Culture, Women’s Organization, the Ministry of Dwelling, the
Ministry of Labor,…They are committed to arrange monthly meetings and are supervised by
the Ministry of Social Planning. It’s also worth mentioning that the president has informed and
sensitized all of the Ministries regarding reduction of injustice and has insured their political
commitment to this issue.

Considering the gender inequities in the domains of health, employment, income, social
participation,… a committee dedicated to gender approach was established by the president in
2006, which concentrated on social determinants approaches concerning women and their
health, gender equity and equality in access to opportunities. Moreover, the gender approach
has been integrated in the programs of the Ministry of Health and other Ministries, adding the
point that ministers and other headquarters should declare their commitment to goals and
national programs including gender equity. Also, there is a national coordinator who
homogenizes the programs of all Ministries towards national goals.
The Solidarity of Chile: A social support system based on rights policies

In 2002, the President of the Chile declared to the people that he has intended to “Eradication of Poverty”, which will be achieved by 2006 through governmental policies. In order to accomplish this commitment, he immediately institutionalized the program of the “Solidarity of Chile” and the social support systems and assigned the Ministry of Planning and Coordination as the mediator of different social domains. Through the coordination of this Ministry and the establishment of the “Social Investment Fund”, the novel program of “Puente” was implemented for families who suffered from extreme poverty to strengthen the main core of these families and increase their capacity to get rid of poverty. In 2002, this program covered 56000 households who lived in 336 habitats. The coverage increased to more than 225000 households in 2005. in December 2005, a new phase of the program was declared and from then, the coverage gradually was extended to households who were above the poverty line.

The three components of the system are presented below:

1) **Psychological supports**, which included specific cooperation of the household consultant, which were carried out at home for 24 months. The role of this consultant was to link the family with the governmental and private services concerning fundamental domains of social development, such as individual identity, health, education, family improvement, status of the habitats, employment, and income.

2) **Financial support**: Accredited budgets to support families are allocated for 24 months to each household. As the household is strengthened to have access to other financial resources, the budgets allocated through this program are proportionately decreased. The households, who enter this system, also take advantage of traditional financial support for extremely poor households.

3) **Access to occupational talents**: This component includes the following domains: preventive programs such as the improvement of scientific and occupational qualifications, technical support for debilitated citizens, programs specifically designed for children most at risk, prevention of violence and supportive services, health programs and rewarding support for employers to accept the heads of households who are unemployed.

On the whole, many improvements have been achieved from 1990 to 2000 and supports in several areas have been provided by the government and private parties. Financial support for poor people and obligatory education up to the eighth level are among them.
Social support programs are mainly focused on poor households, the poor who sleep in streets, and the aged members of the society. Groups of indicators have been defined, such as the uneducated percentage of the society, the percentage who have no access to resources, the percentage of drug users, the household in which at list one person suffers from a severe disease, …and finally, these high risk groups are detected based on the indicators mentioned and are covered by the designed programs and benefit from the necessary social supports.

**Chile Grows with You**

This is another social support program that socially supports all children born after September 2006 based on defined criteria. In this program, which is supervised by municipalities, it should be ascertained that these families, especially the pregnant mother, have access to health services, the parents are employed, their habitat is in satisfactory conditions, etc. Also, these families are educated in different domains, particularly the domain of growth and maturation of children, and avoiding violence. These children benefit from the supports until they reach 18 years old. In fact, it can be stated that the most novel general policy for development in today’s Chile in the domain of SDH, consists of the social support of children from the time they grow in their mothers’ body till they reach the 18th year of their life. The objective aim of this system is to reduce vulnerability using adequate tools for the management of social risks and improvement of equity and homogeneous psychological growth for all children and their families. Correcting the life status and providing equal opportunities in order to empower children plays an important role in achieving equity and social justice. It has also been noted that the needs of children change during different phases of their growth; therefore, the policies should likewise be designed in a way that are compatible with the needs of children.

**Insurance and Health**

The topic of insurance has been placed in the category of social welfare. The insurance in Chile is composed of governmental and private components. The governmental part –the so-called FONASA- covers 67.5% of the population. In this system, the insured partners are categorized as follows:

Very poor people; people with an income less than the poverty line; and a group who pay a percentage of the insurance by themselves. Private insurance system is likewise managed by several companies and covers 18.5% of the population. Unfortunately the rest of the population don’t benefit from insurance services.
Occupation and Health

Some measures have been taken in the country concerning occupation and occupational health, which is one of the most important domains in the field of SDH. The whole population of the country reaches 16 million people, among whom 6 million are employed. Two years ago, the rate of unemployment was measured around 9%, which has been reduced to 6% due to the current national policies. There is an insurance system that supports employed population during their employment and covers workers in the domains of occupational accidents and screening examinations. Still at this moment, 30% of the employed people are not supported by any insurance system. The goals of the occupational health in this country include: reduction of occupational morbidities, correcting occupational risks, increasing the quality of statistics and data relevant to occupational health, designing supportive policies to increase the coverage of workers, improvement of the work conditions such as the criteria for employment, systems for occupational security, and integrating gender issues in occupational health policies. The ultimate aim of all of these policies is to decrease the frequency and severity of occupational accidents and diseases in working environments, the health of the working environment in order to improve the quality of life. Currently, policies are under consideration in the Ministry of Labor, regarding the backgrounds and the working hours, all of which are based on SDH approach.
The values in the occupational program in Chile include: justice, participation of the government, workers and employers, prevention and health promotion. In 1973, very strong occupational syndicates were established which are currently dissolved; yet, regarding the importance of participation, they are gradually regenerated.

