"Introducing the US RWJ Commission on Health Equity: Evidence, Politics, and Action

International experience:

WHO Commission on Social Determinants of Health

World Health Organization

Copyright 2007, Jeannette Vega, vegaj@who.int

Commission on Social Determinants of Health 2005 -2008

- Commissioners
- 9 Knowledge Networks
- Partner Countries
- Civil society work
- Global initiative
- WHO integration

Set up by the World Health Organisation

www.who.int/social_determinants

Copyright 2007, Jeannette Vega, vegaj@who.int

World Health Organization

Commissioner Meetings

1st	Chile, Sept 2005
2nd	Egypt, June 2005
3rd	India, Sept 2006
4th	Iran, Jan 2006
5th	Kenya, June 2006
6th	Brazil, Sept 2006
7th	Geneva, Jan 17-19, 2007
8th	Vancouver, June 7-9, 2007
9th	China, October 22-24, 2007
10th	Final meeting, Japan January 2008

Copyright 2007, Jeannette Vega, vegaj@who.int

Commission timelines:

Comm Mtg	Date	Output
omm Mtg JUN 06	Jul 06	Have all 1st interin reports (not public)
Comm Mtg SEP 06	Nov 06	2nd Int reports all KNs Exc EmpC (Dec 06)
Comm Mtg JAN 07	Mar 07	Final KN reports
Comm Mtg JUN 07	July 07	Int. country reports; Country case studies, Int Reports; Civil SF Int Report
Comm Mtg SEP 07	Sep 07	Final country case studies, Reports; Civil SF Final Report
	Nov 07	Final Report Executive Board
Comm Mtg JAN 08	May 08	WHA 2008
	May- Au 2008	Advoca launch

Copyright 2007, Jeannette Vega, vegaj@who.int

World Health Organization

Commission's SDH Thematic Areas

Environment

Education

Aid

Migration

Globalisatio
n

ECD

Ageing

Gender

Rural
Settings

Social Excl

Food

Urban Settings

PPH
C

Mental
Health

Conflict

Working Conditions

Health Systems

Violence

Evidence/Measurement

Medical Education

Alcohol

Psychosocial

Indigenous Peoples

Health
Organization

Copyright 2007, Jeannette Vega, vegaj@who.int

ECD

1. Transactional environment is the principal social determinant of healthy child development.
2. Because of sensitive periods in brain development, early environments are the most powerful determinant of basic competencies.
3. Early development goes on to influence health, in different ways, across the life course.
4. Inequities in ECD have the capacity to threaten the level of competency needed for societal survival.

Copyright 2007, Jeannette Vega, vegaj@who.int

Key Actions

- Individual level -- 6 messages -- *e.g.* effective intervention easiest at youngest ages
- Family -- 5 messages -- *e.g.* between families is unit of inequity in ECD by SES; within families by gender.
- Residential community -- 4 messages -- *e.g.* physical space = opportunity for play-based development
- Relational community -- 1 message -- *e.g.* locus of social inclusion/exclusion.
- ECD programs & services -- 4 messages -- *e.g.* basis of judgement: is there universal access to strong nurturant environments?
- Regional -- 3 messages -- *e.g.* level at which quality of governance of ECD programs can be judged
- National -- 5 messages -- *e.g.* effective policy regimes exist irregardless of GDP/capita
- Global -- 3 messages -- *e.g.* CRC, alliances, monitoring

