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| **Title of Research Presentation: *Reducing health inequity: a framework for understanding the linkages between cash transfers and health inequities sourced by the social determinants of health*** |
| **Background/Objectives**  Cash transfers (CTs) are a social policy initiative in low and middle-income countries that can play a significant role in tackling health inequities. However, to date, the linkages between CTs, the social determinants of health (SDoH), and health inequities have been poorly conceptualised. This paper presents a framework that identifies the potential role of CTs in reducing health inequities, discusses its implications, and argues for active involvement of health promoters in CT design, implementation and evaluation.  **Methods**  The development of the framework followed two stages: evidence review and stakeholder interviews. A systematic review was first conducted to identify published and unpublished impact evaluation studies of CTs. Critical reflection on the evidence synthesised from the review formed the basis for the development of the framework. Interviews were then conducted with CT policy makers, program managers and development partners to help refine the framework, and to seek their views on the SDoH concept and its uptake in CT programs.  **Results**  Analyses of the papers included in the review pointed to a limited recognition of the SDoH concept. Out of 79 papers reviewed as part of the processes towards the development of the framework, the term ‘social determinants’ was mentioned in only one paper. Similarly, while the interviews with CT policy makers, program managers and development partners revealed an understanding of the influences of social factors upon health among the participants, there was a limited recognition and uptake of the SDoH concept in CTs design and evaluation as well as the need to engage with the health sector. The evidence from the systematic review and the insights from the interviews however, indicate that CTs are addressing a range of SDoH including poverty, education, child registration, nutrition, food security, social capital and exclusion, risky sexual behaviours, women and adolescent empowerment, uptake of health services, and psychosocial health. The framework developed thus conceptualises how CTs work to influence health inequities by impacting on a range of SDoH.  **Discussion**  There is substantial evidence of CTs’ impacts on SDoH and their potential to reduce health inequities, and therefore they warrant greater attention from health promoters.  While the framework could lead to more conceptually driven program design that links CTs to health equity and the SDoH, to achieve this, there is the need for active involvement of the health sector and particularly, health promoters in the design, implementation and evaluation of CTs.  **Keywords**  Cash transfers, conceptual framework, health inequities, social determinants of health |