

Comment on a report

“Build Back Fairer” by Achieving Health Equity in the Eastern Mediterranean Region: An Agenda for Transformation and Call for Action

“Social injustice is killing on a grand scale” (Marmot, 2021)

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تقرير لجنة المحددات الاجتماعية للصحة في إقليم شرق المتوسط منظمة الصحة العالمية

إعادة البناء على نحو أكثر عدلاً: تحقيق الإنصاف الصحي في إقليم شرق المتوسط

أجندة للتحويل ودعوة للعمل

الظلم الاجتماعي يقتل على نطاق واسع مايكل مarmوت

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Abstract

In 2019, the Eastern Mediterranean region (EMRO) of the World Health Organisation (WHO) convened a commission, led by Sir Michael Marmot, into the social determinants of health in the region. It addressed the need for achieving health equity and for policies that enable people to live with dignity. The subsequent report “Build Back Fairer: Achieving Health Equity in the Eastern Mediterranean Region” was published on March 31, 2021.¹

Key words: COVID-19, Eastern Mediterranean, health, health equity, mental health, social determinants

Declaration of interest: None

Overview of the Build Back Fairer report

The Build Back Fairer report is timely in identifying the stark health and social inequities in the 22 countries in the Eastern Mediterranean Region (EMRO),¹ including the impact of COVID-19 in exposing and amplifying these inequities. It builds on the work of EMRO for improving the health of the people in these countries over decades and on Marmot’s research on the social determinants of health leading the World Health Organisation (WHO) Global Commission “Closing the gap in a generation - Health equity through action on the social determinants of health”.²

Marmot reported on the impact of social determinants on health: the influence of the social and health inequities and the conditions in which people are born, grow, live, and age on their health and longevity. These epidemiological findings are translated into highly effective health and social policies, including multisectoral complex interventions that mitigate the effects of these inequalities on the health and lives of people who are deprived and disadvantaged.

Further, “The Build Back Fairer” title was chosen as a deliberate echo of a 2020 report on COVID-19 and socioeconomic and health inequalities in England.³

Emerging from the COVID-19 pandemic, with its widespread impact on society, is an opportunity to ask how, based on the best evidence, societies and health systems can be rebuilt in a way that benefits all people. Doing so will be a major step to building greater health equity.⁴

In summary, the findings of the WHO Global Commission are that EMRO countries show large diversities in longevity, per capita income with some of the richest and poorest countries, high prevalence of noncommunicable diseases and mental health conditions. However, what marks the Eastern Mediterranean region in comparison with other WHO regions, is the high number of conflict-related deaths. These have exceeded 150,000 per year since 2014; conflicts that cause high rates of disability, communicable and noncommunicable diseases and poor mental health. The conflicts exacerbate existing inequities and adversely affect all aspects of the social determinants of health, including the availability of early years support, education, health services, employment, incomes, social protection systems, shelter, water, sanitation, electricity, and basic human rights, and often leads to high levels of migration and the collapse of governance systems.

The Commission has furnished evidence for stark health inequities within and between countries that are widening. High income inequities that reflect the low priority given to social justice and health equity, climate change damaging health, high rates of maternal deaths (70% are due to avoidable causes), gender inequities, high unemployment (9% and 22% of youth, the highest rates of any region in 2019). Poor working conditions, low levels of social protection, especially pensions for older people, particularly women and migrants, making it a challenge to protect health in later life. Rapid urbanization, low health spending (5% of GDP well below global average of 9.9%) and weak governance systems. Importantly, the Commission tackled the cultural attitudes that affect health equity: positively noting that regular attendance in religious groups is linked with health benefits, such as lower blood pressure and better mental health as well as lower alcohol use and smoking; and it contributes to community cohesion. However, the Gender Inequality Index shows that the Eastern Mediterranean region has one of the highest levels of gender inequality of any region. The report states “Stereotypical cultural and social beliefs about the roles of women and men in society hinder development and limit people’s lives and health. Women who are better educated are more likely to be knowledgeable about health care and nutrition, to marry later, to be engaged in the formal labor market and to have higher incomes. Their children are usually healthier”. Moreover, attitudes towards refugees and migrants in the region are complex, but they are generally not afforded the same services and resources as citizens and there are signs the situation may deteriorate further because of the COVID-19 pandemic.

The Commission, in making comprehensive recommendations for action, adopted the approach of Do

Something, Do More, Do Better, which recognizes the diversity of countries in the region and the health inequities within countries.

Ahmed Al-Mandhari, the EMRO Regional Director who took the initiative for this Commission, considered the COVID-19 pandemic a unique opportunity to ‘build back fairer’ and reduce health inequities in the Eastern Mediterranean region.⁵

The Commission has brought together a mass of evidence from the region and provided a comprehensive set of recommendations and agenda for action for stakeholders. International and regional organizations, national and local governments, civil society including faith-based organizations, the health sector, the corporate sector, and humanitarian agencies all have a role to play in building back fairer.

