

# 18<sup>th</sup> International Conference on Health Promoting Hospitals and Health Services

Manchester, 14-16 April 2010

## Which Determinants of Health Inequities can be successfully tackled by Health and Social Services?

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European Office for Investment for Health and Development

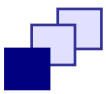
# Outline of this presentation

**4 Reflections**

**3 Examples**

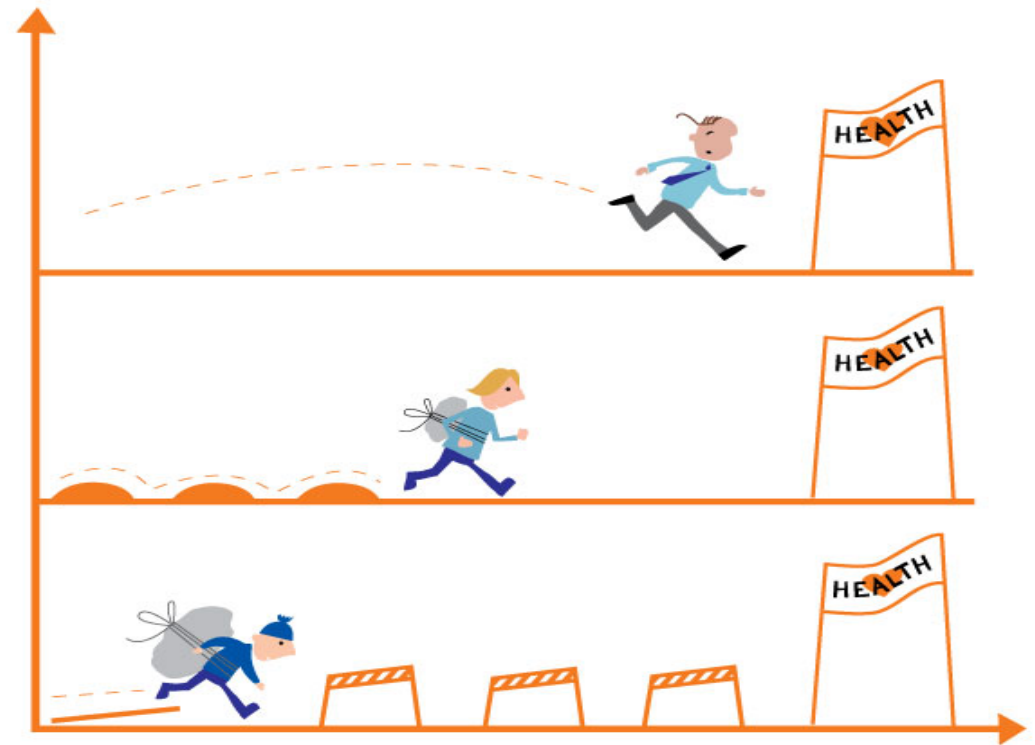
**Context**





# WHO Constitution

*The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.*



Source: Norwegian Ministry of health Care Services, 2007





# Definition of Health Inequities

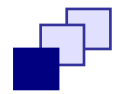
Social inequities in health are systematic differences in health status between different socioeconomic groups.

These inequities are socially produced (and therefore modifiable) and unfair.

Source: Whitehead M, Dahlgren G. *Levelling up (part 1): a discussion paper on concepts and principles for tackling social inequities in health*. Copenhagen, WHO Regional Office for Europe, 2006



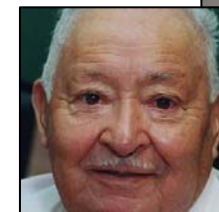
# Inequalities can be “inherited” and/or develop during the life cycle



**Carlos, Elena, Mario,  
Rebecca, Sergej, Tatjana**



**Charles, Isabel, Antonio,  
Victoria, Anatoly, Margareta**



## Place of residence



## Unemployment



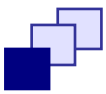
## Social exclusion



## Access to services/resources



The circumstances in which people are born, grow, live, work and age are shaped by the distribution of money, power and resources...



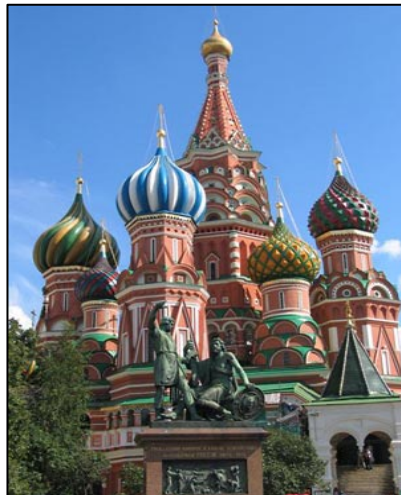
# 8-10 years difference in life expectancy



