

Deliver more equity in healthcare with low resources

Time for action



22 November 2024

Nicole Valentine

Health Equity Forum 2024



Overview

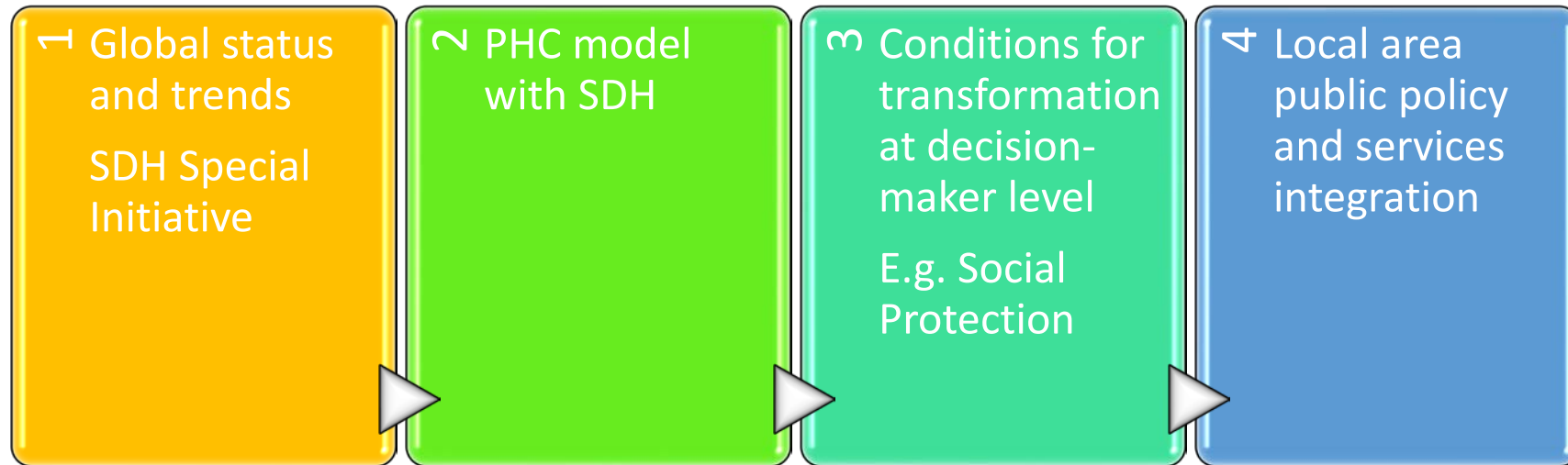
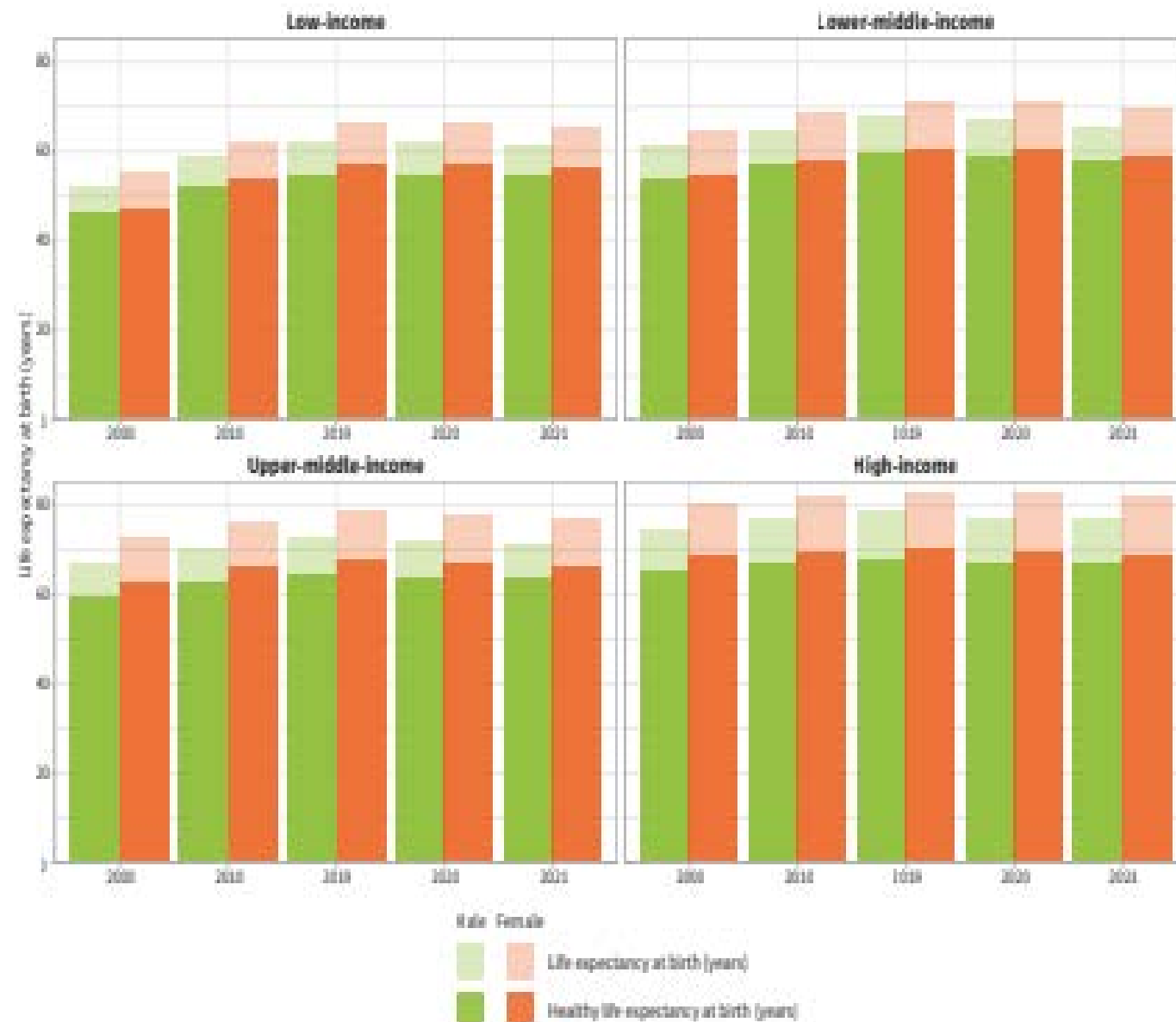


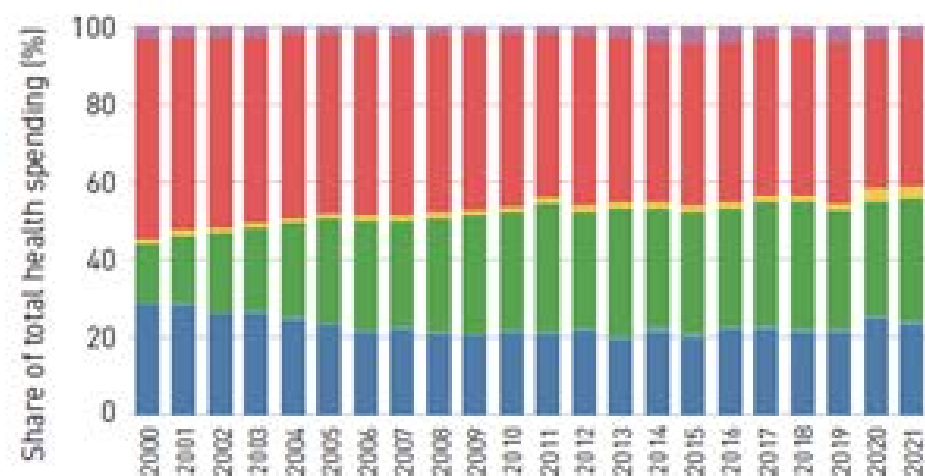
Figure 1.3 Trends in life expectancy and HALE at birth, by sex and World Bank income group, 2000–2021



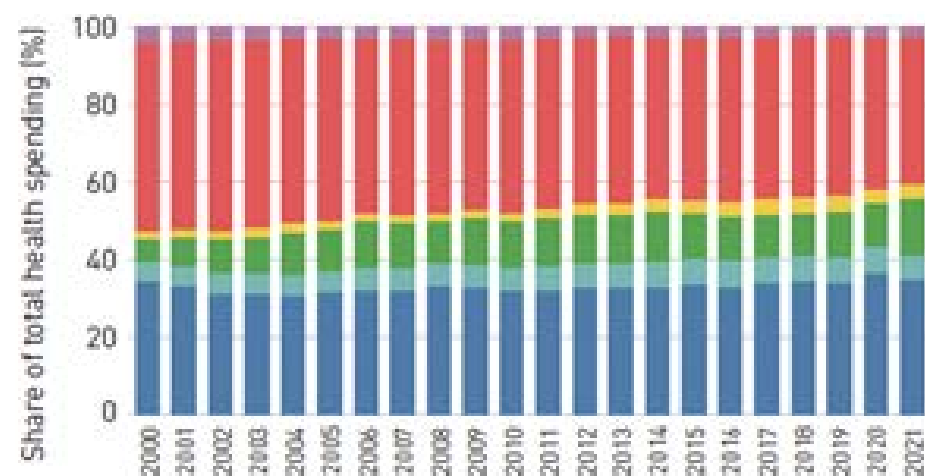
Source: WHO (1).

