The Transformative Potential of Strategic Partnerships to Form a Health Equity Network of the Americas

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Health inequities across the Americas are avoidable and unjust yet continue to persist. Systemic social determinants of health, which could be addressed at the policy level, are root causes of many inequities and prevent marginalized individuals and at-risk populations from reaching optimal health and well-being. In this article, we describe our approach to promote health equity through the intersectoral partnerships that were forged, and strategies that were shared, during the convening entitled "Summit 2017: Health Equity in the Americas" and the resulting emergence of the Health Equity Network of the Americas (HENA). We illustrate how this international network will raise awareness of policies and programs to inform decision makers about actions they can take to put an end to the unjust, persistent and mostly avoidable health inequities facing the Americas today. *Ethn Dis*. 2019;29(Suppl 1):153-158; doi:10.18865/ed.29.S1.153.

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Background: Health Equity in the Americas

Despite recognition from the World Health Organization (WHO) and others[1-3] that health is a fundamental human right, health inequities across the Americas persist and these inequities are systemic, avoidable, and unjust, obstructing individuals and communities from achieving their best health and development potential.[4] The region is marked by vast differences in living, as well as social and environmental conditions between the rich and the poor,[5,6] often exacerbated by gender and ethnic/racial inequalities and discrimination.[7] Latin America and the Caribbean are considered among the most unequal regions in the world,[8,9] creating enormous barriers to achieving health equity.[9,10] The United States is no exception; a May 2018 report to the United Nations (UN) condemned the United States for the degree of poverty that it tolerates.[11] Groups living in situations of poverty and marginalization disproportionately experience environments that increase the risk and vulnerability for adverse health outcomes.[12]

For many years, health policies in the region of the Americas have focused on solving health problems using a curative model of health care through the treatment of diseases, without adequately considering policies that address the differentiated needs of particular groups in society and that modify the most important underlying determinants of health and disease, such as the social environ-

ment.[11] Public policy and programs have the potential to mitigate, promote, or worsen these determinants of health that cause health inequities.[13,14] To address these policy deficits, scholars recommend an evidence-based approach, which considers inequalities and the social determinants of health (SDH)[15] in the design and implementation of policy, and leverages rich engagement with civil society, to achieve sustainable development and health equity in the region.[16-18]

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The purpose of this article is to describe how an intersectoral, collaborative effort of policymakers, civil society leaders and researchers can organize to potentially have a long-lasting impact on health equity. We discuss a current effort, which began at the convening, Summit 2017: Health Equity in the Americas, and resulted in the establishment of a new network, illustrating a foundational approach to address underlying inequalities and the policies that affect health in the Americas.

From Problem to Solution: The Need for Strengthened Collaboration

Far more has been accomplished in analyzing how social conditions and inequalities create health inequities than in finding solutions. Indeed, addressing SDH has received some attention but the challenges remain difficult in planning and implementing needed solutions. This requires that the health sector works collaboratively with other sectors to prioritize health considerations in all policies and to embark on multiple interventions across time.[19] Far more still needs to be understood to address key social and structural determinants of health; as such, many engaged and intersectoral actors are required to build a comprehensive perspective to create robust and effective interventions grounded in health equity practice.[20]

Summit 2017: Health Equity in the Americas

Summit Participants

During November 14-15, 2017, 59 participants from 18 nations across the Americas and Europe convened at the National Institute of Public Health in Cuernavaca, Mexico to address persistent health inequities throughout the Americas. We purposefully designed this convening to promote trust and communication among a diverse set of stakeholders and provide new insights for all involved. Partnerships supporting the meeting included the University of California, Los Angeles (UCLA) Blum Center on Poverty and Health in Latin America; the National Institute of Public Health of Mexico; the WORLD Policy Analysis Center; University College of London (UCL) Institute of Health Equity; and the Robert Wood Johnson Foundation, which also provided financial support. This convening also served as a platform to provide input for the work of the Pan American Health Organization (PAHO) Independent Commission on Equity and Health Inequalities in the Americas (the Commission). We recognize the Summit was only a first step and that the groups who came together represent a small fraction of those engaged in addressing health equity in the region. We welcome participation from others in the region and hope that sharing the early steps of this initiative will help make that possible.

