Mainstreaming Social Determinants of Health through Interprovincial Coordination and Intersectoral Action in Pakistan

Activity Report 2014-15

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Background:

The report is the outcome of **WHO-Pakistan technical support to Federal Ministry of Health, Provincial health Departments and stakeholders from non-health sectors** to draw attention and action on addressing SDH to achieve health equity and better health outcomes in the country. The below analysis is the synthesis of outcomes achieved through policy advocacy in the form of inter-provincial and provincial dialogues with stakeholders from health and non-health sectors; development of national and provincial strategic frameworks for action on SDH through inter-sectoral coordination and evidence based research/analysis on SDH situation (pre and post devolution of health sector); review of health care access and service delivery mechanisms with health equity and human rights lens.

 The realization of the need for addressing Social Determinants of Health (SDH) first began with advocacy for intersectoral action for health that was a key strategy of the Alma Ata Declaration in 1978, encouraging the health sector to look beyond its role of acute medical care and consider how to deal with the actual causes of people's ill health. The major proportion of the global burden of disease and causes of health inequities arise from the conditions in which people are born, grow, live, work and age. These conditions as SDH encompass social, economic, political, cultural and environmental factors affecting health of the people. Key SDH includes distribution of income; discriminations on the basis of Gender, class, ethnicity, disability or sexual orientation, political and governance structures that reinforce rather than reduce inequalities in economic power. Therefore addressing SDH through intra and intersectoral coordination and response at institutional, policy, programme and health care delivery level will reduce health inequities and improve health outcomes.

International Mandates and Public Health Movements for action on SDH:

Following the progress on **Alma Ata Declaration in 1978** advocating for health sector role beyond medical care, the **Ottawa Charter in 1986** for Health Promotion highlighted the need for a healthy public policy as opposed to a health policy. The **commission on Social Determinants of Health 2008** further investigated and guided action on SDH to reduce health inequities. The commission recommended three overarching areas for action including 1). to improve daily living conditions; 2). to tackle the inequitable distribution of power, money and resources; and 3). to measure and understand the problem and assess the impact of action. Addressing the recommendations of commission the **World Health Assembly held in May 2009** passed the **resolution WHA62.14** "Reducing health inequities through action on the social determinants of health". The resolution calls upon WHO and its member

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states to tackle health inequities through encouraging political commitment and mainstreaming health equity in all policies. The resolution emphasized member states to develop and implement goals and strategies to improve public health with special focus on health equity and SDH. The **Adelaide Statement on Health in all Policies (HiAP**) **adopted in 2010** is a further innovation on these earlier approaches that emphasizes to engage leaders and policy-makers at all levels of government—local, regional, national and international. It emphasizes that government objectives are best achieved when all sectors include health and well-being as a key component of policy development. This is because the causes of health and well-being lie outside the health sector and are socially and economically formed. It outlines the need for a new social contract between all sectors (non-health) to advance human development, sustainability and equity, as well as to improve health outcomes. This requires a new form of governance where there is joined-up leadership within governments, across all sectors and between levels of government. The evolution of this global process and pledging the need to address SDH for achieving better equitable health outcomes does not end here. During the **World Conference on SDH in 2011** the Member States adopted the **Rio Political Declaration** pledging to work towards reducing health inequities by taking action across five priority areas discussed at the conference. These action areas included 1). Adopt improved governance for health and development 2). Promote participation in policy-making and implementation 3). Reorient the health sector towards promoting health and reducing health inequities 4). Strengthen global governance and collaboration and 5). Monitor progress and increase accountability. Following the conference recommendations UN agencies i.e. ILO, UNAIDS, UNDP, UNFPA, UNICEF and WHO have agreed to work together on SDH to reduce health inequities and promote development, supporting countries to implement the Rio Political Declaration as a **UN platform on SDH.** The **65th World Health Assembly in 2012** endorses the Rio Political Declaration on SDH adopted by the World Conference on Social Determinants of Health, including as a key input to the work of Member States and WHO through adaptation of resolution WHA65.8. The **UN General Assembly approved a land mark Resolution in 2012** entitled **Global Health and Foreign Policy**. The resolution calls upon Member States and the UN to urgently and significantly scale up efforts to accelerate the **transition towards Universal Health Coverage** recognizing it should be based on the capacities for broad public health measures, health protection and addressing the SDH through policies across sectors.