Copyright 2007, Jeannette Vega, vegaj@who.int

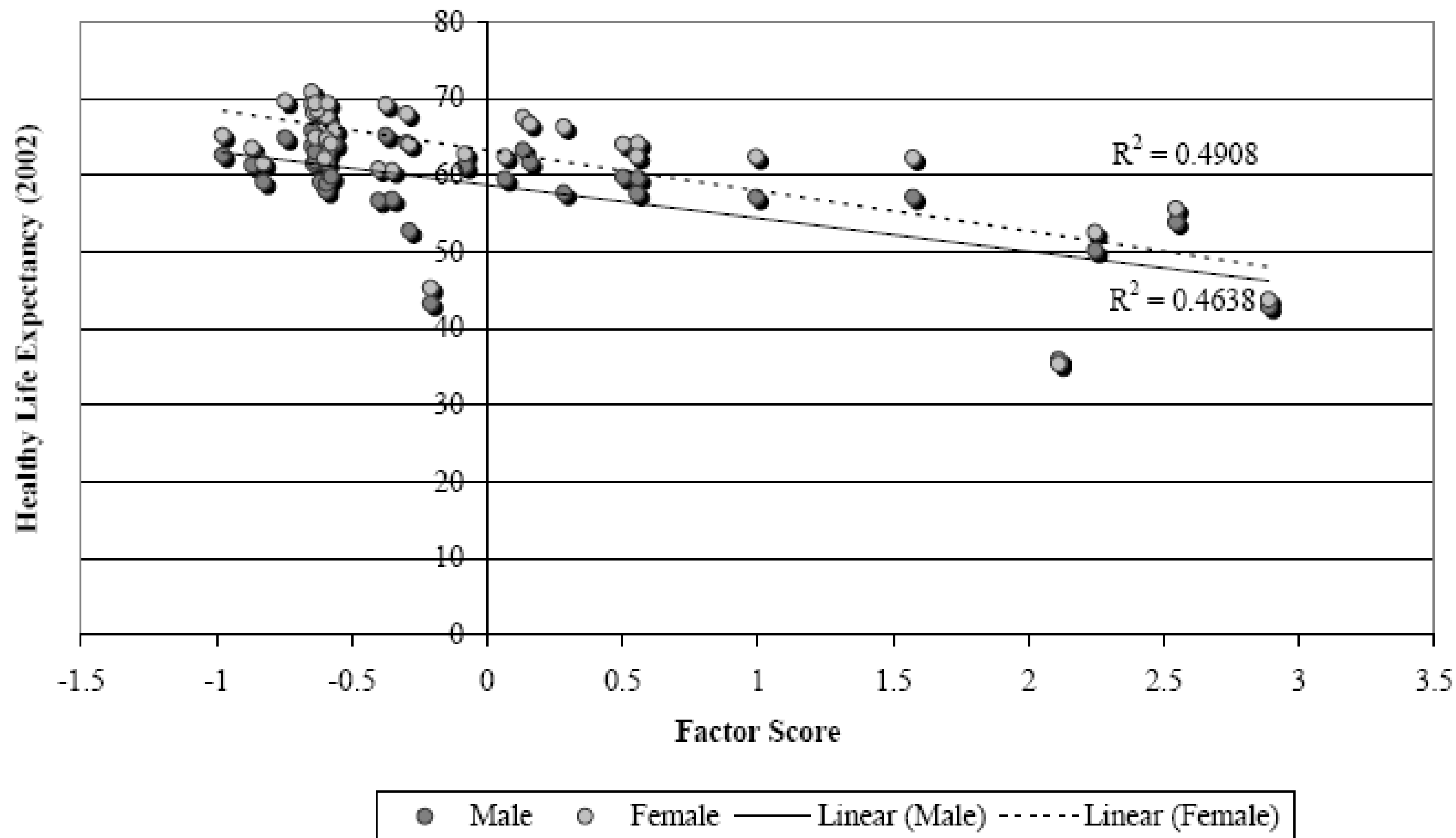
Globalization

- Globalization over the past 20 years has not contributed to improved global health gains, and may have slowed what progress could have occurred.
- Public health system capacities have been weakened, particularly in LMICs
- Asymmetrical globalization impedes health equity
- The commodification of public goods for health exacerbates inequities
- Globalization lead to health gains if excessive economic inequality is avoided and conditions such as genuinely competitive markets, strong regulatory institutions and widespread access to public health services are met.

Copyright 2007, Jeannette Vega, vegaj@who.int

World Health Organization

Employment conditions KN



Copyright 2007, Jeannette Vega, vegaj@who.int

World Health Organization

Health systems

- Health systems both reflect existing patterns of social inequality
- and provide a site in, and from, which to contest them

(Mackintosh 2001)

Copyright 2007, Jeannette Vega, vegaj@who.int

World Health Organization

Intersectoral Action on health linked to broader political and economic action
(Health systems KN)

A case study describing the evolution of health-equity promoting policies within the public health sector, as well as across government, ascribes Sri Lanka's striking successes in tackling poor health status to a long-term societal and political commitment to universal franchise, representative democracy based on close links between constituencies and elected representatives, universal coverage of multi-sectoral, welfare-oriented programmes, and an integrated health system based on the primary health care approach. (Perera 2006)

Copyright 2007, Jeannette Vega, vegaj@who.int

World Health Organization

Urban settings

- A billion people live in urban poverty. They reside in slums and informal settlements. Their main barrier to a better life is systematic exclusion from opportunities to gain control over their lives and health.

