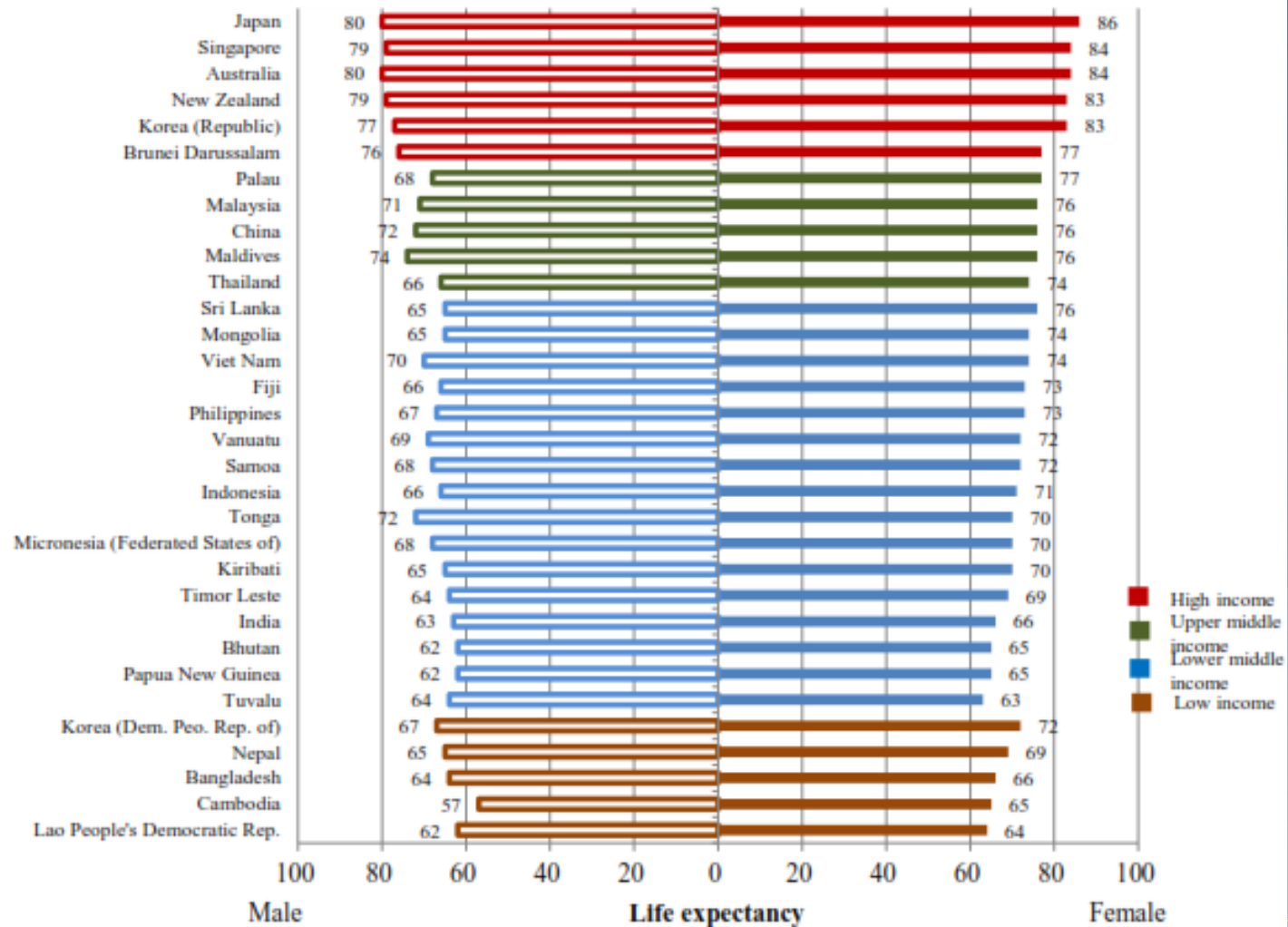


# Social and environmental determinants of health, Post MDG 2015 an overview

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**Figure 2: Life expectancy by income category, selected countries, 2011**



males born in Cambodia can expect to live 23 years less than males born in Japan  
 male born in Indonesia live 16 years less than males born in Japan

# GLOBAL MOVEMENT

(“Reducing health inequities through action on the social determinants of health”), **resolution WHA62.14**

Health inequities arise from the societal conditions in which people are born, grow, live, work and age, referred to as social determinants of health. **CSDH 2008**

