

Summary report on the

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# **Regional consultation on reducing health inequities in the Eastern Mediterranean Region through actions on the social determinants of health**

Teheran, Islamic Republic of Iran  
21–23 April 2015



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## **1. Introduction**

In response to the substantive health equity impact of the social determinants of health and the priority put on them at the 61st session of the Regional Committee, a regional consultation was organized by the World Health Organization (WHO) Regional Office for the Eastern Mediterranean in Tehran, Islamic Republic of Iran, 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.

The purpose of this consultation was to share and review actions being taken to operationalize the Rio Political Declaration on Social Determinants of Health at the regional and global levels, share follow-up actions since the 61st session of the Regional Committee, identify data gaps relating to inequities, and develop an outline of a regional strategy on social determinants of health and a framework for action addressing social determinants of health and health inequities based on experiences from within and outside the Region.

The consultation was inaugurated by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean. In his address, Dr Alwan pointed out the need for highlighting social determinants of health as a global approach to reducing health inequities. Despite significant advances in health indices, disparity in the distribution and availability of health services and outcomes between and within the countries of the Region has become alarming. However, many causative factors lie outside the immediate control of ministries of health. The outline strategy should motivate local policy-makers to support work on the social determinants of health, empower local communities on health and social development,

and design sustainable mechanisms for intersectoral action and interactive action plans to reduce health inequities.

On behalf of His Excellency Dr Mohammad Bagher Ghalibaf, Mayor of Tehran, Mr Meitham Amroudi, Deputy Mayor of Tehran, acknowledged that health was a keystone of justice and development in society. Health deprivation is greater in vulnerable populations such as poor people, children, women and the elderly. The municipality of Teheran has addressed the problem through community partnership in health with a citizen- and neighbourhood-oriented approach. Nevertheless, continuous improvement of interventions needs strong monitoring and a supportive supervision strategy.

His Excellency Dr Hassan Hashemi, Minister of Health and Medical Education, stated that reducing inequities, especially in deprived and rural areas and in vulnerable groups of the community, has been one of the biggest achievements in the Islamic Republic of Iran. The expansion of the primary health care system and improvements in social infrastructures have rapidly improved health indices and narrowed the gaps between deprived and affluent areas. Access to health care services, especially among vulnerable populations, had also been a concern, so it was a priority to increase the partnership of government in paying the health care expenses for every citizen. Now all Iranian citizens are under the coverage of the insurance system.

Although the social determinants of health are responsible for more than 70% of health issues and inequities, they are outside the immediate control of the health system. Thus, the principles of intersectoral collaboration and community partnership, along with the Health in All policies approach, need to be followed. The most important way of controlling common diseases and social inequities is by tackling the adverse impact of social determinants of health.

Recent intersectoral cooperation at national, provincial and district levels in the Islamic Republic of Iran is evidence of the feasibility of addressing this issue.

## **2. Summary of discussions**

During the discussions, it was agreed that the role of social and economic equity is critical in health. In addition, social determinants of health need to be integrated into the medical and nursing education curricula in the countries of the Region; implementation should be tailored according to the particular circumstances and capacity of each country. Examples were given of effective partnerships and resource mobilization which can be used to strengthen infrastructures in the areas of improving access to health services, water and sanitation, agriculture, and job security in remote areas. Evidence on examples of cross-governmental collaboration from Semnan province in the Islamic Republic of Iran, Morocco and Tunisia was shared. In addition, the experience of Thailand on the linkage of social determinants of health with universal health coverage was presented and discussed.

A framework for action to reduce health inequities through the social determinants of health approach and WHO work on monitoring health inequality and the process of selecting equity indicators for each priority programme were presented. During the panel discussion, participants stressed that data collection through surveys may negatively affect routine surveillance by overburdening health staff. A possible solution could be the integration of social determinants of health indicators into routine data collection for the health information system. Experiences from the Member States in the Region have shown that the use of identity cards can help link the health system data and social determinants of health. It was also deliberated whether equipping health facilities with computers could facilitate better monitoring of the health

information system: continuous monitoring could expedite the timely detection of issues. Community engagement in data collection and data analysis can also strengthen the role of the community in response to health inequities. It was also noted that the influence of building infrastructures such as electricity, transportation, and water sanitation have been to some extent neglected at the national level.

Considering the number of countries in emergencies, a session was devoted to the social determinants of health in conflict and crisis situations. Participants discussed the global vision on emergencies in conflict areas, and the experience of Palestine was presented in a panel discussion. Most of the countries of the Region do not pay heed to preparedness before a crisis occurs, and consequently they cannot maintain sustainable public health surveillance and service in times of crisis. Sir Michael Marmot made comparisons between the earthquakes in Chile and Haiti. Although the Chile earthquake was 500 times more powerful than that in Haiti, the number of casualties was much smaller due to highly organized city infrastructure, i.e. preparedness before a crisis can diminish vulnerability. It was agreed that preparedness and resilience should exist in all sectors. Two key components of emergency preparedness are reducing vulnerability and city resilience. Palestine is evidence of how conflict has affected the health of the people, however, due to the high level of literacy among women and knowledge on the importance of prevention and primary health care, Palestine has been able to have some successes in health outcomes despite the conflict situation.

