Social Determinants of Health: Contributions from Civil Society

Summits of the Americas Secretariat
Organization of American States (OAS)
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Background

- Generate recommendations for the Commission on Social Determinants of Health in order to reinforce and unite actions and policies that promote equity and address the social determinants of health.

- Identify what CSO are doing and what they need in order to strengthen their work on SDH.
Methodology of Report

- **Quantitative information**
  - Detailed information on characteristics of the organizations that submitted the questionnaire

- **Qualitative information**
  - Summary of contributions from the civil society organizations (CSOs) to each section of the questionnaire
Participation of civil society in the consultation by region

70 CSOs participated

Participation in the convocation on the SDH in the Americas by subregion

- South Amer.: 57 (81%)
- Central Amer.: 9 (13%)
- North Amer.: 2 (3%)
- Caribbean: 3 (4%)
Description of the entities or social movements that participated

Type of participants in the convocation on SDH

- Women's Org: 11
- Trade-union Org: 2
- Farmworker's Org: 3
- Social Movement: 12
- Youth Org: 3
- Children Org: 2
- Indigenous Org: 0
- Gypsy Org: 1
- Displaced People's Org: 2
- Disabled person's Org: 3
- Sick person's Association/league: 1
- Patients' Org: 1
- Professional Association: 1
- Academic Institution: 5
- NGO: 32
- Other: 6
- Total: 11
Coverage of participants’ work

Participation in the convocation on the SDH by scope of the entity’s work

- Local: 19 (27%)
- Regional: 25 (36%)
- National: 49 (70%)
- International: 18 (26%)

Populations with which participants work

- Urban: 36 (52%)
- Rural: 5 (7%)
- Both: 28 (41%)

Type of population

- # of Org.
- # of Org.
Question 1 - Does your entity or social movement work consistently to guarantee the right to health?

Does your entity or social movement work consistently to guarantee the right to health?

<table>
<thead>
<tr>
<th>Option</th>
<th># of Org.</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, as its top priority</td>
<td>32</td>
<td>46%</td>
</tr>
<tr>
<td>Yes, along with other lines that have greater priority</td>
<td>36</td>
<td>52%</td>
</tr>
<tr>
<td>No, our activities do not include health concerns</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>No, but we want to expand the scope of our work</td>
<td>4</td>
<td>6%</td>
</tr>
</tbody>
</table>
Question 2 - Do you consider that your institution agrees that there are social determinants of health?

- Yes, fully: 58 (83%)
- Yes, to some extent: 11 (16%)
- No, does not agree at all: 0 (0%)
- No, does not fully agree: 1 (1%)
Housing, education, nutrition, and environment
- Good sanitation and housing, environment and nutrition, expand citizen's mental and physical capacities

Health systems
- Prevent exclusion of the disadvantaged from public health services

Income and employment
- Long hours of work due to exploitation or the need to work more than one job prevents good rest necessary for the expansion of capacities

Social inequalities
- Fewer job opportunities for women, disabled persons, and the sick
- Lost of self-esteem and autonomy due to discrimination: especially due to gender inequality
Question 2 - Experiences and approaches to social determinants of health

Politics, culture and citizen participation
- Lack of media to foment universal values and provide current information on the statues of the issue
- Revision of current political systems and generation of public policy and systems based on social protection
- Opportunities for cooperation between the state and civil society

Facts that are not potentially social determinants of health
- Biological, physical, chemical factors; however, other respondents commented that these are potentially also social and geographical factors
Question 3 - Do you have data and evidence of health-related inequalities in the course of your institution’s work?

- Yes, we get a lot of information from external sources: 33 (49%)
- Yes, we ourselves put together information to reveal inequalities in health: 38 (56%)
- We do not have any information on this subject: 9 (13%)
- We do not need much information on this subject: 3 (4%)
Information available to civil society

Sources of Information:

**Governmental**
- Results of public policies, national surveys, websites

**Nongovernmental**
- NGOs, networks, academic institutions, forums, media, opportunities for reflection in other countries, statistics

**Own investigation**
- Projects of the institutions, multidisciplinary teams, media, research sponsored by academics, open national data

**Type of information available:**

**Positive Aspects**
- Social management of inequalities: increased access to social services, education, labor, public security, HIV/AIDS networks
- Efficiency and transparency in social management
- Intellectual work on the issue

**Other Aspects**
- Exclusion of treatment due to: disease, gender, age
- Inadequate medical services to vulnerable groups in government medical centers
- Environmental analysis
- Lack of access to basic services: water, public education and health services, social security, public policies
Information needed by civil society

Governmental
- Clear and permanent social and health public policies
- Communication channels between government and SCO
- Available data on financial resources

Other specific subjects
- Right to health
- Indicators on health inequities
- Work conditions and impact
- Training available
- Early childhood development
- Support for social movements
- Prevalence of diseases and risk indicators

Related to methodologies
- To facilitate the search for information on processes and organizations working in similar fields
- Scientific and statistical evidence, indicators to analyze progress by others
- Data on different cultures for adequate health treatment
Question 4 - What is your institution doing to reduce inequalities or inequities in health?

