A. SOCIAL DETERMINANTS OF HEALTH

Introduction

1. World Health Assembly (WHA) Resolution WHA62.14 (2009), Reducing health inequities through action on the social determinants of health, urges Member States to “tackle the health inequities within and across countries through political commitment” (1). In line with this resolution, the objective of this progress report is to provide an update on the World Conference on Social Determinants of Health (hereafter referred to as the “World Conference”) and its outcomes. This also entails an assessment of current regional achievements and efforts made in enhancing health equity through a social determinants of health (SDH) approach.

Background

2. The World Health Organization (WHO) convened the World Conference on 19–21 October 2011 in Rio de Janeiro, Brazil. Its purpose was to build support for implementing actions aimed at dealing with social determinants of health. The World Conference was organized in accordance with Resolution WHA62.14 (2009) and hosted by the Government of Brazil. To organize this worldwide event, the Brazilian Ministry of Health, the Oswaldo Cruz Foundation (FIOCRUZ), and the Brazilian Ministry of Foreign Affairs worked closely with WHO and its Regional Office for the Americas, the Pan American Health Organization (PAHO).

3. The World Conference brought together Member States and stakeholders to share experiences on policies and strategies aimed at reducing health inequities. More than one thousand participants attended the World Conference, while 19,000 people followed the event via webcast. The key objective was to draw lessons learned and catalyze coordinated global action in five key areas, namely:

(a) governance to tackle the root causes of health inequities: implementing action on social determinants of health;

(b) promotion of participation: community leadership for action on social determinants of health;

(c) the role of the health sector, including public health programs, in reducing health inequities;

(d) global action on social determinants of health: aligning priorities and stakeholders; and

(e) monitoring progress: measurement and analysis for informed policy-making that will build accountability for the social determinants of health.
4. In preparation for the World Conference, PAHO held three regional consultations:

(a) a face-to-face meeting with Member States with the objective of formulating regional recommendations on the social determinants of health in line with the five themes identified by WHO (2);

(b) a virtual consultation with 300 civil society organizations (CSOs), as well as a face-to-face meeting with 25 CSOs, with the latter aimed at synthesizing the results of the previous consultation and formulating recommendations to inform policy-makers on what would become the Rio Political Declaration on Social Determinants of Health; and

(c) a virtual consultation with members of the Equity, Health and Human Development listserv aimed at reaching additional stakeholders. The recommendations that emerged from these consultations were documented and distributed accordingly.

5. A total of seven case studies from the Region of the Americas were documented and published on the WHO Conference website as background material. These case studies formed the basis of the evidence used in the World Conference to illustrate the systematic and practical aspects of implementing the SDH approach at the country level.

6. The Rio Political Declaration on Social Determinants of Health (hereafter referred to as the “Rio Declaration”) was adopted on 21 October 2011 during the World Conference (3). It expresses worldwide political commitment to implement an approach geared toward the social determinants of health, with a view to reducing health inequities. This will allow countries to build momentum for developing their own national action plans and strategies dedicated to reaching this goal within their borders.

7. The Rio Declaration recommends that the SDH approach be duly considered in WHO’s reform process, and that the Sixty-fifth World Health Assembly adopt a resolution incorporating its text. The outcome of the Rio Declaration was discussed at the 130th session of the WHO Executive Board (EB130). A Draft Resolution was proposed by Brazil, Chile, and Ecuador to be presented at the Sixty-fifth World Health Assembly, scheduled to meet in Geneva on 21–26 May 2012.

Update on the Current Situation

8. The SDH approach was included in the noncommunicable diseases outcome document (UN Resolution A/RES/66/2 (2012)) (4) as a result of efforts to advocate for this approach. Similarly, WHO, PAHO, and Ministries of Health in the Region actively promoted and advocated for health inequity and the social determinants of health to be addressed in the Rio+20 agenda, which were reflected successfully in the final outcome document

9. Also concerning the Rio+20 Conference, countries in the Region participated in a Regional Consultation on Sustainable Development, after which recommendations were published in a report that was widely disseminated. Countries of the Region also: participated and contributed to PAHO’s Rio+20 Seminar Series, where the focus was equity; contributed to the contents of the Rio+20 Tool Box (http://new.paho.org/tierra/); and participated in a meeting with 54 PAHO/WHO Collaborating Centers to discuss how best to use the recommendations from the World Conference on Social Determinants of Health in preparing for the Rio+20 Conference (5).

10. PAHO has launched and established a Cross-Organizational Team (COT) on the Determinants of Health and Risks, which promotes interprogrammatic and intersectoral work—including the concept of “Health in All Policies” (HiAP).

11. In collaboration with University of New South Wales, Australia, and the Kobe Center, Japan, a total of 23 Country Delegations in the Region have received training on two tools:

(a) Health Impact Assessment; and
(b) Urban Health Equity Assessment and Response Tool (Urban HEART).¹

12. Both of these tools specifically address inequities within local and national contexts.

13. Efforts to build intersectoral and interagency collaboration are made through PAHO’s Faces, Voices and Places initiative. The goal is to build political will at the highest level while at the same time providing technical assistance to address the social and economic determinants of health at the local level in the most vulnerable communities. This is done through partnerships with mayors, nongovernmental organizations and other development agencies. To date the initiative has grown to include over 50 communities in 23 countries and four territories.

14. The overarching theme of the 2012 edition Health in the Americas is inequities and determinants of health².

¹ For more information, see http://www.who.int/kobe_centre/measuring/urbanheart/en/index.html
² A preliminary draft of Health in the Americas has been written with Sir/Professor Michael Marmot as an External Advisor.
15. A five-year WHO Strategy and Global Plan of Action (2012–2017) to implement the Rio Declaration is currently being drafted and will be reviewed in a number of consultations.

16. PAHO has been supporting the preparation of the Strategy and Global Plan of Action, convening meetings and discussions.

17. The SDH approach is being addressed and promoted in preparation for the 8th Global Conference on Health Promotion, to be held in Helsinki in 2013. Its central theme will be “Health in All Policies.”

**Action to Improve the Situation**

18. In line with the recommendations that emerged during the Regional Consultation on the Social Determinants of Health, PAHO will do the following:

(a) enhance and strengthen intersectoral action through the *Faces, Voices and Places* initiative;

(b) collect disaggregated data improving both the analysis and understanding of inequities and social gradients in health within the Region, as well as within countries;

(c) actively promote and advocate for the inclusion of the approach of the social determinants of health when formulating the post-2015 Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs);

(d) work with and extend PAHO’s networks, with the goal of strengthening technical cooperation on the social determinants of health;

(e) ensure that the SDH approach is mainstreamed in PAHO’s policies, programs and projects within the planning cycle for PAHO’s Strategic Plan 2014–2019 and the Biennial Work Plan 2014–2015 as well as in the methodology applying the cross cutting priorities within technical cooperation at the country and sub-regional level; and

(f) promote the SDH approach in addressing health inequalities in the Region by strengthening the competencies of policymakers, opinion shapers and health leaders in the application of this approach in the development of sound public health policies, strategies, and plans at the national, subregional, and regional level.
References


