Accelerator Discussion Frame

Accelerator 4. Determinants of Health

Framing questions:

1. What are the priority determinants (i.e.: environmental, commercial, social, others) which could accelerate progress on SDG3?
2. Which priority actions on determinants of health would accelerate progress on SDG3?
3. How can civil society drive action on addressing the determinants of health?

Accelerating progress on Sustainable Development Goal 3 (SDG3), related SDGs and the pledge to leave no one behind requires unified efforts to address the determinants of health and the health inequities or disparities such determinants perpetuate. Echoing the definition of health adopted in the 1948 WHO Constitution, an extensive body of scholarship shows that health and well-being are shaped by the conditions in which people are born, grow, live, work, and age – and these conditions are shaped in turn by social, economic, political, cultural, environmental and other factors (including policy choices or lack thereof). Consequently, the right to health and the responsibility for health extends far beyond the health sector and requires multi-stakeholder responses that are grounded in human rights and give due attention to primary prevention.

The present governance and architecture of the global health approach is not fully suited for adequately addressing the determinants of health. However, the integrated and inter-dependent nature of the 2030 Agenda for Sustainable Development and the SDGs provide a powerful framework for advancing a new paradigm of multisectoral governance for health and its determinants.

Nature and scope

Recent progress in health owes significantly to the strong prioritization of health in the Millennium Development Goals (MDGs). However, the SDGs are broader and more ambitious than the MDGs, with 13 health-related targets amongst 156 other targets spanning social, economic and environmental dimensions of sustainable development. The SDGs might then be viewed as a challenge to the global positioning of health, but the SDGs also offer an enormous opportunity to take health and well-being to new heights, specifically by better recognizing the linkages between SDG goals and targets, and addressing the determinants of health through effective multisectoral governance. However, this will be impossible if we retain a narrow health paradigm focused only on healthy life year extension as an outcome, rather than also

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considering how health can promote resilience, sustainability, integration, equity and human security.

The determinants of health are diverse and interconnected, including but not limited to poverty, levels of education, marginalization, economic and gender inequalities, place of residence, legal status and migration experience, and water, sanitation and hygiene. Determinants of health also include climate change and pollution, food insecurity, and health-harming private sector strategies, approaches and activities. The determinants of health relate to several SDGs and targets such that there are already a range of non-health actors engaged in many of these areas as part of their core work, for example there are many actors and institutions (and investments) committed to poverty reduction (SDG 1).

Yet there are critical gaps and challenges which need urgent attention to address the determinants of health in a way that would accelerate and sustain progress on health and well-being. One such challenge is that policies, regulations and actions are typically compartmentalized or siloed across sectors, and institutions give insufficient attention to interactions, contradictions and connections. Better synergy and calibration of interventions to address determinants from a health and well-being perspective is needed to effectively address determinants of health. Another challenge is the disproportionate attention given to some health determinants versus others, with some “sticky” or difficult-to-address determinants receiving inadequate attention and/or investment.

This accelerator will enhance collaborative efforts (i.e. from governments, private sector, public-private partnerships, civil society, communities, academia and the UN) to address priority aspects of three key determinants: environmental determinants, commercial determinants and social determinants. These three determinants are individually and collectively a profound threat to global health, including in crisis and humanitarian settings. Successfully addressing them would significantly improve global health, driving simultaneous progress across multiple SDG 3 targets, other SDGs and the pledge to leave no one behind.

1. **Environmental determinants:** There is growing evidence on how the built and natural environment affect health. For example, air, water and soil pollution are known to adversely affect human health. Climate change poses a threat to sustainable development and human health through increased exposure to heat, poor air quality, extreme weather events, altered vector-borne diseases transmission, loss of biodiversity, reduced water quality and food insecurity. Climate change disproportionately affects the health of women and children, threatening to widen gender-based health and other disparities, and negatively impacting the resilience of

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health systems. The immense scope of this challenge is not matched with an adequate global response, in part because, as the Rockefeller Foundation-Lancet Commission on Planetary Health has stated, "we have been mortgaging the health of future generations to realize economic and development gains in the present." To address the climate change-related determinants of health, including through mitigation and adaptation, stronger, more robust and focused multisectoral responses are needed involving a range of public and private sector actors across health, environment and energy, industry, transport, trade, gender, education, media, and justice, for example. Addressing this determinant would deliver gains on multiple SDG 3 targets and across multiple other SDGs (i.e. 1, 2, 5, 6, 7, 11, 12, 13, and 17).

