Recent decades have seen improvements in health status in Pacific island countries and areas (PICs), but concerns remain about differences in health status between the most affluent and least affluent PICs, as well as between different population groups within countries. Health inequities, defined as unfair and avoidable differences in health status, are strongly related to the social determinants of health. The social determinants of health are the conditions in which people are born, grow, live, work and age. These conditions involve factors beyond an individual's control and are greatly influenced by broader political, economic and social trends. Addressing the social determinants of health in PICs will be essential to achieve better and more equitable health outcomes across countries, areas and population groups and help realize the vision of Healthy Islands.

The Healthy Islands vision was articulated by ministers of health during their inaugural meeting in 1995 as the overarching framework for health. The vision is still appropriate and provides a good basis for action on the social determinants of health. For the Pacific, international momentum to address the social determinants of health provides an opportunity to raise awareness, strengthen political commitment, gather evidence, develop partnerships and agree on actions to reduce health inequities. Ministers of health are well positioned to work closely with Pacific Islands Forum leaders on sectoral policies that impact health, such as trade and economic development.

The Tenth Pacific Health Ministers Meeting in Apia, Samoa, provides a timely opportunity to strengthen commitments and agree on actions based on a two-pronged strategic approach that promotes and emphasizes Health in All Policies (HiAP). This approach emphasizes action on the upstream social determinants of health and uses noncommunicable diseases as a programmatic entry point for catalysing action on the social determinants of health. Ministers are invited to consider convening a working group to further study the issue, mobilize resources and provide technical advice for action on the social determinants of health.
1. BACKGROUND

Although aggregate health outcomes have steadily improved in recent years in Pacific island countries and areas (PICs), there is growing concern about the rise in health inequities between and within PICs. Increasing inequities suggest that achievements in health and development have failed to reach marginalized or vulnerable groups in many countries.

Differences in levels of health between the most and least affluent countries, as well as between different population groups within a country or area, can be explained by examining the underlying determinants of health. The social determinants of health are defined as the conditions in which people are born, grow, live, work and age. These conditions are greatly influenced by wider socioeconomic situations and related policy choices, including but not limited to those developed within the health system. Other major determinants of health include education, employment, housing, social participation and inclusion. Experts point to the inequitable distribution of money, power and resources at local, national, regional and global levels as root causes for differences in health status between and within countries and populations.

Many of the social determinants of health are interdependent and interrelated. For example, a person living in poverty might be at higher risk of ill-health because they face poor living conditions, such as unsafe drinking-water, poor quality and insufficient food, inadequate sanitation and waste disposal, poor drainage, inadequate solid waste removal, poor housing and indoor air pollution. These environmental factors may present further risks to health. Ill-health, in turn, increases the likelihood of insecure employment and lower income and leads to higher rates of poverty.

Recently, discussions have taken place on the need to improve the governance of regional health development activities, streamlining the regional architecture for health development and strengthening links with the Pacific Islands Forum leaders, where important social and economic policies are developed for the Pacific. These discussions include the value of a framework for health development, building on the vision of Healthy Islands¹, as an instrument to provide a planned and coordinated approach for regional health improvements. These developments provide further opportunities to address the social determinants of health and reduce inequities.

¹ Healthy Islands are places where children are nurtured in body and mind, people work and age with dignity, environments invite learning and leisure, ecological balance is a source of pride and the ocean that sustains us is protected.
2. ACHIEVEMENTS AND PROGRESS

The World Health Organization (WHO) established the Commission on Social Determinants of Health in 2005 to consider evidence and explore ways to achieve health equity. The Commission called upon all stakeholders to look beyond health care:

*Lack of health care is not the cause of the huge global burden of illness; water-borne diseases are not caused by lack of antibiotics but by dirty water, and by the political, social and economic forces that fail to make clean water available to all; heart disease is not caused by a lack of coronary care units but by the lives people lead, which are shaped by the environments in which they live; obesity is not caused by moral failure on the part of individuals but by the excess availability of high-fat and high-sugar foods. The main action on social determinants of health must therefore come from outside the health sector.*

While the health sector has an important leadership role as a steward of intersectoral action, it also needs to ensure that health systems adequately address the health needs of all.

The Commission’s report made three overarching recommendations:

1) improve daily living conditions;
2) tackle the inequitable distribution of power, money and resources; and
3) measure and understand the problem and assess the impact of action.