## Action needed

*1.to improve daily living conditions;*

*2.to tackle the inequitable distribution of power, money and resources; and*

*3.to measure and understand the problem and assess the impact of action.*

▣ 53 policy recommendation

▣ Rio conference 2011  
▣ 16 declaration point

Commission on Social Determinants of Health FINAL REPORT



Closing  
the gap  
in a  
generation

Health equity through action on  
the social determinants of health



### **Rio Political Declaration on Social Determinants of Health**

*Rio de Janeiro, Brazil, 21 October 2011*

5. We reiterate our determination to take action on social determinants of health as collectively agreed by the World Health Assembly and reflected in resolution WHA62.14 ("Reducing health inequities through action on the social determinants of health"), which notes the three overarching recommendations of the Commission on Social Determinants of Health: to improve daily living conditions; to tackle the inequitable distribution of power, money and resources; and to measure and understand the problem and assess the impact of action.

Promote health equity in and among countries, monitoring progress at the international level and increasing collective accountability in the field of social determinants of health, particularly through the exchange of good practices in this field;

## Action needed

### *1. to improve daily living conditions;*

Improve the well-being of girls and women and the circumstances in which their children are born, put major emphasis on early child development and education for girls and boys, improve living and working conditions and create social protection policy supportive of all, and create conditions for a flourishing older life. Policies to achieve these goals will involve civil society, governments, and global institutions.

*From the start / early child development and in the whole life cycle*

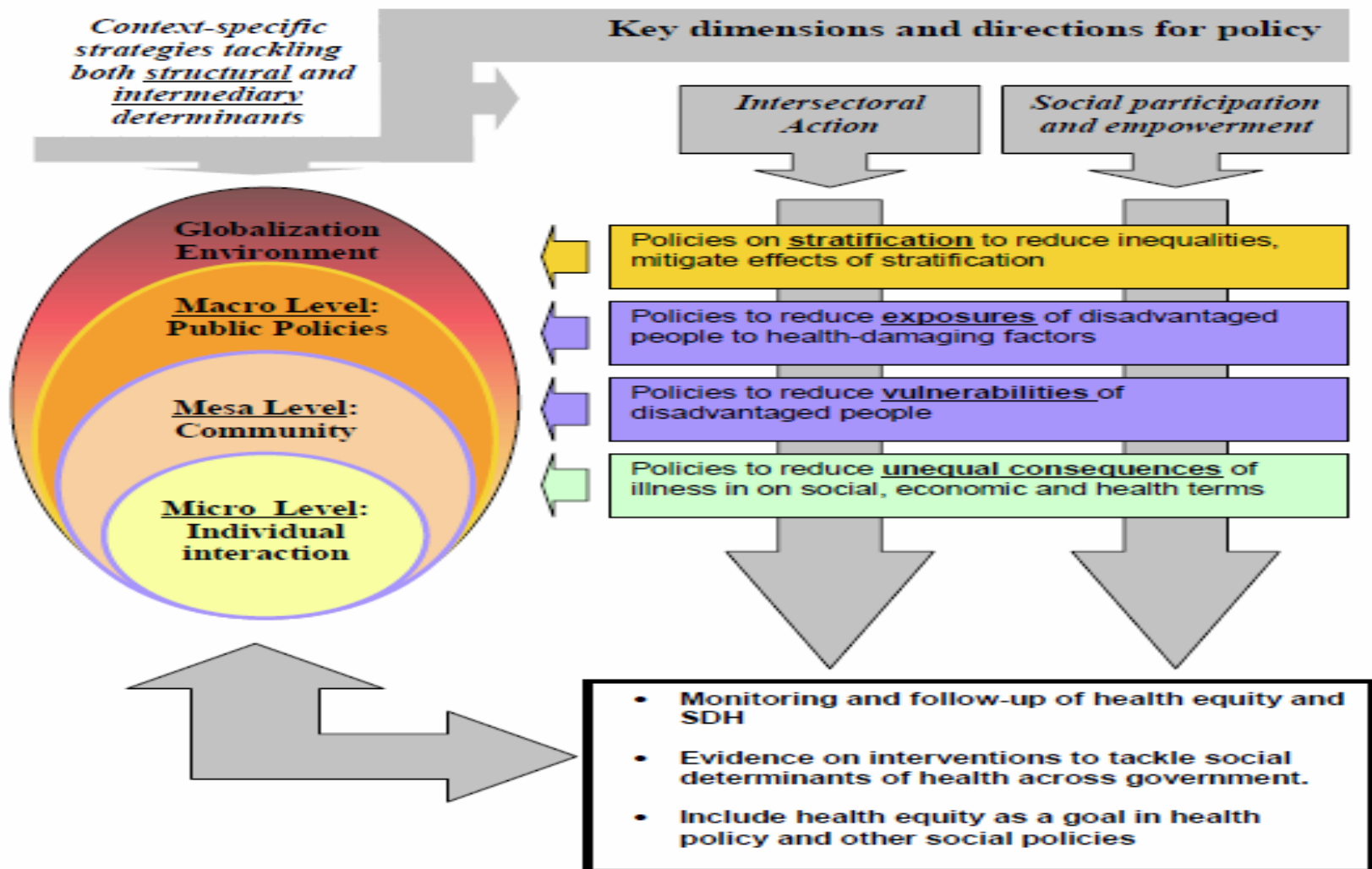
### *2. to tackle the inequitable distribution of power, money and resources;*