2. **Commercial determinants**: There is a growing understanding of the role that health-harming private sector practices and the insufficient regulation of such practices have played in the increasing burden of disease, including non-communicable disease - now the greatest cause of premature death, illness and disability worldwide. For example, fossil fuel use, ultra-processed foods, sugar-sweetened beverages and tobacco may be perceived as components of a progressive economy, affecting regulations or lack thereof, yet these products are also a drag on the economy because they cause health harms that significantly reduce productive capacities and increase medical costs. These externalities are either unrecognized or their costs are borne by the public sector more broadly or with households. Often standing in the way of policy coherence is pervasive industry interference in policymaking. For instance, globally, the food industry was projected to spend more than US$30 billion on advertising in 2016, with the advertising of candy, sugary drinks, fast food and sugary cereals significant. Despite the evidence of the public health and economic benefits of STAX (sugar, alcohol and tobacco taxes), many governments have yet to implement or adequately implement STAX. Commercial determinants of NCDs extend to how industrial practices, for example CO2 emissions, are regulated (air pollution accounts for approximately 8 million deaths annually, most from NCDs). Addressing commercial determinants of health requires multi-stakeholder responses involving a range of public and private sector actors across health, industry, finance, environment, media and others. Doing so would not only advance health and well-being (SDG 3) but also effective, accountable and transparent institutions (SDG 16), decent work and economic growth (SDG 8), financing for development and other SDG ambitions (i.e. SDGs 1, 2, 6, 9, 12, and 17).

3. **Social determinants**: Social determinants such as economic and social inequalities and exclusion based on factors such as age, ethnicity, race, religion, sexual orientation and gender identity shape health and health outcomes. While social determinants can
be broad, in this instance we focus on poverty and economic inequities, discrimination, and gender inequities – including how these intersect. The relationship between poverty and ill-health is well-documented. The poor are disproportionately exposed to most health risks, from behavioural risks to constrained access to basic services. Improving water, sanitation and hygiene, with women’s full participation, would improve the health of entire communities while closing gender inequities in health, education, unpaid care work, and other domains. The poor are also least able to withstand health-related shocks, with health expenditures pushing 100 million people into extreme poverty each year. Universal health coverage (UHC) is a powerful means to prevent and reduce poverty. Discrimination increases inequalities and exclusion from society while limiting access to health and other basic services. Addressing gender inequities and gender-based violence can be a powerful entry point for reducing inequalities. The autonomy and empowerment of women are essential to health, well-being and sustainable development more broadly. In addition to being fundamental to women’s full participation in society, sexual and reproductive health and rights are vital to addressing gender-based disparities in health, education and the economy. Control over one’s body and health choices/access is so fundamental that being denied this right is guaranteed to constrain progress across other dimensions of gender equality. The threat to sexual and reproductive health and rights requires urgent action, including multi-stakeholder responses involving a range of public and private sectors across health, education, finance, gender, media etc. Addressing these social determinants would deliver gains across a range of SDG 3 targets as well as other SDGs (i.e. 1, 4, 5, 8, 10, and 16).

How?

This accelerator will be operationalized through stronger multisectoral governance, driven by country level multi-stakeholder platforms that will strengthen the capacities of actors across health and other relevant areas to accelerate efforts of the GHOs and partners to address priority aspects of key environmental, commercial and social determinants of health. The platforms will be built upon the principles of national ownership and rights-based approaches. They will be country-led with the national ministry of health working closely, as relevant to the determinant, with other government sectors, GHOs and other UN agencies, the private sector, civil society, communities, and academia. Such multi-stakeholder platforms are critical for whole-of-government and whole-of-society mobilization for health and well-being and sustainable development more broadly.

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Illustrative example of country level multi-stakeholder platform (adapted from LancetOslo Commission):

For each country/platform, priority environmental, commercial and social determinants will be addressed through three and mutually reinforcing action areas: (1) strengthening the legal, policy and regulatory environment, (2) increasing investments and efficiencies, and (3) integrating strategies and approaches. Throughout each action area there will be an explicit emphasis on impact and scale as well as closing inequities and ensuring that no one is left behind. GHOs will work better together and with other stakeholders on the platform to support the three action areas. While operationalization will occur at country level, political commitment and coordination at the global level will be crucial for success. Below are the action areas with sample action areas for the platform.

