



World Health  
Organization

REGIONAL OFFICE FOR  
Africa

# **World Health Organization Perspectives on addressing health inequalities.**

R Chatora presentation at  
Wits and South Africa Medical Association (SAMA) Conference  
*Addressing health inequalities: Whose responsibility?*  
Johannesburg, South Africa  
23-24 February, 2017

# Outline

Is inequality an issue today



CSDH Framework



SDG/Agenda 2030 perspective



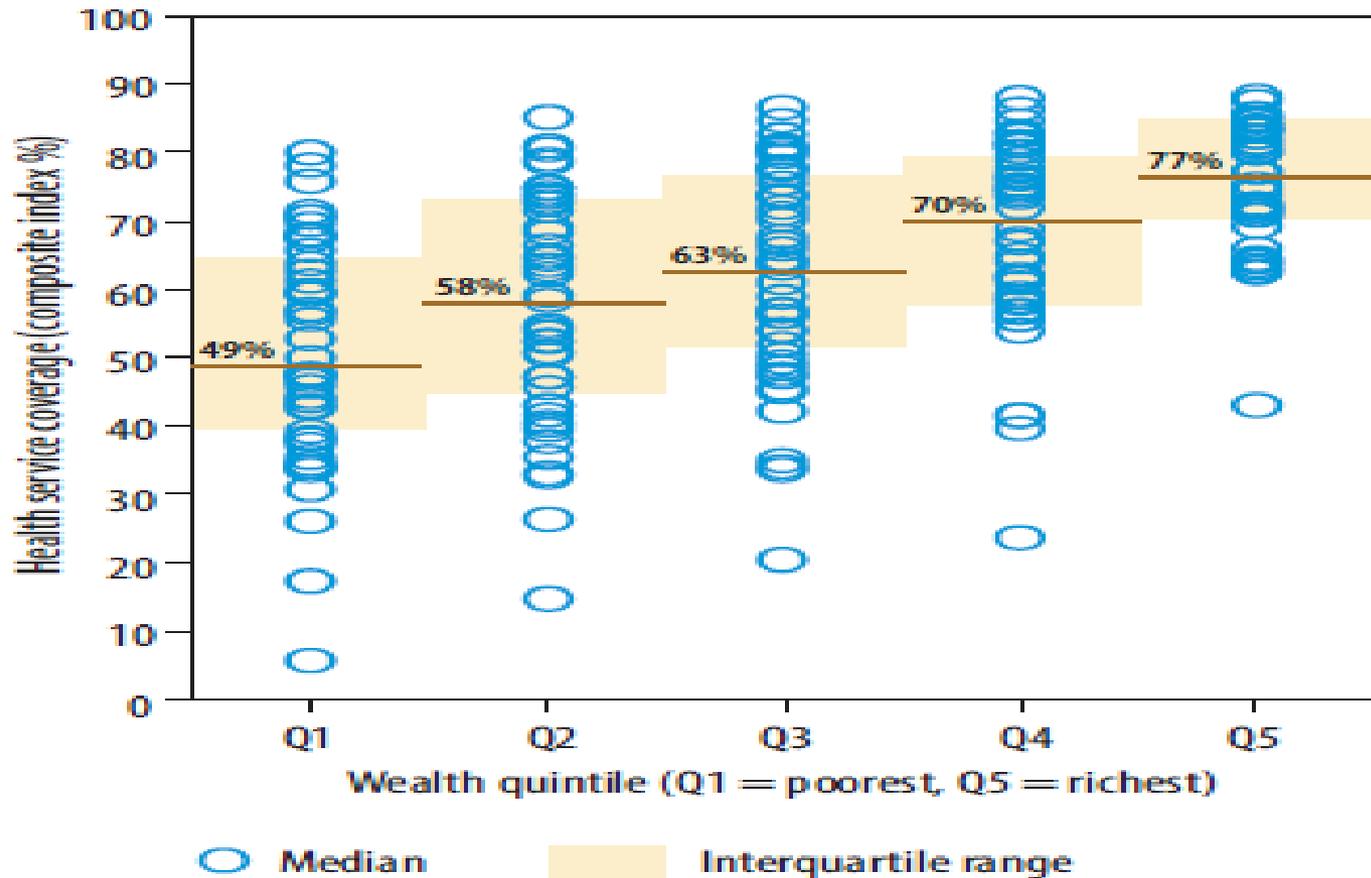
Universal Health Coverage perspective



Regional Strategy on SDH

# Composite Index of Coverage with Maternal and Child Health Services

Source:  
WHR  
2013  
using  
MICS  
and DHS  
Surveys





## Health Inequalities in South Africa (source Day and Gray 2010)

Indicator	Best Performing Province	Worst Performing Province
MMR /100 000	Gauteng 112	Free State 313
IMR /1000	Western Cape 22.9	Eastern Cape 57.1
TB Cure Rate	Gauteng 78.7%	North West 58.3%
HIV prevalence 15-49 age group	Western Cape 9.7%	Kwa Zulu Natal 25.7%



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# Sewage system and water source



