

**“Social Determinants and Health Equity” presented by Dr. Myint Htwe, Union
Minister for Health and Sports, Myanmar in “Cuba SALUD 2018 – III Convención
Internacional de Salud Publica”**

“International Convention on Public Health”

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Good morning!

Dear,

- My colleagues Ministers of health
 - Deputy Ministers of Health
 - Senior officials from Ministries of health from countries all over the world
 - Organizers of this **“Cuba Salud 2018 –International Convention on Public Health”**
 - Distinguished dignitaries, participants, ladies and gentlemen,
- It is my distinct privilege to be here to deliver my short presentation.
 - First of all, I would like to convey the humble and warm wishes from the people of my country, Myanmar, to the distinguished audience attending this convention.
 - I am very much impressed by the fact that health is accorded high priority in the agenda of the policies of the governments in this region.
 - This was clearly shown by the presence of His Excellency President of the Republic of Cuba, Director General of WHO, Regional Director of WHO-PAHO and ministers of health from this region at the inaugural ceremony held the day before yesterday.
 - My country is very much looking forward to have south-south collaboration with the countries of this region in the field of health, biotechnology and research in the coming years.

Distinguished participants, ladies and gentlemen,

- Achieving health equity through action on social determinants of health is a reasonable and rational statement which does not need to be proved or questioned.
- From a developing country's perspective, from the South East Asia region, for us to achieve health equity, we have to ensure that people are receiving health services (clinical and public health) fairly equally irrespective of race, religion, creed or geographic location.
- This notion of "what is health equity and its close relationship with social determinants of health" must be ingrained in the minds of all health staff; both clinicians or public health professionals.
- Health professionals must also adhere to medical ethics and public health ethics when they are delivering health services to the population especially those living in remote, hard-to-reach and underserved areas.
- The recipient population must also know their health rights as a citizen of the country in terms of their health requirements.
- For this to happen, health literacy level of the population must be sufficient or high enough so that they can appropriately and reasonably demand their health rights.
- For me, I consider that health literacy level of the population is the major determinants or predictors whether they will be healthy or unhealthy in the long run.
- We, health professionals, must also be working very closely with like-minded organizations or individuals to achieve equity in health.
- We must, therefore, strategize seriously using multi-prong and multi-faceted approaches for raising the health literacy level of the population especially

social determinants of health and therefore overall health status of the population.

- Health professionals, especially public health professionals working at the grass root level of the health care delivery system, must make people realize that social determinants of health are as equally important as diseases causing organisms.
- Generally, people tend to forget or pay less attention to social determinants of health.
- To remind the population about social determinants of health and health equity especially in achieving equity in health, ministry of health officials must work very closely with community-based organizations (CBOs), ethnic health organizations (EHOs) and civic societies emphasizing the importance of social factors leading to causation of many diseases and conditions.
- Social determinants of health are mostly responsible for health inequities, i.e., the unfair and avoidable differences in health status seen within and between countries.
- That being said, epidemiologists must always be on the look out to point out the specific social determinants of health for a particular community or area or region hindering or enhancing equity in health.
- Tackling these specific social determinants is the best and most cost-effective approach to achieve health equity.
- Only then, we will be able to achieve health equity.
- We also must be aware of the fact that all our strategies and interventions towards achieving equity in health could be improved through applications of findings from conduct of implementation research on social determinants of health.

- Health care delivery systems in many countries all over the world are aiming at achieving health equity at all cost on our path to Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs). However, it is easier said than done. But, we will strive hard for achieving it.
- One of the reasons being that populations have different characteristics in terms of social status, economic status, demographic status, geographic location status or any other means of categorization.
- Ministry of health and other relevant organizations must appropriately align itself to suit the purpose, i.e., specific needs of population groups.
- In essence, to achieve health equity or equity in health, health literacy level of the population plays a crucial and critical role.
- Only health literate population can demand or know the health equity issues in terms of receiving quality and timely health care services.
- Additionally, in order to provide equitable health services to the population, we, as health professionals, need to know what is happening to which group of population, living in which part of the geographic location or country.
- This can only be provided if our Health Information System (HIS) is dynamic, responsive and comprehensive.
- So, let us also strengthen the HIS and increase the health literacy of the population together with conducting implementation research to achieve health equity in the context of social determinants of health.
- What I am referring to is that implementation research activities must be embedded in our works to achieve health equity.
- Last, but not the least, we need to have lasting peace, security or social stability of the population in order that health services can be made accessible to all parts or nooks and corners of the country to achieve health equity.

- Finally, I would urge the countries to share experiences on the subject “social determinants and health equity” through platform such as this one or any other appropriate forum on our path to UHC and achieving SDGs.
- The experiences from Latin American countries and South American region would be useful for South East Asian countries like Myanmar as well.
- These could be done through the good offices of WHO regional offices.
- It means six WHO regional offices must work together in a coordinated manner for the benefit of the people in the world.
- Thank you.

(The speech is prepared by the Union Minister himself)