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**ADDRESSING SOCIAL DETERMINANTS OF HEALTH IN AFRICA**

**ADOPTION OF (HEALTH IN ALL POLICIES) APPROACH**

*(Item proposed by the Sudan)*

## CONCEPT NOTE

### Introduction

1. Although the United Nations' (UN) Millennium Development Goals (MDGS) report in 2015 was optimistic, the success of the MDGS had extreme variations. According to 2007 UN report, Africa remained off track of meeting the MDG goals for fighting poverty. However, evidence has demonstrated that health is not just the outcome of genetic or biological processes; it is also affected by social determinants of health. These determinants involve a diversity of social and economic conditions which have direct or indirect influence on health, such as the conditions in which people are born, live, work and age, and the existing systems that deal with illness. On the other hand, governance and social and economic forces also influence these conditions and shape them, which in turn result in unequal access to these social and economic conditions which gives rise to health inequalities. Nevertheless, the majority of health inequalities are considered avoidable. The final report of the World Health Organization (WHO) commission on Social Determinants Health (CSDH) calls for a new global agenda to tackle health inequalities through actions on the social determinants of health through adopting an approach to health and human development in which equity is at the center of the reform in order to improve health and health equality worldwide. However, evidence has demonstrated that the majority of SDH are dealt with outside the traditional health system that exists within the health sector, as it involves the engagement of all sectors. Therefore, the adoption of a health in all policies approach is considered a crucial element to tackle SDH and to address health inequalities in the African Region.

### The African Context

2. The African region has been lagging behind most other regions in its overall health attainments during the past decades. In the 1980s and the 1990s, most of the sub-Saharan countries have witnessed increasing economic deprivation and poverty, diminishing food security, devastation by the HIV/AIDS pandemic, environmental destruction, increasing unemployment, and general reversal of human development indicators. Extreme poverty increased from 47% in 1990 to 50% in 2009. As a consequence, progress towards achieving the Millennium Development Goals in the African region had been slow, with the majority of the countries failing to achieve their goals, especially health related goals. In addition to that, the region made very little progress towards reducing under-five mortality, with the majority of countries making only negligible improvements in reducing under-five mortality by about 2% between 1990 and 2005. Furthermore, there was only a marginal improvement in infant mortality (from 110 to 99 per 100 live births) during the same period. This situation is also aggregated by the presence of widespread health inequalities in various health outcome measures such as infant and child mortality, maternal mortality, and stunting among several other indicators. On the other hand, there are also a wide range of inequities within and between countries in health service coverage, safe water supply, sanitation, and health outcomes. These

inequities are highly evident in the patterns observed in the region in regards to urban/rural location, rich/poor, and even across households<sup>1</sup>.

3. The performance on health outcomes in the African region is also affected by structural and intermediate factors that have an impact on social, cultural and behavioral practice and are beyond the remit of the health sector. These factors include: globalization, urbanization, climate change, information technology, and civil conflict. Such factors have a huge cumulative impact on health due to their influence on lifestyle-related factors such as food consumption, use of tobacco, drugs, and alcohol, physical activities, violence, sanitation and hygiene, high risk behaviors, among others. Forcibly displaced persons in Africa are among those who suffer poor health conditions and affected by lack of services. It worth mentioning that over a third of the world's forcibly displaced persons are in Africa, including 6.3 million refugees and asylum seekers and 14.5million IDPs.

4. The WHO Regional Office for African has been playing a vital role in changing the continent future through working towards achieving the Sustainable Development Goals (SDGs). At the beginning at the SDGs in 2015, the WHO Regional office for Africa has launched The Africa Health Transformational Program, 2015-2020: a vision for Universal Health Coverage (UHC), which is a framework for health and development that aims to address the unacceptable inequalities and inequities that kept the African continent lagging behind others in terms of health indices and enjoyment of the highest attainable standards for life. The goal of the Africa Health Transformational Program is to ensure universal access to basic package of essential health services in all member states of the Region and hence achieving UHC in Africa with minimal financial geographic and social obstacles to services<sup>2</sup>. The program is designed to focus on many strategic priority areas, most importantly, tackling social and economic determinants of health, and driving progress towards equity and UHC through health system strengthening. The basic program is based on the principle of an Africa speaking out for itself through assuming ownership and engaging in leadership to effect change.

