



World Health
Organization



Commission on
Social Determinants of Health



Mapping stakeholders and opportunities for knowledge synthesis: experience from WHO and the CSDH

29 October 2007

Exploratory Meeting of the Proposed Cochrane
Public Health Collaborative Review Group

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1.1 Commission on Social Determinants of Health (CSDH)

- Political process and strategic mechanism to improve equity in health through action on the social factors that influence health outcomes.
- Seeks to increase knowledge and debate on the opportunities for policy and action across sectors on the causes of ill health and to translate knowledge into action.

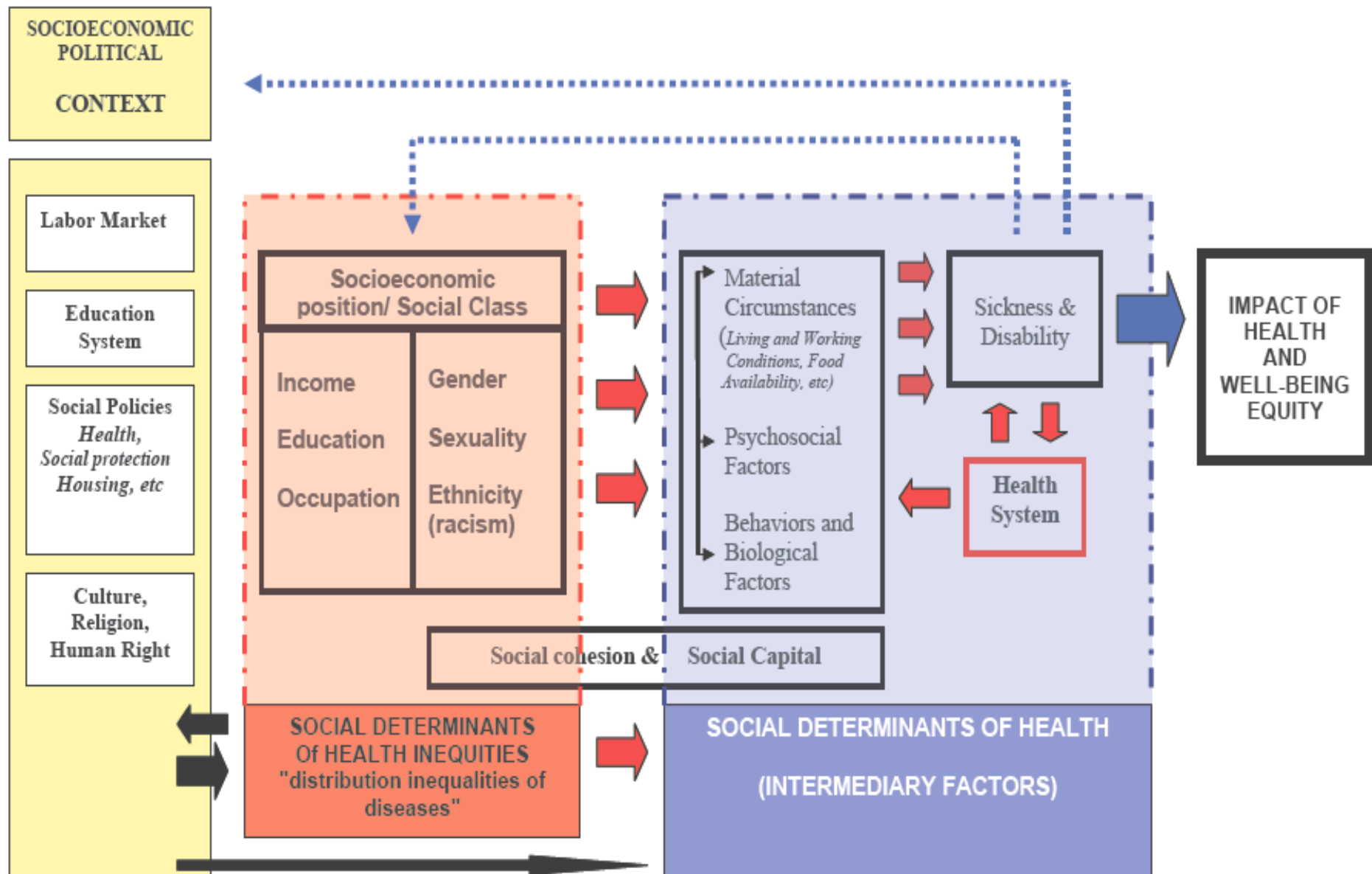
1.2 CSDH streams of work

1. Learning: Consolidate, disseminate and promote knowledge on SDH, and policy and effective interventions;

2. Advocacy: Promote action among policy makers, institutions and society;

3. Action: speed up and support processes that integrate SDH knowledge into public policy and practice at country level;

4. Leadership: support institutional leaders to act on SDH.



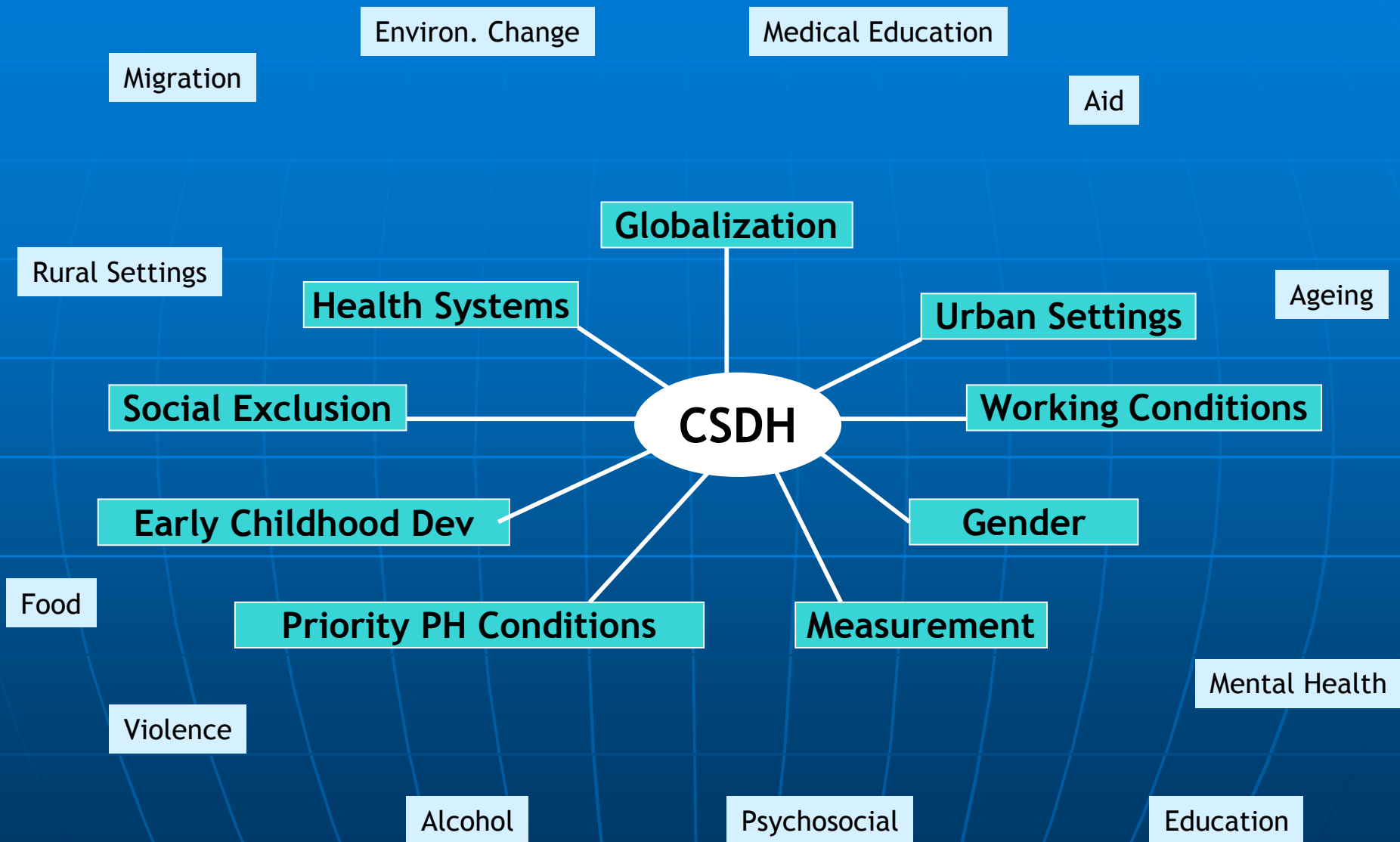
1.3 Framework for Action on Social Determinants of Health and Health Equity

2.1 Knowledge Networks

World Health Organization set up Nine Knowledge Networks to inform on prospects for action on SDH.

