Meeting Report

Regional Meeting on Social Determinants of Health and Health Equity

Manila, Philippines
7–9 June 2011

World Health Organization
Western Pacific Region

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REPORT

REGIONAL MEETING ON SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY

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NOTE

The views expressed in this report are those of the participants in the Regional Meeting on Social Determinants of Health and Health Equity and do not necessarily reflect the policies of the World Health Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Members States in the Region and for those who participated in the Regional Meeting on Social Determinants of Health and Health Equity from 7 to 9 June 2011, Manila, Philippines.

ACRONYMS

AEDI	Australia Early Childhood Development Index
AFHC	Alliance for Healthy Cities
AHS	Australian Health Survey
APSED	Asia-Pacific Strategy for Emerging Diseases
AusAID	Australian Agency for International Development
CSDH	Commission on the Social Determinants of Health
GBV	Gender-based violence
HiAP	Health in All Policies
HIA	Health Impact Assessment
HEF	Health Equity Fund
NCD	Noncommunicable disease
NGO	Nongovernmental organization
NSPS	National Social Protection Strategy
NZAID	New Zealand Agency for International Development
PHC	Primary health care
UrbanHEART	Urban Health Equity Assessment and Response Tool
WCSDH	World Conference on the Social Determinants of Health

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Key words:

Socioeconomic factors, Delivery of healthcare, Health status indicators, Health services accessibility, Western Pacific

SUMMARY

Although aggregate health indicators have improved in recent decades, health inequities have widened and are growing. The key to reversing this trend is action on the social determinants of health, which account for the bulk of these disparities. In May 2009, the 62nd World Health Assembly passed Resolution WHA 62.14, entitled "Reducing Health Inequities through Action on the Social Determinants of Health". It called on Member States, the WHO Secretariat and the international community to implement the recommendations of the WHO Commission on the Social Determinants of Health (CSDH) and take action to measure health inequities, address social determinants in public health programmes, promote attention to health in all policies and align this work with the renewal of primary health care.

The resolution also requested the Director-General of WHO "to convene a global event, with the assistance of Member States, before the 65th World Health Assembly in order to discuss renewed plans for addressing the alarming trends of health inequities through addressing social determinants of health". Accordingly, WHO Geneva will organize a world conference on social determinants of health, hosted by the Government of Brazil, in Rio de Janeiro from 19 to 21 October 2011.

There is a need for Member States, civil society groups and other health development partners in the Region to come together to share experiences and discuss how to make significant progress on national policies to address the social determinants of health to reduce health inequities. To this end, a Regional Meeting on the Social Determinants of Health was held from 7 to 9 June 2011, in Manila, Philippines.

The objectives of the regional meeting were to:

(1) share experiences from across the Region about ways to address the social determinants of health and reduce health inequities;

(2) agree on the next steps for developing and implementing polices and programmes to address the social determinants of health and reduce health inequities in the Region; and

(3) contribute to the Region's preparations in the lead-up to the World Conference on Social Determinants of Health (WCSDH).

The meeting brought together Member States and temporary advisers to interact with the WHO Secretariat. The first day of the meeting was devoted to country presentations in which examples of policy and programmes that act on the social determinants and health inequities were shared among countries.

The second day brought together an array of technical experts from across the Region to share their expertise on four major themes (drawing upon the themes of the world conference): governance and actions for Health in all Policies; addressing the social determinants of health and health equity in public health programmes and health systems; evidence to support policies on the social determinants of health and health equity; and regional cooperation and social participation to address the social determinants of health and health equity. The final day was devoted primarily to group work by participants from Member States focused on formulating practical policy solutions on the social determinants of health.

These policy suggestions, as well as the major discussion points from across the themes, were aggregated into a set of action points for addressing the social determinants health and health inequities (Annex 4).

1. INTRODUCTION

Although aggregate health indicators have improved in recent decades, health inequities have widened and are growing. The key to reversing this trend is action on the social determinants of health, which account for the bulk of these disparities. These determinants include poverty, gender inequality, ethnicity, unemployment, unsafe workplaces, urban slums, globalization and lack of access to health services, among others. Several key factors have slowed progress on tackling the social determinants of health, including a lack of clear usable evidence on the specific pathways of social determinants; difficulty managing intersectoral action for health; a lack of policy guidance and documentation of successful interventions; and the absence of clear leadership, commitment and technical support from global and national health actors.

The report of the CSDH made three main recommendations: improve daily living conditions, tackle the inequitable distribution of power, money and resources and measure and understand the problem and assess the impact of action. Specifically for WHO, it recommended work in three areas: strengthen global and national capacities to address the social determinants of health, including a “health in all policies” approach, and assessment of the impacts of global polices on health inequities; strengthen efforts to measure health inequities; and build internal capacity to address social determinants and health inequities.

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1.1 Objectives:

(1) To share experiences from across the Region on ways to address the social determinants of health and reduce health inequities.

(2) To agree on the next steps for developing and implementing polices and programmes to address the social determinants of health and reduce health inequities in the Region.

(3) To contribute to the Region’s preparations in the lead-up to the World Conference on Social Determinants of Health, to be held in Brazil in October 2011.