- The number of people who live in deplorable conditions in cities is growing. Development decisions that deny the urban poor their right to health create threats to human security at the country level.

- We know what works, we know what it will cost. We also know that the world has the resources and can afford the cost of alleviating urban poverty. Despite this, action and resources have been meager. We must hold governments and society as a whole accountable.

- It is well established that empowering the urban poor and engaging them in the process of building healthier communities and cities is the only approach that will work.

- If the Millennium Development Goals are to be met, the urban poor must be recognized as primary stakeholders in the development process at the community, local, city, national and global levels.

Copyright 2007, Jeannette Vega, vegaj@who.int

World Health Organization

Gender

Women account for only 17% of parliamentarians worldwide (Inter-Parliament Union Database on 'women in national parliaments').

In countries with high corruption, infant mortality levels are almost twice as high, and primary school drop out rates are almost five times as high than countries with low corruption (Gupta et al 2000).

Copyright 2007, Jeannette Vega, vegaj@who.int

Who is out of school?
Female, rural, poor, mother with no education

Group	Value
Male	47
Female	53
Urban	18
Rural	82
Richest 20%	23
Poorest 20%	77
Mother with some education	25
Mother with no education	75

0 10 20 30 40 50 60 70 80 90

80 countries, EFA report 2007, UNESCO

Copyright 2007, Jeannette Vega, vegaj@who.int

World Health Organization

Reccomendations

Mainstream gender upstream plus supportive intervention downstream

Balance and sequencing of public investment and regulation of markets

Action to change discriminatory legislation

Physical and normative

Supporting opportunities for women:

- Policies to improve female education (free and mandatory), increase income earning potential through property ownership,
- Environments supportive of women's participation in labour force including available and accessible child care

Copyright 2007, Jeannette Vega, vegaj@who.int

World Health Organization

In summary the work of the CSDH will provide :

1. A solid argument for improvement health equity through action on social determinants
2. A framework for action
3. A synthesis of existing evidence on links between SD and health equity
4. Evidence on effective policy interventions
5. Recommendations on monitoring
6. Recommendations on critical priorities for action

Copyright 2007, Jeannette Vega, vegaj@who.int

World Health Organization

What would the indicators of success be?

- The report affects how policy makers, opinion leaders, and publics think about social determinants and health equity, weigh policy options, and prioritize interests and values?
- The report sets forth fresh both broad and practical concepts and proposals for action, even if they are not to be achieved in the short run?
- The report spurs a process of change through uptake of CSDH recommendations, help build constituencies for change, and expand the boundaries of what is widely considered to be feasible or reasonable to improve health equity through tackling social determinants of health.

Copyright 2007, Jeannette Vega, vegaj@who.int

World Health Organization

Lessons from successful commissions: Early stages

- Committed leadership and quality staff
- Commission secretariat adequately based
- Careful planning and preparatory work
- Sober understanding of context and political actors
- Line up potential supporters early on
- Reach out potential stakeholders early on
- Adequate funding and staff

Copyright 2007, Jeannette Vega, vegaj@who.int

World Health Organization

Lessons from successful commissions: Report and after

- Look for openings and niches, twists and turns during the whole process
- Release a “final” report around the mid-point of the project
- Report recommendations have both vision and practical proposals, big and smaller ideas
- Engage future leaders
- Engage governments if possible
- Follow up follow up and follow up

Copyright 2007, Jeannette Vega, vegaj@who.int

World Health Organization

Next steps for stimulating and supporting the knowledge transfer from the CSDH to country settings

Copyright 2007, Jeannette Vega, vegaj@who.int

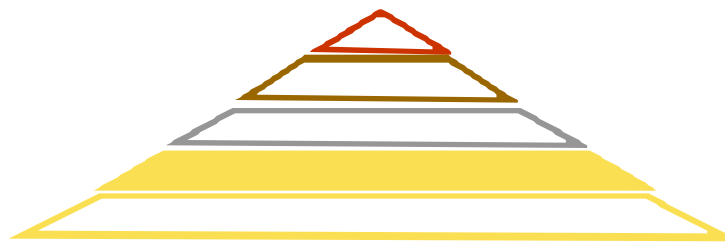
World Health Organization

WHO priorities: 5 areas in evidence translation

- Disemination
- Mobilize demand
- Stimulate debate and dialogue
- Support application in specific country contexts.
- Monitor the implementation, evaluate impact

