



## Commission on Social Determinants of Health



At the 2004 World Health Assembly, the WHO Director-General announced the launching of a three year initiative (from 2005 to 2008) to act upon the social causes of ill health and inequities by calling for a global Commission on Social Determinants of Health. The Commission's report emphasized the fact that social factors are the major determinants of health rather than health systems. Aimed at “*setting the foundation for sustained processes to profile and integrate the social determinants of health within policy and practice*”, the initiative could represent a new milestone since the Alma Ata Declaration of 1978.<sup>1</sup>

### OBJECTIVES

The initiative entails the development of a global mechanism whose aims as described by the WHO Secretariat on the SDH, are to “*address the gross inequalities in health between countries and among social groups within countries*” and “*to promote a new health agenda oriented to social determinants at global, regional and country levels*”. The Commission’s mission comprises four tracks of work: “1) **action**: by supporting partner countries to strengthen action on social determinants in public health policy and practice; 2) **learning**: by consolidating and disseminating knowledge on social determinants of health to inform policy and equitable interventions; 3) **advocacy**: by identifying and promoting opportunities for action on key social determinants by government and other actors; and 4) **leadership**: by supporting political, technical and institutional leaders to advocate and act on social determinants.”

### STRUCTURE

The major actors working within the commission include:

#### 1. The Commissioners:

Selected high profile individuals whose role is to lead overview and engage with the different actors involved and governments of the different countries to promote and advocate addressing the social determinants of health. For more details about the commissioners, please refer to

[www.who.int/social\\_determinants/commissioners/en/](http://www.who.int/social_determinants/commissioners/en/)

#### 2. The WHO secretariat and the regional WHO offices

- The coordinating body within the WHO supporting country and regional level activities..

#### 3. The Knowledge Networks

- Academic institutions contracted to lead and organise the process of generation of evidence thought formulation of a network around each theme. For more details, please consult the link

[www.who.int/social\\_determinants/knowledge\\_networks/en/](http://www.who.int/social_determinants/knowledge_networks/en/)

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<sup>1</sup> Additional information concerning the structure of the Commission and Civil Society’s role and scope is provided on the final pages of this document, along with the Commission Secretariat’s diagrammatic description of the pathway in which the social determinants of health are produced and affect people’s health. We are also attaching herewith certain background material quoted from the CSDH website of the WHO ([www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)), with pertinent links for your easy reference.

#### 4. Civil Society organizations

- The role of civil society is seen as an essential component to ensure people's priorities as well as sustainability of the process. The CSDH secretariat will work with four civil society organizations (one from Africa, one from Asia, one from the Americas, one from the Eastern Mediterranean) acting as CSDH Regional Civil Society Facilitators. These groups will take leadership in developing regional strategies for CS participation in the Commission by coordinating a consultative process. Their role is to catalyse, enable and manage collaboration between the CSDH and a broad range of civil society actors so as to bring their voice into all aspects of the Commission's work, including generation of evidence, engagement of communities, advocacy and awareness-raising at country, regional and global levels. For more details, please consult the link

[www.who.int/social\\_determinants/country\\_action/civil-society/en/index.html](http://www.who.int/social_determinants/country_action/civil-society/en/index.html)

### CIVIL SOCIETY ROLE AND ENGAGEMENT

The Commission views civil society (CS) engagement as vital to a non-linear process which is set to span three years and involve “*on-going, pro-active contributions of multiple partners turning knowledge into action and feeding the results of action continuously back into the knowledge base*”. The first phase, ending in January 2006, will be devoted primarily to crucial CS strategy and workplan development, to be followed by the implementation phase from Jan. 2006 to May 2008.

Since the launching of the Commission in 2004, three general meetings were held, in Chile 2004, Egypt 2005 and India 2005. The first meeting in which the Regional Civil Society Facilitator Organizations were invited by the Commission for consultation was held during the first week of August 2005 in Geneva. The four organisations from the four regions were selected through consultations with regional WHO offices and other consultations.

During the Geneva meeting, discussions between the WHO secretariat and the Regional Civil Society Facilitators for the four regions focused on articulating and developing the role/s of civil society and its relationship to the other actors involved, at country, regional and global levels. This role was spelled out after consultation in the document presented by the WHO Secretariat in its Terms of Reference for Civil Society as follow: (The full text of the Terms of Reference for Regional Civil Society Facilitators is attached herewith.)

In brief, according to the TOR formulated with the CSDH Secretariat,

#### 1. Civil Society Engagement in the CSDH Process aims to:

- Provide a global platform for CS voice and advance CS agendas relative to social determinants;
- Strengthen capacities among participating CS organizations;
- Enhance learning from community level;
- Promote country action shaped by civil society knowledge and concerns (through interventions, advocacy and lobbying)
- Broaden the political uptake of the Commission's messages (through informing the Commission's work, working in various ways to inform policy at **country level, etc.**)
- Improve the chances of sustainable impact

To achieve this, “*civil society actors in the Commission process need a comprehensive strategy that draws on the knowledge and experience present in CS organizations and communities and that is led by civil society. This strategy must involve CS in all major components of the Commission, including: action in partner countries; the Commission's Knowledge Networks (see below); and the activities of the Commissioners. The strategy must facilitate CS roles within the major global and national spheres of influence of the Commission, including the WHO. It must also reflect the diversity of CS actors and the specificities of global regions*”.

