Evidence overview: highlights from the Commission of the Social Determinants of Health to the present
Global public health context

Commission on Social Determinants of Health (inequalities) → Rio Political Declaration on SDH → Sustainable Development Goals

All for Equity

SDH "movement" emphasis:

- Global evidence-base
- Capacities in governance and health sector
- Monitoring, evaluation and accountability
Evidence and action indicators

- Intervention effectiveness
- Indicators to monitor progress
- Accountability and advocacy for action
Evidence highlights

• Methods
• Action
  – Governance interventions
  – Social (socio-economic) policies or programmes
  – Environmental policies or programmes

Commission on Social Determinants of Health → Post-CSDH
Methods CSDH
Conceptual frameworks

Source: Solar and Irwin 2010
1. Improve the conditions of daily life

2. Tackle the inequitable distribution of power, money and resources

- Early child development
- Urban development
- Rural development
- Climate change
- Employment
- Social protection
- Universal Health Care

- Mainstreaming health equity
- Market responsibility
- Fiscal policy
- Gender equity
- Political empowerment
- Global governance

Action CSDH
56 recommendation areas
3. Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the SDH, and raise public awareness

- Birth registration without financial cost
- National surveillance with routine data SDH and HE
- Training of medical and health professionals
- Dissemination non-medical and general public
- Capacity for health equity impact assessment
Methods Highlights (1)

Theory of change, micro-theories
Natural experiments

Observed problem of health inequality → Perceived causes of problem → Policy goals to address causes → Theories about how and why interventions might work to bring about change in causes → Design of intervention programme → Outcome of programme

“If your only tool is a hammer, all your problems will be nails.” Mark Twain.

### Theory of change applied to workplace policies

#### Table 1 Perceived problems and underlying programme logic of interventions

<table>
<thead>
<tr>
<th>Focus</th>
<th>Intervention type and programme logic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer behaviour</td>
<td>Anti-discrimination legislation</td>
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<tr>
<td></td>
<td>Legislate to outlaw employer discriminate against disabled/chronically ill in recruitment and retention of staff</td>
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<tr>
<td>Workplace adjustments</td>
<td>Legal or financial measures to remove or reduce barriers to accessibility of work and employment for disabled/chronically ill people</td>
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<tr>
<td>Financial incentives to employers</td>
<td>Job creation or financial incentives to employers to employ disabled or chronically ill people and thus increase employment opportunities.</td>
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<tr>
<td>Requirements for employers to engage in return-to-work planning</td>
<td>To speed up and improve process of return to work for sick-listed people who may lose contact with work environment if absent for long periods</td>
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</tbody>
</table>
Methods Highlights (2)

Conceptual frameworks for health in all policies and intersectoral action

“An approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity”

- 2013 Helsinki Statement on Health in All Policies
## Methods Highlights (3)

### Economic methods for valuation

<table>
<thead>
<tr>
<th>Intervention (country)</th>
<th>Health effects</th>
<th>Determinants</th>
<th>Equity (no, determinants, health, both, targeted)</th>
<th>Value for money evaluation type</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOCIAL PROTECTION</strong></td>
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<tr>
<td>Nurse-family partnership (United States)</td>
<td>Yes- accidents, injuries, child mortality</td>
<td>Employment, Use of public welfare, crime</td>
<td>Health (education of mother, income of household)</td>
<td>Societal perspective: ratio costs to benefits</td>
</tr>
<tr>
<td>Families in action – conditional cash transfer (Colombia)</td>
<td>Yes, children’s weight, intake of protein, vegetables, immunization rates</td>
<td>Education, food expenditure</td>
<td>Health (sex, urban/rural)</td>
<td>Societal perspective: ratio costs to benefits</td>
</tr>
<tr>
<td>Progresa/ Oportunidades Conditional cash transfer (Mexico)</td>
<td>Yes – children’s weight, stunting, immunization, child illness rates, hospitalization, preventive care visits</td>
<td>Education, investment in productive activities</td>
<td>Health (income of household), Determinants (poverty reduction),</td>
<td>Societal rate of return</td>
</tr>
<tr>
<td>Parental leave (Norway)</td>
<td>No</td>
<td>School drop-out</td>
<td>Determinants (education of mother)</td>
<td>No: effectiveness only</td>
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<tr>
<td><strong>URBAN DEVELOPMENT</strong></td>
<td></td>
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<tr>
<td>Voucher for housing (United States)</td>
<td>Yes-asthma, behavioural problems, mental health, obesity, smoking, drug abuse</td>
<td>Crime, violence</td>
<td>Targeted</td>
<td>Societal perspective: ratio costs to benefits</td>
</tr>
<tr>
<td>Traffic calming measures (United Kingdom)</td>
<td>Yes-fatalities, serious injury, casualties</td>
<td>No</td>
<td>Health (by deprivation of areas)</td>
<td>Sectoral perspective on benefits (health), costs (roads/transport)</td>
</tr>
<tr>
<td>Housing and health insulation programme (New Zealand)</td>
<td>Yes- GP visits, hospitalization for respiratory infection</td>
<td>Education, work, energy consumption</td>
<td>No</td>
<td>Societal perspective: ratio costs to benefits</td>
</tr>
<tr>
<td>Patsari improve cookstoves (Mexico)</td>
<td>Yes – acute respiratory disease, eye discomfort</td>
<td>Energy consumption, Time</td>
<td>Targeted (sex)</td>
<td>Societal perspective: ratio costs to benefits</td>
</tr>
<tr>
<td>Piso firme- replacing dirt floors (Mexico)</td>
<td>Yes – parasites, diarrhoea, anaemia</td>
<td>Education, Depression, self-assessed stress</td>
<td>Satisfaction with quality of life</td>
<td>Cost-effectiveness</td>
</tr>
</tbody>
</table>
Action Highlights

