Country action in the Commission on Social Determinants of Health

Brazzaville, July 2005
Key points for discussion

- Focus on action in the Commission
- Rationale for health policy
- Spectrum of actions
- Examples of innovative actions for health equity
- Products and Expectations
- Support
- Timeframe and mechanisms of sustainability after the Commission
Integrating Social Determinants of Health into Policy and Programs
FOCUS OF COUNTRY ACTION
Support and share country work aimed at..

- positioning health
  - as a cross government “corporate” priority
  - as a social concern in development agendas
- reorienting health systems' investment upstream
  - to include the concept of health as a social issue, not just medical care, not just a private issue
Factors influencing health

- Social: 50%
- Health care systems: 25%
- Physical environment: 10%
- Biology: 15%
FACTS

Half of health arises through socially determined pathways *(Source: Canadian Institute for Advanced Research)*

- less than 2% of governments globally have developed mechanisms for continually ensuring *policy coherence* in the social determinants of health
- annually, the health system is the cause of about 1% of families globally experiencing catastrophic expenditures (up to 5% in some countries)
Rational driving action/ investment

FINANCIAL  e.g. cost containment

EFFICIENCY  e.g. demand management

POLITICAL  e.g. quick wins, interest grps

• private/individual concern vs social
• providers groups vs population
• input to development vs outcome
• disease vs health

Views of health
Missing

- None of the current rationales sufficiently stress the solidarity and equity
Spectrum of entry points - “health” investment

Disproportionate % of investments in downstream factors

LABOR MARKET
EDUCATION SYSTEM
WELFARE STATE

SOCIAL STRUCTURE

INDIVIDUAL’S SOCIAL STATUS
Socioeconomic position
- Gender
- Ethnicity
- Cohesion social

INTERMEDIARY FACTORS
Living condition
- Working condition
- Behaviour
- Health and social care

HEALTH OUTCOME
Health and wellbeing

Determinants Structural
Intermediate Determinants

Ref: Modified of Briefing paper Health inequalities: concepts, frameworks and policy authors H. Graham, M P. Kelly 2004, NHS.
Mechanisms: Ensuring Policy Coherence

![Diagram showing different factors affecting health and wellbeing]

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World Health Organization
Mechanisms: Going upstream in health sector programs

**e.g. Indoor air pollution**

- **DECREASE EXPOSURE**
  - reduce indoor air pollution
  - reduce smoking

- **DECREASE VULNERABILITY**
  - Immunization campaigns,
  - Nutritional programmes for children & pregnant women,
  - Breastfeeding Promotion

- **PREVENT UNEQUAL CONSEQUENCES**
  - Improved access to primary health care & hospital access,
  - Improved quality of services

**SOCIAL STRATIFICATION**
- Occupation, Education, Household assets, Income,
- Place of living (rural, urban, informal settlements)

**DIFFERENTIAL EXPOSURE**
- Indoor air pollution, Environmental tobacco smoke
- Overcrowding, Pathogen exposure

**DIFFERENTIAL VULNERABILITY**
- Immunization status, Malnutrition, Low birth weight,
- Lack of breastfeeding, Vitamin A deficiency

**DIFFERENTIAL HEALTH OUTCOMES**
- Acute upper respiratory infections, Acute lower respiratory infections, Pneumonia
Innovative examples: Chile

- A programme was set up to target families living in extreme poverty
- with the objective of ensuring their living standards improve to meet 53 minimum quality of life conditions,
- which covered the dimensions of personal identification, health care, education, family dynamics, housing conditions, employment, income
- Birth registration
  - a key feature as this invokes access to numerous entitlements
  - joint work among MoH/MoE/Mo Legal Affair to identify the groups of children/adults are not registered and ensure their registration.
Example: Chile's map of current programs

Ref: Modified of Briefing paper Health inequalities: concepts, frameworks and policy authors H. Graham, M.P. Kelly 2004, NHS.
Innovative examples: UK cross-cutting sectoral review

