

SESSION 6: RESILIENCE –  
STRENGTHENING HEALTH SYSTEM  
EQUITY AND TACKLING INEQUALITIES

Moderated by Shelly Bratton

IANPHI

# ANNUAL MEETING

FEBRUARY 7-8, 2024 | KIGALI, RWANDA

HOSTED BY



Shelly Bratton, National  
Public Health Institute  
Program lead, U.S. Centers  
for Disease Control and  
Prevention and Co-Chair of  
the IANPHI Thematic  
Committee on Social and  
Public Health Inequalities

# INTRODUCTION

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Dr. Vikas Kapil, Chief  
Medical Officer, U.S.  
Centers for Disease Control  
and Prevention

# PROVIDE A GLOBAL CONTEXT AND COUNTRY EXAMPLES OF INEQUITY AND ITS IMPACT

CENTERS FOR DISEASE CONTROL AND PREVENTION

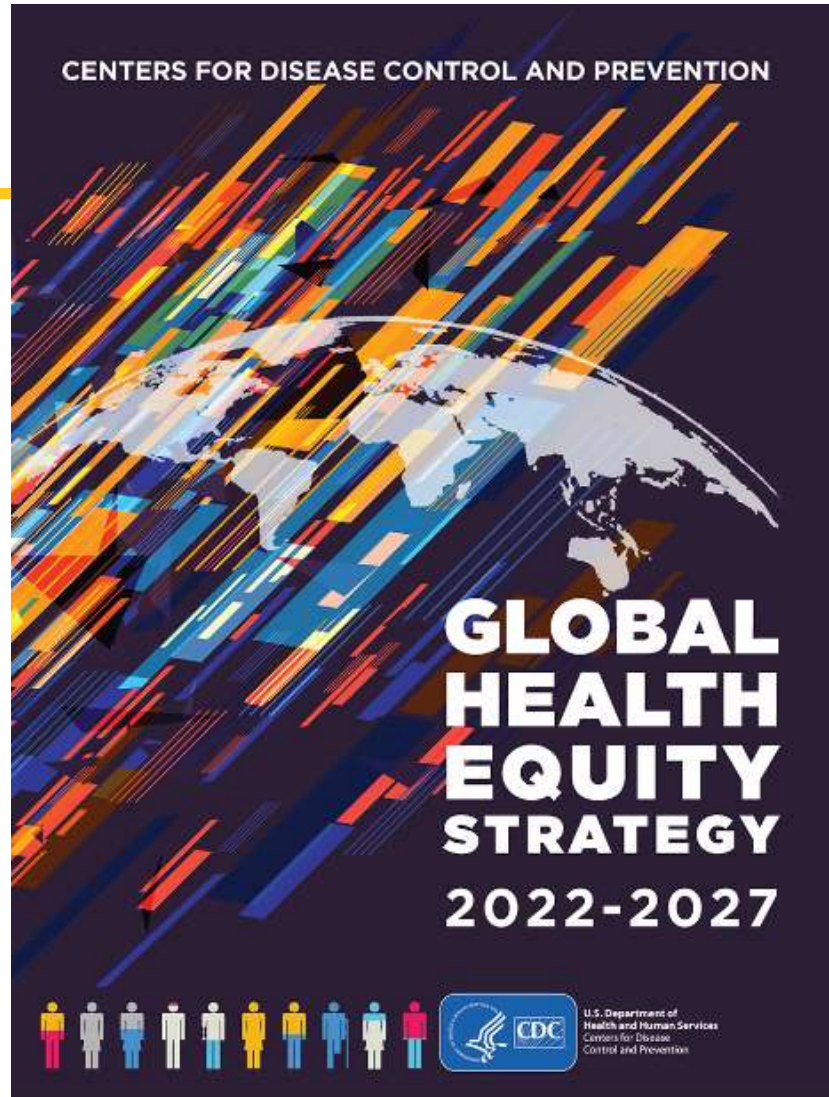
# Global Health Equity: The Journey at CDC

Dr. Vikas Kapil  
Chief Medical Officer &  
Associate Director for Science  
Global Health Center  
Centers for Disease Control and Prevention



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

CENTERS FOR DISEASE CONTROL AND PREVENTION



**GLOBAL  
HEALTH  
EQUITY  
STRATEGY  
2022-2027**



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention



# Vision

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When everyone can attain the highest achievable level of health and no one is disadvantaged from this potential because of any socially, economically, demographically, or geographically defined circumstances.



# Medicine and public health, ethics and human rights – it's our responsibility



- WHO Constitution (1946) states that: *“the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.”*
- The 1948 Universal Declaration of Human Rights mentioned health as part of the right to an adequate standard of living (article 25).
- Health was recognized as a human right in 1966 in the International Covenant on Economic, Social and Cultural Rights.

# Guiding principles for implementation





# CDC global program goals



## CDC's Health Equity Strategy Pillars

Science

Interventions

Partnerships

Infrastructure



# Guiding principles for communication

- Useful guidance on terms to avoid and use in the global context and guidance for creating and using visual products (e.g., graphics and videos) that feature people.
- Describe key principles
  - Avoid stigmatizing or dehumanizing language (i.e., marginalized, hard-to-reach, addicts, etc.)
  - Avoid language with violent connotations (i.e., tackle, target, etc.)



# Health equity science



- Science that **investigates the underlying contributors to health inequities** and **builds an evidence base** that will **guide actions** to move **toward eliminating**, rather than simply documenting, **inequities**.
- ▶ • Monitoring the extent to which the agency advances health equity science
- Capacitating staff on how the agency measures health equity science and how to operationalize it in our global work.

