

Social Determinants of Health

A Summary of the Roundtable Discussion on “Mainstreaming the Social Determinants of Health across the Health Sector”

On the first of February 2012, the National Health Commission Office of Thailand hosted an international roundtable discussion on “Mainstreaming the Social Determinants of Health across the Health Sector” with the objective of bringing the attention of the health sector to addressing health inequity through action on the social determinants of health, and mapping the expertise and activities of the participants for future collaboration.

The discussion was chaired by Mr. Narongsakdi Aungkasuvapala of Thailand's National Health Commission. The discussion featured presentations from Dr. Suvajee Good, Professor Sharon Friel, and Dr. Phusit Prakongsai, and was followed by an open discussion.



Mainstreaming Social Determinants of Health, Global and Regional Perspectives

Dr. Suvajee Good,

Programme Coordinator for Health Promotion, for the World Health Organisations (WHO) SEARO programme, SDH Focal Point

Dr Good outlined the WHO's recent actions to mainstream the social determinants of health. She stressed the importance of the Rio Political Declaration on SDH as one of the first declarations to acknowledge what has often been ignored; tackling health problems has to be recognised as a political challenge rather than just a technical one.

She emphasise the need for decisive action, observing that in the 19 years since the 'Ottawa Declaration' not enough progress has been made. Dr. Good commented that the WHO believes health equity is essential to sustainable development, and commented that "Health equity is a shared responsibility and requires the engagement of all sectors, or “all for equity.”"

Dr. Good set out five key areas for action:

- 1) Strengthen Global Governance and Collaboration
- 2) Better Governance for Health and Development
- 3) Increase Participation in Policy-Making and Implementation
- 4) Reorientation of the Health Sector Toward Reducing Health Inequities
- 5) Monitoring Progress and Increase Accountability

To illustrate the third of these points, the need to increase participation in both policy making and implementation, Dr. Good pointed out the positive example of Thailand's area-based, issue-based and national health assemblies, as well as Thailand's introduction of Community-based Health Impact Assessments.

She also made a call to increase the take up of health related subjects in the social sciences: for example health, medical anthropology, medical sociology, health economics etc. Mainstreaming health within educational curriculums can lead to a greater supply of professionals, which in turn will produce better health outputs.

Dr. Good stated that in Southeast Asia there is a need to build a body of evidence while working to integrate SDH into the WHO Country Cooperation Strategy, and to utilize the programme on 'Urbanization and Health' to reduce health inequity and promote the 'health in all policies' approach.

Finally, she looked forward to the 'Regional Conference on Health in All Policies 2012' and called for work to continue building network of social determinants of health and equity at country, regional, and inter-regional levels (WPRO, AFRO, PAHO, UN agencies, HealthGAEN, SIRNet, etc).

“Fair, healthy and prosperous societies” Action in the social and environmental determinants of health across Asia Pacific

Professor Sharon Friel,
Professor of Health Equity at The National Centre for Epidemiology and Public Health,
The Australian National University.



Professor Friel discussed the gameplan for mainstreaming SDH. Three key points were the following.

1. Recognise that health \neq medical care
2. Position health equity as a central policy goal
3. Achieve this, partly, through action on the social determinants of health

She introduced the 2011 HealthGAEN (Global Action for Health Equity Network) report, she broke this down into three parts,

1. Actions to measure, monitor and evaluate
2. Actions to improve daily living conditions
3. Actions to address the unequal distribution of power, money and resources

Professor Friel stressed the importance of engaging with sectors outside of health and shared her own experience of attending World Trade Organisation talks and the difficulty of getting them to engage with health issues.

In tackling the issues around SDH Professor Friel commented on the need for unified action between politicians and senior policy makers from above, and community action from below.

She pointed out the dangers of inaccurate data and the fact that perceived improvements might be the result of incomplete data collection. She said that while progress has been made, there is still a lot more to be done. It is important to learn from each other and the Asia Pacific region has a lot of experience to offer.

