WHO and the Commission: 
Taking forward the agenda on social determinants and health equity

Dr Tim Evans
Assistant Director General, Information, Evidence and Research Cluster, World Health Organization

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Why do we think the CSDH can do better?

• Strong WHO engagement from new leadership
• CSDH will set realistic objectives, focus on political strategy
What has been done at WHO? (1)

- Creation and design of the Commission
  - Chair and Commissioners
  - Knowledge Networks
  - Country partners
  - Civil society mobilization
  - Engagement of WHO as an institution - its 6 regional offices and its priority programs.

- Facilitated the process of the Commission
  - Meetings of Commissioners -
  - Work of the knowledge networks, country partners, civil society, WHO participation
  - Facilitated production of background documents, and final reports
What has been done at WHO? (2)
The Knowledge Networks

9 Knowledge Networks (KNs)
Involving 350 researchers, practitioners, policy makers and civil society representatives and 100 institutions across low, middle and high income countries
A final report of recommendations to the Commission
> 100 publications
What has been done at WHO? (3)
The WHO-Country Partner Process

- Active learning from experiences in 9 partner countries

- Facilitating promotion of work within countries including National Commissions

- Work on specific key areas
  - Intersectoral action (case studies from 18 countries)
  - Priority Public Health Conditions knowledge network (case studies from 13 countries)

- Policy lessons and synthesis
  - Evidence reviews
  - 'Making the case' dialogue
  - Sharing experience with implementation
Health Equity Through Intersectoral Action:

An Analysis of 18 Country Case Studies
What has been done at WHO? (4)

Priority public health conditions

Priority public health conditions knowledge network (PPHC KN) - integrating social determinants framework in the work of WHO:

- 13 country case studies analysing "know-how" related to effective implementation of programmes that address social determinants of health and health equity.

- 14 case studies covering broad spectrum of WHO's priority public health programmes including:
  - **Communicable diseases**: HIV/AIDS, TB, neglected tropical diseases
  - **Chronic diseases and risk factors**: cardiovascular diseases, diabetes, mental disorders, tobacco, alcohol
  - **Maternal-child health**: child nutrition, safe pregnancy, sexual and reproductive health
  - **Health promotion and safety**: oral health, food safety and violence and injuries,
Where there is no pill:  
social determinants and injury: entry points and interventions

Steps to reduce road user vulnerability

1. Low cost speed control
2. Rumble strips and speed humps
3. Identification of crash hot spots
4. Pedestrian safety targets in towns

Results after 15 months:

- 35% reduction in crashes
- 55% reduction in fatalities
- 76% reduction in serious injuries

Number of People Suffering Financial Catastrophe and Impoverishment Due to Health Spending

WHO Region

- EMR
- AFR
- EUR
- SEA
- AMR
- WPR

Number of people (million)

- impoverishment
- catastrophic
What has been done at WHO? (5)

WHO Technical Contributions

- Reports and peer-reviewed publications on health equity and the social determinants of health.

- Work in WHO regions
  - Regional equity analyses e.g. AFRO
  - Leadership in specific areas of social determinants
    - EMRO – community-based initiatives in disadvantaged communities
    - Kobe Centre – urban health
    - Venice Office – government capacity
    - AMRO/PAHO – global training course on social determinants

- Two concept papers that helped to frame the work of the CSDH

- Contributions on equity and social determinants of health to WHO Reports
  - World Health Report 2008 on Primary Health Care
  - World Health Statistics 2007
Social dimensions of health affirmed in WHO Constitution (1948), downplayed during 1950s era of disease campaigns.

Determinants re-emerge under Health for All agenda (1970s), action falters in 1980s.

1990s: paradigm of health as "private" issue dominant; some exceptions.

2000s: "pendulum swing" and new chance for action.

1948-2005: Commission social Determinants of Health

- 1948
- 1978
- 1982
- 1993
- 2000
- 2001
- 2002
- 2005

MDG: Millennium Development Goals

Scaling-up
Stunting among children under 5 years of age, by household wealth quintile, Mozambique, 1999–2003

Note: Household wealth index constructed using durable goods, type of materials used in housing floor and number of rooms divided by the number of household members. Wealth quintile 1 indicates the poorest and wealth quintile 5, the least poor.

What contributes to inequity in childhood stunting?

- Other: 35%
- Mother’s occupation: 13%
- Region: 16%
- Household wealth: 17%
- Source of drinking water: 19%
What has been committed to in official documents and governing bodies of WHO?

