

The Social Determinants & the search for health equity in the times of the SDGs actions



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Outline

1. SDH and equity: central to global agendas, history & WHO global mandates
2. Global, Regional and Country achievements on SDH
3. SDGs and SDH: match or mismatch?





1. The centrality of SDH & equity

FINANCIAL TIMES

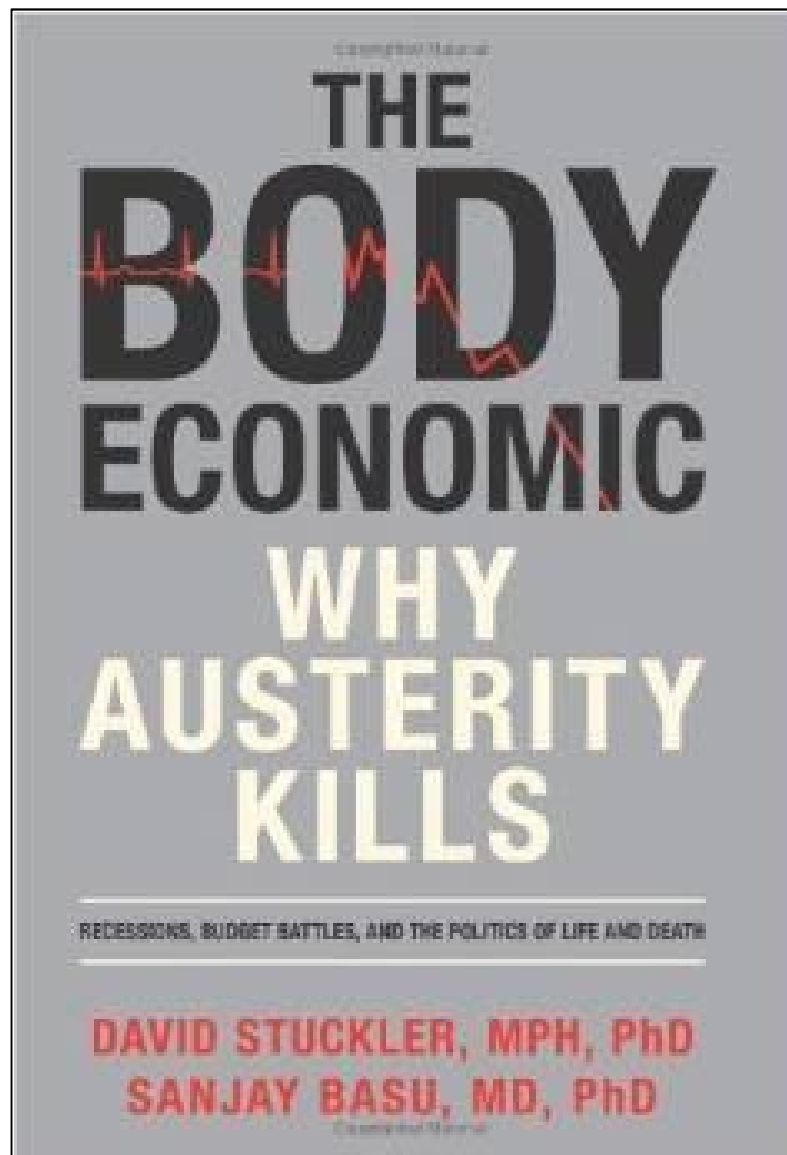
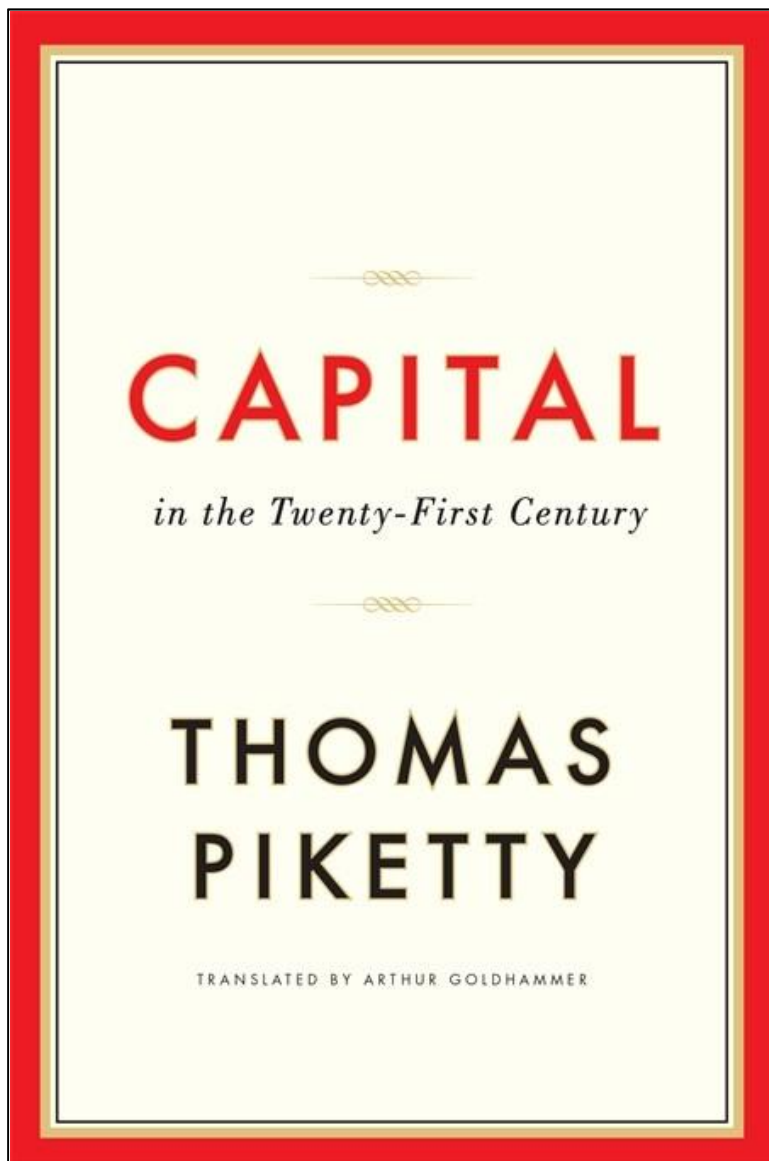
Thursday November 13 2014