Professor Friel pointed out the need to look at the way we frame questions; instead of asking “why are the uneducated behaving this way?” we should ask “why are they uneducated?”.

She ended her talk with a call for more cross-disciplinary and cross-sectoral work and more networking and knowledge sharing.

What factors contribute to health equity in Thailand?

Dr. Phusit Prakongsai, MD. Ph.D.,
International Health Policy Program (IHPP),
Ministry of Public Health (MOPH), Thailand

Dr Prakongsai's talk set out the role of Thailand's Universal Healthcare Scheme (UHS) in reducing health inequities and impacting on the social determinants of health. The fact that since 2002 all Thai citizens have been covered by a healthcare scheme has substantially reduced health inequities. The UHS has particularly benefitted the poorest in Thailand. Dr Prakongsai stressed that Thailand was able to start the UHC while still a low income country with a per capita GDP of just \$390 US per annum.

Another key part of the policy to tackle health inequity has been the shift of funding away from larger hospitals towards local primary healthcare centres. Dr Prakongsai also pointed out the impact of an increase in health investment with 3.4% of the national budget spent on health in 1972 having increased to 8.1% in 2001 and 13% in 2011. This has been mirrored by an increase in public participation in health policy, demonstrated by the National Health Assembly but also by the presence of five representatives of civil society groups on the National Health Security Office Board (NHSO Board) who manage the UHC systems. The Universal Coverage scheme kept 40,000 people out of poverty. There has been a significant reduction in health related impoverishment across Thailand. There was a significant reduction in catastrophic health spending, that is spending which exceeds 10% of total household consumption. Overall this was at 5.4% in 2000 and down to 2.0% in 2006.

Dr Prakongsai stressed the importance of 'The Triangle That Moves the Mountain' an idea which represents the three sides of those responsible for knowledge generation and management, social movements, and political actors/policy makers.



After the presentation, the participants shared their experience and made the following interesting points:

- It was suggested that the global movement for SDH seek to attach this agenda onto other movements like 'Rio +20', 'Every woman, every child counts initiative' and the social protection floor: Joining these could help this SDH movement gain momentum.
- It was stated that the UN needs to find better ways to work strategically with this SDH movement: Need to find ways to get organisations like the ILO UNFPA and UNICEF involved, not only WHO.
- It was suggested that the movement for SDH needs to be more political, learn from the global response to AIDs which has succeeded by being more political. This will require meeting not just health ministers but also trade representatives, the business community, and representatives from the ministry of foreign affairs among others.
- It was proposed that there be more international sharing/reporting of data, even where it is imperfect, regular reporting results in improved data over time.
- Mahidon University's Department of Society and Health have a new programme of Health Social Sciences which works on issues related to SDH and has both Masters and PHD level courses. The courses focus on health inequity and globalisation. The department will be hosting an international conference at the end of 2012 or beginning of 2013. The department is also seeking to convince faculties within the university to redirect their research towards health inequity.
- Chulalongkorn University's Social Research Institute has recently begun working on SDH. They are examining the economic and environmental crises/climate change, which are hanging over health. Globalisation means that examining the impacts of this requires that the institute make connections from all levels from the community, to the regional level, the nation level and finally the international level.





Research into Health Impact Assessment (HIA) for Thailand began in 2000; Thailand's approach to HIA has targeted the social determinants of health rather than just diseases.

