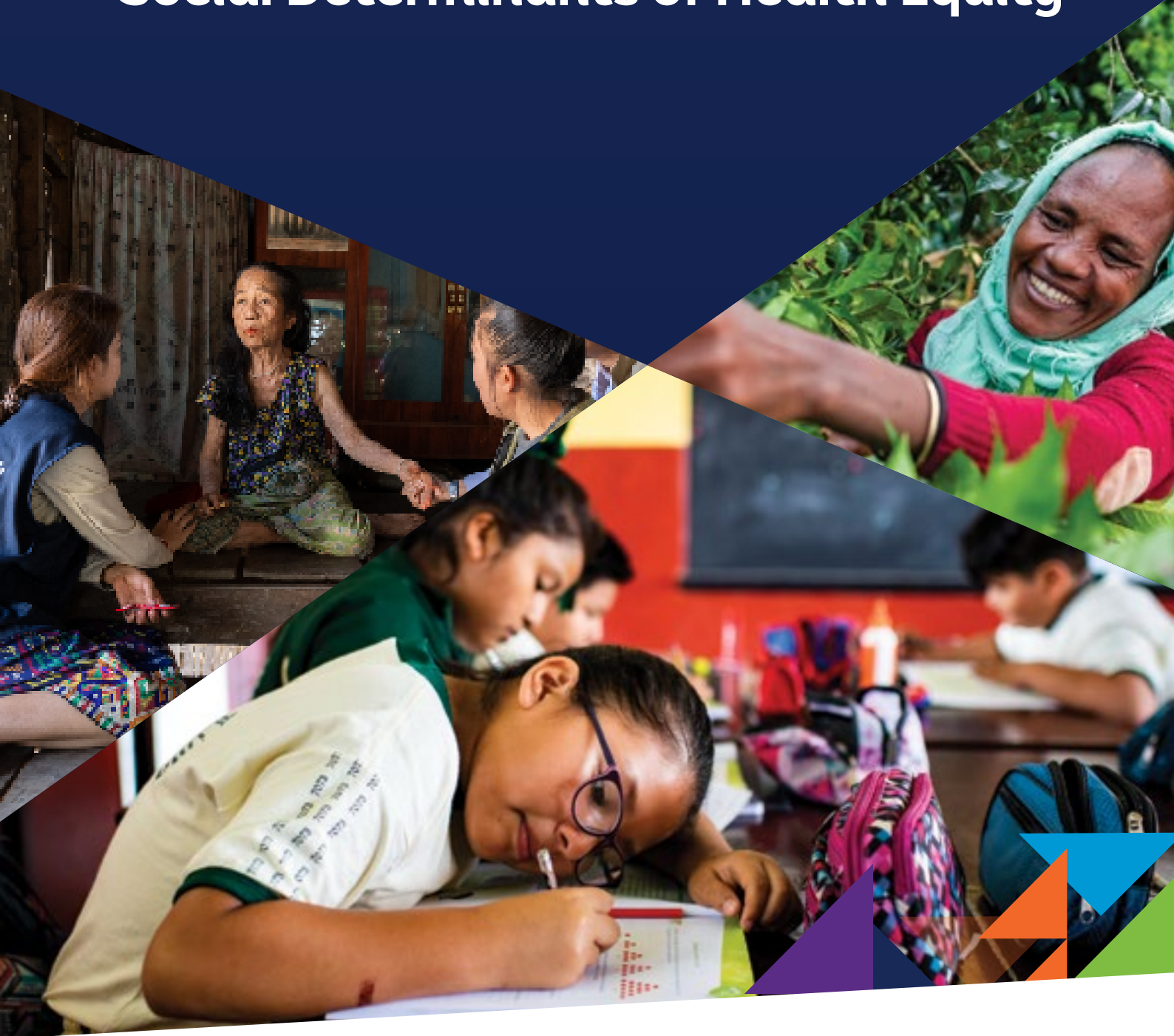


Special Initiative for Multi-country Action on the Social Determinants of Health Equity



The state of health inequities

The world has seen considerable health gains over the past century, but within and between countries, distribution of these gains among populations is vastly unequal.

In all countries, health and illness follow a social gradient, meaning the health situation of socioeconomic groups steadily improves as their status and means improve, while others do not have the opportunity to live healthily. Even in high-income countries with universal health care, life expectancy among higher socioeconomic groups can be 20 years longer than among lower socioeconomic groups.