1.2 Opening remarks

Dr Shin Young-soo, WHO Regional Director for the Western Pacific, noted the forthcoming 150th birthday celebration of Philippine national hero, Dr Jose Rizal, and reflected that Rizal was one of the early "social determinants" thinkers in the Region. Even though Rizal and many of his contemporaries – such as Rudolf Virchow and Friedrich Engels – were discussing the social determinants of health inequities almost a century and a half ago, we still observe great disparities in health outcomes within the Western Pacific Region and globally.

The WHO CSDH contributed to this agenda by marshalling an evidence base for action on the social determinants of health. However, Dr Shin noted, many countries face difficulties in translating much of the evidence into practical policy action. It was for this reason that the regional meeting had been convened. The meeting would provide a forum for the sharing of policy ideas and technical expertise for policy and programme development relevant to the social determinants of health. He concluded by inviting participants to contribute their considerable experience and knowledge towards "closing the gap" on health inequities in the Region.

A round of introductions was then conducted. This was followed by the selection of office bearers for the meeting, as follows: Chair, Dr Khampeth Manivong; Vice Chair, Mr Cedric Alependava; and Rapporteur, Dr Kamaliah Mohamad Noh.

Dr Eugenio Villar, Coordinator, Social Determinants of Health, WHO Geneva, gave an introductory talk on WHO's approach to the social determinants of health. Dr Villar noted that WHO had been working for a long time on the social determinants of health since the WHO Constitution focuses on improving well-being by acting on the social aspects of health. He explained that this perspective was reemphasized with the Declaration of Alma Ata. He referred to the seminal work of the CSDH in moving to understanding the social causes of health inequities.

He noted that the 2009 World Health Assembly resolution, passed with a renewal of the primary health care promise from Alma Ata, provided the mandate for WHO's social determinants of health agenda to go forward. There is a need to implement policies in sectors beyond health and create synergy between all sectors towards the common goal of health equity. He concluded by discussing the resolution's call for a World Conference on the Social Determinants of Health (WCSDH) to be held in Rio de Janeiro from 19 to 21 October 2011. Rather than focus on the "what", the conference will discuss how countries can act practically on the social determinants of health to reduce health inequities.

In the brief discussion that followed, participants' comments mainly focused on issues of intersectoral action for health. A number of Member States noted the lack of effective collaboration among different sectors and the frequent resistance of nonhealth ministries to being told what to do by the Ministry of Health.

Ms Anjana Bhushan, Technical Officer, Health in Development, WHO Regional Office for the Western Pacific, gave an introductory presentation on WHO's approach to the social determinants of health and health equity in the Region. She gave a broad overview of health inequities in the Region and data demonstrating the socioeconomic causes of these differences. She introduced the social determinants of health conceptual framework and human rights approach that respectively guide the strategic direction of regional work in this area, with specific examples.

The timetable, list of participants and the Regional Director's speech can be found in Annex 1, Annex 2 and Annex 3, respectively.

2. PROCEEDINGS

2.1 Country presentations

Ms Bhushan clarified that the session sought to share countries' policy lessons from across the Region. Each presentation would describe policies and action taken by Member States, both within and outside the health sector and the enabling political environments that allowed the policies to be formulated and implemented.

2.1.1 Australia

Prof John Glover, Director, Public Health Information Development Unit, University of Adelaide, described the Australian Early Childhood Development Index (AEDI) as an example of action taken outside the health sector by the state and federal governments on the social determinants of health. The AEDI provides a set of equity-related headline indicators for early childhood that have been informing policy directions. Prof Glover noted the development of the Australian Health Survey (AHS) as an important action taken on the social determinants of health in the health sector. The AHS is a three-yearly national health survey of biomedical measures, nutrition and physical activity with the analysis of outcomes undertaken in the context of data on the social determinants of health collected in the survey.

Prof Glover noted that a whole-of-government social inclusion strategy and the "close the gap" reform agenda, which looks at ways to address inequities in indigenous peoples' well-being, have provided a political context for action. The development of the broader AHS and the extension of the AEDI pilots to full coverage of all children in 2009 exemplify a commitment by government to creating a strong evidence base and adopting a life-course approach to the social determinants of health by intervening early in life.

2.1.2 Cambodia

In her presentation on recent initiatives in Cambodia, Ms Khout Thavary, Deputy Director, Budget and Finance Department, Ministry of Health, pointed to a number of significant barriers to achieving health equity in Cambodia, including a lack of infrastructure, a growing private sector, increasing rates of noncommunicable diseases (NCDs), access challenges in remote areas, high rates of poverty and high levels of out-of-pocket spending.

The planned National Social Protection Strategy (NSPS) is a key nonhealth sector initiative to address the social determinants of health. It has five main interventions intended to achieve the policy's objective of protecting disadvantaged and vulnerable Cambodians against chronic poverty and hunger, shocks, destitution and social exclusion. The intervention is based on a vulnerability and gap analysis and consultation process undertaken during the period 2009-2010.

Ms Thavary described the Health Equity Fund (HEF) policy as an important strategy for acting on the social determinants of health within the health sector. The HEF is a mechanism to channel funding through a local operator to pay for health care and associated costs for the poor. It has increased the use of services by those from low-income households.

There has been an increasingly enabling political environment for acting on health equity issues following the internal conflict period.

