Social Determinants of Health

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Outline

- What is meant by social determinants of health (SDH)?
- SDH and health inequities
- The emphasize on social determinants of health within Public Health historically
- The WHO commission on the social determinants of health (CSDH)
- How to influence/improve health through the SDH?
- SDH in different settings – group discussion

What is meant by the SDH, cont.?

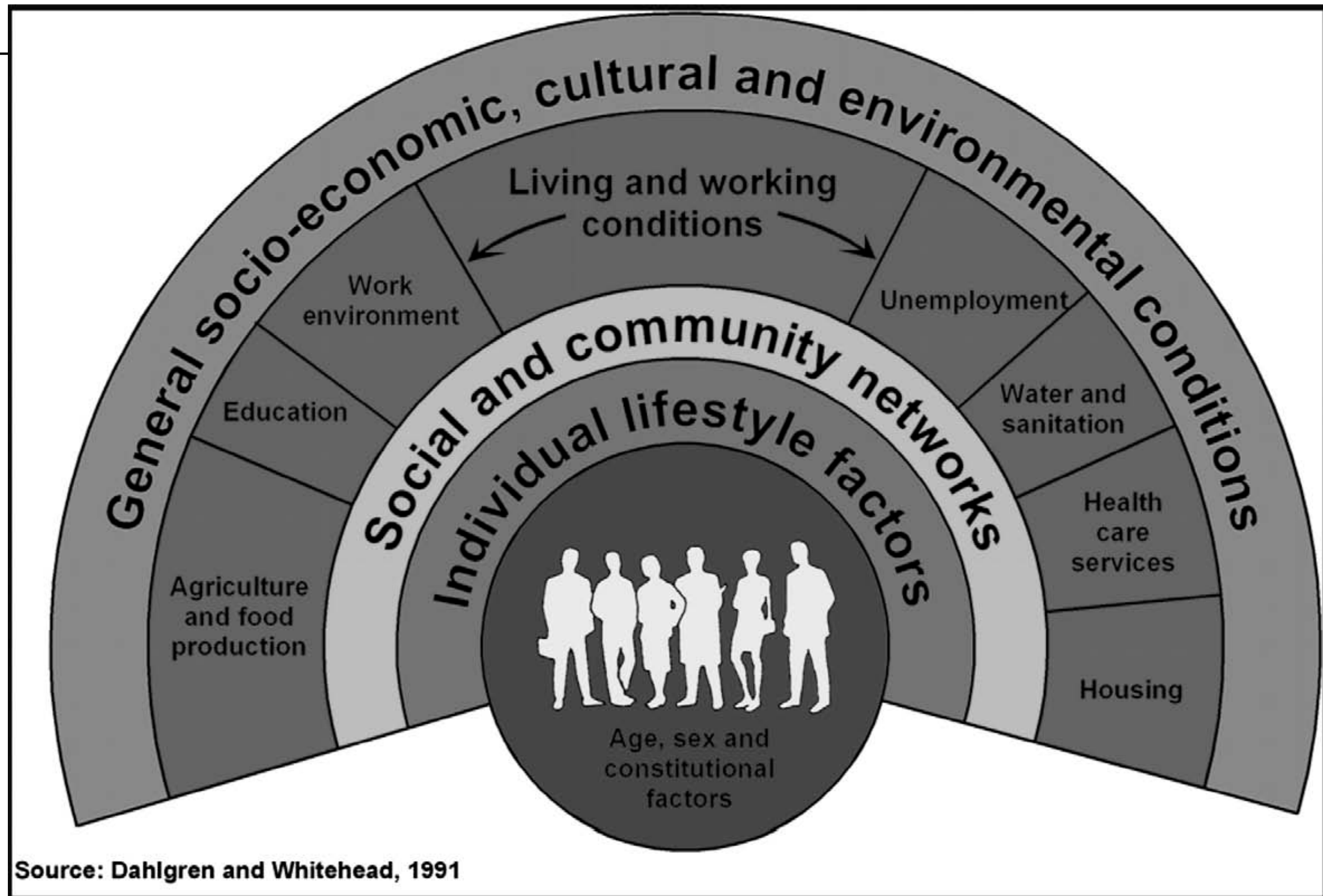
- The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by *policy choices*. The social determinants of health *are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.*

  WHO

What is meant by SDH?

