

Accelerator Discussion Paper 4: Determinants of health

Developed by: UNDP and UN Women

Contributions from: UNICEF, WHO and UNAIDS

Disclaimer: These documents are working papers and subject to change. They do not necessarily reflect the views of the 12 Global Action Plan signatory agencies. Key elements of the accelerator discussion papers will be used as inputs to the Global Action Plan.

INTRODUCTION

Accelerating progress on Sustainable Development Goal (SDG) 3, related SDGs and the pledge to leave no one behind requires unified efforts to address the determinants of health and the health inequities or disparities such determinants perpetuate. Echoing the definition of health adopted in the 1948 WHO Constitution, extensive scholarship shows that health and well-being are shaped by the conditions in which people are born, grow, live, work, and age – and that these conditions are shaped in turn by structural, economic, environmental and other factors, including governance, organisational and policy choices. The reverse is also true. Health and well-being drive broader sustainable development, for example reductions in poverty and inequality, better educational outcomes, and inclusive economic growth. Health and well-being promote resilience, sustainability, integration, equity and human security.

Consequently, the right to health and the responsibility for health, as well as the diffuse benefits from improved health, extend far beyond the health sector. Multi-stakeholder responses grounded in human rights and gender equality are needed to adequately address the determinants of health. The present governance, financing and architecture of the global health approach is not fully suited for this. However, the integrated and inter-dependent nature of the 2030 Agenda for Sustainable Development and the SDGs provide a powerful framework for Global Health Organizations (GHOs) to better support Member States and relevant stakeholders to better address determinants of health. Collective and coherent efforts from GHOs is especially needed for determinants which receive inadequate attention relative to their impact on health and development.

NATURE AND SCOPE

Recent progress in health owes significantly to the strong prioritization of health in the Millennium Development Goals (MDGs). The SDGs are broader and more ambitious than the MDGs, with 13 health-related targets amongst 156 other targets spanning social, economic and environmental dimensions of sustainable development. The depth and breadth of the SDGs might be viewed as a challenge to the global positioning of health, but it is in fact an enormous opportunity to improve health and well-being, specifically through strengthened action on the links between health and other SDG goals and targets. However, this opportunity will be missed

INVITATION FOR PUBLIC COMMENT
GLOBAL ACTION PLAN FOR HEALTHY LIVES AND WELL-BEING FOR ALL

without specific efforts to strengthen multisectoral governance and action to address the determinants of health.

The determinants of health are diverse and interconnected, including but not limited to poverty, levels of education, marginalization, economic and gender inequalities, race, disability, place of residence, legal status and migration experience, and water, sanitation and hygiene. Determinants of health also include climate change and pollution, food insecurity, and health-harming private sector strategies, approaches and activities. The determinants of health relate to several SDGs and targets such that there are already a range of non-health actors engaged in many of these areas as part of their core work; for example, there are many actors and institutions (and investments) committed to poverty reduction (SDG 1), gender (SDG 5) and inequality (SDG 10).

Yet critical gaps and challenges need urgent attention to address the determinants of health in a way that would accelerate and sustain progress on health and well-being. One challenge is that policies, regulations and actions are typically compartmentalized or siloed across sectors, and institutions give insufficient attention to interactions, contradictions and connections. Better synergy and calibration of interventions to address determinants from a health and well-being perspective is needed. Another challenge is the disproportionate attention given to some determinants of health versus others, with some “sticky” or difficult-to-address determinants receiving inadequate attention and/or investment relative to their impact. GHOs must urgently adopt a strong collective and coherent approach to effectively addressing the determinants of health.

Determinants of health is not a new agenda. WHO’s Commission on the Social Determinants of Health and the Rio Political Declaration on Social Determinants of Health are two major advancements in this area. But strong and sustained progress in addressing determinants of health has to date been insufficient, in part because the scope of the determinants of health agenda has overwhelmed countries, leading to political paralysis and inaction. The SDGs, however, actually require unprecedented integrative efforts to advance 169 inter-linked targets at once. The SDGs and the SDG 3 Global Action Plan thus provide an opportunity for GHOs to enhance and support collaborative efforts (e.g. from Member States, private sector, public-private partnerships, civil society, communities, academia and the United Nations system) on determinants of health, including through specific attempts to make the agenda more accessible to policymakers and other stakeholders including the public.