Some countries manage to reduce the steepness of the social gradient. Why not more? The World Health Organization (WHO) aims to place a spotlight on the why and how to reduce the social gradient in health.

Why is it important?

Why treat people and send them back to the conditions that made them sick in the first place?

Each additional year of life expectancy may boost GDP per capita by roughly 4%, by enhancing human capital and lowering future health-care costs. This benefits the economy as well as families and broader society.

Box 1. Evidence of the social determinants of health inequities

The *WHO World report on social determinants of health equity (World report)* sets out some of the starkest evidence of the social determinants of health equity:

Within countries:

- In some high-income countries, groups with the lowest educational attainment have age-adjusted mortality rates 2.2 times greater than those with the highest educational levels.
- In low- and middle-income countries, WHO analysis predicts that eliminating the rich-poor gap in under-five mortality (i.e. reducing national mortality to the level of the richest 20% in each country) could help save the lives of 1.8 million children.
- Research shows how rural women are 25% less likely to have their babies delivered in a health facility compared to urban women, with a significant proportion of this inequity in access attributable to household wealth and female education.
- Indigenous populations have lower life expectancy than non-Indigenous populations in rich and poor countries alike.

Between countries:

- Children born in poorer countries are 13 times more likely to die before the age of 5 years than in wealthier countries.



How can we act?

Investing in equitable, quality medical services is only half of the picture. Intersectoral strategies for improving the conditions in societies at the root of health equity are also needed. Equipped with evidence, data and examples of action, leaders can put health equity as a shared value in all policies, in the economy and across society.

Health equity and its “social” determinants

Opportunities to be healthy are closely linked to the conditions societies create – hence the term “social”. The conditions in which people grow up, learn, live, work and age are the social determinants of health. Health inequities are caused by inequalities in these conditions, arising through suboptimal and unjust social, economic and development policies. This leaves particular groups and areas of countries with an accumulation of adverse circumstances – poorer quality housing and education; fewer employment opportunities and protections; less access to safe environments, clean water and air; lower food security; and poorer services for social connection, social support and healthcare. Health equity means giving everyone a fair chance for a healthy long life.

Adverse circumstances increase vulnerability to infectious and noncommunicable diseases, and shape behaviours. Rapid changes in technologies, urbanization and climate also risk entrenching inequalities, thus concentrating health inequities in already disadvantaged social groups, perpetuating vicious cycles across generations.

This means that health inequities are avoidable, unjust and preventable. A more coherent approach to social and economic policies for development, influencing the structural determinants behind adverse circumstances, can alleviate ill-health and improve recovery from illness.

Box 2. The call for action

From 2005–2008, WHO held a global Commission on Social Determinants of Health to focus attention to the issue. Since its report published in 2008, much has been done to generate knowledge on the extent and patterns of health inequities, and evidence on effective policies. But there has been less progress on knowledge on how to bring together more integrated strategies, policies, models and practices to reduce inequities.

To address this gap, in 2019 WHO conceived of the need for strengthening action, and in 2021 launched the first phase of a [Special Initiative for Multi-country Action on the Social determinants for Health Equity \(SIMASHE¹\)](#) – (across three regions and a selection of eight countries) to tackle health inequities stemming from social determinants and to bring about concrete, demonstrable change.

SIMASHE – a partnership between institutions and governments – produces actionable evidence, enhances competencies for dealing with health equity, and demonstrates how knowledge produced at local levels can create positive synergies for national policy action.

During Phase 1 (2020–2024), SIMASHE initiated multi-country Pathfinder work and the development of training materials, and contributed to the development of WHO’s first [World report on social determinants of health equity](#).

During 2025, as the Initiative advances to Phase 2 (2025–2029), SIMASHE uses the *World report* recommendations as a strategic framework to renew and strengthen action, to deepen work in existing Country Pathfinders, and to draw in new countries for learning and exchange.

¹ SIMASHE began with four core partner institutions: WHO, the Swiss Agency for Development and Cooperation, University College London, Institute of Health Equity and the University of Lausanne/UNISANTE. Other important institutional partners are the International Development Law Organization and the International Labour Organization, as well as the WHO Collaborating Centres.