## Addressing Key Components for Equity in Global Health Relationships

- Collaboration
- Sustainability of our work
- Financial considerations
- Power differentials

# Key Takeaways

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- Addressing health inequities is a journey.
- Requires patience, compassion, empathy, innovation, and collaboration.
- Makes public health more intentional.
- Considers who may not benefit from public health services and programs.



# Acknowledgements

A number of people have been involved in these efforts including leadership in the Office of Science, Office of Health Equity, CDC's Cambodia, Guatemala and Vietnam country offices, Health and Human Services, and Vikas Kapil, Aun Lor, Thomas Mampilly, Liz O'Mara, Ramona Bhatia, among many others.

Special thanks to Dr. Kristy Hayes, the GHC Global health Equity Officer for her leadership and for developing these slides.

**Thank you!**

**Dr. Vikas Kapil  
Chief Medical Officer &  
Associate Director for Science  
Global Health Center  
Centers for Disease Control and Prevention**



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Dr. Gerry Eijkemans,  
Director Social and  
Environmental Determinants  
for Health Equity, Pan  
American Health  
Organization (PAHO)

# PROVIDE A GLOBAL CONTEXT AND COUNTRY EXAMPLES OF INEQUITY AND ITS IMPACT



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Sofia Viegas, McS PhD

Deputy Director General  
Instituto Nacional de Saúde -  
Mozambique

# Resilience: Strengthening health system equity and tracking inequalities – INS's Mozambique experience



# Health promotion and control of diseases demands a multi-disciplinary approach targeting social determinants

**Health promotion and disease control ignoring social determinants**

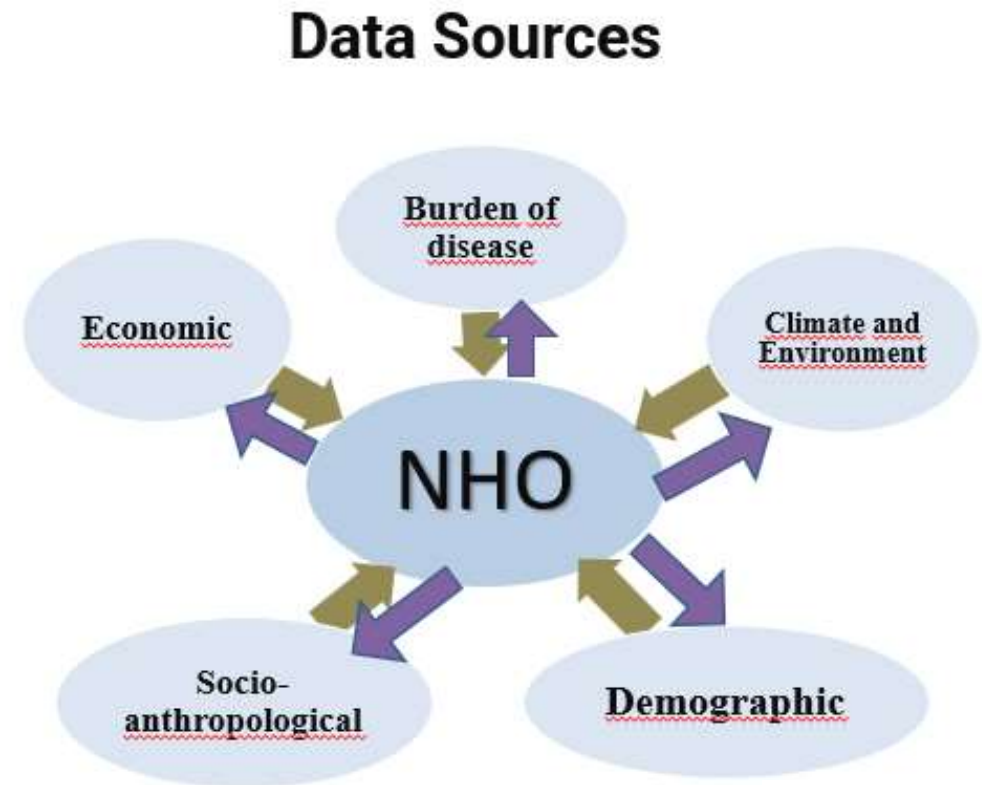
**Health promotion and disease control considering social determinants**

- Education
- Sanitation
- Cultural aspects
- Water
- Lifestyle
- Environment
- Food



## WHAT IS THE NATIONAL HEALTH OBSERVATORY?

- The NHO was created in 2015 as a virtual national center for systematic and permanent observation of health and well-being of the Mozambican population.
- Mission: accelerate the generation of evidence on Health Determinants in Mozambique.
- Platform that uses secondary data from different sources for data triangulation



# NHO LAW AND GOVERNANCE

Quarta-feira, 11 de Fevereiro de 2015

I SÉRIE — Número 12



# BOLETIM DA REPÚBLICA

PUBLICAÇÃO OFICIAL DA REPÚBLICA DE MOÇAMBIQUE

## SUMÁRIO

Conselho de Ministros:

**Decreto n.º 1/2015:**

Altera o n.º 2 do Anexo I do Decreto n.º 53/2012, de 28 de Dezembro, que aprova o Classificador Orgânico.

Ministério da Saúde:

**Diploma Ministerial n.º 34/2015:**

Define Critérios para Distribuição da Receita Consignada à Inspeção-Geral de Saúde,.

**Diploma Ministerial n.º 35/2015:**

Cria o Observatório Nacional de Saúde, abreviadamente designado por ONS.

