Localizing and ownership for Social Determinants of Health (SDH)

Francis Omaswa highlights the importance of the role of the individual, family, community in partnering with the health system and governments in contributing to population health outcomes.

Social Determinants of Health are defined by WHO as the conditions in which people are born, grow, live, work and age . These conditions are impacted by the quality of social cohesion and support networks, economics, education, physical environment, employment as well as access to health care. What has not received sufficient attention in the discussions on this topic is the role of the individual, family, community in partnering with the health system and governments in contributing to population health outcomes.

In particular the role of the individual person calls for more discussion and attention. In order to promote health and keep healthy people healthy, do individuals know what the right thing to do is? Do they know how to do the right thing to keep healthy? Are they actually able to do it? The importance of personal agency and autonomy in being in control of their lives and the choices make in life is critical. Are individuals and communities facilitated to make the right choices for healthy living? For example, is the most easily availabchoice of food the correct or the wrong food. Is the most easily available source of water also the source of ill health? Is the most easily accessible and affordable public transport also the least safe. An example is the case of the highly accident-prone motor cycle taxis popularly known as bodaboda in some countries?

There is a need for a partnership to be created between individuals, their families and communities on the one hand and the health systems and government on the other hand.
Health is made at home

"Health is made at home and only repaired in health facilities when it breaks down". Be clean, eat well, and do not share accommodation with animals. This is a message from the Director General of Health Services".
In 2000, as Director General of Health Services in Uganda, I had this statement recorded and played several times a day in different radio stations in the country. The starting point is that 94% of people are born completely normal and healthy, without birth defects and can live in good health for long periods of time without needing medical care. This is because the human body is capable on its own of making highly informed decisions on how to maintain well- being and protect itself from health risks. In physiology, we are taught about Homeostasis by which the body's internal environment is maintained in a steady state through very complex feed-back mechanisms. For example, when it is hot, we sweat so that the sweat evaporates and cools us; when it is cold, we shiver to generate heat, when we are short on water, we feel thirst and when we have too much water in the body, the kidneys produce urine to get rid of excess water and other unwanted metabolites, when we need food we feel hungry. Effortlessly, daily the body's state of well-being is maintained through these in-built mechanisms.

It is therefore evident that the primary responsibility, ownership and accountability for maintaining uninterrupted healthy life through the life course rests on the shoulders of individuals, households, families and communities . The mothers, fathers, clan, other cultural and religious leaders, and local administrators are the faces of the key actors. Each individual should not take their health for granted but should appreciate and celebrate the fact that they have health and are working to protect it and support the body's own internal homeostatic

mechanisms in ensuring that their healthy status is not lost.

This is social responsibility which calls upon individuals to be accountable for fulfilling their civic duty, to benefit society while the society also supports individuals. Social responsibility also calls upon individuals to take an active part in the governance of their communities; ensuring that their needs are addressed by governments. The Alma Ata Declaration on Health for All includes a call for individuals to participate actively in the planning and management of their health services as both a duty and a right.

The key role of the health system should be to ensure that individuals continue to remain healthy and do not lose their health and will not need avoidable health care. This can be achieved by promoting and awareness also known as health literacy and embedding health seeking behavior into the routine of life of the population, supporting individuals to identify and avoid health risks. This can be achieved by removing the risk and facilitating behavior that favors health. The health system should actively engage in salutogenesis which is the practice of creating health through advocacy for social prescribing of activities such as exercise, promoting importance of social relationships, access to nature, having meaning and purpose in our lives which holistically addresses physical and mental health. The public health system should take interest in the design of physical environment of communities and rural settings, define the key elements of model homes which enhance healthy living and enforce compliance with set standards for such homes.

 Governments are responsible for ensuring that the conditions and systems exist that allow people to be as healthy as they can be. These include maintaining security, law and order, providing safe water, education and personal and public health services.

Governments, the world over, face the challenge of getting the right balance in investing in public and personal health services. The pressures to society and governments to pay more attention to the needs of repairing and restoring lost individual and community health are stronger than those to promote and protect existing health. For example, an injured person has to be attended to immediately, a baby must be born now, a child convulsing from an attack of malaria has to be rushed to a health facility straight away as does a middle-aged man who has had an attack of intestinal obstruction. An epidemic in one country puts the whole world on alert. As a result, this drama of providing health care is the more visible face of the health system receiving more attention and more resources than the more important function of promoting and maintaining individual and population health.

Global governance and collaboration for health has a major role to play in country health systems and in determining health outcomes in African countries. Apart from global public health goods such as health security and pandemic control there are bilateral and multilateral players who influence health policies, systems and health financing in Africa. Key among these are country governments, the UN Family and Global Health Initiatives such as the Global Fund to Fight Aids, TB and Malaria, GAVI, Roll Back Malaria among others. Harnessing the governance of these partners to cohesively support social determinants of health in countries calls first and foremost on

strong country governments especially the ministries of health. While partnership principles have been agreed through several conventions such as the Paris Declaration on Aid Effectiveness , strong and clear country leadership" in my experience is the key determinant of outcome. External partners will find it expeditious to work with clearly laid out and effectively implemented policies and programs in partner countries. On the other hand, lack of clarity and weak implementation capacity at country level often leads to donor led interventions with all the perceived negative implications. The debate on decolonization of health governance in my view and experience is all about the quality of country leadership.

