

SDHE and Development: Morocco Preparedness by Hoda Rashad

A Prospective Reflection Day,

The Approach Based on Social Determinants of Health and Health Equity:

Towards a New Development Model

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SDHE and Development: Morocco Preparedness

- I. SDG & SDHE : Convergence and Divergence
- II. Morocco : From Victory to Championship
- III. New Development Model : How to Build Back Fairer ?

I. SDG & SDHE : Convergence & Divergence

Key Message

SDG and SDHE : Opportunity, Recognizing Divergence:

Condition for New Development Model

Divergence :

1. Level and Degree of Political Leverage
2. Positioning of Health
3. Framing : From Inequality to Inequity
4. Health Equity is a Measure of Development and Social Success
5. Urgency of Action : From Human Right to Ethical Imperative
From Compassion to Danger
6. Types of Actions : From Sectoral Contribution to Responsibility & Accountability to HE
From PHC (multisector) to Intersectoral and Good Governance

Convergence and Divergence

SDG

SDHE

Political Support

Commitments

Goals, Indicators, SDG Reports

Resolutions & Declarations

WHO (2009,2012); Rio De Janeiro(2011)

Monitoring (WHO, 2015)

1. Level & Degree of Political Leverage Differ

SDG

SDHE

Importance of Social Determinants

2. Positioning of Health Differs

Development field



Health is a Sectoral Goal

Health field



Health is a Development Goal
(Shaped by Social Determinants)

SDG

SDHE

Leaving No One Behind

Inequality

Inequity

Disaggregation

Linking Dist. of Inequalities

Concern for Disadvantaged

to FAIR UPSTREAM Determinants

**3. Fairness is Central, Affecting Wellbeing, Caused by Unfair Upstream Forces
(Governance, Polices, Public services, Culture, Social Arrangements,...)**

4.HE IS A MEASURE OF DEVELOPMENT AND SOCIAL SUCCESS

SDG

SDHE

Urgency of Actions

Human Right (HR)
(Compassion)

Both HR & Ethical Imperative
(Injustice)

No Action : Unrests, Fanatism,
Marginalization, Non Cohesive Societies

5. From Compassion to Ethical & Danger

Types of Action

Inequality

Proximate Level

(Behavioral + Conditions of Living)

Targeting + Social Development

Doing the Same, More Efficiently

Inequity

- Improve Conditions (Proximate)

+

- Change Distributions of Power, Resources

Upstream Level

Equitable Transformative Actions

**6. New Development Model : Good Governance, whole of Gov . Responsibility,
Sectoral Accountability to Equity & Health**

II. Morocco : From Victory to Championship

Victory Elements

1. Highest Level of Political Leverage

His Majesty King Mohammed VI

Inequalities a Priority Challenge , Social Justice, New Development Model, Inequalities in National Health System

2. Degree of National Commitments

Special Commission on the New Development Model,

IRES 2016 Study : Inequalities, Social Cohesion , Public Policies

3. Notion of Development

IRES: Placing People at the Heart of Development, Attention to Life Areas , Field of Health .

Commission of NDP: State of Development as Perceived by Citizens
New Development



4. Whole of Government Responsibilities & Whole of Society, Engagement of Actors beyond MOH

“Adopt Better Governance for health and Development ”

Other Ministries, One Health, Scholars, Data Accessibility

(Direction of Action 1; Rio ,2011)

5. Stewardship Role of MOH

« Reorient the Health System to Promote Health and

Reduce Health Inequities »

(Direction of Action 5; Rio ,2011)

5.1. Promotion of Health

Move Away from Curative Disease Focus to health Promotion Model (Neglected Dimensions) and Sensitivity to Social Determinants

Health Care efficiency and equity

Actions : Inequality, Social Det.

Evidence : Social Det., Access of Data ,Visibility of Challenge

5.2.Address Health Inequity

Stewardship (Redefinition of MoH Role)

Not Only “ Producers of Health and HealthCare”

but

“ Purveyors of a wider Set of Social Norms and Values”

(WHO)

- Monitoring, Analysis, Advocacy
- MoH Catalysts for Change not a Defender of Status Quo

Prerequisites of championship

1. fairness to the forefront: value change,

Fairness = Wellbeing

2. HE a Measure of Success ; New Evidence (HIS to ISH)

3. Accountability : Social Sectors, whole of Government

III. New Development Model : How to Build Back Fairer ?

CSDH 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 Actions

1.Improve Daily Living Conditions

Doing the Same , More Efficiently

- Target Excluded, Alleviate Burden

Sectoral Leadership+ Contributions from Other Sectors

(Multisectoral)

MOH: Renewal of Primary Health Care

2. Tackle the Inequitable Distribution of Power, Money, and Resources

Doing Different Things (H&E in AP)

2.1. Mainstream Health & Equity in All sectoral Interventions

Here we ask whether Policies are Aware and Directly Target their Health Consequences ; and Whether they Show Concern to Individual Wellbeing and to Inequalities between Social Classes.

- Health is Not a Target But a Fundamental Result (Health Impact Assessment)
- Social Responsibility and Accountability
- Sectoral Equity

Equal Opportunities, Differentiated impact, proportional Universalism.

2.2. Whole of Government Responsibility

- Paradigm Shift: Fairness as a Value and its Link to Wellbeing

(Discrimination, Bias, Inclusiveness, Gender, Cultural forces,...)

- Structures, Resources, Participation, Data Systems
- HE as a Measure of Success

3. Measure and Understand the Problem and Assess the Impact of Actions

From HIS to IHS