GLOBAL ACTION ON THE SOCIAL DETERMINANTS OF HEALTH TO ADDRESS HEALTH EQUITY

Supplementary report on progress in implementing the Rio Political Declaration on Social Determinants of Health and WHA65.8

This report is an informal supplement to the official progress report on WHA65.8 submitted to the Sixty-Eighth World Health Assembly, Geneva, May 2015
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In May 2012, the Sixty-fifth World Health Assembly (WHA) adopted resolution WHA65.8 on advancing the agenda on social determinants of health to reduce health inequities. This was the culmination of a progressive increase in awareness of, political commitment to and action on social determinants of health and to ensure health equity over recent years.

Recent global milestones leading up to this resolution include the World Health Organization (WHO) Commission on Social Determinants of Health and its final report published in 2008; resolution WHA62.14 endorsing the Commission’s report; and the World Conference on Social Determinants of Health in Rio de Janeiro in 2011, the key outcome of which was the Rio Political Declaration on Social Determinants of Health and its endorsement through the aforementioned resolution WHA65.8 in 2012.

In May 2013, the 66th WHA noted a progress report for resolution WHA65.8, which provided an overview of key developments and action on social determinants of health since the World Conference. A subsequent brief report providing a requested update on progress towards this resolution will be presented at the 68th WHA in May 2015.

The current informal report has been developed as a supplement to the 2015 official progress report for resolution WHA65.8. It aims at providing a more comprehensive and detailed overview of the activities, initiatives and achievements globally in implementing the Rio Political Declaration during the period May 2013 to May 2015.

The report is broadly targeted towards the global health community, including Member States and agencies and stakeholders from the United Nations (UN) and multilateral system, academia, and non-government and civil society. It is hoped that this report will support and inform global strategic directions, dialogue and efforts on advancing the social determinants of health and health equity agenda, as well as related strategic and programmatic planning within WHO.

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INTRODUCTION

In recent years, political commitment to and action on social determinants of health to address health inequities has steadily increased. These initiatives have largely focused on integrating social determinants and health equity in global health and development agendas, regional and national health and social strategies, and national health systems and programmes.

A key global priority for WHO in the recent period has been to build capacity across all regions and with a variety of stakeholders, including WHO, UN agencies and ministries of health and other government sectors. Global and regional tools, technical guidance and other resources have been developed, adapted and applied. Considerable efforts have continued to focus on the consolidation and analysis of technical knowledge, case studies and other resources to strengthen the evidence base and support a deeper understanding of “what works, why and how” for action on social determinants to address health inequities. Related to this, significant progress has also been made in the development of frameworks, methodologies and indicators for monitoring trends in and impacts of action on social determinants and health equity. Many national, sub-national and municipal governments have also implemented initiatives advancing the social determinants and health equity agenda in their country contexts.

This broad and rich range of initiatives has been driven by and engaged a variety of actors, including WHO and other UN and multilateral system agencies, Member States, academia and research institutes, and non-governmental and civil society agencies.

This report summarizes the main developments in key areas related to the Rio Political Declaration and subsequent resolution WHA65.8 during the period May 2013 to May 2015. A special focus is given to areas that have specific reinforced commitments in WHA65.8, in particular where the requests to the WHO Director-General and actions urged by Member States reinforce one another (operational paragraphs 5 and 2 respectively in WHA65.8). It is intended that future progress reports will focus on other priority areas that have not been covered in this report.

The report is organized according to the following sections: (1) Strategically aligning social determinants and health equity in global health; (2) Strengthening Health In All Policies and working across sectors for health; (3) Addressing social determinants and equity in health systems and programmes; (4) Strategically aligning social and environmental determinants of health; (5) Monitoring progress and increasing accountability for social determinants; (6) Working across the United Nations system on social determinants and health equity; followed by a forward looking conclusion.
SECTION 1: Strategically aligning social determinants and health equity in global health

Considerable advancements have been made in integrating social determinants and health equity in global and regional health and development agendas, overall and specifically within WHO reform and planning processes.

1.1. Global alignment

Positioning social determinants of health, and a focus on ensuring health equity, have been priorities in global and regional discussions for, and inclusion in, the post-2015 Sustainable Development Goals (SDGs) and underpin the universal health coverage (UHC) agenda. Considerable political and technical efforts were directed towards demonstrating, and developing the appropriate policy responses to account for, the linkages between sustainable development, health, health equity and broader social justice and social disadvantage issues.

The UN-led discussion about the post-2015 sustainable development agenda provided an opportunity to develop evidence-based rationales, indicators and targets that show the importance of health as a precondition for and an outcome of policies to promote sustainable development. Health as a precondition for development has received considerable attention in terms of achievement of health-related Millennium Development Goals (MDGs), addressing growing challenges of non-communicable diseases (NCDs), and ensuring UHC. Much less attention has been devoted to health as an outcome of sustainable development and to indicators that show both changes in exposure to health-related risks and progress towards environmental sustainability.

WHO has been working to develop and promote the rationale and evidence-base of the ancillary benefits to health and health equity (co-benefits) of sustainable development policies, particularly those to reduce greenhouse gas emissions and increase resilience to environmental change. This work includes the development of rationales and methods for the selection of health-related indicators to measure progress of post-2015 development goals in non-health sectors. The proposed indicators cover the areas of cities, food and agriculture, energy, and water and sanitation. Embedding of a range of health-related indicators in the post-2015 goals can help to raise awareness of the probable health gains from sustainable development policies, thus making them more attractive to decision makers and more likely to be implemented than before.7

1.2. WHO strategy and planning and regional alignment

The response of WHO to integrating social determinants and health equity into its strategic and operational plans is clearly articulated in a number of country offices, regional offices and HQ plans, programmes and monitoring tools. Social, economic and environmental determinants of health is a fundamental approach and one of the six leadership priorities of the 12th WHO General Programme of

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Work 2014-2019. The increased priority of these issues has also resulted in an associated increase in demand from Member States for technical support from WHO and other institutions and organizations.

The strategic alignment of social and environmental determinants of health at WHO headquarters since 2013 (see Section 4 for more details) was part of a WHO-wide effort to increase work on and attention to determinants. This increasingly requires that WHO institutional entities further evaluate and understand differential risk factors, causes and impact for various health determinants as well as societal relations brokering power, policies and associated resources, and affecting the distribution of health inequities and vulnerabilities. This alignment also begins to coordinate key stakeholder groups, within and outside WHO, working on health determinants in social, environmental and broader human rights and social welfare and protection realms.

Country level

An analysis in March 2013 showed that 103 WHO country cooperation strategies include requests for technical support for addressing a number of social determinants or implementing strategies such as a Health in All Policies approach. Sixty countries included planned costs for addressing social determinants of health or Health in All Policies in the WHO 2014-2015 programme budget.

Regional level

A range of regional agendas, commitments and strategic plans on social determinants and for health equity have been advanced, led by or with the strong support of WHO’s regional offices.

In 2013, the Regional Office for Africa (AFRO) published the strategy, *Health promotion: strategy for the African Region*, which includes a strong emphasis on Health in All Policies. The new Regional Director has also created a Unit for Social Determinants of Health, Gender, Equity and Human Rights and Health Promotion and placed it in the Office of the Director of Programmes, in order to allow the Unit to perform its cross-cutting function across all technical programmes.