Getting this balance right calls for partnership between the government, individuals and communities. The role of government as a protector of the public interest requires that the Ministry of Health as a steward must do more than ensure that care is delivered. It must work effectively across government—with ministries of finance for resources; ministries of education on health professions training and health education in schools; with ministries of economic development, water, agriculture, housing and transportation, as well as with those ministries effecting decisions on centralization and decentralization of government and civil service reform and with parliament to gain political support for healthy policies. Ministries must also relate to specialized parastatal agencies often created to perform government functions such as those that regulate drug quality; conduct and commission research; perform disease surveillance functions; and operate health care services among others in this complex environment, government cannot meet its responsibilities alone. Health ministries must also work effectively with an increasing number of non-governmental actors; civil society, business, philanthropy, professional associations, academia, donors, academies of medicine and science, the public and with regional and international organizations.

Monitoring performance
Finally, in order to ensure accountability for results, performance monitoring is essential. This means acquiring data to find out what is happening, where, and to whom. Analysis and review of the data to establish whether commitments have been kept by all stakeholders. The third element of accountability is action or remedy on what needs to be done to put things right or maintain and accelerate progress. This cyclical process of monitoring, review, and action publicly recognizes success, draws attention to good practice, identifies shortcomings, and recommends what needs to be done. This framework applies at all levels, individual, community, government, country stakeholders and the international community. According to Charles Boelen the following constitute the domains of Social accountability: relevance to ensure that the priorities of societal needs are met, quality to ensure that the interventions are achieving objectives, cost effectiveness to ensure that there is value for money and finally equity to ensure that no one in society is left behind. Metrics are at the center of accountability which means that countries need to have robust and effective Information Systems for health and that relevant indicators need to be agreed and used both for health status and as coverage that are segregated to address the equity domain of accountability.

Conclusion:
Localizing and focusing the effort on promoting the roles of the individuals, families and communities in influencing SDH holds potential to fast track the achievements of UHC and health for all. Up to now most of the effort has been pointed at the roles of governments and development partners and the UN family. The concepts of Health is made at home, health creation and keeping healthy people healthy through health systems that prioritize

health seeking behavior has received more lip service that active support. The time for this to change is now and this is a call to action that rides on others such that by Nigel Crisp in his books such as Health is Made at Home and Turning the World Upside Again .

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Figure1: An example of Community Engagement in Uganda

Community Engagement for COVID-19 and Health in Uganda

Objective:
All people in Uganda are aware, empowered and are participating actively in the prevention and control of the outbreak of COVID-19 as both a duty and a right, using existing structures, systems and resources as much as possible.

Guiding principle:
Empowering individuals and communities is based on the premise that good health starts with, and is created by individuals, their families and the communities, and is supported, where necessary, by skills, knowledge and technology of the professionals. Individuals have the primary responsibility for maintaining their own health and that of their communities.

Strategy:
Strengthen the existing Community Health Systems for Integrated People Centered Primary Health Care as the National COVID-19 response in Uganda. This will facilitate and ensure that infections are minimized or do not occur in the community and if they occur, will enable prompt identification, testing, treatment and rehabilitation as needed.

Results:
. Reduction in hygiene associated disease conditions like diarrhea, eye diseases, intestinal worms
. Increased ANC attendance with more male involvement.
. Increased hospital deliveries, no reports of TBA deliveries.
. Increased OPD attendance especially for the under 5 children.
. Improved community surveillance that led to a decrease in covid cases.
. Improved working relationship between HFs and community.

Lessons learnt
. Organized Communities are capable of owning and taking responsibility for their health including achieving Social Cohesion through regular Community dialogue sessions -
Organized communities improve relations with the health facilities and the performance of the community health system and PHC
. Equipping, training, supervising and paying VHTs is essential for them to perform better
. District health plans should be developed and implemented using bottom-up and "three ones" approach
. District Health performance benefits from regular Supportive Supervision from the Center

[1] https://www.afro.who.int/sites/default/files/2018-08/State%20of%20health%20in%20the%20African%20Region.pdf
[2] https://www.afro.who.int/news/covid-19-deaths-african-region-fall-nearly-94-2022-who-analysis
[3] https://ourworldindata.org/covid-vaccinations
[4] https://www.who.int/news/item/01-12-2021-world-health-assembly-agrees-to-launch-process-to-develop-historic-global-accord-on-pandemic-prevention-preparedness-and-response
[5] https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002042
[6] https://au.int/en/aucovid19responsefund
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