The importance of partnership in tackling the adverse impact of conflicts was also discussed: without sustainable partnership, no development is possible. In this regard, it was observed that the engagement of the people in priority-setting was the first step in building partnerships.



A panel discussion was held with the participation of WHO and representatives of the United Nations Development Programme, the United Nations Children's Fund, the Joint United Nations Programme on HIV/AIDS and the United Nations Population Fund (UNDP, UNICEF, UNAIDS, UNFPA) in the Islamic Republic of Iran. It was concluded that UN agencies can play a key role in building partnerships at national and regional levels to respond to health inequities, along with leadership from government. In this regard, it was suggested that a formal mechanism for coordination be established.

Working groups were then asked to discuss issues and propose interventions in respect to five domains (advocacy and capacity-building, steps towards identifying data gaps, partnership, governance, and integration of social determinants of health) in five WHO priority areas. The main challenges identified were inadequate political commitment by governments and poor recognition of the social determinants of health as a priority. Other problematic areas included: unsustainable leadership; political instability/security; lack of any mechanism to operationalize a national plan for the social determinants of health through defined roles and responsibilities; the absence of disaggregated data on inequities; inadequate institutional alignment and harmonization; lack of communication between different sectors; funding constraints; fragmentation of the health system infrastructure, especially in conflict areas; weak capacity of human resources to address social determinants of health; and low utilization of public health services.

National plans need to be developed with a single path and an integrated approach. The countries of the Region should reconsider their policies and advocate for incorporating social determinants of health. Key players should be identified at country level to collaborate further in social determinants of health and health equity; integrate social

determinants of health into existing projects (e.g. into all priority programmes); implement national plans; prepare training and advocacy materials, policy briefs and mechanisms to enhance governance related to social determinants of health; identify relevant data gaps at the national level; and agree on a core set of equity indicators. Strengthening partnerships at all levels should be a priority along with enhancing community engagement, incorporating social determinants of health in the medical and nursing curriculum and developing a health system oriented towards social determinants of health.

It was proposed that WHO should highlight social determinants of health and the reduction of health inequities to the UN Annual Assembly and at international conventions such as the Framework Convention on Tobacco Control, thus making it legally binding for all UN Member States and all governmental sectors. Who would also be expected to provide technical support in developing a standard core set of equity indicators; assist in capacity-building activities, particularly in data analysis; and develop generic tools, models and methodology for assessing and responding to inequities. In addition, WHO can facilitate the exchange of experiences (sharing success stories), design a “logic model” for how actions fit together, and advise on cross-cutting actions to address a broad set of objectives and concrete, feasible interventions, rather than simply adding a longer list of actions.

Discussion continued on the implementation of Urban HEART at the global level and selected experiences from Paranaque, Philippines, Toronto, Canada, Kampala, Uganda, and Tehran, Islamic Republic of Iran were presented. The following points were noted.

- Sharing the good experiences of other countries via the WHO website would be a highly recommended action.

- The Healthy Cities initiative should be expanded using the Urban HEART approach.
- Leadership and partnership are key in addressing social determinants of health and health inequity.
- The selection of sensitive indicators and establishing a multisectoral monitoring system are essential to the success of Urban HEART.

Preparing for crisis – strengthening response interventions through vulnerability reduction, intersectoral actions, city resilience, restructuring of the health system and protecting public health facilities from damage as a result of crisis – should be seriously considered as an integral part of a country's social determinants of health plan of action.

In discussing the importance of partnership and the need for multisectoral action to monitor health inequities, it was concluded that UN agencies can play a key role in building partnership at national and regional levels in response to health inequities. Capacity-building within the local community and their active engagement are crucial elements for social determinants of health implementation. In addition, the implementation of Urban HEART in the Region was critically reviewed: countries should be assisted in using a refined Urban HEART as an option to address inequities in urban settings.

During the concluding session it was highlighted that the social determinants of health are responsible for 50% of health outcomes. Health inequities are the unfair and avoidable differences in health status seen within and between countries. Closing health equity gaps, therefore, requires comprehensive, coordinated actions to address the social determinants of health across sectors, including governments,

civil society, United Nations (UN) agencies and other development organizations, academic institutions, donors and the private sector.

Evidence and experience from inside and outside the Region show that it is entirely possible to reduce health inequities, even in the most challenging areas. Country experiences are excellent examples of successful actions, which can be built on and appropriately transferred to other areas, taking into consideration specific contexts. In this regard the experiences of Morocco, the Islamic Republic of Iran, Tunisia and Thailand are evidence of successful multisectoral collaboration that can largely be used by other countries of the Region (global initiatives such as social determinants of health, universal health coverage, prevention and management of noncommunicable diseases, prevention of road traffic accidents, improvement in quality of life, ageing, and emergency management and response are all based on multisectoral action). The countries need help in implementing the recommendations for social determinants of health, mainly promoting Health in All policies; incorporating equity, gender and human rights into public health programmes; enhancing linkages between social and environmental determinants of health; monitoring and evaluating social determinants of health; and removing all barriers that hinder access of all to health and other social services.