- Thailand's HIA commission, which is appointed by the National Health Commission, was established in 2007. In 2009 this commission proposed a paper to the ASEAN secretariat to promote HIA in ASEAN to member states.
- The HIA Commission, in cooperation with the Ministry of Commerce and Ministry of Foreign Affairs, have conducted a study on how to integrate HIA into the Free Trade Agreement (FTA) negotiation process. This study was conducted in accordance with Thailand's National Health Assembly resolution on ensuring participation in the Free Trade Agreement negotiation process. There are plans for an Issue Based Assembly on HIA in FTA negotiations later this year.
- Another study, conducted by the HIA Commission, with cooperation from the Thai Food and Drug Administration, is on the free trade agreement and its impact on access to medicine. The final results are expected to be announced at the end of 2012 and the Thai FDA can share these results in discussions with the Ministry of Commerce, for use in the upcoming FTA negotiations in 2013.
- There are currently more than 20 ongoing cases of community based HIA in Thailand, examining projects such as biogas and mining concessions. The evidence produced can be used to negotiate with project owners.
- Thammasat University's Public Health School has a centre for 'Global Health and Development'. This was founded with the idea of connecting health and development and looking at a number of key areas, for instance sustainable environments or healthy environments, beyond just the physical environment. The centre also looks at global health diplomacy and health systems.
- When discussing the SDH, it is essential to hear the voices of multiple stakeholders especially marginalised groups. This requires a mechanism that continually provides these stakeholders with a platform to discuss and provide answers. Thailand's National Health Assembly is one example of a platform where all stakeholders can speak out on an equal basis without conflict.

- There is a need to add SDH into broader academic curriculums, not just in health related subjects but in general public policy courses as well.
- There is a need for trans-disciplinary research. Thammasat University are now in the process of establishing a seminar on international health law, with Thammasat's faculty of law.
- Research needs to be more collaborative, more relevant to policy making and needs to be applicable. Researchers must build a greater understanding of policy processes to get action in these areas.
- Continuing to build a 'network of networks' would help improve trans-disciplinary and cross-sectoral work.
- It is important to encourage everyone to generate more evidence on the SDH to inform policy, and ensure that as well as discouraging 'NATO No Action Talking Only' there is not 'NASA - NO Action Sign Agreement only'.



- There is a need to map expertise within countries, to find the human resources who can contribute to the campaign to improve health equity, and conduct research that leads to action. Action on the SDH must be strategically planned.
- There is a need for capacity building both in the short-term and long-term.

List of Participants

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| 1. Mr. Amit M. Prasad | Ministry of Health, India |
| 2. Ms. Chohnapa Anukul | Project Manager of Social Inequity Reduction Network
National Health Commission Office, Thailand |
| 3. Prof. Dr. Don Matheson | Massey University, New Zealand and AP-HealthGAEN |
| 4. Dr. Kwanpracha Chiangchaisakulthai | International Health Policy Program,
Ministry of Public Health, Thailand |
| 5. Dr. Latifa Laghzaoui | Public Health School, Mahidol University |

6. Prof. Dr. Marc Vander Putten	Public Health School, Thammasat University
7. Dr. Maureen Birmingham	WHO Representative of Thailand
8. Ms. Nanoot Mathurapote	National Health Commission Office, Thailand
9. Dr. Narungsakdi Aungkasuvapala	National Health Commissioner, Thailand
10. Dr. Niyada Kiatying-Angsulee	Director, Chulalongkorn University's Social Research Institute
11. Dr. Nusaraporn Kessomboon	Project Manager of HIA in ASEAN National Health Commission Office, Thailand
12. Dr. Phusit Prakongsai	Director, International Health Policy Program Ministry of Public Health, Thailand
13. Dr. Pramod M. Shyangwa	IOM
14. Ms. Rane Hassarungsee	Chulalongkorn University's Social Research Institute
15. Prof. Dr. Sharon Friel	Australian National University, AP-HealthGAEN
16. Dr. Somchai Peerapakorn	WHO/Thailand Country Office
17. Mr. Steven Kraus	Director, UNAIDS
18. Dr. Supot Denduang	Head of Social Sciences and Humanities Faculty, Mahidol University
19. Prof. Dr. Surasak Taneepanichsakul	Dean of the Dean of Public Health Science, Chulalongkorn University.
20. Dr. Sutayut Osornprasop	World Bank
21. Dr. Suvajee Good	WHO/SEARO
22. Ms. Orapan Srisookwattana	National Health Commission Office, Thailand

Reported by

Mr. Alex Dalliston

Ms. Nanoot Mathurapote

Global Partnership Development Programme

National Health Commission Office, Thailand