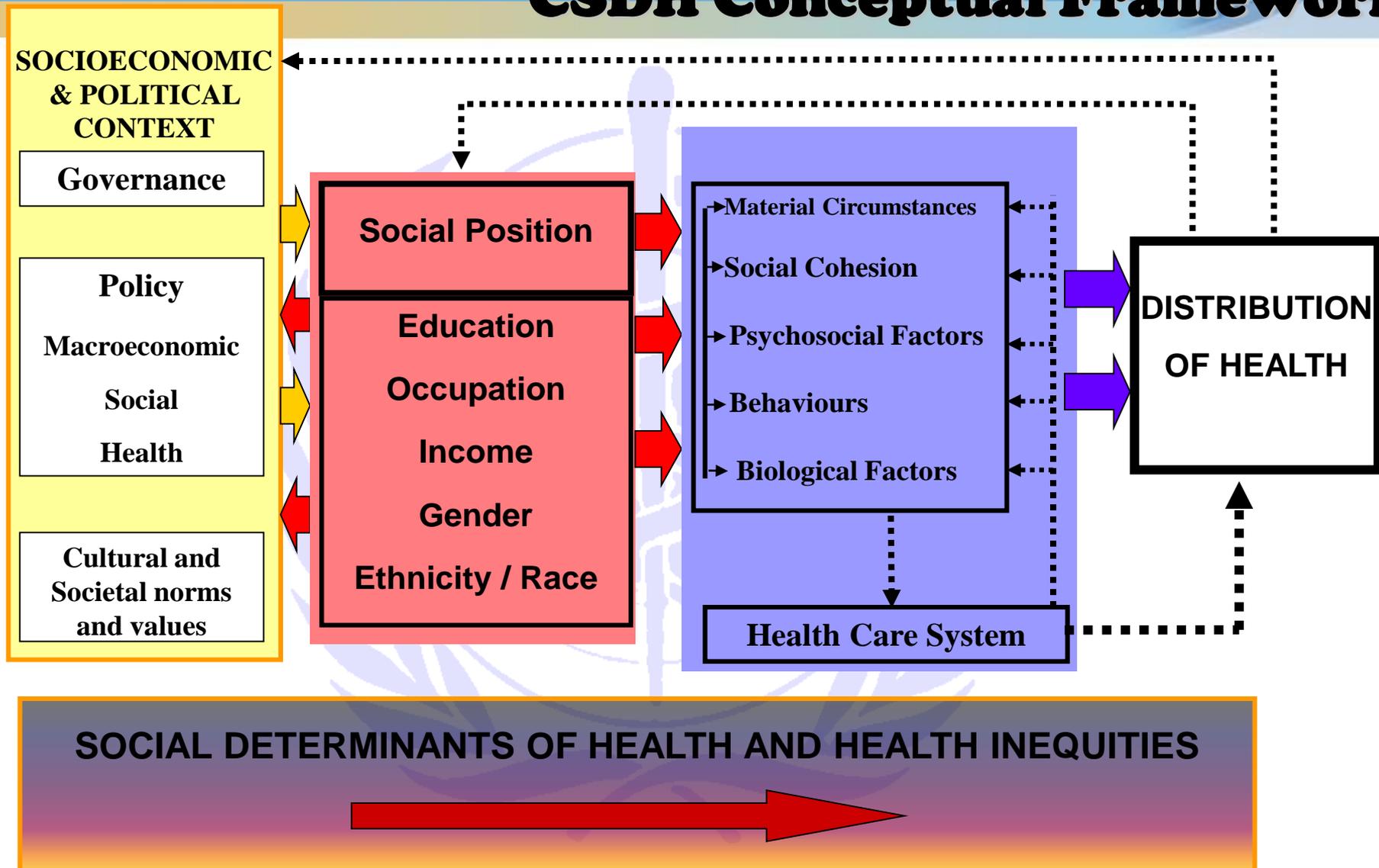




# Global drivers, complex interactions and local impact

- Rapid economic growth, rising income inequality, middle-class boom
- Rapid (unplanned) urbanisation, population migration (unskilled)
- Restricted urban space, poor transportation networks
- Shifts from agriculture based to diversified economy
- Shifts towards high fat and ultra-processed food
- Climate change and environmental threats
- Information systems and technology development
- Age-structural changes (*falling* fertility and *increasing* longevity, youth population bulge)
- Weak health systems (human resources, governance)

# CSDH Conceptual Framework





# SDGs/Agenda 2030

SDGs are "integrated and indivisible"

SDGs are "global in nature and universally applicable":

SDGs are "unprecedented in scope and significance"

- The SDGs cover the economic, environmental and social pillars of sustainable development with a strong focus on equity
