

EU-Level Consultation on Migration Health

"Better Health for All"

Reducing health inequities through action on the
SDH (WHA62.14)

Lisbon 23&24 September 2009

Dr. Eugenio Villar

Dpt. Ethics, Equity, Trade and Human Rights

WHO

Note: Rainbow by Dahlgren and Whitehead 1991. Slide inspired by presentation from Dr Nani Nair, TB Regional Advisor at 15-16 September 2005 WHO/SEARO Consultation on the Social Determinants of Health, subsequently adapted to address determinants of the health of socially excluded migrant populations, 06/08 TK, CPS-VEN, WHO

Existence and effectiveness of migrant integration strategy; ability of social protection and health systems to meet the needs of all persons; measures against discrimination/human rights violations; attention to gender inequities; cross-sectoral action

Increased exposure to occupational health hazards, unaware of worker's rights, workplace discrimination, limited job mobility

Underemployment, informal labour, insufficient access to labour market insertion programmes

Linguistic barriers, difficulties in transferring academic credentials, lower education levels

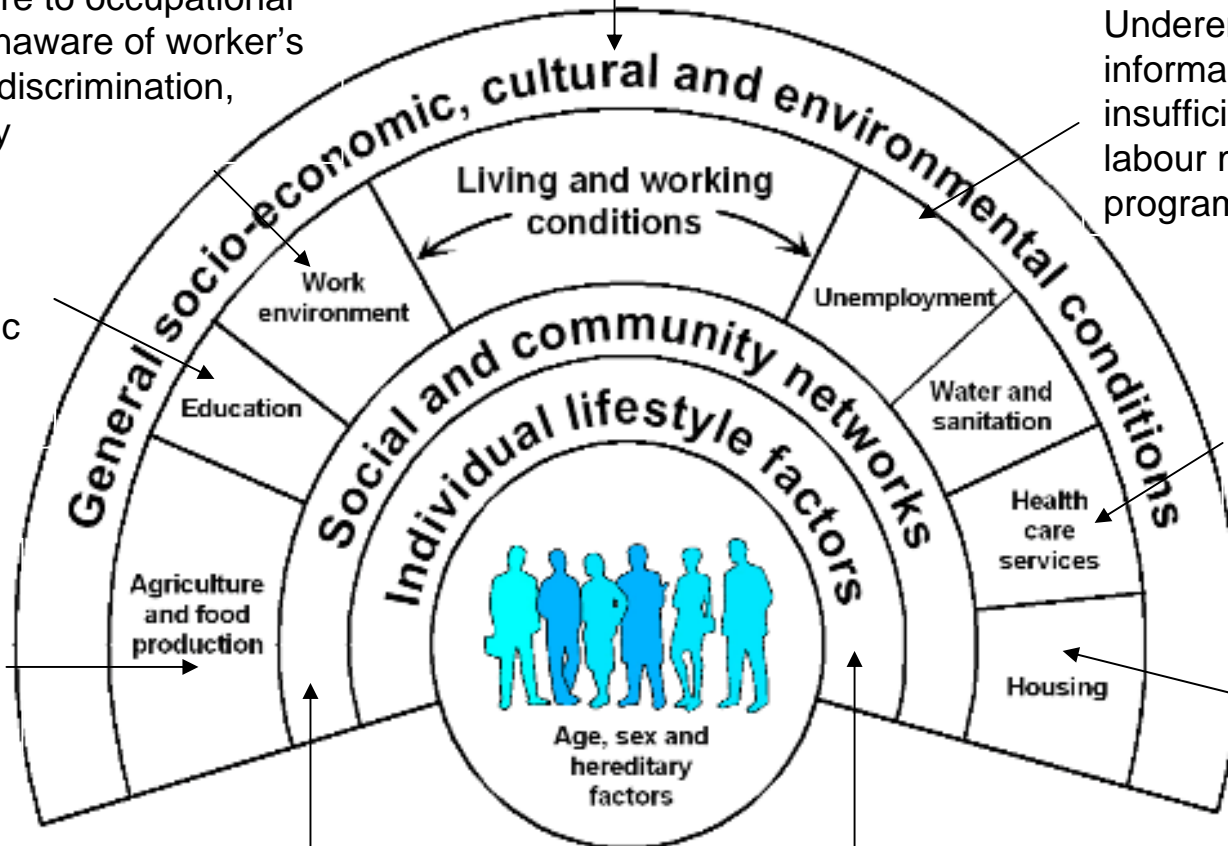
Less financial and administrative access, lack of migrant-friendly services, delay & compliance issues

Nutritional transitions, high-cost of nutritionally adequate foodbasket

Overcrowding, neighbourhoods with more health hazards, lack of transportation

Potential for isolation & vulnerability during periods of the migration process; exclusion from destination country society; danger of trafficking/organized crime; migrant community assets (networks, informal social protection)

Limited resources (money, time, system knowledge, health literacy) for health promotion and prevention; priority given to more pressing needs; protective or health-damaging cultural norms; increased exposure to risk factors for mental disorders & unhealthy behaviours



Reducing health inequities through action on the SDH (WHA62.14)

The Sixty-second World Health Assembly

- **CALLS UPON the international community, including United Nations agencies, intergovernmental bodies, civil society and the private sector:**
 - 4) to consider health equity in working towards achievement of the core global development goals and to develop indicators to monitor progress, and to consider strengthening international collaboration in addressing the social determinants of health and in reducing health inequities;

WHA 62.14 URGES Member States:

- (3) to take into account health equity in all national policies that address social determinants of health, and to consider developing and strengthening universal comprehensive social protection policies, including health promotion, disease prevention and health care, and promoting availability of and access to goods and services essential to health and well-being;
- (5) to increase awareness among public and private health providers on how to take account of social determinants when delivering care to their patients;
- (7) to contribute to the empowerment of individuals and groups, especially those who are marginalized, and take steps to improve the societal conditions that affect their health;
- (9) to develop, make use of, and if necessary, improve health information systems and research capacity in order to monitor and measure the health of national populations, with disaggregated data such as age, gender, ethnicity, race, caste, occupation, education, income and employment where national law and context permits so that health inequities can be detected and the impact of policies on health equity measured;

WHA62.14

REQUESTS the Director-General:

- (1) to work closely with partner agencies in the multilateral system on appropriate measures that address the social determinants of health and promote policy coherence in order to minimize health inequities; and to advocate for this topic to be high on global development and research agendas;
- (4) to support the primary role of Member States in promoting access to basic services essential to health and the regulation, as appropriate, of goods and services with a major impact on health;
- (7) to provide support to Member States, upon request, in implementing measures with the aim of integrating a focus on social determinants of health across relevant sectors and in designing, or if necessary redesigning, their health sectors to address this appropriately;

WHO European Region: through BCAs & other agreements

- Ongoing capacity building investment for health, SDH and equity – Slovenia & Poland
- Incorporating SDH considerations into the design & delivery of public health programs for improved health equity (Priority Public Health) – Tajikistan
- Strengthening the SDH focus in the national health plan – Portugal
- Supporting the Ministry of Health & Social Policy in developing a strategy on reducing health inequalities - Spain.
- A seminar on tackling SDH and health equity through national plans of action – Finland & up to 12 other countries
- Improved data for assessment & monitoring of health equity using equity decomposition & policy assessment tools such as equity focused HIA - in Slovak Republic & Lithuania