Session 1: The Emergence Of New Concepts Related To The Approach Based On The Social Determinants Of Health: A Broad Overview

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a call for solidarity and action

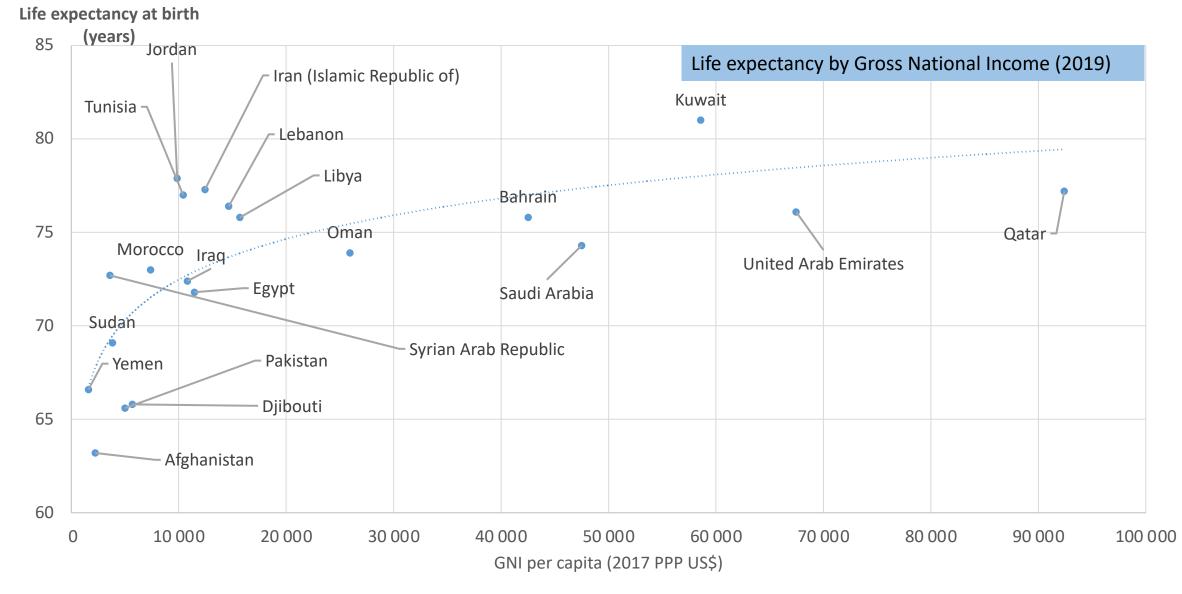


REGIONAL OFFICE FOR THE Eastern Mediterranean

Why the Determinants of Health?

- How do we define health?
- Paradigm shift in approach including in the GPW 13 and EMR Vision.
- The Sustainable Development Agenda including the Global and Regional health Alliance
- COVID-19
- Working across sectors and in partnership is a must for health and equity goals







change Change (%) 2001 ranking 2015 ranking 2001-2015 Ischaemic heart disease Ischaemic heart disease 0.4 Lower respiratory infections Neonatal preterm birth complications 2 2 -29.1 3 Neonatal preterm birth complications 3 Lower respiratory infections -35.7 Neonatal encephalopathy Neonatal encephalopathy -17.3Diarrhoeal diseases 5 War and legal intervention 677.2 5 **Congenital defects** 6 6 Cerebrovascular disease -7.1 Congenital defects Cerebrovascular disease -17.4 Road injuries 8 Road injuries 8 -14.8Diarrhoeal diseases Natural disaster 9 9 -42.0 Other neonatal disorders 10 Other neonatal disorders 10 -28.1 36 117 War and legal intervention Natural disaster -99.2







Addressing SDH in the EMR:

BUILD BACK FAIRER ACHIEVING HEALTH EQUITY IN THE EASTERN MEDITERRANEAN REGION

REPORT OF THE COMMISSION ON SOCIAL DETERMINANTS OF HEALTH IN THE EASTERN MEDITERRANEAN REGION











The Commissioners





































they are particularly damatic in the Eastern Mediterranean Region ¹ For example, male life expectancy in Somalia is 54 compared with 79 in Kuwait; among women the range is 59 to 82. These inequities in health also exist within countries, related to income, wealth, education rural or urban location and conditions associated with being a migrant, refugee, or internally displaced person.

Inequities between and within countries that are judged to be avoidable are unfair. These unfair health inequities are shaped by the conditions in which people are born, grow, live, work and age – the social determinants of health – and by political, economic, cultural and environmental influences which are the structural drivers of those conditions. Health systems are necessary for treating illness when it occurs, and universal health coverage is vital. But it is the social determinants of health (SDH) that determine health, and nequities in health, on Social Determinants of Health saked: why treat people if we then send them back to the conditions that made them sick? Now, The Commission on Social Determinants of Health in the Eastern Mediterranean Region has examined the conditions that make people sick and deprive them of the opportunity to lead lives of dignity in the Region.²