BREAKING NEWS

Thomas Piketty's 'Capital' wins Business Book of the Year

Capital in the Twenty-First Century, an epic analysis of the roots and consequences of inequality, has been named the 2014 Financial Times and McKinsey Business Book of the Year







INEQUALITY

What can be done?

ANTHONY B. ATKINSON

'This important book is a rarity – an astute analysis that entertains as much as it informs'
ALAN JOHNSON

MICHAEL MARMOT
AUTHOR OF STATUS SYNDROME

THE HEALTH GAP

THE
CHALLENGE
OF AN
UNEQUAL WORLD

BLOOMSBURY

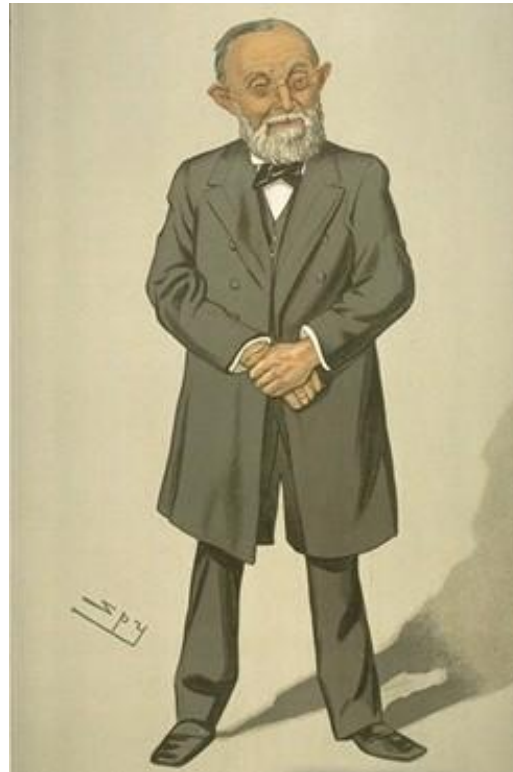


World Health
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“Medicine is a social science and politics is nothing else but medicine on a large scale”

Rudolf Virchow (1821-1902).