About WHO SIMASHE

SIMASHE is a multi-country, multi-level, global-to-local action-learning initiative currently working across country “pathfinders” and “pioneer” territories with involvement of all three levels of WHO in specific regions.²

SIMASHE principles

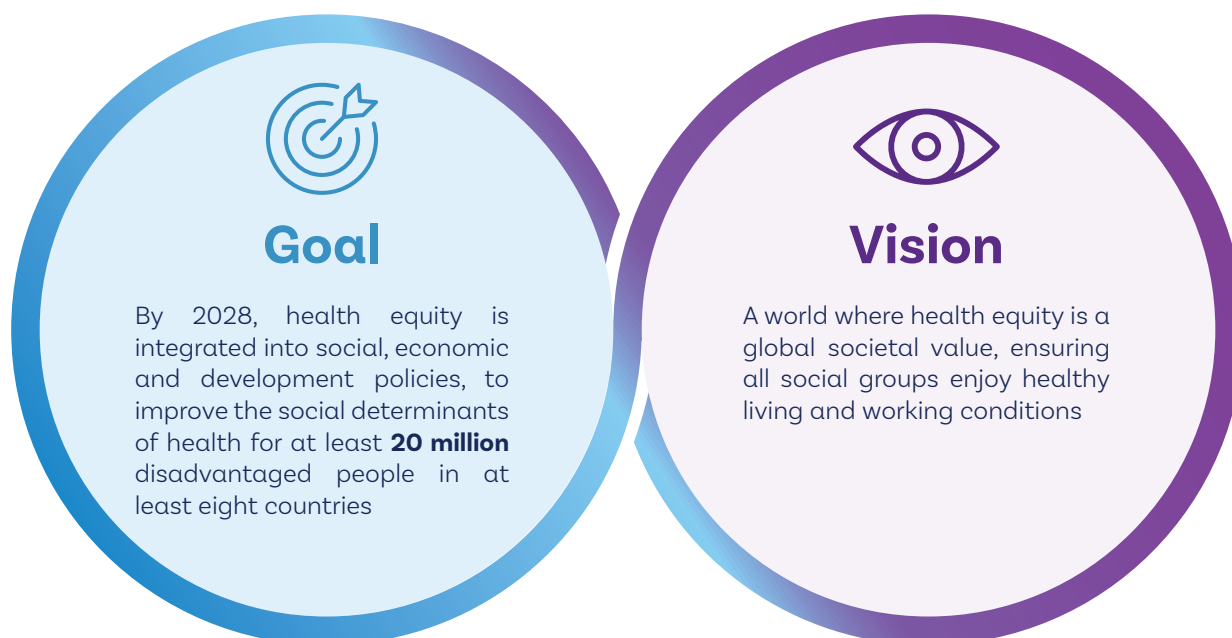
SIMASHE works by convening, catalysing and implementing collaborative practical action on the social determinants of health equity at local, national, regional and global levels, linking local and national implementation to the evidence-base, and building capacity at all levels for such action (see Fig. 1 for SIMASHE’s goal and vision).

At the heart of SIMASHE is “action-learning” with countries – documenting and evaluating actions systematically; sharing what is learned; and coordinating to identify the needs for global normative standards and to develop regional and global strategies.

For stakeholders engaging in this work, core SIMASHE principles are to implement the *World report* recommendations through:

- working from national and local levels, ensuring local areas lead demonstration of innovative action and evaluation with a view to institutionalization and national and regional scale-up;
- working across government sectors (intersectorally), and with communities, to identify problems and solutions and to monitor the social determinants of health equity based on WHO guidance (*Operational framework for monitoring social determinants of health equity*);
- data-informed and evidence-based reviews and assessments of social determinants and of structural policies and processes, emphasizing the local level impacts;
- building knowledge networks locally, nationally, regionally and internationally (multi-level) that connect civil servants, service providers, policy-makers and communities.

Fig. 1. SIMASHE’s goal and vision



² The original eight locations (seven countries and one territory) are Chile, Colombia, Costa Rica, the Lao People’s Democratic Republic, Morocco, Peru, the Philippines, and the occupied Palestinian Territory (the participation of the latter has been affected by the conflict in the Gaza Strip). The reach of SIMASHE in Phase 2 will be extended to the African Region.



WHO SIMASHE and the World report on social determinants of health equity

Global environment

Following its inception in 2019, the initiative focused on pioneering new governance approaches, from local to national level, and generating regional evidence and actionable insights used in formulating the *World report* recommendations and examples.