- Gather evidence on priority associations between social factors and health inequities across countries;
- Gather evidence on successful policies, programmes and institutional arrangements to address SDH;
- Stimulate societal debate on opportunities for acting on SDH;
- Inform and promote policy proposals and their evaluation regionally and globally.

2.2 Knowledge Network Themes



2.2.1 Measurement & Evaluation

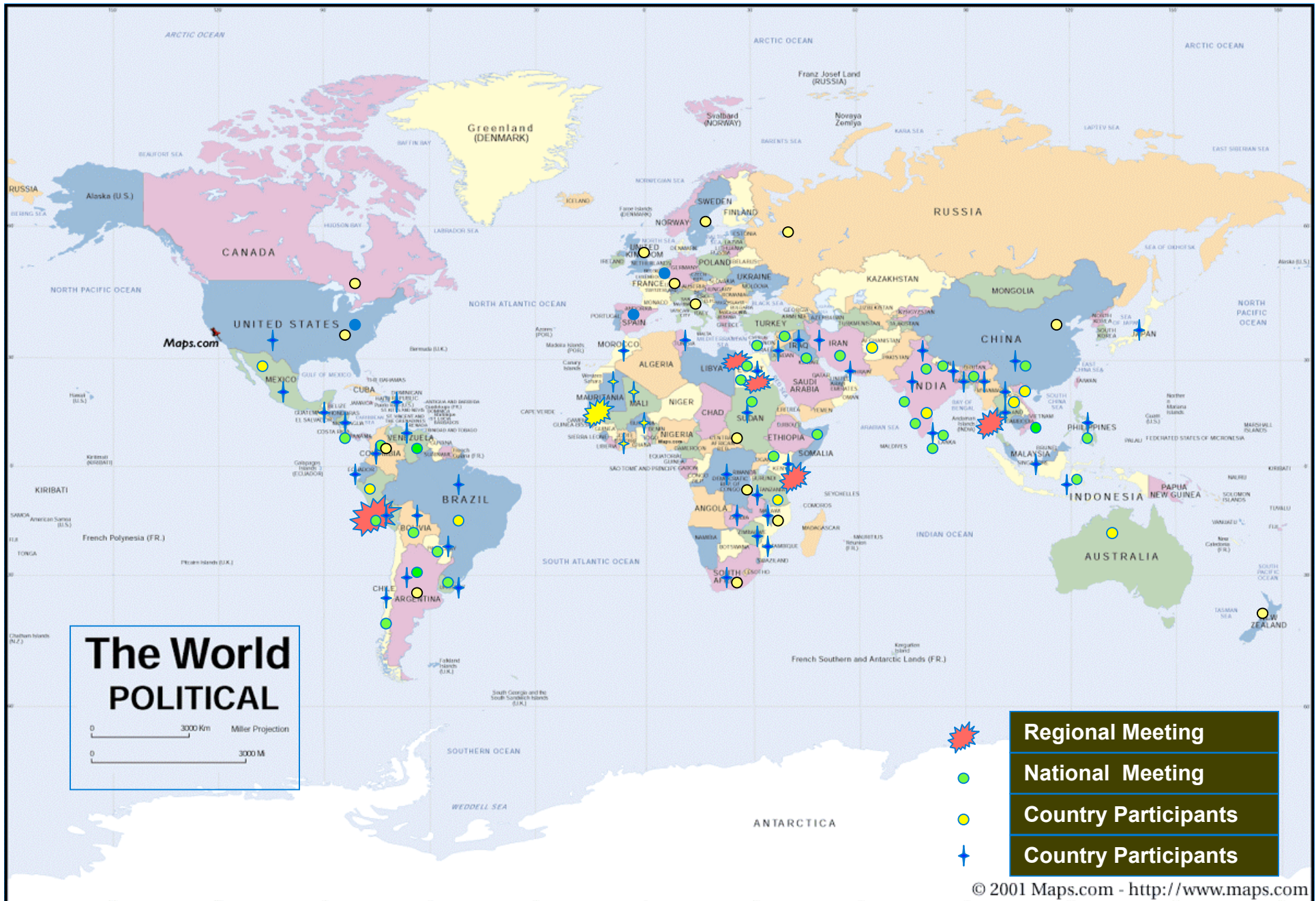
- Guidelines to all KNs
- Final report focuses on synthesis for policy inputs – general overview
- Guidebook offers an overview of terms, data sources, approaches, and frameworks for synthesis
- Recommends that more work is needed on synthesis for action

