Addressing Social Determinants of Health through Health in All Policies

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Social Determinants & Health in All Policies, IIHMR Institutions.

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Who is making them sick or die?

- "Sometimes it feels like this. There I am standing by the shore of a swiftly flowing river and I hear the cry of a drowning man. So I jump into the river, put my arms around him, pull him to the shore, and apply artificial respiration.

- Just when he begins to breathe, (I hear) another cry for help. So back in the river again, reaching, pulling, applying breathing, and then another yell. Again and again, without end, goes the sequence.

- You know I am so busy jumping in, pulling them to shore, applying artificial respiration, that I have no time to see who the hell is upstream pushing them all in."

Mckinley J (1997). A case for refocusing upstream. The political economy of illness. In J Garly (Ed). Patients, Physician and illness. A sourcebook in behavioral science and health (pp 9-25). New York. NY Free Press.
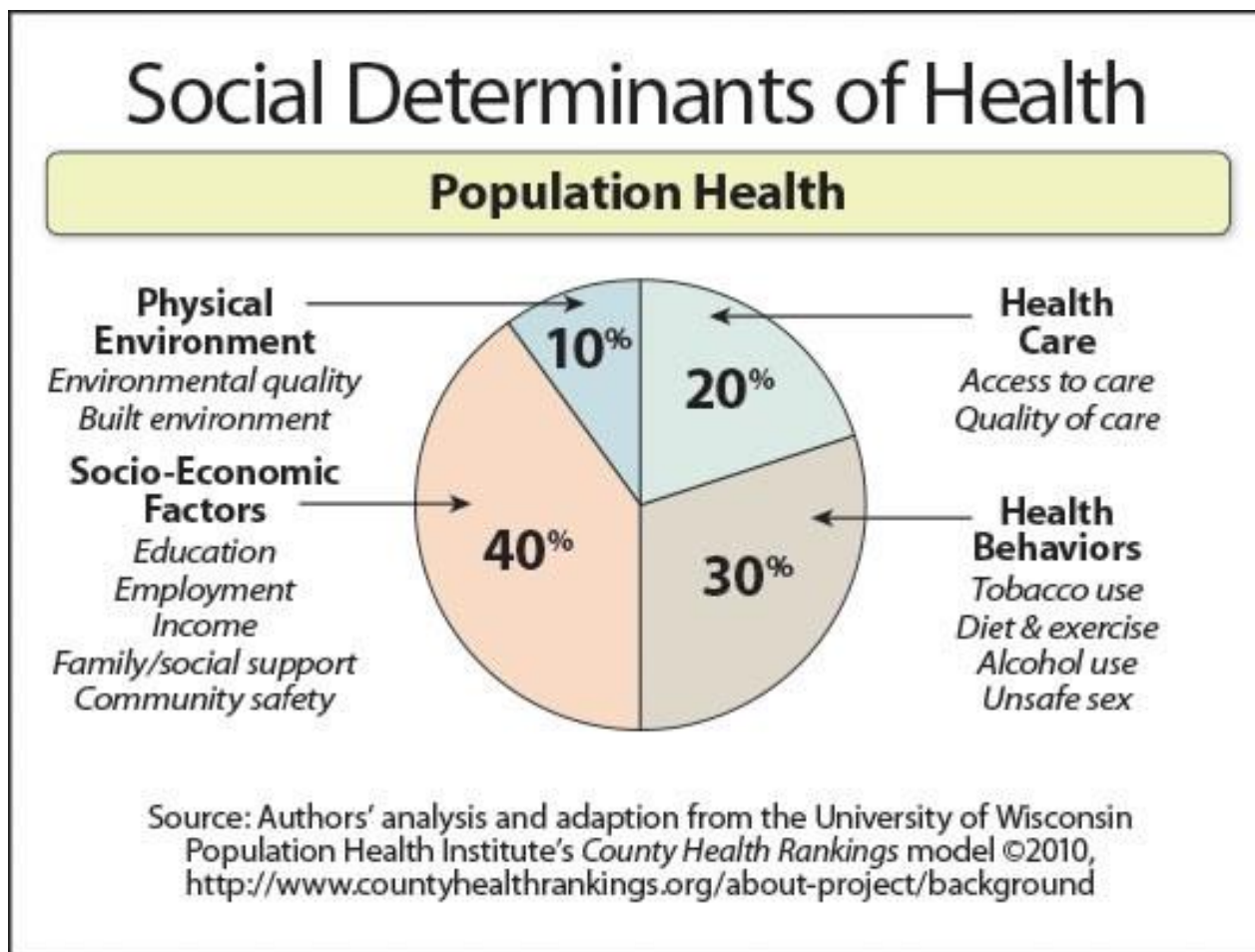
Determinants of Health

- The social determinants of health are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life (WHO)
  - ➢ Economic policies and systems,
  - ➢ Development agendas,
  - ➢ Social norms,
  - ➢ Social policies and
  - ➢ Political systems.