**Manchester, UK**



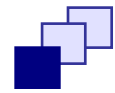
**Milan, Italy**



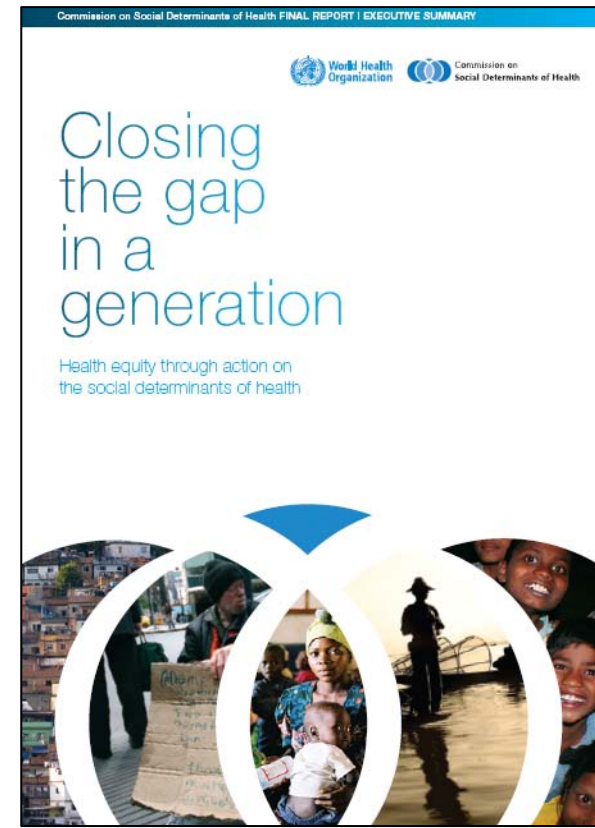
**Moscow, Russian Federation**



# Closing the Gap in a Generation



## A world where social justice is taken seriously!





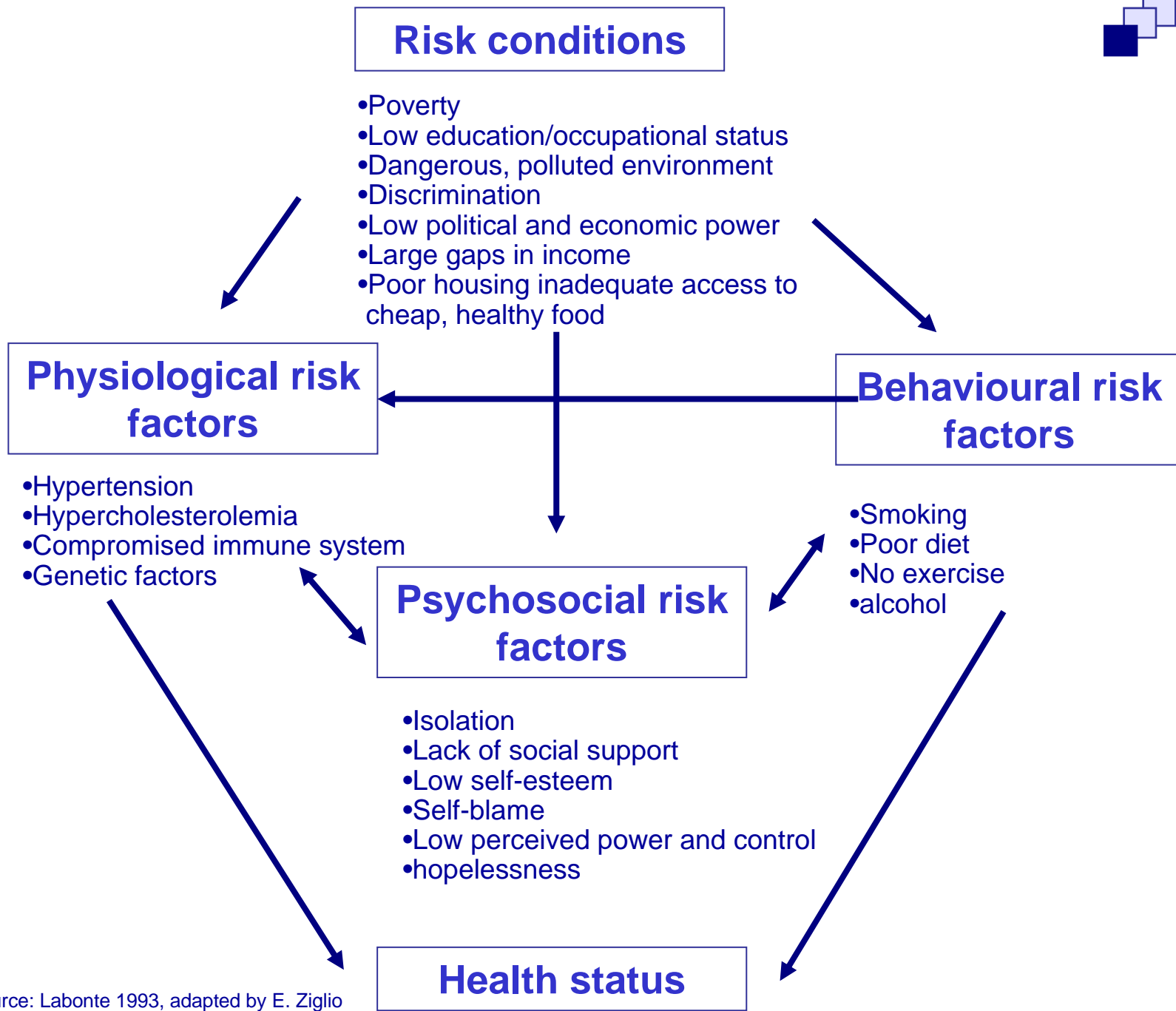
# CSDH: 3 Principles and Recommendations in 12 areas/sectors



*What good does it do to treat people's illnesses, and then send them back to the conditions that made them sick?*

*Sir Prof. Michael Marmot*

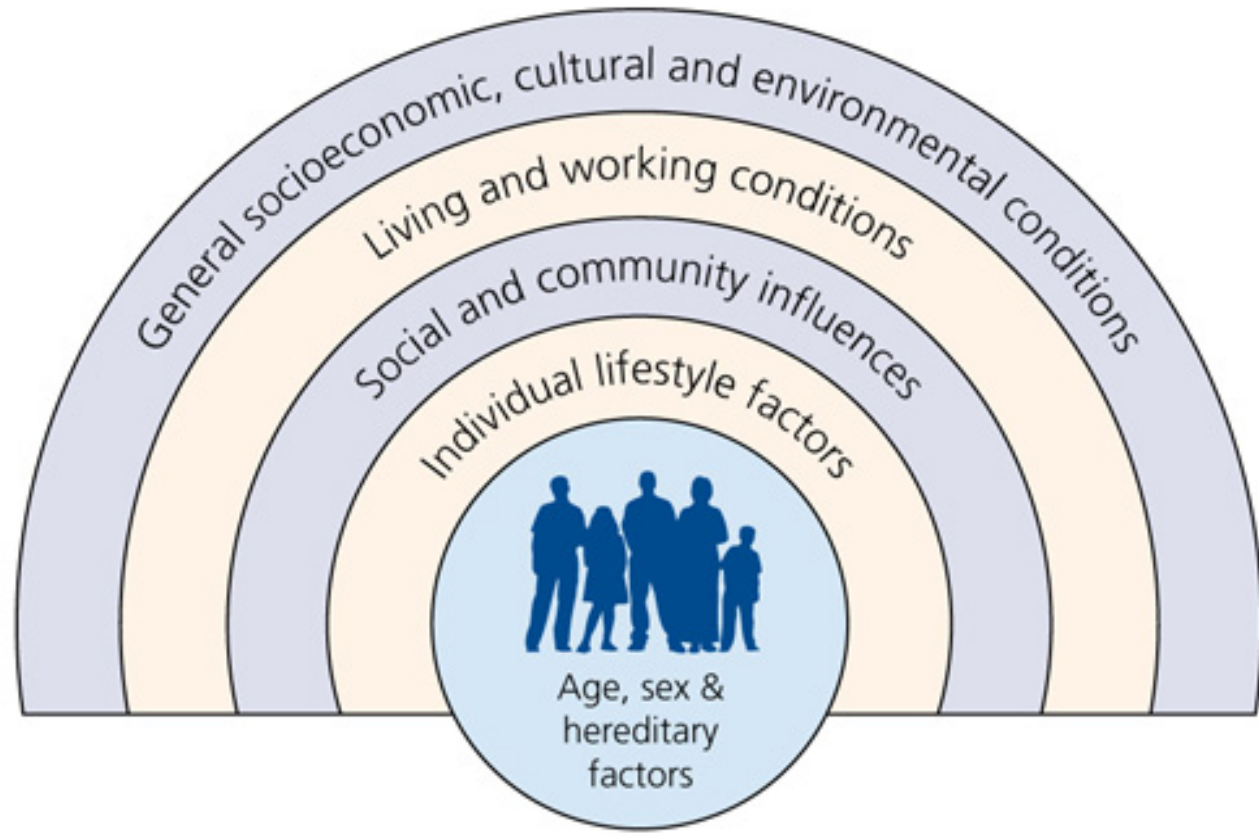




Source: Labonte 1993, adapted by E. Ziglio



# Health and Social Services have a role at all level



(Dahlgren and Whitehead, 2007)

