

International experiences in integrating equity in health systems

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Social determinants discourse

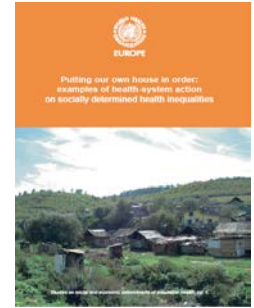
Since 30% argument was initiated:

- Changes to health care considerable
- Health systems field of work developed considerably – HS as soc det and soc det

Even so

- Still great scope for putting our ‘own house in order’ within the 50%
- Moving from equity as a value to doing something practical about inequity remains a challenge

A tale of two narratives

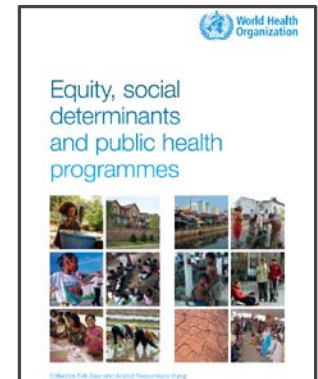


- Health systems discourse:
 - Social determinants and intersectoral action not relevant given health systems in Europe
 - Policy and political resistance within former-Soviet countries and wider regional approach to HS
- SDH discourse and advocates
 - What do health systems have to do with it
 - Why focus on health systems when countries like Norway have an innovative, intersectoral policy

NOT EITHER OR BUT BOTH

Lessons learned

- Both health systems and intersectoral action is usually needed
- Right spaces and levers for action – what does the problem and or policy space look like, where are you best placed to act
- Piggybacking onto other system processes – Health Systems Performance Assessment
- Application to core business of public health
- Scoping reasonably – minimum health equity data set

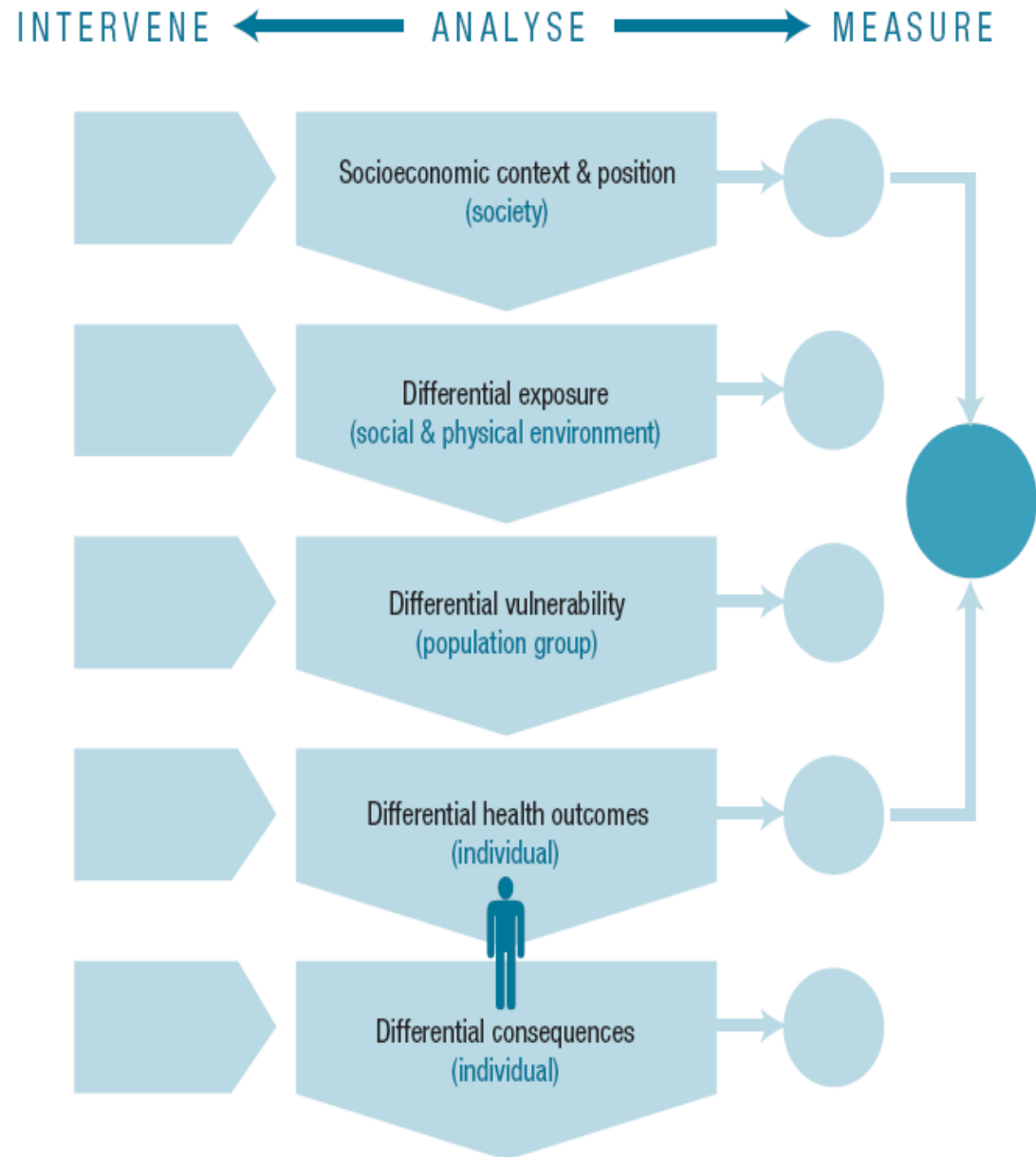


Suggestions for going forward



- Checklist of *Health Systems House in Order*
- Building on this:
 - Do *something*
 - Do *more*
 - Do *better*

FIGURE 1.1 Priority public health conditions analytical framework



Some links/resources

- Health Systems House in Order web-based resource – <http://data.euro.who.int/equity/hidb/Resources/List.aspx>
- Equity, social determinants and public health programmes – http://apps.who.int/iris/bitstream/10665/44289/1/9789241563970_eng.pdf
- European portal for action on health inequalities – <http://www.health-inequalities.com>