GAUTENG DECLARATION ON SOCIAL DETERMINANTS OF HEALTH IN AFRICA

On November 7 to 8, 2016, representatives from Young Academies of Science (YAs) in Africa met in Johannesburg, South Africa. The YAs represented were from the following countries: South Africa, Nigeria, Uganda, Ethiopia, Kenya, Senegal, and Zimbabwe.

The workshop was organised by the South African Young Academy of Science (SAYAS) in collaboration with the Academy of Science of South Africa (ASSAf), the Nigerian Academy of Science (NAS) and the Uganda National Academy of Sciences (UNAS) with funding support from the Inter Academy Partnership for Health (IAP for Health).

The purpose of the workshop, was to deliberate on policy engagement on Social Determinants of Health (SDH) in Africa and interrogate shortfalls thereof. This was with a view to producing a Statement with recommendations that will assist policymakers to formulate or implement policies that address social determinants of health in Africa in a holistic manner.

Participants in the conference agreed to the following statement of principle and purpose to share this statement with their Young Academies, Academies and policy makers in their respective countries.

Health Equity and Social Determinants of Health

The World Health Organisation (WHO) defines social determinants of health (SDH) "as the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

These forces and systems include economic policies and systems; development agendas; social norms and policies; and political systems (Access: http://www.who.int/social_determinants/en/). These SDH negatively affect health as the poor are denied basic needs such as food, shelter, clean water, sanitation, proper clothing and have limited access to medical care, education and finance; resulting in health inequity, defined as the presence of systematic disparities in health between social groups who have different levels of underlying social advantage/disadvantage. Health inequity poses a major obstacle to improving population health and wellbeing. Accordingly, approaches to improve population health must include addressing these inequities in SDH and health outcomes.

Supporting Policy Statements

The African Union's Agenda 2063, Aspiration 1: A prosperous Africa based on inclusive growth and sustainable development, seeks to have a continent where:

- African people have a high standard of living, good quality of life, sound health and well-being;
- Well educated citizens and skills revolution underpinned by science, technology and innovation for a knowledgeable society;

- Cities and other settlements are hubs of cultural and economic activities, with modernised infrastructure, and people have access to all the basic necessities of life including shelter, water, sanitation, energy, public transport and ICT;
- Economies are structurally transformed to create shared growth, decent jobs and economic opportunities for all;
- Modern agriculture for increased production, productivity and value addition contribute to farmer and national prosperity and Africa's collective food security.
- The environment and ecosystems are healthy and preserved, and with climate resilient economies and communities.

The above aspirations are furthermore aligned to the following Sustainable Development Goals (SDGs):

a. SDG 1 – End poverty in all its forms everywhere
b. SDG 2 – End hunger, achieve food security and improved nutrition and promote sustainable agriculture
c. SDG 3 – Ensure healthy lives and promote well-being for all at all ages
d. SDG 10 – Reduce inequality within and among countries
e. SDG 11– Make cities and human settlements inclusive, safe, resilient, and sustainable.

Barriers to equitably addressing Social Heath Determinants

Lack of policy coherence

The Universal Declaration of Human Rights asserts that 'all people are born equal in dignity and rights'. We believe that this situates Heath issues as a matter of social justice. This approach is however not undertaken holistically in programming for populations across the continent.

Data limitations

Lack of data: In striving to improve health through addressing SDH, there is often a lack of population health data, against which one can measure the health impact of interventions on SDH. In addition, there are insufficient data on these social determinants, disaggregated beyond district to municipal level to facilitate municipal policy interventions. This is particularly pertinent as in many African countries, local government plays a significant role in providing services and infrastructure that directly relate to SDH. Beyond geographical disaggregation, there is also a need for data that can be disaggregated to better understand SDH inequity in vulnerable populations such as migrants, women, children, and the elderly.

Data quality issues: Even where population data is available through surveys, methodologies are often criticized for exhibiting different degrees of accuracy and reliability to inform programming efforts.

Incompatible/ non-integrated data: in addition to availability of data, there is also the issue of compatibility as different sectors collect different kinds of information, quantitative and qualitative, using differing methodologies. In addition, across sectors, different indicators can be used to collect information on the same SDH, making integration of data challenging.

Need for contextual data: Collecting information on social determinants requires selection of valid indicators that best capture the data required. Whilst these indicators are often thought of as objective, often the social and cultural contexts within which they are collected can influence their validity.

Limitations in methodology

Working across sectors to address SDH requires working across different methodologies. This highlights the importance of applying mixed quantitative and qualitative approaches to address knowledge gaps.

Urbanisation as a curse?

In many countries in Africa and the Global South, the urbanisation process is rapid, and often unplanned resulting in a significant proportion of urban dwellers living under poor conditions. Across Africa, and in many other low and middle income countries, whilst urban populations on average have better access to health services and are associated with better health indicators overall, these areas are characterised by significant spatial inequities in exposure to social determinants of health. In addition, this condition is exacerbated by factors of relative deprivation and spatial and environmental discrimination that accompanies vulnerability. It would therefore be important to examine the context of urbanization in addressing social determinant challenges. In other cases, it has been shown that even when the health resources are available, living in urban areas doesn't guarantee the use of the available services. Beyond health resources, rapid urbanization, with its associated stressors, is also changing the social structures leading to social exclusion; alienating people from their usual sources of psychosocial support. These social exclusionary processes occur across social, political, economic and cultural dimensions, influencing exposures to SDH and influencing health seeking, risk behavior and ultimately perpetuating health inequity.