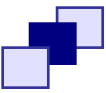


**Context**

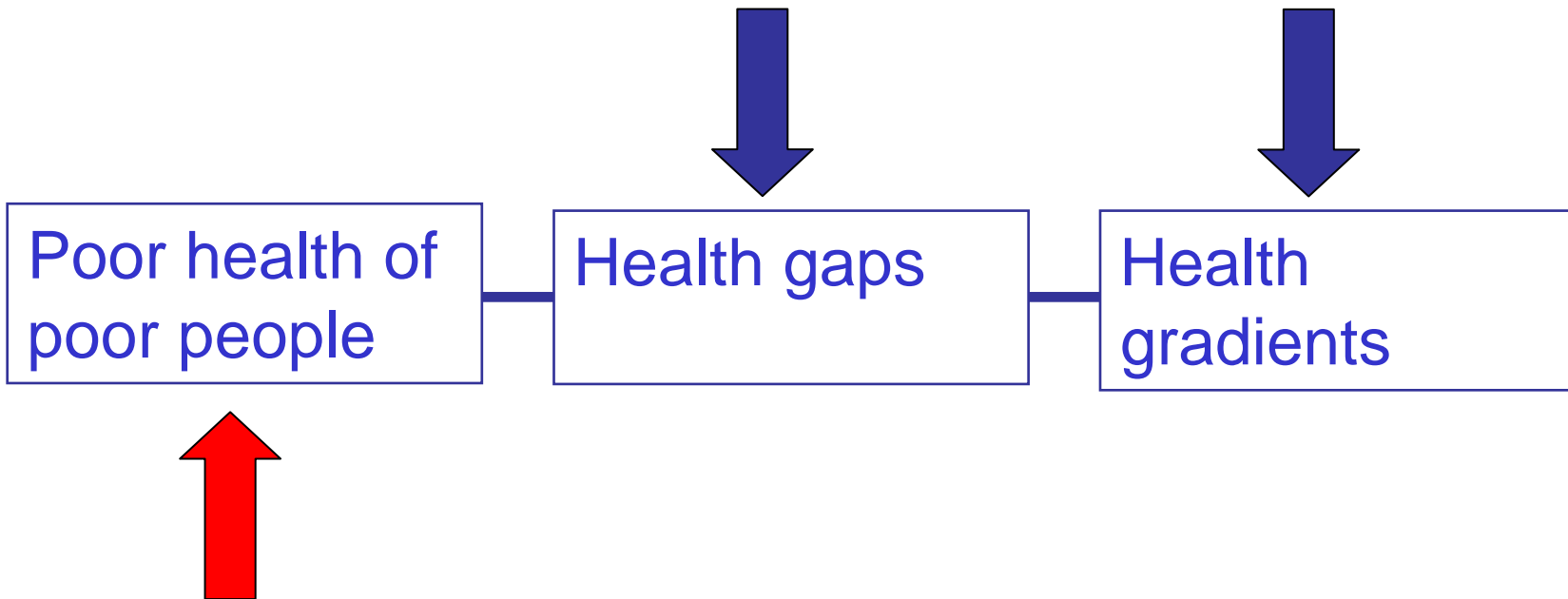
**3 Examples**

**4 Reflections**





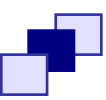
# What Approach ?



# Integrated and Intersectoral action



Source: Ziglio et al. (eds), Health Systems confronting Poverty, 2003



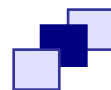
# Improve health of “hard to reach” people: Roma health in Navarra, Spain