- Encompasses the *full set of conditions* in which people live and work
- Focus on the *causes of the causes* (i.e. what are the causes of smoking?)
- Deals with how *social and economic policies* determine health
- Involves not only health sector but *every sector in a society*

Dahlgren and Whitehead's model of the (social) determinants of health.



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- "Throughout the world, children living in poverty become ill and die more frequently than those who enjoy a more privileged social status. What is particularly glaring is that the gap has broadened despite the fact that never before has the world had the wealth, knowledge, awareness, and concern for health issues that it has today. Thus, they die, not because we do not have the knowledge and the technology to prevent such death. They die because of the conditions in which they live. These conditions are determined by factors that are conventionally never addressed by medical science"

  CSDH 2007

Health inequities between and within countries

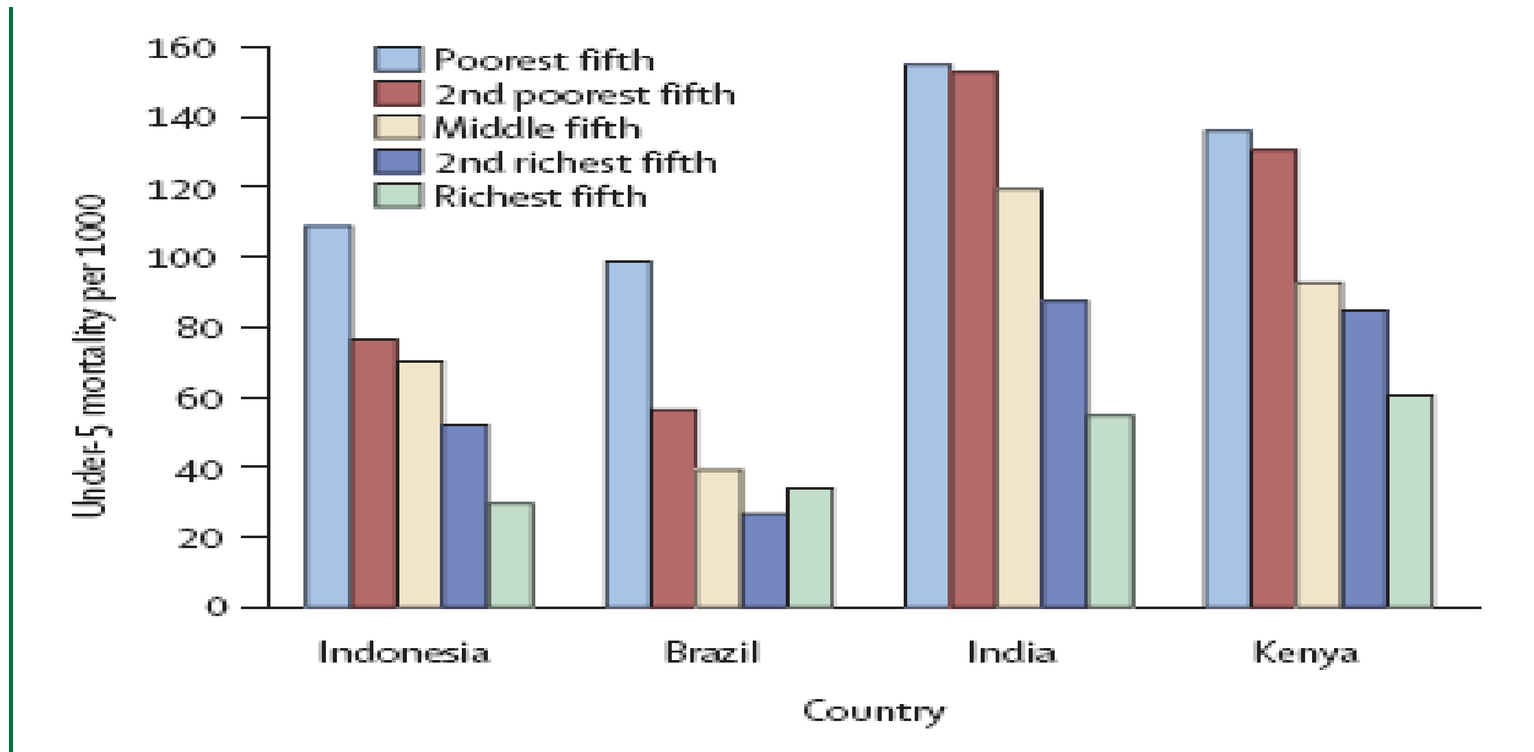

Figure 1: Under-5 mortality rates per 1000 livebirths by socioeconomic quintile of household
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Michael Marmot Lancet 2005; 365: 1099–104

