



**REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN**

October 2015

**Sixty-second Session
Kuwait, Kuwait City, 5-8 October 2015**

**TECHNICAL MEETING
SOCIAL DETERMINANTS OF HEALTH¹**

Objective of the event

The objective of the session is to update Member States on the work done in the area of social determinants of health since the 61st Session of the Regional Committee and agree on the way forward.

Background

In 2008, the World Health Organization (WHO) Commission on Social Determinants of Health produced an extensive prescription for what is required to “close the gap” across all sectors of society. It made three 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. At the 2009 World Health Assembly, Member States resolved to put those recommendations into practice by adopting resolution WHA62.14 Reducing health inequities through action on the social determinants of health. This was followed by the 2011 World Conference on Social Determinants of Health in Brazil, which resulted in the Rio Political Declaration on Social Determinants of Health and its subsequent endorsement by the 130th session of the Executive Board (January 2012) and World Health Assembly (WHA65.8).

Action on the social determinants of health has been identified as a priority by many Member States for collaboration with WHO during the current and next biennium. There was consensus that effective action on each of the five regional priorities will not be complete unless the social determinants are addressed and action is taken to reduce inequities. Closing the gap requires comprehensive, coordinated actions across government sectors, civil society, academic institutions, and private sector.

The social determinants of health were discussed during the 61st Session of the Regional Committee. Member States requested WHO to prepare a regional strategy/strategic directions with an action-oriented framework for country plans of action that take into consideration country differences. They recommended an intercountry meeting to discuss strategic directions and develop a clear vision on the way forward to be presented to the 62nd Session of the Regional Committee.

Accordingly, a regional consultation on reducing inequities through action on the SDH, hosted by the Islamic Republic of Iran, was held on 21–23 April, 2015. The meeting was attended by 22 participants from 13 countries in the Region (Afghanistan, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Libya, Morocco, Oman, Palestine, Pakistan, Saudi Arabia, Sudan, and Tunisia), 15 experts, and staff representing the United Nations Development Programme and WHO.

Member States and WHO agreed to implement the components of a proposed framework and related actions with technical support from WHO. The following were the key actions proposed.

Evidence-building, advocacy and capacity-building

¹ Paper prepared by WHO and University College London, Institute of Health Equity

- Support the four countries (Islamic Republic of Iran, Jordan, Morocco, Sudan) who expressed their readiness in conducting in-depth assessments of health inequity and the main social determinants of health, according to the available data, to identify data gaps. Engage multiple departments/ministries in identifying data gaps and the sectors responsible for collection, analysis and reporting.
- Conduct a national workshop with participation of all stakeholders to identify equity gaps and determine key interventions to be implemented by the concerned sectors.
- Review available economic and social examples from other regions and their impact on social determinants of health, and produce an outline and template to promote such undertakings in the Region.
- Analyse core equity data and trend analysis, and use geographic information system (GIS) mapping to identify target populations. Develop economic and social case studies through research, academia and nongovernmental organizations at the national level, in line with the template provided by WHO.
- Develop policy briefs and use these along with advocacy materials to orient high-level policy-makers and parliamentarians and encourage informed policy-making.

Governance and integration of social determinants of health in the five WHO priority areas

- Establish a high-level multisectoral task force, with defined terms of reference, chaired at the highest possible level, with the ministry of health as secretariat and with membership from all relevant sectors, selected parliamentarians and civil society.
- Incorporate social determinants of health in national development policies and plans.
- Implement the WHO guide for the integration of social determinants of health in the five priority programmes: communicable diseases, noncommunicable diseases, maternal and child health, health systems development and emergencies.
- Conduct an assessment of health system performance, including gaps and needs, and apply measures to improve access to quality health services. Introduce and expand health insurance schemes and social protection for the poor to reduce out-of-pocket health expenditure.
- Integrate social determinants of health in health, medical and nursing pre-service education.
- Engage civil society and other development sectors at the local level in needs assessment, planning and implementation of social determinants of health interventions.
- Assess outcomes and expand and institutionalize the social determinants of health approach as part of government development policies and plans.

Partnership and harmonization

- Map UN interventions in line with the social determinants of health concept and methodology.
- Direct the UN Country Team to strengthen synergy between UN agencies and partners on social determinants of health interventions.

Current state of play

Based on the above recommendations, four countries (Islamic Republic of Iran, Jordan, Morocco and Sudan) undertook to conduct in-depth assessments of health inequity and the main SDH and ongoing examples of programmes, and to document gaps in monitoring systems. In addition, countries were to conduct a national workshop. Since the meeting, Palestine has also expressed interest in providing an in-depth assessment.

In advance of the Regional Committee, WHO and the Institute of Health Equity supported Morocco, Sudan, and Gaza and the West Bank in initiating work to conduct the assessment. Preliminary reports have recently been developed. The other two countries are in the process of developing similar reports.

Initial thoughts regarding the Morocco, Sudan and Palestinian reports

Within these reports there is clear data that describes improvements in life expectancy but clear inequities in health outcomes and in the social determinants of health. Preliminary results also show that the five countries share common factors. There is high political commitment. Data on health inequity are available but

are incomplete, with significant data gaps especially at subnational level. While social determinants are country specific, some determinants are common to all countries, Ministries of health of the five countries are facilitating and coordinating the work on social determinants of health and 'health in all policies' (HiAPs) and are taking the agenda forward.

In Sudan, access to health care, education (especially women's education), gender issues, access to safe water and sanitation, nutrition and food security, political instability (resulting in displaced people and refugees) and unemployment and poverty were identified as key social health determinants. Accordingly, engaging non-health sectors and strengthening the commitment of the National Health Council and Parliament will be the way forward for addressing the social determinants of health.

Based on the assessment in Morocco, education (especially women's education), poverty, gender and residence (urban-rural) and geographical distances between regions were identified as the key social determinants of health. 84.1% of urban males are literate compared to just 36.7% of rural females. The ministry of health plans to conduct a national debate, establish a multisectoral mechanism, develop an action plan with a regional and local focus, strengthen availability and utilization of data, mainstream social determinants of health into key public health programmes and priority initiatives through consensus-building with key actors and sectors.

In Palestine, preliminary data show that the impact of war and occupation is the main social determinant of health, directly or indirectly. The separation wall and checkpoints limit the movement of the population in the West Bank and their accessibility to health care, especially to secondary and tertiary health services. In addition, lack of access to water and sanitation has been identified as the second social determinant of health. Furthermore, the current situation is dominated by unemployment, poverty, damage to infrastructure (especially housing and water supply), lack of social protection, increased tobacco consumption, poor food quality and increased prevalence of mental disorders.

Next steps

When the other country reports are ready, WHO and IHE will prepare a report with analysis of country data and summary of countries' potential for development of a monitoring system and indicators.

Based on current work in the three countries, it is clear that a next step for those countries would be to work further taking into account the recommendations mentioned above, leading to the development of national strategic plans for tackling SDH and health inequities. Among key actions is the establishment of a high-level multisectoral task force, with defined terms of reference, chaired at the highest possible level, with the ministry of health as secretariat and with membership from all relevant sectors, selected parliamentarians and civil society.

Following assessment of the five country reports, it is suggested to organize a regional meeting to develop a list of core equity indicators which should then be integrated into the framework of the health information system.

Expected outcomes of the session

- Agreement on the next steps in leading a movement of change in the Region.