Policy approaches to address the social and environmental determinants of health inequity in Asia Pacific

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This slide is based on the AP-HealthGAEN 2011 report “Taking Action to Address the Social and Environmental Determinants of Health Equity” available at www.aphealthgaen.org
Asia Pacific is home to over 60% of the world’s population (4 billion people) and the fastest growing economies. The economic growth of this area have serious challenges that improving the conditions for health and health equity would go a long way to sustaining economic prosperity in the region, as well as improving global health equity.
males born in Cambodia can expect to live 23 years less than males born in Japan
male born in Indonesia live 16 years less than males born in Japan
Global Movement

(“Reducing health inequities through action on the social determinants of health”), resolution WHA62.14

Health inequities arise from the societal conditions in which people are born, grow, live, work and age, referred to as social determinants of health. CSDH 2008

Action needed

1. to improve daily living conditions;

2. to tackle the inequitable distribution of power, money and resources; and

3. to measure and understand the problem and assess the impact of action.
53 policy recommendation

- Rio conference 2011
- 16 declaration point

Closing the gap in a generation

Health equity through action on the social determinants of health

Rio Political Declaration on Social Determinants of Health

Rio de Janeiro, Brazil, 21 October 2011

5. We reiterate our determination to take action on social determinants of health as collectively agreed by the World Health Assembly and reflected in resolution WHA62.14 (“Reducing health inequities through action on the social determinants of health”), which notes the three overarching recommendations of the Commission on Social Determinants of Health: to improve daily living conditions; to tackle the inequitable distribution of power, money and resources; and to measure and understand the problem and assess the impact of action.

Promote health equity in and among countries, monitoring progress at the international level and increasing collective accountability in the field of social determinants of health, particularly through the exchange of good practices in this field;
**Action needed**

1. to improve daily living conditions;

Improve the well-being of girls and women and the circumstances in which their children are born, put major emphasis on early child development and education for girls and boys, improve living and working conditions and create social protection policy supportive of all, and create conditions for a flourishing older life. Policies to achieve these goals will involve civil society, governments, and global institutions.

   *From the start / early child development and in the whole life cycle*

2. to tackle the inequitable distribution of power, money and resources;

   This requires a strong public sector that is committed, capable, and adequately financed. To achieve that requires more than strengthened government – it requires strengthened governance: legitimacy, space, and support for civil society, for an accountable private sector, and for people across society to agree public interests and reinvest in the value of collective action. In a globalized world, the need for governance dedicated to equity applies equally from the community level to global institutions

   *the structural drivers of those conditions of daily life – globally, nationally, and locally.*

3. to measure and understand the problem and assess the impact of action.

   National governments and international organizations, supported by WHO, should set up national and global health equity surveillance systems for routine monitoring of health inequity and the social determinants of health and should evaluate the health equity impact of policy and action. Creating the organizational space and capacity to act effectively on health inequity requires investment in training of policy-makers and health practitioners and public understanding of social determinants of health. It also requires a stronger focus on social determinants in public health research.
Solutions from beyond the health sector
HEALTH BY ALL SECTORS
CSDH – Areas for Action

Structural drivers of those conditions at global, national and local level

Conditions in which people are born, grow, live, work and age

Monitoring, Training, Research
Socioeconomic context and position (society)

Differential exposure (social and physical environment)

Differential vulnerability (population group)

Differential health outcomes (individual)

Differential consequences (individual)

Source: Blas and Sivasankara Kurup, 2010, p. 7
Methods

1. collect policy and programs (for illustration)
2. literature search of electronic health and social sciences journal databases was conducted, including Pubmed, EMBASE, ABI/Inform, Econolit and GEOBASE. Key words included the names of countries/territories of Asia Pacific, and combinations of the two thematic lines of enquiry described.
3. The websites of key development agencies (including WHO, UNESCAP, UNDP, UNICEF, ILO, UN-HABITAT, APEC, ASEAN) were searched to locate relevant publications.
4. A Google search using similar keywords was also conducted to uncover unpublished/grey literature. Members of the AP-HealthGAEN network were also approached directly to contribute examples of policy and practice from their countries/territories.

Asia Pacific HealthGAEN – an alliance of researchers, policymakers and non-government organisations concerned for health equity through action on the social and environmental determinants.
The WCSDH themes
1. governance;
2. promoting participation;
3. global action on social determinants, and
4. monitoring progress

AP HEALTH GAEN
1. Economic globalization;
2. Urbanisation;
3. Environmental change;
4. Health systems;
5. Social in/exclusion

The WHO World Conference on the Social Determinants of Health in October 2011 asked governments of the world to share what they have been doing to address these issues following the CSDH 2008 report.
ON-GOING CHALLENGES FOR HEALTH EQUITY ACROSS ASIA PACIFIC

The size of Asia Pacific (more than half of the world’s population) means action in the region would increase the chances of achieving global health equity.

there are relatively few policies and programs that have placed health equity as a central goal, illustrated partly by the fact that there is no qualitative or quantitative demonstration of the impact on health and health inequity.

significant gaps and challenges to health equity remain, requiring focused action and rapid region-wide learning about effective action.