For the Regional Office for the Americas (AMRO), social determinants are an integral part of its strategic plan for 2014 to 2019. In September 2014, a *Plan Of Action on Health in All Policies* was adopted by the Directing Council of the Pan-American Health Organization (AMRO) at its 53rd session (66th session of the WHO Regional Committee for the Americas), considered a key instrument to implement the Rio Political Declaration. (See further information below under supporting Health in All Policies). Through Resolution CD52.R8, PAHO’s Strategic Plan adopts four cross cutting themes (CCTs) being Gender, Ethnicity, Equity and Human Rights as corporate and programmatic mandates. These programmatic themes and approaches will be applied across all categories and programme areas to improve health outcomes and reduce inequities in health. A proposal is currently being developed.


with Sir/Prof. Michael Marmot and the Institute of Health Equity, University College London, with the objective of conducting a Review of the Social Determinants of Health in the Region of the Americas that will address evidence based decision making in policy and programme development and continue to move the social determinants agenda forward within the Regional context.

In 2012, the Regional Committee for Europe (EURO) approved the policy framework, *Health2020: a European policy framework and strategy for the 21st century*, which supports action across government and society for improved health and well-being for all and the reduction of health inequalities. The framework is reinforced by a review of social determinants and the health divide in the European Region. The main objectives of Health2020 are integrated into all EURO programmes and, since 2013, country support within this platform is being delivered, with many countries across the region having adopted national cross sectoral policies for health and health equity aligned with Health2020. The integration of Health2020 into the forthcoming United Nations Development Assistance Framework and regional coordination on social determinants were discussed at the Regional Committee for Europe in 2014. In 2015, a EURO “UN Regional Thematic Group on Noncommunicable Diseases and Social Determinants of Health” was established with a two year action plan aiming to strengthen the coherence and impact of UN programmes on the social determinants of health and NCDs at country level.

In October 2014, a meeting held prior to the Eastern Mediterranean Regional Committee and coordinated by the Regional Director was dedicated to moving into concrete action on social determinants in the region. This meeting was informed by a preliminary analysis produced by the Regional Office of the Eastern Mediterranean (EMRO) and the Institute of Health Equity, University College London, linking the social and environmental determinants of health inequities within and between countries in the region using a set of strategic area indicators. Member States requested EMRO to develop a regional social determinants strategy and action-oriented framework for country plans of action and to establish a thematic taskforce. This work builds on a previous review of country priority actions by EMRO, conducted in 2012-13, which indicated that 10 of 22 countries identified social determinants as a first-level priority. A regional consultation to advance the development of a regional strategy took place in Teheran in April 2015, with several countries (Islamic Republic of Iran, Jordan, Morocco and Sudan) identified to start developing country plans on social determinants.

Building on intersectoral regional consultations since 2012, the South-East Asia Region (SEARO) published in April 2013 a regional framework and strategic directions on Health in All Policies. As in AMRO, the regional framework for action on HiAP is becoming an important WHO planning tool for

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11 Available: [www.euro.who.int/__data/assets/pdf_file/0006/199536/Health2020-Short.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0006/199536/Health2020-Short.pdf?ua=1)
supporting capacity building to address the social determinants of health. This is now being translated into Indonesian and Thai to further support advocacy and implementation.

The WHO Regional Office for the Western Pacific (WPRO) has developed a regional action agenda on universal health coverage, which makes strong reference to equity and social determinants. The draft document will be discussed at the 66th session of the Regional Committee for the Western Pacific in October 2015 in Guam. In the region, the Pacific health ministers meeting in Samoa in 2013 renewed commitment to action on social determinants within the “Healthy Islands” vision. Ministers of health of Association of Southeast Asian Nations (ASEAN) countries and China, Japan and Korea created the ASEAN Plus Three UHC Network, to serve as a platform to support and accelerate progress towards equitable, well-functioning and sustainable universal health coverage in developing countries and to advance the regional and global UHC agenda.

SECTION 2: Strengthening Health In All Policies and working across sectors for health

Significant progress was made in advancing commitment to and technical developments in the area of strengthening collaboration among and actions of multiple sectors to address health determinants in order to improve population health and health equity; including strategies such as “Health In All Policies” (HiAP) and intersectoral action for health. This progress was aided by capacity building work led by three different WHO departments in this area (Departments of: Public Health, Social and Environmental Determinants; Prevention of Noncommunicable Diseases; WHO Centre for Health Development (Kobe)) and the heightened interest from countries around working intersectorally for health, particularly in view of the positioning of the United Nations post-2015 sustainable development agenda discussions.

2.1. Guidance on requirements for working across sectors

The 8th Global Conference on Health Promotion (Helsinki, 10–14 June 2013) focused on HiAP. The conference resulted in the adoption of the Helsinki Statement on Health in All Policies and the endorsement of the resolution WHA67.12 at the Health Assembly in 2014, Contributing to Social and Economic Development: sustainable action across sectors to improve health and health equity. This resolution calls for the WHO Director General, inter alia, to develop a Framework for Country Action aimed at supporting national efforts to improve health, and ensure health protection, health equity and health systems functioning, including through action across sectors on determinants of health and risk factors of NCDs. In line with this request and the interest expressed in this work by the UN General Assembly (A/RES/68/300), the Secretariat developed a draft framework for country action through three rounds of informal consultations. This document is in the process of being finalized and will be translated in all WHO languages, with support provided for regional and national adaptation and

15 More information on “Healthy Islands” available at: www.wpro.who.int/southpacific/programmes/pacific_initiatives/healthy_islands/en/
16 See details at: www.who.int/nmh/events/action-framework/en/
implementation. WHO has committed to having the 9th Global Conference on Health Promotion in Shanghai in November 2016, with a focus on follow up and implementation of the HiAP approach.

2.2. Capacity building and skills development

One of the key areas of the Country Framework for Action on Working Across Sectors is the development of intersectoral skills and capacities at the national and sub-national levels of government and in health care providers. The WHO Health in All Policies Training Manual, launched in 2015, provides a resource for training to increase skills in working across sectors. It is designed to be used to organize workshops for health professionals and professionals from other sectors. The workshops can be used to build capacity and skills to promote, implement and evaluate cross-sectoral work; encourage engagement and collaboration across sectors; facilitate the exchange of experiences and lessons learnt; promote regional and global collaboration; or promote dissemination of skills to develop training of trainer courses. The training manual is structured to be used by experienced trainers and to target professionals from middle to senior levels of policy-making in the public sector. It aims to facilitate a mind-set shift to improve governance for health in the 21st century. The manual builds on previous experience and work in South Australia and follows testing in the Philippines in 2013.

Global roll-out of the training manual is underway, led by WHO in all regions. Following the first global training of trainers meeting in March 2015 in Geneva, regional training of trainers meetings will build up capacities and cascade training to national settings. The first regional training took place in Surinam in May, with 17 Caribbean countries and a set of national intersectoral stakeholders from Surinam participating. The second regional training will take place in SEARO in July 2015. The WHO Master Plan for Roll-out of the HiAP training manual has five components: (i) Dissemination, advocacy and demand generation; (ii) Supporting networks of institutions/trainers to deliver trainings or integrate trainings into curricula, including with WHO collaborating centres, regional institutes and universities; (iii) Conducting regional and country trainings; (iv) Creating a database of resources and generating new materials; and (v) Actively supporting course adaptation.