- SDG goals more closely reflect the range of issues with which a government has to contend in reality



# HEALTH IN THE SDG ERA



# SDG 3 Goal 3 and its targets

## SDG 3: Ensure healthy lives and promote well-being for all at all ages

### Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, medicines and vaccines for all

MDG unfinished and expanded agenda

- 3.1: Reduce maternal mortality
- 3.2: End preventable newborn and child deaths
- 3.3: End the epidemics of HIV, TB, malaria and NTD and combat hepatitis, waterborne and other communicable diseases
- 3.7: Ensure universal access to sexual and reproductive health-care services

New SDG 3 targets

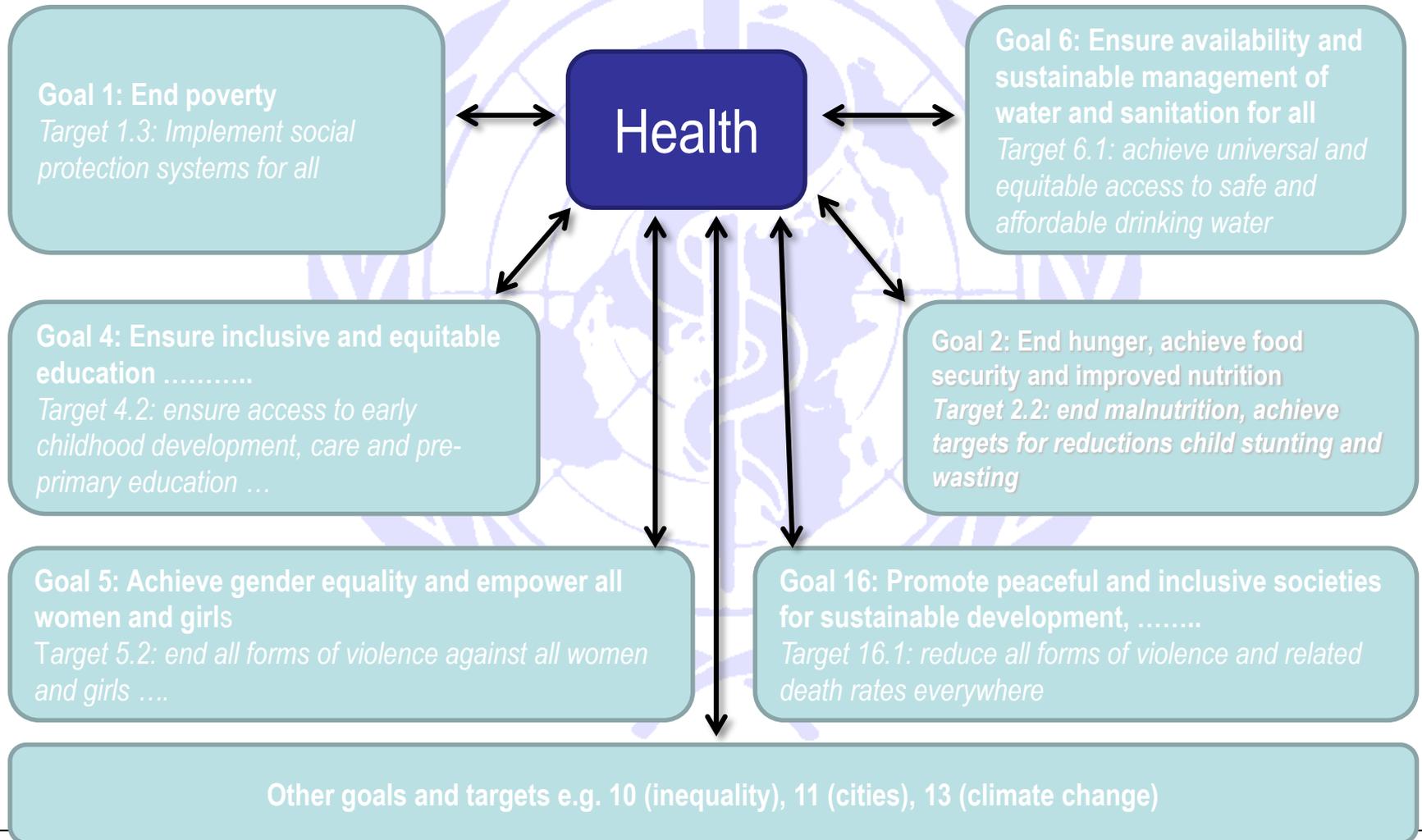
- 3.4: Reduce mortality from NCD and promote mental health
- 3.5: Strengthen prevention and treatment of substance abuse
- 3.6: Halve global deaths and injuries from road traffic accidents
- 3.9: Reduce deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

