### SOCIAL DETERMINANTS OF HEALTH UNIT

Department of Public Health, Environmental Social Determinants of Health

> World Health Organization

50% of inequalities in major NCDs are <u>accounted for by</u> <u>social inequalities</u> in risk factors. The social determinants of health (SDH) are the conditions in which people are <u>born, grow, work, live,</u> <u>and age</u>, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include <u>economic policies and systems,</u> <u>development agendas,</u> <u>social norms, social policies and</u> <u>political systems</u>.

50 % of the reduction in child under-5 mortality between 1990 and 2010 <u>was attributed to</u> <u>non-health sector</u> <u>investments.</u>

Integrated social and medical services show up to 10-fold reductions in child mortality between treatment and control groups, as well as educational and employment co-benefits.

# How WHO addresses and impacts health inequities

Department of Public health, Environmental and Social Determinants of Health (PHE)

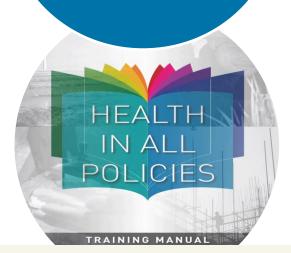
#### Social Determinants of Health Unit (SDH)

1. Better governance for health and development – Health in All Policies training, tools and technical assistance 2. Health sector reorientation towards SDH and health inequity training, tools and technical assistance

3. Tackling health inequalities through action on key sectors 4. Monitoring progress on SDH and health equity

Country action on SDH to improve health equity

1. Better governance for health and development



#### **Health in All Policies Training Manual**

While many public policies contribute to health and health equity, improving population health is not the sole purpose of societies and their governments. A lack of policy coherence across government can result in one part of government supporting the implementation of national health strategies or international treaties, while other parts of the government promote trade, industrial development and initiatives that can be harmful to health and well-being. These inconsistencies arise due to lack of understanding across sectors about the linkages between health and quality of life, and the broader health determinants, such as economic growth. Another reason they arise is because seemingly unrelated policies may have unintended impacts that go unmeasured and unaddressed. These linkages are particularly important for how health inequalities arising between different social groups. To contribute to policy coherence across government, the health sector needs to understand the imperatives and goals of other sectors and to develop a shared understanding of health, its determinants and broader societal well-being or quality of life. This requires political will and innovative solutions and structures that build channels for dialogue and decision-making that actively work across traditional government policy siloes. Health in All Policies training supports skills development and starts conversations, supporting work across silos at different points in the policy cycle. Implementing Health in All Policies approaches contribute to the SDG goal of Partnerships for the Goals.

Good health requires policies that actively support health

It requires different sectors working together, for example:



1. Better governance for health and development training, tools and technical assistance

#### **1. Coordination** support to networks

#### a) www.hiaptraining.org

- b) Steering Committee Promoting Health in All Policies Trainings
- c) Regional and country offices
  - d) HiAP Partner countries

#### Engaging for social determinants and better governance

#### 2. Tools, knowledge to practice for intersectoral collaboration for health equity

a) Case studies: books, database: <u>https://extranet.who.int/isacs/</u>

b) Strengthening intersectoral planning for health/equity <a href="http://www.who.int/healthsystem">http://www.who.int/healthsystem</a> <a href="http://www.who.int/healthsystem">s/publications/nhpsp-handbook-</a> <a href="http://www.who.int/healthsystem">ch12/en/</a> <a href="http://www.who.int/healthsystem">ch12/en/</a> <a href="http://www.who.int/healthsystem">ch12/en/</a> <a href="http://www.who.int/healthsystem">ch12/en/</a> <a href="http://www.who.int/healthsystem">ch12/en/</a> <a href="http://www.who.int/healthsystem">http://www.who.int/healthsystem</a> <a href="http://www.who.int/healthsystem">s/publications/nhpsp-handbook-</a> <a href="http://www.who.int/healthsystem">ch12/en/</a> </a> <a href="http://www.who.int/healthsystem">ch12/en/</a> </a> <a href="http://www.who.int/healthsystem">ch12/en/</a> </a> </a> </a>



TRAINING MANUAL

3. Convening actors and building skills and technical capacity

> a) 10 global and regional trainings in 2 years

b) 200 policy makers, academic and health sectors representatives trained

c) 10 countries in process of WHOsupported HiAP action plan implementation

d) Health in All Policies Conference in Adelaide 2017

e) Links to UHC 2030 governance network

2. Health sector reorientation towards SDH and health equity

Innov8 adaptation and application potential:

- Ready for adaptation to specific regional, national or programmatic contexts

- Can be aligned with and feed into existing national programme planning and review processes

- Complements and links with other WHO and UN resources and should be considered in conjunction with other health-topic specific resources and guidance

- Facilitates innovation and transformation of health programmes to "leave no one behind"

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# Innov8 – Reviewing national health programmes to leave no one behind

The *Innov8 Approach for Reviewing National Health Programmes* supports the SDGs commitment to "leave no one behind". It facilitates its operationalization through concrete programmatic action to address in-country inequities and support the progressive realization of UHC and the right to health.