■ Government transfers
 ■ Social health insurance contributions
 ■ External aid
 ■ Voluntary prepayments
 ■ Out-of-pocket spending
 ■ Other

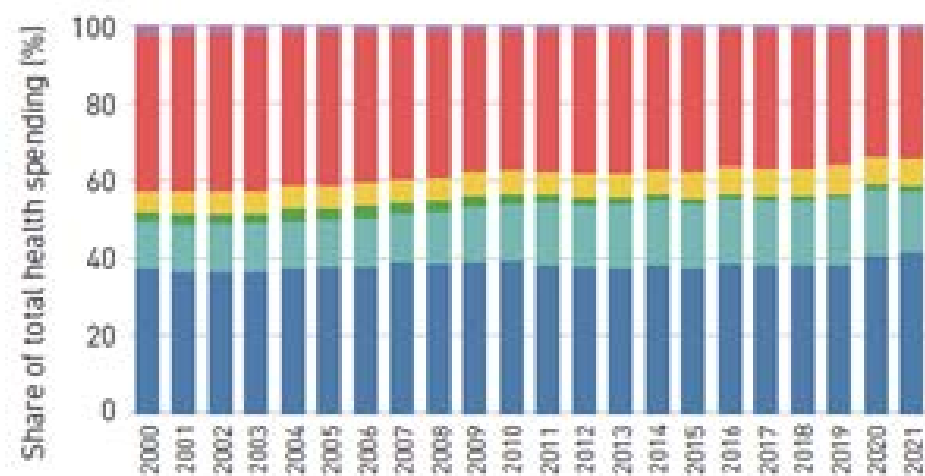
Low income



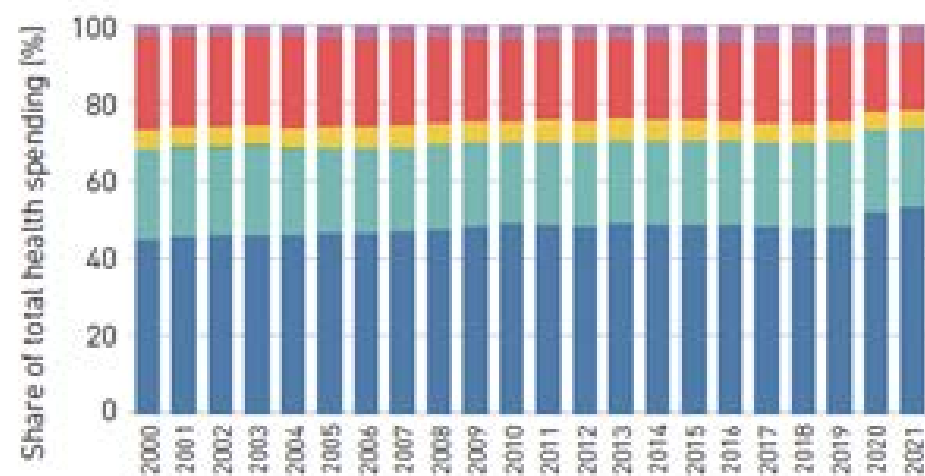
Lower-middle income



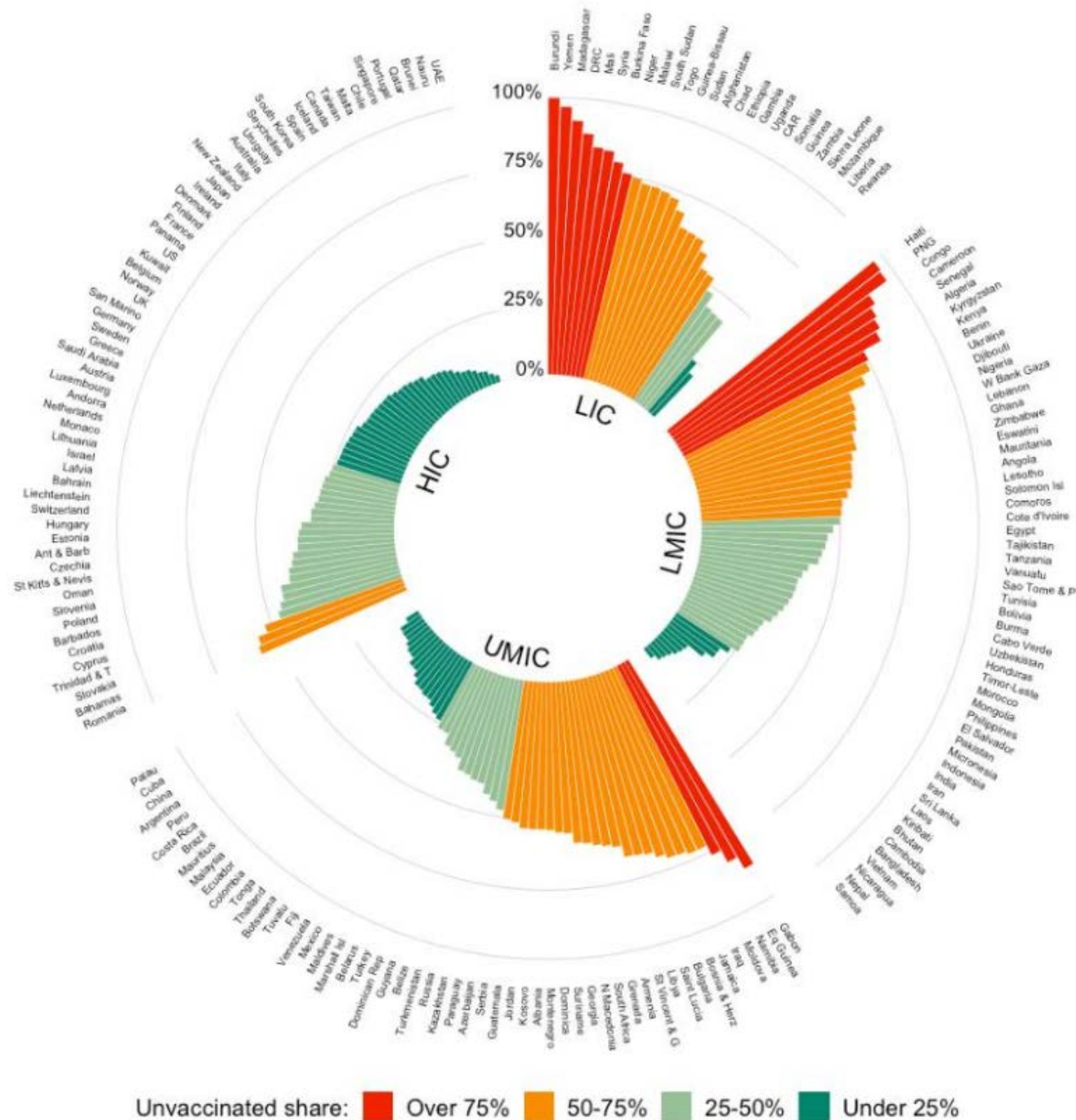
Upper-middle income



High income



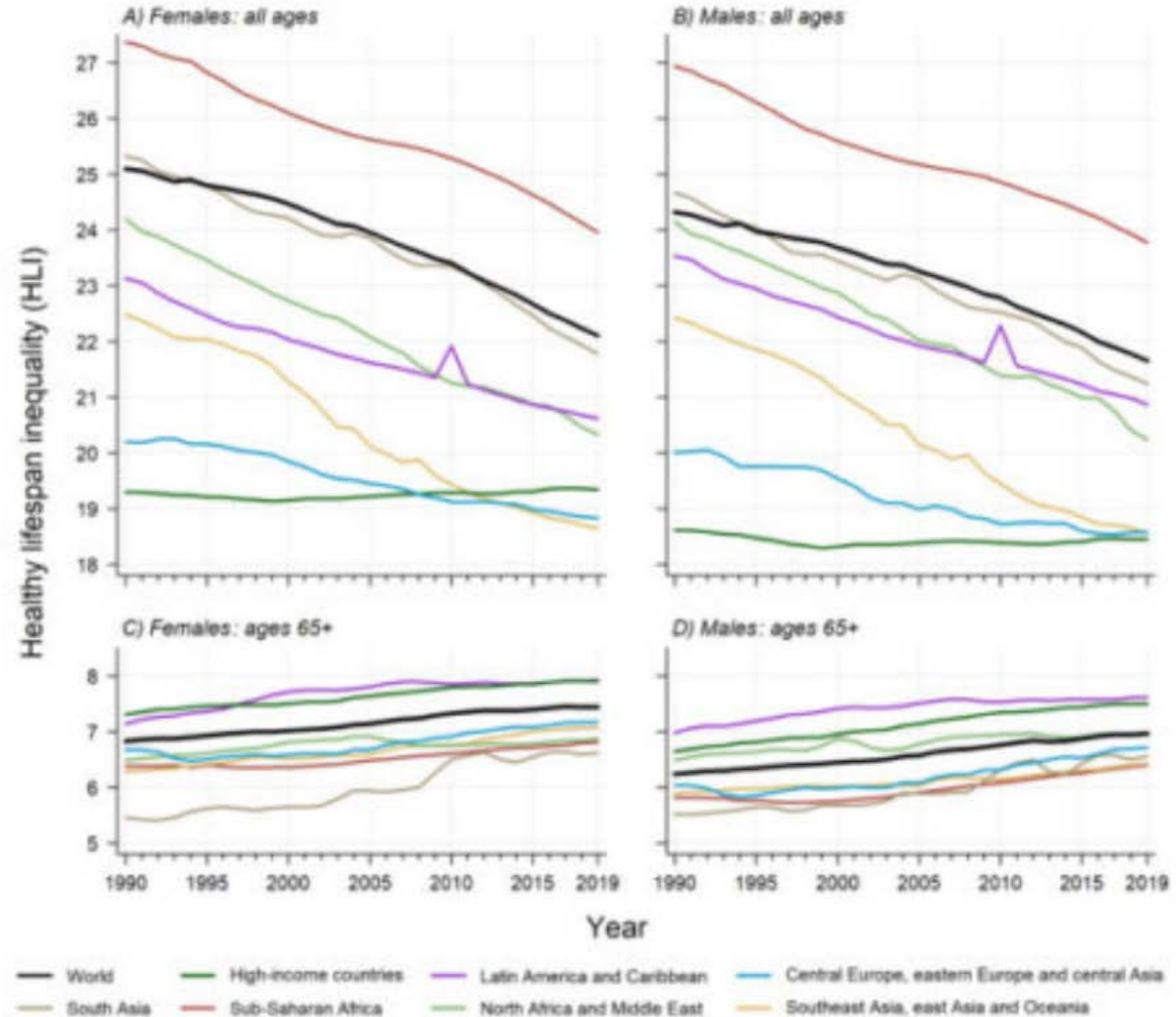
COVID-19 % unvaccinated



<https://devinit.org/resources/inequality-global-trends/>

Global health inequalities trends

Figure 1. Trends in Healthy Lifespan Inequality around the globe, 1990-2019.



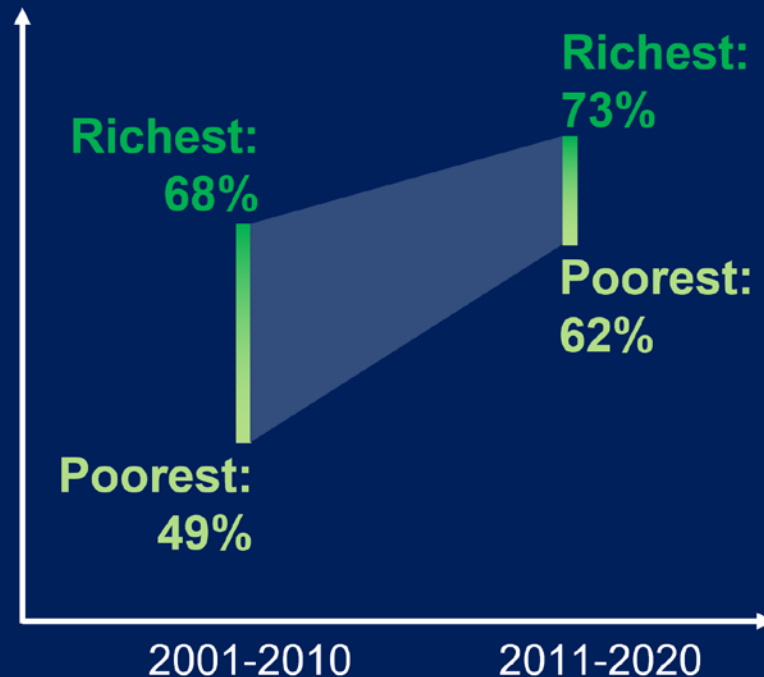
Source: Permanyer, Villavicencio and Trias-Llimós (2023), based on GBD data.