Many WHO Regional Offices and Member States have developed regional tools and resources to build capacity for and established or strengthened mechanisms and opportunities for dialogue related to action on social determinants, including through HiAP and intersectoral approaches. This includes mechanisms such as commissions, high-level meetings, expert groups and platforms for improved dialogue and accountability. For example, in 2014, AFRO established a resource group of technical experts to support regional and country work on social determinants in the African region, with the first meeting held in June 2014 in Mauritius. Some of these actors were nominated to attend the global training of trainers meeting on HiAP in Geneva in March 2015. In EURO a series of intersectoral briefs has been initiated to support dialogue on joint agendas for action between health and the social, education and development sectors. Since 2013, SEARO has been supporting national action on HiAP through dissemination of guidelines, in-country assistance on intersectoral actions and policy.

17 Available: http://apps.who.int/iris/bitstream/10665/151788/1/9789241507981_eng.pdf?ua=1
engagement to address determinants of health, as well as capacity building on healthy public policy, health impact assessment and leadership for health promotion.\textsuperscript{18}

\section*{2.3. Sharing of evidence and practices in working across sectors and health impacts: from programmes to broader governance}

\textbf{The 8\textsuperscript{th} Global Conference on Health Promotion, Helsinki}

Member States and technical teams, supported by WHO, participated in a range of global and regional consultative meetings, seminars and other initiatives in preparation for the Health Promotion Conference. The online ActionSDH platform was used to run a global consultation on the development of the definition of HiAP for the Helsinki Conference in October 2013.\textsuperscript{19} Also in lead up to the Conference, regional and national literature reviews and case studies were produced that demonstrate how to operationalize this approach, identify tools and other prerequisites for country action, and which support the exchange of experiences (supported by the Rockefeller Foundation). Highlights include four regional consultations resulting in four regional reports (AFRO, AMRO, SEARO and WPRO) and three global publications summarizing case studies, policy strategies and a set of criteria for analysing intersectoral action. Forty-four case studies from 26 countries are described as part of these publications,\textsuperscript{20} with an additional 16 case studies on municipal dynamics of intersectoral action.\textsuperscript{21} AFRO also published nine country case studies on community participation to address priority public health concerns following the Conference.\textsuperscript{22} Reflecting key discussions of the Helsinki Conference, a series of technical papers were published in a special issue of the \textit{Health Promotion International} journal in June 2014.\textsuperscript{23}

\section*{Regional processes}

In the Americas, a high-level expert consultation was held in March 2015 on how best to implement and operationalize the aforementioned regional Plan of Action on Health in All Policies over the next four years, including at the local level through the Healthy Municipalities Network. The expert consultation outlined a set of actions and targets that will be supported by AMRO and monitored routinely to assess regional progress on HiAP. A number of these indicators focused on specific health equity-related objectives with respect to monitoring of determinants and ensuring involvement of communities.

\begin{itemize}
\item \textsuperscript{18} World Health Organization, Regional Office for South-East Asia, 2014 Capacity Building on Leadership for Health Promotion Report is available at: \url{http://apps.who.int/iris/bitstream/10665/152269/1/SEA-HE-208.pdf?ua=1}
\item \textsuperscript{19} Available: \url{www.who.int/social_determinants/actionsdh/en/}.
\item \textsuperscript{21} Available: \url{www.who.int/kobe_centre/interventions/intersectorial_action/ISA/en/}.
\item \textsuperscript{22} Available: \url{www.afro.who.int/en/clusters-a-programmes/hpr/social-a-economic-determinants-of-health/case-studies/country-experiences-SDH.html}
\item \textsuperscript{23} Available: \url{http://heapro.oxfordjournals.org/content/29/suppl_1.toc}
\end{itemize}
In the European region, given the strong legacy of intersectoral action, there is a focus to build on existing good practice and accelerate high-level commitment and local level action to HiAP. A priority is to ensure health is well paced within national and local development plans and sustainability agendas. Health2020 promotes intersectoral governance for health and health equity with special emphasis on whole of government, whole of society and HiAP approaches. This is the theme of the 65th Session of the Regional Committee for Europe in September 2015. A background document on intersectoral action has been prepared for discussion with Member States at the upcoming Regional Committee. This has been informed by sub-regional multi-country policy dialogues which took place in late 2014 and, more recently in 2015, meetings held on i) health in foreign policy and ii) lessons learned from implementing intersectoral policy across the health education and social sectors.

As part of inter-regional cooperation, SEARO shared its experience on developing its regional HiAP framework at the regional consultations for AFRO countries in South Africa in May 2013. Collaboration on scaling up of HiAP skills development continues with planned exchange visits between SEARO and AFRO later in 2015.

**Global evidence and guides**

Additional material was developed to support Member States in strengthening systematic dialogue and collaboration with other sectors and an understanding of sectoral agendas and policy approaches. Two publications, focusing on social protection (2012) and energy (2013), were produced as part of WHO’s *Social Determinants of Health Sectoral Briefing Series*. This series, constituting five publications to date, aims to strengthen systematic dialogue and collaboration with other sectors and an understanding of sectoral agendas and policy approaches.

*The economics of the social determinants of health and health inequalities: a resource book*, published by WHO in 2013, describes how to formulate economic rationales to support the case for social determinants of health and health inequality interventions, and summarizes economic evidence from a review of five years of global literature in three “sectors”: education, social protection and urban development (including housing and transport). The *Pan American Journal of Public Health* published a special issue on social determinants in January 2014.

In May 2014, an expert consultation was convened on intersectoral action, the recommendations of which are being used to inform the revision of a booklet *Intersectoral Action on Health, a path for policy-makers to implement effective and sustainable action on health* (in progress). A policy brief series, *Using Impact Assessment for Decision Making*, was published in 2014 to support the mobilization of action across sectors to address the determinants of health and health equity outcomes. A checklist for evaluating the functioning of intersectoral partnerships for health promotion is being finalized for publication in 2015.

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2.4. Technical developments on the ground

A range of initiatives, supported by WHO, at national and subnational level have been implemented.

National level

Strong action has been taken at national level. One example is Thailand, where the National Health Commission is leading the development of a national HiAP roadmap and advocating for the adoption of a HiAP approach in Parliament and in the new draft constitution under the National Reform Council in 2015. The Commission is also continuing to roll out the Provincial Health Assembly to promote broader participation in policy making and development of local solutions for health challenges. The Thai Ministry of Public Health has also continued to take leadership in strengthening national and regional governance for health, including through the development of a capacity building programme on UHC (CapUHC), to provide technical assistance to ASEAN and Member States.

Another example is Argentina, where the Secretariat of Health Determinants and Research works to integrate strategies for responding to health challenges and to facilitate the implementation of national programs in the country. In the European Region, EURO has been supporting a group of seven countries to integrate health into an inclusive growth strategy, with health indicators and policy measures formally adopted and with ministries of health and ministries of economy in each country responsible for reporting on progress (Health for Inclusive Growth in the South Eastern Europe).

Pacific island countries established a Pacific UN Interagency Task Force on NCDs (UN-PIATF) to improve coordination on NCDs prevention and control between UN agencies and to integrate NCDs and other health issues into the development agenda of multiple sectors. It will provide support to countries to address health issues in general and NCDs issues in particular from a multisectoral perspective.