Artigo 1. É criado o Observatório Nacional de Saúde, abreviadamente designado por ONS, subordinado ao Ministério da Saúde;

Art.2. É criada uma comissão instaladora do Observatório Nacional de Saúde constituída pelos seguintes membros:

- Direcção Nacional de Saúde Pública, Ministério da Saúde – Co-Presidente;
- Direcção do Instituto Nacional de Saúde, Ministério da Saúde - Co-Presidente;
- Direcção de Planificação e Cooperação, Ministério da Saúde – Membro;
- Instituto Nacional de Estatística – Membro;
- Ministério do Plano e Desenvolvimento – Membro;
- Organização Mundial de Saúde – Membro;
- Sociedade Civil – Membro.

Art. 3. A comissão instaladora deverá, num período de seis meses, apresentar para aprovação o regulamento e o plano de implementação do Observatório Nacional de Saúde.

Art. 4. O Secretariado Técnico do Observatório Nacional de Saúde será assegurado pelo Instituto Nacional de Saúde.

Advisory  
Committee

Co-Chairs

Director General of INS  
National Director of Public Health

Members:

- Government : Ministry of Health, National Institute of Statistics, Ministry of Agriculture and Rural Development and Ministry of Economy and Finance**
- Partners : WHO, CDC, USAID**
- Civil Society : Nweti and Center for Public Integrity**



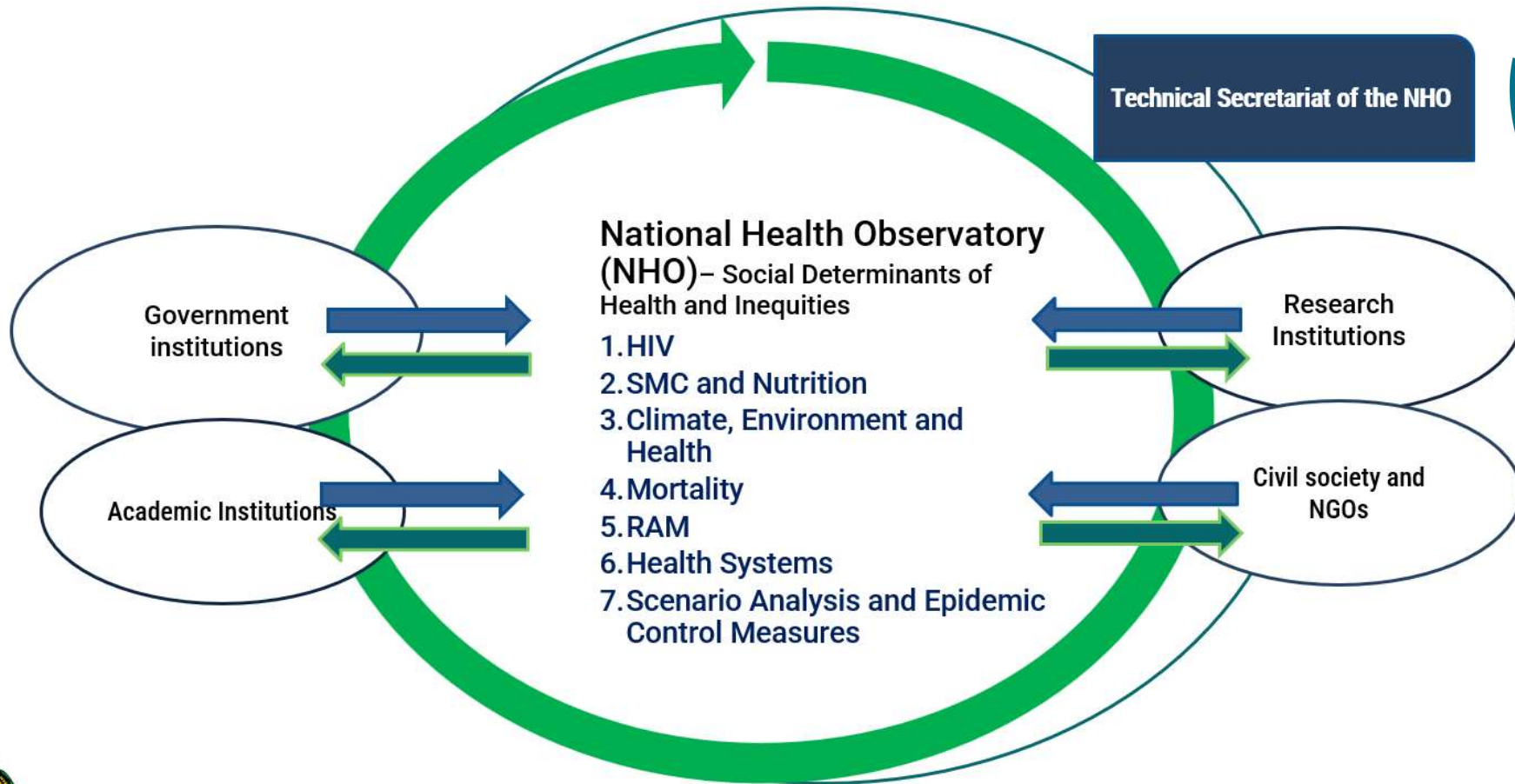
# Recently approved Public Health Act in Mozambique establishes the National Commission on Social Determinants of Health