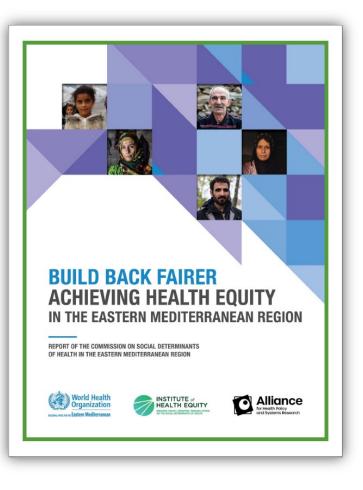
The Commission's new report, Build back hirine, presents a stark picture of the need for action to improve health in the Region by focusing on the social determinants of health. It is set against the backdrop of pressures caused by the COVID-19 panetmic, and continued problems of conflict, mass movements of people, economic ineguity and poverty, environmental challenges and genet ineguities. The Commission has brought together a mass of evidence from the brought together a mass of evidence from the and regional organizations, national and local governments, civil society including faith-based organizations, health sector, the corporate sector and humanitarian agencies all have a role to play in building back faire:

BUILD BACK FAIRER ACHIEVING HEALTH EQUITY IN THE EASTERN MEDITERRANEAN REGION

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EXECUTIVE SUMMARY

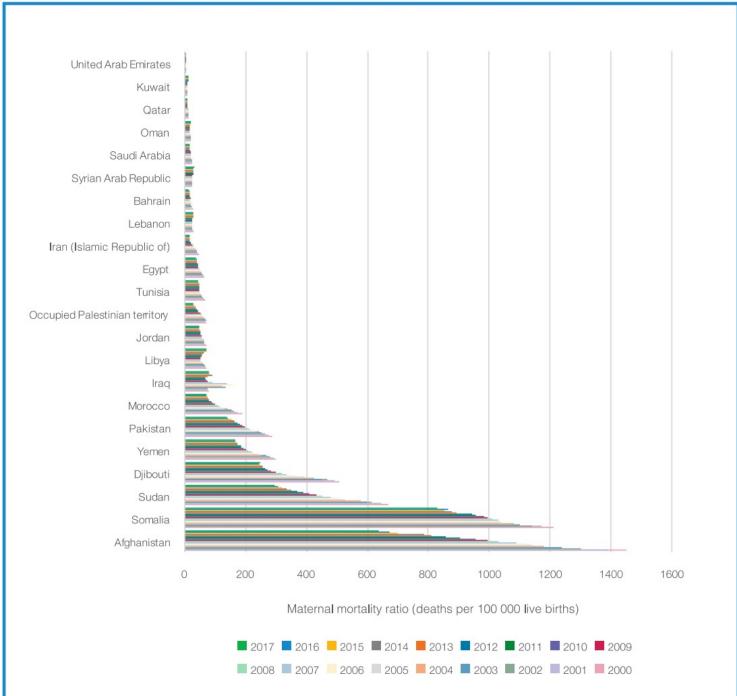












The Region has the third highest maternal mortality

Underlying causes: poverty, illiteracy, malnutrition and socioeconomic status

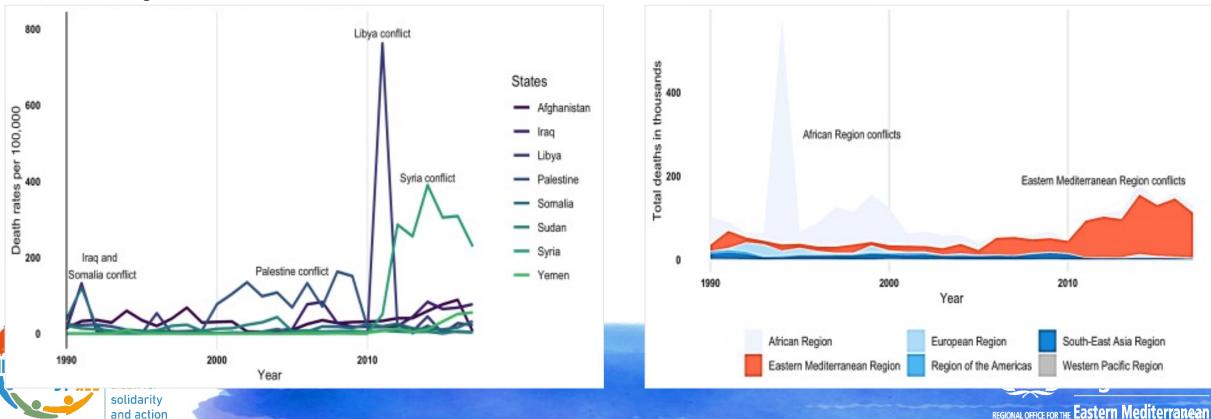
Maternal mortality has declined rapidly across the Region.

70% of all maternal deaths in MENA region are due to preventable causes

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Conflict in the Region

- Nearly half of the 22 countries and territories in the Region are currently in acute or protracted emergency.
- Levels of conflict have increased since 2010, with more than 150 000 deaths annually since 2014.