This SDG 3 GAP Accelerator will build upon prior commitments, successes, learnings and platforms on determinants of health to strengthen action on priority aspects of environmental, commercial and structural determinants. These three determinants are individually and collectively a profound threat to global health, including in crisis and humanitarian settings; they require high-level political engagement and buy-in as well as ground-up support from the public, civil society, private sector, the United Nations and others. Successfully addressing these determinants would significantly improve global health, driving simultaneous progress across multiple SDG 3 targets, other SDGs and the pledge to leave no one behind.

1. **Environmental determinants:** There is growing evidence on how the built and natural environment affects health. For example, air, water and soil pollution adversely affect human health. The impact of urbanization and especially large, growing informal

INVITATION FOR PUBLIC COMMENT
GLOBAL ACTION PLAN FOR HEALTHY LIVES AND WELL-BEING FOR ALL

communities with poor sanitation and overcrowding must also be addressed. Climate change poses a threat to sustainable development and human health through increased exposure to heat, poor air quality, extreme weather events, altered vector-borne diseases transmission, loss of biodiversity, reduced water quality and food insecurity. Climate change disproportionately affects the health of women and children, threatening to widen gender-based health and other disparities, and negatively impacting the resilience of health systems. The immense scope of this challenge is not matched with an adequate global response, in part because, as the Rockefeller Foundation-Lancet Commission on Planetary Health has stated, “we have been mortgaging the health of future generations to realize economic and development gains in the present.” To address the climate change and environment -related determinants of health, including through mitigation and adaptation, stronger, more robust and focused multisectoral responses are needed involving a range of public and private sector actors across health, environment and energy, economics, industry, transport, trade, gender, education, media, and justice, for example. Addressing this determinant of health would deliver gains on multiple SDG 3 targets and across multiple other SDGs (e.g. 1, 2, 5, 6, 7, 11, 12, 13, and 17).

2. **Commercial determinants:** There is growing understanding of the role that health-harming private sector, and in some cases public sector practices and the inadequate regulation of such practices have played in increasing the burden of disease, including non-communicable diseases - now the greatest cause of premature death, illness and disability worldwide. For example, fossil fuel use, intensive and chemically driven agriculture, ultra-processed foods, sugar-sweetened beverages, alcohol, and tobacco may be perceived as components of a progressive economy, affecting regulations or lack thereof, yet these products are also a drag on the economy because they cause health harms that significantly reduce productive capacities and increase medical costs. These externalities are either unrecognized or their costs are borne by the public sector more broadly or within households. Often standing in the way of policy coherence is pervasive lobbying or industry interference in policymaking, as well as significant advertising to win the contest for public opinion. For instance, globally, the food industry was projected to spend more than US\$30 billion on advertising in 2016, with the advertising of candy, sugary drinks, fast food and sugary cereals significantly high. Despite the evidence of the public health and economic benefits of STAX (sugar, alcohol and tobacco taxes), many governments have yet to implement or adequately implement STAX. Commercial determinants of NCDs extend to how industrial practices, for example CO₂ emissions, are regulated (air pollution accounts for approximately 8 million deaths annually, most from NCDs). At the same time, the private sector is heterogenous, and many private sector actors are or can significantly support efforts to positively advance health and sustainable development broadly. Strengthened public-private partnerships for health and development are needed in line with SDG 17. Addressing commercial determinants of health requires multi-stakeholder responses involving a range of public and private sector actors across health, industry, finance, environment, media and others. Doing so would not only advance health and well-being (SDG 3) but also effective, accountable and transparent institutions (SDG 16), decent work and economic growth (SDG 8), financing for development and other SDG ambitions (e.g. SDGs 1, 2, 6, 9, 12, and 17).