This requires a strong public sector that is committed, capable, and adequately financed. To achieve that requires more than strengthened government – it requires strengthened governance: legitimacy, space, and support for civil society, for an accountable private sector, and for people across society to agree public interests and reinvest in the value of collective action. In a globalized world, the need for governance dedicated to equity applies equally from the community level to global institutions

*the structural drivers of those conditions of daily life – globally, nationally, and locally.*

### *3. to measure and understand the problem and assess the impact of action.*

*National governments and international organizations, supported by WHO, should set up national and global health equity surveillance systems for routine monitoring of health inequity and the social determinants of health and should evaluate the health equity impact of policy and action. Creating the organizational space and capacity to act effectively on health inequity requires investment in training of policy-makers and health practitioners and public understanding of social determinants of health. It also requires a stronger focus on social determinants in public health research.*



**Figure: Framework for action on tackling social determinants of health inequities**  
 Elaborated by EQH/EIP 2006 (OPSH)

**Solutions from beyond the health sector**  
 HEALTH BY ALL SECTORS

# CSDH – Areas for Action

Structural drivers of those conditions  
at global, national and local level

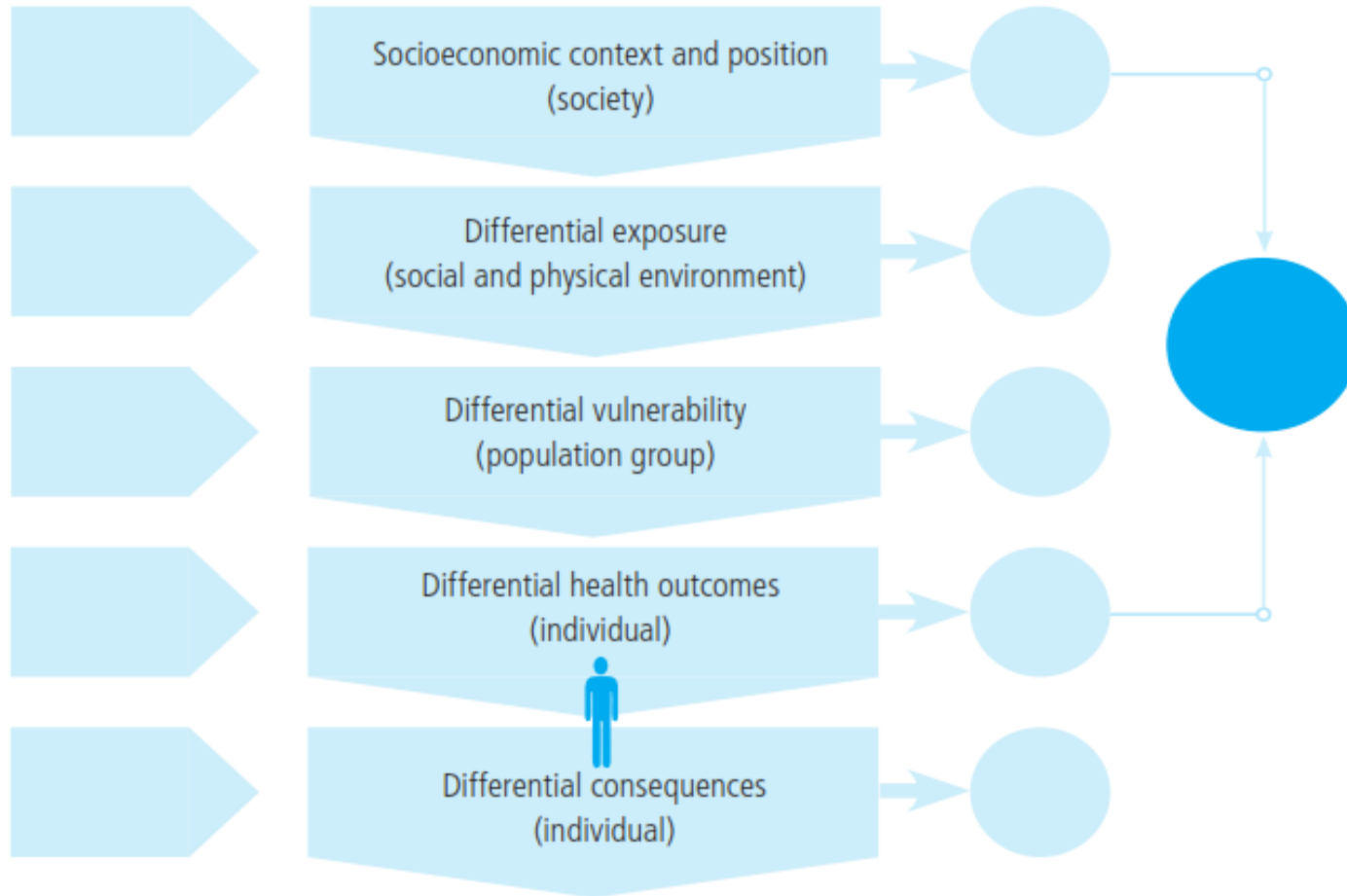
Conditions in which people are  
born, grow, live, work and age