Knowing that the study of SDH, health inequalities, and the pursuit of health equity in a multi-national context requires researchers and actors from multiple disciplines,[21] Summit participant criteria included: 1) leaders in decision-making positions in policy, programming, and efforts to reduce health inequities in their nations and the region; 2) leaders, scholars and professionals well-recognized for their work from multiple disciplines including: medicine, public health, business, public affairs, medical anthropology, and health care delivery; 3) leaders representing both local-, state-, and national-level health equity efforts (including representatives from Ministries of Health); as well as 4) members of civil society organizations in positions to influence individual behavior and policy-making bodies. In all, participants represented civil society organizations, academia, government and intergovernmental bodies (Table 1). Through convening

diverse actors across sectors and applying a theory of change, guided by the social justice-oriented principles and practices underpinning community-based participatory research,[22,23] the Summit meeting was broadly built on connection, strengthening power and action, and catalyzing change for health equity in the Americas.

Summit Purpose

During this action-oriented health equity meeting, participants began the difficult work of laying the groundwork for new discovery and, ultimately, moving the needle in the development of health equity solutions for nations throughout the Americas. The purpose of this convening was threefold: 1) To use an action-oriented framework allowing participants to move forward in identifying health equity action steps through policies, programs and advocacy; 2) To share data, research and community-generated approaches to promote health equity in the Americas and inform the Robert Wood Johnson Foundation's focus on health equity within their Culture of Health strategy[24;] and 3) To learn from experts known for their actions to promote health equity and who value the added power of intersectoral partnerships to promote health equity.

Summit Structure and Themes

While a few general sessions provided scientific backdrop and rationale for building health equity strategies, the driving force of the Summit was the series of working group discussions that tackled health equity concerns in three themes: 1) develop our power: pathways to health; 2) transforming barriers: actions against marginalization; and 3) collaborate for action: international and regional initiatives. These three themed simultaneous working group sessions occurred throughout the two days, with intermittent general sessions featuring the cross-pollination of findings from one group to the others. During the general sessions, participants from each working group were mixed into clusters to speak openly on results from their sessions and hear distinct perspectives of participants from other groups.

During the meetings, an ambiance of trust and equal participation was created by giving all participants ample opportunities to express opinions, share knowledge, and offer insights into health equity policies and programs in their nations. Participants acknowledged the need to design spaces for dialogue between academic actors, human rights organizations, public officials, and other representatives of international organizations. Others noted that during moments when the silences of inequality and injustice are overpowering, action is required to challenge that behavior. Participants also commented that their voices were recognized, included and not ignored.

Summit Outcomes

The Summit focused on social inequalities and establishing policies that affect health in the Americas and invited participants to share common concerns on improving the social determinants of health. Summit participants outlined overarching issues and key areas for policy work and national programs and approaches to address needs arising from inequities. According to the Summit working session reports, programming and policy on health equity should focus, at a minimum, on upholding: core international human rights treaties; legislation that prohibits gender, sexual and ethnic discrimi-

Table 1. Participants, sectors,[a] and nations[b] represented at Summit 2017: Health Equity in the Americas held in Cuernavaca, Mexico; November 2017

	Academia	Civil Sector	Government	Total Region Representatives
North America	18	7	6	31
Central America/ Caribbean	5	1	1	7
South America	7	7	3	17
Europe	3	0	1	4
Total Sector Representation	33	15	11	59

a. Health equity experts from each sector included: Academia – faculty, deans, researchers; Civil Society – nonprofit and non-governmental organization representatives; Government - representatives from health ministries and government health agencies.
b. Nations represented from each region included: North America - Canada, United States, Puerto Rico, and Mexico; Central America/Caribbean - Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Cuba, Dominican Republic, Jamaica, Trinidad and Tobogo; South America - Brazil, Guyana, Paraguay, Bolivia, Colombia, Ecuador, Peru, Venezuela, Argentina, Chile, and Uruguay; Europe - the United Kingdom.