Social Determinants of Health

World Health Organization	Public Health Agency of Canada	Dennis Raphael
Income and social status	Income and social status	Income and its distribution
Social support networks	Social support networks	Social safety net
Education	Education and literacy	Education
Economic environment	Employment/working conditions	Employment/working Conditions
Social environment	Social environments	Social exclusion
Physical environment	Physical environments	Housing
Personal individual characteristics and behaviour	Personal health practices and coping skills	--
--	Healthy child development	Early life
Genetics	Biology and genetic endowment	--
Health services	Health services	Health care services
Gender	Gender	
--	Culture	Aboriginal status
	Culture	Race and Ethnicity
--	--	Food security
--	--	Unemployment and employment security

Social Determinants of Health

Source: Authors' analysis and adaption from the University of Wisconsin Population Health Institute's *County Health Rankings* model ©2010, http://www.countyhealthrankings.org/about-project/background
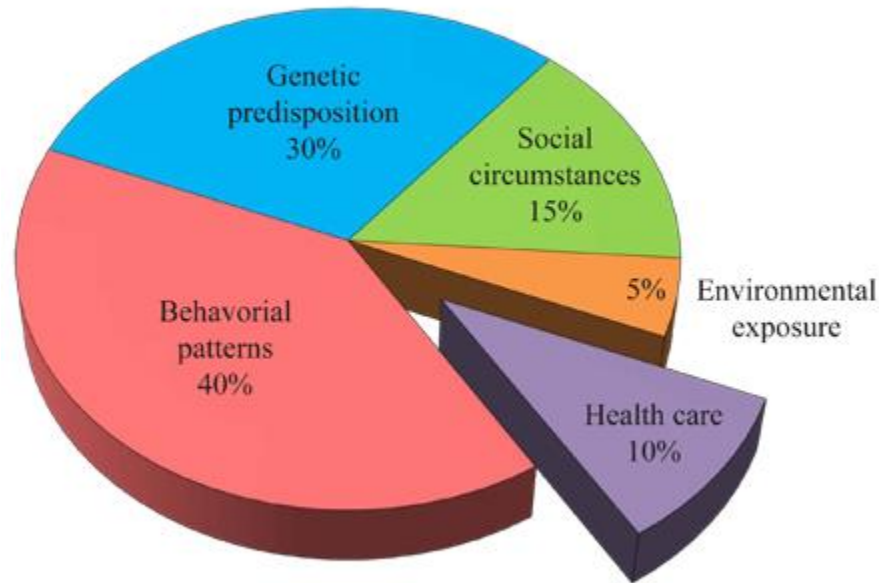
Inequity in Healthcare

Health inequities:

- <u>Unjust, Unfair and *Avoidable* inequalities</u> in health between groups of people within countries and between countries. (derived from social process)

- Effect of socio-economic conditions on people's lives determine their risk of illness and the actions taken to prevent them becoming ill or treat illness when it occurs (WHO).

- Equity= Social Justice i.e. What a person ought to have as a right

- Equality= Everyone as equal having right to equal privileges and facilities

Equality doesn't mean Equity

©2015, Saskatoon Health Region

What Contributes to Premature Deaths

Proportional Contribution to Premature Death

- Genetic predisposition 30%
- Social circumstances 15%
- Environmental exposure 5%
- Behavorial patterns 40%
- Health care 10%

Source: *N Engl J Med.* 2007 Sep 20; 357(12):1221-8, Figure 1.

