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| **Title of Research Presentation*: Barriers and facilitators of health promoters’ involvement in public policies addressing the social determinants of health: the case of cash transfers*** |
| **Background/Objectives**  While the health promotion field has acknowledged the role of public policy in addressing the social determinants of health (SDoH), translating this into action has been challenging. Cash transfers (CTs) are a major antipoverty social policy initiative in low and middle-income countries that have the potential to promote health equity through action on the SDoH. However, a recent publication by the World Health Organisation lamented the low involvement of the health sector in CTs. The aim of this paper is to explore the barriers and facilitators of health promoters’ involvement in a large scale government run CTs, and to understand how their involvement can help optimise programs’ impacts on the SDoH and health inequities.  **Methods**  This study used a realist qualitative design. A maximum variation purposive sampling technique was used to select 20 health promoters comprising of policy makers, district directors of health services, health promotion practitioners and academics/researchers across six of the ten administrative regions in Ghana. Semi-structured interviews were conducted with the participants.  **Results**  The results indicate that nearly all the participants were aware of the CT program in Ghana and had a fair knowledge of its potential linkages to the SDoH, but this did not translate into their engagement with the program at the design, implementation or evaluation stages. Seven core themes emerged from the interviews with participants: the politicised nature of CTs, limited understanding of SDoH concept, lack of intersectoral collaboration and partnership working, non-exposure to the scientific evidence around CTs impact on SDoH and health inequities, fear of territorial conflict, recognition of the health sector as a key partner of CTs, and assignment of clearly defined roles to the health sector in CTs. We found that limited engagement with the health sector at the CT policy formulation and design stages act as macro level barrier to health promoters’ involvement in CTs implementation and evaluation.  **Discussion**  Involvement of health promoters in CTs can contribute to better program design, targeting and implementation, evaluation with a health equity lens, and realisation of health sector objectives. The dynamics of the policy process and health promoters’ capacity, skills and knowledge to build their legitimacy to engage in policies and programs which sit outside of the health sector, provide a further challenge to optimising CTs impact upon the SDoH and health equity.  **Keywords**  Cash transfers, health inequities, health sector involvement, policy process, social determinants of health |