nation; legislation and policies that promote gender and ethnic equality in education, employment, housing, health care, and legal services; sexual and reproductive rights for people of all genders and ethnicities; educational systems that promote equality and human rights; dignified work and working conditions; equitable access to caregiving across the life course; and child and youth health and social services. As an example, HENA will work toward promoting gender equality and legislation and policies considering the inequalities affecting women as well as emergent topics on the agenda of gender and health such as men's health and masculinities, menstrual cycle health through the lifespan,[25] LGBTQ health needs,[26] and more.

At the conclusion of the Summit, participants drafted the Declaration of Cuernavaca for Health Equity in the Americas; the Declaration outlined participants' vision and recommended action steps for strengthening health equity (available at www.healthequityamericas.org/about/declaration-of-cuernavaca/). This declaration, born from the rich exchange of experience and insight of the diverse group, expressed a combined enthusiasm to establish a horizontal collaboration in the form of a Knowledge-Sharing and Action Network on Health Equity in the Americas.

Birth of a New Type of Network: The Health Equity Network of the Americas (HENA)

To coordinate a regionwide effort addressing health inequities, Summit participants agreed that a new Network, as defined in the Declaration of Cuernavaca, would assess the distribution of resources and methods to shape policymaking at all levels of governance. Further, the new Network could be positioned to become a change agent to disseminate information and promote action on policies affecting SDH and inequalities. One participant from Mexico stated the importance of investing in policies and programs that highlight a vision for gender equity, the eradication of gender-based discrimination and violence, and a commitment to inclusion and cultural diversity. From Costa Rica, one participant called for a Network dedicated to intersectoral action that involves leaders from local, regional, and national sectors to strengthen factors influencing health equity and the role and response from government agencies. All Summit participants enthusiastically welcomed the timely creation of this Network.

Establishing the Foundation for a Long-Term HENA

Networks hold the potential to promote policy and action to address health equity.[27,28] In the Americas, several international, national, and sub-national governmental authorities, as well as academic institutions, think tanks, and civil society organizations are engaged in influencing health, social, and economic policies that affect health and well-being. Many of these were represented at the Summit and have formed the backbone of the new Network.

Establishing strategic partnerships that reach across traditional boundaries is our approach to overcoming and moving beyond segregation by discipline or focus area and reconnecting structural silos.[29] The strategic partnerships for the Network utilize a multipronged, intersectoral, and horizontal approach. Researchers report evidence on the importance of bringing public agencies, policy sectors, and government together and the strengths of creating knowledge-sharing networks of teams that challenge the siloed institutional structures of our times.[30]

Through these partnerships and based on discussions at Summit 2017, we seek to move from a detailed analysis of the problem to finding solutions that could be approached through five steps explored as pathways during the Summit: 1) Increasing knowledge of effective practices to address health equity; 2) Promoting the adoption of effective policies and programs; 3) Ensuring successful implementation of these policies and programs; 4) Monitoring the progress and continuing quality improvement; and 5) Rewarding successes and holding leaders accountable.

Health equity experts and institutions from North, Central, and South America and the Caribbean are invited to join to strengthen the Network's impact. Please contact the lead author.

The Network membership, as begun in Cuernavaca, will continue as a horizontal collaboration among

intersectoral entities and advocates for health equity in the Americas. Acknowledging that many barriers to health equity are common across countries, there are many benefits of bidirectional learning between countries in the global South (South-South exchange) as developing countries work together to find solutions to common development challenges[31] as well as from the global South to the global North to find shared solutions.