Moving forward, SIMASHE and core partners will collaborate to disseminate the *World report* recommendations; contribute to and develop the investment case; draft policy briefs; and share country examples. Work at these broader levels sustains a positive global environment in which to deploy *World report* recommendations at country level.

As it enters its second phase (2025–2029), SIMASHE is generating further implementation knowledge to help WHO offices, UN staff and country public health and social development leaders collectively address social determinants of health equity, and enable the health sector to be a better partner for development, through guidance for social determinants of health equity strategies, including through the Sustainable Development Goals (SDGs) (Box 3).

Box 3. How SIMASHE can help meet existing development commitments and targets

As the countdown to the current SDG milestone of 2030 fast approaches, and the next generation of SDGs emerges, the need to foster social development using a multidimensional approach is more urgent than ever. SIMASHE is uniquely positioned to contribute to this agenda and related targets, with its focus on stronger governance and accountability for social determinants of health equity.

WHO's *World report on social determinants of health equity* drew on actionable insights gained by SIMASHE Country Pathfinders and their Pioneer local areas, and WHO's work on urban health, health systems governance, community engagement, primary health care, and *Health in All Policies*.

SIMASHE uses *World report on social determinants of health equity* recommendations to help focus stakeholder **action-learning**.

Box 4. The action areas of the World report



Action area 1: Addressing economic inequality and investing in social infrastructure and universal public services.



Action area 2: Overcoming structural discrimination and the impact of conflict and emergencies by addressing classism, racism, sexism, ableism, xenophobia and homophobia, and ensuring displaced people can access health and social services.



Action area 3: Systematically managing the challenges and opportunities posed by the mega-trends of climate change and digital transformation to unlock co-benefits and promote health equity.



Action area 4: Pioneering new governance arrangements, including devolving money, power and resources to local government, and empowering community engagement and civil society.



Under Action area 4, new governance approaches centre on increasing social and community participation; fairer, people-oriented services and service-culture; intersectoral action in and from the local level upwards; recognizing the significance of urban health and place; and primary health-care reform.

SIMASHE puts strategies to improve governance at heart of its work.

WHO's country action knowledge-sharing hub on governance³

SIMASHE powers an information hub linked to the recommendations of Action area 4 of the *World report* (Fig. 2).

While aligned to the *World report*, the Hub's entry points also reflect the specific focus drawn thus far from Country Pathfinder work. All entry points apply to all levels – from community to local and national level. Current examples draw mostly from SIMASHE work supported by WHO with national governments to pilot change rooted at community and local level.

1. **Equip local government and local areas to promote service integration and reduce health inequities**, including social and health-care planning, financing, and management at local level.
2. **Support community and civil society engagement on the social determinants of health equity**, from local to national levels, building sustainable social mobilization and trust.