- General Programme of Work (10 year plan)
- Medium Term Strategy (6 year plan)
- Biennium 08/09 budget
- Departmental focus at HQ with regional focal points
- Regional Committee technical discussions 2008
- Agenda item for Executive Board and World Health Assembly 2009.
What are we continuing to do?

1. Influencing Agendas
2. Knowledge Dissemination and Debate
3. Measurement and Analysis
4. Policy and Programs - evidence to action
5. Capacity Building
6. Research Agendas
Influencing Agendas

- Convening countries regionally, engaging with existing processes of health and social reform
- Convening around specific topics – e.g. intersectoral action
- Policy coherence (within WHO and externally)
  - Links between WHO and other UN agencies
  - Links with Primary Health Care, MDGs, poverty-reduction strategies etc.
The World Health Report 2008 on PHC: The Four Sets of Reforms

- **UNIVERSAL COVERAGE REFORMS**
  to improve health equity

- **SERVICE DELIVERY REFORMS**
  to make health systems people-centred

- **LEADERSHIP REFORMS**
  to make health authorities more reliable

- **PUBLIC POLICY REFORMS**
  to promote and protect the health of communities
Knowledge Dissemination and Debate

- Synthesis and dissemination of Knowledge Network (KN) outputs
  - Globally – websites and compilations of KN work
  - “Localizing” - ensuring regional and national relevance

- Report describing key policy implications of KN reports forthcoming 2008

- Book compiling KN work forthcoming 2009

- Theme issue of Bulletin of WHO on social determinants of health and health equity in 2009
Measurement and Analysis

- Expanding regional and country situation analyses of social determinants and health equity
- Convening expert advice on methods and tools for measurement of social determinants and health equity to issue WHO guidelines
- Reporting on social determinants indicators
  - e.g. an equity monitor in the WHO Global Health Observatory
Global Health Observatory

Monitoring the health situation and trends in the world

Disease Outbreak Monitoring
Equity Gauge
Health MDGs
PHC/health systems performance
Africa
Conflicts & Emergencies Tracking
Women Gender
NCD & risk factors
Mortality & disease burden
Other regions

World Health Statistics
Integrated Country Health Profiles
Policies & Programs – Evidence to Action

- Supporting implementation and “how to” knowledge
  - Pathfinder country network;
  - Regional support to country strategies with technical assistance

- Intersectoral action
  - Sharing experience, best practices
  - Developing tools e.g. health equity impact assessment

- SDH mainstreaming
  - priority public health programmes
  - strengthening of health systems

- Accelerate "priority" social determinants strategies such as:
  - early childhood development, gender, urban settings
Capacity Building

- Development of training modules for social determinants of health and health equity
- Integration of SDH and HE into curricula of health professions i.e. schools of medicine, nursing, and public health
- Workshops for WHO staff
Research Agendas
WHO Research Strategy

- **Priorities pentagon**
  - Measure the gradient?
  - Determinants of inequalities?
  - Develop new interventions?
  - Know-how for delivery?
  - Evaluation?

- **Capacity**
  - Research funding
  - Academic careers

- **Standards**
  - Measures
  - Research design

- **Translation**
  - Engaging people and policy-makers in research
Bamako Ministerial Forum
"Research for Health"

- 1990: Commission on Health Research for Development
- 1996: Ad Hoc Committee on Health Research Relating to Future Intervention Options
- 2000: International Conference on Health Research for Development (Bangkok)
- 2004: Ministerial Summit on Health Research (Mexico)
- 2008: Bamako Ministerial Forum, November 17-19: Research for social determinants of health as part of the Bamako Ministerial Action Plan
Direction for the future

- CSDH report to be considered as agenda item at January 2009 Executive Board

- January 2009 Executive Board will also consider a number of related issues including Primary Health Care, Millennium Development Goals and climate change

- Following discussions at EB, further consideration at World Health Assembly in May 2009
"When we think about the Commission’s findings, we must also think about a fundamental paradox. At the international level, health has risen to a high place on the development agenda. Yet within most governments, the health ministry usually has less clout and negotiating power than other members of cabinet. It is my fervent hope that, with the weight of the Commission’s findings as a support, health ministers will be better able to persuade other sectors to consider health when policies are set."

Dr Margaret Chan,

Address to South East Asian Regional Committee Meeting, September 2008