Implementation networks and professional associations

Continued rollout and support to use the WHO Urban Health Equity Assessment and Response Tool (Urban HEART) was provided by WHO. The tool was adapted to national assessment and response needs, namely, by WPRO for island settings and by SEARO for the needs of Indonesia, in particular its islands, with the Ministry of Health currently translating HiAP materials to inform the development of a country plan of action. WHO has trained local and national officials from 83 countries on the use of Urban HEART, which includes modules on health equity and social determinants. Cities in more than 40 countries are using or have used the tool to date. Urban HEART has been incorporated in national policies and initiatives of at least five countries while a number of cities have institutionalized the use of the tool to monitor and act on health inequities.

The Alliance for Healthy Cities and WPRO collaborated in the preparations for the Sixth Global Conference of the Alliance of Healthy Cities in Hong-Kong SAR in 2014, which included themes on HiAP

28 More information on Urban Health Equity Assessment and Response Tool available at: www.who.int/kobe_centre/measuring/urbanheart/en/
29 Colombia, Iran, Indonesia, Philippines, Sri Lanka
and age-friendly cities. The conference provided the opportunity to showcase WHO’s work on age-friendly cities, including efforts of the WHO Global Network of Age-Friendly Cities and Communities, and the ongoing development of an indicator guide for assessing the age-friendliness of city environments with a focus on physical accessibility and social inclusiveness. WPRO also developed a draft Regional Framework on urban health with strong focus on social determinants and health equity, which was discussed at a consultation for Member States in Manila in April 2015 and will be presented to the 66th session of the Regional Committee for the Western Pacific in October 2015.

In October 2015, AMRO/Colombia will host the fourth Regional Forum on Urban Health in Medellin, Colombia. Established by PAHO in 2007 to foster and facilitate dialogue with internal and external partners on urban health, the regional forum has proved to be an innovative platform to share cutting-edge knowledge, experiences and lessons learned and to strengthen South-South and North-South networking and collaboration. The central theme of this fourth Regional Forum will be on showcasing successful examples of HiAP implementation at the local level. As the Healthy Municipalities Network was established 25 years ago in direct response to the Ottawa Charter, the forum will also provide an opportunity to take stock of progress made as well as how to further strengthen this network over the next decade.

A know–how partnership between regions involved in the European Regions for Health Network was launched in 2014, with members committed to sharing what is working to implement cross sectoral investments for health and health equity and to accelerate policy impacts on social determinants at the regional level. Several publications synthesizing promising practices and lessons learned have been produced.

SECTION 3: Addressing social determinants and equity in health systems and programmes

Considerable achievements in the reporting period have also been made in better addressing social determinants and health equity in health systems and health programmes, both within WHO and at country level.

3.1. Capacity building and skills development

WHO advanced a step-wise review methodology to support national health programmes to improve equity results, close coverage gaps and better meet population needs. Drawing from the fields of social determinants, gender and human rights, the methodology engages a multi-disciplinary review team from national and subnational health authorities, research institutes and academia, civil society and the multilateral system. Using quantitative and qualitative data, teams analyse a programme in terms of the subpopulations being missed, the barriers they face, the drivers and mechanisms (causes) of the barriers,
and what can be done to respond. The results also lead to the identification of ways to adjust the routine planning, review and M&E cycles of the programme to address inequities on an ongoing basis.

Pilots of the review methodology are underway, including in Indonesia (since October 2014) and with Albania, Kosovo, Ukraine, Romania and Slovakia in the European Region (since February 2015), with further piloting planned in Morocco and Nepal. This work builds on previous national initiatives in Chile (2008-2010) and Spain (2010-2011), as well as by EURO with Bulgaria, Montenegro, the former Yugoslav Republic of Macedonia, and Serbia in 2012-2013.

Progress was made by WHO to integrate equity, gender, human rights and social determinants in its normative guideline development work, including in the 2nd edition of the WHO handbook for guideline development and the work of the Guidelines Review Committee.

In SEARO, Health Literacy Toolkits for Low- and Middle-Income Countries was published in March 2015, aimed at strengthening the capacity of people, institutions and professions to effectively participate in health systems. Staff from WHO in Bangladesh, Bhutan, India and Nepal received training on social determinants and HiAP. Workshops on leadership for health were provided to representatives of multisectoral partners from Bangladesh, Bhutan, Maldives, Myanmar, Nepal, and Thailand, and to health professionals and academics at the National Conference on Health Promoting Hospitals in Indonesia.

3.2. Initiatives, evidence and experiences in integrating social determinants and health equity

Significant work has been undertaken at global, regional and national level aimed at reorienting the health sector towards reducing health inequities.

In the African region, AFRO and the aforementioned technical expert group supported health equity analyses in four Small Island Developing States, with findings being applied to address NCDs and other priority conditions. Medical anthropologists conducted ethnographic studies to identify the key determinants of the Ebola Virus Disease (EVD) outbreak in the three affected West African countries of Guinea, Liberia and Sierra Leone. The findings were applied in community engagement interventions to address the cultural practices, beliefs and values linked to transmission of the EVD.

In the Americas, a joint declaration was signed between Argentina and eight Caribbean Community (CARICOM) countries for cooperation in the areas of medicines, prevention of HIV and other sexually transmitted diseases, transplants, chronic NCDs, and initiatives that address social determinants of health, including housing, education, employment and sanitation. The initiative will be channeled through the Caribbean Public Health Agency, with support from AMRO.

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31 Planned work in Nepal has been postponed indefinitely due to the earthquake in April 2015.
In EURO a series of policy briefs on integrating equity in public health programmes was launched, and have been used in country and multi-country policy dialogues to strengthen the equity focus of programs and reviews.\textsuperscript{34} In the Western Pacific Region, evidence to inform policy advocacy and dialogue was further strengthened through analysis of access to health services by cross-border migrants in Mekong countries.

Progress has also been achieved in integrating social determinants and equity issues into specific public health priority areas. For example, equity considerations and the role of social determinants have been explicitly described in several WHO nutrition guidelines,\textsuperscript{35} including iodine fortification of food grade salt, iron supplementation for postpartum women, nutritional care of children and adults with Ebola virus in treatment centres, delayed umbilical cord clamping, and point-of-use fortification with multiple micronutrient powders for infants and children. The inclusion of equity in the development of Cochrane and other systematic reviews of the effects of public health interventions in nutrition is informing the evidence-based guideline development process.\textsuperscript{36} A WHO series on equity-oriented implementation of nutrition interventions will be published in 2015, focused on the six global targets 2025 on maternal, infant and young child nutrition.\textsuperscript{37}

3.3. Technical developments on the ground

One example of national work is Canada’s efforts on health sector reorientation by testing, adapting, scaling up and sharing different public health tools and approaches for reducing inequities. Initiatives include: sharing equity sensitive interventions on the Canadian Best Practices Portal, and testing and scaling up innovative approaches to address health inequities related to priority public health issues with the Innovation Strategy and the Pathways to Health Equity for Aboriginal Peoples program; and building capacity through provision of skills building and tools by the National Collaborating Centres for Healthy Public Policy and Determinants of Health.

In May 2014, WPRO integrated social determinants (including HiAP) into a health system strengthening workshop at the subnational level in Mongolia. Cambodia, Lao People's Democratic Republic and Papua New Guinea tackled violence against women, with WHO support. As part of the previously mentioned prioritization of social determinants, the 10th Pacific Health Minister Meeting in 2013 included a technical session on progress and plans for scaling-up interventions on social determinants in the Pacific island countries and areas; framed the Healthy Islands vision as a critical vehicle for advancing national-level multisectoral actions; highlighted NCDs as an entry point for catalyzing action on social determinants and reducing health inequities; and showcased learnings from Urban HEART adaptation for island settings.