Mental Health

Mental health was also discussed as an important domain, which is considered crucial in SDH approach. Related activities have been formed in the country since 1990 and have been concentrated of children and the homeless. Concerning the increasing trend of the frequency of psychiatric diseases, the current policies are based on equal distribution of services, decentralization of services, and integration of general hospitals with psychiatric hospitals. Several guidelines have been designed for better approach to disorders such as alcoholism, substance abuse, chide abuse, etc. There are 300 psychiatrists in the PHC system. Measures have also been taken to establish shelters for some of the psychiatric patients under care. Moreover, the government is strictly involved in the psychosocial issues and that’s why supports in this area have been established for the whole society, households, children’s care units, etc.

Participation

Increasing the participation of stakeholders with the aim of health promotion is another domain concerned by the government of Chile. This issue has also been considered the health level all over the region. The issue of health promotion has been brought about along with the
participation of the society. Health promotion is considered as an achievement of participatory approach, particularly involving civil organizations and discussion with people with the aim of improving their health status. Moreover, pamphlets containing the principles of discussions with people and strengthening their responsibilities have been designed, all of which provide opportunities for people to detect their own needs. Each municipality follows its own operational plan, which linked health promotion programs to life style in 2006, but it now mostly involves SDH and equity in health. Other issues on, which the government insists, include city councils and participatory finances. The government has planned several projects in this regard the ultimate aim of which is to reduce the distance between health service providers and the society through improvement in the management of services by the people. The final achievement of all of the activities leads to increase social capital and reduction in inequities. It should be mentioned that on the third day of the trip, in order to accomplish the necessary insight related to the theoretical materials discussed in the past two days, a visit in the field of one of districts close to the capital was arranged for the visitors.

The participatory budgeting: This topic was another issue discussed in the sessions. The aim of the policy-makers in this regard is to strengthen the participation of the society in decision-making in the domain of health, and to institutionalize the democratic culture. There is a secretariat in the Ministry of Health that launches the mandatory co ordinations for citizens to participate in budgeting. They have taken advantages of similar experiences in other countries. They also believe that this action strengthens the background for participation and the increases the confidence between the people and the ruling system. All of the aforementioned progress in participatory budgeting will be accomplished just in case the actions are clarified and the demands of the people are in balance
with the national priorities. The policy-makers also believe that this program can’t be carried out during a short period of time and will last for at least two years. They confess that taking action in this domain needs preparatory stages such as provision of appropriate prerequisites (whether the society is ready to take part or not), employment of a technical team supervised by the network, defining the framework and the amount of participatory budget, and defining the reference for decision-making concerning resource allocation.

**Data-based Management**

Another crucial point to be mentioned is that most of the decisions at the level of the nation were made based on statistics and evidences; therefore, according to the existing data and statistics, which were discussed during this visit, health promotion is one of the target areas. This issue is composed of three elements: 1) reduction of infant mortality, 2) reduction of women’s mortality, and 3) reduction of the disease incidences (e.g. tuberculosis among migrants). Other target areas based on statistics and evidences include aging of the population, changes in the lifestyle and culture, problems concerning smoking, alcohol and drug consumption, obesity, sexual behaviors, reduction of diseases and debilitations, reduction of distances particularly in the area of infants’ and children’s mortality on the two extreme ends of the spectrum of mothers’ education, increasing the life expectancy of poor people by 2 years, resources, satisfaction of the clients, and the quality of services.

**The Ministry of Planning**

Visiting the Ministry of Planning was one of the most impressive visits in this trip. This Ministry is in fact responsible for the coordination of social issues in other organizations. One of their measures is promotion of the lifestyle. The headquarters of the Ministry are committed to provide access to education for all of the children and that everybody grown in Chile finds the possibility to finish the 12 year educational program in schools. It should be noted that the main goal of the country is to reduce the level of poverty; therefore, study and analysis of the poverty was mandatory. The result of the analysis has demonstrated that the poor people are less educated and have attained less general knowledge. Moreover, they have fewer connections to social networks and suffer more from depression and psychological diseases. Based on these results, several interventions aimed at reducing poverty have been designed and many subsides have been considered and implemented. Following the mentioned measures, the extreme poverty (income of less than 1 $ per day) has been diminished by one third, and they have aimed to reduce the poverty to 5.7% in the second phase of the program which will last till 2010. One of the strategies in this area that brings about the intersectoral coordination is “the Solidarity of Chile”. In this approach the whole needs of the poor people have been detected and arranged, and appropriate policies have been designed for each of them. Upon
moving in this direction, a very extensive electronic data bank has been designed since 2002. Using this bank, the target people are detected and are linked to relevant supporting systems. Half of the population of the country are currently covered in this program. A survey has been carried out and the data have been recorded in the questionnaire and transferred to the electronic bank. The data are sent to relevant supportive systems (the Ministries and the executives of supportive organizations) based on defined criteria. Finally, the Ministry of Planning is responsible for the coordination and supervision of the process of this program.
The existing social supportive systems in the country have been depicted in the following figure.