**Monitoring, Training, Research**

INTERVENE ←

ANALYSE

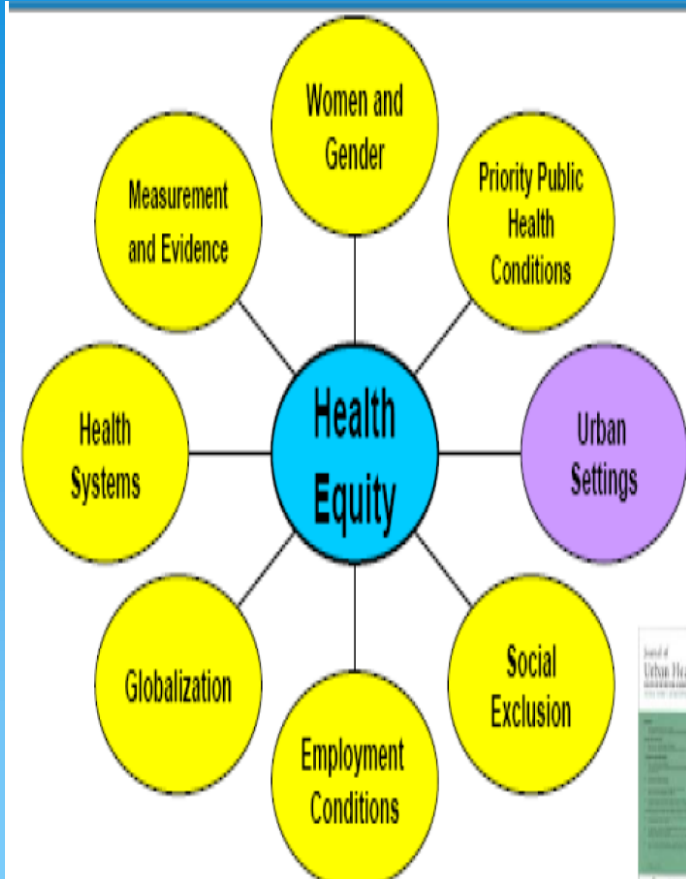
→ MEASURE



Source: Blas and Sivasankara Kurup, 2010, p. 7



## CSDH theme



The WCSDH themes