▪



**World Health
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Dr Andrija STAMPAR, President of the foundational WHA (1948)

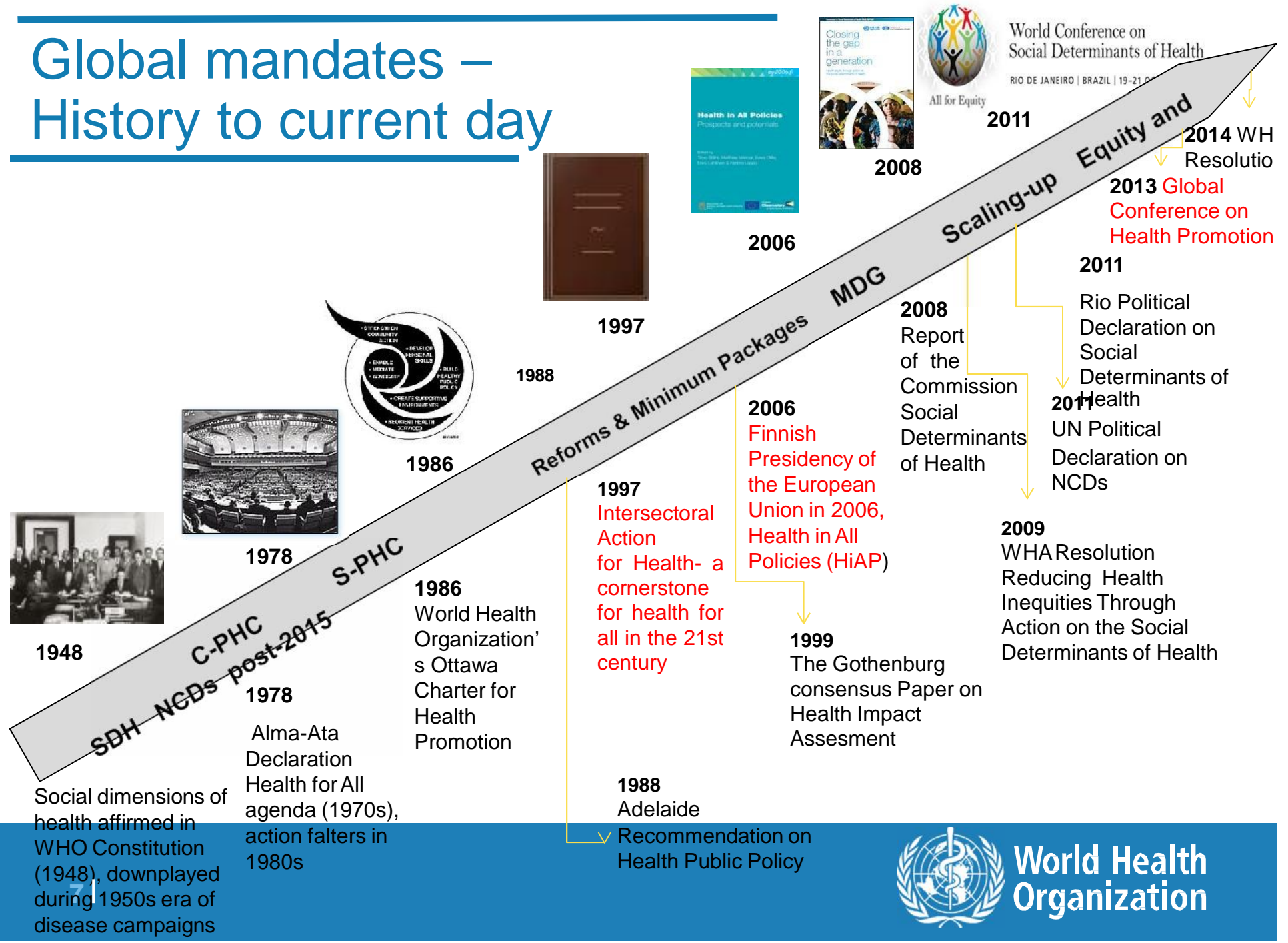


Dr. Andrija Stampar (Croatia, 1888-1958)
President of the First (foundational) World Health Assembly



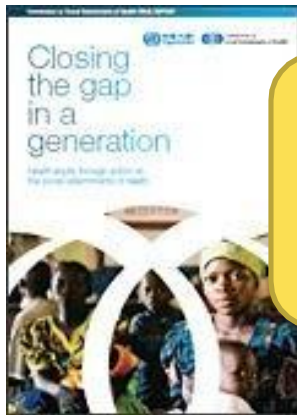
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Global mandates – History to current day



World Health Organization

Commission on Social Determinants of Health



Inequalities are killing on a grand scale...

- The circumstances in which people are born, grow up, live, work and age, and the systems in place to deal with illness.
- These circumstances are shaped by a wider set of forces: economics, social policies, and politics (health system, one force).
- Largely responsible for health inequities.