Conflict and terrorism deaths (per 100 000 population) in selected countries and territories in the Region, 1990–2017

Total deaths per year from war and terrorism, by WHO region, 1990-2017

Impact of climate change on SDH

Flooding: Destruction of housing, agriculture, infrastructure

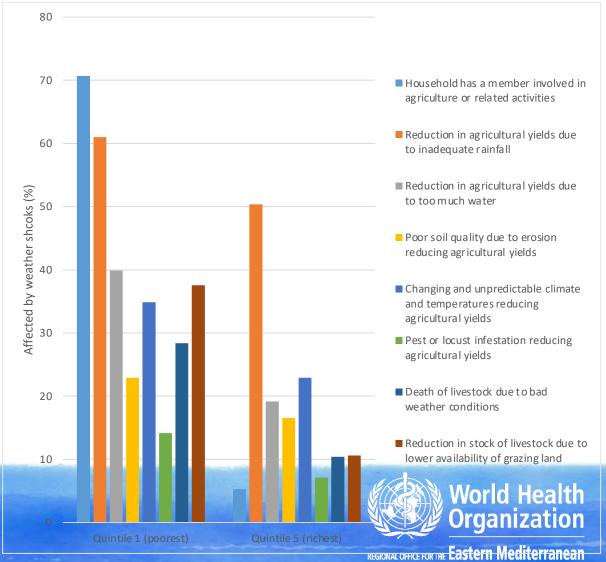
• A sea-level rise of 0.5m in Alexandria - would displace 1.5 million people, loss of 195,500 jobs

Poverty: MENA's GDP growth rates could decline by 6–14% by 2050

Jobs/income loss in agriculture due to reduced food production

Conflict/ instability: Due to food/water insecurity

Displacement/ forced migration: Due to land and environmental degradation



Effects of weather shocks on Moroccan farmers, by lowest and highest income quintile, 2009–2010

solidarity and action

Recommendations from the report

- The report is divided in 13 chapters, each highlighting the status of inequities, examples of action in countries and providing **actionable** recommendations
- A total of 95 recommendations are provided by the report
- Recommendations are available for various stakeholders and for both medium- and long-term action
- Main messages is the importance to act regardless of levels of development of a country 'Do Something, Do More, Do Better'





Do something, do more, do better

- **Do something**. Even in countries with low levels of development, there is action that can be undertaken to improve health outcomes.
- **Do more**. Several countries and territories outperform their GNI relative to other countries and more action here would lead to improvement
- Do better. Where health and education do not match economic success, countries can invest in social conditions for greater health equity.

Increase involvement of health care sector in SDH

- - Improving health equity and SDH can also reduce the demand on health care services.
 - Where resources are limited, there is a need to allocate them all towards securing better treatment and more staff.

Develop data and monitoring systems to inform evidence-based action on health equity, transparency and accountability

Designing effective, equitable programmes and policies requires good quality data to:

- Recognize the scale of inequities
- To generate the support required for taking and prioritizing action
- Engage public on issues around equity using hard evidence
- Hold govts. accountable for their performance on equity.

Strengthen the contribution of the commercial sector to health equity

- Addressing the role of commercial determinants in health and health equity must be a priority
- Increasing and ensuring compliance with tax obligations
- Development of population health systems with a strong focus on equity, prevention and action on SDH

Support the humanitarian sector to have a strong focus on SDH

- Preparing for the impacts of conflict and strengthening resilience to natural disasters through capacity building and investment in SDH
- Strengthened community resilience long term can achieve equitable social and economic outcomes, including for education, transport and employment

Develop the role of local government in SDH

Taking action on SDH can be more easily facilitated locally, where there is less pressure on national economic measures and other national priorities.

WHO's Urban HEART is a useful tool to identify the causes of health inequities at the local level

WHO action on SDH:

The work of WHO includes:

- Regional Office
 - Generating evidence and guidance for countries
 - Support countries to operationalize the recommendation from the Report (toolkit development)
 - Capacity building and training on health equity, evidence generation, policy dialogue
 - Advocacy and partnership development
- HQ level
 - Development of technical products such as World Report on SDH and Operational Framework

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The toolkit

- The toolkit was designed to promote the uptake of the recommendations provided in the report
- The toolkit aims to support policymakers at national and subnational level to develop programmes to address SDH.
- Workshop in November 2022 invited MOH and WCO counterparts to evaluate the tool and provide feedback.





Toolkit next steps:

- Based on the input from colleagues toolkit will be finalized and optimized for user
- The product will also be a valuable tool for partnership development across sectors and for advocacy on the importance of action on SDH.





Next steps:

- With available data, strong partnerships and recognised priorities next steps have to include action at country level.
- Policy dialogues at national level across sectors should be priority to identify priority areas of action
- Building on multisectoral coordination mechanisms that exist (e.g. COVID-19) and adapt them for sustainable action on SDH.
- Joint planning, implementation and monitoring and evaluation should be a priority building on recommendations and ongoing work





Priority Areas:

- Integrating a health equity perspective in action on health
- Strenghtening capacities at subnational level for long-term action
- Developing effecting monitoring systems
- Strengthen the role of civil society, faith-based organizations and commercial sector to address SDH