<p style="text-align: center;"><b>ASSEMBLEIA DA REPÚBLICA</b></p> <p style="text-align: center;"><b>Lei n.º 3/2022</b> de 10 de Fevereiro</p> <p>Havendo necessidade de garantir a defesa, a preservação e a promoção de Saúde Pública, bem como assegurar o gozo do direito à saúde e à assistência médica e sanitária dos cidadãos, ao abrigo do disposto no artigo 89 e número 1, do artigo 178, ambos da Constituição da República de Moçambique, a Assembleia da República determina:</p> <p style="text-align: center;"><b>CAPÍTULO I</b> <b>Disposições Gerais</b> ARTIGO I <b>(Objecto)</b></p> <p>A presente Lei tem por objecto estabelecer os mecanismos de protecção e promoção da saúde, de prevenção e de controlo das doenças, bem como das ameaças e dos riscos para a Saúde Pública.</p>	<p>c) pertinência – as acções de Saúde Pública devem ter em conta a magnitude dos problemas que se pretendem corrigir, justificando a sua necessidade, de acordo com os critérios de proporcionalidade, eficiência e sustentabilidade;</p> <p>d) sustentabilidade – pressupõe a gestão racional dos recursos naturais, protegendo o meio ambiente, a saúde e vida humana e todas as demais formas de vida, preservando-os para as presentes e as futuras gerações;</p> <p>e) precaução – a existência de indícios fundamentados de um possível risco para a Saúde Pública, ainda que haja incerteza científica sobre a característica do risco, determina a cessação, proibição ou limitação da actividade que concorre para o risco;</p> <p>f) avaliação – as acções de Saúde Pública devem avaliar o seu funcionamento e resultados, com uma periodicidade correspondente à acção implantada;</p> <p>g) transparência – as acções de Saúde Pública devem ser transparentes e a informação sobre a mesma deve ser clara, simples e compreensível para o cidadão;</p> <p>h) integridade – as acções de Saúde Pública devem organizar-se e desenvolver-se dentro da concepção integral do sistema de saúde;</p>	<p>o, aquisição, armazenamento de animais)</p> <p>aquisição, o armazenamento incluindo os de origem venatória, a inspecção sanitária, bem como a transformação de produtos, são puníveis com a pena de prisão de 1 a 3 anos.</p> <p>ARTIGO III</p> <p>Artigo 43</p> <p>incluindo as Forças de Defesa e Segurança.</p> <p>7. As demais atribuições, competências, organização e funcionamento da IGS são matérias objecto de regulamentação específica.</p> <p style="text-align: center;"><b>ARTIGO 47</b> <b>(Comissão Nacional de Determinantes Sociais de Saúde)</b></p> <p>1. É criada a Comissão Nacional de Determinantes Sociais de Saúde, um órgão de consulta e assessoria técnico-científica em matérias de Saúde Pública, abreviadamente designada CNDSS.</p> <p>2. As atribuições, competências, organização e funcionamento da Comissão Nacional de Determinantes Sociais de Saúde são matérias objecto de regulamentação específica.</p>
	<p style="text-align: center;"><b>(Responsabilidade civil)</b></p> <p>1. Aquele que, para além dos limites consentidos, provocar a contaminação ou degradação de uma fonte pública de água ou poluição ambiental constitui-se na obrigação de reparação</p>	<p style="text-align: center;"><b>CAPÍTULO XIII</b> <b>Disposições Finais</b> ARTIGO 48</p>

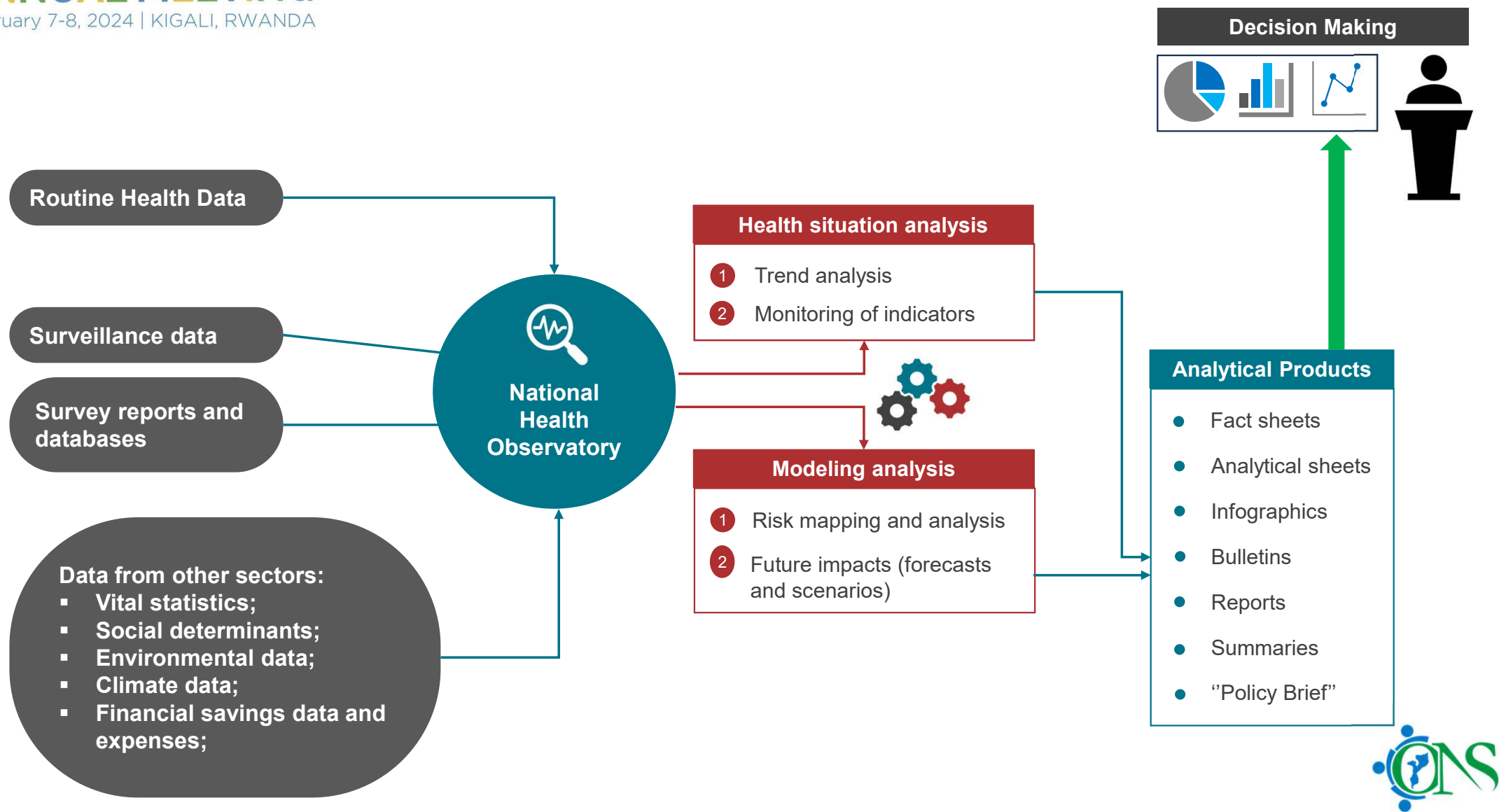
National Commission on Social Determinants of Health, a technical-scientific consultancy and advisory body in Public Health matters and the NHO is the Scientific Secretariat.