A brief discussion of the Cambodian presentation followed. In responding to questions on the topic, Ms Thavary mentioned that an intersectoral action approach was used to identify vulnerable groups for the HEF, in which the Health Ministry worked with the Interior Ministry and a local nongovernmental organization (NGO) to issue identity cards under the system.

2.1.3 China

In his presentation on China, Dr Shi Guang, Director, Department of Policies, Laws and Regulations, Ministry of Health, detailed the current equity dimensions of health reforms in China: accessibility, availability and affordability. These included five main programme elements, namely medical care insurance, access to essential medicines, health service delivery systems, equitable access to an essential package of public health services and public hospital reforms.

Dr Shi also provided insights into the broader political context in China that is allowing broader action across the social determinants of health. The government strategically seeks to establish a people-cantered, harmonious society by balancing economic growth with social sector development, environmental protection, narrowed gaps between urban and rural areas and among coastal, middle and western regions, and strengthened domestic and overseas markets.

In the brief discussion that followed, participants asked how China had expanded its coverage of health insurance so rapidly over the past five years. Dr Shi indicated that a significant increase in political will and financial resources had been key to narrowing the gap between major population groups.

2.1.4 Fiji

The Fijian presentation was given by Dr Devina Nand, on special assignment for the Minister for Health, Ministry of Health, and Lesieli Amelia Tuiwawa, Senior Administration Officer, Executive Support Unit, Ministry of Health. Fiji’s National Development Plan, "The Roadmap for Democracy", has been used to target a number of areas across the social determinants of health. However, this is yet to be done in a joined-up process specifically with the social determinants of health in mind.

The policy agenda for poverty alleviation acts on the nonhealth sector determinants of health and includes concessions for the older persons, food vouchers, a family assistance scheme and child services. A number of programmes also directly work to improve health equity, including universal access to health care, the primary health care strategy and immunization programmes.

In the ensuing discussion, a number of participants asked about the Roadmap to Democracy and the degree to which it had achieved any intersectoral action. Dr Nand replied that it had been effective in encouraging ministers to start discussing collaborative action on particular issues.

2.1.5 Japan

In his presentation, Prof Katsunori Kondo, Faculty of Social Welfare, Graduate School of Health and Social Services Management, Nihon Fukushi University, identified a set of national policies that had been integral in addressing the structural determinants of health inequities in Japan. These included labour and economic policies such as those to reduce the unemployment rate, education policies such as those to advance rates of higher education and income security policies such as the universal pension system.

Prof Kondo also referred to a number of Japanese policies to address inequities within health. These included the inception of universal health insurance in 1961 and a Health Ministry-funded project that has been measuring health inequality and the social determinants of health.

This presentation was followed by a general discussion spanning the first five country presentations. Participants raised the challenge of effectively scaling up good practices that act on the social determinants of health inequities. There was also further discussion on the barriers to intersectoral action on the social determinants of health. One participant raised the difficulty of line agencies (such as the Health Ministry) providing leadership to drive a whole-of-government approach. Since the Health Ministry is perceived as consuming a significant share of resources, it is unsuccessful in negotiating with other ministries on the social determinants of health. Therefore, negotiation through a central agency can be useful.

2.1.6 Republic of Korea

Dr Youngtae Cho, Associate Professor, School of Public Health, Seoul National University, began his presentation about the situation in the Republic of Korea by noting some key threats to realizing health equity in the country. These included the effects of globalization, such as the privatization of public commodities, a growth in the number of working poor and high levels of inequity in the education system.

He discussed a number of policy measures introduced in the last few decades to act on the structural social determinants of health in the Republic of Korea. These included a long-term rental housing policy, socialized elderly and child care and the expansion of the four types of social insurance schemes (medical, employment, industrial accident and pension). Dr Cho noted elements of the 2010 Korean Health Plan when explaining action on health inequities within the health care sector. The key objectives of the plan include making health equity a focal point in almost all health promotion policies, the implementation of the healthy city movement to build healthy environments and the expansion of social responsibility for elderly care.

In the discussion that followed, participants asked how such a focus on the social determinants of health was established in these health policies and how social spending was increased during the global financial crisis. Dr Cho pointed to key political factors such as the progressive values of the ruling party at the time of implementation and pressures from civil society.

2.1.7 Lao People's Democratic Republic

The Lao People's Democratic Republic presentation was given by Dr Khampheth Manivong, Acting Director General, Department of Planning and Finance, Ministry of Health. He referred to the five-year national strategy for the advancement of women as an important nonhealth sector policy for addressing the structural social determinants of health. Key features of the strategy include the enhancement of women's active participation in the implementation of the National Growth and Poverty Eradication Strategy, the promotion of access by women and girls to health and education to equal standards as men, the improvement of health services for women and increasing the number of women in decision-making positions at all levels of government. Dr Manivong also discussed actions within the health sector to address health inequities, citing in particular the implementation of the integrated Maternal and Child Health package, which is targeted at women and children from marginalized groups.

Dr Manivong described the two key strategic policies that have created the political context for action on the social determinants of health: the current five-year socioeconomic development plan (2011-2015) and the current five-year health development plan.

In the discussions that followed, a number of participants asked how the two strategic policies encourage intersectoral action on the social determinants of health. Dr Manivong explained that this was done through cross-ministerial meetings and collaboration in establishing the socioeconomic development plan. Several ministries, including social welfare, finance, planning and investment and health are partners in its implementation.

