A strategy for addressing the key determinants of health in the African Region

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Health disparities exist within and between countries of the African Region and are widening in some cases. The strategy for closing the health equity gap through action on the key determinants of health evolve around the three overarching recommendations of the WHO Commission on the Social Determinants of Health, namely:

a) improving daily living conditions;
b) tackling the inequitable distribution of power, money and resources; and
c) measuring and understanding the problem and assessing the impact of action. They are divided into those that are within the immediate remit of the ministry of health, and those that come under other sectors or are cross-sectoral.

The proposed interventions recognize the widening health equity gap within and among Member States. The strategy places emphasis on addressing the structural causes of ill health, disabilities and premature death associated with access, affordability and availability, and addresses issues even beyond the risk factors. Member States are called upon to reduce the health equity gap through action on the social determinants of health. The prerequisite for success is political commitment to provide an enabling environment for all to contribute to reducing health inequities through action on the social determinants of health including measures to improve living conditions, tackle uneven distribution of power, money and resources, and undertake routine monitoring of the health equity gap.

This article outlines a strategy for reducing health inequities through action on the social determinants of health.

Situation analysis and justification

Situation analysis

In the 1980s and 1990s, most parts of sub-Saharan Africa witnessed increasing economic deprivation and poverty, diminishing food security, devastation due to the HIV/AIDS pandemic, environmental destruction, increasing unemployment and general reversal of human development indicators. Extreme poverty increased from 47% in 1990 to 50% in 2009. Women, the elderly and displaced populations were the worst affected groups. The African Region lags behind most other WHO regions in its overall health attainments. Life expectancy at birth was estimated at only 52 years in 2007. This contrasts with 64 and 65 years in the WHO regions of the Eastern Mediterranean and South-East Asia, respectively and with the global average of 68 years. Improvements in child survival in many countries in the Region have not resulted in higher life expectancy because these have been eroded by higher levels of adult mortality due to HIV/AIDS and conflict.

Progress towards achieving the Millennium Development Goals (MDGs) in the Region has been slow but perceptible. Although reliable data on income poverty are lacking, available information suggests that progress towards reducing poverty is slow. The Region made very little progress towards reducing under-five mortality with the vast majority of countries making only negligible improvements by about 2% between 1990 and 2005. There was only a marginal improvement in infant mortality rates (from 110 to 99 per 1000 live births) between 1990 and 2005. However, Malawi...
and Mauritius recorded improvements exceeding 5%.

Most countries are likely to achieve gender parity in education by 2015. Ten countries achieved gender parity in primary education in 2005.7

Despite the progress noted in some of the MDG indicators, most MDG targets are not likely to be met. Even in those countries that are making some progress, the situation of the poor and vulnerable groups is not likely to change. Consequently, there is need to address the social determinants of health in countries in order to ensure that the poor are not left behind.

Widespread health inequalities exist in areas such as infant and child mortality, maternal mortality and stunting, and in accessing health services.8 The health system, itself a determinant of health, is not adequately prepared to address the “causes of the causes” as regards the major communicable diseases, maternal and child health problems and the increasing prevalence of chronic diseases. There are wide inequities, within and between countries, in health services coverage, safe water supply and sanitation, and health outcomes.9 In the majority of countries some common patterns are observed as regards urban/rural location, education and gender. These patterns are: urban dwellers generally live longer than rural inhabitants; higher education results in higher life expectancy; and females live longer than males. In some countries, there are major disparities in health status between the rich and the poor while for others the difference is insignificant. Disparities across households are also increasing.

Globalization, trade, urbanization, climate change, information technology and civil conflicts are among the major external drivers that have an impact on social, cultural and behavioural practices and ultimately on health outcomes across population groups. These factors, which are structural and intermediate, are beyond the remit of the health sector apart from environmental issues related to water supply and sanitation traditionally linked with public health. However, they have a huge cumulative impact on health due to their influence on lifestyle-related factors such as food consumption, use of tobacco, alcohol, drugs and other psychoactive substances, physical activity, violence, sanitation and hygiene, unsafe sex, health information seeking and high-risk behaviours, among others.

