COLOQUIO:
La iniciativa global de WHO 2014-2017 sobre la revisión de los programas de salud para la integración de equidad, determinantes sociales, derechos humanos y género

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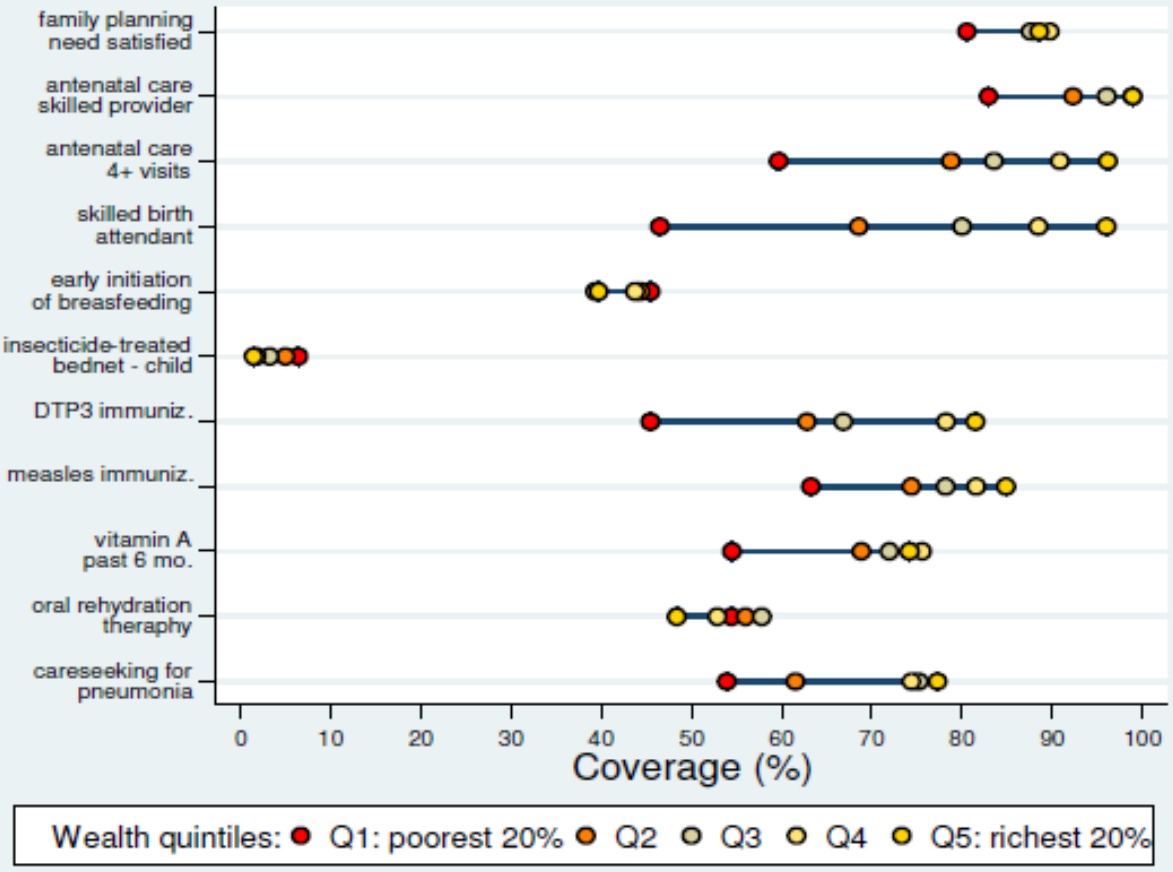
COLOQUIO:
"Desafíos para la Promoción de Salud en Chile: Salud en Todas las Políticas para alcanyar una mejor calidad de vida para todos y todas"

14 Noviembre 2015, Santiago, Chile

Rationale – Why we need this



Source: Indonesia DHS 2007

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (yellow circles).
The longer the line between the two groups, the greater the inequality.

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WHO's commitment

- The *WHO Constitution* states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition [including gender] (WHO, 1946). Health programmes, and the systems in which they operate, must support this right.

- The *Rio Political Declaration on Social Determinants of Health* calls for reorienting health systems—including health programmes—towards reducing health inequities (WHO, 2011).