Vision, Mission and Goals of HENA

The Health Equity Network of the Americas/ Red de las Americas de Equidad en Salud (HENA/RAES) is now an action-oriented network centered on change theories applied to progress to reach health equity for all populations in the Americas. Its overall vision is to become an intersectoral network dedicated to promoting health equity in the Americas, especially to benefit those groups living in contexts of vulnerability and historical marginalization. With a mission to promote knowledge-sharing and intersectoral action to encourage equity in health and human rights as a priority issue in the Americas, HENA has embraced goals that will explore content areas recommended during Summit 2017 while informing and deepening the impact of the PAHO Commission in its recommendations to advance health equity in the Americas. HENA's core content areas include but are not limited to health equity, gender, ethnicity, and other social determinants of health. Of particular interest are indigenous and immigrant populations and other populations living in contexts of vulnerability and historical marginalization within and across societies throughout the Americas. Specifically, goal statements agreed upon during early meetings of the HENA membership (January – March, 2018) include: sharing knowledge on health equity policies; encouraging action on health policies; and monitoring the progress of pro-equity policies and impact of these policies on promoting health equity.

Roles of the Network

To fulfill its goals, Network members will take on roles as multisector, multi-level agents of change, researchers, and communicators. At the national and regional levels, HENA is identifying and supporting opportunities to advocate for action that proposes the adoption of effective, evidence-based policies and programs advancing health equity. Network member researchers will compile, analyze and conduct research to illuminate the path to improved health equity, and the evaluation and monitoring of regional policies and interventions will identify effective initiatives for replication. Finally, as communicators, HENA members will use the Network's platforms for exchange of information within the Network as well as mobilize regional health entities, academia, community programmers, and policy makers.

To the Future: A Region Where Health Equity Triumphs

The Network stands ready to launch an ambitious campaign to drive policy and programming that will improve health equity in the Americas. The work begun in Cuernavaca will live on in this interactive, learning and sharing Network through its strategic roles and partnerships as actors for advocacy, research, policy and collaboration. With inspiration from the initial core participants, the partnerships and collaborations will continue to grow into a Network that encourages nations to address the social determinants of health, inequalities and roadblocks that impede well-being for all populations and the policies that support health equity for all.

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Conflict of Interest

No conflicts of interest to report.

Author Contributions

Research concept and design: Rodríguez, Marmot, Salgado de Snyder, Galvão, Saenz, Dubois, Tarzibachi, Ritterbusch, Castro, Plough, Heymann; Acquisition of data: Rodríguez, Marmot, Galvão, Dubois; Data analysis and interpretation: Rodríguez, Marmot, Salgado de Snyder, Avellaneda, Saenz, Dubois, Tarzibachi, Ritterbusch; Manuscript draft: Rodríguez, Marmot, Salgado de Snyder, Galvão, Avellaneda, Dubois, Tarzibachi, Ritterbusch, Castro, Plough, Heymann; Statistical expertise: Marmot; Acquisition of funding: Rodríguez, Galvão, Dubois, Plough, Heymann; Administrative: Galvão, Dubois, Ritterbusch, Castro, Heymann; Supervision: Rodríguez, Salgado de Snyder, Avellaneda, Saenz, Tarzibachi, Plough

References

1. World Health Organization *Constitution of the World Health Organization. Basic Documents, 45th edition*. Geneva: World Health Organization. 2016. Last accessed December 27, 2018 from https://www.who.int/governance/eb/who_constitution_en.pdf.