World Health
Organization

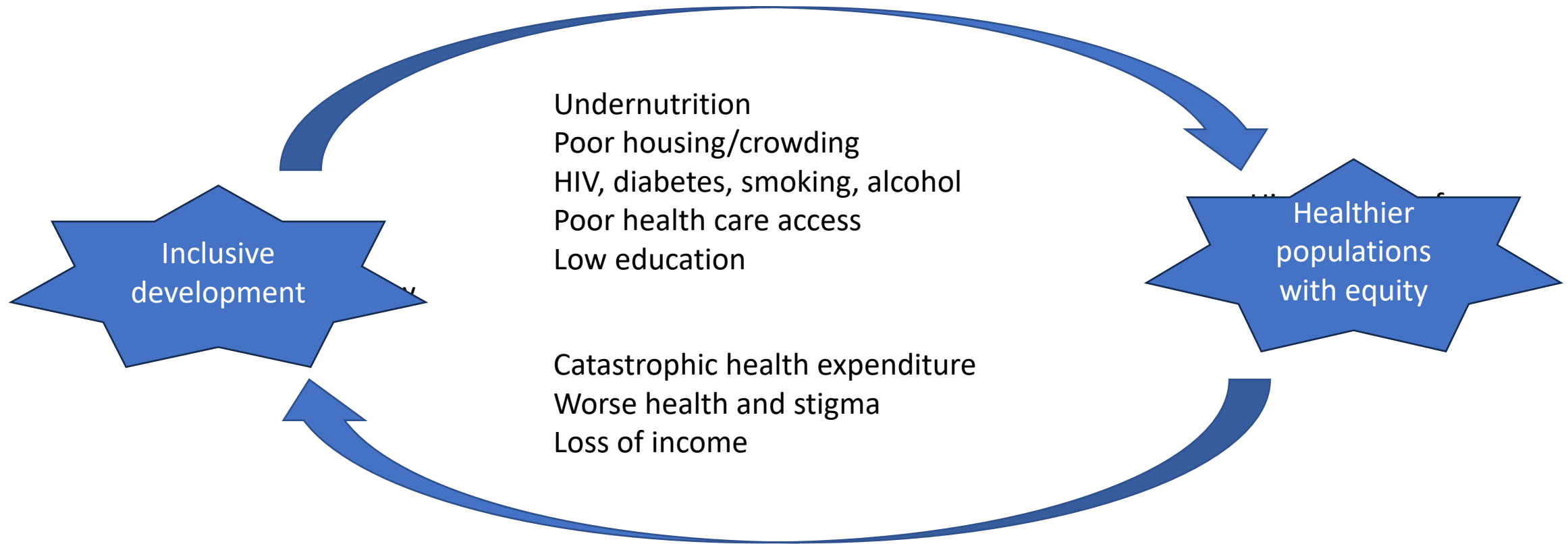
75
HEALTH
FOR ALL

In just a decade,
the rich-poor gap in health service
coverage among women, newborns
and children in low- and middle-
income countries **nearly halved**

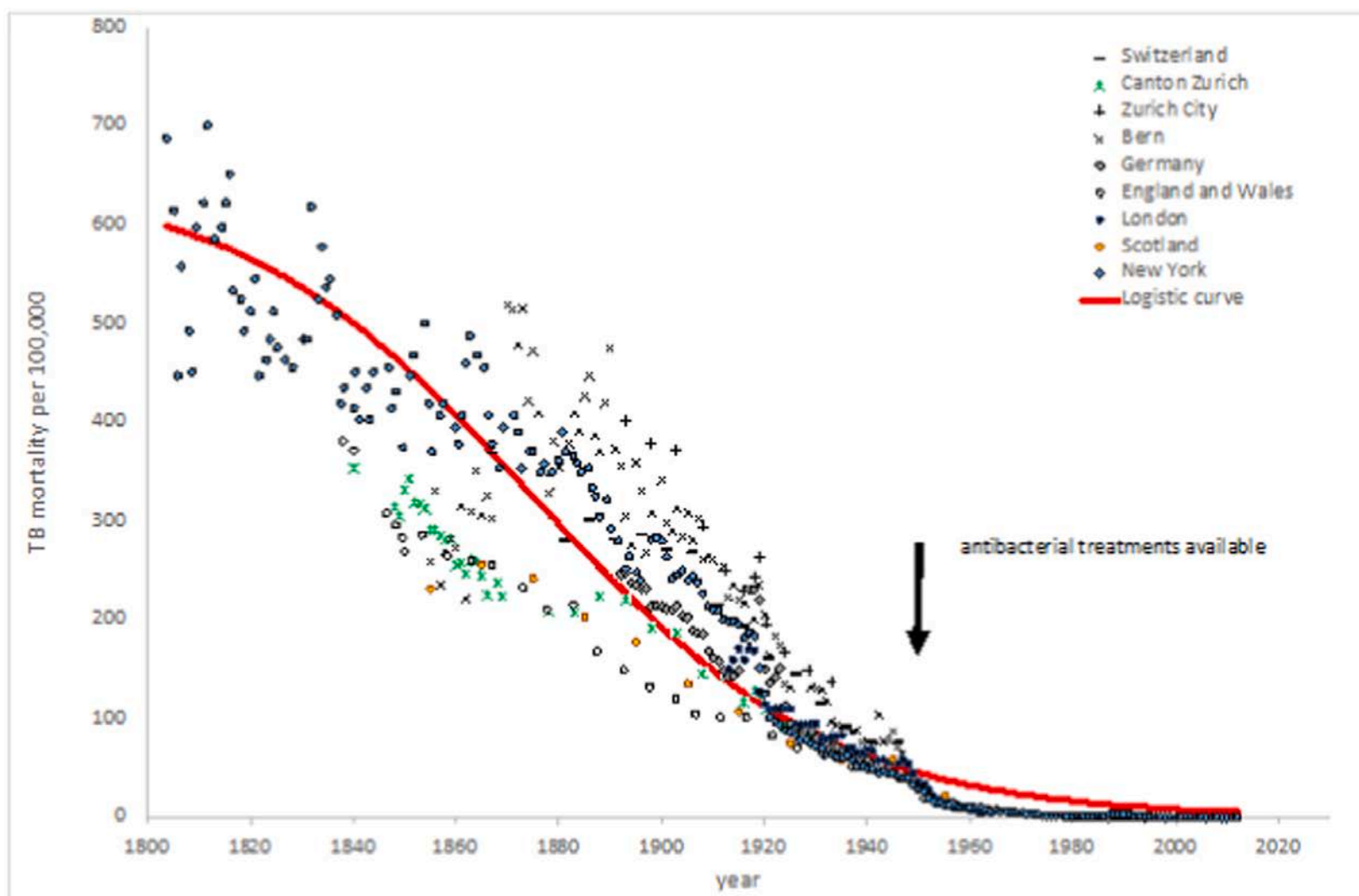


Based on the median of a composite coverage index of eight interventions (across reproductive care, maternal care, childhood immunization and management of childhood illness) for the richest and poorest quintiles of the population, using household survey data across 45 countries. Based on data available in the 'Reproductive, maternal, newborn and child health (household surveys)' dataset.

The development health trap or virtuous cycle



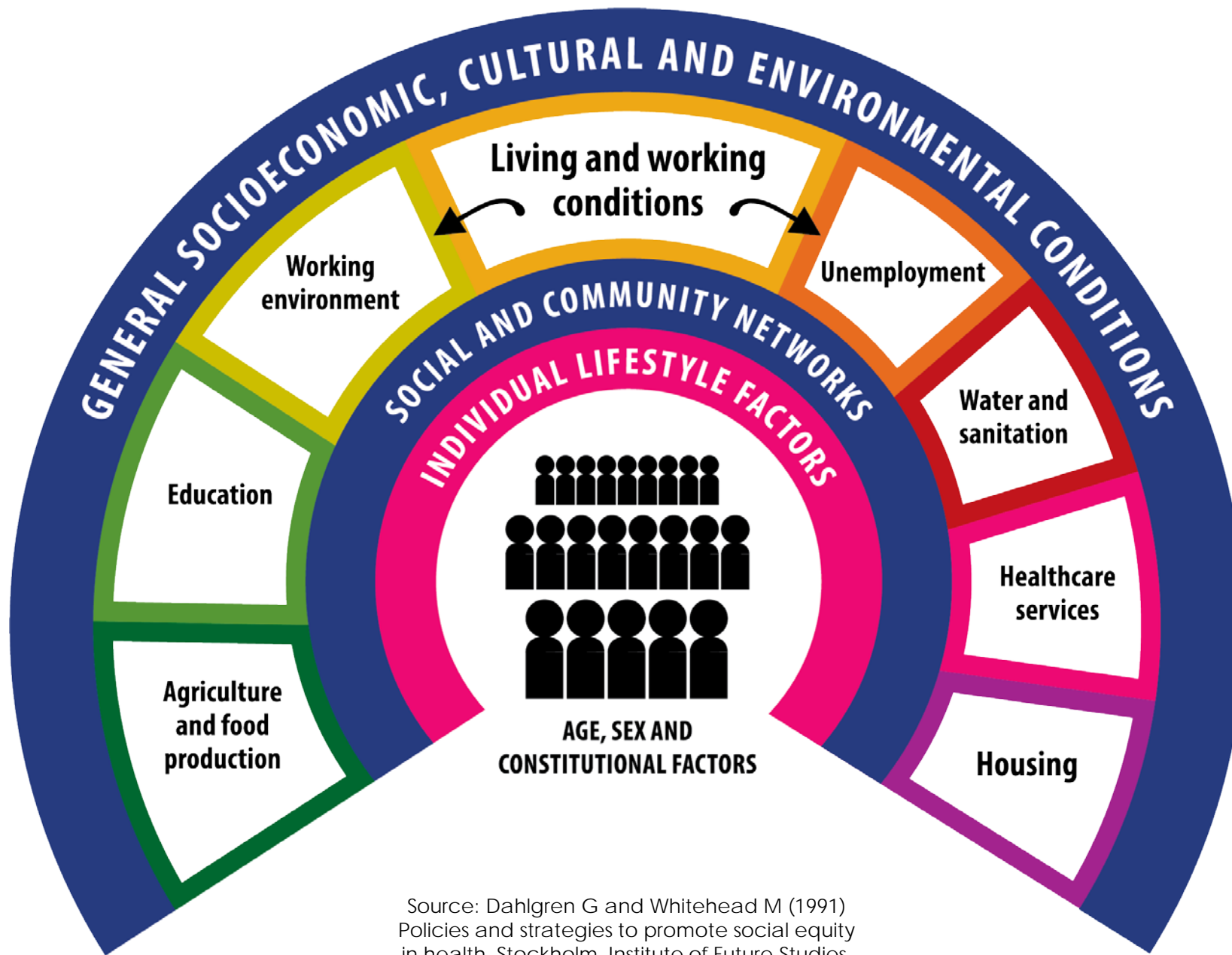
Derived from Salla Atkins, *Estimates: Ending extreme poverty reduces TB incidence by over 33%; expanding social protection reduces TB incidence by 76%* (Carter et al 2018)



The social determinants of health (SDH)

are the conditions in which people are *born, grow, work, live, and age*, and their access to power, money and resources.