County Health Ranking Model
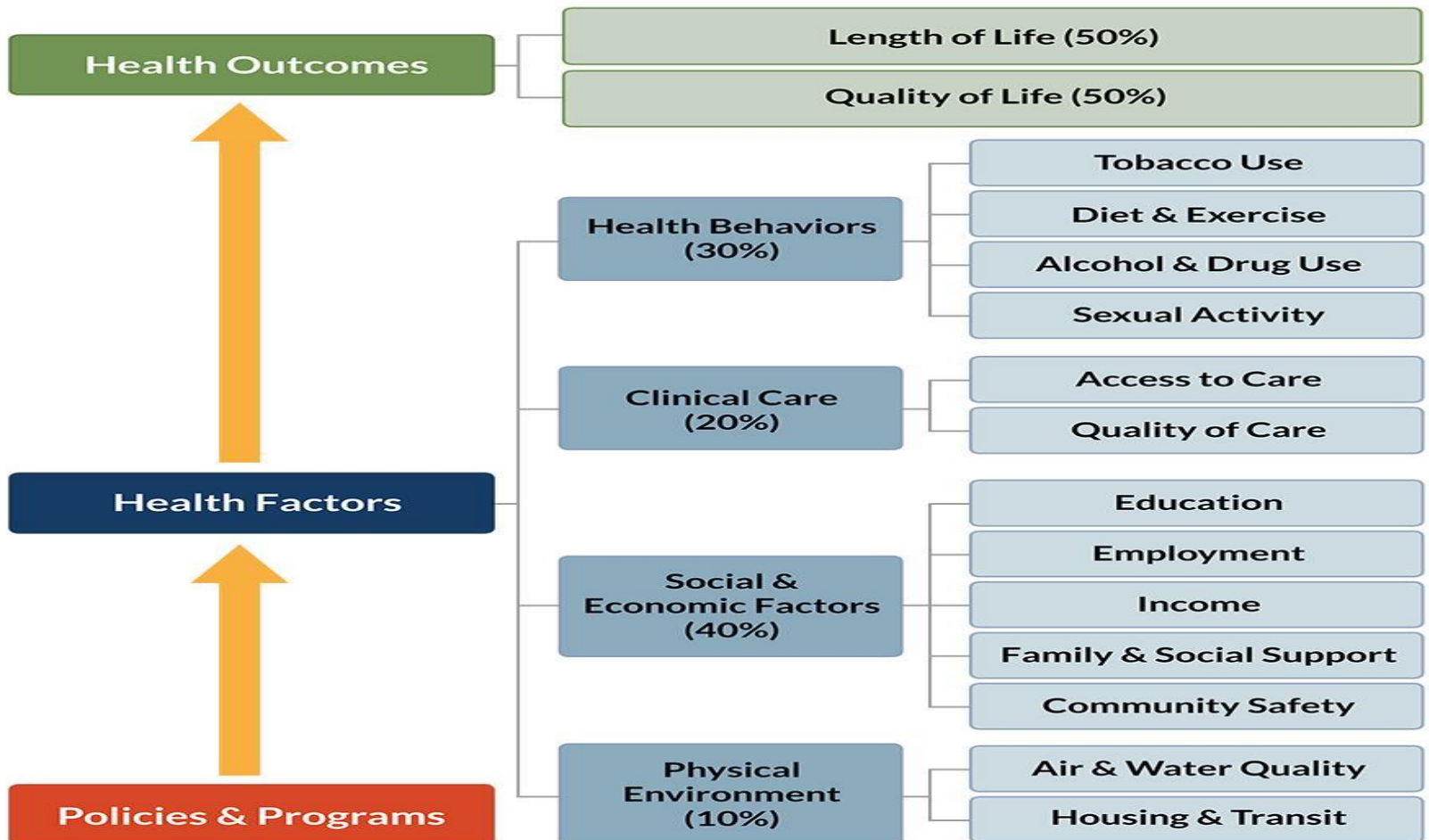
County Health Rankings model © 2016 UWPHI

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Health Impact Assessment

- A systematic process that uses an array of data sources and analytic methods and considers inputs from stakeholders to determine the potential effects of proposed policy, plan, programme or project on the health of a popultion and distribution of those effects within the population

- Recommends monitoring and management of these effects

CURRENT POLICY INITIATIVES- National

- The National Environment Policy (2006) recognizes health of people as its central pillar.

- India's Integrated Energy Policy, formulated in 2006, lays down a roadmap for harnessing renewable energy sources with a target of adding 30 gigawatts (GW) by 2017 as per the 12th Five Year Plan.

- National Action Plan on Climate Change,2008 identifies eight core "national missions" running through 2017- National Solar Mission, National water mission, National Mission for green India.