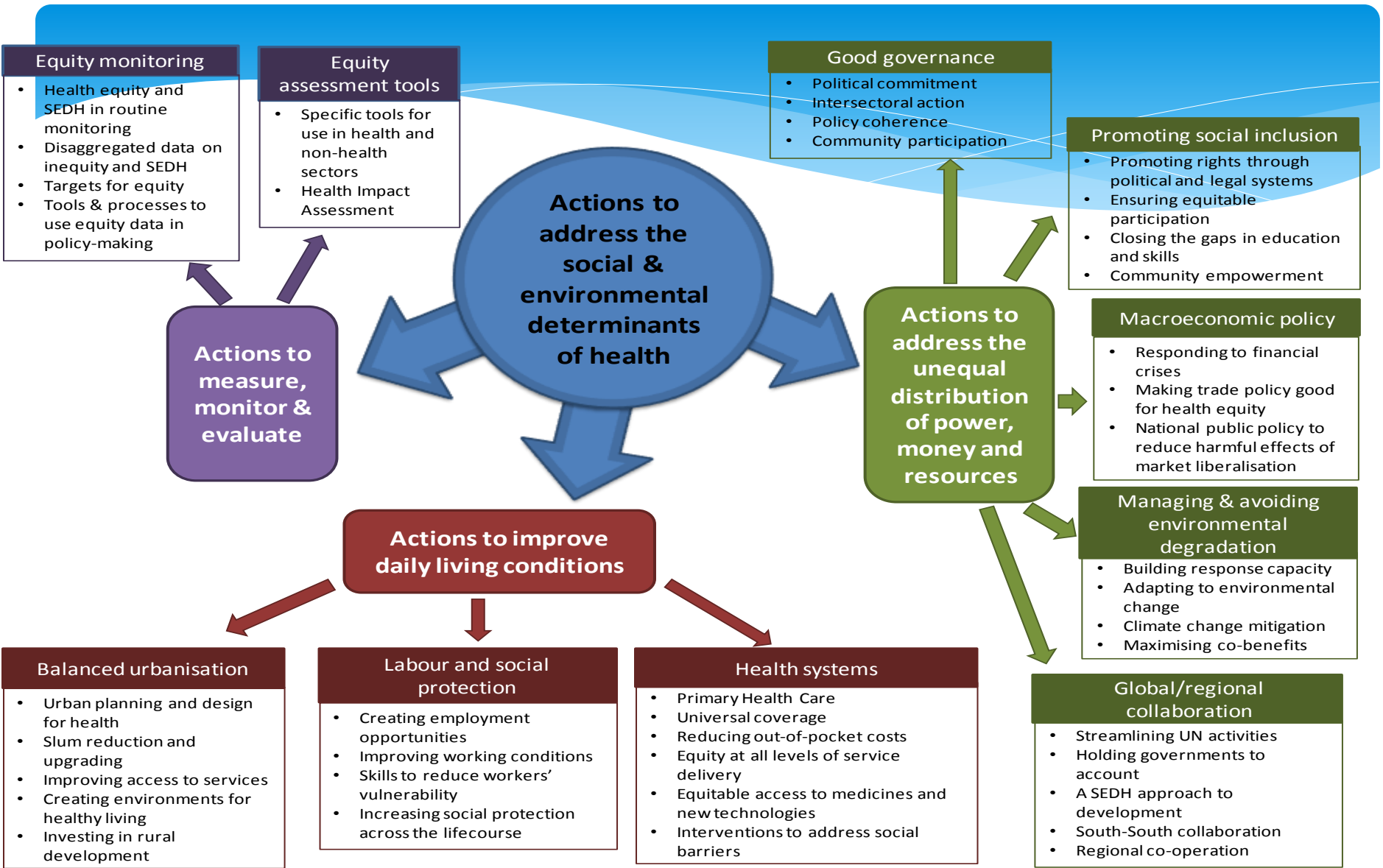
1. **governance;**
2. **promoting participation;**
3. **global action on social determinants, and**
4. **monitoring progress**