2.1.8 Malaysia

The Malaysian presentation was given by Dr Kamaliah Mohamad Noh, Deputy Director, Primary Health Care, Family Health Development Division, Ministry of Health. She referred to a set of integrated national social policies that have been important in acting on the structural determinants of health over the past few decades. These include a push to reduce poverty and redistribute wealth through successive national development policies that were set in place between 1971 and 1990, when Malaysia moved to high-middle income country status. The National Development Plan of 2009 has united six key areas of service delivery under a common national vision. These areas are reducing crime, fighting corruption, improving student outcomes, decreasing the proportion of low-income households and improving rural infrastructure and urban transportation.

Key initiatives within the health sector to address inequities include the universal coverage, single- payer system, the National Health Financing Authority. Established on a not-for-profit basis under the Ministry of Health, the publicly-managed health fund is financed through a combination of general taxation revenue and social health insurance (SHI), with minimal copayments at the point of care.

The questions that followed the presentation again focused on intersectoral action to address the social determinants of health. The leadership role of the Health Ministry in putting health on the central agenda was discussed. Dr Kamaliah stated that in Malaysia, responsibility for a particular policy or programme usually was assigned to a lead ministry, but its implementation often involved collaboration among several ministries.

2.1.9 Mongolia

The Mongolian presentation was given by Ms Gochoo Soyolgerel, Officer for Child and Adolescent Health, Ministry of Health. She referred to various key national strategic policies that have shaped the political context for action on the social determinants of health in Mongolia, including the Mongolian Socio-Economic Development Guidelines, the health sector master plan, which seeks to achieve universal coverage with an essential health services package, and Parliament Resolution No 35. 2008 on social protection.

Ms Soyolgerel described the Medicard programme, set up to ensure access to health services, particularly in the context of the recent financial crisis. It targets the homeless in the capital city and poor households in rural areas. She noted the cross-sectoral work of the Ministry of Health with the Ministry of Social Welfare Division in implementing the programme.

2.1.10 Papua New Guinea

The Papua New Guinea presentation was given by Dr Paison Dakulala, Deputy Secretary, National Health Service Standards, National Department of Health. He noted the key contextual factors in creating a political environment for acting on the social determinants of health, including the strong Christian heritage and partnership in development (especially in health and education), the national development plan (National Vision 2050: Healthy, Wealthy, Fair Smart

Papua New Guinea Society) and the 2009 National Executive Council Decision to create a National Social Protection Task Force to formulate a National Social Protection Policy.

He discussed the social protection task force in greater depth, outlining its role in assessing the need for a comprehensive National Policy on Social Protection and to recommend the most appropriate social protection model for the country. He also mentioned a number of key social protection policies that already had been implemented, including *Domil:* the Healthy Village Project, and the Trobriand Island Housing Project.

Dr Dakulala noted two key developments within the health sector towards action on the social determinants of health. The first, a discussion paper on the social determinants of health prepared by the Department of Health in 2009, led to the social determinants of health being emphasized as a cross-cutting policy issue in the new National Health Plan 2011-2020. He explained that the Department of Health has committed to acting on the social determinants of health to address health and development in Papua New Guinea.

2.1.11 Philippines

The Philippines presentation was given by Dr Lilibeth David, Director, Bureau of Local Health Development, Department of Health. She gave a comprehensive overview of key policies across a number of nonhealth ministries (education, housing, transportation, etc.) to act on the structural determinants of health. Dr David also discussed a number of initiatives within the health sector that act to reduce health inequities, such as the national health insurance programme, the Urban Health System Development Policy Framework and the Health Facility Enhancement Programme.

2.1.12 Samoa

The Samoan presentation was given by Dr Frances Brebner, Registrar Health Professionals, Ministry of Health, Ministry of Health. As an example of a nonhealth sector policy to act on the structural social determinants of health, he referred to the Samoan Government's School Fee Grant Scheme, which provides free primary school education. Jointly funded by the Government of Samoa, the Australian Agency for International Development (AusAid) and the New Zealand Agency for International Development (NZAid), the programme is an important strategy for Samoa to achieve MDG 2 (on universal primary education) by 2015.

Dr Thomsen used the "One Health, Whole-of-Country Integrated Health Fair" as an example of intersectoral action on chronic diseases within the health sector. The fair travels from village to village, providing access to comprehensive primary health care services such as screening and health promotion and education.

He also referred to an intersectoral action initiative at a high political level. The Samoan Parliamentary Advocacy Group for Healthy Living brings together six members of Parliament (including cabinet ministers) and four government chief executive officers to advocate for health and healthy living, healthy villages (including reducing smoking and promoting physical activity, nutrition, etc.) at the highest levels of government and oversees health promotion and primary health care activities in communities.

The presentation prompted a discussion on the most effective level for intersectoral action. It was pointed out that, although it needs to be rolled out at all levels, local governments are perhaps closest to the people and can thus follow an intersectoral approach more easily.

2.1.13 Solomon Islands

Solomon Islands presentation was given by Mr Cedric Alependava, Under Secretary, Health Improvement, Ministry of Health. As an example of a nonhealth sector policy acting on the broader social determinants of health, he discussed the Youth Engagement Livelihood Project, a life skills programme for disengaged youth, which provides training in agriculture, home economics and literacy and fosters a sense of empowerment.