Social determinants recommendations

1 Improve Daily Living Conditions



2 Tackle the Inequitable Distribution of Power, Money, and Resources



3 Measure and Understand the Problem and Assess the Impact of Action



Implementing the Rio Political Declaration on SDH



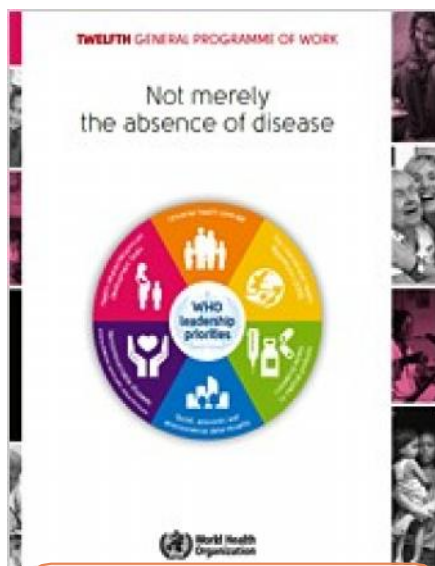
1. To adopt **better governance** for health and development: **HiAP**
2. To promote **participation** in policy-making and implementation
3. To further **reorient the health sector** towards reducing health inequities
4. To strengthen **global governance** and collaboration
5. To **monitor progress** and increase accountability



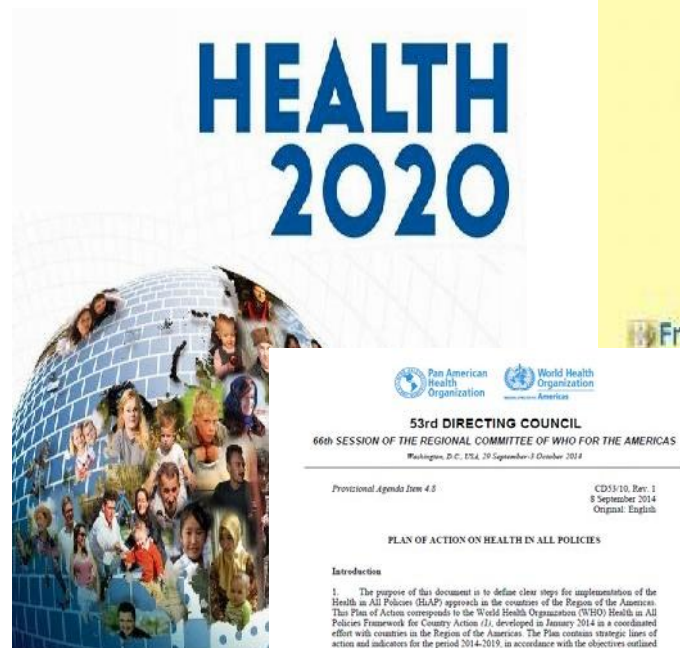


2. Global achievements on SDH

Improved political commitments



Social, economic and environmental determinants of health as one of the 6 leadership priorities