Climate change is threatening to erode the gains made in economic growth and poverty reduction. Sub-Saharan Africa suffers from natural fragility, with two thirds of its surface area being desert or arid land. In addition, it is exposed to spells of drought and flooding predicted to intensify due to climate change. Malaria, one of the major killer diseases in the Region, is spreading to previously non-endemic areas usually of high altitude.

In addition, the global economic crisis threatens to worsen the current health situation if the limited resources available are diverted from health to other areas accorded greater priority.

Justification

The responsibility for tackling many of the key determinants of health rests also with other ministries and not only the ministry of health. The challenge therefore is how the ministry of health can influence the actions of other ministries. WHO and Member States are already addressing these challenges through various initiatives.10 However, there is urgent need for a more coherent approach which strongly reaffirms the values and principles of primary health care (PHC) namely equity, solidarity, social justice, universal access and community participation.

The regional strategy

Aim and objective

The aim of this strategy is to assist Member States to promote actions to reduce health inequities through
intersectoral policies and plans in order to effectively address the key determinants of health. The objective is to provide Member States with a structured approach to implementing the CSDH recommendations in line with World Health Assembly Resolution 62.141 and to promote their uptake in countries. The overall goal is to ensure that all countries in the Region address the social determinants of health using a “whole-of-government” approach.

Guiding principles

In this regard, there is a need to adhere to the following general guiding principles:

- a) levelling up – health equity policies should strive to raise the health status of individuals and groups at the bottom of the ladder;
- b) equity for all – the health system should be built on principles of fairness;
- c) universal participation – all voices, including those of marginal groups should be heard;
- d) partnerships – implementation should be based on partnership between the country and all development partners;
- e) multisectorality – implementation should be the responsibility of all sectors; and
- f) ownership – there should be a sense of ownership by country and relevant stakeholders.

Priority interventions

The priority interventions presented below emanate from the overarching recommendations of the CSDH:

- a) improve day-to-day living conditions by improving the circumstances in which people are born, grow, live and age;
- b) address the inequitable distribution of power, money and resources; and
- c) measure and understand the problem and assess the impact of action.

The proposed interventions are grouped into two broad categories, namely: interventions specific to the health sector; and interventions in sectors other than health including cross-sectoral actions.

Roles and responsibilities of Member States, WHO and partners

Member States

In addition to the actions requested of Member States in World Health Assembly Resolution WHA62.14, countries should:

- a) In the short term:
  - i) strengthen the stewardship role of the ministry of health to coordinate and advocate for intersectoral action to reduce health inequities through action on social determinants of health;
  - ii) institutionalize mechanisms for advocacy, evidence gathering and dissemination in order to act on socially determined health inequities both within and outside the health sector;
- b) In the long term:
  - i) cooperate with training and research institutions in order to document the situation with respect to the distribution of the key determinants of health. This analysis would further consolidate the evidence base on the impact of SDH in order to inform policy-making and establish a baseline for evaluation of the outcomes of these policies;
- c) build national capacity to advocate for reducing the health equity gap through addressing SDH in all priority public health concerns such as HIV/AIDS, NCD, mental illness and tuberculosis; and
- d) adapt a “whole-of-government” approach to health promotion through multisectoral and multidisciplinary collaboration by establishing a Social Determinants of Health Task Force to, among others, identify and build support for health in all policies, at all levels of government and across all sectors.

**INTERVENTIONS SPECIFIC TO THE HEALTH SECTOR**

**Strengthen the stewardship and leadership role of the ministry of health to coordinate and advocate for multisectoral and multidisciplinary interventions to reduce the health equity gap through addressing social determinants of health (SDH).** The responsibility for action on health and health equity should itself be assigned to the highest level of government.

