

Addressing Social Determinants of Health in Pakistan:

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 are referred to as Social Determinants of Health (SDH), a term used to encompass the social, economic, political, cultural, and environmental determinants of health. The most important of these are distribution of income, discrimination on the basis of gender, class, ethnicity, disability, or sexual orientation, and political and governance structures that reinforce rather than reduce inequalities in economic power.ⁱ It necessarily follows that addressing SDH will reduce health inequities and improve health outcomes.

The need for addressing SDH first began with advocacy for intersectoral action for health as a key strategy of the Alma Ata Declaration in 1978ⁱⁱ, encouraging the health sector to look beyond its role of medical care, and consider how to address the causes of ill health falling beyond the purview of Ministries and Provincial Departments of Health. Following the Alma Ata Declaration, the Ottawa Charter for Health Promotion highlighted the need for a healthy public policy as opposed to a health policy. Health in all Policies (HiAP) is a further innovation on these earlier approaches that regards Health as a human right, promotes Health equity and equality and recognizing that inequalities in health exist as a result of societal inequities calls for a social contract between all sectors to advance human development, equity, and improve health outcomes.

The purpose of the Adelaide Statement on Health in All Policies adopted recently in the World Conference on Social Determinants of Health (WCSDH) in Brazil during October 2011 is to engage leaders and policy-makers at all levels of government. It emphasizes that government objectives are best achieved when all sectors include health and well-being as a key component of policy development. Although many sectors already contribute to better health, significant gaps yet exist. The Adelaide Statement outlines the need for a new social contract between all sectors to advance human development, sustainability and equity, as well as to improve health outcomes.

Priority areas for Action

The five critical priority areas for action identified in the WCSDH are to, a) Reform health governance to achieve the reduction of health inequities through intersectoral action, b) Engage actors outside the realm of government, especially civil society, to ensure sustainability through social participation and ownership, c) moving towards universal health care coverage based on the principles of primary health care, d) Coordinate Regional and global partners, international agencies and organizations to align efforts on SDH with national governments, and e) Monitoring, measurement of trends and analysis of health information to guide evidence-based policies; it is crucial to identify the health gap and the gradient in health, and to disaggregate data according to social groups, especially according to sex.

Previous efforts and potential pitfalls

Historically, the need for inter-sectoral collaboration has been advocated off and on in Pakistan's planning circles. To illustrate, an extract of a governmental report from the early eighties reads as follows: "The need for potable water availability and waste disposal was stressed but the panel was told that these are included in the Physical Planning and Housing Sector. Better housing was also highlighted for better health with proper availability of essential food items and a wage and income policy. The panel agreed that the ignorance about healthy living patterns poses a big handicap and therefore health education will provide the necessary back up to all preventive programs."ⁱⁱⁱ

With rising economic and food insecurity, a relatively large number of internally displaced persons and high prevalence of undernourishment, Pakistan is ranked low in the United Nations 2010 Human Security Index (HSI)^{iv} at 189 out of the 232 countries covered. The Human Development Ranking of Pakistan is 145 out of 189 nations for 2011. The only Asian countries ranked below Pakistan are Afghanistan, Bangladesh and Nepal. Keeping in view the poverty and ill health nexus, it is apparent that the population can neither achieve good health nor quality of life in the absence of a concerted effort by all the relevant sectors to support health.

Pakistan's National Consultation on SDH:

Pakistan has initiated processes to address this issue. The prospect of a National Consultation on Social Determinants of Health arranged by the Planning Commission with WHO collaboration was first approved during a brainstorming session in the immediate aftermath of the Devolution of the Health Sector. However, due to devastating floods in Sindh, the Dengue outbreak in Punjab and some other factors, it materialized in April 2012 and was held from 27-29 April 2012 in Bhurban. A total of thirty participants attended the meeting including senior policy makers, researchers, health planners, program managers, academicians, representatives of civil society and other sectors such as the Deputy Secretary Economic Affairs Division, Deputy Inspector General of Motorways Police. Robust facilitation from the Planning Commission and WHO HQ, Regional Office for the Eastern Mediterranean, and the Pakistan Country Office went a long way in highlighting the correct messages. The meeting was facilitated by Dr Talib Lashari Advier Health Planning Commission, Dr Abdi Momin RA-PHP EMRO, Mr Anand Sivasankara Kurup WHO HQ, Dr Ghulam Nabi Kazi and Dr Zulfiqar Khan WCO Pakistan. Dr Lashari and Dr Sumaia Al Fadil acting WR Pakistan delivered the keynote addresses to set the stage for successful deliberations.

The detailed objectives of the consultation were:

1. To raise the profile of social determinants of health and health equity in Pakistan.
2. To identify key social determinants and challenges for achieving health inequity, using the five WHO policy areas identified at the Rio meeting as a framework for discussion and analysis
3. To identify and develop an institutional framework to address these issues.

The different sessions of the consultative meeting had focused discussions on SDH and health equity concepts, history of SDH, good practices, regional experiences, identifying the key SDH elements in Pakistan, tools to address SDH and health equity, including the Health in All Policies (HiAP) Approach and Intersectoral Action, the Rio political declaration and the

WHO five action areas followed by drafting national/provincial strategic directions based on the five action areas.

Recommendation of the national consultation:

The main conclusions and recommendations of the meeting were, a) to propose the creation of SDH focal points for the five provinces, AJK and ICT, b) assigning the coordination role for SDH to the Planning Commission, c) organizing provincial consultations on launching SDH interventions, c) organizing a coordinated framework at federal level by November, 2012 leading to the formulation of a medium term strategic plan by December 2012 and d) to pursue WHO technical assistance and capacity building for SDH and health equity. The summary of the outcomes of the consultation are given in Table-1. Subsequently the Secretary, Planning and Development, Government of Pakistan has written to Chief Secretaries of all the provinces to conduct provincial consultations, however, from all accounts Pakistan has yet to go a long way in the fulfillment of these objectives.

Table-1: The Pakistan SDH Consultation outcome summary

Action Areas	Country Strategic Directions
Improving health governance	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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 analysing information

REFERENCES:

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- ⁱ Closing the gap: Policy into practice on social determinants of Health, Discussion Paper, World Conference on social Determinants of Health, Rio De Janeiro, Brazil, 19-21 October 2011, World Health Organization, Geneva
- ⁱⁱ Declaration of Alma-Ata, International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978
- ⁱⁱⁱ Report of the Health Planning Group for the Sixth Five Year Plan (1983-88), Planning Commission, Government of Pakistan, Islamabad.
- ^{iv} UNESCAP, 2010