INVITATION FOR PUBLIC COMMENT
GLOBAL ACTION PLAN FOR HEALTHY LIVES AND WELL-BEING FOR ALL

3. **Structural determinants:** Structural determinants such as economic and social inequalities and exclusion based on factors such as age, gender, ethnicity, race, religion, disability, sexual orientation and gender identity and vulnerability to violence, shape health outcomes. While structural determinants are broad, this accelerator focuses on poverty and economic inequalities, stigma, discrimination, and gender inequality – including intersectionality or how these intersect and relate to power and autonomy. The relationship between poverty and ill-health is well-documented. The poor are disproportionately exposed to most health risks, from behavioural risks to constrained access to basic services. Improving water, sanitation and hygiene, with women’s full participation, would improve the health of entire communities while closing gender inequalities in health, education, unpaid care work, and other domains. The poor are also least able to withstand health-related shocks, with out-of-pocket health expenditures pushing 100 million people into extreme poverty each year. Universal health coverage (UHC) is a powerful means to prevent and reduce poverty, as is ensuring adequate social protection for the most vulnerable and marginalized. Stigma and discrimination increases inequalities and exclusion from society while limiting access to health and other basic services. Laws and policies have a powerful role to play. The continued existence of discriminatory laws, such as those that criminalize on the basis of sexual orientation or gender identity, drug use, or those that prevent equal inheritance of property on the basis of gender, can significantly affect health and access to health care. Laws protecting against discrimination can improve access to services and protect health. While human rights barriers, including laws, policies and practices, continue to challenge access to services, investments in human rights programmes can contribute improving health and well-being, especially for those most marginalised. Addressing gender inequality and gender-based violence can be a powerful entry point for reducing inequalities. The autonomy and empowerment of women are essential to health, well-being and sustainable development broadly. In addition to being fundamental to women’s full participation in society, sexual and reproductive health and rights are vital to addressing gender-based disparities in health, education and the economy. Control over one’s body and health choices/access is so fundamental that being denied this right is guaranteed to exacerbate other gender inequalities. The threat to sexual and reproductive health and rights requires urgent action, including multi-stakeholder responses involving a range of public and private sectors across health, education, finance, gender, media, etc. Addressing these structural determinants with an explicit intersectoral approach would deliver gains across a range of SDG 3 targets as well as other SDGs (e.g. 1, 4, 5, 8, 10, and 16).

HOW: JOINT ACTIONS TO BE TAKEN

In the near-term and in line with respective GHO mandates, 3 collective, concrete actions on alignment of GHO policies and practices related to the determinants of health are proposed:

1. Environmental determinants:

GHOs review their respective social and environment standards and agree on best practice to align with and implement ambitious green procurement practices by 2023 while disseminating lessons and supporting governments to follow similar good practice.

2. Commercial determinants:

GHOs review their code of conduct policies regarding private sector engagement, to build on best practices of constructive engagement for sustainable development (including PPPs), while ensuring a common approach to avoiding conflicts of interest with private sector actors developing, selling or marketing health-harming products;

3. Structural determinants:

GHOs map and articulate their respective LNOB and gender-related policies, programmes and budgets and align these to best practice levels, and strengthen their policies, programmes, and budgets with respect to advancing the health and human rights of those left behind, including people with disabilities.

Multi-sectoral governance:

Multisectoral governance and action for health is essential to advance health and broader goals. But such governance and action are too often lacking, ineffective, suboptimal, issue-specific and not sustained. GHOs will support the identification, optimization and leveraging of country level multi-stakeholder platforms inclusive of marginalized voices (i.e.: for example, SDG platforms) as well as the establishment of new ones, as necessary, including at the global level (e.g. on climate and health) to prioritise and jointly act on environmental, commercial, legal and structural determinants of health. The GHOs will also work to disseminate good practice examples of countries taking a strong multisectoral governance approach to the SDGs including the determinants of health.

GHOs will support efforts to assess capacities, determinants most in need of redress, which governance structures are best and/or already exist including to support SDG achievement, how the health sector is empowered vis-a-vis other actors (e.g. whether the country/platform should be overseen by the Ministry of Health, Ministry of Planning, President's or Prime Minister's office, etc.), and other context-specific factors such as which stakeholders should be included (or not) in the platforms. The platforms will identify and consider interests, incentives, accountabilities, framings (including of 'determinants' conceptually), contested framings and other governance considerations. Country-level multi-stakeholder platforms to address the determinants of health may prioritise several action areas described in the annex 1.

INVITATION FOR PUBLIC COMMENT
GLOBAL ACTION PLAN FOR HEALTHY LIVES AND WELL-BEING FOR ALL

Supporting countries to address key determinants:

Bearing in mind that the GHOs, based on their respective mandates, will have different roles to play in supporting countries to address priority determinants of health, this accelerator will strengthen the collective efforts of GHOs and partners to support Member States in implementing action on priority aspects of environmental, commercial and structural determinants of health. There are many approaches Member States can take to address the determinants delineated in this accelerator, in line with national circumstance and agreed commitments (Table 1). GHOs, in line with their respective mandates as appropriate, will support countries to address these determinants in line with country context/priorities.