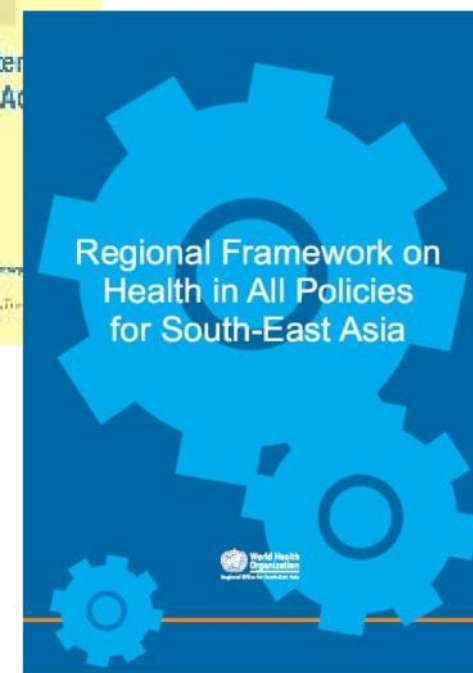
Introduction

1. The purpose of this document is to define clear steps for implementation of the Health in All Policies (HiAP) approach as the cornerstone of the Region of the Americas. This Plan of Action corresponds to the World Health Organization (WHO) Health in All Policies Framework for Country Action (1), developed in January 2014 in a coordinated effort with countries in the Region of the Americas. The Plan contains strategic lines of action and indicators for the period 2014-2019, in accordance with the objectives outlined in the PAHO Strategic Plan 2014-2019 (2).

Background

2. HiAP is one approach to improving health and promoting well-being. As defined in the 2013 Helsinki Statement on Health in All Policies, it is "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" (3). Core features of HiAP include a strong foundation of human rights and social justice with a strong focus on policy-making. Application of HiAP involves identifying opportunities for policy development across sectors with potential implications for health and health equity, assessing potential impacts, and then advocating and negotiating for changes. Long-term vision and sustained efforts are needed.

3. The 2011 Rio Political Declaration on Social Determinants of Health and the 2012 Rio+20 outcome document ("The Future We Want") of the United Nations Conference on Sustainable Development recognize that governments are responsible for the health of their populations (4, 5). The principles developed in the 1978 Declaration of Alma-Ata and in the 1986 Ottawa Charter for Health Promotion reaffirm that health is a fundamental right of all human beings without distinction of race, religion, political



Increased capacity building

CapUHC
Capacity building on
Universal Health Coverage

Vision: A global social and intellectual capital for UHC

Mission: Mobilize partners' collaboration to build sustainable capacities on UHC in developing countries



Health Literacy Toolkit

For Low- and Middle-Income Countries

A series of information sheets to empower communities and strengthen health systems



HEALTH IN ALL POLICIES:
REPORT ON PERSPECTIVES AND
INTERSECTORAL ACTIONS IN
THE AFRICAN REGION



Mainstreaming SDH and equity in health programmes

Piloted in Indonesia and EURO countries; further piloting planned

SDH, including housing, education, employment and sanitation at the heart of the cooperation agreement

Steps of the review process

- STEP 1: Apply evaluative thinking to the programme and map its theory
- STEP 2: Identify who is being left out by the programme, and who is not
- STEP 3: Consider the barriers and facilitating factors that subpopulations experience
- STEP 4: Identify the mechanisms that generate inequities
- STEP 5: Explore how intersectoral action and social legislation can be used to reduce inequities
- FOLLOW-UP: Formulate the goals and objectives of the ongoing monitoring, review and evaluation
- FOLLOW-UP: Integrate equity, social justice and the ongoing monitoring, review and evaluation