What is your institution doing to reduce inequalities or inequities in health?

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<thead>
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<th></th>
<th># of Orgs.</th>
<th>Percentage</th>
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</thead>
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<tr>
<td>Alone</td>
<td>9</td>
<td>13%</td>
</tr>
<tr>
<td>As part of network</td>
<td>50</td>
<td>71%</td>
</tr>
<tr>
<td>Works in consultation with govts.</td>
<td>40</td>
<td>57%</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>11%</td>
</tr>
</tbody>
</table>
Civil society actions and initiatives to reduce inequalities in health

Acts alone and/or as part of a network

- Direct intervention with public and private health centers
- Assist in the elaboration of public policies and awareness campaigns
- Development of programs, activities, and projects

Works in consultation with governments

- Develop models and strategies for participatory joint management with public agencies
- Agreements with ministries and departments of health and education
- To obtain institutional recognition
- Obtain information on specific topics of interest

Others

- Partnership with academic institutions, professional associations, and CSOs.
- Develop mechanisms to protect health rights of specific populations.
- Compensation for emotional damage
Question 5 - Do you consider that the establishment of the Commission on Social Determinants of Health can boost your efforts to achieve the right to health?

- No, until now we had no idea it existed (26%)
- No, we have problems with consulting with govts. (7%)
- Yes, possibly (49%)
- Yes, we are already into this (27%)
Actions needed for the Commission to boost their efforts to achieve the right to health:

- Incorporate the SDH perspective in regional agencies
- Disseminate and train social actors, such as the CSDH, in order to implement health and social policies that reduce inequity and achieve globalization of the SDH
- Support marginalized populations
- Ensure vital civil society participation
- Establish opportunities for dialogue with governments
- Work in connection with previous events on SDH
- Promotion of antiracism
- Recognize human rights vs. health
Question 6 - What are your institution’s top priorities in terms of actions and practices to reduce inequalities in health?

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<td>Policies &amp; strategies to improve social services and programs</td>
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<td>Policies &amp; strategies to increase opportunities &amp; reduce poverty</td>
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</tbody>
</table>

- **Educational & community policies & strategies**: 39 (56%)
- **Policies & strategies for soc. participation & networks**: 48 (69%)
- **Policies & strategies to improve social services and programs**: 30 (43%)
- **Policies & strategies to increase opportunities & reduce poverty**: 33 (47%)
Question 7 - In the political and social circumstances surrounding your organization’s work, can you envisage a form of social participation in health based on decision-making, accountability, and the empowerment of social actors that could really have an impact on the SDH and guarantee the right to health?
Most frequently mentioned comments to guarantee the right to health

- Empower all social actors so that government and the community acknowledge the right to universal health care
- Strengthen basic human-health rights
- Generate adequate knowledge to guarantee that all persons are equally and effectively empowered
- Foster ongoing and permanent political will
- Work with the most vulnerable and needy social sectors
- Develop a process of public and private participation—panels, roundtables, research, publications
Reasons given by civil society with respect to the impossibility of their social participation in health:

- Citizen support for the private health sector
- Lack of public awareness and support
- Lack of institutional and financial support by governments
Question 8a) How do you feel globalization affects inequities in health?

Globalization reduces inequities in health

1. Improved access to information and technologies to improve health
2. Improved communication via Internet between patients and doctors

Globalization increases inequities in health

1. Market-driven economy leads to increased medical costs, and the development of secondary and third level medical care, further disadvantaging the poor
2. Public sector loses control, income gap widens
3. Access to health care by immigrants is restricted or denied
4. Fluid borders in terms of information and technology generates distortion in lifestyles and culture and unhealthy consumption patterns.
5. Improved technology for diagnosis and treatment favors the rich
6. Unsustainable environmental conditions
7. Intensifies impoverishment, social exclusion, loss of jobs and social security, indicators of the deteriorating situation of the population’s health.
Question 8b) What suggestions do you have for promoting a common agenda in the Americas to have an impact on the SDH, secure the right to health, and put an end to inequities in health?

