



INDEPTH Training and Research Centres of Excellence (INTREC)

Policy brief

An emphasis on training health researchers in the Social Determinants of Health will help to reduce health inequities in Maharashtra State, India

Introduction

The INDEPTH Training and Research Centers of Excellence (INTREC) initiative was launched in January 2012. INTREC aims to address health inequities in Low and Middle Income Countries of Africa and Asia by: (i) developing a sustainable capacity for research for health and its social determinants and, (ii) facilitating translation of research findings into policy and practice in both regions. See www.intrec.info for more information, and for the full INTREC report on Maharashtra state, India.

Social Determinants of Health in Maharashtra

The social determinants of health (SDH) are described as “the causes of the causes of health and ill health” (WHO, 2008. *Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health, Report of the Commission on Social Determinants of Health*. Geneva: World Health Organization.) In Maharashtra, there is a complex amalgamation of SDH. These include poverty, illiteracy, caste, out-of-pocket health care expenditures, inadequate health care funding, gender imbalances, poor environmental conditions in Informal settlements, cultural practices, and reliance on an inadequately regulated private sector in health care. In order to address the health consequences and inequities caused by these factors, researchers must be equipped with a strong conceptual and practical understanding of SDH.

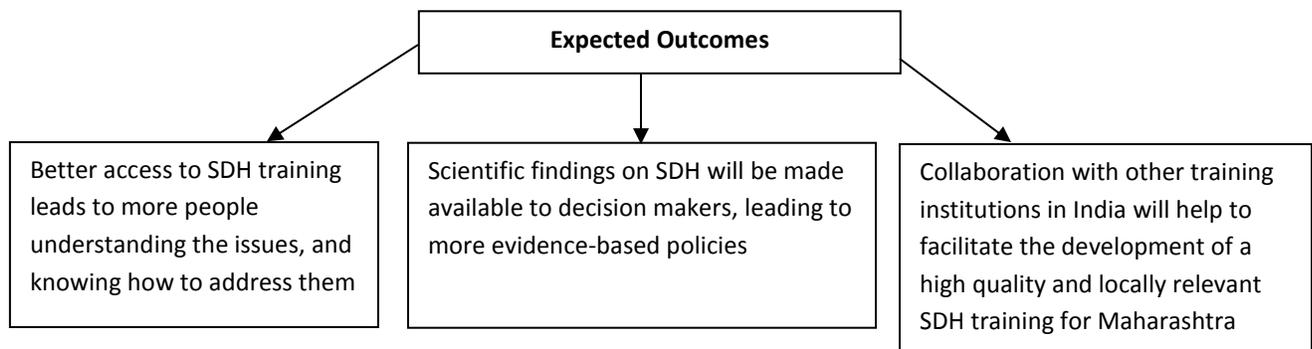
Findings

Our situation analysis found that as of September 2012, some public health schools in Maharashtra were offering courses that included some components of social determinants of health. However, there was no classroom-based or online course exclusively focused on the social determinants of health offered anywhere in Maharashtra State. Those courses that covered aspects of SDH, such as those included in public health training, did so only in a segregated manner.

For example courses on health policy, nutrition, maternal and child health, and health care management are taught as separate, non-integrated subjects. The dearth of courses on SDH emphasizes the need for a comprehensive educational program on SDH in the state, in order to develop health professionals' understanding of the need to tackle SDH in a holistic way.

Priority action areas

- 1. Design a course on SDH in Maharashtra and provide it on a classroom basis as well as online:** In spite of the ongoing digital divide between rural and urban areas in Maharashtra, the potential of an online course on SDH should be explored, as it could greatly expand the potential number of participants.
- 2. Teach advocacy to trainers in public health and those formulating policies and emphasize the importance of collaboration between SDH researchers and policy makers:** Advocacy must be taught to trainers in public health and to those formulating policies in order to develop effective evidence-based policies. The collaboration between SDH researchers and policy makers forms the foundation for reducing health inequities. For this, the SDH curriculum should include:
 - Ways in which the researchers can present their research findings in actionable and accessible ways for policy makers;
 - Emphasizing the importance of use of evidence while formulating policies;
 - Focusing on the need for collaboration between SDH researchers and policy makers.
- 3. Establish links with existing SDH training Institutions in India**



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