In short all these international processes where Pakistan is one of the key member states demand for action on SDH through cross-sector collaboration to achieve health equity and Universal Health Coverage.

Action on Social Determinants of Health in Pakistan - Outcomes of the Consultative Process:

In Pakistan the process of raising the profile of SDH to address health inequities and related challenges was reoriented in 2012 immediate aftermath of the devolution of the Health sector through a National level consultative process arranged by the planning

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commission of Pakistan and WHO in collaboration. Review and situation analysis on SDH challenges as well as level of intersectoral actions/coordination and subsequent advocacy to address SDH challenges at policy, programme level for promoting equity in health outcomes are some of the key recommendations of the National consultation.

Table 1: Recommendations of the National Consultation on SDH in Pakistan, April 2012

Action Areas	Country Strategic Directions
Improving health governance	1. Enhancing existing advocacy efforts for promoting equity in health outcomes 2. Integrating SDH into government sector/programmatic policies 3. Establishing country coordination functional intersectoral action 4. Establishing SDH focal points within the relevant sectors
Social participation	1. Increased advocacy efforts for promoting social participation at all levels 2. Designing appropriate technical assistance and capacity building for community structures and civil society organizations 3. Strengthening community skills in policy development, implementation and monitoring 4. Developing norms and standards for social participation using both international and local 5. Strengthening existing community based initiatives throughout the country.
Health System Orientation	1. Incorporating SDH in National / Provincial Health Policies, strategic planning and programs 2. Capacity building for health personnel on SDH / equity concepts, tools for addressing inequity (HiAP/ISA) and health equity analysis 3. Strengthen intersectoral coordination of health programs such as communicable diseases and non-communicable diseases control, MNCH, and health protection and promotion 4. Scaling up national / provincial efforts in improving universal coverage. 5. Reviewing ISA structures / terms of reference at national and provincial levels to ensure connectivity and concrete actions.
Global Governance	1. Strengthen collaboration between the bilateral and multilateral agencies on advancing the health equity concept through collective action on social determinants of health 2. Capitalize the One UN initiative in Pakistan and the UNDAF framework to raise the SDH profile 3. Review the implementation of Paris Declaration principles regarding aid effectiveness and 4. Strengthen existing coordination mechanisms for better alignment of the work of UN organizations and other development partners on SDH
Monitoring progress in increased accountability	1. Develop national monitoring checklist to embed health equity in all national policies and facilitating ISA 2. Establish national benchmarks and targets for key indicators Review available indicators to ensure comprehensiveness and prioritize. 3. Involve CSOs, community structures and academia in collecting and analyzing information

Source: Addressing SDH in Pakistan: moving from theory to practice in the pursuit of better health (Pak J Public Health Vol.2, No. 4, 2012)

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Based on the building blocks of National consultation recommendations an **Interprovincial dialogue** was conducted in June 2015 to reinstate and begin **advocacy efforts and initiate debate for integrating SDH at Health Policy and Programme Level through inter-sectoral action** focusing ongoing analysis of health sector functioning and response related to SDH, health equity and human right in the context of devolution of health sector as well as the recommendations of SDH consultative process globally and in Pakistan. Following key areas were focused to invoke discussion during the dialogue;

Thematic Areas for Discussion and Advocacy on SDH:

1. Social Determinants Approaches to Public Health
   1.1. Health in All Policies and 'all in health policies'
   1.2. Health Equity, Human Rights and Universal Health Coverage
   1.3. Policy in to Practice on SDH and Equity: Examples from Pakistan
2. SDH Experience, Challenges and Devolution of Health Sector: Voices from Provinces
3. Inter Sectoral Action to Address Social Determinants of Health at Policy, programme and Service Delivery Level