Home » Web Bulletins » Argentina Signs Declaration of Cooperation with the Caribbean on Multiple Health Issues

Argentina Signs Declaration of Cooperation with the Caribbean on Multiple Health Issues

Buenos Aires, 27 June 2013 (PAHO/WHO).— Today in Buenos Aires, Argentina signed a joint declaration with eight Caribbean Community (CARICOM) countries for cooperation in the areas of medicines, prevention of HIV and other sexually transmitted diseases, transplants, chronic noncommunicable diseases, and initiatives that address social determinants of health, including housing, education, employment, and sanitation, among others. The initiative will be channeled through the Caribbean Public Health Agency (CARPHA), with support from the Pan American Health Organization (PAHO), which serves as the Regional Office for the Americas of the World Health Organization (WHO).

10th Pacific Health Ministers meeting opens in Apia

Wednesday, 03 July 2013 01:00

0 Comments



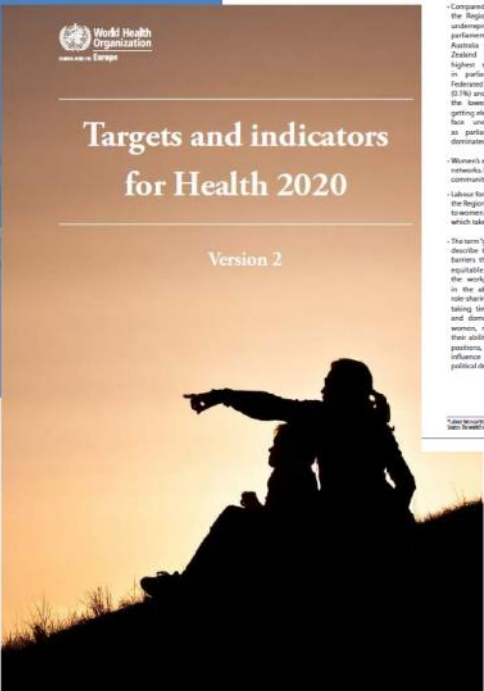
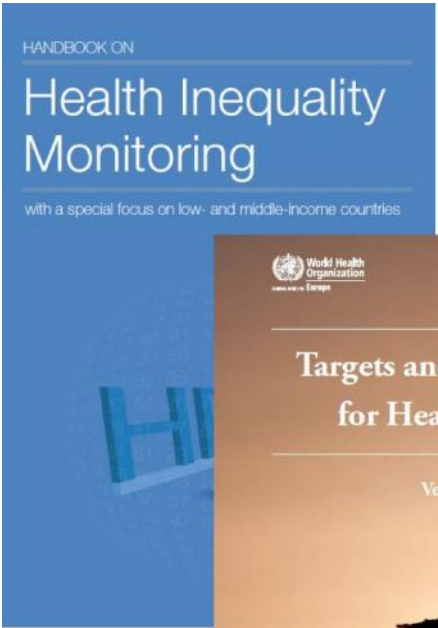
KODAK MOMENT: Health Ministers and officials from the Pacific region are pictured in front of the Tu'Aluvalu Tameiese EF Building following the opening ceremony of the 10 Pacific Health Ministers Meeting being held in Apia this week. Photo: Ron Kuhik