He described the Ministry of Health's 2011-2015 Strategic Plan as containing a number of initiatives related to the social determinants of health and health equity, including a strong focus on primary health care and the healthy islands initiative, both of which emphasize community empowerment and development. He noted the importance of the National Coalition for Reform and Advancement (NCRA) Government policy statement, whose purpose is to improve the education, health, happiness, employment, sense of fulfilment and general well-being of Solomon Islands people. As such, it provides a cross-government approach to acting on the social determinants of health.

The relationship between the government and NGOs to address the social determinants of health was brought up as a discussion point following the presentation. Mr Alependava noted that a "sector-wide approach" had been adopted in health. The point was raised that a social determinants health approach could potentially be built into conditions for future aid.

2.1.14 Vanuatu

The Vanuatu presentation was given by Dr Viran Tovu, Acting Senior Health Planner and Disaster Focal Point, Ministry of Health. He discussed the National Population Policy of Vanuatu (2011-2017) as an example of a broad-based approach to acting on the social determinants of health. The aims of the strategy include managing rural-urban migration and urbanization and reducing gender inequality, unemployment rates and poverty.

Dr Tovu outlined some equity-related elements in the National Health Sector Strategy, including the aim to ensure equitable access to health services at all levels. This is being achieved through a number of health financing mechanisms.

He noted that both policies enjoyed good support by the Prime Minister's Office and several commitments had been made for cross-sectoral collaboration in their implementation.

2.1.15 Viet Nam

In his presentation, Dr Phung Duc Nhat, Head, Community Health Department, Institute of Hygiene and Public Health, focused on the use of the Urban Health Equity Assessment and Response Tool (UrbanHEART) to guide policy- and decision-making in selected cities in Viet Nam. The tool helped identify differences in health outcomes and access between people from households with different socioeconomic status and identify effective interventions to reduce such health inequities. By illustrating the social effects of health on citizens, the tool also was used to advocate with local governments for action on the social determinants of health.

2.2 Technical Sessions

2.2.1 Governance and actions for Health in All Policies (HiAP)

(1) Healthy settings approaches to HiAP

Dr Cherian Varghese, Technical Officer for Noncommunicable Diseases, WHO Regional Office for the Western Pacific, gave a presentation outlining intersectoral action needed to address the social and environmental determinants of NCD. Dr Varghese discussed the need for advocacy targeting key sectors and ministries that fall outside the traditional health sector to take action towards good health across the life-course.

Key points from the ensuing discussion included the need for policies to promote actions beyond merely behaviour change and to identify the "low hanging fruit", or the priority areas for action outside the health sector in which relatively quick successes are possible.

(2) HiAP through a public health care approach in Malaysia

Dr Kamaliah Mohamad Noh gave a presentation detailing intersectoral action within the primary health care approach implemented in Malaysia. Malaysian social policies have incorporated strategies that address social concerns, including health, education, training, housing, unemployment, poverty and income disparities, crime, drug addiction, ethnic and community relations and family violence. The paramount goal of these policies is to improve the welfare and well-being of the people, especially vulnerable groups such as women, youth, children, older people, the disabled, ethnic groups and other minorities.

Following the presentation, participants discussed government processes at all levels that have been used to connect successfully with other sectors. Dr Kamaliah noted that, in Malaysia, monthly meetings were held among various government agencies at different levels to ensure information, coordination and collaboration.

(3) Integrating evidence into healthy policy for HiAP

Dr Phung Duc Nhat gave a presentation that illustrated the use of UrbanHEART in selected cities in Viet Nam. UrbanHEART was used to guide policy- and decision-makers to identify health inequities across social classes and groups and to identify effective interventions to reduce them.

Participants asked about the ability of UrbanHEART to affect policy- and decision-making towards health equity. The Viet Nam example shows the importance of generating context-specific evidence, which is a strength of the tool. The tool facilitates a connection between evidence and response without being prescriptive.

(4) South Australia's experience with HiAP

Dr Kevin Buckett, Director, Public Health, South Australia Health, gave a presentation outlining South Australia's approach to HiAP. He discussed the key enabling factors for the approach, including an authorized policy environment, mandate and central leadership from the Department of the Premier and Cabinet, an established process for engagement, listening before speaking and focusing on building good working relationships with other sectors.

In discussions that followed, participants asked about the key events that allowed the South Australian HiAP approach to develop. Dr Buckett responded by detailing the importance of the premier's "Thinker in Residence" initiative under which renowned academic Prof Ilona Kickbusch recommended a HiAP approach to the central Government. A series of workshops on HiAP were run by the Office of the Premier, which ensured buy-in from sectors across government.

2.2.2 Addressing the social determinants of health and health inequities in public health programmes and health systems

(1) Addressing equity in health reforms in China

Prof Guo Yan, School of Public Health, Peking University Health Science Center, gave a presentation outlining how equity is being addressed in the recent health reforms in China. After presenting some background data on health inequities in China, she identified three basic public health programmes (immunization for children, physical checkups for older people and environmental health) and two priority programmes, screening for breast cancer and safe motherhood.