SDG3 means of Implementation targets

- 3.a: Strengthen implementation of framework convention on tobacco control
- 3.b: Provide access to medicines and vaccines for all, support R&D of vaccines and medicines for all
- 3.c: Increase health financing and health workforce in developing countries
- 3.d: Strengthen capacity for early warning, risk reduction and management of health risks

Interactions with economic, other social and environmental SDGs and SDG 17 on means of implementation

# Health is linked to many other SDGs and targets (examples)



# Linkages between Health and other goals

## Goal 3

Promote healthy lives and wellbeing at all ages for all

### Risk factors for health (direct effect on health)

2- Food security and nutrition

6 - Water and sanitation

7 - Energy

11- Cities

13- Climate change

16 -Peaceful and inclusive societies

### Determinants of health (indirect effect on health)

1- Poverty

4 Education

5 Gender equality

8 -Economic growth and employment

9 - Infrastructure, industrialization, innovation

12 – Consumption and production

14 – Oceans, seas and marine resources 15 -  
Ecosystems

10 – Equity

17 – Means of implementation



# Potential priority actions areas for health

1. Address *specific health targets*:
  - RMNCH, HIV, TB, malaria, hepatitis, NTD
  - NCD & tobacco, mental health,
  - Environmental health risks,
  - Health systems strengthening (UHC, workforce, access to medicines),
  - Health security
2. Integrated health agenda: *universal health coverage*
3. Addressing risks and determinants of health: *intersectoral action / health in all policies*
4. Leaving no one behind: greater focus on *equity*
5. *Monitoring and review* of progress

