



# CSDH Newsletter

COMMISSION ON SOCIAL DETERMINANTS OF HEALTH

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## INVESTING IN THE FUTURE OF CHILDREN

### *Why early child development matters as a social determinant of health?*

*What is the Commission's approach to early child development? How different is the Commission's focus to what other leading organizations in child development are already doing? These are some of the questions addressed in this issue of the newsletter.*

Children from around the world, between the ages of 7 and 11 years, were asked to express their wishes for a newborn baby's future.

Some of their wishes were: "I hope you live without war, I hope you will always listen to your heart, I hope you will read lots of books, I hope you will be happy."

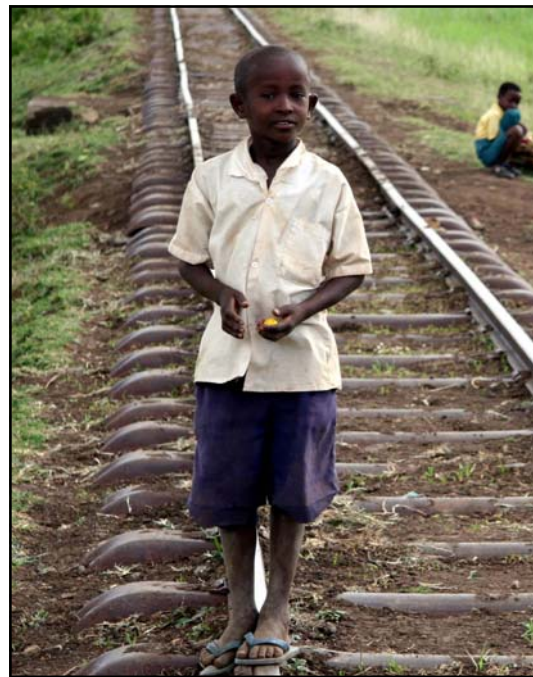
The children's wishes are simple and touch on some of the fundamental principles that make up the Commission on the Social Determinants of Health's global vision for early child development. Early Child Development (ECD) is one of the Commission's key themes organized under its nine Knowledge Networks (KNs).

The networks are focused on equity. Their purpose is to consolidate existing knowledge to inform policymakers of opportunities for improved action in specific areas. The KNs themes include: globalization; health systems; urban settings; measurement and evidence; women and gender equity; social exclusion; employment conditions; and priority public health conditions.

Leading the Commission's work on ECD is Dr Clyde Hertzman, based at the Human Early Learning Partnership, University of British Columbia.

The ECD network will compliment the work of organizations such as UNICEF and World Health Organization's Department of Child and Adolescent Health and Development. Dr Meena Cabral de Mello is the WHO technical focal point in this network.

"Our work is intersectoral because we are equally interested in early child development across three broad domains that encompass the work of all agencies:



WHO/Stephenie Hollyman

*Over 40% of the global burden of disease attributed to environmental factors falls on children below five years of age.*

physical health and well-being, social-emotional, and language/cognitive. Thus, the ECD hub's work spans the interests of other organizations and can serve as a glue that can help bring them together in common purpose," Hertzman explains.

The networks are not the only method of gathering useful knowledge for policy change. Governments and civil society are key to the process of the Commission which was launched in March 2005.

It is at the forefront of a global process of organizing the existing knowledge on social determinants of health to support public policies and practices aimed at minimizing health inequities.

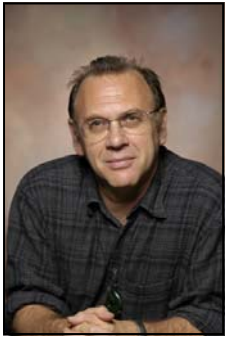
### INSIDE THIS ISSUE:

Commission's take on Early Child Development - Dr Clyde Hertzman explains. 2

Brazilians tackle the social determinants of health. 3

Commissioner Steven Lewis launches programme to boost the care of Aids orphans. 4

# CHILD DEVELOPMENT ON THE GLOBAL AGENDA



**Clyde Hertzman, leader of the ECD Knowledge Network hub, spells out the focus of the early child development KN. He is currently the Director of**

**HELP, the Human Early Learning Partnership of the University of British Columbia. He is also a Fellow of the Canadian Institute for Advanced Research and holds a Canada Research Chair in Population Health and Human Development.**

## What is the mission of the ECD Network?

The broad mission of the ECD Knowledge Network is to make early child development a central principle in the domestic and international development agenda. It aims to align the existing international agendas for the 'rights

of the child,' 'child survival,' 'gender equality' and 'access to education'.

## How do you operate as a network?

We engage researchers, policy makers and agencies that connect the developed and developing worlds and involve people from different sectors with expertise on the subject from prenatal stages to eight years of age. Our aim is to build an international consensus on the scope of early child development.

We want to build a foundation of understanding and to track developments in ECD globally, make comparison of ECD across societies and initiate research and development of globally-applicable ECD evaluation tools.