# NHO'S STRUCTURE AND OPERATION





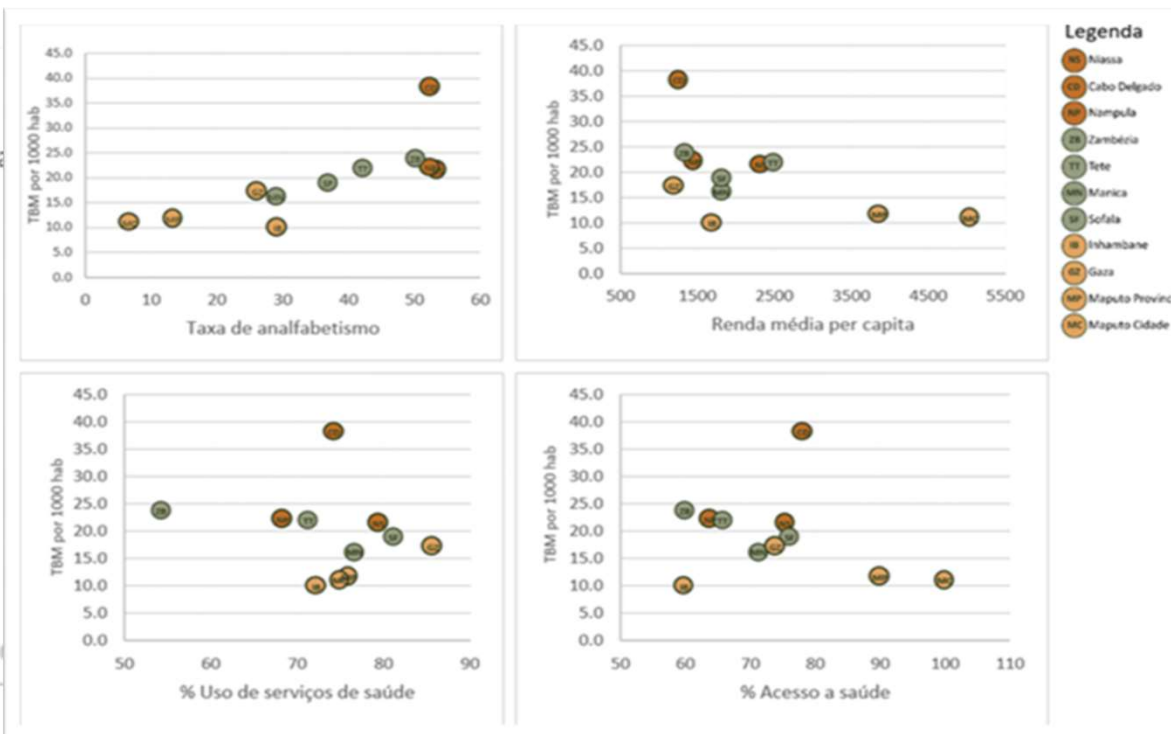
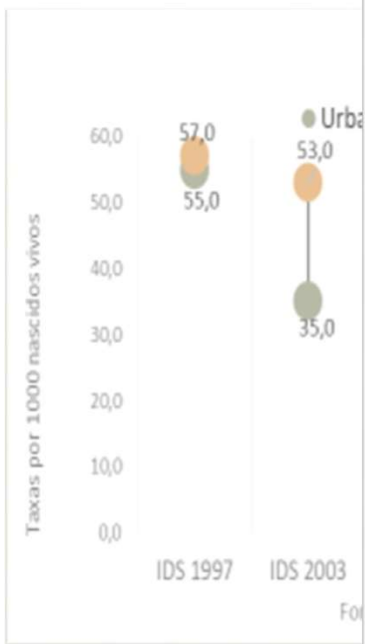