2. Ghebreyesus TA. Health is a fundamental human right. *World Health Organization.* 2017. Last accessed December 27, 2018 from http://www.who.int/mediacentre/news/statements/fundamental-human-right/en/.
3. Marmot M. What kind of society do we want: getting the balance right. *Lancet.* 2015; 385 (9978):1614-1615. https://doi.org/10.1016/S0140-6736(15)60784-X
4. Embrett MG, Randall GE. Social determinants of health and health equity policy research: exploring the use, misuse, and nonuse of policy analysis theory. *Soc Sci Med*. 2014;108:147-155. https://doi.org/10.1016/j.socscimed.2014.03.004 PMID:24641879
5. United Nations Children's Fund, UNICEF and Tulane University. *Health Equity Report 2016: Analysis of Reproductive, Maternal, Newborn, Child and Adolescent Health Inequities in Latin America and the Caribbean to Inform Policy Making*. 2016. Last accessed August 8, 2018 from https://www.unicef.org/lac/informes/informe-sobre-equidad-en-salud-2016.
6. Mújica OJ, Haeberer M, Teague J, Santos-Burgoa C, Galvão LA. Health inequalities by gradients of access to water and sanitation between countries in the Americas, 1990 and 2010. *Rev Panam Salud Publica*. 2015;38(5):347-354. PMID:26837519
7. Castro A, Savage V, Kaufman H. Assessing equitable care for Indigenous and Afrodescendant women in Latin America. *Rev Panam Salud Publica*. 2015;38(2):96-109. PMID:26581050
8. Mesenburg MA, Restrepo-Mendez MC, Amigo H, et al. Ethnic group inequalities in coverage with reproductive, maternal and child health interventions: cross-sectional analyses of national surveys in 16 Latin American and Caribbean countries. *Lancet Glob Health*. 2018;6(8):e902-e913. https://doi.org//10.1016/S2214-109X(18)30300-0 https://doi.org/10.1016/S2214-109X(18)30300-0 PMID:30012271
9. Pan American Health Organization. Policy on Ethnicity and Health (CSP29/7, REV.1). 29th Pan American Sanitary Conference, 69th Session of the Regional Committee of WHO for the Americas. September 28, 2017; Washington, DC. Last accessed December 27, 2018 from https://www.paho.org/hq/index.php?option=com_docman&view=download&category_slug=29-en-9249&alias=41917-csp29-2-e-917&Itemid=270&lang=en
10. Belizán JM, Cafferata ML, Belizán M, Althabe F. Health inequality in Latin America. *Lancet*. 2007;370(9599):1599-1600. https://doi.org/10.1016/S0140-6736(07)61673-0 PMID:17993351
11. Alston P. *Report of the Special Rapporteur on Extreme Poverty and Human Rights on His Mission to the United States of America.* Presented at United National General Assembly on May 4, 2018. https://digitallibrary.un.org/record/1629536?ln=en
12. Comisión Económica para América Latina y el Caribe/Economic Comission for Latin America and the Caribbean (CEPAL/ECLAC). *Panorama Social de América Latina*, *2017* (LC/PUB.2018/1-P), Santiago, 2018. Last accessed August 21, 2018 from https://repositorio.cepal.org/bitstream/handle/11362/42716/7/S1800002_es.pdf
13. Olsson L, Opondo M, Tschakert P, et al. Livelihoods and poverty. In: *Climate Change 2014: Impacts, Adaptation, and Vulnerability. Part A: Global and Sectoral Aspects. Contribution of Working Group II to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change.* USA: Cambridge University Press. 2014, https://www.ipcc.ch/pdf/assessment-report/ar5/wg2/WGIIAR5-Chap13_FINAL.pdf.
14. Marmot M, Filho AP, Vega J, et al. Acción con respecto a los determinantes sociales de la salud en las Américas. *Rev Panam Salud Pulica.* 2013; 34(6) 382-384. Last accessed August 21, 2018 from http://iris.paho.org/xmlui/handle/123456789/8754
15. Marmot M, Friel S, Bell R, Houweling TA, Taylor S; Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. *Lancet*. 2008;372(9650):1661-1669. https://doi.org/10.1016/S0140-6736(08)61690-6 PMID:18994664