**AP HEALTH GAEN**

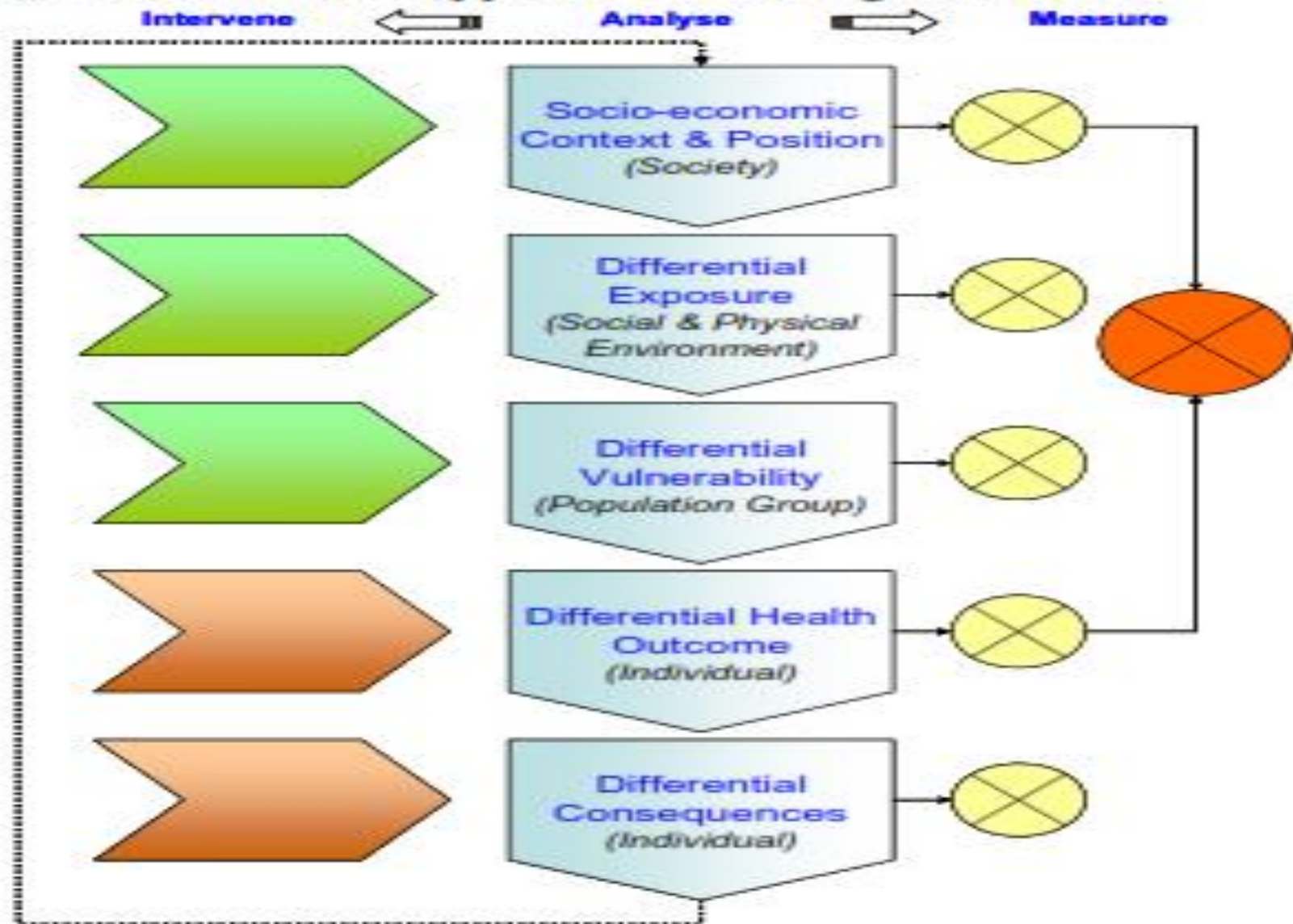
1. **Economic globalization;**
2. **Urbanisation;**
3. **Environmental change;**
4. **Health systems;**
5. **Social in/exclusion**

**The WHO World Conference on the Social Determinants of Health in October 2011 asked governments of the world to share what they have been doing to address these issues following the CSDH 2008 report.**

**Figure 1 - Action framework, based on the recommendations of the CSDH**



**Figure 4:** A schematic framework for analysis, intervention development and effect measurement for a social determinants approach to dealing with PPHC



## The Rio Political Declaration will help build national and international momentum for action around the following 5 key themes

- ▣ *Adopt better governance for health and development* to tackle the root causes of, and reduce health inequities.
- ▣ *Promote participation in policy-making and implementation for action on SDH*, engaging actors and influencers outside of government, including civil society.
  - 1.
- ▣ *Further reorient the health sector towards reducing health inequities*, including moving towards universal health coverage that is accessible, affordable, and good quality for all.
- ▣ *Strengthen global governance and collaboration*, including coordinated global action on social determinants of health aligned with national government policies and global priorities.
- ▣ *Monitor progress and increase accountability to inform policies on social determinants of health*

# HEALTH IN ALL POLICIES

Major diseases – both “old” and emerging – are challenges to public health. A systematic response is considerably facilitated by the fact that the risk factors are mainly the same. Instead of seeing major diseases as a challenge to the health sector only, HiAP highlights the fact that the risk factors of major diseases, or the determinants of health, are modified by measures that are often managed by other government sectors as well as by other actors in society. Broader societal health determinants – above all, education, employment and the environment – influence the distribution of risk factors among population groups, thereby resulting in health inequalities. Focusing on HiAP may shift the emphasis slightly from individual lifestyles and single diseases to societal factors and actions that shape our everyday living environments. It does not, however, imply that any other public health approaches, for example health education or disease prevention are undermined or treated as less important.