WHO CSDH view on health inequities

- "Health inequities are the result of a *complex system* operating at global, national and local levels"
- Focus on the "*causes of the causes*" - social factors that determine how people grow, live, work and age..
- *Broad approach to evidence* – RCT do not work for research on the SDH…

SDH on the global public health agenda

- Recognition of the importance of the social environment for health nothing new…
  - John Snow - Cholera 1850th
- The constitution of WHO 1946 intended to integrate biomedical/technological and social approaches to health
  - *Health as a state of complete physical, mental and social well-being…*

What influences and improves health?

- *Technical interventions* – vaccinations etc

VS

- *Social interventions* – education etc

- 1950s – emphasis on technology and disease specific campaigns
  - Drug research breakthrough & modern pharmaceutical industry
  - Focused, technological driven vertical interventions targeting specific diseases; smallpox, TB, malaria
  - High technological *urban* care..
  - Ignorance of the broader social environment

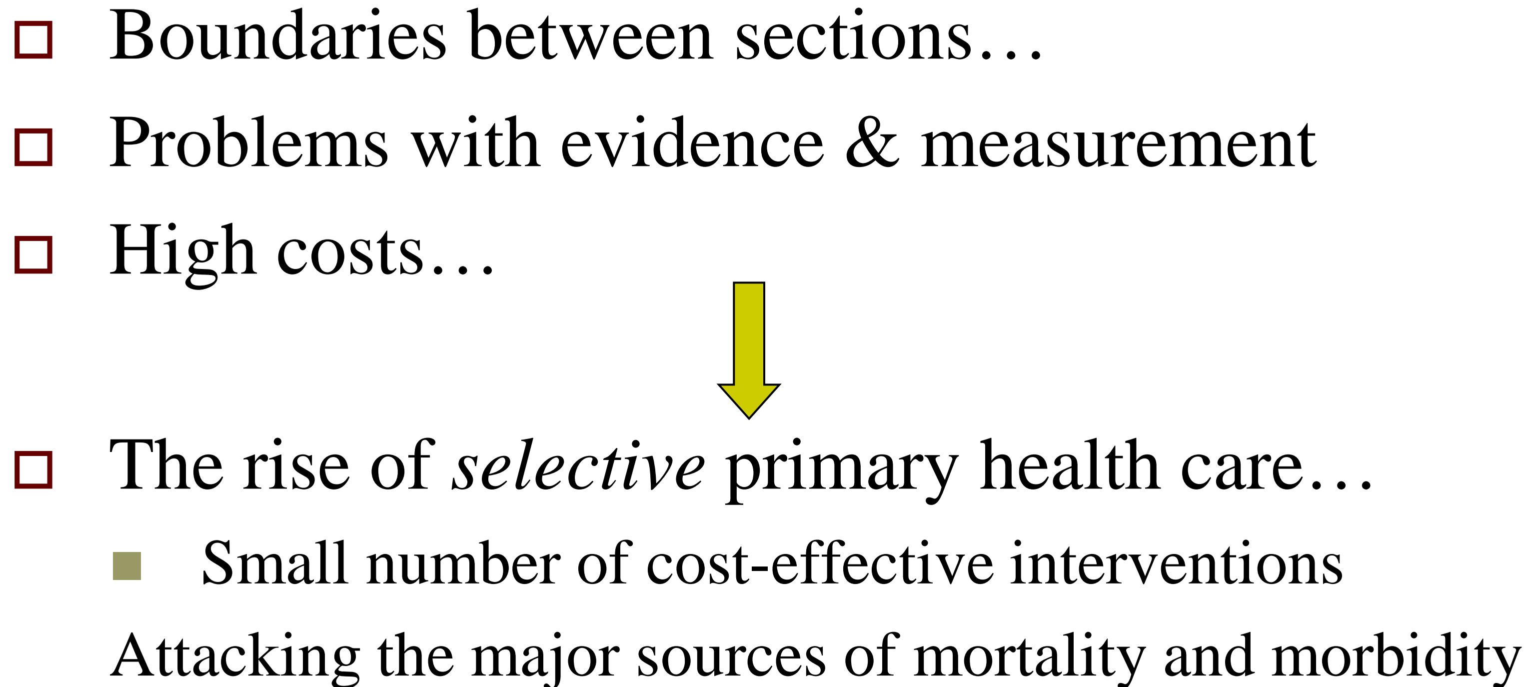
SDH on the global public health agenda, cont.?

