Reflections on the WHO Conference on the Social Determinants of Health

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At the start of my career, much of my work in Haiti and Tunisia focused on agricultural/food security, nutrition, early childhood development, water and sanitation, housing, education and farmland erosion control as means to improve health. In fact, I was involved in very few "health care" interventions. The Declaration of Alma-Ata, adopted at the 1978 WHO/UNICEF International Conference on Primary Health Care, was a clarion call to all who worked in the field. While the term "determinants of health" had not yet been coined, we were working towards "Health for All by the Year 2000" by putting into place the conditions that would create healthy communities. What was perhaps not appreciated at that time was the important roles of governance, globalization and citizen engagement in decision-making as key determinants of health.

Some 35 years later, I attended the WHO Conference on the Social Determinants of Health from October 18 to 21 in Rio de Janeiro on behalf of the World Federation of Public Health Associations (WFPHA). Before boarding the flight to Brazil, I was looking forward to learning about and bringing back home stories about successful initiatives that were contributing to “closing the gap” in health and social equity. I ended up getting much more than I anticipated.

There were over 1,000 participants, including 122 country delegations, international and national non-governmental organizations (NGOs) and social movement organizations, representatives from WHO and other UN agencies, bilateral agencies and other interested parties. It is my understanding that the Canadian government delegation, led by the Chief Public Health Officer of Canada, was the second-largest governmental delegation after Brazil, the host country). One of the opening plenary panelists described the event as "Alma-Ata" for the 21st Century.

I attended several thought-provoking sessions including a pre-conference session on “Protecting the Right to Health as an Action on Social Determinants” organized by the Peoples Health Movement in partnership with several other NGOs including the WFPHA. This session examined the many structural factors that affect individual and community health and the weaknesses in the provisional “Rio Declaration”. Concern was expressed by many about the lack of commitment and action by governments on structural SDH issues related to unregulated capital transactions, the erosion of universal equity-based social protection systems, unfair tax regimes, unfair trade policies and practices, unregulated and unaccountable multinational/ transnational corporations and the harm their products and practices inflict on human health, the lack of democratic and transparent decision-making and the impact of unregulated global speculation (what David Sanders of South Africa referred to during the closing plenary sessions as "casino-capitalism").
I also came out of a concurrent session on institutionalizing citizen participation in policy making feeling that, compared to their counterparts in Latin America, India and South Africa, Canadians are by and large quite complacent about citizen engagement in policy decision-making and implementation. As a society, we have much to learn from their experiences. In some countries, active social participation has become an institutionalized process due largely to popular uprisings against colonialism, racism and dictatorial governance. Governments actively and meaningfully consult with their citizens before formulating policies and programs. The processes may not be perfect, and some elements were criticized by the presenters, but they contributed to positive actions on health equity and the movement of millions of people out of poverty.

I was also honoured to participate during a concurrent session as a discussant alongside Ms. Beth Mugo, the Kenyan Minister of Public Health & Sanitation, Dr. Aaron Motsoaledi, the South African Minister of Health and Dr. José Gomes do Amaral, the new President of the World Medical Association. Together, we discussed the changing role of the health sector, including public health, in reducing health inequities through an SDH approach. Dr. Mugo comments focused on the Government of Kenya's comprehensive and multidimensional strategy to address the tuberculosis situation in her country. Dr. Motsoaledi spoke about the multidimensional and complex determinants of HIV/AIDS in South Africa, especially with respect to miners and their families/partners, and the various initiatives being implemented to address the situation. Dr. Gomes do Amaral and I discussed our respective experiences in Brazil and Canada regarding the role of national and global professional associations in advocating for health equity through an SDH approach.

During the conference’s final session, the Rio Political Declaration on Social Determinants of Health (http://www.who.int/sdhconference/declaration/en/) was released. It is a non-binding statement by WHO member states that sets out a series of pledged actions by governments to move towards achieving health equity through an SDH approach. The declaration is organized around five "key action areas critical to addressing health inequities":

1. Adopt better governance for health and development;
2. Promote participation in policy making and implementation;
3. Further reorient the health sector towards reducing health inequities;
4. Strengthen global governance and collaboration; and,
5. Monitor progress and increase accountability.

While non-binding global declarations such as this are never perfect (an alternative civil society declaration was released by the People's Health Movement to address some of the Political Declaration’s perceived shortcomings - http://www.phmovement.org/en/node/6243), we need to take what we have and use it along with the proposed alternatives that merit attention to advocate for real action on health equity. It is our responsibility to mobilize our community to use the Rio Political Declaration locally, nationally and globally and to encourage governments and international agencies to uphold the pledges they have made. Together, we can close the gap in a generation.