5. Although determinants of health are usually tackled beyond the health sector, adequate intersect oral collaboration is required in order to efficiently tackle them. Therefore, in order for the African region to be able to progress towards SDGs and achieving UHC, adopting the health in all policies approach is considered a crucial step ensure effective intersectoral collaboration and response.

### **Health in All Policies Approach**

6. Health all Policies ( HiAP) is an approach to public policies cross sectors that systematically takes in to account the health implications of decisions, seeks synergies , and avoids harmful health impacts in order to impacts at all levels of policy- making . It includes an emphasis the consequences of public policies on health systems,

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<sup>1</sup> World Health Organization: A strategy for addressing the key determinants of health in the African region.

<sup>2</sup> world Health Organization Regional Office for Africa: The Africa Health Transformation Programe 2015- 2020.

determinates of health and well-being<sup>3</sup>. Countries worldwide were struggling to reach MDG and are now still struggling to achieve the SDGs. The main difference between SDGs and MDGs is that SDGs clearly address and take into account the social determinates of health in a more evident manner. Unfortunately, the ministry of health cannot work one to address health inequities. Social determinates of health require an intersectoral approach of Work. Unless there is commitment, coordination, collaboration and partnerships between the different Ministries with Ministry of health. It will be difficult to close the equality gap and move towards SDG and UHC.

7. Although several countries had adopted and implemented the HiAP approach worldwide. Several factors have driven a global initiative to launch a global network for Hi AP which <sup>4</sup>Include: absence of a platform for global knowledge sharing and a mechanism to facilitate and advance HiAP approach at a global level: difficulty to achieve SDGs targets if HIAP is not institutionalized and committed to : very few scattered country experience worldwide in HiAP implementation: the growing need to provide evidence and implementation practice on effectiveness of HiAP implementation in addressing SDH and progressing towards SDGs and UHC.

8. As a consequence, the Global Network for Health in All Policies ( GNHiAP) was launched during the 70<sup>th</sup> World Health Assembly ( WHA) in May 2017. The GNHIAP is an initiative led by Sudan and embarked on initially by a group of countries that are committed to work together to strengthen and institutionalize Hi AP and facilitate its implementation. With the aim of creating a global platform to strengthen and advance Health in All Policies approach and to Progress towards SDG and UHC. Several objectives has been set for the Global Network for Health in All policies which are:

- To lead, facilitate, strengthen, and institutionalize the implementation of Health in All Policies in Countries to support the implementation of SDGs.
- To build capacities and skills to enable the implementation for the Health in All Policies approach.
- To facilitate the development of tools and guidelines to support step by Health in All Policies approach.
- To enable knowledge sharing and inter- countries transfer of experiences through South to South and triangular Cooperation.
- To generate evidence o the effectiveness of the Health in All Policies approach in the programs towards SDGs and UHC.
- And finally, to create an online platform where all countries can have rich interactive discussions and share experiences.

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<sup>3</sup> English Global Conference on Health promotion, Finland, 2013.

However, in order for the African region to advance towards achieving the SDGs, adoption of the HiAP approach is crucial in order to tackle SDH in the region. In addition to that the involvement of the African countries in the GNHiAP, and the commitment of the head of states within the region to the HiAP approach and the GNHiAP activities is also important for ensuring effective implementation of the approach.

## **Rationale**

9. The health inequities that exist within and between the African countries as a consequence of the persisting SDH are hampering the progress towards achieving the SDGs. In order for the region to improve health outcomes and progress towards achieving SDGs, countries should promote intersectoral collaboration through adopting the HiAP approach in order to be able to address key determinants of health. Tackling these determinants rests with ministries other than the ministry of health, therefore, there is an urgent need for adoption of a more coherent approach. In order for the African region to effectively implement the HiAP approach, political commitment at the highest level (head of states) is required.

## **General Objectives**

10. To endorse a declaration that demonstrates the highest level of political commitment from head of state within the African region towards implementation of the HiAP.