Since the Commission was created, social determinants of health have received increasing attention at the global level, leading to growing political commitment to reduce health inequities and to achieve other international priorities. At the Sixty-fifth World Health Assembly in May 2012, Member States identified various strategic actions to reduce health inequities by addressing the social determinants of health, including:

1) implementing the Rio Political Declaration on Social Determinants of Health;
2) developing policies and actions that address the social determinants of health, with clearly defined goals, activities, accountability mechanisms and resources;

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3) supporting the Health in All Policies (HiAP) approach as a way to promote health equity;

4) building capacity among policy-makers and workers in health and other sectors; and

5) giving due consideration to the social determinants of health in deliberations on sustainable development, including the United Nations Conference on Sustainable Development (Rio+20).

In the Pacific, the Ninth Meeting of Ministers of Health for the Pacific Island Countries in June 2011 identified social determinants of health as a priority area of action. The ministers identified the need for a whole-of-society response to health inequities, recognizing that action on the social determinants of health went beyond the health sector. The ministers agreed that national strategies and public policies that impact the social determinants of health should explicitly seek to achieve equity. Policies of other sectors should be routinely analysed for their potential impact on health outcomes. Moreover, there was a call for regional development partners to prioritize the vision and national strategies to address the social determinants of health. Crucially, the Ministers agreed that the Healthy Islands approach can be repositioned as a vehicle for action on the social determinants of health in the Pacific.

3. CHALLENGES AND ISSUES

The Healthy Islands vision was articulated by the ministers of health during their inaugural meeting at Yanoia Island in Fiji in 1995 as the overarching framework for health in the Pacific. Ministers, at their eighth meeting in Madang, Papua New Guinea, called for revitalization of Healthy Islands as a vision that remains relevant for public health challenges in the Pacific. Strategies for revitalization included HiAP, strengthening multisectoral collaboration, prioritized country action, strengthening health systems and information for action.
Health or well-being is a whole-of-government and whole-of-society priority. The HiAP approach offers a systemic way to underline and operationalize the need for intersectoral action on upstream social determinants of health,\(^3\) collating and building on existing evidence in the field. It calls for strong partnerships, increasing advocacy and more information-sharing between and among actors, coupled with high-level political commitment to address the social determinants of health. There is an important leadership role for the health sector in working with other sectors to ensure health concerns are highlighted and taken into account in all policies. Policies and interventions in other sectors are of major interest to the health sector. Intersectoral action goes hand-in-hand with activities within health systems to ensure health and well-being for all.

As an example of the impact of social determinants on health in the Pacific, a recent United Nations report on progress in achieving the Millennium Development Goals (MDGs) in the Pacific shows that some PICs with larger populations, such as Kiribati, Papua New Guinea and Solomon Islands, may struggle to achieve the MDGs.\(^4,5\) Some key areas of concern identified in the report are poverty, environmental sustainability and gender equality—factors that are considered important determinants of health outcomes. Regarding MDGs 4 (child mortality) and 5 (maternal health), there are strong links between gender equality, literacy, employment, income distribution and poverty on the one hand and the reproductive health status of women on the other.\(^6\) Urban HEART (Health Equity Assessment and Response Tool) has been developed by WHO to measure and take action on equity issues. It has been adopted in the Pacific as Island HEART, and training and implementation was initiated in Fiji as part of the Healthy Cities initiative in June 2013.

Intersectoral action or a HiAP approach requires consideration of the political, social and cultural contexts, as well as the needs of the specific country or population. This is particularly relevant and important for the Pacific given the diversity of cultures and socioeconomic circumstances. A lack of understanding of what HiAP entails, limited capacity and a weak evidence base have been highlighted as key barriers to progress.

\(^3\) Upstream social determinants are those associated with the macro-environmental factors that impact health, status such as socioeconomic and political environments.
Regional development assistance is still channelled largely to PIC economies and to
government sectors to fund specific diseases, such as HIV, malaria and tuberculosis. Such
targeting of disease-specific burdens gives priority attention to epidemiological concerns, but
risks neglecting the broader determinants of health of those diseases—the social, economic
and environmental factors that impact risk for developing such diseases.

Among the most pressing public health challenges in the Pacific is the
noncommunicable disease (NCD) crisis. The Pacific has one of the highest rates of NCDs
and NCSD risk factors compared with other regions.\textsuperscript{7,8,9} NCD strategies must address actions
of other sectors that negatively impact public health. For example, poor nutrition has been
linked to a rise in overweight and obesity, as well as NCDs. The availability and accessibility
of nutritious food are in large part determined by policies in the agricultural and trade sectors.
Multisectoral action is required to address such social determinants of health and the overall
NCD crisis.