\textsuperscript{34}Available: www.euro.who.int/en/data-and-evidence/equity-in-health-project/policy-briefs


SECTION 4: Strategically aligning social and environmental determinants of health

Within WHO, there has been increasing acknowledgement and efforts to strategically align social and environmental determinants of health. This follows the approval of the 12th General Programme of Work 2014-2019 leadership priority that places social, economic and environmental determinants of health as key means for reducing health inequities. In November 2013, the Social Determinants of Health unit at headquarters was incorporated into the reformed Department of Public Health, Environmental and Social Determinants of Health (PHE). This organizational shift has been coupled with new concrete activities and projects aimed at streamlining social and environmental determinants in technical work, including in housing, water and sanitation and air quality as priority areas. Based on the existing work and in particular on the upcoming release of the WHO Housing and Health Guidelines, a series of projects are currently being developed to support Member States in their efforts to close the health equity gap through promoting healthy housing and urban conditions and to contribute to global poverty reduction efforts.

A similar strategic alignment was instituted in AMRO with the establishment of the Special Program of Sustainable Development and Health Equity in June 2013. In addition, a number of WHO Departments and Offices are using approaches and orientations for social determinants in their respective work to advance health outcomes and to identify and address health inequities.

There are numerous examples of WHO’s multisectoral involvement and approach in this regard. For example, in November 2013, EURO and the Environmental Health Directorate of Malta published the first national assessment report on the magnitude and distribution of environmental health inequalities in the Maltese Islands. Another example of that Regional Office’s contribution to a project was the joint funding, together with the European Commission, of the project Networking for Physical Activity. The project centres on the promotion of networking and action on healthy and equitable environments for physical activity, including through development of best practice examples and guidance and with a particular focus on children and socially disadvantaged groups.

In the Americas, AMRO has a forthcoming publication on Environmental and Social Determinants of Health, which has been developed with input from a range of agencies including UNDP as well as highly recognised experts and academics from the Region of the Americas. It is anticipated that the publication will be available in October 2015.

In the Eastern Mediterranean Region, WHO supported the publication of a report in Jordan on environmental health activities and social determinants. Assessments of poor urban areas were conducted in Aqaba and Amman, and a project on walking in the Amman green gardens was undertaken.

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as a means of addressing obesity. Similarly, Tehran’s use of Urban HEART in 32 districts identified specific priority problems and actions needed to redress health inequities, including relying on interventions for social determinants of health. In AFRO, HiAP was discussed during the joint meeting of Ministers of Health and Ministers of Environment, held in Angola in 2012 organized by UNEP and WHO, and yielded the Luanda Declaration on Health and Environment.

The healthy public toilets programme in Thailand has been used as a vehicle for the Ministry of Public Health to promote inclusive decision making and implementation through enhanced information sharing, empowering communities to find local solutions and fostering public-private and public-public cooperation initiatives. In Maldives, WHO and the national authorities strengthened multisectoral policy dialogue for health, including to finalize the *National Environmental Health Action Plan* with relevant national stakeholders and by aligning environmental with social determinants. A number of UN agencies, including WHO, have also been working in the Maldives to mainstream the Low Emission Climate Resilient Development (LECreD) multi-donor trust programme into local development planning and service delivery for greater community-level ownership and programme sustainability.

In the Western Pacific Region, teams on equity and social determinants and on environmental health collaborated in 2013 to integrate gender, equity and rights into a study of water safety planning (with case studies on Nepal, Bangladesh and Philippines). These informed the development of a draft guidance document on integrating equity, gender and rights considerations into water safety plans. A project on gender, women’s empowerment and exposure to second-hand smoke in Tianjin, China, provided an opportunity to reduce indoor air pollution.

**SECTION 5: Monitoring progress and increasing accountability for social determinants**

Monitoring progress and increasing accountability for social determinants of health has been demonstrated within WHO through three key processes. These three are related to: (i) on-going bi-annual qualitative monitoring of country efforts to implement the Rio Political Declaration and WHA65.8; (ii) technical guidance and tools on measuring and monitoring health equity, determinants and health impacts; and (iii) WHO monitoring functions.

**5.1. On-going monitoring by WHO on Rio Political Declaration action areas**

The provision of bi-annual reports such as this one is making a contribution to monitoring progress in implementing the Rio Political Declaration. The WHO Secretariat plans to continue to produce reports every two years as part of efforts to ensure monitoring and accountability, making the reports more systematic and rigorous over time – moving from activity reporting to reporting of implementation across the five Rio Political Declaration action areas. These reports will be complementary to the WHO biennial programming reporting, providing more in-depth information. They will integrate both WHO activities and measurement of country progress with respect to particular process-oriented frameworks (e.g. regional HiAP frameworks and the Global Master Plan for Training in HiAP).
These types of regional and global monitoring frameworks will enable much more rigorous monitoring at the country level. Such guiding frameworks exist in AMRO for HiAP, but their monitoring is still being operationalized. This experience can be expanded to other regions. In the other areas of the Rio Political Declaration, more sound monitoring frameworks with respect to Action Area 3 (reorienting health services) should be feasible within the next biennium, as will be a more sound framework for national progress monitoring and accountability systems.

Currently, rigorous, comprehensive analyses of country progress have only been undertaken by one country, the Government of Canada. This work has made a valuable contribution to this area. It includes a report published in 2013 documenting Canadian actions in the five Rio Political Declaration action areas. The report profiles evidence-based Canadian action on social determinants and serves as a foundation for Canada’s response to comprehensive Member State reporting in 2015. Work is underway on a pan-Canadian baseline monitoring report on health inequalities (expected completion in 2015) and report monitoring trends in health inequalities.

5.2. Technical guidance for measurement and monitoring at national levels

Special efforts have been made with respect to technical guidance at the national level.

Health equity

WHO has provided technical guidance regarding measuring and monitoring health inequalities, which helps to identify where inequalities exist and thus provides a basis for analyzing the drivers of health inequalities, including a broad scope of determinants of health. This guidance has been used to respond to country and municipal capacity building requests. Capacities have increased for monitoring trends in and impacts of social determinants of health.

A Handbook on health inequality monitoring: with a special focus on low- and middle-income countries, was published in 2013. This handbook aims to provide a comprehensive, practical and user-friendly overview to support countries to better monitor and evaluate their progress and performance and to use the results to formulate evidenced-based policies, programmes and practices to effectively tackle inequalities. Presentations based on the handbook and a booklet and series of videos illustrating fundamental concepts and using country information have been published and are available online.

Since 2013, training sessions have been run on the basis of the handbook at regional and national levels. Capacity for health inequality monitoring was strengthened in the Eastern Mediterranean Region (in particular in Egypt, Iran, Iraq, Jordan and Morocco), in the South-East Asia Region (in particular in Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor Leste), and in the Western Pacific Region (in particular in Cambodia, China, Lao People's Democratic Republic, Mongolia and Viet Nam).