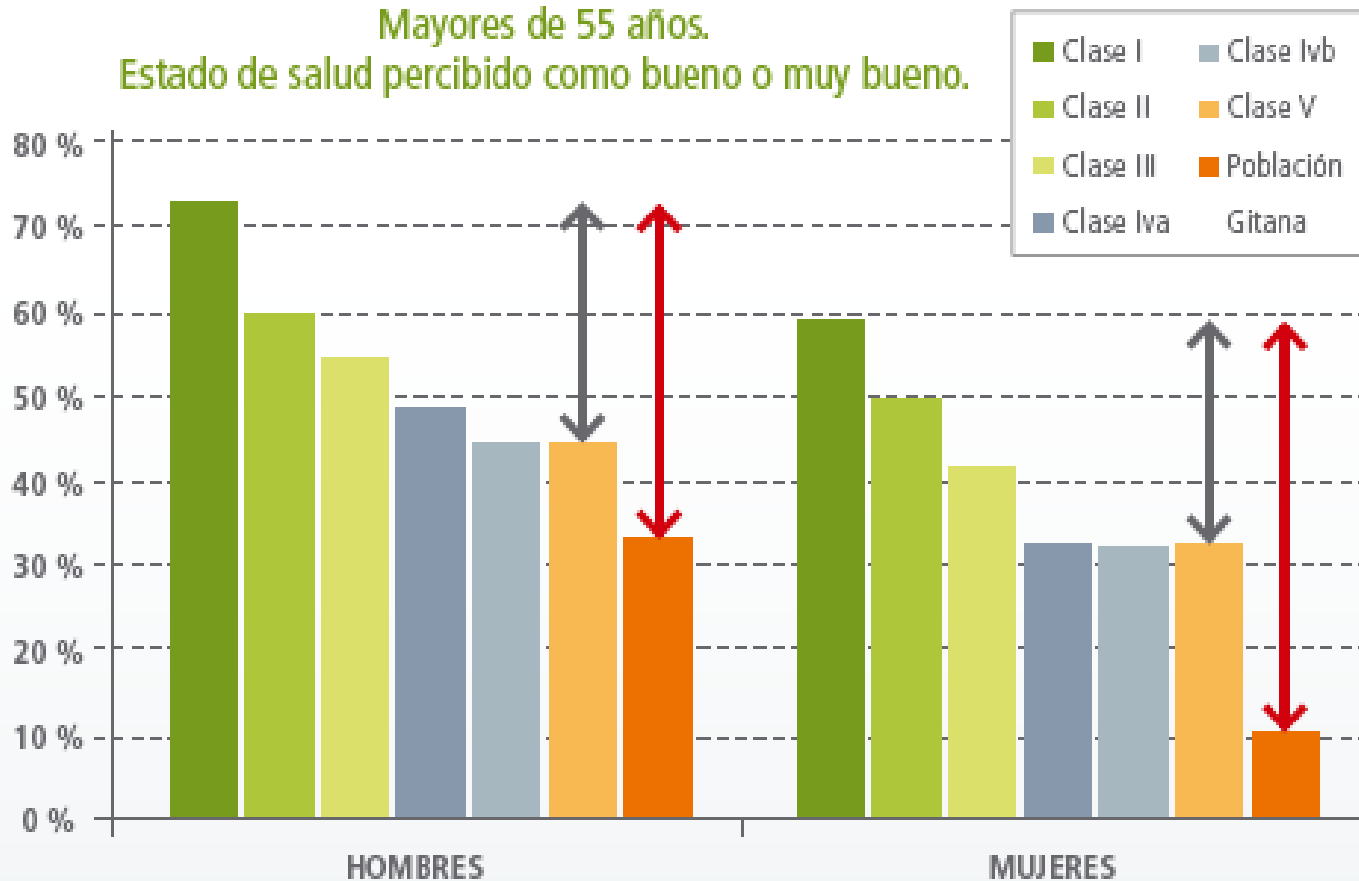


EUROPE

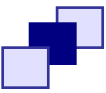
# Perception of Good Health



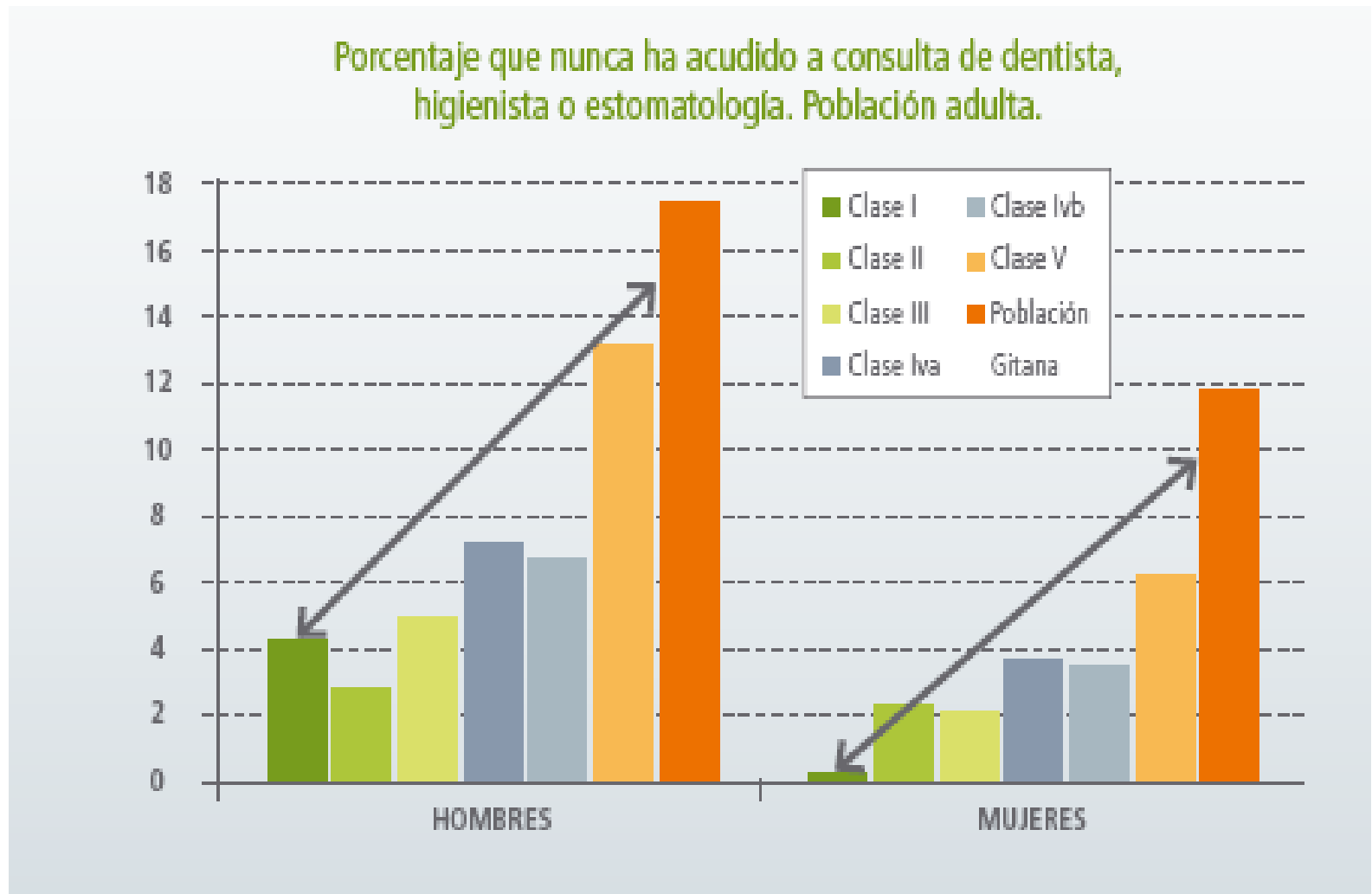
Mayores de 55 años.  
Estado de salud percibido como bueno o muy bueno.