Source: Dahlgren G and Whitehead M (1991)
Policies and strategies to promote social equity
in health. Stockholm, Institute of Future Studies.

Reasons reported for missing medication (ART e.g.)

Reason	Nr of ART users reporting this reason	% of ART users reporting the reason
Simply forgot	90	17.5
Logistics and transport costs	67	13
Work or home duties	61	11.8
Stigma	36	7
Lack of care/support	18	3.5
Misunderstood instructions	16	3.1
Lack of food	11	2.1
Distance to the health facility	10	1.9
Being in hospital	9	1.7
Alcohol abuse	9	1.7
Depressed	6	1.2
Feeling better	3	0.6
Pill burden	3	0.6

Patterns of inequities in access





healthier world for
everyone, everywhere.

Health equity and
its determinants

14004

The SDH Special Initiative

Vision:

A world where health equity is shared value
across society and all social groups enjoy
healthy living and working conditions

By 2028, ensure that health equity is integrated into the development of social and economic policies, including its gender dimensions, to improve the social determinants of health for at least 20 million disadvantaged people in at least 8 countries.

COVID-19 exposes and amplifies
the social injustice of
existing health inequities...

it's time

to build a fairer, healthier world for everyone, everywhere

...by taking action on
the Social Determinants
of Health to Advance Equity

#BuildBackFairer



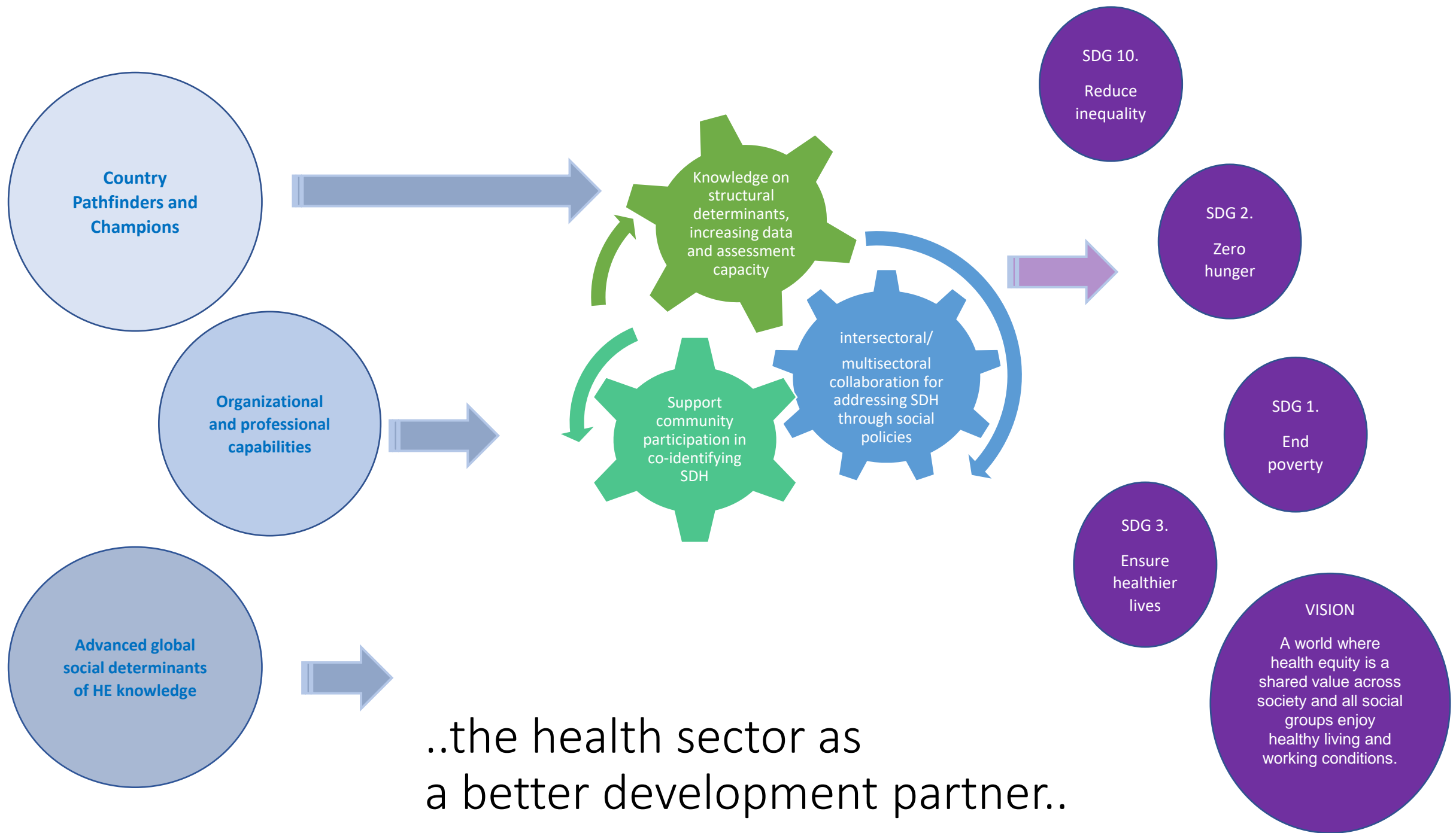
World Health
Organization



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development
and Cooperation SDC







Comprehensive interlinked strategies

1

Conditions for transformation at the decision-maker levels

Phase I

Phase II

2

Phase I

Phase II

Local area public policy/service integration (Integrated management of social care and community support)
(e.g. integration social and health care)

3

Phase I

Phase II

Strengthened SDH and HE in the model of PHC

4

Phase I

Phase II

Capacities and structures for community engagement and civil society participation to address SDH and HE

5

Phase I

Phase II

Capacities for monitoring and evaluation of intersectoral work implementation, policies and interventions

WP1

WP2

WP3

WP4

WP5

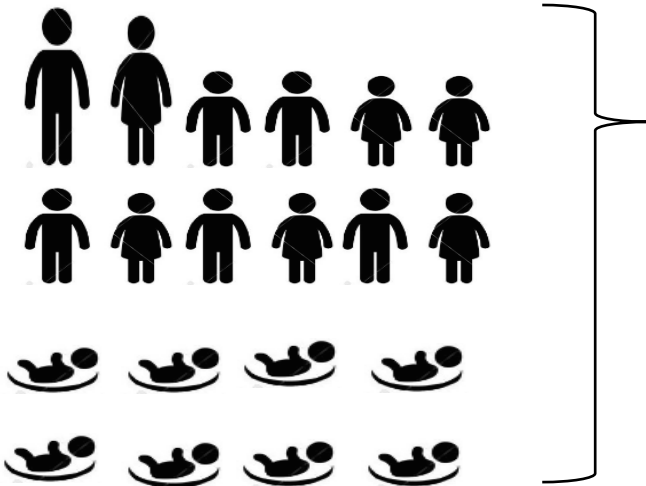


Strengthened SD and HE in the model for PHC

In Lao PDR today...