## What are your aims and goals?

The network will create a single modifiable standard for assessing ECD around the world. It will promulgate a method of assessing the state of early child development on a population basis and create an understanding of why having a comparable approach throughout the

world is important. It will highlight successes in the wealthy and developing worlds.

The primary purpose of highlighting successful societies will be to illustrate to a health-oriented audience how the right mixture of social policies and inter-sectoral collaboration can work to support child development and health.

## What is your approach to the global challenges in ECD?

The network will emphasise the unique ways that determinants of ECD play out in different societies.

For instance, in many societies basic child survival, child slavery, or warfare are the dominant challenges for ECD.

We will articulate a strategy for maintaining a global unity of focus on ECD while emphasizing different major challenges in different places.

Ultimately, we aim to create a simple web-based system of access to the global knowledge base on 'what works' to improve ECD.

## Facts about early child development as a social determinant of health

- ⊕ Brain and biological development during the first years of life depends on the quality of stimulation in the infant's environment - at the level of family, community, and society. Early child development, in turn is a life long determinant of health, well-being, and learning skills. Taken together, these facts make early child development a social determinant of health.
- ⊕ Addressing ECD means creating the conditions for children prenatal to 8 years to thrive *equally* in their physical, social/emotional, and language/cognitive development.
- ⊕ Safe, cohesive, child-centred neighbourhoods, communities, and villages matter for early child development.



- ⊕ In order to improve the state of early child development, global communities need to continuously improve the conditions for families to nurture their children by addressing economic security, flexible work, information and support, health and quality childcare needs.

- ⊕ Barriers of access to programs and services that have been demonstrated effective in supporting physical, social/emotional, language/cognitive development for ECD need to be removed.
- ⊕ Children require stimulating, supportive and nurturing care when their parents are not available. High quality childcare and early childhood education can improve children's chances for success in later life.

### Source:

Early Child Development  
 Website: [www.earlylearning.ubc.ca/who](http://www.earlylearning.ubc.ca/who)  
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# Brazil takes steps to reduce health disparities

In March, the Brazil Commission on Social Determinants of Health was launched to address inequalities and develop innovative ways to improve the health of the population.

Disparities in health are a major challenge for the country. According to the Brazilian Commission, a child of a woman with one or less years of education is 23 times more liable to be illiterate at the beginning of adolescence than the child of a woman with 11 years of education or more.

Not only is the income of the richest 20 percent of the population 26 times larger than the income of the poorest 20 percent, but also 24 percent of the economically active population earns less than two dollars a day.

The Commission seeks to:

- Improve the quality of socio-demographic data collected so as to facilitate the monitoring of social inequalities in health.
- Include the social determinants of health and the consequences of inequity in the training of health professionals.



- Mobilize civil society to safeguard equity as a principle and ensure its implementation in public policies.

- Create intersectoral *fora* to debate and establish ways for tackling social determinants, including discussing models for short-, mid- and long-term policies.

- Finance research and support the training of researchers in the area of social determinants of health. There are 17 Commissioners, representing different sectors of society.

In a video recorded statement, WHO Director-General Dr LEE Jong-wook said the launch was positive for regional actions on social determinants of health.

“This creative effort in Brazil should give impetus to a widening process of systematic action on social determinants of health. This will require countries to support each other, so as to sustain the impact of government policy and efforts to achieve fair health opportunities.”

## Ontario—seeking effective ways to improve health

Despite Canada’s relative affluence, inequalities in health persist. Low-income, homelessness, limited education, immigrant status, aboriginal status, racial minority status, language barriers and work-related stress are some of the factors usually correlated with below-average health status.

From June 7-9, the Association of Ontario Health Centres (AOHC) will host a three day conference titled “*Paths of Inequity, Vehicles for Change: Taking Action on the Social Determinants of Health.*”

Delegates will address the impact of social determinants of health and develop strategies aimed at enhancing health equity in Canada and abroad.

With a total population of 12.6 million (roughly 39% of the Canadian total), Ontario has the largest number of immigrant families in the country. Nearly 1 in 3 Ontarians were born outside Canada. Over 30-years, their health has been ensured through the efforts of the Ontario’s Community Health Centres (CHCs) and Aboriginal Health Access Centres (AHACs).

The centres provide primary health care and support to diverse families and communities for whom various societal barriers increase the likelihood that they may not be able to access and benefit from health care services in other

parts of the health system. Interpretation and multi-language services for immigrant health; school-based air quality advocacy; food box programs for low-income families; and early childhood supports. These are but a few of several clinical support, health promotion, and community development initiatives delivered by the centres.

All centres are governed by Boards composed of members from the community in order to ensure that services are attuned to the needs and priorities of the individual community, and to ensure that centres adapt to changes in the community over time.



