

Wellesley Institute Submission to the Pan American Health Organization: Social Determinants of Health into Action

The World Health Organization's Commission on the Social Determinants of Health has sparked broad interest in tackling persistent and widening health inequities by addressing the social and economic inequality, precarious employment, poverty, inadequate housing, social exclusion and other fundamental factors that underlie these health inequities.¹ In October 2011, WHO is sponsoring a global conference on how to implement the Commission's recommendations.²

Each WHO region is preparing a position paper for the conference. The Pan-American Health Organization (PAHO/WHO) is conducting a virtual consultation to collect recommendations for its paper. It asked for three recommendations regarding the social determinants of health. The Wellesley Institute does a great deal of research, policy analysis and community engagement and mobilization on health equity and the social determinants of health. We recommended three lines of action that governments must take in order to address the roots of health inequities:

1. Each national government should commit to reducing income inequality by 10 percent by 2020:

- a. The contours, structural drivers and dynamics of inequality, and overall policy environments, vary between countries, and this means that the mix of policy directions and levers will necessarily be different;
- b. However, they will likely include concerted action

to reduce unemployment, gender and other inequities in labour market outcomes, and the adverse impact of precarious work, and to enhance the impact of skills training, childcare and parental policies, immigrant settlement, and flexible and responsive social assistance on individual and community opportunities.

2. Each national, sub-national and local government or planning authority should develop and implement comprehensive strategies to reduce health inequities:

- a. The contours, structural drivers and dynamics of health inequities, and overall policy environments, vary between countries, and this means that the mix of policy directions and levers will necessarily vary;
- b. However, they will include a mix of actions addressing the social determinant roots of health inequities — reducing income inequality, promoting social inclusion, investing in childcare, education and community building — and ensuring equitable access to healthcare and health promotion; embedding equity within quality improvement, chronic disease prevention and management, and other health system drivers; and targeting high equity impact interventions such as primary care to those populations and areas facing the greatest health inequities and barriers to care;
- c. These formal plans and commitments must be driven into action through firm targets across governments, systematic measurement and management, and transparent public accountability;
- d. Policy action must be well coordinated across and within governments through 'Health in All Policy' approaches and thorough systematic deployment of tools such as Health Equity Impact Assessment.

¹ Detailed information on the WHO Commission and other background materials are available at: http://www.who.int/social_determinants/en/. The Wellesley Institute's work on social determinants of health into action is available at: <http://wellesleyinstitute.com/policy-fields/healthcare-reform/health-reform-through-an-equity-lens/social-determinants-of-health-into-action/>
² Info at: <http://www.who.int/sdhconference/en/index.html>

3. As part of these comprehensive health equity strategies, each government should systemically invest in the foundations of more healthy and equitable communities. This could include:
- a. Healthy community planning in which environmental, transportation, recreation, housing and other health promoting factors are planned to enhance their positive impacts on health and health equity;
 - b. Creating the conditions where community resilience and capacities can be enhanced and built upon by supporting dense and responsive networks of community-based service providers and other organizations;
 - c. Supporting community-based local innovation, through explicitly funding and requiring providers to direct a proportion of their activities towards equity-focused innovation and forums to share promising practices and lessons learned;
 - d. Enabling and requiring cross-sectoral collaboration designed to address the social determinants of health on the ground;
 - e. More broadly, supporting comprehensive community initiatives of diverse government, service provider, community organizations and other stakeholders address such complex problems as poverty reduction, community economic development and social inclusion.

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