Curating History and lack of comparative studies in Africa

There is a general failure to capture and document best practice from Africa, including on indigenous approaches to addressing SDH and improving health. This natural capital of indigenous knowledge is often ignored and not harnessed as an engine for sustainable development. Futhermore, an absence of spaces that foster comparative research results in a lack of shared learning on best practices that apply indigenous approaches taking cultural dimensions into consideration to more accurately capture and intervene to improve social determinants of health.

Inability to scale up innovations in health

The call to utilise innovative solutions does not take away from the importance of indigenous knowledge. It seeks to find commonplace with entrepreneurial activities by young innovators especially and place these in the market place of solution seeking for SDH attainment. A key deterrent has been the inability to scale up innovations due to a lack of or access to funding; resulting in a proliferation of pilot projects of limited value at the population level.

Sub-optimal Health Systems

Health systems that fail to address the social determinants of health perpetuate health inequity. Poor functioning health systems are therefore barriers to access, often experienced by the poor and disadvantaged. Barriers to access are institutionalised in health systems through exclusionary practices by health care workers. Too often, health systems are limited to health care systems, which are more accurately disease-care, with a focus on management of existing diseases. There is therefore a need for more comprehensive health systems that are cognisant of the importance of collaboration with non-health sectors that significantly influence health.

Specific recommendations proposed by the delegates at the conference include a call to:

DATA AND METHODOLOGY

- Governments to develop health equity surveillance systems to address data availaibility and interopoerability; and to integrate and monitor health and SDH data/indicators in one system. This would provide a better understanding of health inequty and SDH in a given context; and would require intersectoral collaboration; as well as archiving and digitalization of already collected data at sub-national, national, regional and continental level.
- Researchers to harmonise and be innovative in methodologies used for data collection including qualitiative and visual methods in addition to quantitative measures.
- Researchers and data collecting processes to allow for disaggregation to better understand SDH inequity in vulnerable populations. In particular, gendered data, which explore the differences in how SDH factors are experienced by gender are required.
- Public health stakeholders to utilise collaborative approaches to working with local communities, governments and non-governmental organizations across health and non-health sectors in order to better measure social determinants of health. This would necessitate accessing of data sources outside of the health sector.
- Science academies across the continent to act as advocates to funders for research that requires mixed methods.

URBANISATION

National governments and municipalities to:

- Promote good urban planning for healthy behaviours and safety.
- Ensure participatory urban governance by encouraging public dialogue and involvement of communities in decision-making

- Build inclusive age-friendly cities that are also accessible
- Ensure spatial equity of basic amenities.
- Prioritize vulnerable groups such as immigrants, women, and children

HEALTH IN ALL POLICIES

- Researchers, institutions and science academies to build capacity to foster better science communication with policy makers and society
- Governments (national and municipalities) to recognize the plural (health and non-health) systems within the society that influence health
- Governments (national and municipalities) working with researchers to promote intersectoral collaboration for health. There is a need to explore case studies and best practices from similar settings; as well as to conduct research in the African context on how best to align economic and political goals with health goals and to incoporate health into all policies.
- Public health stakeholders to engage in advocacy for more intersectoral health funding opportunities outside of the traditional health sector channels which function in silos.

SCALING UP INNOVATION

- Governments to support health innovation and to partner with other sectors to facilitate scale up of successful pilot projects.

SHARED LEARNING ACROSS AFRICA

- Research institutions to promote documentation of best practises within the region in order to support shared learning from best practises and avoid repeating the same mistakes
- Research institutions to support a better understanding of how indigenous knowledge and practices can be incorporated into interventions to address health inequity, taking into consideration the social, cultural, and environmental factors that can promote healthy behaviours, access to primary health care, and ultimately influence health outcomes.

This Statement has been endorsed by the following Young Academies of Science:

- South African Young Academy of Science (SAYAS)
- Zimbabwe Young Academy of Science (ZIMYAS)

Workshop Participants

Title	Name	Surname	Organisation
Prof	Jo	Vearey	South African Young Academy of Science
Dr	Tolu	Oni	South African Young Academy of Science
Dr	Mariamawit	Yeshak	Ethiopian Young Academy of Science
Dr	Fadzai	Mutseyekwa	Zimbabwe Young Academy of Science
Dr	Michieka	Okiago Michieka	Kenya National Young Academy of Sciences
Ms	Belinda	Nabukalu	Uganda National Young Academy
Dr	Papa	Diop	Académie Nationale des Jeunes Scientifiques du Sénégal
Dr	Olufunke	Fayehun	Nigeria Young Academy
Dr	Christopher	Akinbile	Global Young Academy
Ms	Janine	White	University of Witwatersrand, RSA
Mr	Tackson	Makandwa	University of Witwatersrand, RSA
Mr	Mphatso	Kamndaya	University of Witwatersrand, RSA
Dr	Oladoyin	Odubanjo	The Nigerian Academy of Science
Prof	Voster	Muchenje	The Academy of Science of South Africa
Ms	Marvin	Mandiwana	The Academy of Science of South Africa
Ms	Edith	Shikumo	The Academy of Science of South Africa