In the said interprovincial dialogue the **SDH, inter-sectoral action and equity related challenges** reflected by the participants during discussion are structural, functional and institutional and exist at policy, programme and service delivery level in Pakistan. These challenges affect the accessibility of population in need towards services influenced by economic, physical, social and cultural conditions. The said challenges are confirmed by the field level evidence and assessment. The key SDH and equity related issues highlighted by the participants that impact health status of different population groups are below;

- Unified health Policy and strategy at federal and provincial level as well as mechanism on inter provincial and cross-sector coordination to address SDH related and priority health challenges are lacking
- Clarity on federal and provincial roles and functions
- Weak accountability mechanisms , governance related issues, financial inequalities and capacity gaps among provinces , health and non-health sectors (in devolution perspective) to address AAAQ of health services and population needs
- Social Determinants of health are not factored in with major health outcomes at policy response level as well as service delivery level. The issues needs incorporation in curriculum particularly public health curriculum (pre-service and in-service)
- Vulnerable population sections are overlooked in policy response, programme implementation and at service delivery level that reflects persistent health inequities further confirmed by the statistical evidences. The term vulnerable is

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only limited to women and children if gets some attention in provincial strategies. Multi-faceted vulnerabilities in particular health domain are not addressed.

- Inter-sectoral and cross sector coordination is not evident. Isolation culture prevails regarding health and non-health sectors functioning. However short term collaborations can only be seen randomly on issues which are pressing and require immediate symptomatic treatment especially to keep up to international commitment such as polio during campaigns
- lack of economic opportunities for all sections of society to address extreme poverty
- unhealthy living and working conditions; transportation and user unfriendly infrastructures
- affordable and quality health services are limited as compare to needs of population
- lack of education facilities for all, early childhood development and school health interventions
- Limited coverage to adequate and safe drinking water as well as sanitation facilities
- Malnutrition, unsafe food and discrimination in food distribution particularly among women, young girls and children
- lack of social protection, support networks to address vulnerabilities and inequities due to social and cultural norms
- Humanitarian crisis, disaster management, emergency response is not integrated in to public health response
- Participation of community and stake holders beyond health sector i.e. enhanced role of civil society

The participants recommended for the joint action of all the social sectors with health to address these issues at policy, programme and service delivery level. The identified strategic priorities and action areas during this dialogue to develop National strategy on SDH are;

1. Inter sectoral and inter provincial coordination to jointly address SDH at policy/strategy, programme implementation and service delivery level
2. Capacity building on SDH and equity mainstreaming at inter sectoral and inter provincial level in devolution perspective
3. Policy advocacy to achieve state ownership, political commitment and accountability for progress on SDH related indicators
4. Participation and Civic action to address inequalities and to achieve equitable social services and status of vulnerable population groups

Finally a national strategy outline based on these priorities was developed as an outcome of the dialogue. The salient features of the strategy outline are common objectives for inter sectoral action and inter provincial coordination to address SDH and equity issues ; strategic approaches; joint actions; indicators to measure actions, interventions at national and inter provincial level, timeline and identification of sector and unit wise responsibilities. One of the key recommendations of the interprovincial dialogue was to conduct dialogues in provinces following similar format to raise debate on SDH and equity issues as well as to review and contextualize national strategy outline/frame work with

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provincial realities. The provincial strategies and action plans recommended to be developed during the discussion. Following the recommendation the four provincial dialogues were conducted in Karachi, Lahore, Quetta and Peshawar on the same format and provincial strategic frameworks were developed.