Meeting included technical session on scaling up SDH



Monitoring SDH



Gender and health in the Western Pacific Region

World Health Organization
Western Pacific Region

DIFFERENCES IN THE DETERMINANTS OF HEALTH

- Gender is a major determinant of health. The distinct roles and activities of men and women in a given society, dictated by that society's gender norms and relations, give rise to gender differences. In many cases, these differences take the shape of gender inequalities, which systematically determine health risk, needs, access to health care and health outcomes.
- The Gender Inequality Index (GII) measures the loss of achievement within a country due to gender inequality across three dimensions: reproductive health, empowerment and labour market participation (1). The lowest GI values in the Region, indicating higher levels of equality, are found in Australia (0.33) and Singapore (0.38), while Lao People's Democratic Republic and Papua New Guinea have higher GI values of 0.68 and 0.61, suggesting less equality between men and women. In general, GI values are decreasing across most countries in the Region (Figure 1), suggesting improvements in gender equality.
- Compared to men, women in the Region are significantly underrepresented in national parliaments (2). In 2012, Australia (29.2%) and New Zealand (22.2%) had the highest shares of women in parliament, while the Federated States of Micronesia (0.3%) and Nauru (0.3%) had the lowest (3). Even after getting elected, women often face unequal opportunity as parliaments are male-dominated institutions.
- Women's economic empowerment is associated with their improved access to income networks. Economic empowerment for women is also associated with their increased community and society at large.
- Labour force participation rates for women aged 15 years and above are consistently the lowest in the Region (2) (Figure 2), with Fiji showing the largest gap, where men are 40% more likely to be employed. These data are likely to comprise an under-measurement of women's actual work, which takes the form of home-based or informal work, which therefore renders it invisible.
- The term 'glass ceiling' is used to describe the unacknowledged barriers that prevent women's equitable advancement in the workplace. For example, in the absence of adequate role sharing at home by men, taking time off for childbirth and domestic duties falls on women, negatively impacting their ability to move to higher positions and smelting their influence in economic and political decision-making (3).

Figure 1: Trends in Gender Inequality Index, selected countries, Western Pacific Region

Figure 2: Adult labour force participation in the Pacific Region

Multisectorial consultation and training to implement UrbanHEART 2014

Demographic, Social and Health Indicators for Countries of the Eastern Mediterranean

2013
WHO-EM/HS/13/E

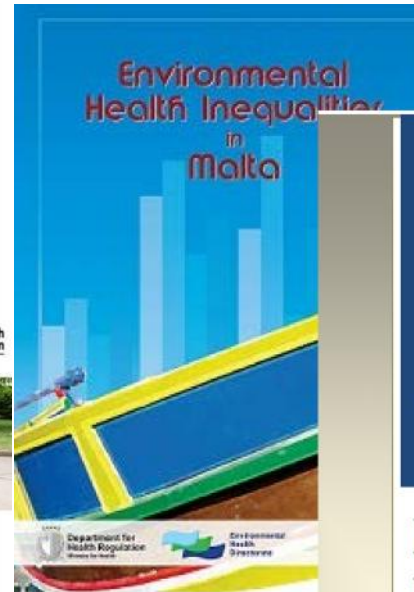
Urban HEART
Urban Health Equity Assessment and Response Tool

Align social and environmental determinants



World Health Organization
Member States of Europe

**PHYSICAL ACTIVITY PROMOTION
IN SOCIALLY DISADVANTAGED GROUPS:
PRINCIPLES FOR ACTION**
Policy summary



Maldives is one of the most environmentally vulnerable countries in the world. While it has very successfully overcome the historical health scourges of communicable diseases, it now faces huge challenges due to environmental degradation both in the physical setting and in human behaviour as the country tussles with the negative environmental health consequences that result from its engagement with national economic development in a globalizing world and a new democratic governance process in this new century.

