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REPORT OF THE COMMISSION ON EQUITY AND HEALTH INEQUALITIES IN THE AMERICAS

Background

1. While there have been notable improvements in the health of populations in the Americas in recent years, significant inequalities persist. The improvements noted are not consistent across countries or across social groups within countries. Especially disadvantaged are people living in situations of vulnerability, whose well-being and health continue to be adversely affected. Mindful of this situation, in 2016 the Director of the Pan American Sanitary Bureau (PASB, or the Bureau) established the Commission on Equity and Health Inequalities in the Americas (the Commission) and entrusted it with recommending actions to reduce inequities and inequalities throughout the Region of the Americas.¹ This initiative was the first large-scale effort to gather evidence on health inequities and inequalities in the Region.

2. An executive summary of the report of the Commission, which included the Commission's 12 main recommendations, was presented to the 56th Directing Council of the Pan American Health Organization (PAHO) in September 2018 (Document CD56/INF/8) (1, 2). The full, final report of the Commission will be shared with the Member States at the 57th Directing Council in 2019.

3. The present document provides an update on the final report of the Commission. It summarizes some of the implications of the Commission's findings and recommendations for technical cooperation with Member States aimed at prioritizing actions toward health equity in the Region.

Overview of the Report's Findings

4. The Commission structured its findings around a conceptual framework that envisions health and well-being not only as ends in themselves, but also as the fundamental

¹ The PAHO Commission on Equity and Health Inequalities in the Americas has partnered with 15 countries across the Region: Argentina, Belize, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, El Salvador, Jamaica, Mexico, Peru, Suriname, Trinidad and Tobago, and the United States of America.

components of health equity and human dignity. In addition to biology and access to health care, three social dynamics are seen as integral to the achievement of health and well-being: structural drivers, conditions of daily life, and governance for health equity.

5. Accordingly, the Commission's recommendations are similarly structured around these components. Although the recommendations vary with respect to their requirements for action by health and non-health sectors, as well as by state and non-state actors, they also display some important commonalities. First, they focus action on the domains that affect daily life and health, placing a strong emphasis on differentiated impacts across the life course. They highlight the need for intersectoral action to address the social and environmental determinants of health and to promote equitable health systems that can deliver services that respond to these domains. Additionally, the recommendations reflect proportionate universalism, an approach that gives priority to targeting populations at risk of exclusion within longer-term strategies aimed toward universal health. Finally, the recommendations treat community and public engagement as essential components of all pro-equity actions.

Current PASB Activities Aligned with the Commission's Recommendations in Support of Equity in Health

6. The Commission's final report and recommendations serve as one of several tools to support Member States as they address, monitor, and evaluate progress toward eliminating health inequities and inequalities. The recommendations take into account mandates contained in the following resolutions of the PAHO Governing Bodies: Sustainable Health Agenda for the Americas 2018-2030 (Resolution CSP29.R2 [2017]) (3); Plan of Action on Health in All Policies (Resolution CD53.R2 [2014]) (4); Gender Equality Policy (Resolution CD46.R16 [2005]) (5); Health and Human Rights (Resolution CD50.R8 [2010]) (6); Strategy for Universal Access to Health and Universal Health Coverage (Resolution CD53.R14 [2014]) (7); and Policy on Ethnicity and Health (Resolution CSP29.R3 [2017]) (8), among others.

7. The current Strategic Plan of the Pan American Health Organization 2014-2019, subtitled "Championing Health: Sustainable Development and Equity," has sought to advance "a new development model based on equity and environmental sustainability" (9). The proposed Strategic Plan of the Pan American Health Organization 2020-2025, "Equity at the Heart of Health," continues this commitment and more strongly links expected outcomes across technical areas to several of the Commission's recommendations related specifically to structural drivers and conditions of daily life. It includes an impact indicator on the reduction of within-country inequities in health and, similar to the current plan, includes a discrete outcome to measure progress in implementing actions on health equity as a cross-cutting theme (alongside gender, cultural diversity, and human rights) across all PAHO's work. The proposed Strategic Plan 2020-2025 also includes outcomes on social and environmental determinants of health and an outcome on health promotion and intersectoral action. Many of the other outcomes refer to intersectoral action to address social determinants of health, relating it to specific diseases and health outcomes.

8. In addition to an explicit focus on health equity in seven strategies and 21 plans of action approved between 2014 and 2018, six additional equity-focused plans will be presented to the 57th Directing Council in 2019. They include the Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025 (Document CD57/8); the Plan of Action for Strengthening Information Systems for Health 2019-2023 (Document CD57/9); the Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030 (Document CD57/10); the Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019-2030 (Document CD57/11); the Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025 (Document CD57/12); and the Strategy and Plan of Action on Ethnicity and Health 2019-2025 (Document CD57/13). The PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Disease in the Americas (Document CD57/7) also includes a clear equity-based rationale.

9. PASB has established relevant initiatives, including, for example, a mapping exercise that has been undertaken to provide a snapshot of the ways in which PASB is currently approaching health equity across technical work and in PAHO/WHO representative offices in support of Member States. The Bureau has also formed a steering committee to guide implementation and monitoring of Sustainable Development Goal (SDG) 3. This committee will coordinate an integrated effort by PASB to support countries in building accountability and institutional capacity for setting, monitoring, and reaching their SDG targets, with a focus on reducing health inequities and leaving no one behind.

Next Steps

10. PASB is working to ensure that, within the scope of the mandates of the Organization, the Commission's recommendations continue to be prioritized, supported, and monitored in policy actions of Member States and in the Bureau's technical cooperation, including within the framework of the proposed PAHO Strategic Plan 2020-2025.

11. PASB has established an interprogrammatic working group to discuss how to further align and enhance ongoing actions that promote equity. The working group has a strong focus on strengthening inter-programmatic collaboration.

12. The recommendations of the Commission are wide-ranging in scope, implicating multiple actors across different technical areas, both within and beyond the health sector. PAHO will foment leadership in the Region to bridge health with other key sectors with a view to maximizing the development of inclusive public policies that promote health equity.

13. Populations living in situations of vulnerability experience multiple barriers that hinder their access to health and to health services. Operational research on these barriers and on the factors underlying them should continue and be strengthened. Work has already

begun in that regard. For example, a report on the health of Afro-descendant populations in Latin America has been requested by Costa Rica and will be undertaken by PASB, to be completed by mid-2020.

14. As well as highlighting actions on the conditions of daily life, the Commission's recommendations also emphasize the need to address the structural determinants or drivers of health. These factors, such as race, sex, and socioeconomic status, among others, predetermine which groups are at higher risk of experiencing less than optimal conditions of daily life and poorer health outcomes.

15. Intra-regional knowledge exchange can strengthen work toward health equity in the Americas. This includes an exchange of evidence on the impacts of equity-focused health policies in diverse geographic contexts. The work will benefit from future collaboration with the European Office for Investment for Health and Development of the World Health Organization, which has developed innovative initiatives for the European region.

16. Similarly, PASB aims to strengthen capacity-building and the production of related tools, policies, and programmatic guidance for health equity at both the Bureau and country levels.

17. Recognizing the urgency of addressing the inequities evidenced in the Commission's findings, and the need to reduce inequities to achieve the SDGs, PASB recommends the formulation of a Strategy on Equity in Health to enhance the quality and reach of policies, actions, and technical cooperation within a common institutional approach to operationalizing equity across all areas of the Organization's work.

Action by the Directing Council

18. The Directing Council is invited to take note of this report and to provide any comments it deems pertinent.

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