Table 1. Examples of potential areas of joint action by GHOs to support countries in line with national priorities

Environmental determinants	<ul style="list-style-type: none"> • Strengthen economic and social policy responses to climate change, air and water pollution, and environmental degradation consider health outcomes and equity • Promote healthy, low environmental impact diets and develop and implement integrated strategies to address growing demands for nutritious food within environmental limits.
Commercial determinants	<ul style="list-style-type: none"> • Strengthen regulatory frameworks for health-harming products and processes and better protect public policy from vested commercial interests, including up-stream and down-stream supply chains to protect on a global scale. • Strengthen legal, policy and regulatory frameworks for increasing access to affordable medicines, services and health technologies • Enforce regulations and strengthen public and private sector leadership in reducing carbon emissions • Advance efforts on the effective taxation of health-harming products, including on sugar, tobacco and alcohol (STAX) to reduce the burden of ill-health while generating reliable revenue to finance development priorities including universal health coverage.
Structural determinants	<ul style="list-style-type: none"> • Commit to and sustainably finance universal access to WASH to improve health, education, and livelihoods • Address gender biases in society by creating and enforcing laws and policies that promote gender equality, ensure equity in access to opportunities; address gender-based violence and outlaw discrimination on the basis of sex, sexual orientation and gender identity • Remove or reform discriminatory laws and policies, including laws that criminalise marginalized groups, increasing stigma and discrimination and affecting health outcomes, including laws relating to drug policy, sexual orientation or sex work.

INVITATION FOR PUBLIC COMMENT
GLOBAL ACTION PLAN FOR HEALTHY LIVES AND WELL-BEING FOR ALL

	<ul style="list-style-type: none">• Scale access to social protection is available to populations most left behind, including irregular migrants, marginalized populations, adolescent girls and young women.• Finance policies and programmes that close gaps in education and skills, and that support women’s empowerment (economic, social and political) and participation.• Increase access to quality health services, including prevention and information, for vulnerable populations, particularly those being left behind, including women and girls, marginalized groups, migrants, people with disabilities, groups marginalized on the basis of socio-economic status, race, or geography, through identifying ‘demand-side’ bottlenecks to accessing services and scale responses to remove barriers, at individual, community, institutional, and legal and policy level.¹• Invest in women’s leadership as agents of change and create spaces for their engagement in health-sector responses, including the development of minimum standards of engagement/participation in health policy, governance, and finance-related bodies at national and local level.• Gather evidence and data on social determinants of health and monitor progress of, across the SDGs, including, SDGs 1, 5, 10 and 16, including supporting the collection of data by community.• Review and reform laws and policies, including criminal laws, which stigmatise or discriminate against women and marginalized populations and build a network of global health actors and lawyers, legislators, civil society, and researchers to address the human rights and legal determinants of health.• Provide accountability mechanisms for accessing of non-discriminatory health services, and broader social determinants of health.
--	--

Interaction of accelerator 4 with other accelerators

Because accelerator 4 covers a broad agenda, namely determinants of health, it is perhaps especially well-placed to support the work of other accelerators, and to leverage other accelerators’ work in turn. Touching points between accelerator 4 and other SDG 3 GAP accelerators include but are not limited to:

- **Sustainable Financing:** Role of taxation of health-harming products; macro-economic determinants (austerity etc.); social protection and insurance, protection from health induced financial hardship, financing for prevention
- **PHC:** Role of community health workers and their empowerment, training against stigma and discrimination (proper compensation, training, access, etc.)

¹ These can include: repealing discriminatory laws and policies related to health; scale-up of appropriate social protection schemes, implement gender norms-shifting interventions at the community level (i.e. develop new models or scale up existing models such as SASA!, Stepping Stones, Gender Roles, Equality and Transformation (GREAT), etc.

INVITATION FOR PUBLIC COMMENT
GLOBAL ACTION PLAN FOR HEALTHY LIVES AND WELL-BEING FOR ALL

- **Community and civil society engagement:** Voices of the most affected are important for action on social/political/structural determinants of health
- **Research and Development (R&D), innovation and access:** Innovation in health delivery, e.g. self-managed care and human rights -based considerations
- **Data and digital health:** Better integration of health data and data on key determinants, regulation of digital technologies for health to protect human rights (multi-dimensional poverty index etc.)
- **Innovative programming in fragile and vulnerable states:** integrating health and other services (e.g. one-stop support for GBV survivors that integrates health, legal, economic empowerment)

ANNEX 1 – ACTION AREAS FOR PLATFORMS ON THE DETERMINANTS OF HEALTH

Three general action areas across the determinants which, if given increased emphasis, can accelerate efforts to address determinants of health. GHOs, in line with their mandates and accountabilities, can individually and collectively support Member States to advance these action areas while doing the same internally. Throughout each action area there should be an explicit emphasis on impact and scale as well as closing inequities and ensuring that no one is left behind. Political commitment, monitoring and coordination at the global level, as well as consideration of macro-level socio-economic and political trends, will be crucial for success.