Current Policies..

- National Water Policy,2012 : Impact of climate change on water resources availability and water management related decisions

- In 2014, A multisectoral action plan for prevention and control of NCD was proposed using Health in all policy approach, in which 23 non health ministries are identified for taking relevant action in prevention and control of NCD.

- Setting up of "Health Cell" in 14 non health ministries is also proposed for timely feedback for better result.

National Health Policy(NHP) 2017 - Goal

The attainment of the highest possible level of health and well-being for all at all ages, through a preventive and promotive <u>health care orientation in all developmental policies</u>, and universal access to good quality health care services without anyone having to face financial hardship as a consequence.

Health in All Policies articulated in goal itself.

HiAP for SDGs

- In order to address unfinished agenda of MDGs and to meet the objectives of SDGs, health concerns should have to be strategically located in all policies.

Why Address Social Determinants

- Social determinants root cause of inequity in health
- Origin of all health problems outside health
  - Communicable diseases
  - Maternal child mortality
  - Nutritional diseases
  - Accidents and injuries
  - Non communicable diseases
- Sustainable progress can be achieved only if social determinants are addressed

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How to implement the HiAP framework

Ensure monitoring, evaluation, reporting and capacity building

Facilitate assessment and engagement

Identify support structures and process

Frame planned action

Establish needs and priorities for HiAP
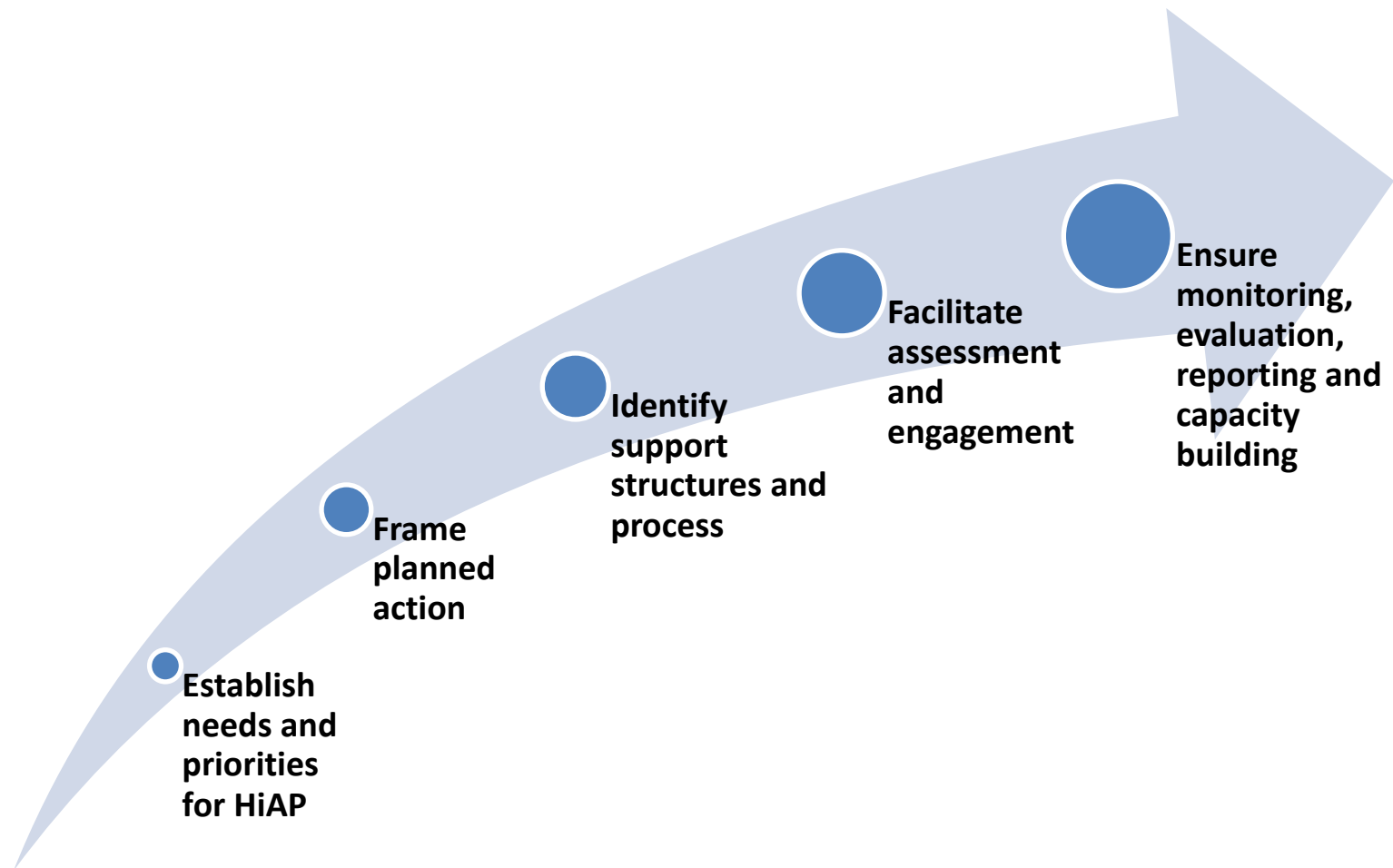
Helsinki statement framework for country action