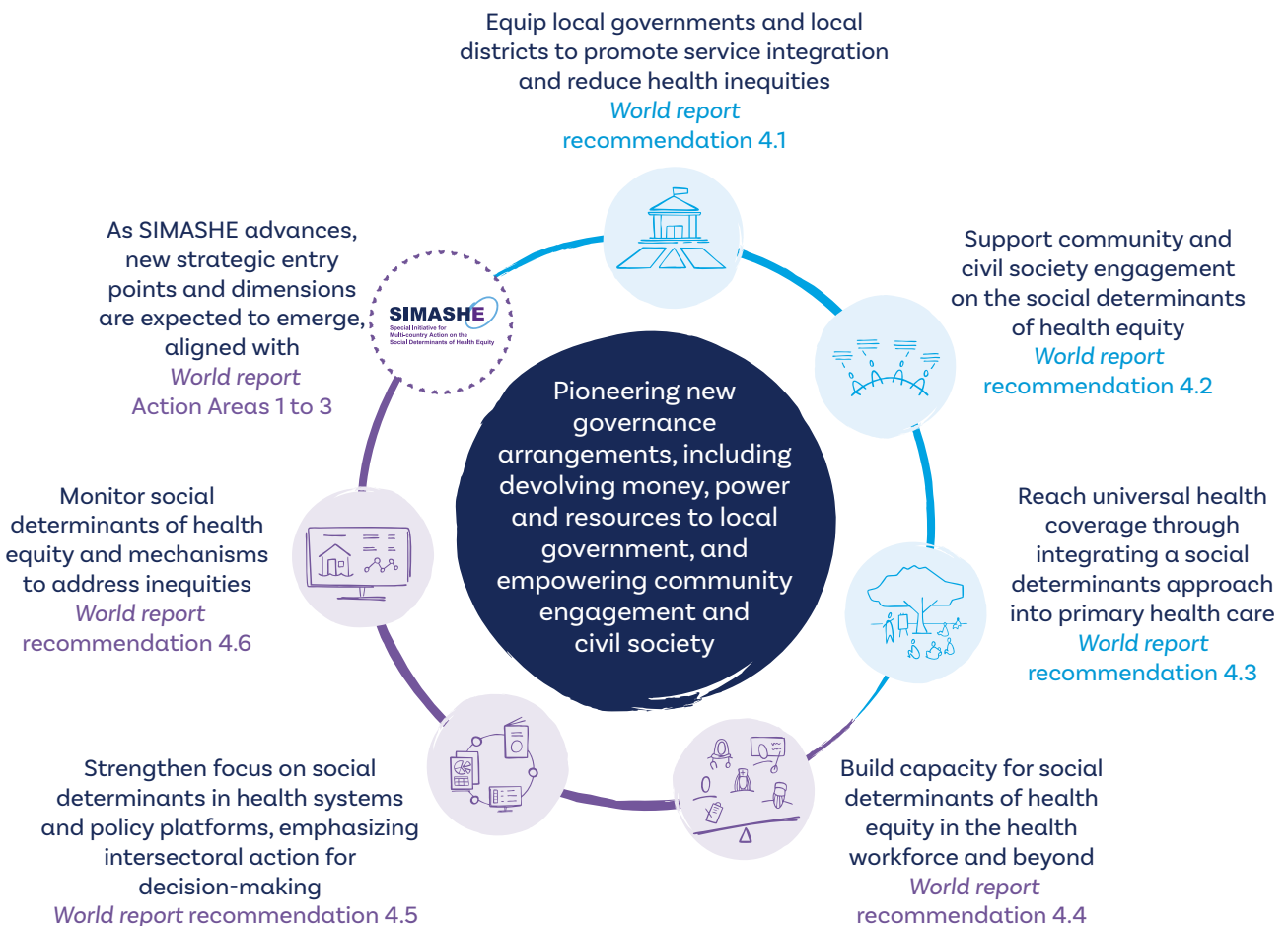
³ This is Action area 4 of the *World report on social determinants of health equity*.

3. **Reach universal health coverage through integrating the social determinants approach into primary health care.** This includes reforms related to systems for multi/intersectoral action/Health in All Policies, and community engagement.
4. **Build capacity for social determinants of health equity in the health workforce and beyond** by fostering intersectoral learning, improving policy literacy and equipping teams with practical tools to ensure that social determinants of health equity considerations become integral to service planning and delivery.
5. **Strengthen focus on social determinants in health systems and policy platforms, emphasizing intersectoral action for decision-making** through new conversations, investment cases, action frameworks for comprehensive strategies for advancing health equity with co-benefits for other sectors that promote



- social welfare, and improved intersectoral management.
6. **Monitor social determinants of health equity and mechanisms to address inequities,** improving data and evidence systems for understanding impacts of programmes and policies locally to nationally.

Fig. 2. Six interlinked strategic entry points for the World report Action area 4 forming the Social determinants of health equity country action knowledge-sharing hub



WHO SIMASHE's action-learning

SIMASHE's "action-learning" helps to increase visibility of work engaged in by WHO, governments and partners, and to produce evidence of what works, and how actors and collaborators within and beyond the health sector are evolving their practices in the interests of health equity (Fig. 3).