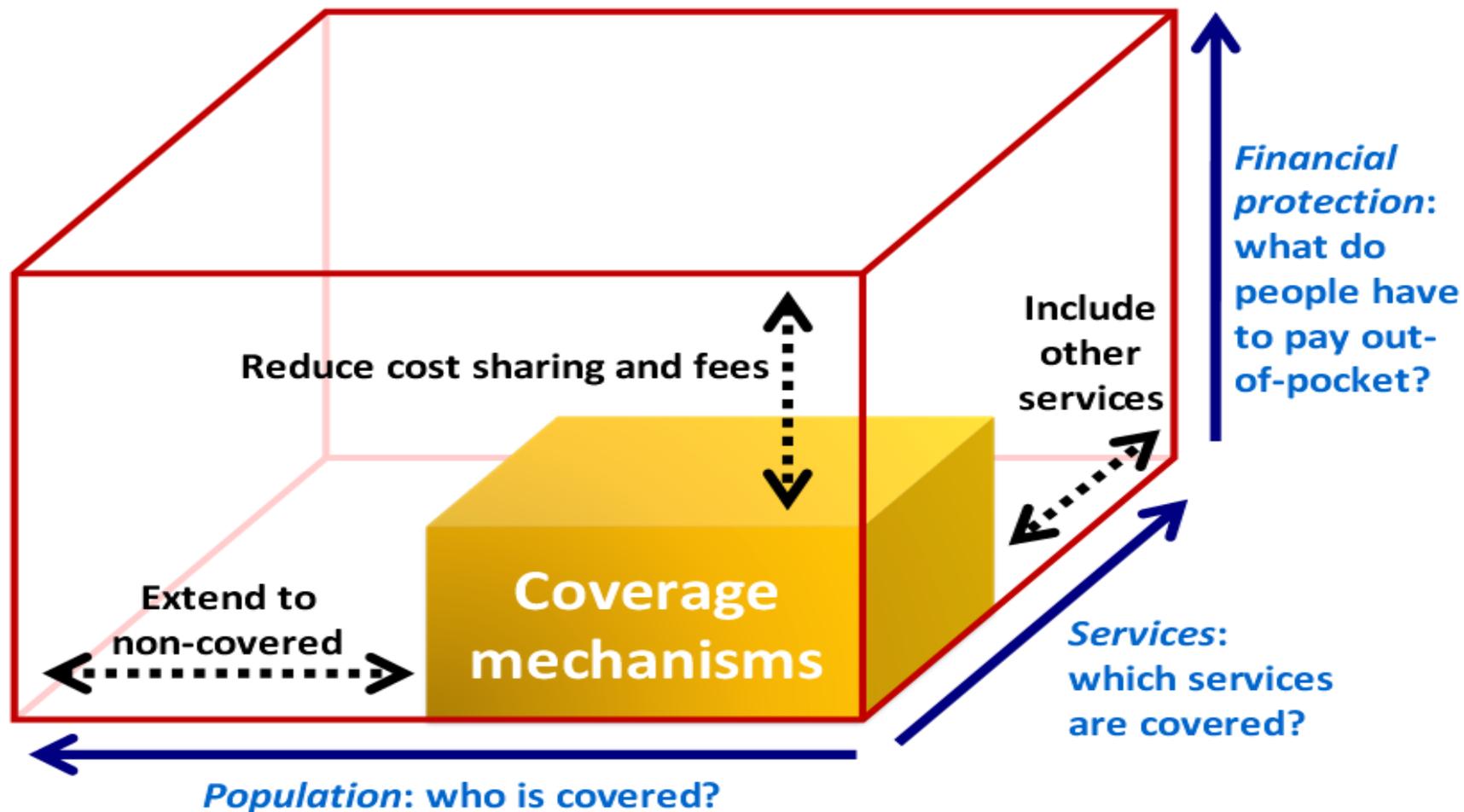


# What is Universal Coverage?

The aspiration that:

- ☑ **All people** have access to *good* quality health services when they need them
- ☑ Without the risk of financial ruin linked to paying for care
- ☑ This is best depicted using the famous cube diagram...

# Towards universal coverage





# Health Financing System Components

- 1. Raising "sufficient funds": who pays, how much**
- 2. Pooling to spread risk: when do people pay, who benefits from pooled funds?**
- 3. Purchasing/Provision: efficiency and equity concerns: what is made available, to whom?**