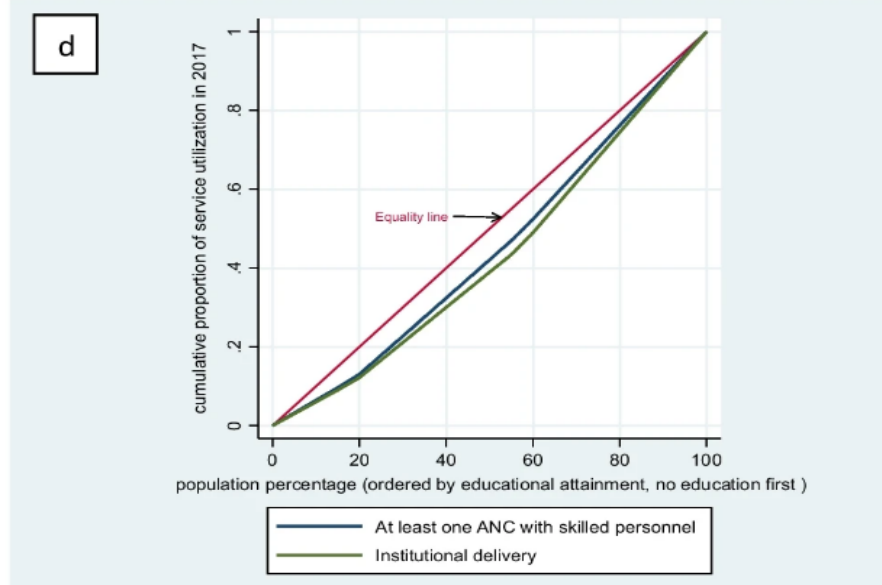
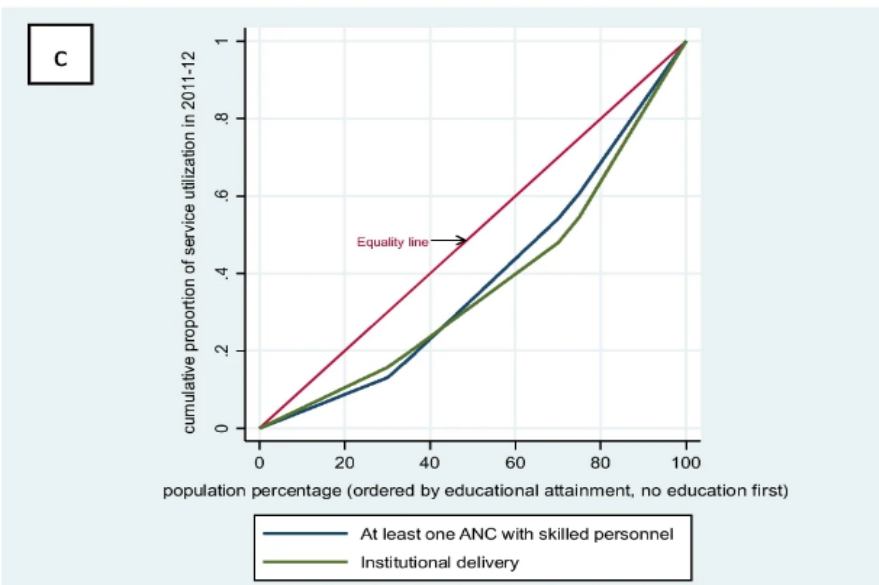
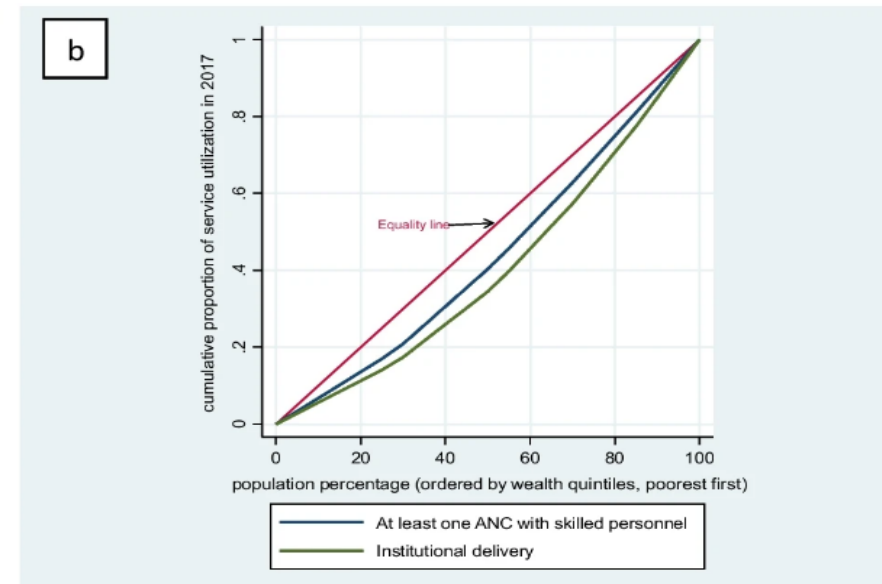
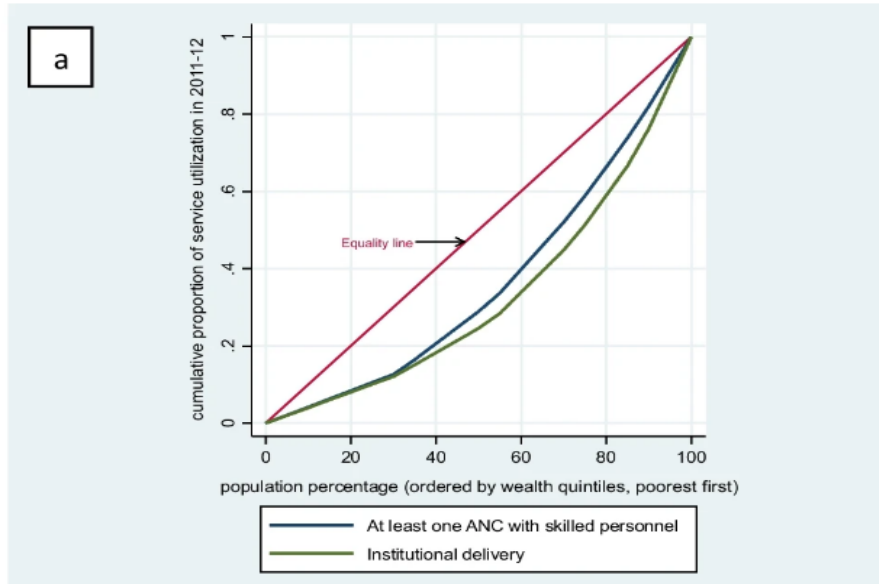
1 pregnant or laboring woman dies



20 children under five die

(90% of which are under 1 year old, and 50% under 1 month)

Lao PDR concentration curve

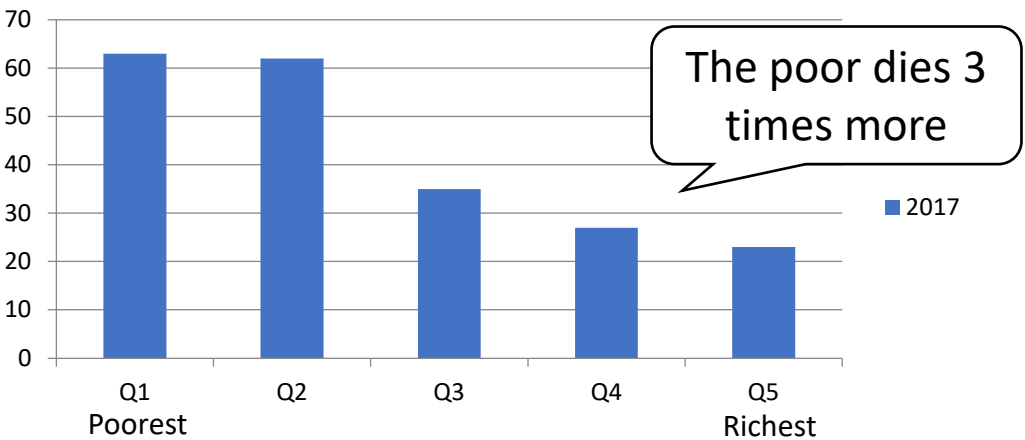


More children die among the poor, lower educated mothers, living in remote areas, ethnic minorities

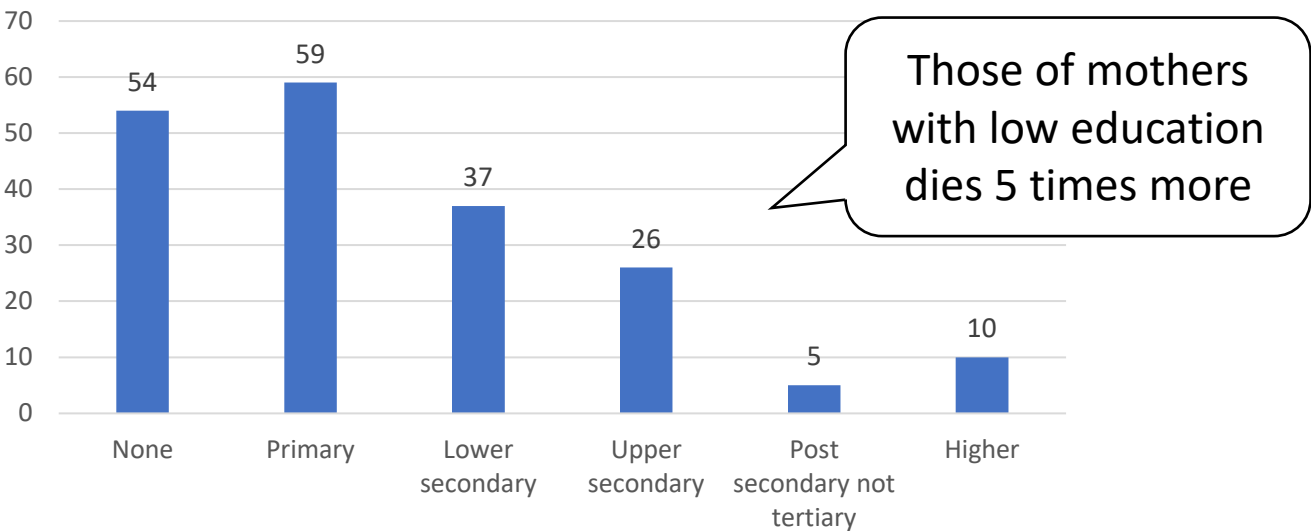
Source: Presentation by Shogo Kubota, WHO SDH Special Initiative

Source: Lao Social Indicator Survey 2017

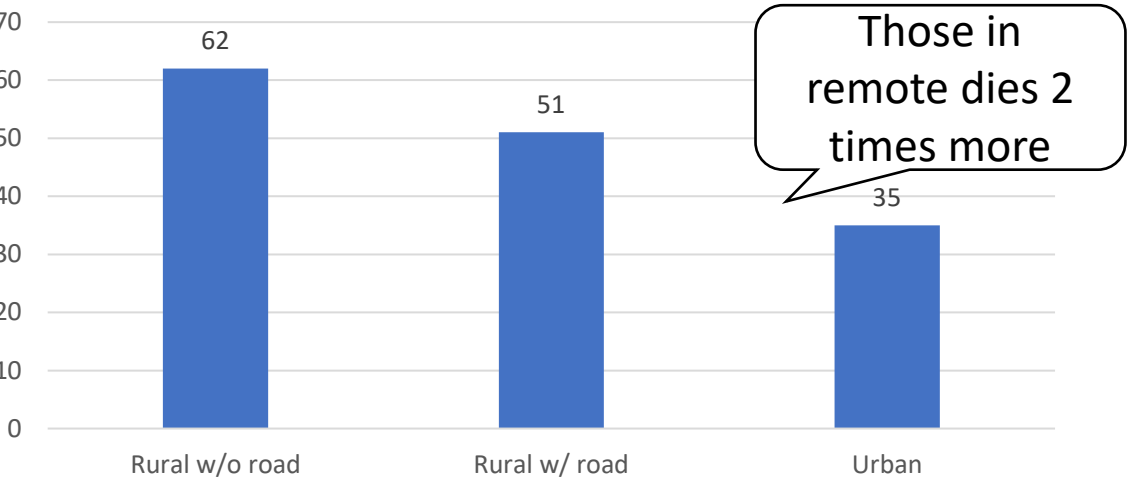
Under 5 years old mortality rate by Socio-economic status



