

Draft Concept Note

Interventions for achieving the health MDGs in Africa

Possible theme: Addressing social determinants key to achieving health MDGs in Africa

1 Introduction

The recent reviews of the progress made towards achieving the health Millennium Development Goals (MDGs) indicate that the progress made by many African countries has been slow when compared to the progress on the MDG on education (ECA, 2007, ECA, 2008, African Union Commission, 2008, Mwabu, 2008). Affordable technical health interventions aimed at reducing child mortality, maternal mortality and morbidity and mortality due to HIV/AIDS, tuberculosis, malaria, and other priority diseases are available, but they are not being scaled up and they are not getting to those that need them. The challenges constraining the scaling up of these interventions are many and include: inadequate resources; poor management of human resources for health; limited access to health technologies; the HIV/AIDS pandemic that overwhelms health systems; accountable government leadership; and recurrent internal conflict and humanitarian emergencies (such as floods, drought and other natural disasters).

Studies¹ and different meetings have increasingly indicated that interventions from social policy have significant impacts on health. Discussions at a WHO Experts meeting on Aid, Social Policy and Health held from 11-13 March 2008 in Pretoria, South Africa emphasized that a shift in focus is required from health interventions to social policy interventions that address social determinants of health which account for more than 70% of health outcomes. Participants at the recently held ad-hoc expert group meeting and training workshop on *Using Knowledge Sharing to Build and Reinforce Capacity for Health MDGs in Africa* held from 8 to 9 April 2008 in Arusha, Tanzania acknowledged that health outcomes depend to a large extent on factors determined by non-health sectors such as education, water, sanitation, employment and other sectors. They suggested that a follow-up study should examine how best the non-health sectors can contribute to improving health outcomes and reducing health inequities.

A recent ECA study on *Mainstreaming health equity in the development agenda in African countries* revealed significant inequities in access and utilization of

¹ ECA (forthcoming), WHO (2007), Anwar et. al. (2008).

health care due to income differences, and rural/urban location in selected study countries. The analysis also confirmed that an additional explanation for the slow progress towards the achievement of the targets of the MDGs relating to health is inequitable distribution of health services between rural areas (where more than half of the African population lives) and urban areas. Overall the results of this study strongly argue that specific policies aimed at improving both geographical and financial access to health care and addressing socio-cultural barriers are essential for acceleration of progress towards the targets of the Millennium Development Goals. The report calls for scaling up of health strategies that are pro-poor and result in increased health services availability in underserved areas.

The report also calls for addressing health inequities through the non-health sectors such as education, food security, employment, water, and sanitation. These non-health sectors address the demand side factors of health and greatly contribute to the preventive aspects of health, important for improving health equities. There is need to address the social determinants of health through a broader social-economic development planning context and through a multi-sectoral approach in national development plans and Poverty Reduction Strategy Papers (PRSPs). The report also suggests that health equity should be mainstreamed in the overall national development plans or poverty reduction strategies.

The WHO discussion paper on the Commission on Social Determinants of Health affirms that interventions aimed at reducing disease and saving lives succeed only when they take the social determinants of health adequately into account. What are the social determinants of health in the African contexts? How important are they in determining health outcomes, inequities and the achievement of the MDGs? Which interventions are available to address them? And what should countries do to ensure that they are able to address these social determinants and accelerate progress towards the achievement of the MDGs?

2. Objectives

The main objective of this report is to empirically explain (or review the existing empirical evidence) on the contribution of health related and non-health factors (social determinants of health) to health outcomes; review and evaluate the impact of health related and some selected social policy interventions on health outcomes and health equity; and provide recommendations on health and social policy interventions important for the achievement of the health MDGs.

3. Scope of Work

The study/report should address the following:

- A. Empirically explain (or review the existing empirical evidence) on the contribution of health related and selected non-health factors (social determinants of health) to health outcomes. This stage involves first a review of the existing empirical evidence in Africa and other developing countries. Undertaking some empirical work using Demographic Health Survey (DHS) data to explain the importance of social determinants of health in selected African countries.
- B. Review/evaluate the health and selected non-health interventions that can be implemented to facilitate the achievement of the health MDGs and highlight the major conditions required to make them successful.
 - i. **Health related interventions** – have already been addressed to a large extent in Mwabu (2008), Levine (2007) and in the special issue of the Lancet (vol. 371 of April 2008) that has articles that shows the latest trends in life-saving interventions critical in reducing maternal and child mortality and the attainment of the Millennium Development Goals 4 & 5. This section can fully depend on existing literature.
 - ii. **Social policy related interventions** - The study will review/evaluate some selected interventions aimed at addressing the social determinants of health such as national health insurance (already covered in Mwabu (2008)); social transfers (grants and cash transfers); voucher scheme; social marketing (as suggested in Anwar et. al. (2008)) and other interventions.
- C. Based on A and B above, provide recommendations that can make facilitate the acceleration of the health MDGs in Africa.

4. Methodology

Both primary and secondary data collection methods will be used in the study.

- **Activity A** indicated in section 3 will involve a detailed review of existing literature. If necessary empirical work involving DHS data will be done.
- **Activity B (i)** will involve a desk review (this information is now widely available).
- **Activity B (ii)** will involve desk review and would also require further consultations with selected member states where these schemes have proved to be working to obtain evaluation of the schemes (through missions to the selected member states). These missions can be piggy backed with the Pool fund on social protection.

5. Partnerships and inter-divisional collaboration

Partnerships will be forged with the African Union and WHO. ACGS will work closely with the other ECA divisions who will assist review the draft report at different stages.

6. Time frame

ACTIVITY	TIME FRAME
1. Desk review of related literature	June - July
2. Empirical analysis of DHS data	April - May
3. Analysis of health policies in selected countries	April – June
4. Report writing	June - November
5. Peer Review of Report	October
6. Presentation to the Poverty Seminar series	November
6. Finalization of Draft Report	December
7. Editing - printing	December
8. Packaging and Dissemination of the report to Experts, Partners and Stakeholders	January 2009

7. Budget

Missions to selected countries to undertake activity Activity B (ii) in section 3.

References

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