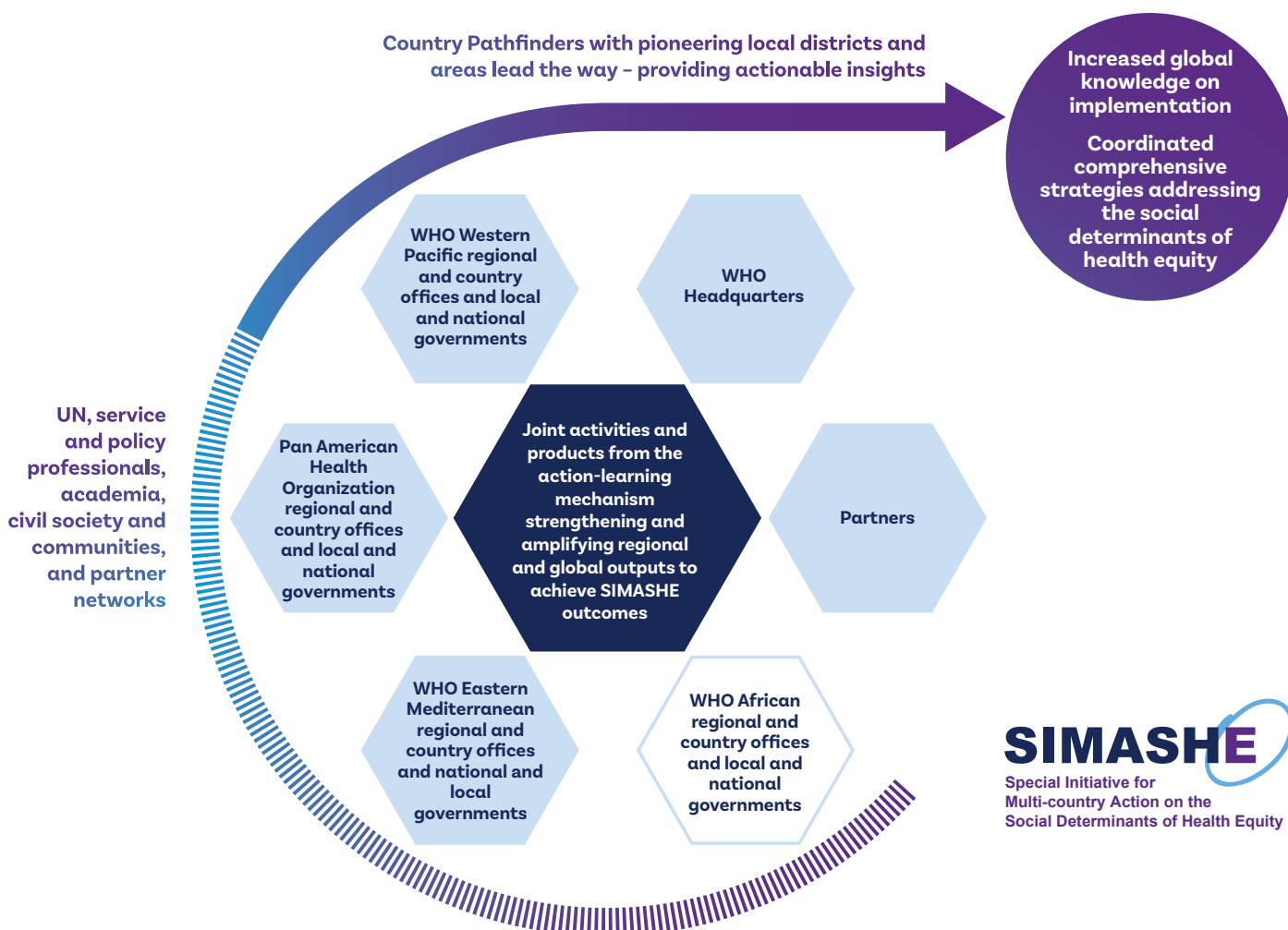
The SIMASHE action-learning mechanism is evolving a variety of joint activities and products to help stakeholders document, evaluate and coordinate their efforts. These materials will become available on the [Special Initiative website](#), including:

- a Country Pathfinder companion factsheet outlining how countries can undertake bottom-up, comprehensive multisectoral action to address the social determinants of health equity as part of the WHO World report dissemination;

- (above-mentioned) knowledge-sharing hub to create an enabling environment for sharing of experiences of WHO working with government, academia, service user and civil society action;
- co-designed approaches and frameworks to assess policies, to document case studies and experiences, and for evaluation, to facilitate knowledge- translation across contexts;
- networks for sharing learning, including country-to-country sharing, and for training, including for operational research;
- joint publications, podcasts and workshop/webinar presentations for leveraging and amplifying shared learning.

Specific policy briefs and making the case for investment with multilaterals and UN and regional actors, also provide useful information for country action and learning.