**Conclusion**

The activities concerning SDH in Chile have been improved during the year 2005 within 4 areas:

1) Stimulating interests and common viewpoints between national and regional sectors;

2) Strengthening the priority projects through an SDH approach: correction of the health system, the solidarity of Chile, supports for and developments in the health of children and workers,

3) Institutionalization of this approach in the agenda of the new social sessions,

4) Learning lessons from united countries in the field of SDH,

**Strengths and Opportunities**

Following the selection of the new president in 2006, a few halts have occurred in issues concerning SDH approach, which were again strengthened through reviewing the national commitment to social justice and were extended to new areas and pathways. The general consensus states that SDH approach should gain significance and should be explicitly integrated in national policies., so that social injustice are targeted and new objectives are achieved in the domain of social justice and health. The existing commitment to this approach is currently quite solid, and the system of co ordination and monitoring is strengthened.

**Challenges**

Despite the fact that the principal focal point of the program is situated in the Ministry of Health, the SDH approach has not yet been established in the whole system of health and the programs of different groups in the Ministry of Health have not been designed based on the aforementioned approach. Moreover, according to the viewpoint of visiting and Chilean experts, there is a need in Chile to analyze the situation, to completely depict and detect SDH map behind the inequities in health, and to better understand the causal pathways and effective interventions. Finally the strategic program should be devised to guide the activities.

**The future programs** of Chile in the domain of SDH are mentioned below:

1) Prioritization of the social determinants and the following activities upon co ordination with other sectors;

2) Completion of the strategic program;
3) Integration of this approach in the health system and social protection system based on a clear operational planning.

The last day of the visit

The group of visitors had a strong inclination to meet the Commissioner of Chile. As the commissioner was out of the country, a meeting was arranged on the last day of the visit with his Deputy, Dr. Herman Sandval. During this meeting, the goals of the commission, the current programs, and some of the activities of Chile were discussed.

The Iranian visiting group also mentioned the mission and the perspectives of the Islamic Republic of Iran and particularly focused on establishment of justice and the social welfare, five-year development programs such as the fourth program dedicated to economic, social and cultural development, which is considered an advanced development plan and shares several domains with SDH approach and equity in health. Also some of the indicators and successes of the health system in the Islamic Republic of Iran and actions taken after the Islamic Revolution towards establishment of justice and elimination of poverty were mentioned. Moreover, the principles of writing strategic programming were discussed with the Chilean counterparts.

It’s also necessary to note that during the meeting of the Iranian group with the Chilean Health Deputy, the visiting group declared the history of their collaboration with the World Health Organization (WHO) as a cooperative country in the domain of SDH, some of the achievements of the Islamic Republic of Iran in the domain of health indicators regarding the reduction of MMR and IMR, and the insistence of the government of the Islamic Republic of Iran on justice and the concentration dedicated to SDH as an effective approach for the improvement of health equity. Likewise, it was stated that our main goals in this mission is to get familiar to activities and experiences of Chile in this area, to review the comprehensive operational programs and the methods of intersectoral collaboration, and to achieve the mandatory insight to encourage the political commitments of other Ministries regarding health and sustainable development, and the position of SDH in our country. Finally, the whole visit was focused on taking maximal advantage from experiences of Chile in the domain of SDH.

Recommendations for the country

A few points are added in this part, that are worth mentioning:

1) Institutionalization of a common language in SDH for the managers of the Ministry of Health and other stakeholders.

2) Ensuring the organized commitment of the government to social protection and health equity based on SDH approach.
3) SDH approach comes to the responsibilities of the stakeholders by the government.

4) Establishment of the specific structure through the government e.g. Social Cabinet to design and develop policy and finally monitor and evaluate the results.

5) Integrated systematic and comprehensive planning for identification of the vulnerable groups of the society.

6) Develop some interventions based on SDH approach to protect vulnerable groups of the society.

7) Choose interesting and effective name for the plans and programs to encourage national support.
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<td>Field Visit</td>
<td>Visit of Ministry of Planning with 2 main programs:</td>
<td>Regional Public Health visit</td>
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<td>Deputy for Health Briefing</td>
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<td>Visit of the neighborhood council</td>
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<td>2. Chile grows with you</td>
<td>Visit of disadvantage region in the city</td>
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<td>Visit the Head of SDH secretariat in Ministry of Health (Fransisca Infante)</td>
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<td>Occupational Health and Health Development Policies (Dr. Fernando Monez)</td>
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<td>National Women Equity and Health Plan (Dr. Karmen Lopez)</td>
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