National Strategy and Provincial Frame works on SDH Mainstreaming and Inter-sectoral collaborations- A Short Summary of recommendations:

The draft national strategy outline and provincial frameworks are the outcomes of National level inter-provincial dialogue and provincial level advocacy dialogues on SDH mainstreaming at policy programme and service delivery level through inter-sectoral action. Below is the brief summary of these frame works;

Table 2: Reflections on Multi-Sectoral Response for Inter-sectoral Collaborations and Action on SDH – National Strategy

SDH, Inter-sectoral action and Equity related challenges	Strategic priorities: Multi-sectoral Role/Response/Actions	Responsible Sectors and Units
- Unified health Policy and strategy at federal and provincial level as well as mechanism on inter provincial and cross-sector coordination to address SDH related and priority health challenges are lacking - Clarity on federal and provincial roles and functions - Weak accountability mechanisms , governance related issues, financial inequalities and capacity gaps among provinces , health and non-health sectors (in devolution perspective) to address AAAQ of health services and population needs - Social Determinants of health are not factored in with major health outcomes at policy response level as well as service delivery level. The issues needs incorporation in curriculum particularly public health curriculum (pre-service and in-service) - Vulnerable population sections are overlooked in policy response, programme implementation and at service delivery level that reflects persistent health inequities further confirmed by the statistical evidences. The term vulnerable is only limited to women and children if gets some attention in provincial strategies. Multi-faceted vulnerabilities in particular health domain are not addressed. - Inter-sectoral and cross sector coordination is not evident. Isolation culture prevails regarding health and non-health sectors functioning. However short term collaborations	1. Policy development at federal and provincial level – A comprehensive public or social sector policy with HiAP approach or Multi-sectoral health policy and strategy for inter-sectoral actions 2. Development of Coordination and Accountability Systems/Mechanisms with clear SOPs on Federal , Provincial and Sectoral Roles and Functions 3. System for cross-sector cooperation and collaborations e.g. Establishment of inter-sectoral coordination council having representation from all tears and stake holders 4. Capacity building, BCC and communication strategy for sectors and stakeholders on SDH 5. Enhanced civil society participation particularly CBOs and role of academia 6. Special attention to gender, human rights and equity related aspects as well as child development and occupational safety/health 7. Enhanced advocacy efforts on the issue and Mass Awareness through education e.g. School Health Interventions , Media interventions 8. Review of the existing legal frameworks and comprehensive public health laws for accountability 9. Restructuring Disaster Management Plan/Strategy- Integration with Public Health System 10. Focus on Community based Approaches to establish	**Lead Departments/Sectors:** Health, Education, Population welfare, Labor and manpower, Environment (Water & sanitation), housing, Nutrition, Agriculture, Livestock and Food Security, Social welfare ,local government, women development, law, justice and human rights, finance, planning and development, Information & communication, industries & chamber of commerce **Units**: PSPU, HSRU, Inter provincial coordination councils, child protection centers **Authorities** for regulations and social services e.g. WASA Parliamentarians, Local Councils, Media and CSOs Private and corporate Sector UN system, INGOs

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can only be seen randomly on issues which are pressing and require immediate symptomatic treatment especially to keep up to international commitment such as polio during campaigns - lack of economic opportunities for all sections of society to address extreme poverty - unhealthy living and working conditions; transportation and user unfriendly infrastructures - affordable and quality health services are limited as compare to needs of population - lack of education facilities for all, early childhood development and school health interventions - Limited coverage to adequate and safe drinking water as well as sanitation facilities - Malnutrition, unsafe food and discrimination in food distribution particularly among women, young girls and children - lack of social protection, support networks to address vulnerabilities and inequities due to social and cultural norms - Humanitarian crisis, disaster management, emergency response is not integrated in to public health response - Participation of community and stake holders beyond health sector i.e. enhanced role of civil society	functional social safety nets to manage service delivery, employment creation e.g. Healthy Setting Model Interventions 11. Robust implementation plan of strategies with bottom-up approach and monitoring

The detailed National Strategy and provincial strategic frame works were developed based on these reflections during provincial dialogues that would be annexed with the document.

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