Fig. 3. SIMASHE's broad action-learning convening regional and country offices



WHO SIMASHE: highlights to-date

The dissemination of SIMASHE work highlighted below occurs through standard as well as more focused WHO channels, such as the [Global knowledge network for health equity](#) – a virtual mechanisms created by WHO for convening national-level government officials appointed to address the social determinants of health equity. Partner networks also provide important forums for knowledge exchange, e.g., the [Swiss Health Network for Equity](#), the [Health Equity Network](#)).

At country level:

- Eight countries have set up national and local teams that have conducted workshops, rapid assessments, policy dialogues, and trainings; and six Country Pathfinders have 16 “pioneer” municipalities addressing the social determinants of health, exemplifying a “local and national” integrated approach.
- Intersectoral and social barriers to health and well-being, and to accessing health services for six Country Pathfinders have been overcome through activities including building trust and improving community development infrastructure (e.g., water, food, roads) and social projects (life skills for youth, youth engagement).

At regional level:

- **The Region of the Americas** increased the evidence base for action with five systematic reviews and policy and perceptions studies to evaluate the conditions for policies that target the social determinants of health equity; established an annual training course on “Social determinants of health and health equity: theory, mechanism and metrics”; and ran several “intersectoral action” courses for local government to show the importance of local-level leadership for structural change: <https://www.who.int/initiatives/action-on-the-social-determinants-of-health-for-advancing-equity/work-in-who-regions/amro-paho>
- **The Eastern Mediterranean Region** developed a Regional Commission on Social Determinants of Health report, in collaboration with [University of London](#)

[Institute of Health Equity](#), including detailed analysis of social determinants of health data from the region. It also developed a toolkit to implement recommendations of the Eastern Mediterranean Regional Commission on Social Determinants of Health: <https://www.who.int/initiatives/action-on-the-social-determinants-of-health-for-advancing-equity/work-in-who-regions/emro>

- **The Western Pacific Region** developed equity guidance used during the COVID-19 pandemic and set up inter-country workshops to better monitor health equity and social determinants: <https://www.who.int/initiatives/action-on-the-social-determinants-of-health-for-advancing-equity/work-in-who-regions/wpro>

Global knowledge-strengthening and competency contributions:

- Publication of the inaugural [World report on social determinants of health](#), which draws upon action learning from this initiative; the first global report to reveal that COVID-19 morbidity and mortality rates had a greater impact on disadvantaged social groups; and a web-based tool for sharing learning and developing further normative guidance on social determinants of health equity strategies: [SIMASHE knowledge-sharing hub on governance](#).
- Normative guidance for national systems for monitoring the social determinants of health equity (the [Operational framework for monitoring social determinants of health equity](#)); and updated WHO global data – <https://www.who.int/data/inequality-monitor/data> – a set of social determinants of health equity domains linked to a menu of indicators, and a set of steps for operationalizing a national monitoring system on the social determinants of health equity.
- **Global training and education** efforts include modules developed on multisectoral action in the WHO Academy on Primary Health Care; publication of [Integrating the social determinants of health into health workforce education and training](#); and the launch of the first global WHO self-directed training course on the social determinants of health equity through [the WHO Academy](#).