- The World Health Assembly's May 2014 *resolution 67.14 on health in the post-2015 development agenda* stresses the importance of access to health services without discrimination and calls for special attention to be given to the poor, vulnerable and marginalized segments of the population (WHA, 2014).

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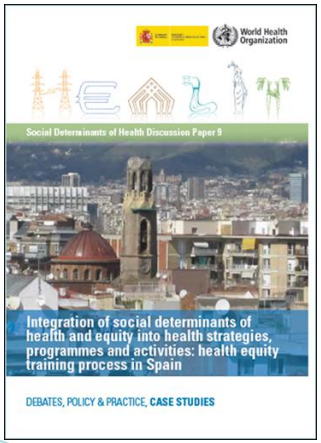
History of the review methodology

1

Commission on Social Determinants of Health

2

2008-2010: Six health programmes, through the Chilean Ministry of Health's "13 Steps toward Equity Strategy"



2010- 2011 Spanish MoHSSE training process to integrate a focus on SDH and Equity into health strategies, programmes, activities, as part of the National Strategy on Health Equity

3

4

2012-2013 WHO EURO multi-country training on reorienting health programmes on MDGs 4 and 5 for health equity, with an explicit but not exclusive focus on Roma

5

2014: Updating the methodology, Piloting in Indonesia

6

2015 and beyond: Training, further piloting, linking through south-south exchange, continual development

Synopsis of review focus in different countries

Country (year)	Review focus	Core review team
Chile (2009-2010)	Cardiovascular	Ministry of Health, Regional health authorities, primary care, university
	Oral health	Ministry of Health, Regional health authorities, primary care, university and Ministry of Education
	Workers health	Ministry of Health, Regional health authorities, primary care, university,ONG
	Women (reproductive)	Ministry of Health, Regional health authorities, primary care, university, ONG and Civil society
	Child health	Ministry of Health, Regional health authorities, university
	Red Tide	Ministry of Health, Regional health authorities, Regional economy authorities
Spain (2010-2011)	National strategic plan for Childhood & Adolescence	Ministry of Health, Social Services & Equality of Spain (MHSSE)
	Call for grants HIV/AIDs prevention & control	MHSSE
	Cancer strategy	MHSSE
	Healthy diet & Physical activity	Regional Autonomous communities – subnational government (AACC)
	Health promotion for vulnerable migrants	AACC Madrid
	Colorectal screening	AACC Basque Country
	Youth health	AACC Andalusia
	Tobacco	AACC Murcia
	Health education in schools,	AACC Murcia
	Healthy Municipalities network	AACC

Synopsis of review focus in different countries

Country (year)	Review focus	Core review team
Bulgaria, (2012-2013)	Program on Sexual and Reproductive Health in Bulgaria	Ministry of Health: Public Health Directorate and Directorate of Functioning of Health System National Center for Public Health and Analyses, Bulgarian Family Planning and Sexual Health Association, Directorate of Functioning of Health System National Center for Public Health and Analyses, Association National Network of the Health Mediators, and UNICEF
Montenegro, (2012-2013)	Strategy on Protection and Promotion of Reproductive Health in Montenegro 2013-2020	Ministry of Health, Board of Health and Social Policy, Parliament of Montenegro, Institute for Public Health, Clinical Centre of Montenegro civil society, civil society and WHO
Serbia (2012-2013)	National Program for Early Detection of Cervical Cancer	Ministry of Heath, Institute of Public Health of Serbia, the Institute for Mother and Child Healthcare, WHO, UNICEF , UNFPA, Faculty of Medicine at the University of Belgrade, Institute of Social Medicine
MKD (2012-2013)	Program for Active Maternal and Child Health Care	Ministry of Health, the National Institute of Public Health, the Ministry of MCT, university medical clinics, NGOs working on Roma issues, UNICEF, UNFPA and the WHO

The review process in these countries had an explicit, but not exclusive, focus on the Roma population, Europe's largest ethnic minority that experiences high rates of social exclusion and poverty.