# EXAMPLES OF KEY ACHIEVEMENTS

# Analytical products - Mortality Platform

## Social determinants of mortality in neonates

Social determinants of mortality rate in



Cause of death and mortality rates on neonates



## The NHO raises awareness of health inequities

- 2017 Public Debate on Climate Change and Health Inequities
- Held on June 23rd, Maputo city
- 2023 Conference on the Impacts of Climate Change and Health Inequities
- Held on November 1-2nd, Maputo city

## NHO'S PROPOSED ACTIVITIES FOR 2024?

- 2024 annual Thematic report on:  
'Impacts of population growth  
on health inequities in  
Mozambique''

MURAKOZE, KANIMAMBU,  
OBRIGADA, THANK YOU FOR  
YOUR ATTENTION

[www.ons.gov.mz](http://www.ons.gov.mz)

*United for equitable health and well-being in Mozambique*



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Carlos Castañeda-Orjuela  
Director Colombian  
National Health  
Observatory. INS

State of the National  
Health Observatory at  
the Colombian INS on  
health equity

## Content

- Initiative and learnings on equity analysis from public health data at the Colombian INS
- New data on health inequalities
- Impact on decision making and next steps of the National Health Observatory in health inequities



## Equity in health from a National Health Observatory at the INS

- Evidence of disparities across stratifiers:
  - Socioeconomic, gender, ethnicity, social class, armed conflict, territory and during covid pandemic
- BoD, qualitative and mixed methods, and equity in health as main approaches to generate results and recommendations
- Strength capacity in data analysis to generate reports, bulletins, articles, papers, infographics, and multimedia

## Equity in health from a National Health Observatory at the INS

- Construction of indexes to territorial level and case-studies
- Use of available data to implement inequalities analysis: vital statistics, population surveys, surveillance (in charge of the Colombian INS) and collect additional in vulnerable
- Qualitative analyses to understand the context and the people perceptions and suffering
- Policy briefs and other channels to knowledge appropriation and use

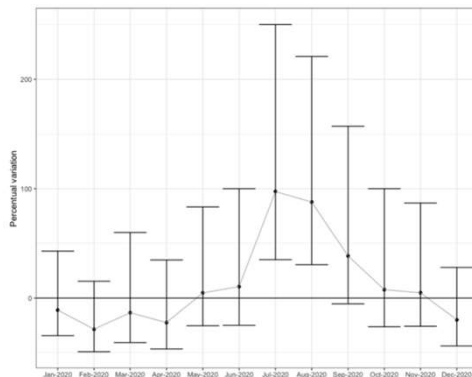
## Differential impact of COVID

- Transmission and severity indexes at municipal level
  - Deprived jurisdictions worst impact in severity
  - Related to less health care access, higher ethnic populations, and overcrowding

Open access Original research

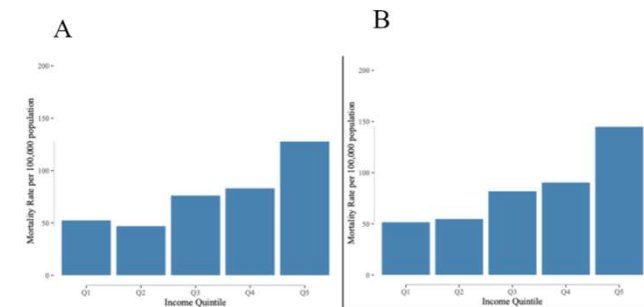
## BMJ Open Maternal mortality in Colombia during the COVID-19 pandemic: time series and social inequities

Carlos Castañeda-Orjuela,<sup>1</sup> Liliana Hilarion Gaitan,<sup>1</sup> Diana Diaz-Jimenez,<sup>1</sup> Karol Cotes-Cantillo,<sup>1</sup> Richard Garfield <sup>2</sup>



**Figure 2** Percentage variation between observed cases and projected cases with Autoregressive Integrated Moving Average modelling, Colombia, 2020.

- Worsening of health inequalities for tracer indicators against the poorest population
- Significantly increase in peak moments

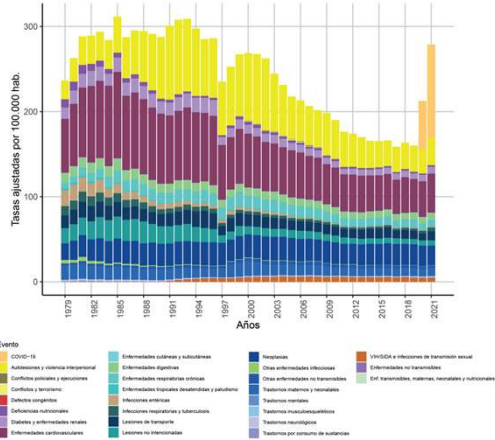


**Figure 3** Maternal mortality ratio by quintiles in Colombia, 2019–2020.

**Table 1** Estimation of simple and complex inequality measures for maternal mortality 2019–2020 in Colombia

Inequality metric	Year		Monitoring
	2019	2020	
Absolute	75.4	93.3	-57.06
Relative	2.4	2.81	-39.81
Population attributable fraction	46.4%	65.7%	-58.12
Slope Inequality Index (95% CI)	-53.7 (-157.4 to -26.8)	-138.0 (-161.3 to -36.1)	-109.15
R <sup>2</sup>	0.87	0.85	
Relative Inequality Index	3.7	3.6	-2.96