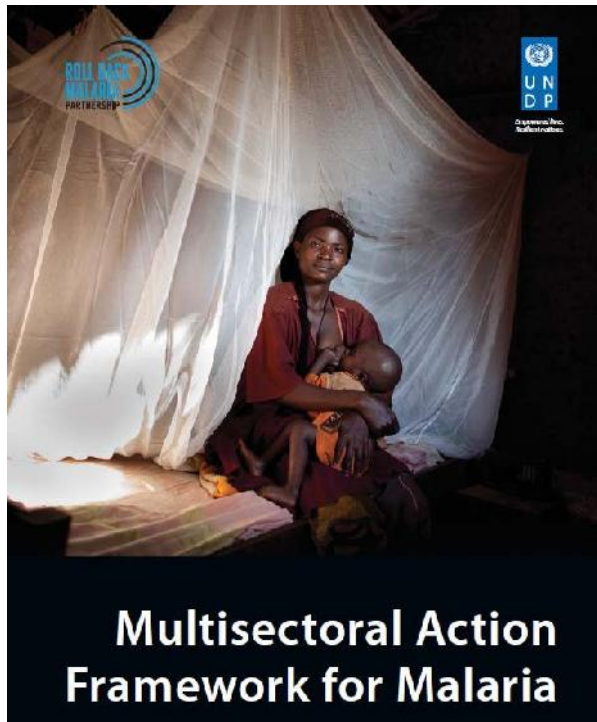
NEHAP - Maldives 2015-2020

Towards an Environmentally Friendly and Healthy Maldives

Report prepared by ENDEVOR - Maldives:
December 2014



Working across the UN



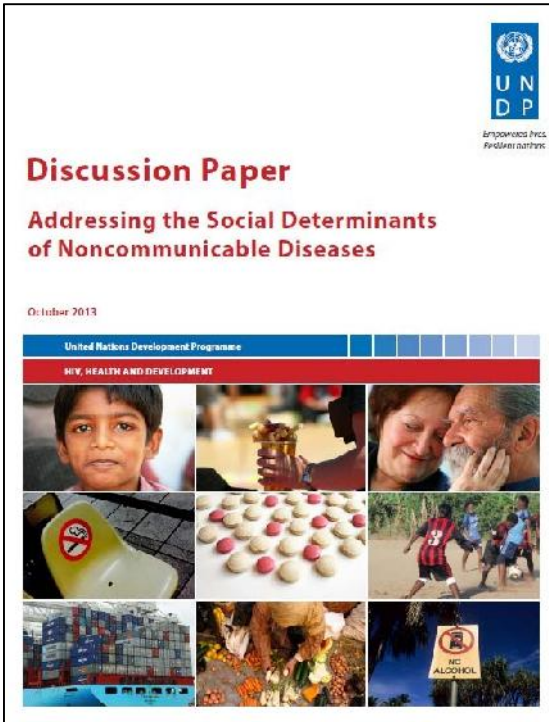
Health in the post-2015 development agenda: need for a social determinants of health approach

Joint statement of the UN Platform on Social Determinants of Health

Background

The UN Platform on Social Determinants of Health is an informal mechanism to provide coordinated support to Member States with implementation of the Rio Political Declaration on Social Determinants of Health. The Platform also advocates placing the social determinants of health highly on the global development agenda, and fostering coherent action on the social determinants of health. Currently, the platform involves staff from ILO, UNDP, UNFPA, UNICEF, WHO and UNAIDS.

This is an informal document, and does not represent the official positions of the organizations. It aims at informing how best to consider the social determinants of health aspects in the post-2015 global thematic consultations organized under the United Nations Development Group. Annex 1 aims to briefly illustrate the concept of the social determinants of health as applied to the ideas of the specific thematic groups, give some examples of why health is important to each specific theme, and show how each theme could contribute to health. The descriptions are compilations from various sources, and are not intended to be exhaustive. More specific papers will be required for more detailed inputs.





3. SDGs and SDH: match or mismatch?

MDGs, SDGs and SDH: for debate

- Equity focus weak in MDGs, stronger in SDGs and central in SDH: a "Goal" or an overarching imperative?
- SDGs has expanded the (intermediate)SDH, but what about the structural?
- Health much more than (title) Goal 3, but not explicit & not measured: talking about health or disease?
- "Indivisibility" in SDG rhetoric but Mechanisms? Measurements?: Fractioning & SILOS, a risk?



World Health
Organization

Thank you! Merci !

* * * * *

*“No one should be denied access to life-saving or health promoting interventions for unfair reasons, including those with economic or social causes. ... **When health is concerned, equity really is a matter of life and death.**”*

* * * * *

For further information:
www.who.int/social_determinants



Dr Margaret Chan
Director-General