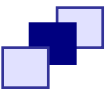
Source: Spanish Min of Health/Comunidad Gitana (2009) Hacia la Equidad en Salud [http://www.gitanos.org/upload/86/09/Diptico\\_MSsanidad\\_FSG.pdf](http://www.gitanos.org/upload/86/09/Diptico_MSsanidad_FSG.pdf)



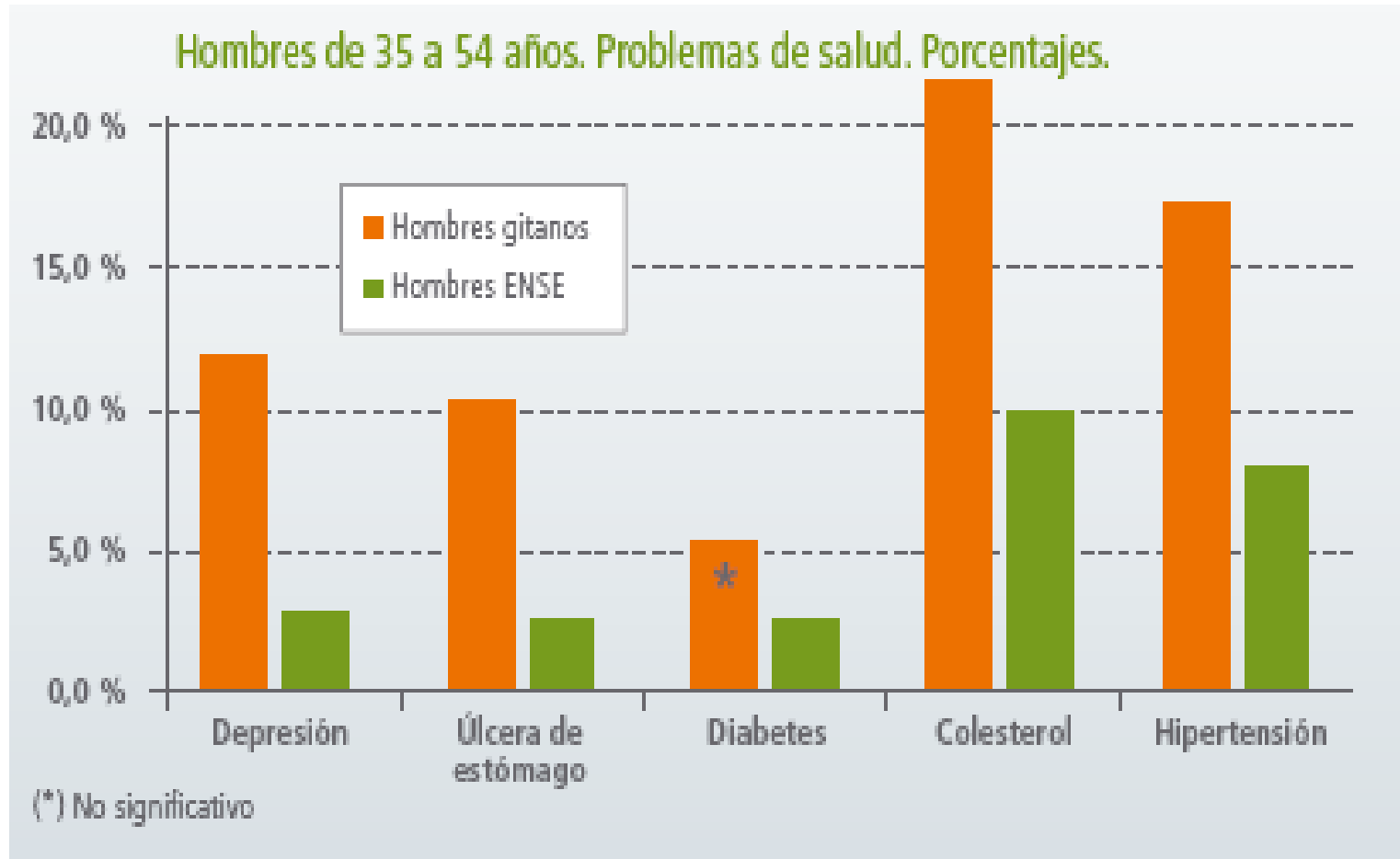
# % People never used dental care services



Source: Spanish Min of Health/Comunidad Gitana (2009) Hacia la Equidad en Salud  
[http://www.gitanos.org/upload/86/09/Diptico\\_MSanidad\\_FSG.pdf](http://www.gitanos.org/upload/86/09/Diptico_MSanidad_FSG.pdf)



# % Health problems, 35-54 years old male



Source: Spanish Min of Health/Comunidad Gitana (2009) Hacia la Equidad en Salud  
[http://www.gitanos.org/upload/86/09/Diptico\\_MSanidad\\_FSG.pdf](http://www.gitanos.org/upload/86/09/Diptico_MSanidad_FSG.pdf)

# Results achieved in the Roma Community



## Primary health care

90% are now covered; 80% have their clinical histories recorded; 80% of children are vaccinated

## Women's health

Among women of reproductive age: 62% attend family planning centers; 75% control their pregnancy in primary health care centres; 25% attend pre-birth courses; and 72% go to the breast cancer prevention programme.

## School attendance

90% attend school until they are 12 years old (primary school), although only 33% continue to attend compulsory secondary education until 16 years.





# Evidence

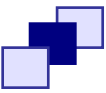


# Barriers



# Assets





*Example elements of a health systems approach to meeting the needs of Roma experiencing social exclusion*

**SERVICE DELIVERY**

Cultural competence & non-discrimination in service delivery

Services that account for adverse living and working conditions (e.g., appropriate hours, administratively & financially accessible, addressing multi-morbidity and compliance issues, decreasing detection time)

Outreach to increase health offer to Roma populations, also for promotion and prevention services

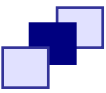
Strengthened PHC that interfaces between health services and the Roma community, and is a platform for intersectoral and interprofessional cooperation

Increase health professionals' know-how through integration of Roma health issues in pre-service training

Offer continuing education programmes for health professionals (including policy-makers) on Roma health, especially in localities with large populations

Formalize the role of cultural mediators and outreach workers from the Roma community (e.g., for cultural mediators, establish minimum standard selection requirements, standard training before and during service, & standard compensation and performance management schemes)

**HUMAN RESOURCE GENERATION**



## Example elements of a health systems approach to meeting the needs of Roma experiencing social exclusion

### STEWARDSHIP

Health information systems that allow for health equity surveillance, including for Roma populations

Health equity impact assessment of health and other sector policies, to ensure the needs of the Roma and other communities are met

Strengthening the universality of health systems, using targeting only as a back up for those who slip through the net of universal systems (i.e. avoid the creation of parallel systems, and if targeting is necessary it should be explicit but not exclusive)

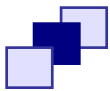
Evaluate interventions and identify, verify and disseminate best practices on Roma health, including through mechanisms such as the Integrated Platform for Roma Inclusion

Advocate for, engage in, and monitor cross-government mechanisms/processes to work across sectors to empower the Roma community to access services that will address determinants of health (e.g. documentation, housing, education, employment) and empower services to better meet the needs of this group

### FINANCING

Protect all populations, including Roma, from becoming poor as a result of ill-health by mitigating the burden of out-of-pocket health spending and moving towards prepayment systems that involve pooling of financial risks across population groups

Raise awareness among Roma populations about their entitlements and obligations with regards to health system financing (linked to health system literacy)