Copyright 2007, Jeannette Vega, vegaj@who.int

World Health Organization



STRATEGY

KEY ACTIVITIES

Dissemination

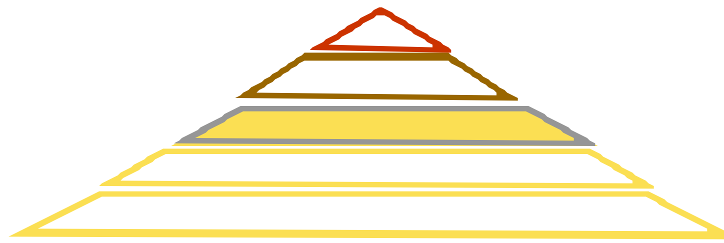
1. Regional and subregional forums
2. Mapping workshops and meetings in each region
3. Advocacy tools; policy briefs.

Mobilize demand - "democratizing health"

1. Promoting strategies for
   - increasing intolerance for inequities and democratizing health
   - hearing the voice of the socially disadvantaged and democratizing health

Copyright 2007, Jeannette Vega, vegaj@who.int

World Health Organization



STRATEGY

Stimulate debate of available evidence

Dialogue for better understanding among practitioners and policy makers

ACTIVITIES

1. Country “ Discussion groups”
   - policy makers, managers, civil society, researchers
2. Put the discussion onto political agendas
3. New forums, e.g. PAHO - Faces, voices and places initiative.

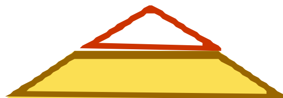
Building regional and country capacity

Guidance documents and technical support to build country capacity

Syntheses "how to" case studies and develop catalogues of useful practices

Copyright 2007, Jeannette Vega, vegaj@who.int

World Health Organization



Implement recommendations and sustain action

STRATEGY

Support application in specific country contexts.

Monitor the implementation, evaluate impact.

ACTIVITIES

Country implementing recommendations

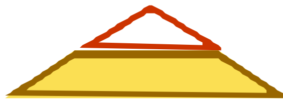
Technical support for policy translation

Analytical tools – intersectoral & participatory mechanisms

Learning e.g. implementation costs

Copyright 2007, Jeannette Vega, vegaj@who.int

World Health Organization



STRATEGY

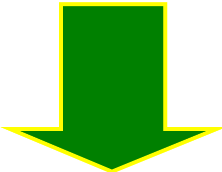
Implement recommendations and sustain action

Support their application in specific country contexts.

Monitor the implementation, evaluate impact.

ACTIVITIES

Country has implemented key policies recommendations



Health equity goal in all the policies

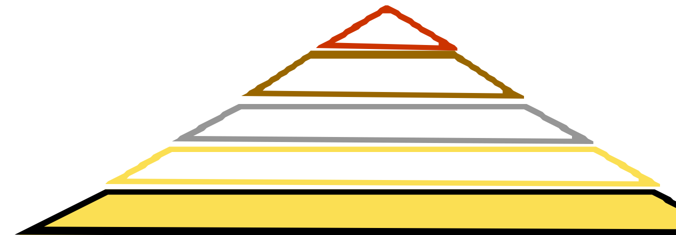
Country has framework for monitoring

To... or evalua... health equity POLIC... across sectors (indicat... policies)

Monitoring health equity in all the sectors

Copyright 2007, Jeannette Vega, vegaj@who.int

World Health Organization



To Sustain action on social determinants in and from WHO

STRATEGY

WHO Programme Budget and Planning Process Medium-Term Strategic Plan 2008 -2013	WHO organizational changes	WHO public health conditions programmatic changes through PPHC KN

ACTIVITIES

7.1.- Significance of social and economic determinants of health recognized throughout the organization and incorporated into normative work and technical collaboration with member states and other partners.

7.2.- Initiative taken by WHO in providing opportunities and means for intersectoral collaboration at national and international levels in order to address social and economic determinants of health and to encourage poverty-reduction and sustainable development

7.3 Social and economic data relevant to health collected, collated and analysed on a disaggregated basis (by sex, age, ethnicity, income, and health conditions)

Strategy for change within WHO developed and endorsed by resolutions
-Performance competencies developed
-Public health educational standards/competencies developed

- Pathfinder countries demonstrating programmatic changes
- Revised programme guidelines

Copyright 2007, Jeannette Vega, vegaj@who.int

Organization