The Commission’s executive brief states

National action will be at the heart of efforts to achieve health equity. The social determinants of approach require coordinated work across government policies and departments. Leadership must come from the center, but the ministry of health in each country needs to champion a whole-of-government approach to make health equity a marker of national progress in all government policies.

It is also important to work as a region – these issues are regional in scope as well as national. The WHO is well placed to provide regional leadership for action on the social determinants of health and health equity, working with other sectors, UN agencies, nongovernmental organizations, civil society, businesses, humanitarian organizations and donors.

Implications for mental health in the Eastern Mediterranean Region

The Commission’s first objective was to analyze and present existing data on health inequities and social determinants of health, including conflict, in the Eastern Mediterranean region context. This objective is all-inclusive of health, including mental health. Marmot provided a WHO report on social determinants of mental health, reviewing the research evidence and considered the implications for action and policy to promote and protect good mental health.⁶

The report concluded that mental health and many common mental disorders are shaped by social, economic, and physical environments. Risk factors for many common mental disorders are strongly related to social inequalities, with increased risk associated with increased inequality. Further, to reduce these inequalities and reduce the incidence of mental disorders, it is crucial to act to

improve the conditions of everyday life, with a life-course perspective beginning before birth and progressing into early childhood, older childhood, and adolescence; during family building and working ages, and through to older age. Action throughout these life stages would provide opportunities for both improving population mental health, and for reducing risk of those mental disorders that are associated with social inequalities. A social determinants of health approach requires action across multiple sectors and levels. The evidence is convincing that policy making at all levels of governance and across sectors can make a positive difference to mental health outcomes. Empowerment of individuals and communities is at the heart of action on the social determinants.

The provision and recommendations of the EMRO Commission of Building Back Fairer, are pivotal to

achieve the objectives of the EMRO adapted WHO Comprehensive Mental Health Action Plan 2013-2020.⁷ The plan has been extended until 2030 to be aligned with the Sustainable Development Goals 2015-2030 and adopted a multisectoral approach, through coordinated services from the health and social sectors, with an emphasis on promotion, prevention, treatment, rehabilitation, care, and recovery. The plan mandates all countries to take actions and proposes key indicators and targets that can be used to evaluate levels of implementation, progress, and impact. The action plan has, at its core, the globally accepted principle that there is “no health without mental health”.

Further, Building Back Fairer, surpasses the concept of Building Back Better as documented in the WHO report from 10 diverse emergency-affected areas, each of which built better-quality and more sustainable mental health systems despite challenging circumstances.⁸ It establishes social justice as a bedrock for integrating mental health services with universal health coverage, improving access and coverage of psychosocial interventions, eliminating coercion in mental health care, integrating mental health interventions into other sectors and incorporating technological innovations in mental health services.

The Commission has delivered the research evidence for social determinants of health, including mental health and produced a roadmap for transformative action and priorities for implementation.

In the era of the COVID-19 pandemic that threatened humanity with extinction, science has prevailed in producing vaccines that will combat it. It is no less credible that the science of social epidemiology will rescue humanity and for social justice to prevail.

It is incumbent on all stakeholders to take responsible action to Do Something, Do More, Do Better.

Psychiatrists as members of professional associations, leaders of mental health in their countries, service providers, teachers, trainers, researchers, and advocates have a major role in facilitating the implementation of these recommendations.

*In the words of Marmot et al.*⁴

“Our starting and finishing point, and our modus operandi, is health equity. Our approach is at once moral and scientific. Our position is that the reason for acting on these complex political, economic, and environmental issues is because the evidence shows how important they are for health equity. Improving the health of populations and advancing health equity should be central to the political debate. The question of what to do is answered by the evidence presented in the Commission’s report. The question of why to do it is captured by the quote from the earlier WHO Commission on Social Determinants of Health: “social injustice is killing on a grand scale”.⁴

References

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المخلص

أسست لجنة المحددات الاجتماعية للصحة في إقليم شرق المتوسط في عام 2019 من قِبل المدير الإقليمي للمنظمة لشرق المتوسط، باعتبارها لجنة خبراء مستقلة. وقد أجرت اللجنة مراجعة شاملة لأوجه الإجحافات الصحية في الإقليم، وأصدرت تقريراً بعنوان "إعادة البناء على نحو أكثر عدلاً: تحقيق الإنصاف الصحي في إقليم شرق المتوسط". ويحلل التقرير بالتفصيل حالة الإجحافات الصحية ويعرض قائمة بالتوصيات الممكن تنفيذها. ويركز عمل اللجنة على وضع العدالة الاجتماعية والإنصاف الصحي في صميم جميع الإجراءات الرامية إلى معالجة المحددات الاجتماعية للصحة.

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