# Increase performance through local Assets, Project MURA, Slovenia



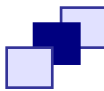
## Matching Vision with Operational Targets

- ↑ Social Capital
- ↓ Social Exclusion
- ↑ Economic Security
- ↑ Strengthening individual and communities
- ↑ Physical Environment
- ↓ Inequities
- ↑ Strengthening Health System Performance

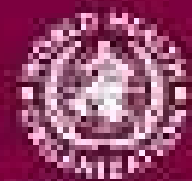




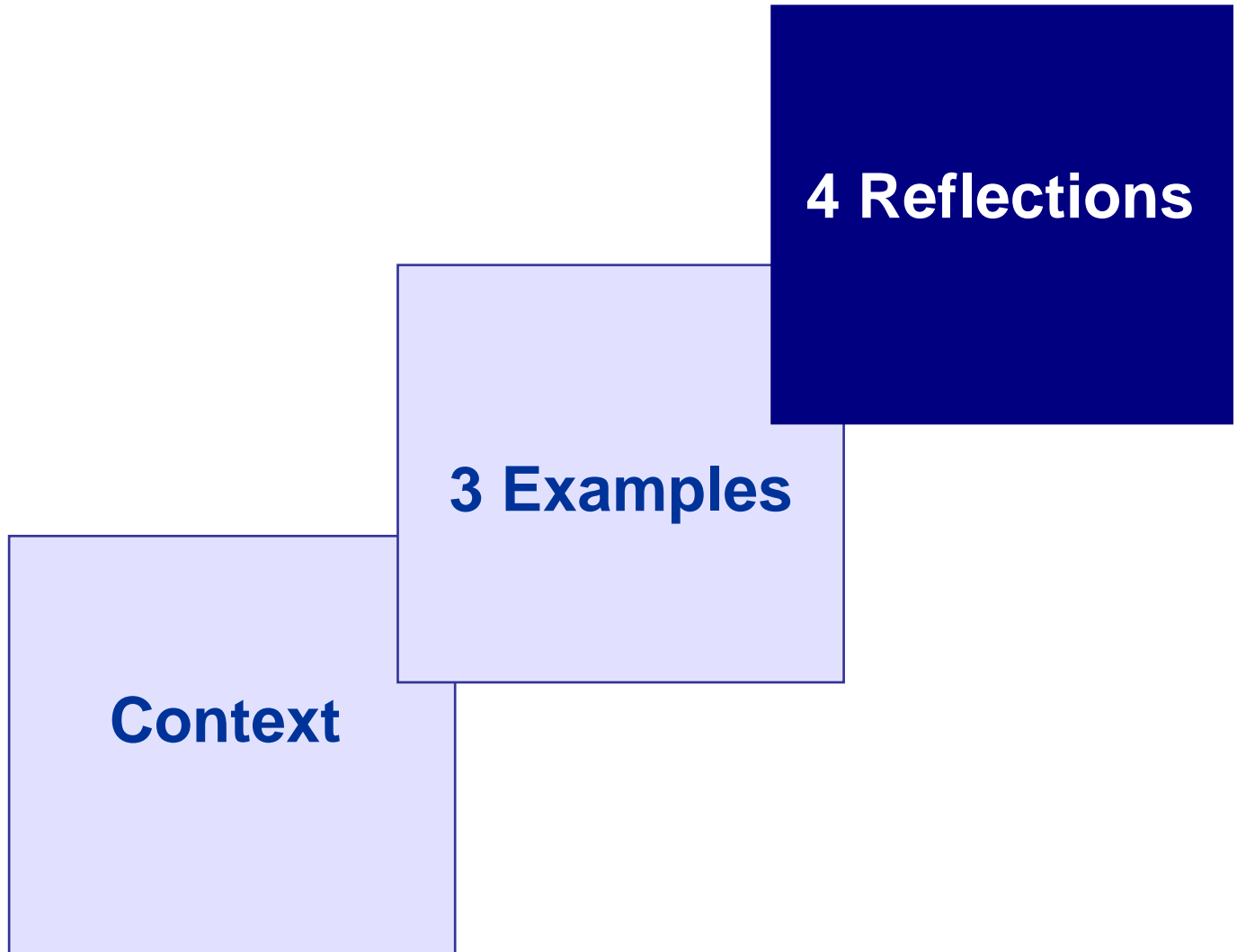
EUROPE

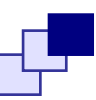


Poverty and social  
exclusion in the  
European Region:  
Health systems respond



EUROPE

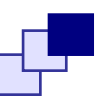




# 1. Strengthening Health System Performance

- **Access**
- **Treatment**
- **Outcome**
- **Cost**





## **2. Fostering shared goals**

The balance appears to be shifting from ‘intersectoral action for health to intersectoral action for shared societal goals’.



