Action on the social determinants for advancing health equity in the time of COVID-19

Perspectives of a WHO Special Initiative





WHO AND CORE PARTNERS SUPPORTING GOVERNMENTS

Why only treat people...

- WHO headquarter, regional and country offices
- Swiss Agency for Development and Cooperation (SDC)
- University College London's Institute of Health Equity (UCL-IHE)
- University of Lausanne (UNIL/UNISANTE)



then send them back to the conditions that made them sick?

- Adverse social determinants- the root of health inequities
 - COVID-19 pandemic exacerbated health inequities
- Health sector can do more for social measures addressing health equity

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POPULATIONS AT HIGHER COVID-19 RISK



Source: COVID-19 and the social determinants of health and health equity, WHO, 2021

https://www.who.int/publications/i/item/ 9789240038387 Hospitalization, morbidity, mortality:

- marginalised racial or ethnic minorities
- low-paid essential workers
- migrants and populations affected by emergencies
- older populations in residential care homes
- incarcerated populations
- homeless people

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SOCIAL DETERMINANTS OF HEALTH AT THE ROOT OF HEALTH EQUITY

STRUCTURAL DRIVERS

Political, Social, Cultural and Economic Structures

Natural Environment, Land and Climate Change

History and Legacy, Ongoing Colonialism, Structural Racism Social
policies for
buildingback-better
and
addressing
the SDGs

CONDITIONS OF DAILY LIFE

Early Life and Education

Working Life

Older stages of life

Income and Social Protection

Safety and Peace

Environment, Housing

Health Systems

Policy Goals:

Reducing precariousness and informal employment

Stablizing income and food security

Ensuring adequate housing and social services

Guaranteeing employment POPULATIONS
WITH HEALTH
EQUITY
AND DIGNIFIED
LIFE





Source: Adapted from Pan American Health Organization. Just Societies: Health Equity and Dignified Lives. Report of the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas. Washington, D.C.: PAHO; 2019.



SELF-IDENTIFICATION OF REGIONS AND TERRITORIES

Diagnosis of the general problem

- Ideological opposition to health equity
- Compatability of sectoral goals
- Operational problems in health sector orientation and knowledge and competencias for intersectoral work

Americas

Chile

Colombia

Costa Rica

El Salvador

Peru

Eastern Mediterannean

Morocco

Occupied Palestinian Territories

Western Pacific

Lao PDR

The Philippines



THEORY OF CHANGE IN COUNTRIES

A. Strengthening knowledge and narratives for scale-up

B. Focus in Pathfinder countries with demonstration sites

knowledge on structural determinants of health equity

Support
community
participation in
co-identifying
social
determinants of
health

Promote
collaboration for
addressing
structural
determinants with
a social policies
emphasis

Initiative impact

Health, social and economic, including COVID-19 recovery, policies are informed by and act on equity impact assessments of SDH

C. Intra- and Inter-country networks



REGIONAL OFFICE COORDINATED **ACTIVITIES – 1.5 YEARS**

Region of the Americas

- Systematic reviews on informal work, employment, migration
- Review of country social policies
- Video case studies
- Partnership with regional domestic workers association



Regional Commission on SDH collected knowledge

- Workshops to raise awareness
- Development of a tool to assist health sector



- Guidance note on equity during COVID-19 surveillance
- Developed awareness raising video series on gender-based violence, refugees, vaccines
- Vaccine advanced for homeless populations

INITIATING COUNTRY APPROACHES

CHILE

EQUITY AND SDH AS ONE AXIS OF THE HEALTH REFORM

COSTA RICA

COMMUNITY PARTICIPATION IN SOCIAL DEVELOPMENT

COLOMBIA

INTEGRATE SDH AND PHC AT THE LOCAL LEVEL

MOROCCO

CAPACITY BUILDING
NETWORK AND
SOCIAL POLICY
ADVOCACY

LAO PDR

COMMUNITY
PARTICIPATION IN
LOCAL HEALTH
DEVELOPMENT

PHILIPPINES

HOMELESS
POPULATIONS
AND
VACCINATIONS

PHASES OF CHANGE

Commitment to advancing health equity through action on the structural determinants

- Coalition formed between committed agencies
- WHO and partners support enhances commitment
- Country change agents emerge
- Knowledge on structural determinants is disseminated

Emphasis on co-benefits across sectors

- Coalitions emerge that aim for co-benefits
- Capacities enhanced through 'change agents' networks
- Working together on the problem results in less competition for resources and clearer narratives

Engagement of multiple stakeholders (civil society, communities, service providers, policy makers, academia)

- Perspectives on structural determinants emerge
- Demonstration sites test the viability of local change
- Co-identification, co-design and co-evaluation of impacts

Experiences translate into bureaucratic/multisectoral change, academic change (teaching/research), and sharing across Pathfinder countries

- Knowledge investment cases and budget shifts
- WHO and UN agencies enhance buy-in and scale-up
- Academics spearhead new trainings and research
- Governance and service multisectoral coalitions for equity emerge

COVID-19 exposes and amplifies the social injustice of existing health inequities...

it's time

to build a fairer, healthier world for everyone, everywhere

...by taking action on the Social Determinants of Health to Advance Equity *Nicole VALENTINE

*Orielle SOLAR

Fabrizio MENDEZ

Pamela BERNALES

Hugo VÁSQUEZ

Jaitra SATHYANDRAN

Zahra AHMED

Paul CHEH

Emma CALLON

Felicity PORRITT

Isabel ESPINOSA

Kira FORTUNE

Shogo KUBOTA

Elizabeth ELLIOTT

April Joy DAVID

Maryam BIGDELI

Hafid HACHRI

Patrick BODENMANN

Kevin MORISOD

Molly BIEHL

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Gracias

Merci

Thank you