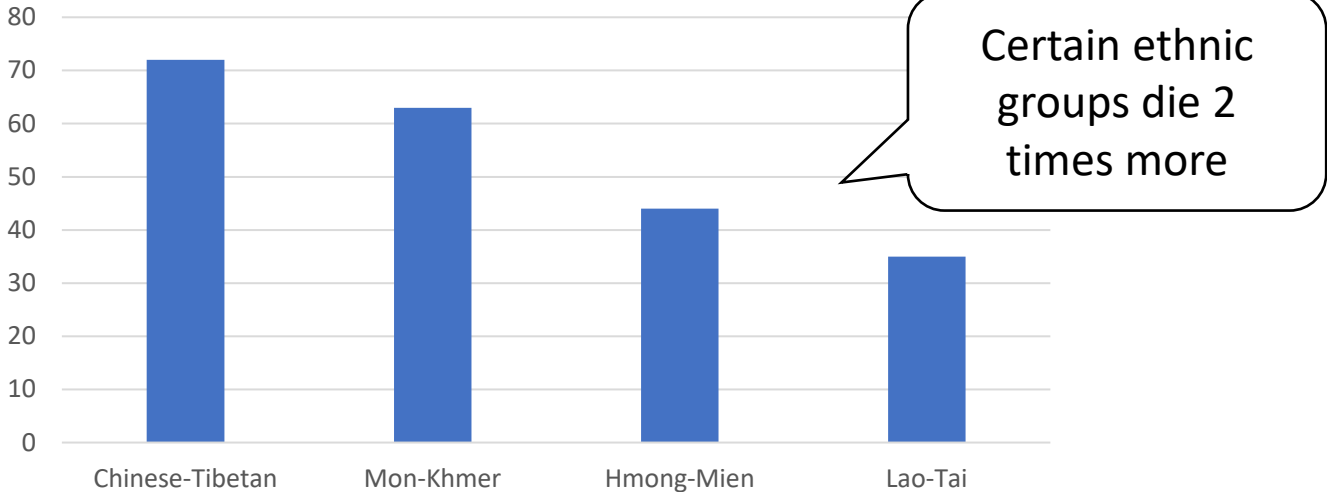
Under 5 years old mortality rate by Maternal education



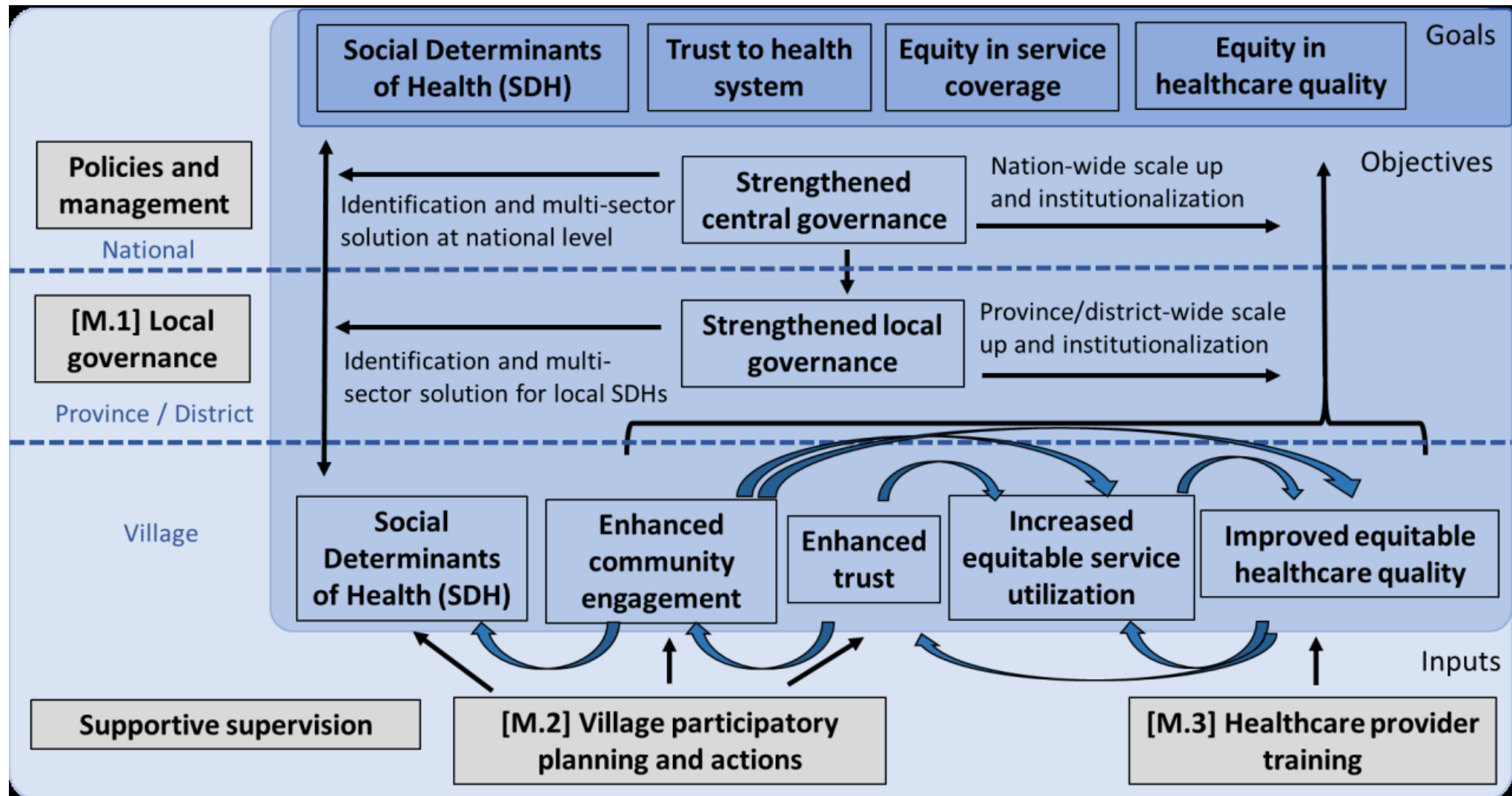
Under 5 years old mortality rate by residential areas



Under 5 years old mortality rate by ethnic groups



CONNECT – Strengthened health care quality in PHC



Seeing more engagement of local authorities for health in their communities



While health sector has responsibilities to...

- ❖ Ensure quality essential services available for all
- ❖ Provide technical support to local authorities

Local authorities have responsibilities to...

- ❖ Engage community for health promotion and essential health service uptake

And also...

- ❖ Establish sustainable support mechanism & financing for community health, including engaging relevant actors to tackle local Social Determinants of Health



Source: Presentation by Shogo Kubota, WHO
SDH Special Initiative

CONNECT Approach in 3 modules

Flow and aims of the modules

Module 1 Part 1 aims to provide an introduction and agree on goals with district governors in a province.

Module 2 Training of the facilitators aims to support district officials to understand CONNECT principles, and prepare to use those principles in supporting village representatives and villagers for developing a village plan.

Module 2 Participatory village planning aims to understand needs of villagers and jointly develop a village plan.

Supportive supervision follows Modules 1 and 2. Central and provincial teams support districts and health centers to support village representatives to implement the village plan as well as scaling up the activities to other villages.

Module 3 aims to support healthcare providers at health centers to improve clinical capacities and respectful care to support and gain trust from villagers.

Chile's Approach in PHC reform

- the social determinants of health key axis of the Chilean health reform
- Local governments and communities are at the centre
- Seven pioneer municipalities in three regions of the country have set up multisectoral teams over 2024 brought together community leaders, civil society, academy and representatives from several policy sectors to:
 1. Build a situation analysis of the main health inequities that affect their territories
 2. Prioritise inequities relying upon specific equity criteria
 3. Design an action plan based on an intersectoral approach and community involvement
 4. Community asset mapping
 5. Piloting of a SDHE monitoring system anchored at the local level.





Philippines: Opportunities for integrating SDHE into health programmes

Key activities undertaken and being discussed

Step 1

Test out a community engagement approach to reach VPs **with C19 vaccine**



Step 2

Use approach defined and tested during pilot 1 to reach VPs with a **multi-sectoral & integrated service package**.



Step 3

Use approach defined and tested during pilot 2 to build and **strengthen the conditions** in which are born, live, work and age.



Source: Presentation by April David, WHO SDH Special Initiative

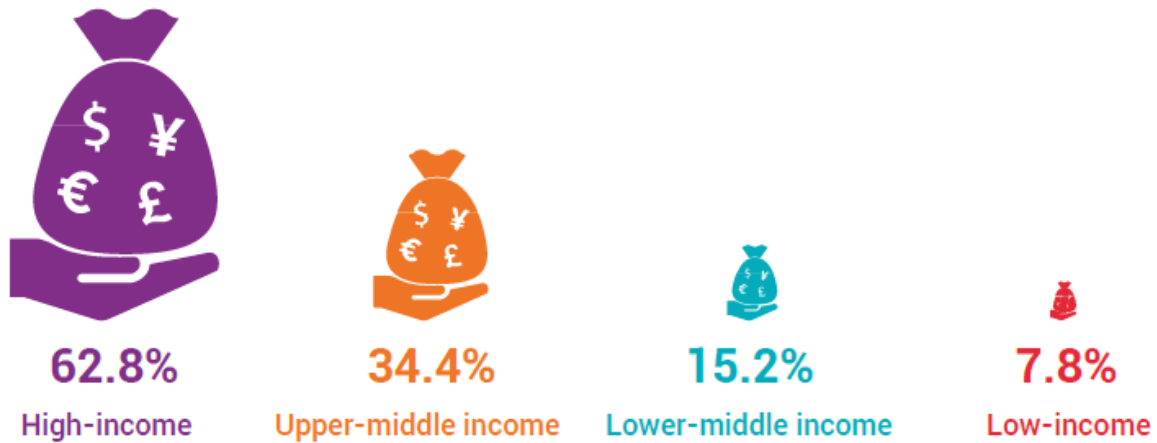


Conditions for transformation at
the decision-maker levels
e.g., social protection coverage

Social protection global inequities

Social protection and specific health impacts

Fig. 1.3 Percentage of vulnerable persons receiving cash benefits by country income level, 2020 or latest available year (SDG indicator 1.3.1)



Sources: World social protection database [online database]. Geneva: ILO; 2021 (<https://www.social-protection.org/gimi/WSPDB.action?id=32>); based on the ILO Social Security Inquiry; ILOSTAT; national sources.



