WHO Regional Publications, Eastern Mediterranean Series 31

Building the knowledge base on the social determinants of health

Review of seven countries in the Eastern Mediterranean Region




World Health Organization
Regional Office for the Eastern Mediterranean

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WHO Library Cataloguing in Publication Data

World Health Organization. Regional Office for the Eastern Mediterranean

Building the knowledge base on the social determinants of health: review of seven countries in the Eastern Mediterranean Region / World Health Organization. Regional Office for the Eastern Mediterranean

p.- (WHO. Regional Publications, Eastern Mediterranean Series; 31)
ISBN 978-92-9021-632-2
ISSN 1020-041X

1. Knowledge Bases 2. Community Health Services - Mediterranean Region 3. Health Policy 4. Social Medicine 5. National Health Programs - Mediterranean Region I. Title II. Regional Office for the Eastern Mediterranean III. Series

(NLM Classification: WA 540)

Cover design by Ahmed Salah Mostafa

Printed by WHO Regional Office for the Eastern Mediterranean, Cairo

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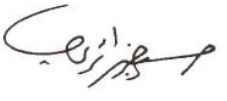
In the Name of God, the Compassionate, the Merciful

Foreword

The Commission on Social Determinants of Health is a WHO initiative established to tackle ill-health and inequity through actions on the social determinants which affect health outcomes. These social determinants include education, gender, employment, urban settings, early childhood development and social exclusion, among others, operating at the national and global level. The Commission's agenda—responding to increasing inequalities and inequities in health and well-being at the global, regional and national levels—recognizes that such social differentials are responsible for a large proportion of ill-health, expressed in terms of differences between the most and least advantaged sectors of society. Many of these differences are avoidable and hence inequitable.

The Commission aims to encourage activities that engage WHO and Member States more fully in a holistic view of health, going beyond efforts to control disease. This requires collaboration with other actors who deal more directly with the relevant social determinants: ministries other than the ministries of health who are the traditional partners of WHO, as well as international and nongovernmental agencies, civil society and academia. Efforts to encourage community participation and a gender-sensitive approach to health and development are crucial here. The WHO Regional Committee for the Eastern Mediterranean recognized in the 1980s that a purely medical approach to health care was not enough to ensure equitable health development. Strong and concerted action was also needed by other government sectors to address the social determination of health. The basic development needs approach was adopted by the Region as a strategy to address poverty reduction and improvement of health and quality of life through structured community leadership and intersectoral action. This approach is just one of a number of community-based initiatives which address health development.

Tackling social determinants also involves re-energizing primary health care and the Health for All ideal. As articulated in the Alma-Ata Declaration of 1978, primary health care seeks to deliver universal promotive and curative services for all, thus promoting health equity and the inclusion of disadvantaged and marginalized groups in society. The Eastern Mediterranean Region can justly claim to have been a pioneer in piloting and implementing primary health care, through work at the Regional Office and in Member States. Thus it is appropriate, in the 30th anniversary year of the Declaration, to explore in greater depth the meaning and significance of social determinants of health, in order that all peoples in the Region can enjoy the best possible health.



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Preface

The WHO Commission on Social Determinants of Health was launched in Chile in March 2005. The WHO Regional Office for the Eastern Mediterranean, working with WHO headquarters and through the country offices, seeks to capitalize on its experience in formulating regional priorities and strategies and providing technical support to ministries of health in Member States, to forward the agenda on social determinants of health and health equity in individual countries. In May 2005, the second global meeting of the Commission was held in Cairo, immediately followed by a regional meeting at the Regional Office. Discussions at these two meetings revealed that the links between social determinants and health outcomes were not at present well understood or documented in the Region. Without such a knowledge base it was not possible to formulate policies and interventions that could address health inequalities.

This finding served to emphasize that a first stage in any initiative on the social determinants of health would be to build up an evidence base for the major social determinants and for the health disparities and health inequities that result from them, and to illuminate the processes by which these determinants affect health outcomes. The first activities therefore were the preparation of a regional discussion paper and a series of country studies in the Region. The purpose of this publication is to present the summaries of these country level reviews of the existing body of evidence on the social determinants of health and health inequalities, within the framework of the work of the Commission on Social Determinants of Health. The summaries illustrate the range of the social determinants that affect health outcomes and health equity in the Region, examine the processes by which these produce health outcomes (most often negative health outcomes) and identify some strategies to improve these health outcomes by tackling social determinants.

The scope and range of this evidence for the impact of social determinants on health outcomes should be a central concern for country level policy-makers and advisers, for the WHO staff who provide ministries of health with technical support and for other interested parties. It is to the producers and users of this evidence that this review is directed. The publication invites readers to explore social determinants in their own countries, to identify the characteristics of particular disadvantaged groups and the processes which result in poor health, and to go on to develop policies which are fully cognizant of these determinants, and identify specific strategies to tackle them.

Acknowledgements

WHO Regional Office for the Eastern Mediterranean thanks all those who contributed to the development of this publication. The original country reviews were researched and written by Bothaina El Deeb (Egypt), Ali Asghar Farshad (Islamic Republic of Iran), Musa Ajluni (Jordan), Abdel-Ilah Yaakoubd (Morocco), Aida Fouad Abdelfattah and Sultan bin Mohammed Al-Hashemi (Oman), Kausar S. Khan (Pakistan) and Ali N. Shaar (occupied Palestinian territory). The studies were reviewed at a workshop organized by the Social Research Centre of the American University in Cairo and the Regional Office, and in some cases by national health teams. The summaries were written by Susan Watts in collaboration with the authors. The publication was edited by Susan Watts and Sameen Siddiqi.

Chapter 1

Introduction

1.1 Commission on Social Determinants of Health

The Commission on Social Determinants of Health was established primarily in response to growing concern about inequalities in health both between and within countries. Between 1950 and 1990 overall global health improved, as life expectancy increased and infant mortality fell. For most of this time, differences between countries also decreased. However, since around 1990 differences in life expectancy between countries have been growing, and within countries differences in health status between areas and social groups have widened. The “trickle down” effect of economic growth has bypassed many countries, with health status deteriorating, especially in countries in sub-Saharan Africa. Vulnerable and socially disadvantaged groups (and in some cases whole countries) have been left behind; they have less access to health services, get sicker and die earlier than people living in more advantaged settings.

Differentials in health status can be attributed in large part to the social conditions in which people are born, live, work and age. Specifically, they relate to social class or status, to differential access to education, employment and housing, and to vulnerabilities originating in discrimination based on gender and/or on social, occupational, religious or ethnic identity. Such differentials can also be attributed to the geographical area in which people live, whether deprived urban or rural settings, or poor areas remote from health and social services. Many groups and individuals may suffer from multiple deprivations, for example, poor rural women. Many people live in countries which lack the resources, or the will, to provide adequate health services and other necessary conditions for a healthy life [1,2,3].

Inequalities in health status originate in what are now termed “social determinants of health”. They arise from systematic disparities in health (or its social determinants) between more and less socially advantaged social groups. Such inequalities put