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HiAP in Practice: Examples

1. Sweden

Vision zero initiative- It ushered in a systems approach that brought together the transport, justice, environment, health and education sectors and established a partnership with private sectors and civil societies to ensure that the fatalities and serious injuries are reduced to zero by 2020.

Result- Fatal road crashes reduced form 9.1 deaths per 100000 in 1990 to 2.8 in 2010 despite significant increase in traffic volumes.

HiAP in practice

2. International: Framework convention on tobacco control (FCTC)- Negotiated under the auspices of WHO, FCTC is developed in response to the globalization of the tobacco smoking epidemic. In addition to the Ministry of Health, Ministry of finance, Trade or Customs work together to meet minimum standards governing the packaging, sale, advertising and taxation of tobacco products.

3. National Agreement for Nutritional Health-Mexico.

✓ Secretariat of **Labor and Social Welfare** has adopted a Law on food assistance with a view to promoting nutrition among workers.

✓ Secretariat of **Education** has developed a Plan of Action for the basic education system to promote physical activity, food literacy, and proper nutrition.

✓ **Food and beverage industry-** has committed to introducing changes to its processes and products and to collaborating on advocacy and awareness-raising.

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Related Ministries for HiAP

1. Ministry of Health & Family Welfare
2. Ministry of Communications & Information Tech.
3. Ministry of Agriculture
4. Ministry of Drinking Water and Sanitation
5. Ministry of Environment & Forests
6. Ministry of Finance
7. Ministry of Food Processing Industries
8. Ministry of Housing & Urban Poverty Alleviation
9. Ministry of Human Resource Development
10. Ministry of Information & Broadcasting
11. Ministry of Labour & Employment
12. Ministry of Law & Justice

13. Ministry of Road Transport & Highways
14. Ministry of Rural Development
15. Ministry of Science & Technology
16. Ministry of Social Justice & Empowerment
17. Ministry of Statistics & Programme Implementation
18. Ministry of Tribal Affairs
19. Ministry of Urban Development
20. Ministry of Water Resources
21. Ministry of Women & Child Development
22. Ministry of Youth Affairs & Sports
23. Ministry of Minority Affairs
24. Ministry of Panchayati Raj
25. Ministry of Personnel, Public Grievances & Pensions

MAKE IN INDIA

Ministry of Environment and Forests, Government of India

MHRD Govt. of India

NHSRC

Role of Government in HiAP

Sustainable and equitable Health needs **'Whole of government (joined-up)'** and **'Whole of society'** approach

1. Leadership and stewardship
2. Better governance for health and its determinants: Looking across sectors and see the connection
3. Formulating and implementing policies
4. Research to address constraints
5. Wider participation in policy making and implementation
6. Collaboration between sectors, private sector, civil society
7. Monitor progress and accountability

WHO Spearheading Global Inititiave

Regional Workshop on Implementation of Health in All Policies, 14-17 July 2015

Role of Health Directorate/Ministry

1. Reorient health sector to play a catalytic role in promoting HiAP
2. Incorporate in Health Policy and strategy
3. Bring related initiatives with MoH under one umbrella - HiAP:
   - Multisectoral Action Plans for NCD, Nutrition, Malaria, HIV/AIDS, Alcohol, Tobacco….
   - Health Impact Assessment, Health Lens Assessment, Health Equity Assessment …….
4. Advocate for HiAP: Use every opportunity
5. Technical expertise, evidence & facilitation
6. Let other sectors take lead - support them as an advisor
7. Look for opportunities/entry points
8. Proactively use (i) inter-ministerial (ii) inter-sectoral platforms and mechanisms for collaboration