To meet these requirements, the CSDH secretariat will be working with CS organizations from the four main regions who will act as the Commission's Regional Civil Society Facilitators to “*catalyse, enable and manage collaboration between the CSDH and civil society*” in the four regions, and “*maintain linkages with the other regional CS Facilitators and Commission components*”.

## **2. CS Engagement Will Encompass 2 phases:**

1. Design of regional CSDH civil society strategies and workplan for implementation (September 2005 – January 2006). (preparation phase)
2. Implementation of the regional CS strategies (February 2006-May 2008) (implementation phase)

### For the First Phase:

#### *A. The aims are as follows:*

1. Elaborate the strategy and workplan of Civil Society in each region
2. Engage with the other components of the CSDH, namely the Commissioners, Knowledge Networks, and CSDH Secretariat, as well as other important partners such as the WHO Regional Offices and Country Level actors (including policy makers)

#### *B. Activities will include:*

- 'Mapping' of key civil society actors (organizations and networks including research institutions, NGOs, peoples organizations, trade unions...etc) and processes relevant to social determinants within the region and the countries
- Linking and participation of the different actors (consultation and networking, national and regional)
- Developing with partners in each region a comprehensive regional strategy for civil society participation in the Commission and in action on social determinants
- Drawing up an implementation plan for each region (which should take into account the diversity of contexts and also outline the roles of the CS organisations at country, regional and global levels)

## **AHED's ROLE, as Regional Civil Society Facilitator for the Eastern Mediterranean Region**

The Association for Health and Environmental Development (AHED) which is based in Cairo, Egypt (website [www.ahedegypt.org](http://www.ahedegypt.org) ) has been selected by the CSDH Secretariat to facilitate the involvement of civil society organizations within the WHO's "East Mediterranean Region"<sup>2</sup>. Three other organizations have also been selected to facilitate similar work in the other three regions, namely Africa, Asia and the Americas.

This entails contacting and involving the widest possible number of civil society organisations who would be interested in engaging in this process. AHED will work with all CS partners from the region to develop a regional network which is diverse and inclusive, reflecting and addressing the different aspects and concerns regarding the social determinants of health. Such organisations should include a variety of civil society organizations, including NGOs and NGO networks, community-based organizations, trade union groups and federations, broad-based people's movements, research institutions, etc., that are addressing social determinants of health.

### **Role of the Regional Facilitators**

#### Basic principles

1. Catalyzing, enabling, and managing the collaboration between Commission and civil society in their specific regions
2. Maintaining linkages with the other regional Civil Society Regional Facilitators and the Commission components

#### Who does it

- In some cases, one organization might fulfil all aspects of this role;
- In most regions, the responsibilities will be shared among several collaborating organizations

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<sup>2</sup> The WHO's "Eastern Mediterranean" Region covers the following countries: Afghanistan, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, and Yemen

(Contractual relationship)

- one person representing one organization in each region with transparency to other organisations, active participation and collective ownership

Relationship of Civil Society Facilitators (CSF) to other CS organisations in the regions:

- CSFs are not the sole representatives in their regions;
- Their role is to help nurture constructive connections between the CSDH and civil society actors, and
- to help ensure that CSDH processes contribute to strengthening the capacity of CS organizations to advance health equity through action on social determinants of health.
- CS organizations will include NGOs working in other spheres than health, including education, women groups, worker, environment, labour and others.
- The Facilitators act as a link between the CSDH and civil society and community groups.

**The Regional CS Process**

A general meeting of the Commission will be held in Iran in the third week of January 2006. The meeting will include the Civil Society Regional Facilitators from the four regions assigned. Within each region, a civil society network must be developed to generate a regional strategy for engaging civil society with the CSDH process through wide consultations at both the national and the regional levels. That strategy will then be presented at the meeting in Iran.

As a crucial part of this process, national-level consultations must occur during the months of October and November 2005, and a regional consultation meeting will be organized during December 2005 for representatives of civil society organisations from the East Mediterranean Region.

For practical reasons and limited financial resources, only around 20-25 representative organizations can gather for that single regional-level meeting. These organisations should be able, by this stage, to appropriately present strategies, issues and concerns generated through country and sub-regional level consultations.

We feel that this opportunity is of utmost importance for civil society organizations. Civil society must be involved in both the lobbying activities, networking as well as generation of knowledge on the social determinants of health. Many of our organizations' missions were basically developed to address the social determinants of health and the structural causes that stand behind and continually reproduce the inequalities of health. We believe that the participation of civil society organisations in this initiative will provide an important chance, not only to influence the outcome and outputs of this initiative, but also to provide civil society with more space, influence and tools for its continuous advocacy and lobbying, widening its networks and community bases through the initiative, alongside it and following its conclusion.

**Therefore**

If your organisation is interested and can engage in the process, we would like to ask if you could:

1. Identify and suggest organisations / networks in your country (or other countries within the described region) who would be interested in this process and can collaborate at country level with other CS organizations. While a wide diversity of groups must be involved, this should also include local CS groups who can interact with various other national, regional and/or global level actors.
2. Participate in and facilitate the widening of in-country consultations, whether at local community and/or other levels. These will need to occur to develop proposed CS strategies and workplans for each country that can properly reflect country-level contexts and priorities. Based on, and through, such consultations, a regional strategy will be formulated and refined in the regional meeting to be held in December 2005.

As civil society colleagues within the Eastern Mediterranean Region, we sincerely hope that we can collaborate productively and engender collective ownership amongst a broad and diverse range of organizations in our region so as to usefully engage with this important initiative.

**Schematic of Social Determinants Pathway (CSDH Secretariat's Diagram )**