*Dr Liisa Hyssälä  
Minister of Health and Social Services  
Helsinki  
Finland*

## **Health in All Policies: strengthening the link between health and other policies**

Health in All Policies is an encompassing approach which goes beyond the boundaries of the health sector. It addresses all policies such as transport, housing, the environment, education, fiscal policies, tax policies and economic policies. It is based on values and principles similar to those in the WHO's call for multisectoral action for health,<sup>26</sup> and the concept of building healthy public policies,<sup>27</sup> or the whole government approach.<sup>28</sup>

Policies, determinants and the population's health are conceptualized as a chain of causation. Health in All Policies starts at the source of this chain and it may help to make policies more consistent overall and therefore contribute to better regulation. A policy with negative consequences for the health of the populations will put an extra burden on the economy and health care systems. Compensating the negative health effects of a policy by health care interventions may turn out to be difficult and costly.

## What is a Health in All Policies approach?

HiAP is a horizontal, complementary policy-related strategy with a high potential for contributing to population health. The core of HiAP is to examine determinants of health (see Box 1.1), which can be influenced to improve health but are mainly controlled by policies of sectors other than health.

**Health in all policies** is a horizontal, complementary policy-related strategy contributing to improved population health. The core of HiAP is to examine determinants of health that can be altered to improve health but are mainly controlled by the policies of sectors other than health.

**Healthy public policy** is, according to the Adelaide recommendations,<sup>8</sup> “characterized by an explicit concern for health and equity in all areas of policy, and by an accountability for health impact. The main aim for healthy public policy is to create a supportive environment to enable people to lead healthy lives. Such a policy makes health choices possible and easier for citizens. It makes social and physical environment enhancing.”

**Public policy** is policy at any level of government and may be set by heads of government, legislatures and regulatory agencies. Supranational institutions’ policies may overrule government policies.<sup>9</sup>

Source : health in all policies Stahl et al 2006 Ministry of social affairs and health Finland



## HEALTH IN THE POST 2015

Between September 2012 and March 2013 the Global Thematic Consultation on Health in the Post-2015 Development Agenda received inputs from people and organizations around the world on how best to ensure the health of future generations.

The objectives for the consultation were:

- to stimulate wide-ranging discussion at global, regional, and country levels on progress made and lessons learnt from the MDGs relating to health;
- to discuss and develop a shared understanding among Member States, UN agencies, civil society, and other stakeholders on the positioning of health in the post-2015 development framework; and
- to propose health goals and related targets and indicators for the post-2015 development agenda, as well as approaches for implementation, measurement, and monitoring.

**DEVELOPMENT GOAL**  
Sustainable well-being for all

Health

Gender, equity, wealth, education,  
nutrition, environment, security, etc.

**HEALTH GOAL**  
Maximizing healthy lives

Accelerate the MDG agenda  
Reduce the NCD burden  
Ensure universal health coverage and access

Contributions of  
other sectors to health

## → KEY MESSAGES

Health is central to sustainable development: health is a beneficiary of development, a contributor to development, and a key indicator of what people-centred, rights-based, inclusive, and equitable development seeks to achieve.

Health is important as an end in itself and as an integral part of human well-being, which includes material, psychological, social, cultural, educational, work, environmental, political, and security dimensions. These dimensions of well-being are interrelated and interdependent.

The post-2015 agenda needs a rigorous framework that clearly articulates both how sustainable development differs from existing development models and how health and development are inextricably linked.

The new development agenda should promote greater synergies between health and other sectors by framing the goals in such a way that their attainment requires policy coherence and shared solutions across multiple sectors: that is, a whole-of-government or “health-in-all-policies” approach.

Examples of effective intersectoral action should be shared and widely disseminated so that others can learn from these experiences.

# 5. Health priorities post-2015: opportunities and challenges

## → KEY MESSAGES

Health priorities in the post-2015 era should include accelerating progress on the present health MDGs, advancing sexual and reproductive health and rights, reducing NCDs and their risk factors, and improving mental health.

The notion of good health is evolving, shifting towards creating and maintaining good health and well-being, rather than only preventing and treating disease.

Health systems must adapt to higher expectations and new demographic, environmental, and health challenges.

Of key importance are: addressing the social, cultural, environmental, economic, and political determinants of health; improving the health of disadvantaged and marginalized groups; and meeting the specific health needs of people at different stages of life.

New ways are emerging to improve health: new technologies, opportunities for connectivity, and models of citizen participation in decision-making.

Transformative changes will be driven by 1.8 billion young people acting in their own right and living in a digitally interconnected world, with unprecedented access to information.

The linkages and relationships between health and education, climate change and other environmental threats, financial and natural resource constraints, less poverty but greater inequities, population growth and rapidly ageing populations, unplanned urbanization, and new diseases will all affect progress on health and well-being.