1. Reinstate the basic principles of primary health care on the public agenda
2. Empower health actors
3. Declare health a human right
4. International treaties, conventions, agreements
5. Creation of a health system with no exclusion and proper treatment
6. Encourage the development and dissemination of knowledge and education on health
7. International system on financial information
8. Access to new technologies and medical advances
List of Participants

- Agrupación Bases Populares del Sur de Tamaulipas AC
- Alames de Argentina
- Alliance of Pan American Round Tables
- Alternativa Bolivariana para las Americas ALBA
- ALTERNATIVA, Centro de Investigación Social y Educación Popular
- Articulación Nacional de Movimientos e Prácticas de Educación Popular e Salud (ANEPS-CE)
- Articulación Nacional de Travestis, Transsexuales e Transgeneros (ANTRA)
- Asociación Civil Iniciativas Sanitarias
- Asociación de Comunicadores Sociales CALANDRIA
- Asociación de Trabajadores del Campo (ATC)
- Asociación Latinoamericana de Medicina Social (ALAMES)
- Asociación Brasilera de Asistencia a Mucoviscidosose
- Asociación Brasilera de Gays, Lésbicas e Transgêneros (ABGLT)
- Asociación Brasilera de Odontología - División del Río Grande del Sur (ABO)
- Asociación Centro de Estudios e Rescate de la Cultura Cigana - (CERCI)
- Asociación de Diabetes Juvenil (ADJ)
- Asociación Nacional de Mujeres Campesinas
- Asociación Preparando Pessoas (APP)
- Association Femmes Soleil d’Haïti (AFASDA)
- Cátedra Libre de Salud y DDHH. Facultad de Medicina
- Católicas pelo Direito de Decidir do Brasil CDD-Br
- Centro de Estudios Fronterizos y de Promoción de los Derechos Humanos, A.C.
- Centro de Promoción y Defensa de los Derechos Sexuales y Reproductivos (PROMSEX)
- Centro de Psicología Gerontológica
- Centro Feminista de Información y Acción (CEFEMINA)
- Centro Latinoamericano de Estudios y Cooperación el Desarrollo (CENLAT)
- CEPIA
- Coalición Argentina CATW
- Colectivo Nacional de Transsexuales (CNT)
- Confederación Nacional das Associações de Moradores (CONAM)
- Conselho Nacional dos Seringueiros - CNS
- Consejo Nacional de Mujeres del Perú (CALLAO)
- Consultor independiente (M. Petrera)
- Cooperación Latinoamericana de Redes Avanzadas
- Corporación para la salud popular Grupo Guillermo Ferguson
- Corsohansen
- Diabetes Association of Jamaica
- Facultad Latinoamericana de Ciencias Sociales FLASCO Chile
- Federación Mexicana de Calidad de Vida y Deporte, A. C.
- Foro de la Sociedad Civil en Salud (ForoSalud)
- Foro Social de Salud y Medio Ambiente de la Ciudad de Buenos Aires
- ForoSalud de la región de Ayacucho-Peru
- Frente Nacional por la Salud de los Pueblos (ECUADOR/Sudamérica)
- Fundação Santa Sara Kali
- Fundación Aztahuacan para el Desarrollo Comunitario
- Fundación Cerro Verde
- Fundación Ciudadana para las Américas (FCPA)
- Fundacion Eudes, A.C.
- Fundación Gamma Ideal
- Fundación Humanistas por la Paz
- Fundación Nacional para la Superación de la Pobreza
- Fundación para la Promoción de la Cultura y la Educación Popular “Funprocep”
- Fundación Paz Mundial
- Grupo de Mujeres Felipa de Sousa
- GT Gênero e Saúde (ABRASCO)
- Hispanic Coalition CORP
- Instituto de Estudios y Formación de la Central de Trabajadores Argentinos
- Instituto de Investigación y Desarrollo Ayuda a la Vida
- Instituto de Investigaciones y Políticas en Salud VIMECA
- Instituto Juan Carlos Macedo
- Josiano Macedo de Lima
- Management Sciences for Health. Proyecto Pronicass - USAID
- Movimiento de Reintegración das Pessoas Atingidas pela Hanseníase - MORHAN
- Movimiento Popular de Saúde do Estados de Sergipe
- Movimento Sem Terra - MST
- Mujeres Al Oeste
- Programa Ciudadanía y Gestión Pública, Universidad de los Lagos
- Red de Programas Universitarios de Investigación en Salud de America Latina
- Red PUISAL
- Red de Salud de las Mujeres Latinoamericanas y del Caribe (RSMLAC)
- Unión Nacional Por Moradia Popular (UNMP)