The safe motherhood programme, which started in 2000 and was rolled out over four years to 488 poor counties in 12 central and western provinces, sought an increase in the use of health care services by vulnerable groups in order to reduce maternal mortality and neonatal tetanus rates. The intersectoral programme covered three main areas: health education, social mobilization (through women's unions) and infrastructure development. The programme strategy focused on demand-side, supply-side and intermediate factors and resulted in improvements in health equity.

During the discussion that followed, other equity-related policies and programmes under way in China were discussed, including healthy ageing, primary health care, environmental health and tobacco control.

(2) Gender analysis of the Cambodian health sector

Dr Hou Nirmita, Director, Women and Health Department, Ministry of Women's Affairs, gave a presentation on a continuing project to undertake a gender analysis of the Cambodian health sector. The aim is to assess the responsiveness of the health system to the different needs of women and men in the priority programme areas of the Cambodia health system.

The study methodology involves analysis of policy documents and health statistic reports, focus group discussions with local communities, key informant interviews with decision-makers and relevant key stakeholders (donors, NGOs, health service providers and Women's Affairs staff and local authorities at district and commune levels) and fieldwork in three provinces. Issues emerging from the analysis included the lack of recognition of men's roles in maternal and reproductive health, the lack of focus on gender-based violence, the weak capacity of health professionals to respond to identified needs, low access by factory workers and migrants to services and the lack of access to abortion-on-demand.

In the discussions that followed, the Secretariat pointed out that various gender analysis tools are available for use by Member States and can be accessed from the WHO website and meeting SharePoint.

(3) Addressing the social determinants of health in tuberculosis programmes

Dr Nobuyuki Nishikiori, Medical Officer, Stop TB and Leprosy Elimination, Regional Office for the Western Pacific, gave a presentation illustrating how the social determinants of health are being addressed through tuberculosis control programmes supported by the office. Recognizing and addressing the social determinants of health is an area of increasing focus for WHO and national counterparts in planning and implementing TB control programmes. Multisectoral collaboration is essential for health programmes to work effectively on social determinants. TB programmes can be a good entry point to open opportunities to address broader health and social issues. The social determinants of health are being addressed in two particular Stop TB programmes – TB in Prisons and a project to control TB among the migrant population on the Cambodia–Viet Nam and the Cambodia–Thailand border areas.

A brief discussion followed in which the specific equity components of the programmes were clarified. Dr Nishikiori emphasized the usefulness of evidence collected by TB programmes in contributing to more upstream work, e.g. evidence on migration or housing.

(4) Gender and emerging infectious diseases

Dr Chin Kei Lee, Epidemiologist, Division for Health Security and Emergencies, Regional Office for the Western Pacific, gave a presentation illustrating how gender is being mainstreamed into the work of the division and as a cross-cutting theme in the Asia-Pacific Strategy for Emerging Diseases (APSED). A number of specific actions have been taken, including the disaggregation and analysis of existing datasets by sex and age, new guidelines to ensure that reported data are disaggregated by sex during an outbreak situation and conducting more detailed gender analysis using available (and adapted) tools yearly or every other year to support work in emerging diseases surveillance and response and in emergency and humanitarian action at the country level. He shared the results of an analysis of dengue and indicator–based surveillance data from four countries in the Region (Cambodia, Malaysia, the Philippines and Singapore) where gender, under certain conditions, modifies the risk of disease.

A brief discussion followed the presentation. One participant asked how gender became an area of focus for the division. Dr Lee noted that traditional work focuses on more immediate risk factors while this work, although still in its early stages, will help centre on more upstream factors. Another participant reflected that this was a good practice example of expanding from a traditional programme approach to a more holistic, social determinants of health approach.

2.2.3 Evidence to support policies on the social determinants of health and health equity

(1) Monitoring the social determinants of health and health inequity in Australia

Prof John Glover gave a presentation demonstrating the use of the Social Atlas programme, a federal government-funded initiative that began in 1999 to develop public health data, data systems and indicators to map health inequities in Australia. The atlas provides information about a broad range of health determinants across the life-course, online and in hard copy (at no cost to users). Various subprojects under the atlas include national indigenous atlases, South Australian atlases of the determinants of early childhood development and educational outcomes and population health profiles for all

general practice divisions across Australia. Prof Glover took the group through a practical tour of the atlas online.

In the discussion that followed, participants asked about the use of the atlas to influence policy. Prof Glover explained that the website received over 3500 hits per month and had been used by governments at all levels to allocate funding for projects, etc.

(2) Assessing and responding to urban health inequalities in the Region

Dr Francisco Armada, Technical Officer, Urban Health Governance WHO Centre for Health Development, Kobe, Japan, gave a presentation (outlining the use of UrbanHEART in the Asia Pacific region. He noted that virtually all population growth will occur in urban areas over the next 30 years and that global poverty is concentrated in cities. He discussed a number of current initiatives to address urban health inequities in the region, including the Global WHO Health Observatory, UrbanHEART and actions by local and city governments.

Questions following the presentation centred on the usefulness of UrbanHEART for driving policy on the social determinants of health. Dr Armada noted the ability of the tool to provide data from local contexts and thus build an evidence base that can drive tailored policy solutions.