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Steps of the review process

- **STEP 1:** Apply evaluative thinking to the programme and map its theory
- **STEP 2:** Identify who is being left out by the programme, and who is not
- **STEP 3:** Consider the barriers and facilitating factors that subpopulations experience
- **STEP 4:** Identify the mechanisms that generate inequities
- **STEP 5:** Explore how intersectoral action and social participation can be used to reduce inequities
- **FOLLOW-UP:** Formulate the goals and priorities for reorienting the programme
- **FOLLOW-UP:** Integrate equity, social determinants, gender and human rights into the ongoing M&E cycles for the programme

Examples of review process outputs: Chile

Health programme on cardiovascular disease

- Select equity challenges identified by review team:
  - Employment conditions (especially those in precarious employment) affected men in the detection and admission to the programme stages
  - The programme did not adequately account for the needs of men of certain ages
  - Barriers were individual, social, environmental and related to the health system

- Review team findings (examples):
  - The need for flexible hours (including weekend hours) to make services more accessible to the working population
  - Communication campaigns for the identified subpopulations
  - Further review of barriers caused by programme processes and by other sectors
  - Further review of quality of care, specifically for prevention services
  - Training of staff

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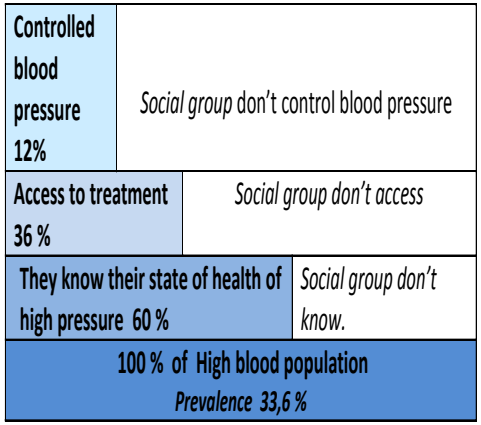
Application at country level: Chile

In the case of the **CARDIOVASCULAR DISEASE PROGRAM**, the process revealed main factors responsible for the observed health inequities.

The program **provided inadequate coverage to** men, specifically those aged between 45 and 64 years with social risk factors such as low education, unstable employment and low income residents and workers in poorer districts, considered the main excluded groups particularly with regard to access health care.

Cardiovascular Disease: Hypertension

(*Hombres-Mujeres%), ENS 2003**



*Recálculo base de datos ENS 2003 Isabel Matute, Depto. Epidemiología, MINSAL.

Excluded population :
Men and adults younger than 55 years

Groups that **DO NOT ENTER** the programme
Men and adults under 55 years

Groups that DO NOT CONTACT
Venders, seasonal workers, , fishermen, miners, forestry workers, informal workers, agricultural workers, domestic workers,

The exercise also revealed that the healthcare system itself was one of the main obstacles to access to health care , mainly due to the rigid work schedule in health centers (the schedule of healthcare center) and the high turnover of staff. In November 2009, a competition was organized to generate ideas in order to redesign the programme, and 18 pilot projects to test the necessary changes were selected.

Best practices were identified through these pilot projects, research and analysis in specific districts was conducted and further application of changes was explored with different stakeholders.

To advance of the redesign of the Cardiovascular health programme is required to generate different interventions to eliminate and/or overcome barriers to access and delivery of benefits programme, particularly in groups of workers, men, and women of lower socioeconomic status

Examples of review process outputs: Spain

National Strategic Plan for Childhood and Adolescence

- Equity challenges identified by review team:
  - Specific needs of different age groups had not been accounted for
  - Need to ensure mechanisms for intersectoral action and coordination between national, regional and local levels
  - Ongoing monitoring needs to reflect equity and social determinants

- Review team outcome:
  - New Plan (PENIA 2012-2015) includes equity in its principles
  - Includes an intersectoral objective on “Health equity from the start” (ECD)
  - Involves education, social and health sectors

Source : WHO (2013). Integration of social determinants of health and equity into health strategies, programmes and activities: health equity training process in Spain. Social determinants of health discussion paper 9. Geneva.
http://apps.who.int/iris/bitstream/10665/85689/1/9789241505567_eng.pdf

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Examples of review process outputs: The former Yugoslav Republic of Macedonia

SPA (Strategy, Programme or Activity)	Recommended changes to the programme identified through the review process	Expected impact on equity
Program for Active Maternal and Child Health Care	• To make the program more accessible and acceptable (through a national campaign) • To use NGOs, Roma Health Mediators (RHM) and community nurses to approach Roma and rural women (promoting the right to health, use of the maternity card, health literacy) • To reduce financial barriers • Tailor an informational brochure to vulnerable groups of women	Improve equity through improving perinatal health indicators for all social groups, including vulnerable groups of women

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Focus of the review process in Indonesia

- Neonatal and Maternal health strategy and action plans of Indonesia.