Through an 8-step analytical process (outlined below), Innov8 results in recommendations to improve programme performance through specific entry points and actions to address identified issues related to health inequities, gender equality, human rights and social determinants of health.



The Innov8 resource package includes a Technical Handbook (WHO, 2016), Facilitator's Manual (forthcoming), country reports and other materials.

For more information see: www.who.int/life-course/partners/innov8/en/.



2. Health sector reorientation towards SDH and health equity

## Workforce education: eBook on social determinants of health

### Transforming health workforce education for the SDGs.

ebook on social determinants of health

### lt's Time

Transforming health workforce education for the Sustainable Development Goals



"The health workforce should be geared towards the social determinants of health, health promotion, disease prevention, primary care and people centred community services."

Report of the High Level Commission on Health Employment and Economic Growth; Investing in the health workforce (2016) There are significant socio-demographic inequalities in both exposure to and negative health outcomes arising from adverse environmental conditions. The existence of these unjust and avoidable inequalities in environmental risks, between and within countries, calls for relevant policies and interventions addressing the mitigation and reduction of risk exposure in the most affected population groups. Member States need to be supported in their capacity to identify national inequalities in environmental risks but also of environmental policies with the potential of closing this equity gap.

3. Tackling health inequalities through action on key sectors

Developing <u>Housing and</u> <u>Health Guidelines</u> and related implementation tools for scaling up action on indoor environments housing conditions are one of the mechanisms through which social and environmental inequality translates into health inequality;

Identifying best strategies and good practice for an improvement of health equity through slum upgrading



### WHO is engaging in improving monitoring of broader social drivers of health gaps

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1. Promoting consolidated data in WHO, and indicators linked to other WHO tools

2. Facilitating a network of partners developing monitoring systems for social determinants and action on SDH

3. Producing global reports on action on SDH and strategic prioritization of interventions research 4. Monitoring progress on social determinants of health

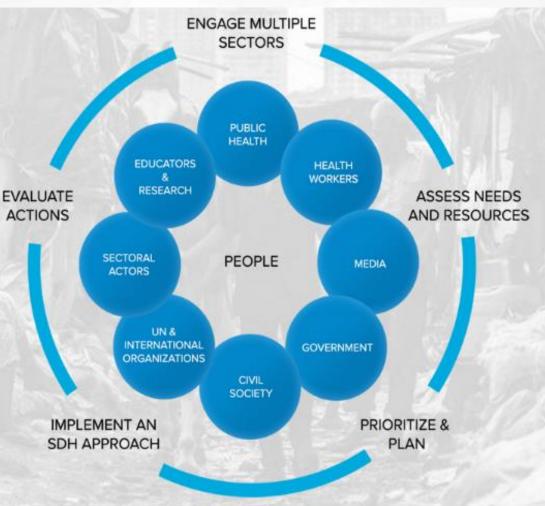
In order to close health gaps, it is important to monitor how changes in policies in other sectors are impacting population health and health inequalities. Equally important is to monitor how policies in other sectors cause barriers to utilization of health services. Indicators on social determinants of health, as actions, factors promoting health or altering health care access, as well as the final impacts are critical to inform evidence-based health programming and national policies. The Rio Political Declaration Action Areas provide an important accountability framework for action and progress to address the social gradient in health across all sectors, as conceived by the Sustainable Development Agenda.

### Action:SDG cross-cutting eplatform for sharing knowledge across sectors

**ACTION:**SDG

All for equity Convening SDH actors to reach the SDGs

Action:SDG is a knowledge and communication platform that links actors addressing the social determinants of health to the latest, hands-on information for action. A core network of collaborators are synthesizing available hands-on information products and tools for display and sharing their on-going work in their respective fields. Information products and tools that are assembled aim to be relevant to a broad spectrum of actors, from local to global levels, from health and other sectors, and from state and non-state actors. Information products cover intervention rationales (evidence), on-the-ground experiences, training materials and other tools that can help actors across society in different contexts, to bring about a transformative result for population health within their spheres of influence and institutions.



www.actionsdg.org

In 2015 all UN member states committed to **Sustainable Development Goals**, as a new universal set of goals, targets and indicators for the next 15 years. In spite of only one goal related to health (SDG 3) the remaining goals are **social and environmental determinants of health**, which we are obliged to work across to make health part of all goals – **"HEALTH IN ALL GOALS"** 



http://www.who.int/social\_determinants/en/