

Will our generation close the gap? Comprehensive and innovative strategies to address social determinants of health

Impressions from the seventh Be-Cause Health seminar

Masters students public health of ULB, UCL and ITM were participating actively in the seminar



The final panel debate with our guests from the South & No good seminar without a strong logistic team!

Intro

The seventh annual seminar of Be-cause Health took place on 15 and 16 December 2011 at the Belgian Technical Cooperation in Brussels and addressed the social determinants of health (SDH) in different ways. The seminar presented the global picture on SDH and was structured according to the three principles of action ("tracks") referred to in the WHO 2008 publication of the Commission on Social Determinants of Health: [1] conditions of life, better services for the people; [2] power relations and resources; and [3] monitoring, research and advocacy.

The objectives of the seminar were to raise awareness amongst the stakeholders in international cooperation and to clarify the challenges. 200 participants from more than 30 countries attended this 2-day event and for the first time in our short history we had to close the registrations due to the limited capacity of the venue.

The concept of 'social determinants of health' is not new, but it is getting now more and more the attention it deserves. E.g., the Alma Ata Declaration on Primary Health Care (PHC) already made a plea for an integrated approach to health and prevention in the society and for an intersectorial dialogue. This predecessor of the 'health in all policies' adagio has been forgotten in most countries, although there are also good examples, such as Costa Rica and Cuba, where policy makers consciously have acted according to the holistic PHC approach.

Nowadays, more in-depth analysis and data are available, more dimensions highlighted, strategies and processes have been described for different levels of society and for the whole globe. However, this does not mean that everything is clear and that everyone is aligned. Acting on SDH makes the life of the health profession more interesting, but also more challenging, and we need more insights and field experiences to guide us on the practical ways to deal with it.

Health equity is now at the core of the political discourse. However, the effects of this discourse are still limited. Both good experiences and social drawbacks due to the crises co-exist in many places in the world.

In line with our commitments we have one generation to contribute to tangible changes into practice.

Karel Gyselincx, Belgian Technical Cooperation, chairperson

Dirk Van der Roost, ITM, secretary



All pictures, presentations, background documents & some video clips are available on the website <http://www.be-causehealth.be/en/events/annual-seminars/seminar-2011.aspx>

Feedback from the WHO Rio Conference on SDH

In October 2011, 125 country delegations gathered in Rio de Janeiro to discuss the implementation of the 2008 report of the Commission on SDH. Civil society was present, but the registration 'on invitation' limited the access of NGOs. The EU participation was mainly at the level of administrations and embassies, although there were Ministerial delegations from Finland, Slovenia and ... Greece.

This extensive crowd discussed during 3 days the 5 tracks presented in the background document:

1. **Governance** to tackle the root causes of health inequities
2. Promoting participation: **community leadership** or action on SDH
3. The role of the **health sector**, including public health programmes, in reducing health inequities
4. **Global action** on SDH: aligning priorities and stakeholders
5. **Monitoring progress**: measurement and analysis to inform policies and build accountability on SDH

Brazil, the hosting government, emphasized its actions taken on SDH through the implementation of integrated social policies such as the 'bolsa familiar'; this conditional cash transfer programme has upgraded a few million families out of poverty! In Brazil participation in local decision making is highly prevalent and institutionalized. This country with striking inequalities and an aggressive economy and consumption culture, has interesting results to show for as well as huge challenges remaining to be addressed.

The draft version of the Rio Declaration improved over time, and put a strong emphasis on equity and the coherence of social policies. One of the Belgian contributions to the document was to include the need for a health equity check of policies.

But the Declaration fails to put the effects of the current crises and their root causes in the picture, no concrete commitments have been made, no indicators will guide the monitoring of its implementation. The consensus EU position could not be presented due to resistance of the UK delegation related to procedural issues.

The Rio Conference was just a start. It is up to the health communities, from local to global level, to take advantage of the renewed attention to 'health in all policies'.

Dirk Van der Roost, Institute of Tropical Medicine



Female power: Caroline Lesire, ANMC and moderator, René Loewensohn, Equinet and Kristien Michielsens, Ghent University

Summary from track 1: Improving the conditions of life

The report of the Commission of Social Determinants on Health in 2008 stated the necessary and urgent improvement of living conditions for tackling the inequities of health. The sessions of track one focussed the attention on three topics: social determinants; sexual health for young people and clean water supply and nutrition as essential needs both in urban and rural settings; with the participation of experiences in implementations of SDH at decentralized levels.

With regard to the sexual health of young people the Seminar proposed a comprehensive sex educational approach; sexual education should be integrated in the school curriculum from early ages; a multisectorial approach is needed to adapt programmes to the local context and involvement of the youth in planning strategies and communication with parents and civil society participation; to ensure that information and education on sexuality and SRHR is available in a wide variety of settings, accessible to young people both in and out of school; and to ensure that sexual education is in parallel with youth friendly services.