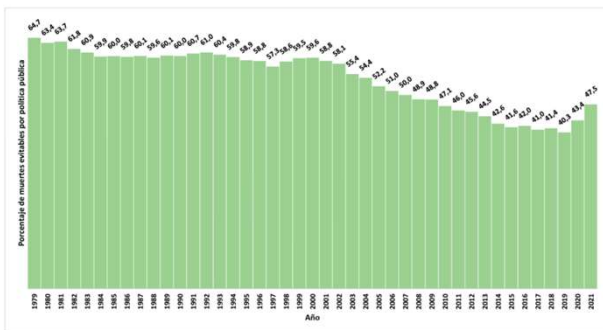
Gráfico 3. Mortalidad evitable por cualquier política pública, según grupos de causas. Colombia 1979-2021



Fuente: análisis equipo de trabajo ONS a partir de información DANE

## Avoidable mortality

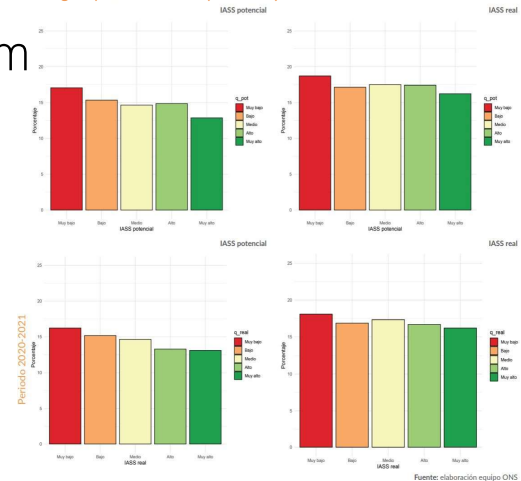
Gráfico 2. Porcentaje de muertes evitables por políticas públicas por años. Colombia 1979-2021



\* Los años 2020 y 2021 incluyen como evitables todas las muertes por COVID-19 en menores de 75 años.  
 Fuente: análisis equipo de trabajo ONS, a partir de información DANE

- 50.7% mortality in Colombia is avoidable due any policy and 19.7% due to health system
- Inequalities by health care access
- By social class
  - Popular 67,4%
  - Indigenous 65,7%
  - Middle class and businessmen 64,1%

Gráfico 8. Porcentaje de muertes evitables por servicios de salud según quintiles del IASS potencial y real



Fuente: elaboración equipo ONS

## Informing decision making with equity perspective

- Decisions about the pandemic based in models and analysis from the ONS
- Burden of environmental disease informed Policy about the thematic (PISA in Spanish)
  - Delimitation of the problem, base line, and monitoring with this approach
- Information about the impact of the present health system under discussion: avoidable mortality
- Next steps:
  - One Health perspective to achieve intersectoral impact
  - Climate change, AMR, migration, data science
  - Propose a strategic public health national Plan

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Dr. Raji Tajudeen, Head of  
Public Health Institutes and  
Research Division, Africa  
CDC

# PROVIDE A GLOBAL CONTEXT AND COUNTRY EXAMPLES OF INEQUITY AND ITS IMPACT

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HOSTED BY



Shelly Bratton & Felix  
Rosenberg, Co-Chairs,  
IANPHI Committee on  
Social and Public Health  
Inequalities

# IANPHI'S WORK ON INEQUITY, EMERGING THEMES AND POTENTIAL AREAS FOR COLLECTIVE ACTIONS



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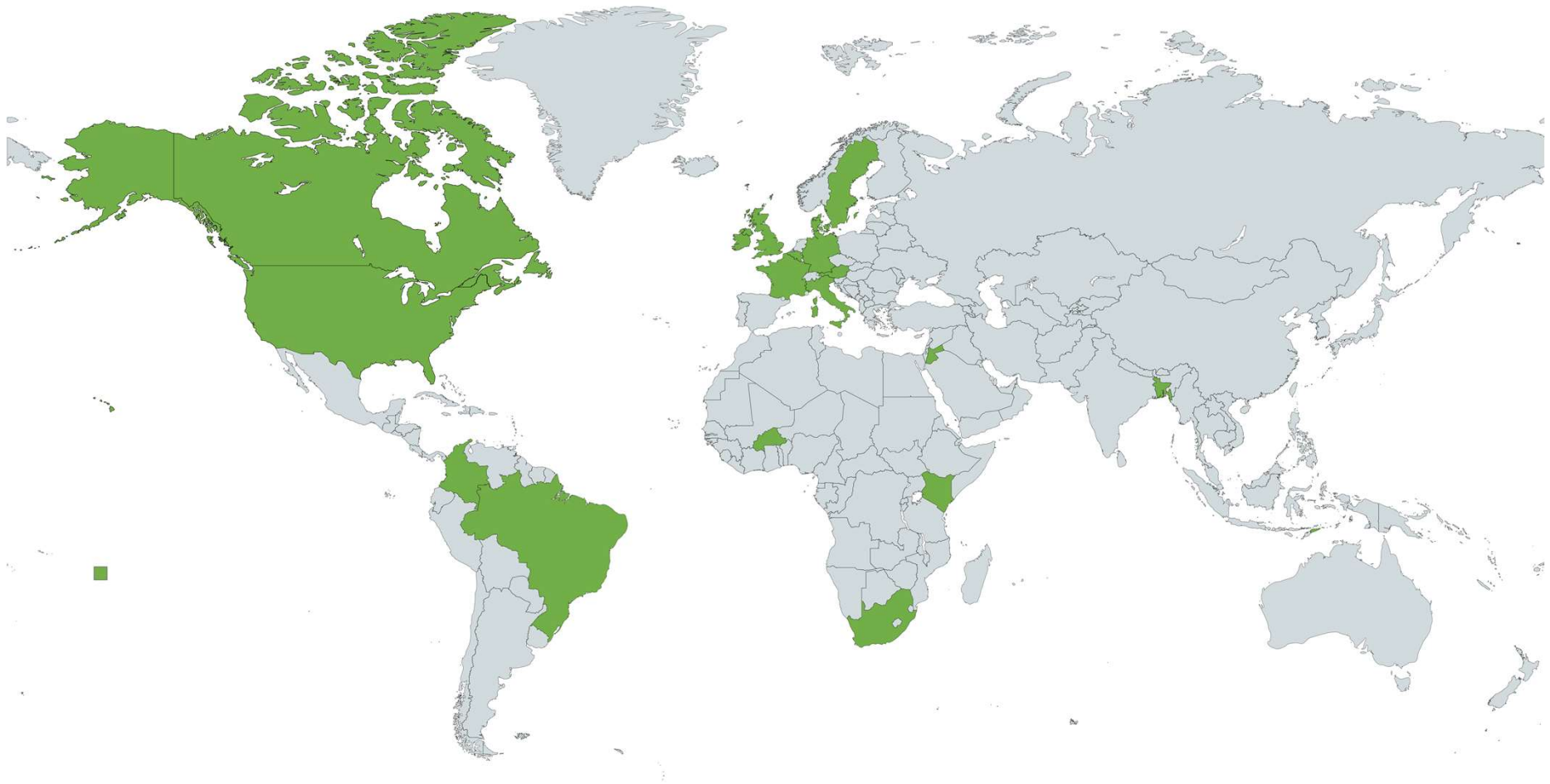


