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

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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

- Globalization
- Health Systems
- Urban Settings
- Working Conditions
- Gender
- Measurement
- Priority PH Conditions
- Early Childhood Dev
- Social Exclusion
- Migration
- Environ. Change
- Medical Education
- Aid
- Rural Settings
- Food
- Violence
- Alcohol
- Psychosocial
- Mental Health
- Education
- Ageing
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

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### 3.3.2 Country Case Studies

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<th>WOMEN &amp; GENDER</th>
<th>SOCIAL EXCLUSION</th>
<th>PRIORITY PUBLIC HEALTH</th>
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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

Stratification

Exposures

Vulnerabilities

Unequal Consequences

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

- 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