Although more disaggregated data need to be collected, there is enough evidence confirming persistent health inequities related to socioeconomic status, gender and urban/rural differences in the countries of the WHO Eastern Mediterranean Region. Choosing simple, practical yet informative indicators for monitoring health inequities is essential to proceed with the implementation of the social determinants of health national plan of action. The importance of monitoring equity indicators was highlighted. This encompasses five steps: definition of indicators, obtaining data, data analysis, reporting

(communicating) the results and implementing changes. Countries also need assistance in using the WHO Global Health Observatory and other tools like Urban HEART to monitor health equity and assist in developing responses in filling equity gaps.

Achieving a coherent and systematic linkage between social determinants of health and the development and reform of health systems requires the application of an integrated approach and the development of a social determinants of health framework of action. This would include mainstreaming the social determinants of health approach within public health programmes and health systems in order to reduce health inequities more systematically. Health services will be unable to reduce health inequities unless the social determinants of health are addressed. Priority actions include: developing a guide for the integration of social determinants of health in the five priority programmes; strengthening coordination between different priority areas and agreeing on responsibilities of each priority programme in reducing health inequities; and incorporating the social determinants of health framework in the national plan for all priority programmes.

The participants agreed that an in-depth assessment of health inequity and social determinants of health in accordance with the framework in some countries would help in moving the agenda forward. The Islamic Republic of Iran, Jordan, Morocco and Sudan announced their commitment, and expressed their readiness, with the support of WHO, to be the first group of countries to conduct this exercise.

### **3. Action points**

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

*Evidence-building, advocacy and capacity-building*

- 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. [ministries of health and WHO]
- Conduct a national workshop with participation of all stakeholders to identify equity gaps and determine key interventions to be implemented by the concerned sectors. [ministries of health and WHO]
- 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. [WHO and UCL Institute of Health Equity]
- Develop economic and social case studies through research, academia and nongovernmental organizations at the national level in line with the template provided by WHO. [ministries of health of the Islamic Republic of Iran, Jordan, Morocco and Sudan]
- Develop policy briefs and use these along with advocacy materials to orient high-level policy-makers and parliamentarians and encourage informed policy-making. [local experts supported by WHO]
- Orient media groups on the importance of the social determinants of health and their impact on overall development, including health. [high-level task force]

*Identifying data gaps and the integration of core indicators for social determinants of health in the framework of the health information system*

- Organize a regional meeting participated by health information system experts from the four volunteer countries and develop a list of core equity indicators. [WHO and UCL Institute of Health Equity]
- Integrate the list of core equity indicators in the framework of the health information system. [WHO, ministries of health]
- Engage multiple departments/ministries to identify data gaps and the sectors responsible for collection, analysis and reporting. [relevant sectors supported by ministries of health and WHO]
- Analyse core equity data and trend analysis, and use geographic information system (GIS) mapping to identify target populations. [ministries of health supported technically by WHO]
- Establish national mechanisms for reporting and monitoring equity trends, social determinants of health and actions taken by the relevant sectors. [ministries of health]

*Governance*

- 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. [high-level government authorities]
- Select the targeted province/state/governorate according to equity gaps. [high-level task force]
- Allocate or redirect available resources to the sector concerned to implement the agreed interventions. [high-level task force]

- Engage civil society and other development sectors at the local level in needs assessment, planning and implementation of social determinants of health interventions.
- Distribute tasks, monitor progress and report to all levels, including the local community.
- Assess outcomes and expand and institutionalize the social determinants of health approach as part of government development policies and plans. [high-level national task force]

*Partnership and harmonization*

- Map UN interventions in line with the social determinants of health concept and methodology. [UN Resident Coordinator]
- Direct the UN Country Team to strengthen synergy between UN agencies and partners on social determinants of health interventions. [ministry of health and UN Resident Coordinator]
- Facilitate the exchange of experiences and document good practices in addressing health inequities and social determinants of health. [WHO with other UN organizations]
- Introduce and expand health insurance schemes and social protection for the poor to reduce out-of pocket health expenditure. [high-level task force]
- Engage civil society in policy dialogue and the implementation of local interventions. [high-level task force]

*Integration of social determinants of health in the five WHO priority areas*

- Conduct an assessment of health system performance, including gaps and needs, and apply measures to improve access to quality health services.



- Incorporate social determinants of health in national development policies and plans. [ministry of health]
- Develop training materials on social determinants of health and their impact on health inequities for mid-level managers and health care providers. [ministry of health in collaboration with WHO]
- 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.
- Integrate social determinants of health in health, medical and nursing pre-service education. [local academia]

The image features a minimalist, abstract design composed of several rectangular blocks. A large teal block occupies the top right and bottom right portions. A grey block is positioned in the top left. A horizontal grey band runs across the middle. A dark grey block is located in the bottom left. The bottom of the image is a solid grey bar containing white text.

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