Social Determinants of Health
Institution Building

ONE WORLD
ONE CHALLENGE

“Social injustice is killing people on a grand scale.”

Equal distribution of health
'The social conditions in which people live powerfully influence their chances to be healthy. Indeed factors such as poverty, food insecurity, social exclusion and discrimination, poor housing, unhealthy early childhood conditions and low occupational status are important determinants of most diseases, deaths and health inequalities between and within countries' (WHO 2004)

A passion for social justice, a respect for evidence, and a frustration that there appeared to be far too little action on the social determinants of health.
Protect the health of the people… in particular of those most fragile.

M. CHAS
Health inequalities

• Health inequalities: differences in health status experienced by various individuals or groups in society. Can be the result of genetic and biological factors, choices made or by chance, but often because of unequal access to key factors that influence health like income, education, employment and social supports.

• Health inequities: inequalities in health that are a result of socially influenceable factors (e.g. poverty, barriers to education or health care). These types of inequalities are deemed to be unfair or unjust.

Equal distribution of health: an ideal worth fighting for
Knowledge of what the health situation is, globally, regionally, nationally, and locally; of what can be done about that situation; & of what works effectively to alter health inequity through the social determinants of health.

Research, but more than simply academic exercises, it is needed to generate new understanding and to disseminate that understanding in practical accessible ways to all the partners.
THE NEEDS
To measure health inequalities between social groups

1) Information about death, illness, health and health service use.

2) Information about how these health indicators are patterned across different demographic or socio-economic groups and across different geographical areas.

INFORMATION IS A CRITICAL IMPETUS FOR ACTION
WHAT GETS MEASURED GETS DONE
• **Governments** enact laws, develop policies and provide resources to fund public health organizations.

• It takes the combined effort of **networks both within and outside the public health system** to address population-wide health challenges.

The NPHI provides a focal point in government for defining critical issues and providing the data that lead to solutions.
Deal with health issues in general, and equity and social determinants in particular

Ensure that routine monitoring systems for health equity and the social determinants of health are in place, locally, nationally, and internationally.

Invest in generating and sharing new evidence on the ways in which social determinants influence population health and health equity and on the effectiveness of measures to reduce health inequities through action on social determinants.

Provide training on the social determinants of health to policy actors, stakeholders, and practitioners and invest in raising public awareness.
FUNCTIONS OF NPHIs

Deal with health issues in general, and equity and social determinants in particular.

Equitable access to high-quality health services is a shared strategic objective for NPHIs.

- Health protection
- Health surveillance
- Disease and injury prevention
- Population health assessment
- Health promotion
- Emergency Preparedness and response

« Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health »
Works in countries throughout Africa, Asia, and the Americas to strengthen public health globally by strengthening, linking, and advocating for the public health institutes of the world.
1) **Evaluation and analysis of health status**

- Collect data to understand the health status of the population, set priorities, and suggest interventions.

- Gather or have access to data on vital statistics, potential threats to health, risk factors for disease and injury, and access to and use of personal health services.

- Use the data to guide policies and programs.

*For many NPHIs, this includes assessment of inequities, for example, health status by ethnic or racial group or geographic region, health status by income, etc. It includes not only measures of health, but also risk factors (determinants of health).*
2) Public health surveillance, problem investigation, and control of risks and threats to public health

- Collect data on an ongoing basis to monitor for public health problems, and, when problems are identified, take action to control them.

- Conduct ongoing monitoring for outbreaks and other public health problems.

- Make sure that samples can be tested for organisms or chemicals that cause public health problems.

- Investigate outbreaks or other public health problems, and make sure that interventions are put in place to address them.
3) Prevention programs and health promotion

• Take action to create the conditions that promote health in the population.

• Inform and educate people about how to improve their health

• Support legislation and regulations to promote health

• Support environmental changes to promote health

Much of this work focuses on social determinants.
7) Evaluation and promotion of equitable access to necessary health services

In close collaboration with government and non-government agencies:

• Monitor access to health care, including access for vulnerable populations

• Identify barriers to care and strategies to overcome barriers

*One of the core functions*
Public health research
Conduct research on high-priority issues

- Characterize the country’s most important health problems
- Provide other data important to decision-making
- Evaluate the effectiveness of interventions
- Ensure that research findings are translated into decisions, policies, and programs

Of course, this would include research on social determinants
70% of NPHIs: substantial efforts to provide information or other resources to individuals and communities or provide technical assistance to community-based organizations.

73% of NPHIs: substantial activities in the healthcare-related Core Functions, 47%: substantial activities related to CF 7, 57%: activities related to CF 9.

40% do both, and 30% do not have substantial activities in either
### Percentage of NPHIs reporting substantial surveillance or epidemiologic investigations for various conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>% with substantial activities in surveillance</th>
<th>% with substantial activities in epidemiologic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any infectious disease</td>
<td>73%</td>
<td>80%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>70%</td>
<td>Not asked</td>
</tr>
<tr>
<td>Malaria</td>
<td>50%</td>
<td>Not asked</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>53%</td>
<td>Not asked</td>
</tr>
<tr>
<td>Immunizations</td>
<td>53%</td>
<td>57%</td>
</tr>
<tr>
<td>Any noncommunicable condition</td>
<td>53%</td>
<td>60%</td>
</tr>
<tr>
<td>Nutritional status</td>
<td>40%</td>
<td>30%</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>37%</td>
<td>27%</td>
</tr>
<tr>
<td>Chronic diseases</td>
<td>37%</td>
<td>37%</td>
</tr>
<tr>
<td>Maternal and child health</td>
<td>33%</td>
<td>33%</td>
</tr>
<tr>
<td>Injuries</td>
<td>23%</td>
<td>27%</td>
</tr>
<tr>
<td>Mental health</td>
<td>17%</td>
<td>20%</td>
</tr>
<tr>
<td>Occupational health</td>
<td>7%</td>
<td>20%</td>
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</tbody>
</table>
My top five, non infectious

- Cancers
- Diabetes, Cardiovascular diseases & HBP
- Nutrition & Eating disorders
- Genetic diseases
- Occupational health

Food and Water Safety & Environmental Health are also high on the list
RECIPE FOR SUCCESS: FIVE PILLARS

- Research, science and evidence
- Local application of that research
- Training
- Local leaders
- Global social network
Nothing is possible without people, but nothing is sustainable without institutions

Institutions, if well conceived, can accumulate and transmit knowledge to generations

Jean Monnet

We only accept change when necessary, but we only see the necessity at times of crisis

Many Thanks to SUE BINDER
Senior Advisor for Public Health Practice to IANPHI
1929
1949

TYPHUS & PLAGUE ERADICATED
THE RIGHT PERSONS AT THE RIGHT PLACES ???

OR DIFFERENT PRIORITIES ???

1989
DISEASES ARE BEHIND US, WITH US OR AHEAD OF US
The institutions FDR built have proved both durable and essential

Paul Krugman (IHT 11-11-08)

Dr Margaret Chan: I am calling on all governments and political leaders to maintain their efforts to strengthen and improve the performance of their health systems.