



**REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN**

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**SOCIAL DETERMINANTS OF HEALTH: MOVING INTO CONCRETE ACTION
IN THE EASTERN MEDITERRANEAN REGION**

Objectives of the event

The objectives of the event is to discuss the role of the health sector in leading a movement of change in regard to tackling the social determinants of health in the Region.

Background

The results of the WHO commission on the social determinants of health¹ showed that inequities in the conditions of daily life are driving inequities in health outcomes and that action should be taken to: (1) improve daily living conditions; (2) tackle the inequitable distribution of power, money and resources; and (3) measure and understand the problem, and assess the impact of action.

Subsequently, the World Conference on Social Determinants of Health in 2011, issued the Rio Political Declaration on Social Determinants of Health, which highlights the key action areas:

1. Strengthening of global governance and collaboration.
2. Improving governance for health and development.
3. Increasing participation in policy making and implementation.
4. Reorienting the health sector towards reducing health inequities.
5. Monitoring progress and increasing accountability.

These were endorsed by the 130th session of WHO Executive Board, and the Sixty-fifth World Health Assembly (WHA 65.8).

There are significant inequities in health both between and within countries in the Eastern Mediterranean Region. The extent of these inequities varies in different countries, but they exist in all countries. These inequities are apparent along the life course, in life expectancy and in the prevalence of ill-health. Life expectancy ranges from 51–82 years in countries across the Region. Within countries, health and life expectancy also vary, and are related to social and economic factors such as employment status, income, education, gender, environment, and location. Health inequities are avoidable and can be reduced. Annex 1 provides available data from the region, although much more work is needed to document

¹ The World Health Organisation (WHO) defines the social determinants of health as the conditions in which people are born, grow, live, work and age.

health inequities in different countries of the Region. There are solid evidence and clear examples demonstrating that addressing the social determinants of health results in improvements in health outcomes and reduction of inequities. The five key priorities adopted by the Regional Committee for the period 2012-2016 are: strengthening health systems, the unfinished agenda of communicable diseases, noncommunicable diseases, maternal and child health, and emergency preparedness and response. Acting on the social determinants of health is essential for addressing each of the five priorities. Providing universal equitable and affordable health care is a priority for the Region, but by itself it is not sufficient, and the progress in the five regional priority areas cannot be achieved without addressing social determinants of health.

Action by the whole of government and the non-health sectors is necessary to achieve the desired outcomes in the five priorities. Action will include monitoring the relevant social determinants as an integral part of health information systems, strengthening multisectoral action, which is essential for addressing health determinants and risk, and taking action to reducing health inequities. International experience provides examples of strategies to address inequities. Based on a recent WHO review for the European region, a programme based on actions in four spheres has been developed. The recommended programme covers action in economic, social, political, cultural, and environmental policies with an equity lens. The European experience will be considered in developing an action-oriented strategy for countries of this Region.

The key social determinants of health in the Region² include: employment status, income, level of education, gender, place of living (urban-rural), ethnicity, environment and political context including conflict and post conflict situations.

Moving into concrete action

In recognition of the pressing need to act on the social determinants for health, WHO is giving priority to this area of work. The aim is to reduce health inequities and to take necessary action in the five priority areas. Initial action in 2014 focused on reviewing international experience and included the establishment of technical collaboration with the Institute for Health Equity, University College London. This will be followed by active engagement with Member States to develop an outline for strategic action based on the priorities and needs of the Region. One key area of action is to bridge the data gap and take action to generate and analyse basic information needed for an effective strategy and action plan.

Health ministers have a vital role in leading efforts and making the case to act on the social determinants of health and reduce health inequity. For an approach to be successful, it must involve a range of government ministries, have high-level support, and include a wide range of organizations and stakeholders. Ministers of health are uniquely placed to lead and develop this initiative by:

- advocating - to make the case in the national context;
- identifying data gaps and initiating talks with UN agencies regarding support available to improve monitoring through national and local data;

² This is based on interdepartmental review of key SDH, by strategic area, jointly completed with UCL, 2014.

- providing and using the evidence - to demonstrate effectiveness and inspire action at national, at local level and in other sectors to help build the evidence base for the Region;
- working with others - to prioritize information systems including birth and death registration;
- building the economic case - to demonstrate the economic benefits of improving health equity and ensure that resources are optimally spent;
- working with the public - to make the social justice case and the benefits for communities and individuals;
- leading cross-government collaboration - to develop multi sector programmes.
- mainstreaming health equity in all public policies;
- developing accountability and a knowledge-base - to monitor and report on health equity as a marker of national progress and to inform programmes for action.

The role proposed for WHO support would be:

- supporting a regional review of evidence;
- working with Member States on a regional strategy for social determinants of health and national action plans;
- providing technical advice on monitoring the social determinants as part of the health information and surveillance system;
- engaging other partners like United Nations agencies, civil society, nongovernmental organizations, and donors;
- developing a methodology for collecting and generating economic evidence;
- supporting advocacy to engage non-health sectors;
- developing capacity across the Region.

Expected outcomes

Agreement on next steps and the role of the health sector in leading a movement of change in the Region.