## 6. Guiding principles, goals, targets, and indicators: summary of inputs from the consultation

### → KEY MESSAGES

The guiding principles for the new development agenda should include human rights, equity, gender equality, accountability, and sustainability.

The most disadvantaged, marginalized, stigmatized, and hard-to-reach populations in all countries should be prioritized. Equity can be made explicit in all the goals by disaggregating indicators and targets at all levels, and including targets for closing gaps.

The post-2015 health agenda should: 1) include specific health-related targets as part of other development sector goals; 2) take a holistic, life-course approach to people's health with an emphasis on health promotion and disease prevention; 3) accelerate progress where MDG targets have not been achieved and set more ambitious targets for the period to come; and 4) address the growing burden of NCDs, mental illness, and other emerging health challenges.

Sexual and reproductive health and rights (particularly universal access to contraceptives) must be addressed.

Young people require special attention, including comprehensive sexuality education, as well as protection from sexual violence and abuse.

Countries should be able to tailor targets and indicators to their own health priorities and circumstances.

## Box 4: Other proposed health goals or targets under a broader health goal

- A separate **gender goal** to ensure gender equality and the meaningful involvement of women of all ages in decisions affecting health.
- A goal on **early childhood development**, which would help reduce health inequities in adulthood.
- A goal on **child protection and care** would help ensure well-resourced national child protection systems, with mutual benefits for those striving to improve children's protection and care, and those working to enhance rights to health and survival.
- A **health promotion goal** could offer a complementary strategy, through an explicit focus on the upstream distal determinants of health, and its use of bottom-up empowerment strategies such as community engagement and participation.
- A **healthy public policies** goal could be meaningfully integrated within a Framework Convention on Global Health and/or global health governance.
- A **One Health approach goal**, recognizing that human health, animal health, and the health of ecosystems are interconnected. One Health involves applying a coordinated, collaborative, multidisciplinary, and cross-sectoral approach to address potential or existing risks that originate at the animal-human-ecosystem interface, such as avian influenza.
- **Targets for health financing**, including total health expenditure per capita, proportion of domestic government budget expenditure on health, and out-of-pocket spending.
- Targets for investment in **research addressing the health needs of the poor**, specifically the need for new or improved health products to help eliminate neglected tropical diseases in accordance with the recently adopted WHO roadmap.
- Targets to **apply universal standards in data collection, quality, and dissemination**.

# ACTION: CROSS CUTTING VS SEPARATE

*1. a technical matter of improving sanitation and hygiene, child nutrition, a clean work environment etc.*

**2. action should go far beyond the health sector, reforming economic structures, eliminating inequity and addressing power imbalances**

# LINKING SOCIAL DETERMINANT OF HEALTH AND HEALTH EQUITY FOR THEMATIC GROUP

AREA	POTENTIAL KEY ACTION ON LINKING SDH
HEALTH	<p>Deliver quality health services to all people with spec attention to vulnerable group</p> <p>Establish innovative and effective policy frameworks that allows coordinations across sector</p> <p>Improve universal health coverage</p> <p>Provide spec ifically desinged health services and social protection measures</p> <p>Improve capacity of the health sector</p>
Inequa LITY	<p>Identify sources, select indicators, collect data and set target</p> <p>Move forward despite unavailability of systemic data</p> <p>Disseminate data on health inequities and social determinants and integrated these data into policy process</p> <p>Ensure that public policyes are baswed in the principle of non discrimination, gender equality and responsiveness to special needs</p>
GOVERN ANCE	<p>Build good governance for action on social determinants</p> <p>Implement collaborative action between sectors/ intersectoral actions</p>
CON FLICT FRA	<p>Develop health system in fragil state and conflict affected countries,Strengthen information system</p> <p>Strengthening the state capacity of state of policy making</p>

EDUCATION,  
FOOD SECURITY  
AND NUTRITION,  
  
WATER, ENERGY,  
GROWTH AND  
EMPLOYMENT,  
  
ENVIRONMENT  
SUSTAINABILITY  
  
AND POPULATION

# EXAMPLE AGING AT CITIES

Figure 6. Age-friendly city topic areas





# DOING ANALYSIS

At individual / health consequences

At community/ vulnerable groups

NATIONAL AND CITY LEVEL/ setting and policies

WHAT socio ecological health FACTORS  
CONTRIBUTED

AT INDIVIDUAL

AT COMMUNITY

AT DISTRICT

AT CITY AND NATIONAL LEVEL

TOWARD HEALTHY AGING

Thank you