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**PROGRESS REPORT ON STRATEGY FOR ADDRESSING KEY DETERMINANTS OF
HEALTH IN THE AFRICAN REGION**

Information Document

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BACKGROUND

1. Social determinants of health are defined as the conditions in which people are born, grow, live, work and age and the systems put in place to deal with these conditions.¹ Many of these conditions exist outside the health sector.

2. The sixtieth session of the Regional Committee for Africa in 2010 discussed the *Strategy for addressing the key determinants of health in the African Region*.² It endorsed a resolution³ requesting the Regional Director to strengthen the leadership role of WHO and the ministries of health to advocate and coordinate intersectoral actions; establish routine systems to monitor health equity trends; support research on key determinants of health; and strengthen the capacity of countries to empower individuals, families and communities to address the key determinants.

3. A first progress report was presented during the Sixty-second session of the Regional Committee.⁴ This second report covers progress made in the period 2012–2015 and proposes next steps.

PROGRESS MADE

4. Fifteen countries⁵ organized workshops on coordination and management of intersectoral actions as part of strengthening the leadership and stewardship roles of the ministry of health to address key determinants of health. During the workshops, content and skills essential for engaging effectively with key sectors to address social determinants of health were imparted.

5. Four countries⁶ documented case studies on successful experiences in the implementation of multi-sectoral actions to promote and protect the health of the population. These case studies of best practices have been published and disseminated in the Region and globally.

6. A meeting of resource persons was convened in Mauritius in 2014 to support the harmonization of key interventions contained in the *Strategy for addressing the key determinants of health in the African Region* and the *Rio Political Declaration on Social Determinants of Health*.⁷ Four key interventions requiring support from WHO were identified, namely, good governance for health, community participation, health in all policies, and evidence gathering and analysis.

7. Five island states⁸ conducted health disparity analysis studies. They documented health disparities among population groups by age, gender, education, income, social status and place of

¹ WHO Commission on the Social Determinants of Health (CSDH) (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. Final Report of the Commission. Geneva: World Health Organization.

² WHO, *A Strategy for addressing the key determinants of health in the African Region*, Brazzaville, Congo, World Health Organization, Regional Office for Africa, 2010 Document AFR/RC60/3.

³ Resolution AFR/RC60/R1, A Strategy for addressing the key determinants of health in the African Region. In: *Sixtieth session of the WHO Regional Committee for Africa, Malabo, Equatorial Guinea, 30 August–3 September 2010, Final report*, Brazzaville, World Health Organization, Regional Office for Africa, 2010 (AFR/RC60/21) pp. 9–10.

⁴ WHO, Sixty-second session of the WHO Regional Committee for Africa, Luanda, Angola, 19–23 November, 2012.

⁵ Botswana, Burundi, Congo, Cameroon, Comoros, Equatorial Guinea, Kenya, Lesotho, Madagascar, Mauritania, Namibia, Senegal, Swaziland, Zambia and Zimbabwe.

⁶ Ghana, Kenya, Rwanda and South Africa.

⁷ *The Rio Political Declaration on Social Determinants of Health*. Outcome document of the WHO World Conference on Social Determinants of Health, Rio de Janeiro, Brazil, 2011.

⁸ Comoros, Madagascar, Mauritius, Sao Tome and Principe, and Seychelles.

residence. In 2013, health ministers from Small Island Developing States (SIDS) discussed the reports from Comoros, Mauritius, Sao Tome and Principe, and Seychelles. The ministers recommended that the findings be factored into policies and strategies addressing the key determinants of health across sectors.

8. Malawi, South Africa and Zimbabwe assessed the status of integration of *health in all policies* across government sectors. These experiences are reflected in the regional report titled *Health in all policies: Perspectives and intersectoral actions in the African Region*.⁹

9. Social anthropological studies of the Ebola Virus Disease (EVD) outbreak were conducted in Guinea, Liberia, Sierra Leone and Uganda. These studies identified a number of cultural practices and beliefs likely to prolong transmission of EVD. The weak health systems-related factors were also identified as key contributors to the negative health-seeking behaviour among the vulnerable population. The findings were subsequently used in the development of EVD community social mobilization activities and policy decisions regarding community engagement.

10. Despite the progress made, a number of challenges remain. These are: (a) paucity of disaggregated data to monitor health inequities across population groups; (b) limited human and financial resources to implement key intersectoral actions for health; (c) inadequate strategies and national policies to address key determinants of health which exist outside the health sector; and (d) weak institutional mechanisms to coordinate and manage intersectoral actions for health as part of the leadership and stewardship role of the ministry of health.

NEXT STEPS

11. In order to effectively address the above mentioned challenges, Member States should:

- (a) collect disaggregated data, and undertake analysis, documentation and dissemination in order to help monitor health equity trends within and between populations;
- (b) invest in human resources development to implement intersectoral actions, and to conduct research, monitoring and evaluation of the impact of the interventions across population groups;
- (c) place social determinants of health as part of the governance structure of the health systems at national and subnational levels in order to coordinate and manage activities of other sectors.

12. WHO and partners should:

- (a) Support countries to conduct health equity/disparity analysis periodically in order to monitor trends.
- (b) Conduct, jointly with research institutions, social-anthropological studies in countries to help understand how communities and health systems interact to produce health outcomes in order to respond more effectively to new and re-emerging disease outbreaks.

⁹ Health in All Policies: Report on Perspectives and Intersectoral Actions in the African Region, WHO, 2013.

- (c) Support the establishment of mutually beneficial partnerships, alliances and networks between government, civil society, research and academic institutions, and the private sector to promote and protect health as well as mobilize additional financial and technical resources.

13. The Regional Committee is invited to take note of this progress report and endorse the proposed next steps.