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**PROGRESS REPORT ON THE IMPLEMENTATION OF THE TECHNICAL PAPER ON
REDUCING HEALTH INEQUITIES THROUGH INTERSECTORAL ACTION ON THE
SOCIAL DETERMINANTS OF HEALTH IN THE AFRICAN REGION**

Information Document

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BACKGROUND

1. During the Sixty-seventh session of the WHO Regional Committee for Africa, Member States endorsed the technical paper on “Reducing health inequities through intersectoral action on the social determinants of health” (document AFR/RC67/9),¹ committing to invest in tackling the social, economic, commercial, and environmental determinants of health in order to reduce avoidable inequities.
2. Five priority interventions were proposed to address the drivers of social determinants of health in all the 47 Member States: (a) provide policy, legislation, and regulatory frameworks to strengthen intersectoral coordination and collaboration; (b) strengthen leadership in health and development; (c) build evidence, innovation, and scientific research; (d) embrace international cooperation for knowledge and skills sharing; and (e) address the changing health landscape through collaboration across sectors to tackle the social determinants of health.
3. This is the first report following the endorsement of the technical paper. It summarizes progress made in the implementation of the priority interventions above and proposes the next steps.

PROGRESS MADE

4. The capacities of ministries of health have been strengthened to establish and lead multisectoral coordination mechanisms to address the social determinants of health. For example, the community-based health insurance initiative in Rwanda has implemented intersectoral action through engaging the health sector and the Ministries of Finance and Local Government, under the leadership of the Office of the President.
5. Between 2018 and 2019, social determinants of health focal points from several sectors in 31 Member States² were oriented and trained in the use of the WHO health inequality monitoring tools and the importance of generating routine disaggregated data to identify population groups being left behind by interventions.
6. Technical support was provided by the Secretariat for the implementation of the “Health in All Policies” (HiAP) framework by the various countries³ that are currently using the HiAP Global Guidelines⁴. As part of lessons sharing, Ghana organized a study tour to Botswana to learn how to effectively apply the framework to strengthen intersectoral collaboration. Zambia published its National HiAP Framework 2017–2021, and the United Republic of Tanzania, its framework for 2020–2025. Burundi and the United Republic of Tanzania both launched reports on the assessment of intersectoral action to address the social determinants of health. In the United Republic of Tanzania, capacity was built in HiAP through an orientation workshop for 16 policy-makers from government sectors and civil society.

¹ Document AFR/RC67/9, Technical Paper: Reducing Health Inequities through Intersectoral Action on the Social Determinants of Health, WHO 2017 <https://www.afro.who.int/about-us/governance/sessions/sixty-seventh-session-who-regional-committee-africa>

² Algeria, Angola, Benin, Burkina Faso, Botswana, Burundi, Cameroon, Cabo Verde, Congo, Comoros, DRC, Ethiopia, Gabon, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Mali, Niger, Namibia, Rwanda, Sao Tome and Principe, Sierra Leone, Senegal, South Africa, South Sudan, United Republic of Tanzania, Togo, Uganda, and Zimbabwe

³ Botswana, Ethiopia, Namibia, Kenya, United Republic of Tanzania, Ghana, Zambia and South Africa

⁴ WHO *Health in All Policies Training Manual* WHO 2015: http://apps.who.int/iris/bitstream/10665/151788/1/9789241507981_eng.pdf

7. In 2019, the Zambian Ministry of Health and WHO jointly published a report on health equity and the social determinants of health. Its key findings influenced evidenced-based policy decisions on maternal and child health, early childhood development, nutrition, water, and sanitation.
8. With the support of the WHO Regional Office for Africa, eight countries⁵ have undertaken health inequity analyses to inform national policy development. The evidence generated is being used to advocate for disaggregated data and to track implementation of the SDGs as well as inform equity-oriented policies. Ethiopia for example, is using the evidence generated to inform the development of a health equity strategy and HiAP framework.
9. Between September and November 2021, WHO capacitated 31 countries in the use of the WHO tools for effective gender, equity, and human rights integration to strengthen health systems in the context of COVID-19 and beyond. A total of 182 women and 166 men attended the hands-on skills-based training involving government sectors and development partners.
10. The African Health Action Toolkit and Documentation Workbook on equity and social determinants of health in the context of the SDGs is being used to document lessons learnt and good practices in seven countries.⁶
11. To promote intersectoral collaboration, the WHO Collaborating Centre (WHOCC) for Social Determinants of Health and HiAP at the University of Pretoria developed a HiAP curriculum using all-of-society and all-of-government approaches. Professors from five universities⁷ were trained and began to roll out the HiAP curriculum in their respective institutions in 2020.
12. Research was conducted by the WHOCC to assess how the COVID-19 pandemic impacted health and social inequities in South Africa. The outcomes were published and are guiding further research in other WHOCC partner universities.
13. Despite the progress made in improving equity, challenges remain in the Region: (a) limited financial and technical resources to reduce health inequities and those related to social determinants of health; (b) limited capacity to implement multisectoral actions to address the social, economic, commercial and environmental determinants of health; and (d) lack of routine disaggregated data to monitor inequities.

NEXT STEPS

14. Member States with the support of WHO and partners should:
 - (a) Establish intersectoral regulatory frameworks to address social determinants of health, including the enhancement of the leadership and stewardship role of ministries of health to coordinate multisectoral actions in the context of the Declaration of Astana on Primary Health Care, universal health coverage and the Sustainable Development Goals;

⁵ Guinea, Zambia, Kenya, Lesotho, Ethiopia, Ghana, Uganda, and South Africa

⁶ Botswana, Burundi, Cabo Verde, Cameroon, Ghana, Namibia, and United Republic of Tanzania

⁷ Parakou (Benin), Namibia, Senegal, Sudan, and Zambia

- (b) Strengthen capacities to generate evidence, use innovation, and undertake scientific operational research.
15. The WHO Secretariat should:
- (a) Strengthen Member States' capacity to monitor health inequities using the Health Equity Assessment Toolkit (HEAT) and to apply the evidence generated;
 - (b) Support Member States to develop integrated health inequity monitoring dashboards.
16. The Regional Committee is invited to take note of this progress report and endorse the proposed next steps.