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Assessment tools targeting urban settings (e.g. Urban HEART) have mutually informed and benefitted from this guidance. To complement the core indicators articulated in Urban HEART, WHO has recently developed an Urban Health Index, a method for aggregating urban health indicators into a summary measure to facilitate health equity analysis at the subnational or intra-urban level. A handbook and Excel tool for calculating the Index have been developed to support its use.41

WHO's Global Health Observatory houses the Health Equity Monitor, with data, country profiles and interactive visualizations on disaggregated health indicators from over 90 countries. The Global Health Observatory also contains disaggregated data for urban-level health.42 The forthcoming Report State of Inequality: reproductive, maternal, newborn and child health demonstrates best practices in reporting the results of health inequality monitoring, and introduces innovative ways to explore inequality data. Interactive data visualization components – including story-points, equity country profiles, maps and reference tables – accompany the key messages and findings of the report, allowing users to customize data displays and engage in benchmarking according to their interests. The WHO World Health Statistics continues to report socio-demographic indicators of which eight are broadly relevant to the social determinants context and conditions in countries.

WHO also developed new guidance on establishing public health observatories at the local level, with a special emphasis on social determinants of health and equity. It drew on the experiences of observatories from different regions of the world which successfully documented the social determinants of health and equity in their locality, and used it as leverage for policy interventions.43

Health determinants and the impacts of determinants on health and equity

WHO is developing guidance on comprehensive measurement, monitoring and analytical approaches for determinants and the impacts of determinants on health. Work is underway to develop an Equity-oriented analysis of linkages between health and other sectors (EQuAL) framework abbreviated to the “EQuAL opportunities for health framework”. A scoping of areas for recommendations has been conducted with respect to: ensuring complementarity with different monitoring frameworks; identifying domains to cover; identifying promising indicators criteria and related actual indicator sets; and scoping potential processes where existing measurement, monitoring and evaluation can be improved with harmonization, guidance and tools. Work thus far includes expert meetings, review of indicator selection processes at regional level and for Urban HEART, commissioned analyses and literature reviews and feasibility assessments in four countries, being Bangladesh, Brazil, South Africa and Viet Nam. Results of this work will be summarized in a Special Supplement of the journal Global Health Action, covering the methodology and findings.

42 Available: www.who.int/kobe_centre/measuring/urban_health_observatory/en/
The EQuAL opportunities for health framework is proposed as complementary to UHC monitoring, the key components of which are UHC service and financial protection coverage indicators. Alongside this, the EQuAL framework will enable different actors, governments, health programme leaders and citizens to pinpoint barriers to service access (looking beyond insurance and other forms of financial protection). The framework also encourages a health promotion focus in universal service provision.

The work on EQuAL will also serve as background for future work in 2016-17 related to both national guidance and for improving WHO systems for monitoring health determinants. A WHO web page is also being developed to house materials targeting countries, and relevant to the agenda of monitoring intersectoral factors (from the fields of social determinants, gender equality and human rights) in relation to progress to improve equity in UHC and population health status.

5.3. WHO global and regional comprehensive monitoring systems

Monitoring social determinants of health and health equity requires a system that takes account of key points in the causal chain: determinants, barriers to health service access and health outcomes. In view of frequent time delays between action and health effects, it is also important to monitor policies and their implementation.

In WHO headquarters, reporting (World Health Statistics) and analysis has focused on the social gradient in health outcomes as seen in the Health Equity Monitor. Now work is underway to improve existing comprehensive datasets with information on health determinants, with a particular focus on societal level factors affecting health (including findings from EQuAL framework regarding related indicators for gender equality and human rights, where feasible). The promising sets of indicators sourced through the EQuAL opportunities for health project are being considered for integration on the Global Health Observatory and in the World Health Statistics publications, as well as in the development of standard country profiles. These sets of indicators need further technical discussion and analysis across WHO regions and with larger groups of external experts.

In regions, opportunities also exist for improvements in routine statistical reports of headquarters and most regions. Some regions are moving in this direction. For example, in EMRO, the 2013 report, Demographic, Social and Health Indicators for Countries of the Eastern Mediterranean is being assessed with respect to contributing to understanding the impacts of broader determinants. All regions will be invited to review their monitoring in light of global efforts to harmonize and make explicit the criteria for indicator selection.

The European region is an example of where a regional process has been undertaken to develop a common set of social determinants indicators that are nationally relevant. This process culminated in 2014 with two consultations to identify a short-list of objective well-being indicators that take account of social determinants and health equity (and complement the subjective well-being indicator already adopted). This monitoring will be linked to the Health 2020 framework. The indicators identified also

44 The report is available at: http://applications.emro.who.int/dsaf/EMROPUB_2013_EN_1537.pdf
constitute promising indicators of important determinants of health pathways as reviewed in the EQuAl framework.\textsuperscript{45}

Other regions have moved towards explicit identification of social determinants of health indicators. In WPRO, country profiles are being developed and a fact sheet was published in 2014 describing important social factors using various indicators of determinants impacting gender roles and health. A similar fact sheet on health equity and a regional review on equity and childhood overweight are being finalized. In SEARO, an expert meeting in 2012 to review the capacity gaps and understanding of health equity and health impact assessment has resulted in new initiatives to strengthen capacity on health impact assessment and equity measurement in the region. A regional workshop to build capacity for health impact assessment will be held in 2015.

These global and regional monitoring initiatives are influencing the establishment of health observatories within countries and municipalities. A number of initiatives at national level related to monitoring social determinants trends and progress were undertaken. For example, a national health observatory system was established in the Islamic Republic of Iran. In Bhutan, a nation-wide quality of care assessment for unreached populations in rural and urban areas will inform changes to strengthen UHC and health system functions in the country. Local initiatives mentioned above hold promise to achieve the same goals.

In summary, in the context of the multiple different developments across regions and the global Sustainable Development Goals, more guidance is needed from WHO concerning the appropriate linkages between health information systems with monitoring health determinants (including environmental determinants) across sectors, and the roles of communities. Guidance will be needed on technical properties of indicators and information systems, with regard to the use of information for accountability purposes, and with respect to areas for further research and data collection that is harmonized with data gathering for other development objectives.

\textbf{5.4. Monitoring in the WHO 2016-17 programme budget}

Within WHO, the 2016-17 programme budget for social determinants of health (Programme Area Network 3.4) includes a new outcome (3.4.3) on monitoring trends and progress and the impacts of health determinants on equity, and actions by the health sector to deal with broader determinants.

A large meeting of experts is envisaged to give more profile to technical guidance in relation to analysis, indicators and tools for national level equity-oriented assessment of health determinants, as well as with respect to global and regional monitoring functions for health. As mentioned, the focus is on comprehensive analysis, assessment of health determinants – cutting across environmental and social

\textsuperscript{45} Indicators include: GINI coefficient; unemployment rate; percentage of primary school-age children not enrolled; availability of social support; percentage of population with improved sanitation facilities; percentage of people aged 65 and over living alone; total household consumption, and; at least completed secondary education. See more details of the European region consultation at: http://www.euro.who.int/en/health-topics/health-determinants/social-determinants/publications/2014/second-joint-meeting-of-experts-on-targets-and-indicators-for-health-and-well-being-in-health-2020.-london.-united-kingdom.-34-april-2014).
conditions of populations, and the differential factors affecting health equity. This is linked to, but distinguished from, focused efforts to monitor specific determinants in detail (e.g. water and sanitation, air pollution, housing). The key focus will be how to assess the composite of trends and progress in determinants of health and health equity as a whole, and thereby linked to the Sustainable Development Goals, and complementing the global framework for monitoring UHC.

SECTION 6: Working across the United Nations system on social determinants and health equity

The World Health Organization participates in many cross-cutting activities, including collaboration within the United Nations system and with other intergovernmental organizations on advocacy, research, capacity building and direct technical support on social determinants and health equity.