Structure & Mechanisms for Intersectoral Collaboration

Policy situations where a HiAP approach should be considered

EXTERNAL POLICIES WITH HIGH IMPACT ON HEALTH

COMPLEX HEALTH CHALLENGES

GOVERNMENT PRIORITY AFFECTING MANY SECTORS

Source: developed from analysis in Leppo K *et al.* (eds) (2013) *Health in All Policies: Seizing Opportunities, Implementing Policies.*

Policy Formulation and Implementation Cycle

1. REVIEW

Report

Evaluate

Monitor

2. AGENDA SETTING

Identify problem

Research

Set agenda

4. IMPLEMENTATION

Enforce Policy

Implement policy

3. FORMULATION

Develop options
and strategies

Negotiate

Formulate Policy

Intersectoral Collaboration for HiAP

Coexistence	Communication	Cooperation	Coordination	Collaboration
None or Informal				Formal
No Collaboration	**No surprise**	**Not get in the way and help where possible**	**Actively align activities**	**Actively ensure goal achievement**
SELF RELIANCE • No formal communication • Policies and services developed in isolation • Autonomy emphasized • May have common concerns	SHARED INFORMATION • Informal meetings such as web exchanges • Irregular exchange of practices • Autonomy retained • Getting together on common interests	SHARED RESOURCES • Formal meetings • Regular exchange of staff, information and practices • Autonomy attenuated • Getting together on common Projects	SHARED WORK • Sharing on a regular formal basis • Regular exchanges and specific undertaking • Autonomy further attenuated • Working together on shared projects	SHARED RESPONSIBILITY • Formal partnership • Shared policies and/or practices • Autonomy further attenuated still • Working together to common goals

Source: Boston J, Gill D (2011)

Structures and Mechanisms for HiAP

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Government Structures & mechanisms for HiAP Approach

Structures/Mechanisms	Agenda Setting			Policy formation			Policy Implementation		Policy Review		
	Identify Problem	Research	Set Agenda	Develop options and Strategies	Negotiate	Formulate Policy/ Guidance	Implement Policy	Enforce Policy	Monitor	Evaluate	Report
1. Cabinet committees and secretariats			■	■	■	■	■				
2. Parliamentary committees		■	■						■	■	
3. Interdepartmental committees and units	■			■	■	■	■	■	■	■	■
4. Mega-ministries and merges				■	■	■	■		■	■	
5. Joint budgeting							■	■			
6. Intersectoral policy-making procedures				■	■	■					
7. Non-government stakeholder engagement	■			■	■	■	■				

Barriers & Facilitators of Intersectoral Collaboration

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Best practice for intersectoral collaboration for HiAP

Source: Grant J (2004)

CULTURE AND PHILOSOPHY

• Incorporating whole-of-government values into portfolio cultures

• Information-sharing and cooperative knowledge management

• Effective alignment of top-down policies with bottom-up issues

NEW WAYS OF WORKING

• Shared leadership

• Focus on expertise

• Flexible team processes and outcomes

• Cooperative resources

BEST PRACTICE
WHOLE-OF
GOVERNMENT

NEW ACCOUNTABILITIES AND INCENTIVES

• Shared outcomes and reporting

• Flexibilities around service outcomes

• Reward and recognition for horizontal management

NEW WAYS OF DEVELOPING POLICIES, DESIGNING PROGRAMMES AND DELIVERING SERVICES

• Collegiate approach

• Focus on whole-of-government outcomes

• Consultation and engagement with clients and users

• Shared customer interface

Facilitators of Inter-sectoral Collaboration

1. Government supports intersectoral action
2. Sectors share interests and benefits
3. Political priorities that require urgent action
4. Issues that have public support
5. Strong & effective champions in bureaucracy
6. Well planned inter-sectoral action with clear roles
7. Legal framework to support policy
8. Adequate resources
9. Plans to monitor & sustain outcome

Barriers to Insersectoral Collaboration

1. Unstable/distracted leadership
2. Conflicting personalities
3. Fragmented government functions
4. Subnational government function divisions
5. Sector appear to have conflicting interests
6. Limited and misused resources
7. Restricted policy space

Thank You

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