With regard to clean water and nutrition the seminar recommended an increase in advocacy actions; evidence based health impact; to halve the number of people without access to safe water for drinking, for hygiene and for sanitation, adapted to local customs/beliefs and with ensured sustainability; integrated and multisectorial approach for water resource development projects; to support the community participation being open to listening to their problems and provide knowledge and prioritization, supporting training of teachers continuously and participation in clean water committees.

In experiences about implementations of SDH at decentralized levels, requirements for decentralization are: multisectorial action, transfer of money to the municipalities, coordination with the communities and recognition of different context. The decentralization process should start from PHC for promoting health equity and intersectional action and community diagnosis in order to prioritize problems. Community participation is crucial because the community is a powerful actor.

In conclusion, it is necessary to include the social determinants approach in the health workers curriculum; to strengthen the participation of the young people and the communities and their relation with the state at local and national levels, in a multisectorial and decentralized approach for tackling inequities of health, with a special attention in sexual health for young people and clean water to improve living conditions. To improve the conditions of life, the policy makers, governments, international organizations, academia and communities have to show their goodwill and commitment.

Adriana Palomares & Mauricio Torres-Tovar, Master of Public Health students ITM



Fish bowl session in track 1, Adriana and Mauricio taking the minutes in the back of the room

Summary from Track 1: Improving the conditions of life

The working Group Sexual and Reproductive Health and Rights hosted a special session on the social determinants of the sexual and reproductive health of young people. The session focused on the world's greatest source of untapped potential: young people, looking into why sexuality education is an important social determinant of health and how to make health services more accessible for young people.

With case studies from Estonia, India and Nigeria, Evert Ketting (Nijmegen Institute for Health Systems Research and Education) explained how high quality comprehensive sexuality education can make a difference in meeting the sexual and reproductive health needs of young people. Bernardo Vega (Cuenca University) presented the results of surveys on the social determinants of sexual and reproductive health of adolescents in Latin America.

The presentations were followed by an interactive session which was joined by Wouter Pinxten a sociologist working for the Ghent University and doing research on social determinants of sexual health and Kristien Michielsen, a social scientist at the International Centre for Reproductive Health, doing research on HIV prevention for young people. Over 60 people attended the session.

Wim Van de Voorde and Marlies Casier, Sensoa



Summary from Track 2: How to tackle the inequitable distribution of power, money, and resources?

The Commission on Social Determinants of Health recommends to tackle the inequitable distribution of power, money, and resources and formulated a number of specific recommendations regarding these issues. In our workshop, we tried to build on these recommendations and the work on SDH in the last three years in general, including the outcome of the October 2011 World Conference on SDH in Rio. We shared experiences, clarified the role of civil society, governments and international institutions and drew up strategies to ensure that issues of equity and power relations remain on the agenda.

Remco van de Pas from WEMOS made a strong introduction on the role of civil society. Wim De Ceukelaire (intal/Medical Aid for the Third World) spoke on their experiences with "empowerment for the right to health". Aurore Schreiber (Solidarité socialiste) and Katrien Beirinckx (World Solidarity) shared their experiences with community health work in Burkina Faso.

National level is decisive and the most effective to influence equity. It is the lever to effect social determinants. Pol De Vos (ITM Antwerp), Françoise Barten (Nijmegen Institute for International Health) and Raul Vidal Aranda (Bolivia) presented respectively their experiences with the governments of Cuba, El Salvador and Bolivia.

The challenges about the role of international institutions and agencies were highlighted by Amit Sengupta (PHM India) on the experiences of the People's Health Movement. Also by Rene Loewenson on the work of Equinet and the Equity Watch and by Katrien Vervoort from Oxfam on their campaign for essential public services. We spoke about changing the balance of power between States and global institutions and holding corporations accountable through global governance mechanism.

Concrete recommendations were made for stakeholders at the three levels. Before all, the links between the three stakeholders must be tied to maintain the coherence for change between the different levels.

Valérie Van Belle, ANMC



Summary from Track 3: Research and monitoring

Birgit Kerstens, together with Prof. Yvo Nuyens, coordinated the four sessions of track 3 which dealt with identification of the critical issues and problems in monitoring and research, provided some examples and good practices of monitoring and research at country level and discussed how data and research on social determinants can be better integrated into policy, practice and action. Kristien Michiels and Dirk Van Braeckel were actively involved in the first session of track 1 on the social determinants of adolescent's sexual health with as main themes sexual education at school and teenage pregnancies in Latin America. One of the invited speakers was Dr. Bernardo Vega, Professor in Gynaecology at the Department of Medical Sciences at the University of Cuenca in Ecuador and partner in the CERCA project, which is lead by ICRH (Dr. Peter Decat and Sara De Meyer). This project has conducted surveys among adolescents in Bolivia, Ecuador and Nicaragua and Prof. Vega presented the preliminary results.

