

**MEETING OF THE COMMISSION ON THE SOCIAL DETERMINANTS OF
HEALTH
8TH MEETING
VANCOUVER, CANADA
JUNE 7-9, 2007**

Objectives

- a. Consultation with Canadian Government
- b. Consultation on indigenous health
- c. Expert comments on interim statement

Session 2 - Report on the National Academy of Sciences Workshop on the Social Determinants of Adult Health and Mortality, Washington DC, 22 May 2007

Presenter: Commissioner [Gail Wilensky](#)

The CSDH recognizes aging as a critical issue and has engaged the support of the National Academies of Science to set up a panel meeting of experts in the field. An open letter to Commission identifying the key areas of concern and areas for intervention was sent. The following series of papers were presented in May in Washington DC:

1. Disability in late middle age and after in low and middle-income countries: A Summary of Some Findings from the Disease Control Priorities Project (DCPP);
2. Reducing the Risk of Falls and Fall-related Injuries among Older People;
3. Innovation in Chronic Illness Care for Older Adults: Principles That Can Promote Progress Worldwide;
4. The Impact of the PROGRESA/Oportunidades Intervention on Health and Related Outcomes for the Aging in Mexico;
5. Technological Innovations and Healthcare.

The papers produced some useful material for the Commission to take further, in particular the focus on early late-age disability (in addition to mortality) in low and middle income countries, and the impact of conditional cash transfer programmes aimed at the improvement of children's welfare in poor households with older household members. However, more works is needed to find appropriate ways to develop the material for use in the CSDH final report.

The key audiences for material on the social determinants of adult health and mortality will be WHO, Ministries of Finance and aid donor agencies, among others.

Commissioners noted that ministers of developed countries are ill prepared to care for the elderly and the issue presented a major crisis in high income countries. Aging was also an issue for developing countries as it presented challenges, e.g. elderly people going without pensions. It was pointed out that the Commission should include the issue in its final report and its recommendation on aging should be more globally applicable.

Session 3

Report on the International Symposium on the Social Determinants of Indigenous Health, Adelaide, Australia, 29-30 April 2007

Presenters:

*Bernice Downey
Lucia Ellis
Shane Houston*

A point was made that the focus was on 'Indigenous peoples' not 'Indigenous populations'. Plural (peoples): as the indigenous peoples are not a homogenous entity. Yet, there was recognition that there were common values and experiences of struggle that created a sense of global family among the indigenous peoples. It was important to think about aboriginal issues in and of themselves as roots of exclusion were unique (rather than under umbrella of Social Exclusion Knowledge Network). Also, while it was true that some people tried to bridge the gap and be included, the indigenous people did not want to be equal to mainstream in all ways. Presenters stressed that action on improving the health of indigenous peoples could benefit everybody. "The longer it takes to make change, the more difficult it will be to make change". A request was made for the CSDH to adopt the Right to Health approach.

[Presentation Report](#)

Session 4 - Interim statement: comments by experts

Six experts presented comments on the interim statement. Experts included Pascale Allotey, Sudhir Anand, Debabar Banerji Adrienne Germain Godfrey Gunatilleke Richard Horton. Their comments were carefully considered and discussed by commissioners and observers.

Session 5 - Closed

Session 6 - Update on CSDH civil society work stream

Presenter: Amit Sengupta

A broad overview of the civil society report was presented. It traced back the social determinants of health approach to the Alma Ata Declaration of 1978 and stressed that the CSDH final report should "examine the dominant cause for the failure and virtual abandonment of the vision in the Alma Ata Declaration and the Primary Health Care concept". It also stressed the need to define health not just as a "good" but as global public good and a fundamental human right. It also highlighted the negative effects of the IMF and World Bank and the rise of neo-liberalism on people's health. The CS draft report welcomed the CSDH focus on addressing inequity. The presentation also outlined CS position on "key" social determinants of health, including globalization, health systems, gender, employment conditions, war and militarization, food security and nutrition, and urbanization and urban settings.

Presentation

Session 6 - Presentation of social determinants of health in countries in conflict and crises: the Eastern Mediterranean perspective

Presenter: Mohammad Assai

Six countries in the Eastern Mediterranean Region (EMR), with a total population of around 100 million, are in a state of crisis as a result of armed conflict and/or occupation. The presenter explored the impact of these crises on health status.

Presentation

Report

Lunch presentation: New life for primary health care: the social determinants of health

Presenter: Mirta Roses Periago

New focus on the SDH and human development recognizes that health has become central to the development agenda because:

- It is a basic human need
- It is indispensable for the existence and persistence of democratic societies
- It is a fundamental human right

Any attempt to improve health must be linked to the broader economic, social and political context, and needs to ensure the inclusion of multiple actors and sectors. For the past 30 years, primary health care (PHC) has been struggling to be recognized as a key component of effective health systems.

In the Pan American region, there are still unacceptable, avoidable and unfair disparities to overcome within and among the countries of the America.

PHC is a useful approach for equitable health and human development since it calls for more attention to the operational and structural needs of health systems (access, sustainable increased resources, political commitment, quality of care, social empowerment and citizen satisfaction). PHC is more than the provision and development of basic health services – it requires mobilization of available resources to address the needs of the population with a focus on equity and social justice. PAHO understands PHC as an integral part and the axis for the development of health systems and considers the building of health systems based on PHC as the most appropriate path to produce equitable and sustainable improvement in the health of the people of the Americas.

Principles of a PHC-based health system includes:

Responsiveness to people's health needs in the most comprehensive way possible (centered on people and taking into account the physical, mental, social and emotional dimensions).

Government accountability (social rights are realized and enforced and citizens are protected from harm).

Quality-oriented services respond to and anticipate people's needs.

Social justice (focus on the most vulnerable groups and on equity)
Sustainability (strategic planning and long-term commitments).
Intersectoral work (work in collaboration with various sectors and actors with the goal of maximize contribution to health and human development).
Social and individual participation (involve citizens in decision-making about resources, defining priorities and ensuring accountability).

In the past few years, the Region has faced considerable changes:

- Rapid and unplanned urbanization
- Structural changes in health systems
- Climate changes
- Demographic transitions
- Increased inequity and poverty

These changes require a new approach to address the health problems afflicting the population of the Region.

One of the most effective approaches is to consider PHC in its wider concept, embracing health promotion and prevention, care and rehabilitation, active and conscious citizenship and community engagement to produce and sustain better health for all ages

[Presentation](#)

Session 7 - Closed

Session 8 - Discussion with Canadian officials

[Tony Clement \(Speech\)](#)

David Butler-Jones
Wilbert Keon
Sylvie Stachenko
Monique Bégin

Dr Keon reported on the Senate Subcommittee:

He mentioned that the Senate was well positioned to influence the government. For practical purposes, it saw its role as assisting all the agencies, and scientists, and health workers and philanthropists. He said the Senate hoped to assist these organizations with the translation of knowledge on the social determinants of health into policy and practical implementation programs.

Important pillars in the Canadian Action plan focused on:

- Synthesizing learning related to community-based programming related to children, aboriginal health, that use the SD principles
- Focus on 'the how' in intersectoral action for health
- Civil society participation
- Making the case -- the economic argument.

- In taking their plan forward, they made use of their substantial knowledge infrastructure.

[Presentation](#)

[Presentation](#)

Session 9 - Preparation for future CSDH Meetings

The 9th Commissioners' meeting will be held in Beijing, China, from the October 24 to 26.

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