Action area 1 for Member State support. Strengthening the legal, policy and regulatory environment, while empowering individuals and communities

- Reviewing and reforming legal, policy and regulatory environments which shape health outcomes as well as current gaps, areas in need of strengthening. Existing tools and capacities of GHOs, for example legal environment assessments and institutional and context analyses, can be used. Status and progress can be examined against national plans/targets as well as global and regional commitments, frameworks, and platforms.² Universal Periodic Reviews, Voluntary National Reviews, data collection such as DHS, annual reporting on issues such as gender, HIV and inequalities to international organisations, use of NHRIs, community engagement and other accountability mechanisms can help ensure no one is left behind.
- Driving policy coherence through multi-stakeholder governance, first by assessing which entities the country platforms should not engage (e.g. tobacco industry) and subsequently by implementing procedures to identify and manage conflicts of interest/incentive conflicts. Because health often “loses” where policies are incoherent, stakeholders can be supported to systematically assess the health impacts (positive and negative) of their work, while the health sector can be supported to better demonstrate how it contributes to broader development (e.g. to GINI coefficient, poverty and inequality reduction).³ Global health organizations can support efforts to strengthen the evidence-base/rationale for action on determinants of health, while taking steps to ensure any inter- and intra-agency incoherencies are identified and addressed.
- Working with civil society, media, women (including young women and girls and women experiencing intersectional forms of discrimination), communities, community health workers and others, including through other relevant accelerators, to ensure that the voices often left out of decision-making processes are heard, particularly at country and decentralized levels. With these same stakeholders, strengthen risk communication and otherwise empower individuals (e.g. through micro financial opportunities, information), in particular women and girls, others typically left behind and those targeted by and especially vulnerable to health-harming commercial influence, stigma or discrimination, to experience healthier options, increased autonomy and stronger negotiation in relation to health including health service access and ability to protect their own health. Ensure that individuals have access to judicial, administrative and other remedies to ensure they are able to hold governments and service

² For example, the Paris Agreement, United Nations Framework Convention on Climate Change, WHO Framework Convention on Tobacco Control, and Beijing Declaration and Platform for Action.

³ For example, today 6.5 percent of global GDP goes to subsidizing dirty fossil fuels while air pollution, to a large extent due to the burning of solid fuels, kills 7 million people annually and costs economies over 200 billion in lost labour income.

INVITATION FOR PUBLIC COMMENT
GLOBAL ACTION PLAN FOR HEALTHY LIVES AND WELL-BEING FOR ALL

providers to account in relation to commitments, regulations and policies. GHOs can develop joint narratives and coherent positions on determinants of health to strengthen communication with political leaders, policymakers, the public and other stakeholders.

Action area 2. Increasing investments and efficiencies

- Advancing innovative regulatory and financing approaches for example by ensuring such approaches are embedded within effective and accountable financing frameworks for the SDGs. Member States and UN agencies can *work with regional and global development banks* to ensure loan agreements (on health and beyond) and their execution give due attention to determinants of health.
- Ensuring that the global push towards cost-effectiveness, efficiencies and innovation is firmly anchored in a human rights and gender responsive approach which advances, rather than interferes with, efforts to leave no one behind. Community and civil society engagement is central to this aim.
- Either as part of broader SDG 3 GAP efforts to align their work, or specific to this accelerator, GHOs can map their existing portfolios and capacities related to the three determinants, and assess these for scale up, adjustment, duplication and gaps. This will drive synergies in policies, projects, programmes, and funding requests, with joint proposals increasingly the norm. It will also help expand and deepen partnerships, including public-private partnerships, partnerships with civil society, and identify opportunities for innovation.

Action area 3. Integrating strategies and approaches, and monitoring and evaluating progress

- Sector-specific plans of different stakeholders will endeavor to include or strengthen attention to the determinants and how they relate to equity including health equity. Priority to addressing the determinants can also be included in national development plans and SDG planning and financing frameworks, as well as United Nations support instruments. Unintended consequences of integration, for example integration of services leading to exclusion of key populations, should be examined. Process and outcome indicators, including those in relation to the SDGs (e.g. 5.6.1 which focuses on measuring autonomy and negotiation in relation to health) can be leveraged. Existing approaches to measure the accountability of human rights approaches, including in health, such as ones established by the Global Fund, regional groups and parliamentary caucuses, can be used to encourage countries to engage and be assessed on their progress.
- Engaging in regular, structured dialogue and sharing of information/knowledge. Existing successes and experiences in joint action across the three determinants will be built upon, and multi-stakeholder platforms in different countries can be supported to share experiences with each other to foster regional and global solidarity.