IANPHI Committee on  
Social and Public  
Health Inequalities  
Summary  
2023 Activities



IANPHI  
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February 7-8, 2024 | KIGALI, RWANDA

# IANPHI Committee on Social and Public Health Inequalities



# IANPHI Committee on Social and Public Health Inequalities

- Six months of discussion and brainstorming
- Draft workplan developed
- IANPHI wide call in November for additional committee members. Doubled the number of countries represented, all regions

## *Draft workplan*

### Priorities of Action

- Advocacy for health and equity in all policies
- Strengthening the capacity of NPHIs to contribute to research, policies and action related to health inequalities
- Enhance capacity, competence and training through peer-to-peer support and knowledge sharing between NPHIs

## *Draft workplan*

### Objectives

- Structure and development of the Committee
- Knowledge generation and sharing
- External partner engagement

## *Next Steps*

- Collate feedback from Committee, finalize draft
- Submit to Executive Board
- Begin implementing activities in 2024

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THANK YOU.

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Felix Rosenberg, Chair of the LatAm Regional Network and Co-Chair of the IANPHI Thematic Committee on Social and Public Health Inequalities

# RESILIENCE: STRENGTHENING HEALTH SYSTEM EQUITY AND TACKLING INEQUALITIES IN LATIN AMERICA



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HEALTH EQUITY  
WORKSHOP  
LatAm Regional  
Network  
Petropolis, RJ  
Brazil,  
August 21-23,  
2023



## HEALTH EQUITY WORKSHOP LatAm Regional Network

- Participants: LatAm NPHI of Argentina; Brasil; Costa Rica; Chile; El Salvador; México; Perú and Venezuela. Also present NPHI of Moçambique; CDC-Atlanta; IANPHI (Emory); PAHO and web presentation from CPHA
- Working Groups on Proposals to strengthen Health Equity at Global, National and Local levels

AT GLOBAL LEVEL

*The economic and technological dependence of the least developed countries for access to health products and supplies (medicines, vaccines, diagnostic reagents, and equipment for diagnosis and treatment)*

PROPOSED ACTIVITIES:

- Mapping of what the NPHIs in the Region are doing in terms of standardization of diagnostic techniques and production of serums, toxins, antitoxins and immunoglobulins
- Strategic Analysis of Diagnostic Kit Production Capacities for Primary Health Care Needs and Prioritized Diseases
- Comparative analysis of the regulatory frameworks and mechanisms for Diagnostic Kits, antisera, antitoxins and immunoglobulin.
- Dissemination and Training on Production Capacity of Strategic Health Inputs

AT NATIONAL LEVEL

*Unequal and unfair access to health services (at primary, specialized, and high-complexity care levels)*

PROPOSED ACTIVITIES: Define the role of the NHI in research on inequities in health services through:

- Write a Reference Framework reorienting the perspectives of the NPHIs towards incorporating the evaluation of the inequities of access, quality and opportunity of health care
- Organize a network of focal points to conduct research on inequities in health services
- Carry out a research project on Primary Health Care in each country, evaluating community participation and the role of community health agents
- Carry out a research project on Health Services in border areas, particularly in the Amazon and Middle America.
- Mapping and evaluation of existing Observatories of Health Inequities at the NPHIs
- Promote a strategy for the presentation of good practices of observatories, promoting the exchange of experiences for the construction of new observatories.

AT LOCAL / TERRITORIAL LEVEL

*Fragile territories where the “social and human right to the city” is severely limited (housing, sanitation, education, transport, sports, entertainment, etc.)*

#### PROPOSED ACTIVITIES:

- Share existing documentation on Participative Rapid Diagnosis – PRD and Participative Cartography.
- A virtual meeting will be held to resolve doubts and possible solutions to the identified barriers.
- The methodology will be implemented in a community in selected countries, to pilot its implementation.
- Results of the pilot study will be shared in an IANPHI forum where future actions will be considered aiming at scaling this methodology to other communities in other countries.
- A report (article) will be written on the experience of sharing the methodology with specific reflections from each of the countries.



MANY THANKS.

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# QUESTIONS AND ANSWERS, CLOSING THOUGHTS AND REMARKS