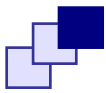


# Scotland



- Greener
- Wealthier
- Fairer
- Smarter
- Healthier

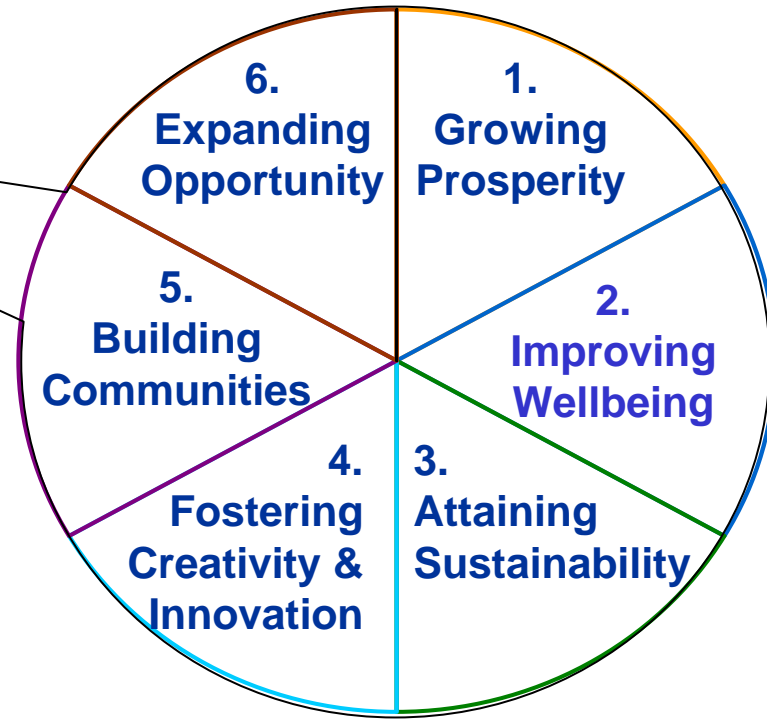




# South Australia's Strategic Plan Objectives

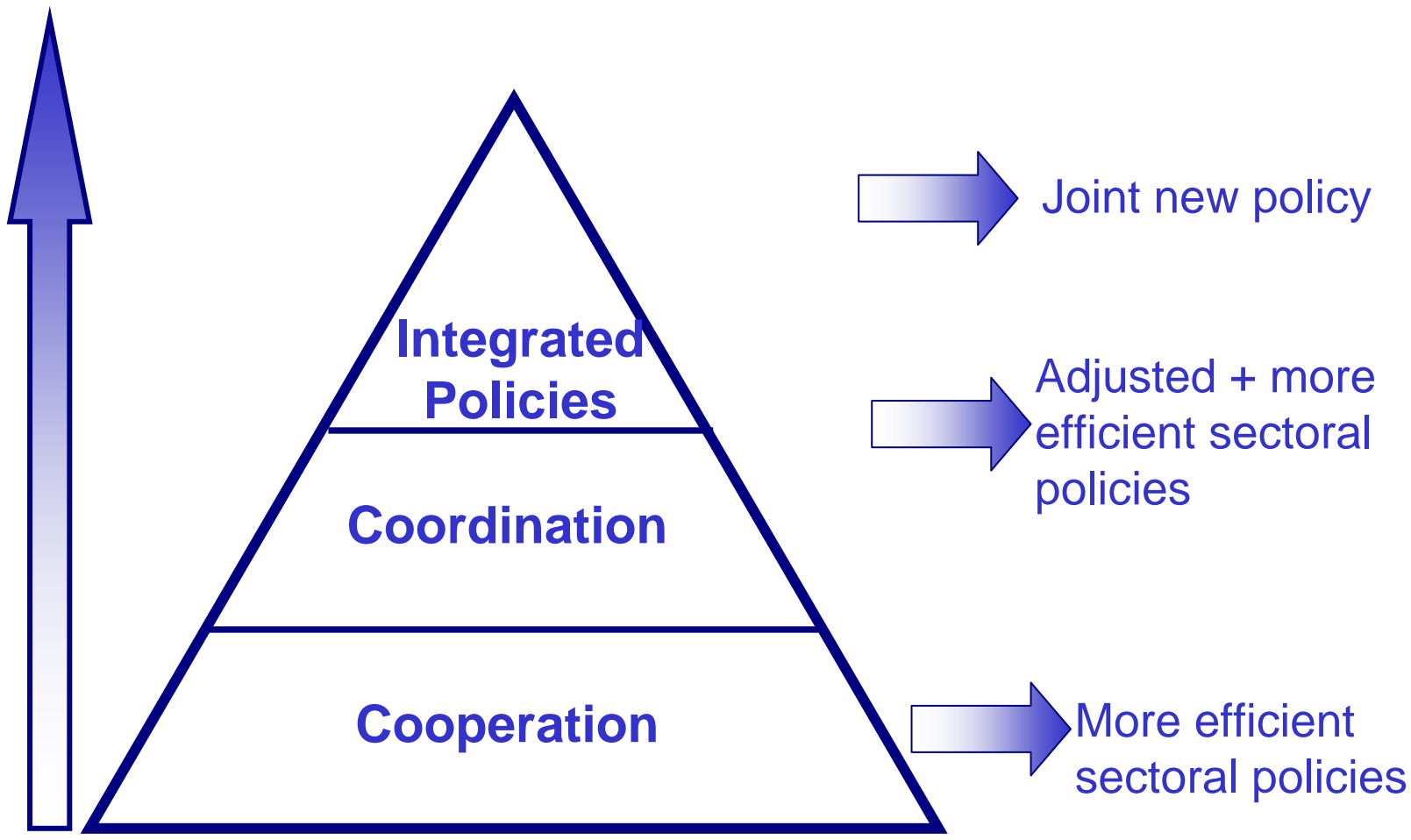


**Secure a good quality of life for South Australians of all ages and backgrounds**





# Type of policies



Source: Adapted from Meijers E, Stead D. *Policy integration: what does it mean and how can it be achieved? A multi-disciplinary review*. Delft University of Technology OTB Research Institute for housing, Urban and Mobility Studies.





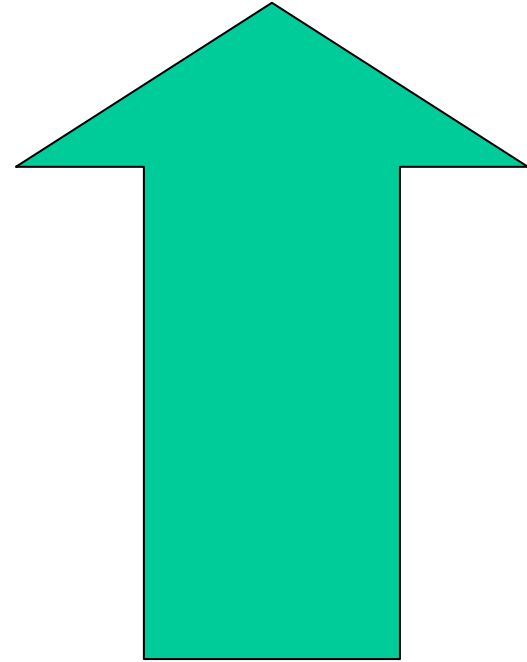
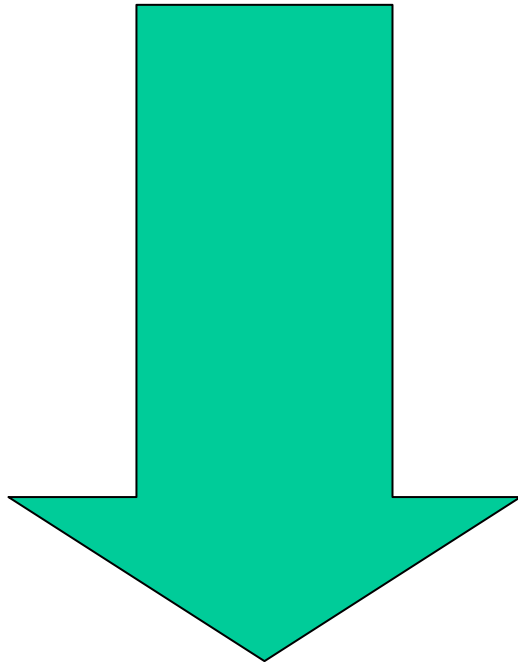
### 3. A governance strategy