- Convened by the national UK Treasury
- Including the different ministries
- Ensuring that all sectors articulate their contribution to the health of the population
- Linked to performance monitoring
Innovative examples: Iran proposal

- High council for health under the Cabinet and President
- 20 ministers and organizations are the member of the council
- Office of this council is located in the ministry of health
- All the provinces established the council under the governor
- Cession of council should be held every three month
Role of ministry of health

Intersectoral organization
Policy makers (High council)

Policy Formulation
Policy Legislations
Policy Implementation
Policy Evaluation

Health Outcomes

HIS
MIS

World Health Organization
Innovative examples for scaling up?: South Africa

- HIV-AIDs orphans
  - using social workers to put dieing mothers in touch with relatives BEFORE they die,
  - as the liklihood of the relative caring for the child is much higher
  - orphans reduced (awaiting evaluation data)
Creating understanding of the social determinants framework and generating political will

Implementing, adapting, or scaling up circumscribed programmes

Developing a mainstream, "corporate" government policy for health

Scope of country actions

ACTIONS
Common Activities

a. Engage different stakeholders
b. Understand context, strengthen ownership and prioritize actions
c. Implement (including changing financing, management)
d. Evaluate progress for improvements in health equity
## Products at country level

1. Knowledge on specific social determinant pathways and pathways

2. Greater political will, public awareness and support for the value of health as a social good and responsibility

3. Idea of opportunities for action including integration into existing initiatives/processes

4. Mechanisms for policy coherence and partnership within government, across its levels and with the non-governmental sector, including professional bodies

5. Specific health policies & strategies that address the most important determinants of health

6. Mechanisms to assure civil society, public and community participation, ownership and support

7. Strengthened capacities in scoping, implementing and evaluating actions on social determinants of health including (financial sustainability, technical, institutional e.g. legal frameworks, budgeting protocols, tactics, and argumentation)
Products from joint country action

1. Mechanisms for sharing and synthesizing experiences of policies and practices across countries, as well as the best means and technologies for transferability of lessons learnt, arguments and tactics

2. Understanding of the incentives for success and obstructions to moving investments upstream in different settings

3. Testing a portfolio of methods covering the topics of
   (a) generating national dialogues and influencing stakeholders
   (b) medium-term evaluations of policy/prog "success"
   (c) analyzing health program social determinants interventions (e.g. using a framework developed by the KN on Diseases of Public Importance network)
   (d) capacity mapping for social investment

4. Changing agendas in existing national initiatives, and in global and regional processes
Expectations of involved countries

- Documenting experiences
  - processes (content, information used, incentives, actors),
  - capacities (institutional, regulatory, human resource, knowledge)

- Evaluating existing or new programmes/ polices/ processes
  - evidence on health inequity changes

- Sharing experiences with other countries
Support from the Commission and other actors

- **TECHNICAL SUPPORT:**
  - sharing of experiences, know-how, innovations & ideas e.g. *intercountry exchanges, regional forums*
  - development of tools & technologies to support action
  - seed funding

- **CAPACITY DEVELOPMENT**

- **POLITICAL AND MORAL SUPPORT**
  - Providing linkages to existing global initiatives
Guiding Principles

1. Country identification
   - Self-selecting
   - Driven by political will at a high level

2. Country work actions:
   - Aspire to national population coverage
   - Encourage institutionalization, strategic relevance and be sustainable
   - Foster community participation and ownership
   - Promote intersectoral cooperation
   - Promote the idea of health as a social goal – social solidarity

3. Country leadership:
   - Processes and choice of activities should be country-led
   - the Commission - a facilitating and coordinating role

4. Inclusiveness of all countries wanting to participate:
   - differing levels of intensity and scope of work (see above)
Commission CW time frame

TIME
- Jan 05 - Dec 06
- Jan 07 - Dec 07
- Jan 08 – May 08
- 2008+

Engagement of countries

Implementation and evaluation

Scaling-up (across countries), leadership, and sustainability

Mechanism to sustain action on social determinants

World Health Organization