WHO SIMASHE impact and output indicators 2028/9

Impact indicators		
<ul style="list-style-type: none"> • Extent of social determinants of health equity considerations included in major social, economic or development (or recovery/pandemic resilience) strategies. • Proportion of population covered by at least one social protection benefit (%) or additional social care service (SDG 1.3.1). • Number of people living in geographic areas or communities benefiting from the Initiative, and of these, the number or proportion of disadvantaged people estimated to be reached by the new service models developed under WHO SIMASHE. 		
Outcomes	Outputs	Indicators
<p>Outcome 1: Pathfinder countries and regional champions implement actions, and regional institutions are strengthened to act on the social determinants of health equity.</p>	<ol style="list-style-type: none"> 1. In-depth country strategies and models for implementation of actions advanced and scaled up. 2. Experiences and evaluations documented and shared with other countries. 3. Regional evidence, data and assessments of the social determinants of health equity enhanced, along with related social and public policies, and guidance for action, fostering competencies, and intersectoral and civil society collaboration. 4. Augmented regional solutions platforms convened, to share best practices and innovations for taking action on the social determinants of health equity, and fostering communities of practice across countries. 5. Mechanisms developed for coalition building, advocacy and broader scale-up of action across each region and beyond, including through better resourced and utilized regional education, research and training, resources and mechanisms. 	<ul style="list-style-type: none"> • Number of localities in which country strategies and models for actions on social determinants of health equity implementation are applied. • Guidance, tools and information products at national, subnational or local levels developed and applied with respect to key strategies and the <i>World report</i>. • List of regional guidance and action frameworks including key recommendations and strategies from the <i>World report</i>. • Number of countries in regional databases on country profiling, monitoring and reporting with increased information on the social determinants of health equity. • Number of people participating in or completing regional training courses (virtual and in-person) on social determinants of health equity. • Number of people reached through health education sessions related to the prevention of noncommunicable diseases.
<p>Outcome 2: Organizational and professional capabilities are scaled up globally to address the social determinants of health equity.</p>	<ol style="list-style-type: none"> 6. Improved education and training resources on the social determinants of health equity available and used by health, social and economic policy and development organizations and professionals. 7. Improved training resources developed for engagement of civil society organizations on the right to development and action on the social determinants of health equity. 	<ul style="list-style-type: none"> • Global and inter-regional events (virtual/in-person) and products for capacity building and sharing information on social determinants of health equity knowledge, policy action and experiences; number of attendees/ dissemination process. • Number of people participating in/ completing global/inter-regional training courses (virtual/in-person) on social determinants of health equity.
<p>Outcome 3: Policies in multilateral environments for national governments are supportive to address the social determinants of health equity, and advanced.</p>	<ol style="list-style-type: none"> 8. Public health evidence, and guidance on the social determinants of health equity translated into practice, promoting a common understanding and narrative among health, social, economic, development and technical programmes and leaders. 9. Increased social determinants of health equity global discussions and uptake of monitoring to augment visibility of the social determinants of health equity. 	<ul style="list-style-type: none"> • Number of international development frameworks including reference to <i>World report</i> recommendations. • Core WHO publications for policy action: <ol style="list-style-type: none"> a) investment cases for social determinants for health equity (SDHE), building on the <i>World report</i> recommendations b) social determinants of health equity strategy typology and strategic guide c) harmonized appraisals of the status of action for SDHE and of social, economic and development policies for their health equity impacts.

WHO SIMASHE – how to participate

A broad vision for action on health, grounded in health promotion and disease prevention, is needed to address health inequities. Stakeholders from high, low, and middle-income countries need to be involved in a glocal coalition focused on health equity as a positive indicator, where narratives, mechanisms, and tools are shared, informed by context, and co-created.

To this end, WHO invites a broad range of stakeholders to engage with and support joint activities, products and action-learning, powered by SIMASHE, to build on the “glocal”

vision of addressing the social determinants of health equity including:

- national governments or municipalities;
- bilateral donors or foundation-funding countries;
- cross-country and UN initiatives;
- scientists, academics and evidence funders;
- technical and funding collaborators;
- communities and citizens.

Stakeholders are especially invited to support the Country Pathfinders and new country action governance and service models for health equity in the African region.

Join SIMASHE in reaching a healthy equitable future for all

Join SIMASHE in its mission to progress strategies, investments and models that improve equity through ensuring all people have healthy working and living conditions. All for equity!

For information and opportunities to participate in the initiative, contact the following:

Pan American Health Organization – AMRO/PAHO – Dr Orielle Solar: solarhori@paho.org

WHO Eastern Mediterranean Regional Office – EMRO – Dr Samar Elfeky: elfekys@who.int

WHO Western Pacific Regional Office – WPRO – Dr Isabelle Espinosa: espinosai@who.int

WHO Headquarters – Dr Nicole Valentine: valentinen@who.int

University College London – UCL/Institute of Health Equity – IHE – Dr Jessica Allen: jessica.allen@ucl.ac.uk

University of Lausanne – UNIL – Prof. Patrick Bodenmann: Patrick.Bodenmann@unisant.ch





World Health Organization

Avenue Appia 20

1211 Geneva 27

Switzerland

<https://www.who.int/initiatives/action-on-the-social-determinants-of-health-for-advancing-equity>

<https://iris.who.int/handle/10665/381152>

SIMASHE
Special Initiative for
Multi-country Action on the
Social Determinants of Health Equity