(3) Measuring gender-based violence in the Region

Dr Ardi Kaptinigsih Regional Adviser, Making Pregnancy Safer, Regional Office for the Western Pacific, gave a presentation discussing policy responses to gender-based violence in the Region. She discussed global perspectives on gender-based violence, including the conceptual framework used by WHO and the WHO Multi-country Study on Women's Health and Domestic Violence against Women and the use of its methodology in national surveys in the Region. She noted the results of three national studies undertaken in Kiribati, Solomon Islands and Viet Nam. She showed how this process of evidence generation had informed the formulation of national strategies on women's equality and gender-based violence.

In the discussions that followed, participants raised some questions about the study methodologies used in the respective studies, which were clarified by the Secretariat. The Secretariat noted that these countries are to be congratulated for undertaking these surveys and, more importantly, for responding to them by formulating national policies.

(4) Health impact assessment in the Region

Dr Hisashi Ogawa, Team Leader for Environmental Health, Regional Office for the Western Pacific, gave a presentation providing an overview of the development and use of Health Impact Assessments (HIA) in the Region since the early 1980s. A number of significant meetings about HIA were held in the Region during this period. Various recent priority country projects have resulted in important policy recommendations and implementation. In closing, he raised the need to further build capacity for HIA in some low- and middle-income countries and to expand the scope of the assessments to include social and economic dimensions and the current environmental ones.

Several comments were made in response to the presentation. One reinforced the need identified by Dr Ogawa to build a strong institutional capacity for HIA in low- and middle-income countries because of the major influence of the social determinants of

health on development. Another pointed out that, while HIA can inform policy development, it is not always the best way to implement policy because it often involves one sector looking over the shoulder of another.

(5) WHO's approach to measurement and evaluation

Dr Eugenio Villar gave a presentation outlining WHO's approach to measurement and analysis of health inequities. Three main initiatives are being undertaken: National Health Inequalities Reports, which provide descriptions of health inequalities relevant to the country, e.g. access to health services, health outcomes, social determinants of health, etc.; a guidebook on measurement and analysis of health inequalities; and a Health Equity Gauge (through the WHO Global Health Observatory), which provides data about health inequalities from the demographic and health surveys, multiple indicator cluster surveys and the World Health Survey, stratified by sex, education, wealth quintile and urban and rural status within and across countries.

2.2.4 Regional cooperation and social participation to address social determinants of health and health inequities

(1) Global Action for Health Equity Network's (AP HealthGAEN) experience

Prof Sharon Friel, National Centre for Epidemiology and Population Health, Australian National University, gave a presentation outlining the work of the Asia-Pacific chapter of the AP HealthGAEN. She noted HealthGAEN's development as a post-Commission on the Social Determinants of Health (CSDH) global alliance to take forward the social determinants of health agenda. The network has three main agendas:

(a) policy formulation and implementation;

(b) research and training; and

(c) advocacy to promote the development of a coherent and integrated agenda for policy formulation and implementation that maximizes the benefits for human health, the natural environment and the economy.

Prof Friel informed participants that the network is working on a report that will provide evidence about health inequities in the Asia-Pacific region and actions to address them. The report will include recommendations about possible actions in the areas of evidence, policy and practice, advocacy and training.

The discussion that followed centred on how the relationship between WHO and AP HealthGAEN could be made most effective for furthering the social determinants of health agenda. AP HealthGAEN will work closely with WHO in collating evidence for the report in the lead up to the WCSDH.

(2) AusAID's approach

Ms Socheat Chi, Senior Programme Manager, Health, Australian Embassy, Cambodia, gave a presentation on the incorporation of equity and other cross-sectoral issues into AusAID's assistance programme in Cambodia. She explained the growth of the AusAID programme over the past few years and outlined current priority areas, including maternal and child health, critical infectious diseases and health system strengthening. The programme focuses on influencing policy- and decision-making. She emphasized investment in intersectoral action for health, especially in the areas of gender, primary

education, water sanitation, rural development and social protection. The equity components of the approach include targeting of health system strengthening to programmatic elements that specifically improve health outcomes for the poor.

Discussion followed the presentation about methods to measure aid effectiveness and, in particular, its impact on reducing health inequities.

(3) Addressing the social determinants of health through the Alliance for Healthy Cities

Ms Susana Magtubo, City Councilor for Health, Marikina City Council, gave a presentation on the approach taken by the Alliance for Healthy Cities (AFHC) in the Region in addressing the social determinants of health and health inequity. These included facilitating equal access to health services through appropriate health care financing, providing services to vulnerable populations, improving the skills of community members and upgrading physical environmental conditions in disadvantaged communities. She presented a number of case examples from the Philippines (Financial Protection for the Poor), Viet Nam (improvement of sanitary conditions in village markets and health education for vendors), Japan (local action to enhance economic activities by urban slum dwellers) and Australia (sexual health and HIV prevention). Discussion followed about how the AFHC involves the private sector in its activities. Ms Magtubo noted that several cities in the network actively involved private businesses in their activities. This was followed by discussion about the accreditation process for cities within the Region. It was noted by the Secretariat that at last year's regional committee meeting, a resolution was passed to nominate a national focal person for healthy cities and encourage them to establish a national accreditation system.