**Build capacity for policy development, leadership and advocacy to address SDH.** There is need to build the capacity of the staff of the ministry of health to provide leadership in developing policies and programmes for improving health literacy, knowledge transfer and research on social determinants of health using multisectoral and multidisciplinary approaches.

**Advocate for legislations and regulations to ensure a high level of protection of the general population from harm and from the impact of some social and economic determinants of health e.g., globalization, commercialization, urbanization.**

**Create health systems based on universal and quality health care.** Health systems in the Region should be built on the basis of the principles of equity, disease prevention and health promotion. Quality health care services should be aimed at universal coverage of primary health care. Leadership of the public sector in equitable health care should be strengthened. The health workforce should be developed or strengthened and their capabilities to act on SDH should be strengthened.

**Enhance fairness in health financing and resource allocation.** The role of the ministry of health should be to advocate for fair allocation of financial and technical resources. Countries should strengthen or mobilize public finance for action on SDH by building capacity for progressive taxation. They should consider establishing mechanisms to finance cross-government actions on SDH and allocate funds fairly between geographical regions and social groups.
Ensure social protection throughout the life course. Countries should establish and strengthen comprehensive universal social protection policies that support a level of income sufficient for a healthy living for all.

Develop or promote policies for healthy places and healthy people. Health equity between rural and urban areas should be promoted. There is need for investment in rural development and for addressing the exclusionary policies and processes that lead to rural poverty, landlessness and displacement of people from their habitats. For urban areas, there is need to place health and health equity at the heart of urban governance and planning. There is need also to ensure economic and social policy responses to climate change and environmental degradation, taking into account health equity. Countries will need to take measures for increased resilience and for protection against adverse changes in the climate.

Ensure health equity in all policies. Countries should place the responsibility for action on health and health equity at the highest level of government and ensure its coherent consideration across all policies. Health and health equity should be the corporate business of the entire government, supported by the head of state and should be a marker of government performance.

Assess and mitigate the adverse effects of international trade and globalization. Countries should institutionalize health impact assessments of major global, regional and bilateral trade agreements and ensure and strengthen the representation of public health in domestic and international economic policy negotiations.

Enhance good governance for health and health equity. Countries and development partners including civil society should make health equity a shared developmental goal as part of ensuring social corporate responsibility e. g., in the areas of trade, urbanization and climate change, among others. There is need for a framework with appropriate indicators for monitoring progress, taking into consideration country contexts.

Invest in early childhood development to ensure equity from the start. Countries should commit themselves to implementing a comprehensive approach to early life, building on existing child survival programmes and expanding interventions in early life to include social, emotional, language and cognitive development. Depending on the availability of resources, quality compulsory primary and secondary education should be provided for all children.

Promote fair employment and decent work. Full and fair employment and decent work should be a central goal of national social and economic policy-making. Decent work should be a shared objective of national institutions and a central part of national policy agendas and development strategies with strengthened representation of workers in the creation of policy, legislation and programmes relating to employment and work including occupational health.

Mainstream health promotion. Priority should be given to mainstreaming health promotion in all policies and programmes to reduce the equity gap through community empowerment. Priority actions should be implemented within the primary health care approach to advocate for health; invest in sustainable policies and infrastructure; build capacity for policy development and leadership; ensure high level protection from harm through adequate regulation and legislation; and build partnerships with various players to create sustainable intersectoral action.

Mainstream and promote gender equity. Countries should address gender biases in the structure of society: gender-based cultural and social biases; biases in national and local government laws and their enforcement; biases in the way organizations are run; how interventions are designed; and how economic performance is measured. Policies and programmes aimed at bridging the gaps in education and skills and supporting female economic participation need to be developed and adequately financed. There is need to expand investments in sexual and reproductive health services and programmes geared towards universal coverage and respect for human rights.