- Supports equity and UHC targets- For example (neonatal health):
  - ***Target 11: "****Disparities among and within provinces (e.g., among wealth quintiles, urban-rural, educational status) are less than 20%, especially on the coverage of institutional delivery and the coverage of complete postnatal/postpartum care."*

- Priority 3 of the WHO and Government of Indonesia Country Cooperation Strategy

  - *strengthening programmes to improve child, adolescent and reproductive health, with an explicit focus on application of gender, equity and human rights based approaches*.

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Review process: Indonesia

Review teams established

Send checklist for feedback (23 Nov)
Readings
Template for check list presentations

Applying cycle
Review to Interventions

Applying review cycle
Feedback to the teams

Sensitization Meeting	Review teams work	Training&review meeting	Review team work	Towards action
•Introduction •Key concepts •Overview of process •Checklist	•National adaptations to checklist by 17 Nov •Completing checklist by 23 Nov (meeting)	•Checklist presentation •Deepen on the 5 step review cycle, redesign and evaluation •Workplan followup	•Comleting review report • Followup meetings •Feebdack	•Recommendations and Proposals •Work plan for moving forth

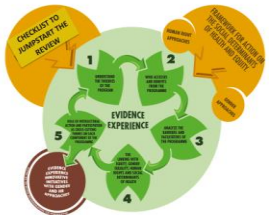
6-7 Nov 2014 | Nov 2014 | Dec 2014 | Dec-2014-Jan 2015 | Feb 2015 and beyond…

Evaluation throughout process

Review teams

Checklist

5 step cycle



Redesign

2015 Timeline:

Review methodology for strengthening GER/SDH in national health programmes

- **16-18 and 23-24 February 2015:** Pilot train-the-trainers sessions in Geneva: representation from all WHO Regions and learning countries:
  - African Region
  - Americas Region
  - European Region
  - Eastern Mediterranean Region
  - South-east Asia Region
  - Western Pacific Region

Location: Geneva

- **30 March to 3 April 2015:** Train-the-trainers in the South-East Asia region:
  - Sri Lanka
  - Maldives
  - India
  - Bhutan
  - Nepal
  - DPRK

Location: India

2015 Timeline:

Review methodology for strengthening GER/SDH in national health programmes

- **March-July 2015:** Pilot in Mozambique, focusing on strengthening the equity, social determinants, gender and human rights focus in Maternal and Child Health programmes.

Location: Maputo

- **April-July 2015:** Pilot in Morocco, with a strong focus on intersectoral mechanisms for addressing social and environmental determinants.

Location: Rabat

2015 Timeline:

5-step review methodology for strengthening GER/SDH in national health programmes

- **May 2015:** Multicountry review process in the European Region, focusing on MCH, involving:
  - Albania,
  - Bosnia & Herzegovina,
  - Croatia,
  - Kosovo,
  - Slovakia.

Location: Bratislava

- **Second-half 2015:** Case studies on lessons learnt – drawing lessons and reviewing evaluation findings from experiences in Chile, Spain, Bulgaria, MKD, Montenegro, Serbia, Indonesia, Mozambique, Morocco, and regional TOTs.

- **Second-half 2015:** Review of experiences and planning for 2016-2017, including a meeting dedicated to this (looking for partners).

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From Chile…

….to Indonesia and beyond

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Looking forward

- Based on your experience in Chile, what recommendations do you have for promoting the use of the review and redesign process in other country contexts?

- What would you do differently if you were to do the review and redesign process again?

- What are the critical elements to account for with regard to sustainability and follow-up on redesign recommendations (at national and subnational levels)?

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