Recognizing the need for HiAP and for multisectoral action to address the crisis, a
series of regional consultations and collaborations between health and various other sectors
have been conducted, with country actions planned to follow. In addition to the Pacific Food
Summit in 2010, which brought together the agriculture, health and trade sectors, a Healthy
Islands Through Sports (HITS) and an NCD and trade forum were organized for selected
PICs to set the platform for more in-country collaboration and partnership among sectors.
Various agencies have been involved in the initiatives, including the Australian Sports
Commission (ASC), the Pacific Research Centre for the Prevention of Obesity and Non-
communicable Diseases (C-POND), the Secretariat of Pacific Community (SPC), the United
Nations Development Programme (UNDP) and WHO. They also are involved country-
specific support for follow-up action. Given the political commitment and attention for
NCDs, this may offer particular opportunities to move forward with actions on the social
determinants of health.

\textsuperscript{7} NCD Statistics for the Pacific Islands Countries and Territories. Public Health Division, Secretariat of the
4. FUTURE DIRECTIONS

A two-pronged approach should be considered in an effort to revitalize the vision of Healthy Islands and to commit to reducing the gap between knowledge and action on the social determinants of health in the Pacific.

The two prongs are:

1) Promote and emphasize a HiAP approach to reduce health inequities through actions addressing the upstream social determinants of health, which require whole-of-government and whole-of-society action. In addressing the social determinants of health, the health sector needs to take action in three areas. First, it must advocate for the development of healthy public policies. Second, the health sector must strengthen the evidence base for action on the social determinants of health. And third, the health sector must strengthen its capacity to convene multisectoral stakeholders to ensure better governance for health and development. Government may consider a range of demonstration projects to show the potential costs and benefits of this approach, such as implementing tools including the Urban HEART, Island HEART or the Health Equity Impact Assessment. Alternatively, PICs may prioritize policies that require a formal assessment of health impacts.

2) Prioritize NCDs as an entry point and as a programmatic approach to reduce health inequities by addressing the social determinants of health. This complements ongoing efforts to implement multisectoral action plans on NCD prevention and control in alignment with the September 2011 Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-Communicable Diseases. Following this approach, mechanisms and actions for intersectoral action on NCDs could be expanded eventually to address inequities in the social determinants of health more broadly—beyond NCDs alone.
More specifically, options for taking this agenda forward in the Pacific include:

**Convene a working group to coordinate and take oversight of the commitment in Pacific island countries and areas to address the social determinants of health.**

A technical working group is proposed to facilitate the documentation and dissemination of knowledge and evidence surrounding the social determinants of health. There is also a need to build capacity to operationalize and manage intersectoral action effectively. The working group would also raise awareness about the social determinants of health among stakeholders in the Pacific and draw the attention of national governments and society of the need to mobilize policy-makers and resources to address these causes of poor health outcomes and disparities between and within PICs.

To achieve its goals, the working group could focus on enhancing:

- **Country-level action** so that national governments would be supported to mobilize resources and develop policies and interventions that address the social determinants of health and health inequities.

- **Multisectoral partnerships** to ensure that actions to address the social determinants of health are integrated and are multidisciplinary efforts that work in an intersectoral (horizontal) manner at multiple levels (vertical) and foster greater accountability.

- **Knowledge networks** so that the evidence and the knowledge base are generated to support policy design and action in priority interventions, to monitor progress and to ensure that health goals are met.

**Promoting multisectoral and intersectoral collaboration among stakeholders**

As the majority of the social determinants of health exist beyond the immediate domain of the health sector, there is a need to bring together various stakeholders to gather further evidence to increase the knowledge base on the social determinants of health in the Pacific. Furthermore, it is crucial for the health sector to work closely with other stakeholders to develop "win-win" multi-goal strategies that will promote ongoing partnerships for sustainable development since solutions are usually for the long term but results usually are not immediately evident.
**Enhancing resource mobilization**

Addressing wider aspects of social and economic development to impact health outcomes will require commitment and involvement of stakeholders at all levels of society. Economic returns and national commitments must be equally matched by prudent and sound investments in the critical determinants that make the biggest impact to health outcomes.

**Strengthening national commitment**

National government support to a regional coordinating body is critical in regional efforts to address the social determinants of health. National governments play dominant role in gathering research evidence, prioritizing the key determinants, mobilizing resources and implementing critical strategies to address the social determinants of health. Such commitment at the country level will also help to address the wider issues of health disparities and social inequities.

**Proposed discussion points**

The ministers of health are invited to discuss the issues and challenges concerning the social determinants of health and may consider advocating for the creation and funding of a regional body or mechanism to coordinate and oversee all enquiries, monitoring, efforts and responses undertaken to address the social determinants of health in the Pacific.

In addition:

1) consider of endorsement of the establishment of a working group to coordinate efforts to address the social determinants of health in the Pacific;

2) consider the role, goal, objectives and core actions of such a working group and its potential impact in addressing the social determinants of health in the Pacific; and

3) consider the challenges of establishing such a group—and whether it would be able to achieve its mission—as well as the group’s location, mandate, resources and accountability.