Address social exclusion and discrimination. Addressing social exclusion, promoting social inclusion and respecting diversity should be key public policy priorities. Public service delivery should be equitable, culturally sensitive, appropriate to diverse needs and accessible to people with disabilities and other vulnerable groups and communities. If appropriate, information about health and welfare entitlements and public services should be made available in a broad range of formats and languages. Data collection strategies should ensure that adequate information about the social and geographical patterns of health of the population is routinely available.

Enhance political empowerment. All groups in society should be empowered through fair representation in decision-making about issues that society operates, particularly in relation to its effect on health equity and the creation and maintenance of a socially inclusive framework for policy-making. Civil society should be empowered to organize and act in a manner that promotes and realizes the political and social rights in regard to health equity.

Protect/improve SDH in conflicts. Countries need to improve SDH and promote human rights through building health care systems that promote health equity and community participation in conflict situations.

Ensure routine monitoring, research and training. There is urgent need: a) to ensure that routine monitoring systems for health equity and SDH are in place and to strengthen vital statistics and health equity surveillance systems to collect routine data on SDH and health equity; b) to conduct social, cultural and behavioural studies applying social science research methodologies to determine social factors likely to hinder or promote the bridging of the equity gap through action on social determinants of health that have an impact on priority public health issues such as control of communicable and noncommunicable diseases. This will complement the action of countries in implementing and monitoring the Algiers Declaration, the Libreville Declaration and the Ouagadougou Declaration; and c) to provide training on the social determinants of health for policy actors, stakeholders and practitioners, and invest in raising public awareness.
addressing the key SDH;\textsuperscript{13}
ii) review health and other training curricula to ensure that linkages between health and SDH are included in all training and in research funding criteria;
iii) provide the financial resources required to support activities for implementing these actions; and
iv) advocate for good governance and corporate social responsibility at local and global levels since the widening health equity gap results from structural forces such as globalization, trade and urbanization.

World Health Organization and partners

In addition to the actions requested of WHO in Resolution WHA62.14, WHO and partners should:

a) hold consultations and discussions on priorities and add them to already identified areas of collaboration;
b) establish a mechanism for annual monitoring of the progress that countries are making in addressing SDH and reducing health inequities; and
c) ensure greater coordination within WHO in order to provide the necessary technical support and guidance to countries in reducing the health equity gap through action on SDH.

Monitoring and evaluation

Three elements of monitoring and evaluation are crucial to the implementation of this strategy:

a) monitoring the overall implementation of the strategy over the next three to five years;
b) monitoring country progress in implementing the recommendations; and
c) tracking and documenting health equity trends for intercountry comparisons.

Resource implications

Implementing this strategy will require new and additional resources. Countries, WHO and partners are called upon to mobilize resources for implementation of this strategy.

Conclusion

This regional strategy proposes interventions for addressing SDH. The priority interventions outlined fall into three key areas of action:

a) improving the conditions of people’s daily life;
b) tackling the inequitable distribution of power, money and resources – the structural drivers of the conditions of daily life; and
c) measuring and understanding the problem.

The strategic interventions are grouped into two areas:

a) those that are specific to, or driven by, the health sector; and
b) those that are driven by sectors other than health including cross-sectoral actions.

Reducing health inequities through action on SDH requires committed leadership and bold action at all levels and strong partnerships between Member States, WHO and other development partners, communities and individuals.

Member States are encouraged to implement the proposed interventions, integrate SDH across sectors and settings, and provide an enabling environment for all stakeholders to contribute to the reduction of health inequities.\textsuperscript{47}

Education, specifically girls’ education, is a key determinant of health outcomes.

References

7. These include Gabon, Gambia, Lesotho, Malawi, Mauritania, Mauritius, Namibia, Rwanda, Seychelles and Uganda.
10. For example, through work emanating from the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium, the Libreville Declaration on Health and Environment, and the Algiers Declaration on Health Research for Health in the African Region, the Regional Strategy on Poverty and Health, and “Agenda 2020” on Health for All in the African Region by the Year 2020.
13. Evidence from the final report of the WHO-CDH Knowledge Network on priority public health conditions can help inform this process.