



# Centering Equity: Optimizing Social Determinants of Health to Support Enabling Environments

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# Presentation Outline

- Introduction
- Equity and SDOH
- Rationale for optimizing SDOH
- Priority areas for action/prioritization
- Conclusion

## Introduction

- Globally, we have made great strides in reducing the incidence and improving the health outcomes of persons infected with HIV, viral hepatitis and STDs.
- However, today there are groups that carry a severe and disproportionate burden of our focus diseases.
- Such disparities are unfair, pose a significant cost to society in terms of health care needs and lost productivity, and are avoidable. They are also counter to health as a human right.

## Introduction

### **Women and girls (example)**

- Globally 46% of all new HIV infections were among women and girls (all ages) in 2022.
- In sub-Saharan Africa, women and girls (all ages) accounted for 63% of all new HIV infections.

Sources: UNAIDS Global HIV & AIDS statistics — Fact sheet 2023

## Gender Inequality at the center

- Gender biases in power, resources, entitlements, norms and values, damage the health of millions of women and girls
- Expressed as the result of lack of equitable access to: decision-making, basic services, assets and finance, political and economic participation, as well as transformative livelihoods by women.

## So why are these disparities persisting/ getting worse?

- Many of the current approaches to prevention and disease control are focused on individual behavioral risk factors.
- It is urgent, that these be supplemented to address underlying factors, such as poverty, unequal access to health care, resources and opportunities, lack of education, stigma, homophobia, racism and gender inequality.
- We need to go beyond controlling disease on the individual level and address other contributors to disease, including the social determinants of health

# Equity & Social Determinants of Health (SDOH)

## Equity

- “The absence of **avoidable** or remediable **differences** among groups of people...” (WHO)
- Fairness and justice, recognizing that **we do not all start from the same place**, that we must acknowledge and make adjustments to imbalances.
- **A solution for addressing imbalanced social systems.** Justice can take equity one step further by fixing the systems in a way that leads to long-term, sustainable, equitable access for generations.

## SDOH

- The nonmedical factors that account for up to 80 percent of health outcomes
  - The circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. (WHO)
- These circumstances are in turn shaped by a wider set of forces: economic policies and systems, development agendas, social policies and norms, and political systems.

**Equity should be the lens to guide all work on SDOH : “serve the vulnerable, reach first those furthest behind”**

# Why focusing on SDOH

SDOH have been shown to have a greater influence on health than either genetic factors or access to health care services.

Addressing SDOH can have greater impact on health outcomes at the population level and can also lower health care costs and increase productivity for all.

Addressing differences in SDOH makes progress toward health equity

## **SOCIAL DETERMINANTS OF HEALTH**



# SDOH Priority Areas for Action/Optimization

## Prevention Programs

- Refine existing prevention programs to address SDOH, thereby creating a more balanced portfolio of prevention programs.
- Include structural, social, and other determinants in existing prevention program portfolio.
- Develop a more balanced portfolio that addresses the whole of health

## Evidence Generation

- Incorporating SDOH into existing activities must be evidence-based. Evidence/data gaps exist
- Develop and evaluate new approaches to garner evidence in how well to address SDOH with limited resources.

## Health Policy

- Address health inequities and SDOH through policy (not only health policy, but policy of all sectors)
- Policy changes can have quick, wide-spread, and lasting impact

## Equitable Resource Allocation

- Establish equity-oriented health budgets to encourage the realization of universal health coverage
- Distribute the health workforce equitably within countries for the achievement of universal health coverage,
- Equitably promote access to effective treatment & prevention tools

**Develop strong partnerships and Community capabilities**

## Conclusion

- While effective interventions addressing individual risk factors and behaviors exist, **to ensure good health in all communities requires a broader portfolio that looks at social, economic and political factors as well.**
- Such new approaches are needed to **reduce the impact** of poverty, unequal access to health care, lack of education, stigma, homophobia, racism, and other factors that result in disproportionate health impact
- **We need direct actions specifically towards population groups that are in situations of vulnerability or disadvantage**
- Programs addressing factors that can affect health can have **greater impact on health outcomes at the population level** than programs utilizing only interventions aimed at individual behavior change.

# Thank You !