In September 2013, alongside the 68th UN General Assembly, the Roll Back Malaria Partnership and UNDP, in collaboration with a range of agencies, launched a Multisectoral Action Framework for Malaria. The framework calls for greater coordinated action among different development sectors to tackle the disease and is informed by a social determinants and health equity approach. Efforts are ongoing to ensure that the framework will be reflected in the discussions and outcomes of the Sustainable Development Goals, the Global Malaria Action Plan for 2016-2025 and national malaria strategies. Partners involved in this ongoing collaboration through a Contact Group on Multisectoral Action on Malaria include FAO, IOM, UNDP, UNEP, UN Habitat, UNICEF, the World Bank and WHO, among others.

During 2014, the multisectoral perspective was highly profiled in the regional and national consultations which prepared the Roll Back Malaria Action and Investment to Defeat Malaria 2016-2030. The action framework is being used to support the development of operational inter-linkages between malaria control and elimination targets and key agendas in the Sustainable Development Goals, including climate change, sustainability of agriculture, water management and human settlements. Also, a Monitoring & Evaluation Subgroup of the Contact Group on Multisectoral Action on Malaria was formed, which helped develop a comprehensive M&E framework that comprises some 20 indicators, and related targets and milestones, on process, outcome and impact aligned to the relevant Sustainable Development Goals. Several targets cover action on social and environmental determinants of malaria.

Also in 2013, UNDP published a discussion paper on addressing the social determinants of NCDs that focuses on possible multisectoral actions and a framework on specific areas and opportunities for actors

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outside the health sector. UNDP organized a four-session webinar series in 2014 on NCDs and development, in partnership with other agencies including WHO, AMRO and the WHO Framework Convention on Tobacco Control Secretariat. A 2014 study on the way the social, economic and environmental determinants of health were addressed in UNDP’s project portfolio in Eastern Europe and Central Asia examined the extent to which development practitioners addressed health inequities and recommended deeper integration of these issues into UNDP’s work on the ground, including in coordination with other partners.

In 2013, a mission to Rwanda to prepare for joint work by the UN on social determinants of health in that country took place, as part of the UN Platform on Social Determinants of Health (an informal mechanism to provide coordinated support to Member States with implementation of the Rio Political Declaration; see previous WHA report A66/15). The mission identified priority health issues requiring multisectoral actions. Subsequent missions to Mozambique in September 2014 and Surinam in May 2015 were organized in coordination with UN Country Team partners and identified and developed priority areas of collaborative work on social determinants to address health inequities. In Maldives, a HiAP approach has been integrated into the UN development action framework (UNDAF) for the country development plan and WHO Country Cooperation Strategy. In the Islamic Republic of Iran, strong leadership and commitment of the government on social determinants and health equity is being supported by coordinated UN Country Team action.

The aforementioned UN Regional Thematic Group on Noncommunicable Diseases and Social Determinants of Health in the European Region and the Pacific UN Interagency Task Force on NCD (UN-PIATF) in the Western Pacific region, provides further examples of efforts to strengthen the coherence and impact of UN programmes across multiple sectors to address priority health issues intersectorally.

In South America, in the plan of action for 2010–2015 of the Union of South American Nations (UNASUR), social determinants are among the five priorities. The Mercosur (Mercado Común del Sur) created an Intergovernmental Commission on Health Promotion and Social Determinants of Health.

Much work under the auspices of the UN Secretary-General’s Global Strategy for Women’s and Children’s Health (2010) and its accompanying Every Woman, Every Child initiative are recognizing the importance of health and health equity determinants. Two highlights from the previous two years are noted. Led by WHO and UNICEF, Every newborn: an action plan to end preventable deaths, was published in 2014 by WHO, and has a strong focus on equity and determinants. Given the growing recognition of the impact of health-enhancing sectors on improving maternal, child and adolescent health, an interagency working group led by UNICEF and UN Women was tasked to prepare a background paper on ensuring multi-sectoral action on the key socioeconomic, political and

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environmental determinants. This work is reflected in the zero draft of the *Global Strategy for Women’s Children’s and Adolescents’ Health*.

The WHO End TB Strategy and Targets approved by the World Health Assembly in May 2014 makes explicit reference to the need to address the social determinants on tuberculosis, including with a focus on vulnerable populations and through working intersectorally, including across fields such as social protection, labour, immigration and justice.

*The World Report on Ageing and Health* is being developed by WHO in collaboration with a network of partners globally (anticipated publication in October 2015). The report positions health equity as interconnected and inseparable from healthy ageing and attempts to take account of key social determinants. It will be informed by a series of background papers, including one paper providing a summary of the evidence and proposed actions related to equity, as well as other background papers addressing the underlying determinants of health and health equity in older ages, for example gender and ageing, and the right to health of older people (WPRO is leading the development of both these papers). The report and networks will lead the development of the Global Strategy and Action Plan on Ageing and Health to be presented in 2016.

**CONCLUSION AND LOOKING FORWARD**

This report provides an overview of the main developments in key areas related to the Rio Political Declaration and subsequent resolution WHA65.8 during the period May 2013 to May 2015. Within the context of widening inequities, both within and between countries, and the debates on ways of reducing them, this report provides evidence of the increasing political commitment to and action on social determinants of health to address health inequities at global, regional and country levels. The report showcases the broad and diverse range of initiatives that have been undertaken and the considerable progress and achievements that have been made in recent years.

The Rio Political Declaration and other global health commitments provide a critical platform for increasing political will and action in this area. Many efforts and initiatives, however, that respond to social determinants, improve health and well-being and address social inequities do not do so within an explicit “social determinants of health” framework or platform; but rather from a broader development perspective and approach. Capturing the full spectrum of such progress as it relates to social determinants and health equity is not within the scope of this document, but would be subject for a more comprehensive report.

The global health and development community, including Member States and regional governments and bodies, widely recognize the need to scale up action on the social determinants and health inequities. Efforts are focused on moving from an understanding of the role of social determinants on health and health inequities, to concrete, evidence-based action, which depends on both political commitment and institutional capacities to implement and monitor public policies addressing the determinants.
There are an increasing number of regional and country level political initiatives and commitments that are being followed by much operational and implementation action on the ground, across the different action areas of the Rio Political Declaration. Comprehensive country strategies and plans that are integrated with overarching national development, economic and health system strategies are crucial and further efforts are needed in this regard. Regional strategies and action plans are having a profound influence on advancing progress towards this end and their implementation and monitoring as well as the sharing of experiences and lessons learned should be strongly supported.

In response to global mandates and demands from Member States and other agencies for technical guidance and support, WHO is continuing to strengthen its technical capacities across all three levels of the Organization. A key current focus is on the development, piloting and roll-out of practical tools and guidance to support concrete action at regional, national and subnational level. Taking action on and monitoring the social determinants of health and health inequities is complex and adaptation of materials to regional and national contexts is imperative.

More broadly, it is critical that the sustainable development goals, universal health coverage agenda and other key strategic agreements and commitments position equity centrally in their goals, implementation plans and monitoring and evaluation frameworks. Doing so requires that corresponding strategies, policies and operational plans and processes take account of the complex influence and mechanisms through which social and environmental determinants impact health equity and outcomes.