Maternity

Conditional grants e.g in Finland have promoted a culture of attending maternity clinics

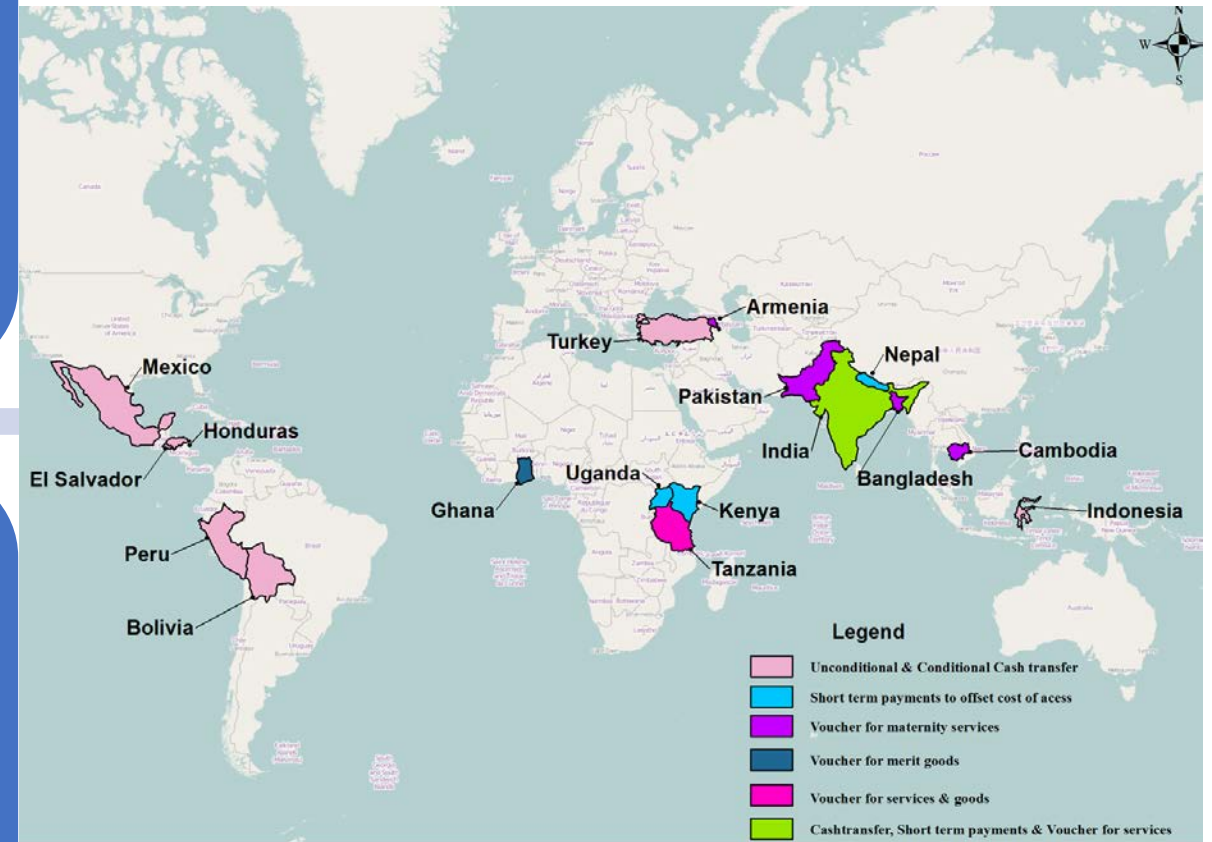
Similar evidence from other parts of the globe

Cash transfers used for promoting other key points during pregnancy, childbirth and caring for neonates:

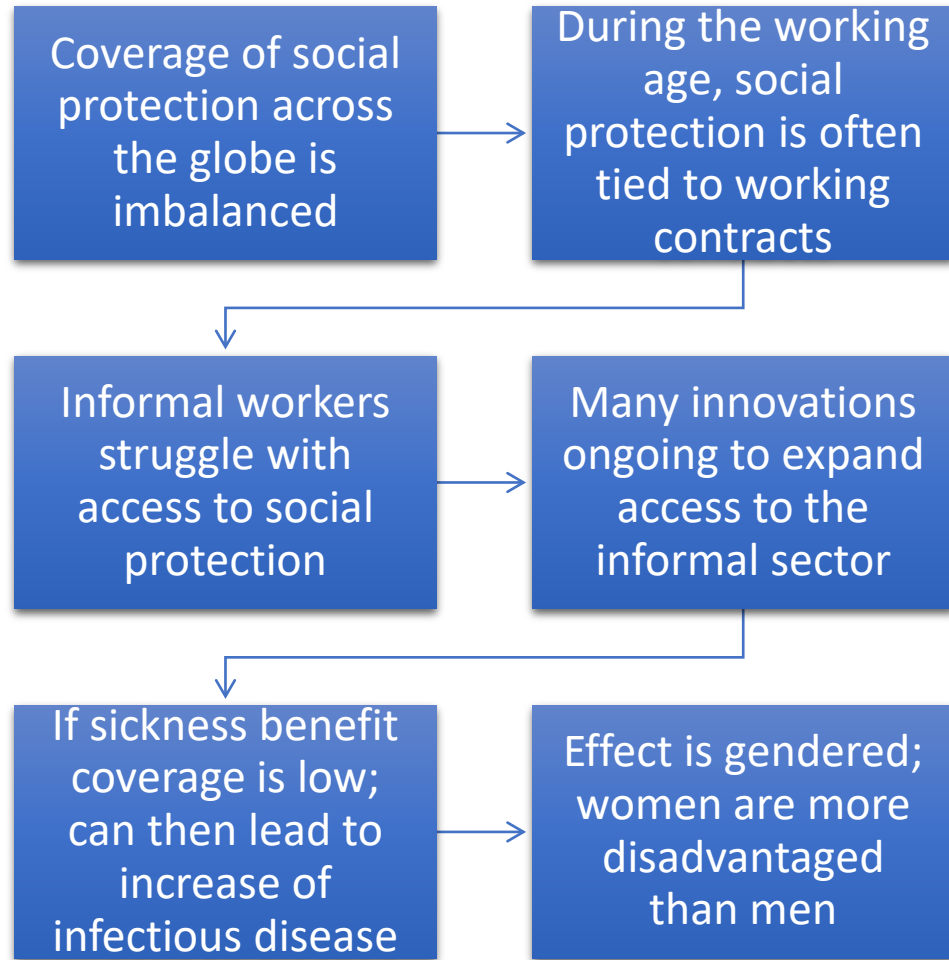
- Facility births (key protection for safe delivery)
- Post-delivery checkups

Lack of maternity benefit – during pregnancy – which could protect also child health outcomes