The challenges identified during the presentations of the keynote speakers and related discussions with the audience and the recommendations on how to bridge the worlds of research and policy were highlighted in a final plenary session.

Birgit Kerstens, HERA-Belgium and ICRH-Ghent, adapted from ICRH-newsletter



Yvo Nuyens



The story line of track 3: words, data and finally the question: research, how can it make the difference?

Conclusions presented by Pol De Vos during the final session

During two days, researchers, civil society activists and government agency representatives from Belgium, Europe and beyond had intense exchanges and discussion on the theme of Social Determinants of Health (SDH). In these closing remarks I would like to stress three main elements.

First, I want to emphasize the **sense of urgency** on putting more attention on SDH in policy making, research en health activism. The on-going global crisis shows a sharpening contrast – in the South and the North – between degrading social realities and political decision making. In most settings socio-economic measures are in sharp contradiction with the discourse on structural determinants of health.

Second, this platform should **deepen the work on SDH with the active participation of all sectors** present. Health is a clear marker of governmental social policies, and a theme for which people mobilize actively. We should build stronger alliances between all involved actors in the North, in the South, and between North and South. We should boost, support or deepen integrated health development strategies at national and regional level. We should support bottom up processes towards political will for better health. Where important interests are involved, conflicts are inevitable. But conflict is OK. Only through conflict, democratic decision making can be improved.

Third, we should **further develop a culture of EVIDENCE**. Evidence in terms of understanding the mechanisms of SDH, in terms of integrated approaches, in terms of the need for structural change, and also in terms of empowerment strategies and effective organization building.

Evidence is not enough in itself. Ensuring 'healthy' political choices needs that evidence to be supported by effective advocacy strategies at all levels. Research bodies should further develop adequate methods for integrated and participatory planning, implantation and evaluation through the strengthening of their links with governmental bodies and civil society. For this, the regional network in Southern Africa in developing such an integrated approach is a very promising example.

And finally, as part of this third point, I think **ITM** has some homework to do. Our Public Health Department should better take up SDH as an essential theme for health system research and education¹. Through active participation in the mentioned multisectorial implementation processes, for which research methodologies are to be further developed: participatory action research, development of quantitative and qualitative progress markers ('societal impact indicators') and their monitoring, complexity studies on integrated strategies,...



¹ "A health system is the ensemble of all public and private organisations, institutions and resources mandated to improve, maintain or restore health. It encompasses both personal and population services, as well as activities to influence policies and actions of other sectors to address the social, environmental and economic determinants of health." (WHO Europe Tallinn Charter 2008)

Food for thought : quotes from the Rio Conference on SDH

'There are 3 big areas for action for more equity at the global level:

1. Redistribution of wealth, between and within countries,
2. Regulation of the social purpose in the global economy, and
3. Enforceable social rights.'

Prof. Ron Labonte, University of Ottawa, Canada

'Globalisation has no rule for equity or fair distribution of goods. Nationally and internationally, there are more gaps than ever! We have to tackle root causes of ill health: vast inequalities exist, and social services and equity are key for a safer and better world! Equity is an explicit objective!'

'Putting these policies in place is a challenge, which can go against commercial interests, e.g. on obesity. When France wants to introduce a 'fat tax' and tax on 'sugar drinks', companies threaten with an investment freeze! The tobacco industry is also very aggressive. 5 industries brought the US FDA to court!'

Margareth Chan, Executive Director, WHO

'The success of Costa Rica in terms of human development is based on the investments we have made during many years in the people: health care, education, agriculture - and the right of women to own land -, and ecological policies. Moreover ... we don't have an army.'

Socorro Gross-Galiano, PAHO, Costa Rica

Announcements

Du 23 au 26 Octobre 2012 : Atelier des acteurs du secteur de la santé appuyés par la coopération belge, à Kinshasa 'Financement et qualité des soins et services de santé : renforçons ensemble la santé en RDC'

29 November 2012 : 8th Annual seminar of Be-cause health, at ITM-Antwerp, People Centred Care



Key publications on social determinants of health

Be-cause health is a pluralistic network of both individual and institutional members such as NGOs, academia and public services, who consider health and health care as fundamental human rights.

Current themes and working groups: human resources for health, access to quality medicines, sexual and reproductive health, people-centred care, social protection and universal coverage, HIV/AIDS, social determinants of health and cooperation in RD Congo.

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