Action on the social determinants and health equity relies heavily on the dedication and expertise of innumerable collaborating partners, networks and stakeholders. These stakeholders support the development and implementation of concrete strategies, programmes and activities within countries and regions, and the promotion and advancement of technical materials, evidence and know-how for action. Proponents of this agenda – including within Member States, UN and multilateral system agencies, academic and civil society – must continue to inform, guide and pressure dialogue and development processes to improve health and health equity for all.
ANNEX 1: List of recent WHO publications on social determinants of health and health equity

WHO Headquarters

Resources related to Health In All Policies and intersectoral action for health

Health in All Policies Training Manual, key messages, infographic on air pollution and feature story on addressing childhood obesity in Finland (2015)
www.who.int/social_determinants/publications/health-policies-manual/en/

The Social Determinants of Health Sectoral Briefing Series (2011-2014)
- Housing: http://apps.who.int/iris/handle/10665/44705
- Social Protection: www.who.int/iris/handle/10665/44876
- Energy: www.who.int/iris/handle/10665/91591
- Education: www.who.int/iris/handle/10665/44737
- Transport: www.who.int/iris/handle/10665/44749


Health in All Policies with an equity lens (2013)
1. Practising a health in all policies approach: lessons for universal health coverage and health equity: a policy briefing for ministries of health based on experiences from Africa, South-East Asia and the Western Pacific
http://apps.who.int/iris/bitstream/10665/105529/1/9789241506632_eng.pdf?ua=1&ua=1

2. Demonstrating a health in all policies analytic framework for learning from experiences: based on literature reviews from Africa, South-East Asia and the Western Pacific
http://apps.who.int/iris/bitstream/10665/104083/1/9789241506274_eng.pdf?ua=1&ua=1

3. Moving towards health in all policies: a compilation of experience from Africa, South-East Asia and the Western Pacific
http://apps.who.int/iris/bitstream/10665/105528/1/9789241506595_eng.pdf?ua=1&ua=1

Intersectoral action for health and path for policymakers to implement effective and sustainable action on health (2011)
www.who.int/kobe_centre/interventions/intersectorial_action/ISA/en/

Resources related to integrating social determinants and equity into health systems and programmes

5-step review of national health programmes: To strengthen the focus on equity, social determinants of health, gender and human rights. Training manual. (forthcoming). [Contact focal point in your region for further information.]

http://apps.who.int/iris/bitstream/10665/85689/1/9789241505567_eng.pdf
**Resources related to enhancing pro-equity linkages between social and environmental determinants of health**

Housing and health guidelines (2015)
[www.who.int/hia/housing/en/](http://www.who.int/hia/housing/en/)

The Social Determinants of Health Sectoral Briefing Series (2011-2014) - Housing
[http://apps.who.int/iris/handle/10665/44705](http://apps.who.int/iris/handle/10665/44705)


**Resources related to monitoring and measuring health determinants and barriers**

Monitoring Health Determinants for Equity (WHO forthcoming)

Urban health index (2014)

Handbook on Health Inequality Monitoring with a special focus on low- and middle-income countries (2013)
[http://apps.who.int/iris/bitstream/10665/85345/1/9789241548632_eng.pdf](http://apps.who.int/iris/bitstream/10665/85345/1/9789241548632_eng.pdf)

Urban Health Equity and Assessment Response Tool (Urban HEART) (2012)

**Other selected resources on social determinants of health**

[www.who.int/social_determinants/corner/en/](http://www.who.int/social_determinants/corner/en/)


Social determinants approaches to public health: from concept to practice, a collection of 13 case studies addressing social determinants of health (2011)

The Rio Political Declaration on the Social Determinants of Health (2011)
[www.who.int/sdhconference/declaration/en/](http://www.who.int/sdhconference/declaration/en/)


Kobe Call to Action (addressing health inequities in cities, and social determinants of health) (2010)
[www.who.int/kobe_centre/publications/kone_call_to_action_en.pdf](http://www.who.int/kobe_centre/publications/kone_call_to_action_en.pdf)
Closing the gap in a generation: Health equity through action on the social determinants of health (2008)
www.who.int/social_determinants/thecommission/finalreport/en/

Addressing social, economic and environmental determinants of health and the health divide in the context of sustainable human development. UNDP (2014)


WHO Regional Office for Africa

http://apps.who.int/iris/bitstream/10665/137377/4/9789290232612.pdf?ua=1%20&ua=1

A Decade of WHO Action in the African Region: Striving together to achieve health goals (2014)
www.afro.who.int/index.php?option=com_docman&task=doc_download&gid=9506&Itemid=2593

Case studies: Country experiences in addressing social determinants of health (2013)

www.afro.who.int/index.php?option=com_docman&task=doc_download&gid=9314&Itemid=2593

Health promotion: Strategy for the African Region (2013)
www.afro.who.int/index.php?option=com_docman&task=doc_download&gid=9283&Itemid=2593

African Health Monitor Issue #16: Key determinants for health in the African Region (2013)

A strategy for addressing the key determinants of health in the African Region (2010)
www.afro.who.int/index.php?option=com_docman&task=doc_download&gid=5621

WHO Regional Office for the Americas

www.who.int/nmh/events/WHO-discussion-paper2.pdf?ua=1&ua=1


Plan of Action on Health in All Policies (2014)


WHO Regional Office for Europe


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Governance for health equity – Taking forward the equity values and goals of Health 2020 in the WHO European Region (2014)
www.euro.who.int/__data/assets/pdf_file/0020/235712/e96954.pdf?ua=1

Smart governance for health and well-being: the evidence (2014)
www.euro.who.int/__data/assets/pdf_file/0005/257513/Smart-governance-for-health-and-well-being-the-evidence.pdf?ua=1

Positioning health equity and the social determinants of health on the regional development agenda. Investment for health and development in Slovenia (2014)


Guidance for addressing inequities in alcohol-related harm. (2014)
www.euro.who.int/__data/assets/pdf_file/0003/247629/Alcohol-and-Inequities.pdf?ua=1

www.euro.who.int/__data/assets/pdf_file/0011/247637/injuries-090514.pdf?ua=1

Obesity and inequities. Guidance for addressing inequities in overweight and obesity. (2014)

Guidance for addressing inequities in tobacco-related harm. (2014)
www.euro.who.int/__data/assets/pdf_file/0005/247640/tobacco-090514.pdf?ua=1

Tackling health inequities: from concepts to practice. The experience of Västra Götaland (2014)
www.euro.who.int/__data/assets/pdf_file/0004/256783/Tackling-health-inequities-from-concepts-to-practice-The-experience-of-Vastra-Gotaland.pdf?ua=1

Second joint meeting of experts on targets and indicators for health and well-being in Health 2020. London, United Kingdom (2014)
www.euro.who.int/__data/assets/pdf_file/0008/253673/Meeting-Report-April-meeting-final-WEB.pdf?ua=1

First joint meeting of experts on targets and indicators for health and well-being in Health 2020. Copenhagen, Denmark (2013)
www.euro.who.int/__data/assets/pdf_file/0003/186024/e96819.pdf?ua=1

Opportunities for scaling up and strengthening the health-in-all-policies approach in South-eastern Europe (2013)
www.euro.who.int/__data/assets/pdf_file/0006/186063/e96821.pdf?ua=1

www.euro.who.int/__data/assets/pdf_file/0006/199536/Health2020-Short.pdf?ua=1

WHO Regional Office for Eastern Mediterranean

http://applications.emro.who.int/docs/Technical_Notes_EN_16287.pdf

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