Demand side financing programmes for maternal health

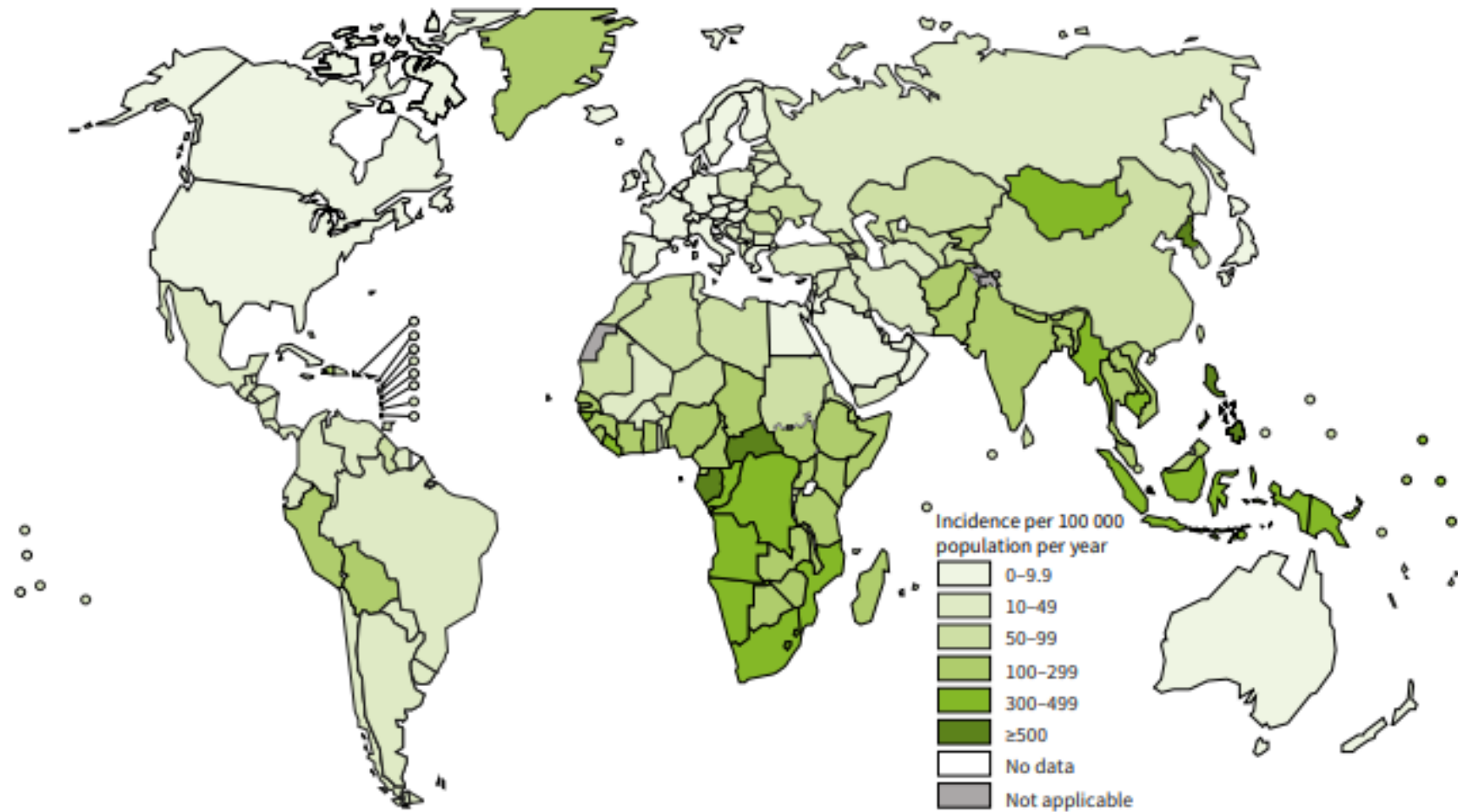


Working age



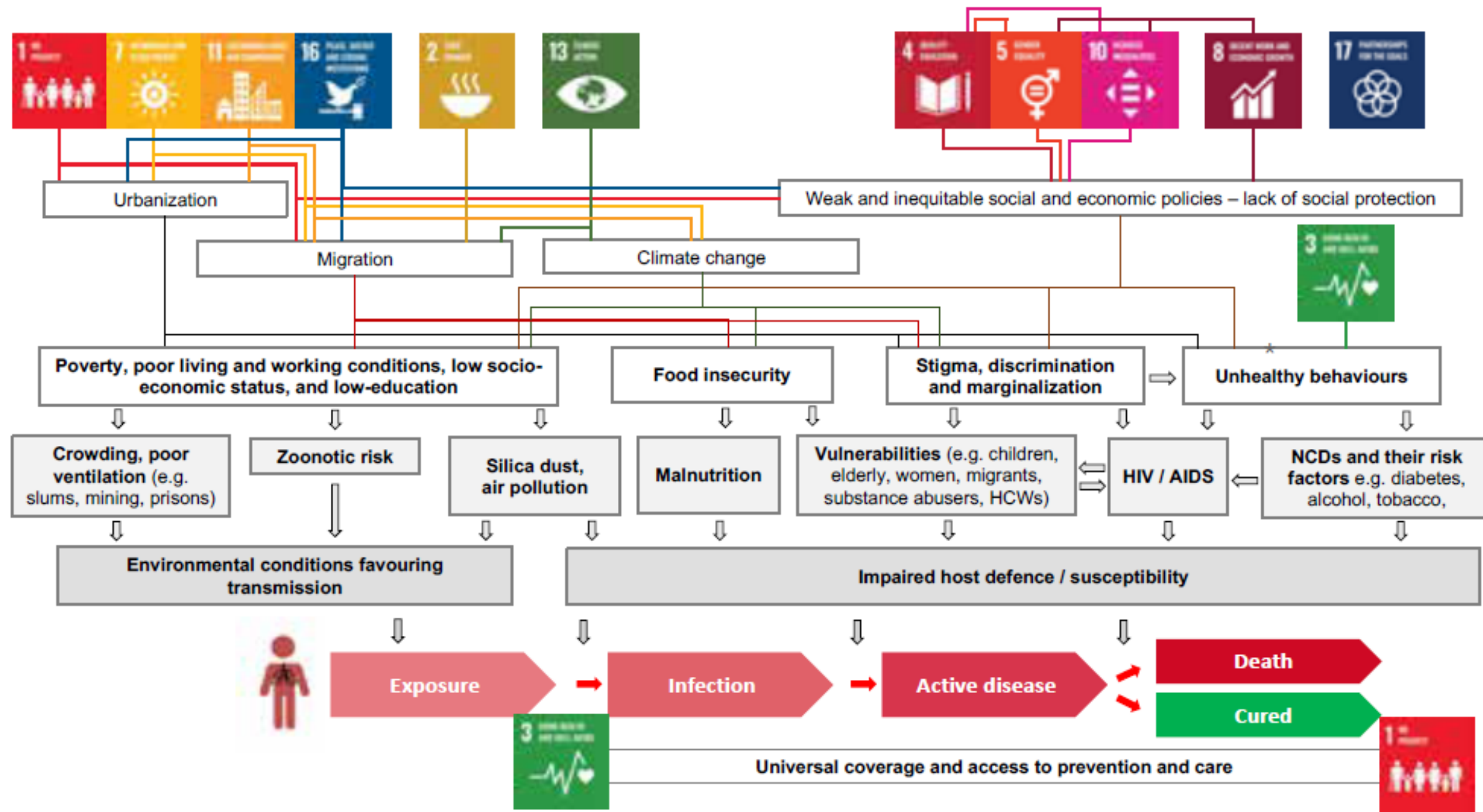
TB (Incidence rates)

Estimated TB incidence rates, 2022



Upstream determinants

Downstream risk factors



COVID-19

- Death rates in the most deprived area quintile roughly **double** the rates in the least deprived area quintile for both males and females

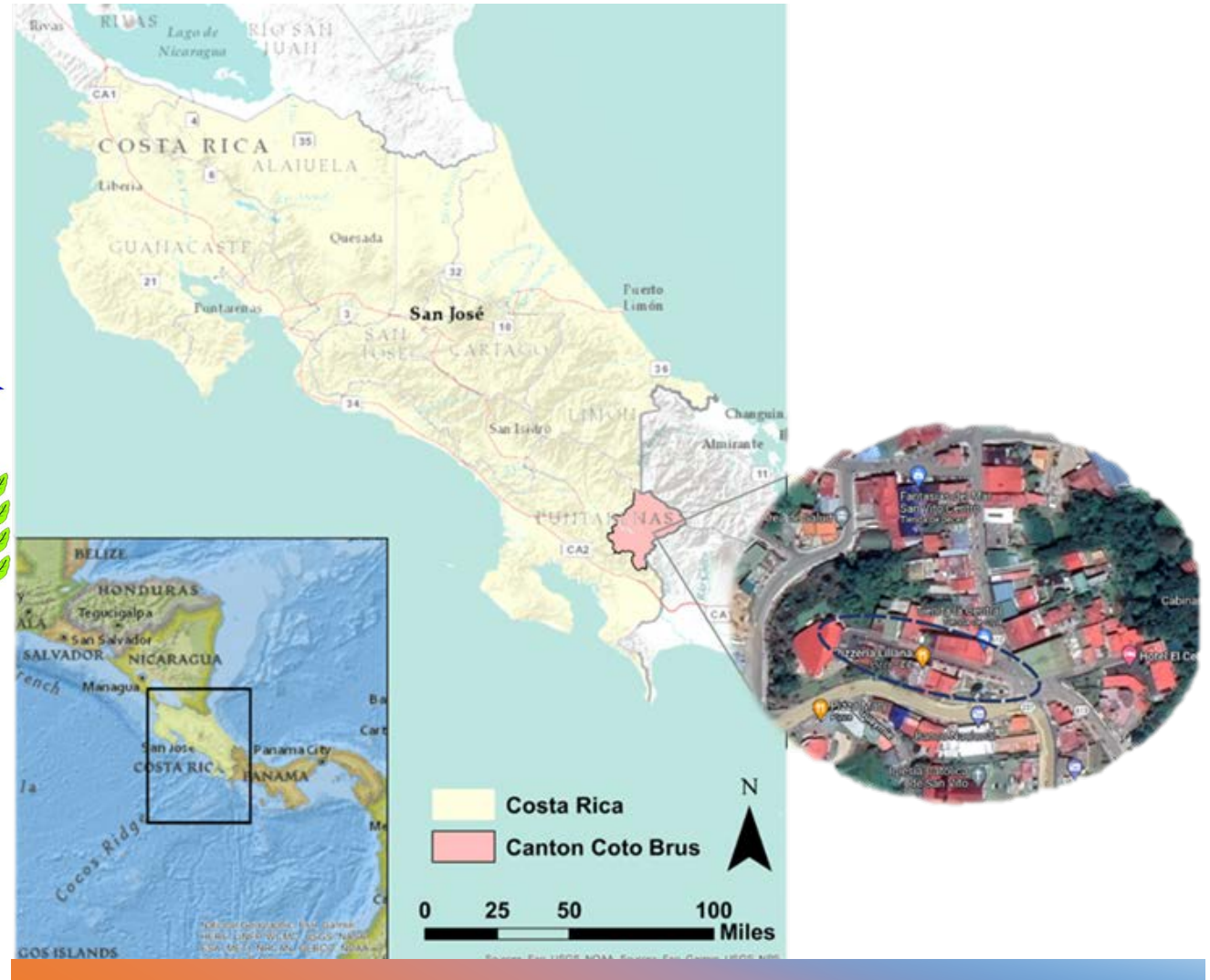


The background image shows a hillside densely packed with multi-story residential buildings, typical of a tenement area. In the foreground on the right, a metal spiral staircase winds upwards. A woman in a dark jacket and face mask is walking up the stairs, carrying a large white and purple patterned bag. Below her, a man in a grey shirt and face mask is also on the stairs, carrying a red bag. The entire scene is overlaid with a large, thick, light blue abstract graphic that resembles a stylized letter 'A' or a large loop. The text 'Local area public policy and service integration' is centered in white with a slight drop shadow.

Local area public policy and service integration

Costa Rica

- The Cantonal Institutional Coordination Councils (CCCI)
- Created by law for the local coordination of public policies
- Leadership of local governments in the coordination between public institutions at the local level
- They facilitate the engagement of the community



Advances



Colombia



2.750 metros above sea level



86% of Population of Indigenous People

Achieve intra- and intersectoral and community articulation for the identification and unified care of the determinants of health





99.05% no
access to
potable water



Policy and services integration

Four models of multisectoral collaborations were identified :

- Bidirectional referral system across health and social protection programmes
- Social worker based in health facilities
- Unilateral referral system from the health/social sector to the social /health sector
- Referrals from professionals in the community

Key features of emerged models

MODEL	COUNTRY (AUTHOR YEAR)	HEALTH CONDITION OR TARGET GROUP	ACTORS	SCALE	DURATION	DESCRIPTION
Bidirectional referral across health and social protection programmes	Brazil (Fioratti 2020)	People in situation of vulnerability	NGOs, CSOs and government (national and municipal levels)	National policy	Permanent	People with vulnerability are referred by health and social professionals from different services and organisations, including primary health units, non-governmental organisations, referral facilities of social assistance and during community visits as part of an intersectoral network.
	Iran (Damaria 2021)	Mental health	Government (national and district levels) and community	National programme	Indefinite duration	Social workers refer people with mental health disorders to the Community Action Secretariat.

Source: Review by S Atkins, WHO Collaborating Centre, Tampere University, Finland

Key features of emerged models

MODEL	COUNTRY (AUTHOR YEAR)	HEALTH CONDITION OR TARGET GROUP	ACTORS	SCALE	DURATION	DESCRIPTION
Unilateral referral from health/social protection sector or to social protection/health sector	South Africa (De Paoli 2012)	People with Disability and Infectious Diseases (HIV)	Government (national and local levels)	National policy	Permanent	People with disability undergoing anti-retroviral treatment are assessed and, if eligible, are referred by healthcare providers to social services to receive a disability grant.
	South Africa (Govender 2015)	People with Disability and Infectious Diseases (HIV)	Government (national and local levels)	National policy	Permanent	People with disability undergoing anti-retroviral treatment are assessed and referred by healthcare providers to social assistance services.
	Ghana (Owusu-Addo 2020)	People in situation of poverty and vulnerability	Government (national and local levels)	National programme	Indefinite duration	Recipients of the LEAP programme, who receive cash transfers and free health insurance, are referred to health services.

Source: Review by S Atkins, WHO Collaborating Centre, Tampere University, Finland

Chile- social-health services integration

Issue:

Many individuals, particularly facing economic or health challenges, struggle to navigate systems of social services and health care.

Response:

A local intersectoral management model called GSL (Gestión Social Local) using three key components:

- An integrated platform that securely connects individual and family social and health information with public benefit data, establishing referral procedures among various municipal units and primary health centers.
- A comprehensive catalogue of benefits, services, and social support, integrated into the platform, that facilitates referrals and ensures families have access to all social and health benefits they are entitled to.
- A locally agreed-upon referral system for connecting individuals with necessary services.

Impact:

- 324 municipalities had adopted the GSL model, with 209 receiving ongoing support and training
- 6,000 municipal staff members trained as GSL operators, significantly increasing the efficiency of services
- Pilot program in 13 municipalities successfully connected primary health care services with social benefits
- Early data indicated a successful referral rate between social and health units for categories such as persons with economic hardship and health-related financial support needs.

Conclusion

- Low resource settings have equity patterns of mass deprivation
- Health equity is therefore intricately linked to efficiency
- More health equity is possible through supporting ground-up action for local development/systems
- The health sector acts as a better development/social partner rather than solely a siloed administrator of medical solutions



SALON B



THANK YOU

Acknowledgements for slides to SDH Special Initiative Partners