## **Specific Objectives.**

- Transfer of HiAP international practical experiences to the African region
- Generation of evidence and practices for the support of the transformation from intersectoral collaboration towards whole of government and whole society approach, and hence the progression towards UHC.
- Speeding up the movement of the African countries towards achieving the SDGs
- Highlighting the positive role of the African region as a driver of the global development
- Building partnerships and collaborations with countries and international institutions in order to positively affect the global health policies and to reduce the negative consequences of these policies on the region.

## **AFRICAN UNION DECLARATION ON ADDRESSING SOCIAL DETERMINANTS OF HEALTH IN THE AFRICAN REGION THROUGH ADOPTING HEALTH IN ALL POLICIES APPROACH**

**We**, Heads of State and Government of Member States of the African Union, meeting in the Thirty Second Ordinary Session of the Assembly of the Union in Addis Ababa, Ethiopia, from 10 to 11 February 2019;

1. **Aware** of the pivotal role of a healthy population as a driver for sustainable, equitable, and inclusive economic growth and national development, and hence the advancement towards achieving Universal Health Coverage and the Sustainable Development Goals;
2. **Reaffirming** that addressing Social (Societal) Determinants of Health is the responsibility of all governments in order to assure adequate, healthy and sustainable environments in homes, schools, workplaces, and communities for the health of their populations and that equity in health is an expression of social justice;
3. **Recognizing** that Social Determinants of Health in the African Region could not be tackled or addressed properly within ministries of health alone, however, countries are required to promote intersect oral collaboration through adopting and implementing Health in All Policies and Whole of government approach;
4. **Reaffirming** that different governmental sectors, development partners, communities, private sector and Civil Society Organizations have pivotal roles and responsibilities in achieving Sustainable Development Goals and advancing towards Universal Health Coverage, where the health needs of the poor, underserved, disadvantaged and vulnerable populations including Refugees, Returnees and IDPs receive due attention and that health is in all policies of every State within the African Union;
5. **Recognizing** that effective implementation of Health in All Policies in the African Region requires the highest attainable level of Political commitment and effective coordination and monitoring mechanisms;
6. **Noting with appreciation**, that World Health Organization and other global actors and initiatives such as the Global Network for Health in All Policies play a vital role in institutionalization and implementation of Health in All Policies Approach worldwide;

**We hereby strongly committed to support and enhance the reform of the health sector in the AFRICAN Countries through adopting the Health in All Policies**

**approach in order to progress towards achieving Universal Health Coverage and Sustainable Development Goals in Africa by:**

7. **COMITTING** to health and health equity as political priority by adopting the principles of Health in All Policies and taking action on the social determinants of health;
8. **ENSURING** effective structures, processes and resources that enable implementation of Health in All Policies approach across all member states of the African Union;
9. **STRENGTHENING** the capacities of Ministries of Health in all member states to engage other sectors of government through leadership, partnership, advocacy and mediation to enable the implementation of Health in All Policies and provide evidence on the determinants of health and inequity and effective responses to improve health outcomes;
10. **GENERATING** evidence and documenting good practices on the effectiveness of Health in All Policies on addressing Social Determinants of Health in order to support member states to adopt whole of government and whole society approaches;
11. **PROMOTING** regional and global transfer of knowledge and best practices the implementation of Health in All Policies;
12. **BUILDING** partnerships and collaborations with countries and international institutions in order to positively affect the global health and health-related policies and to reduce the negative consequences of these policies of the African Region;
13. **REQUESTING** chairperson of the African Union Commission to report annually on the progress made in implementation of Health in All Policies, which is an expression of the Sustainable Development Goal 17, strengthen the means of implementation, and the specific target 17.14.1, number of countries with mechanisms in place to enhance policy coherence of sustainable development.
14. **SUPPORT AND CHAMPION** all issues raised in this declaration, both at national regional and continental level;
15. **ENDORISING** the aforementioned this, on the 11 February 2019.

2019-02

# Addressing social determinants of health in Africa adoption of (health in all policies) approach (Item proposed by the Sudan)

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