Governance interventions effectiveness

• E.g. Local government
  – Collaboration between local health and local government → evidence on inter-agency collaboration, compared to standard services
  – Need to analyse partnership or process evaluations to identify markers of success


• E.g. Increasing evidence linking water policy governance and equity in results
"The Success Factors studies confirm, non-health-sector investments accounted for around half the mortality reduction in children under five years between 1990 and 2010."

Action Highlights

Governance interventions empirical analyses

- Women's political and socioeconomic participation (e.g. % seats held by women in national parliaments)
- Economic development (e.g. log GDP per capita)
- Health systems (e.g. immunization: log odds measles vaccination coverage)
- Health systems (e.g. skilled birth attendance log odds)
- Women's political and socioeconomic participation (e.g. % seats held by women in national parliaments)
- Population dynamics (e.g. total fertility rate reductions)
- Education (e.g. female primary school enrolment log odds, lag 10 years)
- Environmental management (e.g. access to clean water log odds)
- Economic development (e.g. GDP per capita log)
- Income inequality (e.g. Gini - negative effect)
Actions Highlights

Social (economic) policies or programmes (1)

• Enhancement and improvement of early childhood development programs and education for all social groups

• Removal of barriers to secure employment

• Taxation of tobacco and alcohol, regulation of their production and sales, and restriction of advertising and marketing of these products

• Reduction of dietary salt intake by regulation, well-designed, targeted public education etc.
Social (economic) policies or programmes (2)

Early child development body of work
Systematic reviews e.g.

• In-work tax credits for families and their impact on health status in adults (2013)
• Unconditional cash transfers for assistance in humanitarian disasters: effect on use of health services and health outcomes in low- and middle-income countries. *Cochrane Database Syst Rev* 2015 (Pega et al.)
Actions Highlights

Environmental policies or programmes

• WHO housing normative guidelines and systematic review evidence

• Theory-led reviews of observational studies

• E.g. The health inequalities impact of low control in the living environment: a theory-led systematic review of observational studies

• Systematic review of built and information environment

E.g. Environmental interventions to reduce fear of crime (Lorenc et al. 2013); Effectiveness of individual, community and societal-level interventions at reducing socio-economic inequalities in obesity among adults (Hillier-Brown et al. 2014).
Priorities for research to take forward the health equity policy agenda

WHO Task Force on Research Priorities for Equity in Health,¹ & the WHO Equity Team²

1. Global factors and processes affecting health

2. Societal and political structures

3. Interrelationships between individual factors and social context

4. Factors within the health care system that influence health equity

5. Policy interventions with the potential to reduce inequities in the determinants of health and health care.
Evidence challenges

• Theories of change and context
• Differential intervention effectiveness
  – Long causal chain – differential effectiveness on determinants
• Longitudinal studies – causation
• Multi-level effects
• Interventions that increase inequalities
• Governance interventions

What types of interventions generate inequalities?
Evidence from systematic reviews:
  Theo Lorenc, Mark Petticrew, Vivian Welch, Peter Tugwell (2013)
Thank you