Action area 1. Strengthening the legal, policy and regulatory environment

- **Reviewing and reforming legal, policy and regulatory environments** which shape health outcomes as well as current gaps, areas in need of strengthening. Existing tools and capacities of GHOs, for example legal environment assessments and institutional and context analyses, can be used. Status and progress will be examined against national

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plans/targets as well as global and regional commitments, frameworks, and platforms.¹ Universal Periodic Reviews, Voluntary National Reviews and other accountability mechanisms can help ensure no one is left behind.

- **Driving policy coherence through multi-stakeholder governance**, first by assessing which entities the country platform should not engage (e.g. the tobacco industry) and subsequently by implementing procedures to identify and manage conflicts of interest/incentive conflicts. Because health often “loses” where policies are incoherent, stakeholders will systematically assess the health impacts (positive and negative) of their work, while the health sector will better demonstrate how it contributes to broader development (e.g. to GDP growth, poverty reduction).² GHOs specifically should agree a common code of conduct regarding private sector engagement, with any intra-agency incoherencies also identified and addressed.

**Action area 2. Increasing investments and efficiencies**

- **Mapping existing work in GHOs and capacities related to the three determinants**, and assessing these for scale up, adjustment, duplication and gaps. This will drive synergies in policies, projects, programmes, and funding requests, with joint proposals increasingly the norm. It will also help expand and deepen partnerships, including public-private partnerships, and identify opportunities for innovation.

- **Ensuring that the global push towards cost-effectiveness, efficiencies and innovation is firmly anchored in a human rights approach** which advances, rather than interferes with, efforts to leave no one behind. Community and civil society engagement is central to this aim.

- **Advancing innovative regulatory and financing approaches**, for example STAX, while supporting countries to navigate their complexities and political risks. Efforts will be made to ensure such approaches are embedded within effective and accountable financing frameworks for the SDGs. Similarly, *increasing engagement with regional and global development banks* to ensure loan agreements (on health and beyond) and their execution give due attention to determinants of health.

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¹ For example the Paris Agreement, UN Framework Convention on Climate Change, WHO Framework Convention on Tobacco Control, and Beijing Declaration and Platform for Action.

² For example, today 6.5 percent of global GDP goes to subsidizing dirty fossil fuels while air pollution, to a large extent due to the burning of solid fuels, kills 7 million people annually and costs economies over 200 billion in lost labour income.

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Action area 3. Integrating strategies and approaches

- Creating an initial joint action plan for the GHOs to address priority aspects of the three determinants in line with SDG indicators and milestones across the GHOs. Sector-specific plans of different stakeholders will endeavor to include or strengthen attention to the determinants and how they relate to equity including health equity. Priority to addressing the determinants should also be included in national development plans and SDG planning and financing frameworks, as well as UN support instruments.

- Engaging in regular, structured dialogue and sharing of information/knowledge. Existing successes and experiences in joint action across the three determinants will be built upon, and multi-stakeholder platforms in different countries will be supported to share experiences with each other to foster regional and global solidarity.

The specific actions that each country platform takes will depend on its initial preparedness to address the determinants. However, the below contains some specific potential areas of joint action across the determinants and action areas.

Examples of potential areas of joint action

| Environmental determinants | Ensure that economic and social policy responses to climate change, air pollution, and environmental degradation take into account health outcomes and equity  
Promote healthy, low environmental impact diets  
Develop and implement integrated strategies to address growing demands for nutritious food within environmental limits |
|--------------------------------|-------------------------------------------------------------------------------------------------|
| Commercial determinants       | Establish and enforce national regulatory frameworks for health-harming products and processes and better protect public policy from vested commercial interests  
Strengthen legal, policy and regulatory frameworks for increasing access to medicines and health technologies  
Enforce regulations and strengthen public and private sector leadership in reducing carbon emissions |
| Social determinants           | Invest in scaling up human rights programmes, such as law and policy reform, which can ensure that no one is left behind in progress toward achieving SDG3  
Commit to and sustainably finance universal access to WASH to improve health, education, and livelihoods  
Address gender biases in society by creating and enforcing laws and policies that promote gender equity, address gender-based violence and outlaw discrimination on the basis of sex, sexual orientation and gender identity  
Develop and finance policies and programmes that close gaps in education and skills, and that support female economic participation |

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