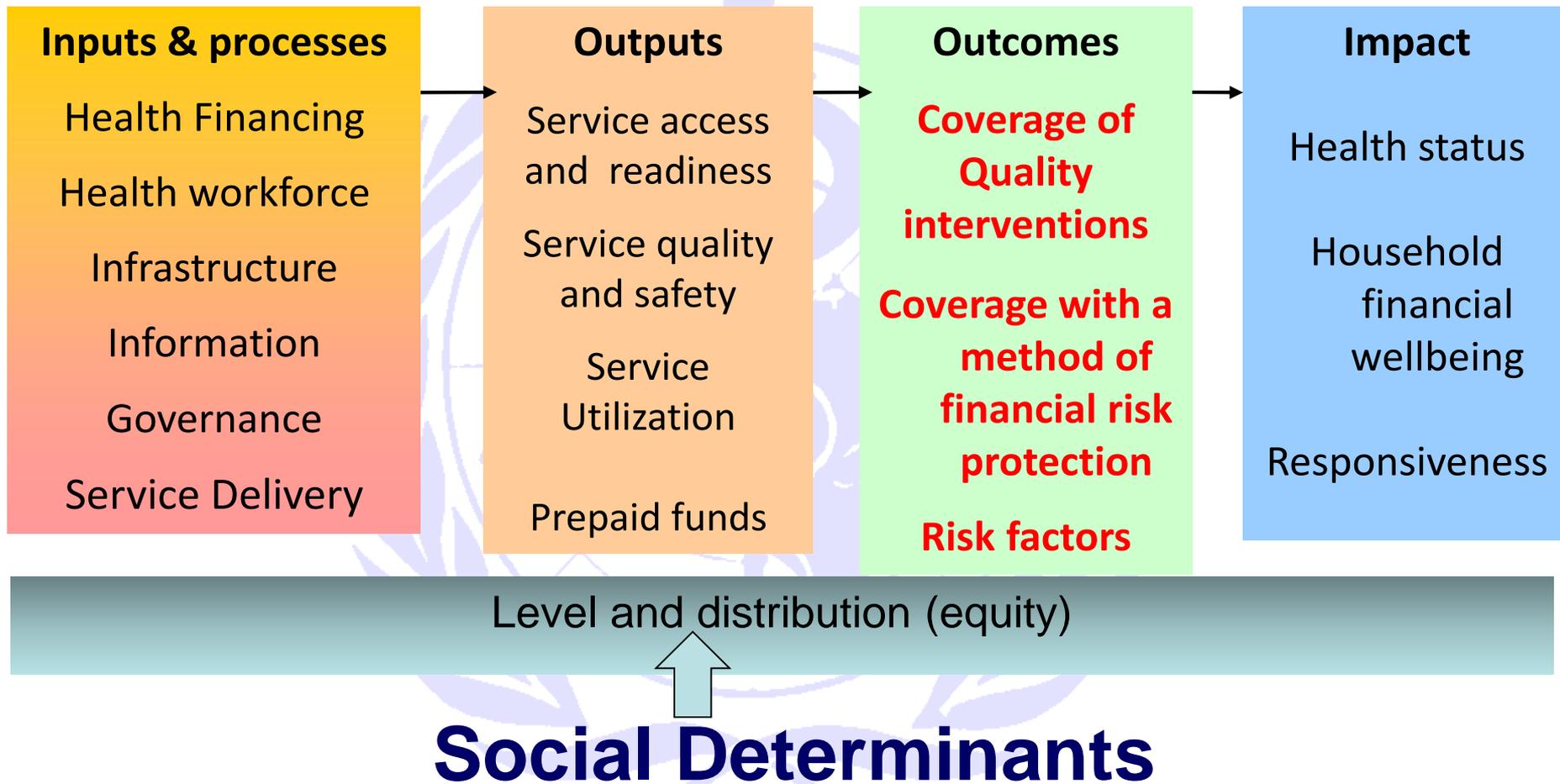


# What is Health Systems Leadership & Governance?

Ensuring a strategic policy framework exists and is combined with:

- ◆ effective oversight,
- ◆ coalition-building,
- ◆ regulation,
- ◆ attention to system-design and
- ◆ accountability.

# UHC is not only Health Financing





# WHO Regional Strategy SDH

- ✓ **Strengthen MoH Leadership role**
- ✓ **Build capacity for Policy Development and Advocacy**
- ✓ **Put in place legislation and regulation and enforce**
- ✓ **Build UHC compliant health systems**
- ✓ **Ensure fairness in health financing**
- **Enhance good governance and accountability**
- **Promote fair employment policies**
- **Promote gender equity**
- **Address social exclusion and discrimination**
- **Ensure monitoring, research and training**



# Examples of support WHO provides on SDH

- ✓ **Convening Ministerial meetings and facilitating adoption of decisions, resolutions and strategies**
- ✓ **Publications on SDH related issues**
- ✓ **Training sessions on policy making and SDH.**
- ✓ **Undertake case studies and disseminate best practices**





# Conclusion

## Conclusion

- The SDH Framework proposes that we work to improve Conditions of daily life as well the structural drivers of these conditions and address the inequitable distribution of power, money and resources.
- SDH underlie Agenda 2030, showing social, economic and environmental development are interlinked and indivisible.
- **UHC** is a platform for an integrated approach for the SDG health-related targets; also includes greater consideration of economic interactions
- **Intersectoral action** assures much better integration with the economic, social and environmental dimensions
- **Equity is** central, and an issue in all countries, focus on local data and actions
- **Governments** must demonstrate leadership and make it all happen....with support from the people.

# Our Most Basic Needs

Water, Heat, Food, Light, ....