AOHC President, Denise Brooks, said the creation of the WHO Commission on Social Determinants of Health last year was a step in the right direction. “We

urgently need global partners, to share best practices, to link immigrant communities to countries of origin, and to enhance our understanding of health within a global perspective. No single group can do this alone. The WHO Commission, we hope, will play a critical role in helping us bridge the current divides and strengthen this global chain that connects us.”

- For more information visit [www.aohc.org](http://www.aohc.org).

## News Update

### GRANDMOTHERS IN ACTION

Commissioner Steven Lewis has launched the "grandmother to grandmother" initiative between Africa and Canada to gain support for African grandmothers who are struggling to care for Aids orphans.

Lewis, who is UN Special Envoy for HIV/Aids to Africa launched the project in March this year.

The project illustrates the kind of alliances that can be formed between the world's families to serve the needs of children, said Early Child Development Knowledge Network leader Dr Clyde Hertzman



In August 2006, a **Grandmothers' Gathering** will be held in Toronto prior to the XVI International AIDS Conference (13-18 August). The two-day event will provide a forum for African and Canadian grandmothers to come together in solidarity. It is hoped the event will contribute to the growing national movement of grandmothers in Canada – and others who support them – and raise awareness and funds in their communities to ease the burden of HIV/AIDS on grandmothers in Africa. For more information on this initiative visit :

<http://www.stephenlewisfoundation.org>

### EVENT: Measuring Early Child Development

An international meeting on early years outcomes reporting and its applications for communities and governments. Hosted by the Centre of Excellence for ECD in collaboration with the Council for ECD, Founders' Network and Human Early Learning Partnership. It takes place from April 26 to 28, 2006 in Château Vaudreuil; Vaudreuil, Québec, Canada

### EURO INTERNATIONAL FORUM

On 10 and 11 March 2006, the World Health Organization (WHO) hosted the first in a series of international forums to support governments in scaling up intersectoral action to promote the health of young people. In keeping with the Bangkok Charter for Health Promotion in a Globalized World, the forum series emphasizes measures to eliminate health inequalities through action on the socioeconomic determinants of health.

The urgent need is evidenced by the WHO collaborative cross-nation study Health Behaviour in School-Aged Children (HBSC), which is conducted by in 35 countries in the WHO European Region and North America. The study shows that young people from less affluent families report poorer health than those from more affluent backgrounds.

Forum outcomes will include case studies, training modules, evidence reviews, and concrete policy implications for strategies and interventions to promote young people's health. The Forum series are spearheaded by the WHO Regional Office for Europe (through the European Office for Investment for Health and Development) and the HBSC International Network. Forums are hosted by the Tuscany Region (Italy) and the A. Meyer University Children's Hospital of Florence. The next forum will be on wider determinants of mental health among young people. More information available on the Commission's website.

### COMMISSION AT THE ECONOMIC AND SOCIAL COUNCIL

Represented by Dr Hernan Sandoval, CSDH will participate in the ECOSOC high-level meeting from April 4 to 5 in New York. The theme for this year is : "*Creating an environment at the national and international levels conducive to generating full and productive employment and decent work for all, and its impact on sustainable development*". The Commission will be part of the roundtable focusing on raising employment and productivity of low income groups in rural and urban areas. Employment conditions is a key theme of the Commission.

### LETTERS

Fran Baum's article 'Can we afford justice and equity?' in Issue 6 of the CSDH Newsletter admirably expressed some of the greatest challenges for the Commission. If her perspective is adopted then we have every reason to be hopeful with regard to the Commission's potential for meaningful achievement.

In particular, the Commission will have to travel far upstream and directly confront the root causes of economic inequality, racism and patriarchy if it is to fulfill its task. If this is to happen, it will be necessary to name, to analyze and to address directly the phenomena of structural violence and of neo-liberal macroeconomic and social policies.

Structural violence - suffering caused through public policy - probably operates in every country in the world. Addressing the human costs of unjust public policies necessitates the development of a conceptual framework capable of encompassing injustices ranging from the denial of access to health care for all, to 'extraordinary rendition', war

and genocide. The CSDH must not fail to examine the relative and absolute impacts on health of differing macroeconomic policies. There is already a large body of evidence demonstrating that the riches and inequalities of the neo-liberal economic North (not to mention the 'structurally adjusted' South) are themselves the direct causes of much of the world's poverty and deprivation. The Commission must consider and respond to this evidence.

Prescribing the solution is inevitably less straightforward than the diagnosis of the problem, but 'economics as if people mattered' increasingly features in global public policy discourse. The Commission's report has the potential to make the greatest contribution to global health development since the 1978 Alma-Ata Declaration. The opportunity must not be missed.

**Dr Alex Scott-Samuel**  
**EQUAL (Equity in Health Research and Development Unit) Division of Public Health University of Liverpool.**

### DISCLAIMER

*This newsletter is intended to serve as a forum for a variety of voices and views on how to advance work worldwide on social determinants of health. Views shared in the letters or opinion section are solely the responsibility of the author. They do not reflect the official position of the World Health Organization and the Commission on Social Determinant of Health.*