(4) Viet Nam Women’s Union’s efforts for smoke-free places and iron and folic acid supplementation in Viet Nam

Mr James Rarick, Technical Officer, Tobacco Free Initiative, WHO Regional Office for the Western Pacific, gave the first half of the presentation, speaking about the Viet Nam Women's Union initiative to create smoke-free places. The initiative seeks to build capacity and foster collaboration between local Women’s Unions and health workers in supporting women's role in tobacco control. It would do so by raising awareness about the harmful effects of smoking and exposure to second-hand smoke among women and local communities and encouraging women to criticize smoking, leading to the promotion of smoke-free homes, changes in smoking behaviour and promoting no smoking as the social acceptable norm for the next generation. The project was piloted successfully in four communes and one town in the Thanh Mien District, Hai Duong Province, before being scaled up to 18 communes across Viet Nam.

Dr Tommaso Cavalli-Sforza, Regional Adviser for Nutrition, WHO Regional Office for the Western Pacific, gave the second half of the presentation, speaking about the Viet Nam Women's Union initiative to encourage iron and folic acid supplementation. He spoke about the successful role of the Women's Union in the promotion and social marketing, distribution and sale of the supplements and community mobilization for participation and support.

A brief discussion followed the presentation. A couple of participants were interested in knowing how the target communities were chosen. Mr Rarick noted that they were chosen since they were poorer areas and had strongly established Women's Union networks.

2.2.5 World Conference on the Social Determinants of Health (WCSDH) technical paper briefing

Dr Eugenio Villar ran a consultation session to discuss the draft technical briefing paper for the WCSDH, to be held from 19 to 21 October 2011. He gave a comprehensive overview of the five themes of the paper before opening the floor to feedback. The draft consultation paper is available on the conference website.

2.2.6 Group work

A major part of the third day of the meeting was used in group work, whose purpose was for participants to identify specific actions to address the social determinants of health and reduce health inequities in their countries, building on the technical and policy-related discussions from the first two days of the meeting. The group work tasks were conducted in country pairs, facilitated by the Secretariat and temporary advisers

The groups worked through a series of tasks, including issue selection, barrier analysis and solution development. Each group prepared a set of practical actions to address the underlying causes to the barriers identified. These were collated into a presentation that was delivered to the group for feedback.

The workshop session guidelines are shown in Annex 4.

Conclusions: Action points for social determinants of health and health equity

The main conclusions and themes from the three days of the meeting were summarized and collated with the practical policy suggestions from the workshop session to form a set of action points for the social determinants of health and health equity.

Summary of Action Points

1. **Building political commitment**: To convene a dialogue and advocacy movement that generates support and political commitment from central government for cross-sectoral action on the social determinants of health
2. **Using national development plans**: To use the national socioeconomic development plan (or its equivalent) as a vehicle for acting on the social determinants of health
3. **Implementing a whole-of-government approach**: To develop locally relevant governance structures that foster a whole-of-government approach to taking action on the social determinants of health towards health equity
4. **Acting within the health sector**: To reorient the health sector to address health inequities as a key outcome of health programmes and policies and fulfill an advocacy role in promoting the consideration of health equity in all government policies
5. **Scaling up effective top-down and bottom-up approaches**
6. **Generating, translating and sharing evidence:** To generate evidence that harnesses a global flow of ideas, but is sensitive to local contexts. To engage in a global exchange of knowledge. To develop processes for the transfer of SDH/health equity-focused evidence into policy and practice.
7. **Monitoring progress:** To strengthen national and global systems for monitoring of health equity and actions on the social determinants of health and for evaluating the health equity impact of policies and actions.

Summary of Action Points

9. **Promoting community ownership:** To facilitate community dialogue and build political momentum for action on health equity and SDH. To engage communities and civil society organizations in decision-making and actions on SDH across sectors.
10. **Aligning our efforts globally:** To use the SDH approach as a common element within converging global health agendas, e.g. MDG, NCD, PHC-renewal) towards goals of health equity, community wellbeing and global solidarity.
11. **Building capacity:** To strengthen national capacity and skills for acting on health equity and social determinants of health.

Annex 5 shows the full action plan; Annex 6 the presentations, and Annex 7 the statement of the International Federation of Medical Students' Associations.

3. CONCLUSIONS

The main conclusions of the regional meeting were as follows:

3.1 General

3.1.1 Dr Henk Bekedam, Director, Health Sector Development, WHO Regional Office for the Western Pacific, led a short closing session. A final round of closing comments was sought from participants.

3.1.2 One participant reflected that the meeting successfully had collected good examples of practices from across the Region. It would be good to convert these good practices into case studies and write-ups so as to share them globally at Rio.

3.1.3 Another participant reflected on the importance of capacity-building and leadership development for action on the social determinants of health at all levels of government. It was here that that technical assistance from WHO was most needed.

3.1.4 The International Federation of Medical Students' Associations read a statement (available in Annex 7) thanking the organizers and pledging their support for acting on the social determinants and health equity.

3.1.5 A number of participants expressed interest in continuing the dialogue and knowledge-sharing via an electronic network of countries. It was proposed that the meeting SharePoint should continue to be a resource for participants.

3.1.6 In closing, Dr Bekedam reminded participants that the interconnected nature of the social determinants of health and health equity issues meant that they were everybody's business. He reflected on the need for more ideas about what to do and how to do it without letting the perfect be the enemy of the good. It would be good to start with some low-hanging fruit to generate a few early successes.

He thanked participants for their active engagement during the meeting and expressed the strong intention of WHO to act, with partners, on the recommendations that had been made to facilitate practical actions to address the social determinants of health and health equity in the Region.

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