16. Becerra-Posada F. Equidad en salud para el desarrollo sostenible. *Rev Panam Salud Publica*. 2015;38(1):5-8. http://iris.paho.org/xmlui/handle/123456789/10001. PMID:26506964
17. Marmot M. Social justice, epidemiology and health inequalities. *Eur J Epidemiol*. 2017;32(7):537-546. https://doi.org/10.1007/s10654-017-0286-3 PMID:28776115
18. Villar E. Los Determinantes Sociales de Salud y la lucha por la equidad en Salud: desafíos para el estado y la sociedad civil. *Saúde e Sociedade/Health and Society*. 2007;16(3):7-13. Last accessed August 21, 2018 from http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-12902007000300002
19. Anderson I, Maliqi B, Axelson H, Ostergren M. How can health ministries present persuasive investment plans for women's, children's and adolescents' health? *Bull World Health Organ*. 2016;94(6):468-474. https://doi.org/10.2471/BLT.15.168419 PMID:27274599
20. Donkin A, Goldblatt P, Allen J, Nathanson V, Marmot M. Global action on the social determinants of health. *BMJ Glob Health*. 2018;3:e000603. https://doi.org/10.1136/bmjgh-2017-000603 PMID:29379648
21. Cash-Gibson L, Guerra G, Salgado-de-Snyder VN. SDH-NET: a South-North-South collaboration to build sustainable research capacities on social determinants of health in low- and middle-income countries. *Health Res Policy Syst*. 2015;13(45):45. https://doi.org/10.1186/s12961-015-0048-1 PMID:26490263
22. Wallerstein N, Giatti LL, Bógus CM, et al. Shared participatory research principles and methodologies: Perspectives from the USA and Brazil-45 years after Paulo Freire's "Pedagogy of the Oppressed". *Societies (Basel)*. 2017;7(2):6. https://doi.org/10.3390/soc7020006
23. Abma TA, Cook T, Rämgård M, Kleba E, Harris J, Wallerstein N. Social impact of participatory health research: collaborative non-linear processes of knowledge mobilization. *Educ Action Res*. 2017;25(4):489-505. https://doi.org/10.1080/09650792.2017.1329092 PMID:30135617
24. Plough AL. *Knowledge to Action: Accelerating Progress in Health, Well-Being and Equity.* New York: Oxford University Press. 2017.
25. Tarzibachi E. *Cosa de Mujeres: Menstruacion, Genero y Poder.* Buenos Aires: Sudamericana; 2017.
26. Pan American Health Organization, 52nd Directing Council Provision CD52/18. *Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual and Trans (LGBT) Persons*. September 30, 2013 https://www.paho.org/hq/dmdocuments/2013/CD52-18-e.pdf.
27. Flores W. The sustainable development goals in the Central America Region: current situation, challenges and opportunities for think tanks. *Glob Health Gov*. 2017;11(2):21-26. Last accessed December 27, 2018 from http://blogs.shu.edu/ghg/files/2017/10/Fall-2017-Special-Issue-with-Cover-and-Back.pdf#page=22.
28. Huang Y. The role of think tanks and academic institutions in implementing health-related SDGs in North America. *Glob Health Gov*. 2017;11(2):29-41. Last accessed December 27, 2018 from http://blogs.shu.edu/ghg/files/2017/10/Fall-2017-Special-Issue-with-Cover-and-Back.pdf#page=30.
29. Buss PM, Galvão LAC, Tobar S, et al. The 2030 agenda, sustainable development goals and think tanks in Latin America. *Glob Health Gov*. 2017;11(2):12-18. Last accessed December 27, 2018 from https://blogs.shu.edu/ghg/2017/10/23/the-2030-agenda-sustainable-development-goals-and-think-tanks-in-latin-america/.
30. Carey G, Crammond B. Action on the social determinants of health: views from inside the policy process. *Soc Sci Med*. 2015;128(1):134-141. https://doi.org/10.1016/j.socscimed.2015.01.024 PMID:25616195
31. United Nations Office for South-South Cooperation (UNOSSC). *What is South-South Cooperation?* 2017. Last accessed December 27, 2018 from http://www.arab-ecis.unsouthsouth.org/about/what-is-south-south-cooperation/