2.2.2 Priority Public Health Conditions

- Within WHO network of programs
- Enlarge "vertical" to include "social gradient" "horizontal" & "upstream"
- Address resistance to change
- 13 WHO departments + 14 national case studies
- Includes WHO partnerships on research – TDR, HRP, Alliance HPSR

2.3 KN process & outputs

- 2 year time frame
- 2 co-hub leaders/lead institutions per KN that were funded
- More than 100 additional members (researchers, policymakers, members of civil society, academics)
- Eight final reports to date from KNs
- 105 pieces of research/new evidence gathering/case studies commissioned across networks
- More than 230 recommendations



2.4 KN members & activities: non exhaustive

3.1 Building Evidence & Recommendations

- Discussion on guideline or approach to evidence and synthesis
- Links with specific experts on data, policy and cross-cutting issues
- Participatory process and involvement with civil society groups
- Circulation of documents with grass-roots organizations for discussion, policy relevance checks & public awareness
- Partnerships with countries

3.2 Principles

- Find actions that improve equity
- Concentrate more on low and middle income countries (LMIC)
- Range of methods, regions and language groups
- Challenge orthodoxies on what constitutes evidence
- Reflect critically & different interpretations
- Develop & communicate approach taken

3.3.1 Country Case Studies

HEALTH SYSTEMS

Australia	Chile
USA	China
South Africa	Mexico
Thailand	
Sri Lanka	

EARLY CHILD DEVELOPMENT

Egypt
Eritrea
Chile

EMPLOYMENT CONDITIONS

USA	Cuba
Germany	China
Sweden	Haiti
Turkey	Chile
Chile	Russia
Venezuela	Sri Lanka
Nigeria	

URBAN SETTINGS

Chile	Pakistan
China	Thailand
India	Peru
Japan	Zambia
Singapore	Philippines
Indonesia	Mozambique
Sierra Leone	Kenya
Brazil	South Africa
Bangladesh	Mexico
Britain & NZ	Colombia

3.3.2 Country Case Studies

GLOBALIZATION

Cambodia
East Asia
Thailand
Mexico
South Asia

Brazil
Russia
Argentina
South Africa
Philippines

Cuba
SE Asia & India
Caribbean
Eastern Europe
Thailand

Italy
Finland

WOMEN & GENDER

Brazil
Uruguay
Chile
Peru
Kyrgyzstan
Yemen
South Africa

SOCIAL EXCLUSION

Europe
Colombia
Brazil
South Africa
South East Asia
Senegal

PRIORITY PUBLIC HEALTH

Bangladesh
Chile
Indonesia
Kenya
Pakistan
South Africa
Vanuatu
Canada
China
Iran
Nigeria
Peru
Tanzania

3.4 Recommendations – consider policy implications

- WHO mapped recommendations across KNs, using framework for action
- KN recommendations require multiple actors, action at different levels
- "Actors" at national level must critically reflect on connection, context, policy opportunities, barriers, and develop strategies
- Commission will select and include some recommendations in its report, targeted to some actors

3.4 Recommendations across KNs addressing

Context

28

Stratification

27

Exposures

19

Vulnerabilities

29

Unequal Consequences

6

**Stewardship :
monitoring,
intersectoral, pro health
policies . . .**

24

- Include health equity as a goal in health

4.1 Reflections

- Main achievements
 - Extended global communities of practice
 - KN products & by products
 - Demand for follow-up and action within countries
 - Recommendations for specific research or synthesis addressing important gaps

4.2 Reflections

- Steering the process
 - Funding for meetings critical
 - Ensuring periodic dialogue
 - Balance WHO expectations with time
 - Balance Commissioners' and networks' expectations
 - Adhering to principles – quite difficult

4.2.1 Challenges in adhering to principles

- Areas lacking data, primary studies
- Assure quality of information in case studies
- Assure involvement of beneficiaries
- Time necessary to gather evidence
- Limited successful policy interventions to address SDH where health equity is documented
- Critical mass of hub leaders in low income contexts

4.3 Opportunities for the new collaborative review group

- **Facilitate and encourage greater disaggregation within routine information systems & within health programs**
- **Strengthen integration and leadership of scientists from low and middle income countries (LMIC)**
- **Strengthen institutional capacities to collect, analyze and synthesize evidence in LMIC**

4.3 Opportunities for the new collaborative review group

- **Work closely with research funding bodies**
- **Support consensus building on improving methods to synthesize for action**
- **Further international collaboration & improved methods to produce systematic reviews**
- **Draw on and involve WHO**