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Message 1: Health inequities across Asia Pacific arise not only from inequities in health care; they are also caused by inequities in environmental, economic and social factors.
Figure 1 - Action framework, based on the recommendations of the CSDH

**Actions to address the social & environmental determinants of health**

- Equity monitoring
  - Health equity and SEDH in routine monitoring
  - Disaggregated data on inequity and SEDH
  - Targets for equity
  - Tools & processes to use equity data in policy-making

- Equity assessment tools
  - Specific tools for use in health and non-health sectors
  - Health Impact Assessment

- Good governance
  - Political commitment
  - Intersectoral action
  - Policy coherence
  - Community participation

- Promoting social inclusion
  - Promoting rights through political and legal systems
  - Ensuring equitable participation
  - Closing the gaps in education and skills
  - Community empowerment

- Macroeconomic policy
  - Responding to financial crises
  - Making trade policy good for health equity
  - National public policy to reduce harmful effects of market liberalisation

- Managing & avoiding environmental degradation
  - Building response capacity
  - Adapting to environmental change
  - Climate change mitigation
  - Maximising co-benefits

- Global/regional collaboration
  - Streamlining UN activities
  - Holding governments to account
  - A SEDH approach to development
  - South-South collaboration
  - Regional co-operation

**Actions to improve daily living conditions**

- Balanced urbanisation
  - Urban planning and design for health
  - Slum reduction and upgrading
  - Improving access to services
  - Creating environments for healthy living
  - Investing in rural development

- Labour and social protection
  - Creating employment opportunities
  - Improving working conditions
  - Skills to reduce workers’ vulnerability
  - Increasing social protection across the lifecourse

- Health systems
  - Primary Health Care
  - Universal coverage
  - Reducing out-of-pocket costs
  - Equity at all levels of service delivery
  - Equitable access to medicines and new technologies
  - Interventions to address social barriers

**Actions to measure, monitor & evaluate**

- Equity monitoring
  - Health equity and SEDH in routine monitoring
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Action to ensure healthy and equitable urbanisation

Urban planning and design
Housing and basic services
Liveable spaces

Providing social protection and providing fair working condition

Unemployment
Improved working condition
Social protection across the life course

Health system that promote health equity

Strengthening comprehensive primary health care
Improving performance on equity through health system
Equitable access through medicine and new technology
Targeted intervention to address social barriers
Funding actions on social determinants of health
Measurement, monitoring and evaluation

Collecting data

Using data

Equity assessment tools
Challenge

1. Data – determinants of health inequities

2. Knowledge and skills

3. Changing dominant paradigms

4. Policy focus – average health not health equity
1. Data – determinants of health inequities

Inadequacy of current data collection

many inequities remain invisible, both in terms of health outcomes, and in access to the resources for health.

National and local level health information systems do not routinely capture or report health outcomes by different social strata.
1. Data determinant of health in equity

little empirical investigation on multilevel surveillance systems in an integrated manner ???,

information on the various structural drivers of health inequities and the conditions of daily living that affect health ????

difficult to monitor progress
the way and degree to which social and environmental factors affect health inequities within Asia Pacific countries.

few studies that focus on the social gradient in health - most of the focus is on the socially disadvantaged.

There are very few evaluations of the health equity impact of cross-sectoral policy and practice
2. Knowledge and skills

Training and skills development in Asia Pacific on both the science of the social and environmental determinants of health inequities and the translational skills necessary are lacking.

Broadening the public health toolkit to embrace lifecourse approaches and complexity science is needed.

Further development requires systematic training of the public health workforce as well as people from a wide range of disciplines, sectors and communities with the knowledge and skills to tackle health inequities.
3. Changing dominant paradigms

1. Common measure of societal success is economic growth, as measured by GDP. How this money is spent that matters most for health, equity and well-being.

Social, environmental and health concerns will struggle to receive the level of government commitment necessary to make real improvements.

Need a better indicator of societal progress is one that integrates economic, environment, social and health dimensions, and which considers the social distribution of health outcomes.
3. Changing dominant paradigms

that health by-and-large means health care.

Most discussions in the Asia Pacific region about health inequities jump immediately to health systems or health services and how they cause health inequities or what they can do to reduce them.

These are vitally important discussions but, they are not the whole story. Health equity actions in other sectors will be largely ignored even though that is where most impact on health inequities is made.
4. Policy focus – average health not health equity

There are many policies and practices in place that address the SE determinants of health equity across Asia Pacific.
Conclussion

Tackling health inequities requires leadership, political courage, social struggle, a sound evidence base and progressive public policy

How to communicate health in equity
Thank you