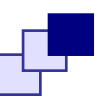
- Element (A): Sustained policy commitment
- Element (B): Robust and equity oriented Health System
- Element (C): Active intersectoral working
- Element (D): Sustained funding mechanism
- Element (E): A high priority for health
- Element (F): Social capital and cohesion for health
- Element (G): Public engagement and community participation
- Element (H): Accountability for health inequities
- Element (I): Health intelligence
- Element (L): Monitoring of system performance
- Element (M): Communication and advocacy
- Element (X): Other according to country context





# 4. Reducing Risks and Increasing Assets



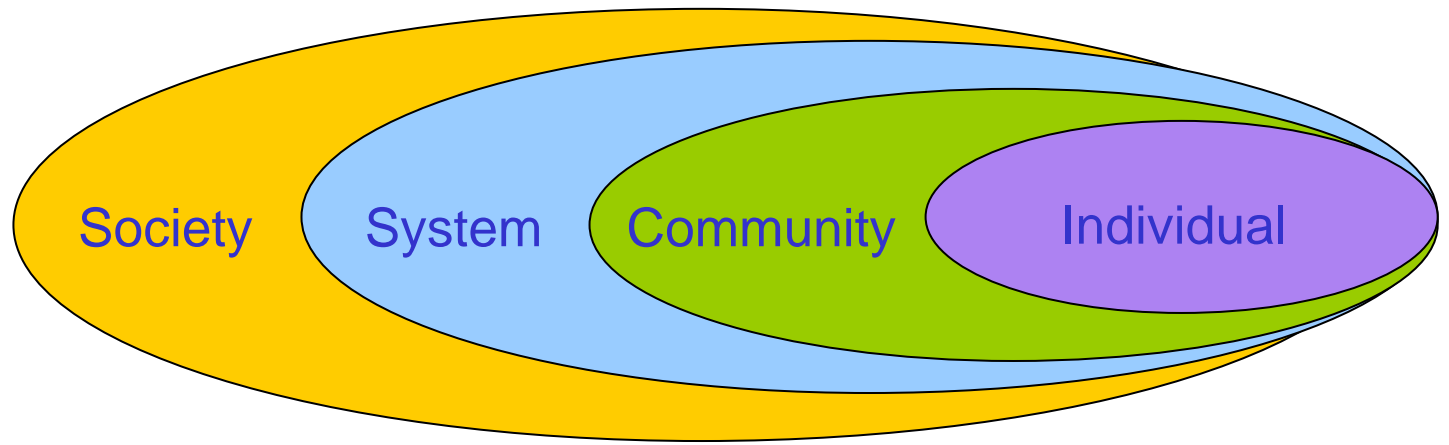


# The story of....



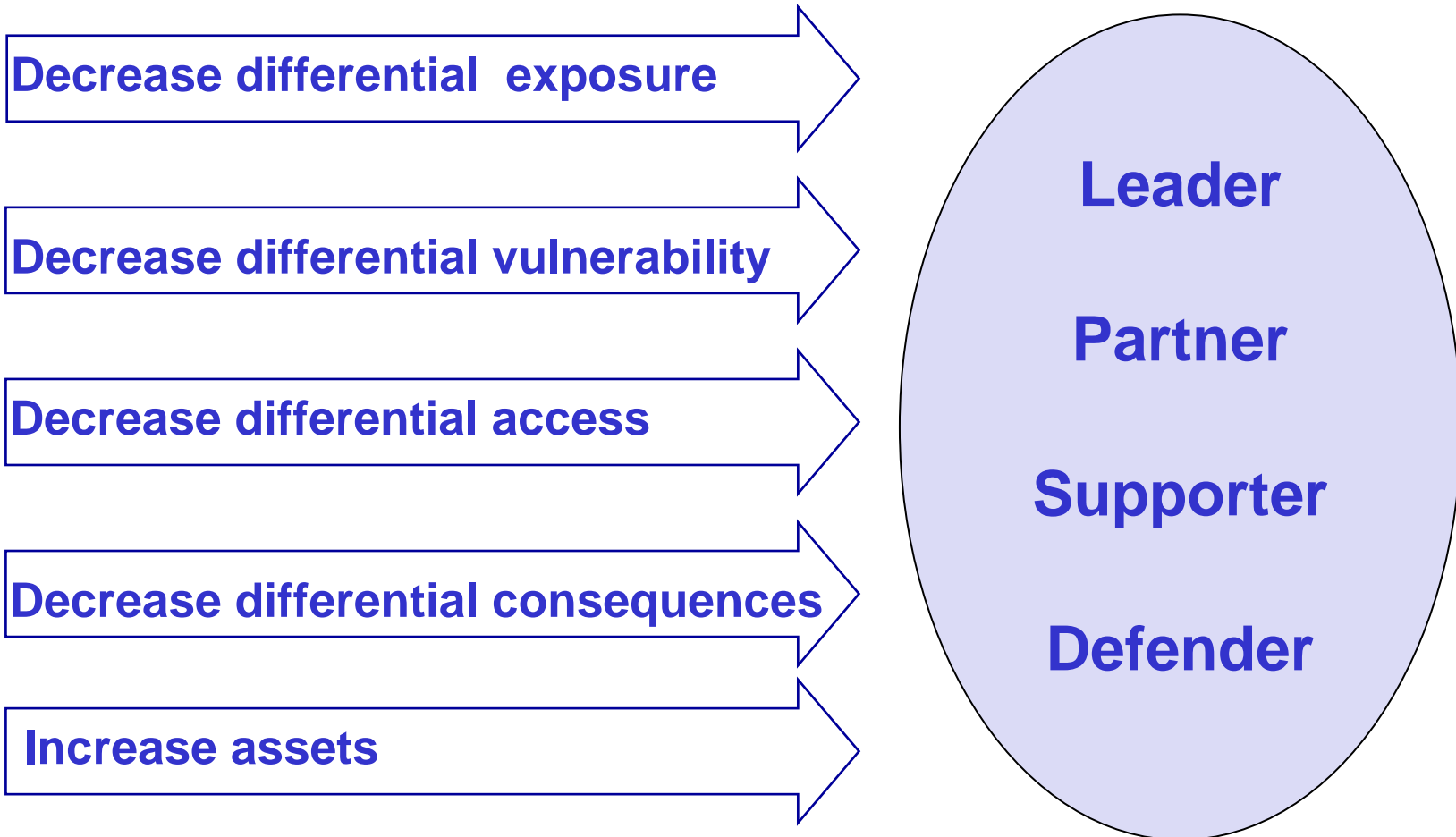


# Assets have different levels of impact



# In Conclusion....

## Role of Health System in addressing SDH/Hi





## **The Venice LAB – Investment for Health and Development**