- 1960s and 1970s – Community based approaches
  - Dominant PH models did not reach the most disadvantaged!
  - New concern about social conditions
  - Rise of community based health initiatives
    - Empowerment, participation, village health workers, human rights…
  - WHO Health for all by the year 2000

SDH on the global public health agenda, cont.

- 1978 The Alma Ata Declaration (WHO)
  - Embraced the goal of "health for all by the year 2000"…
  - With Primary Health Care as the means
    - Fundamental level of care for all
    - Social development essential for good health

What happened after Alma Ata…



- Boundaries between sections…
- Problems with evidence & measurement
- High costs…
- The rise of *selective* primary health care…
  - Small number of cost-effective interventions

Attacking the major sources of mortality and morbidity

SDH on the global public health agenda, cont.

- 1980s and 1990s
  - Erosion of WHO influence in global health…
  - 1993 World bank “*Investing in health*”

  - 1986 The Ottawa Charter
    - Health enabling factors goes beyond the health sector
  - 1998 WHO (Brundtland) “*Macroeconomics and Health*”
    - Ill-health as a cost – health is a development issue

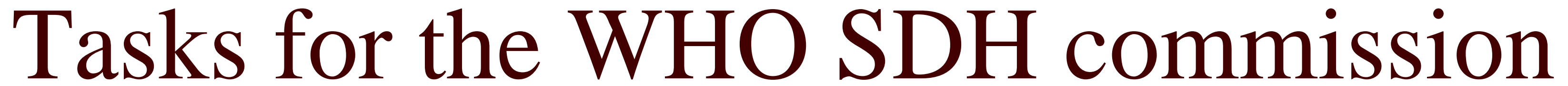
SDH on the global public health agenda, cont.

- 2000s – Renewed interest in the SDH
  - UN Millennium development goals
    - new focus on coordinated multisectoral action
  - WHO Commission on the SDH
    - Renewed progress in WHO:s role in promoting action on the SDH

The WHO commission on SDH

- Launched by WHO in March 2005 by Dr JW Lee, Director-General
- Three years of activities
- A global network
- Set up to give support in tackling *social (root) causes* of poor health and avoidable health inequalities

- Tasks;
  - **Gather and review *evidence***
  - **Set up *recommendations* for action**
  - **Build *partnerships***



Tasks for the WHO SDH commission

- Make societal relationships and factors that influence health and health system *visible*, *understood and recognized* as important
- *Spread and debate* the opportunities for actions and policy, and the costs for not acting
- Make sure that a *growing number of institutions* will use this knowledge and implement relevant public policies
- Incorporate the SDH into the planning, policy and technical work of *WHO*

The commissionaires

- A group (18) with experiences from research, politics and advocacy
- Led by Michael Marmot UCL, London
- Other commissionaires came from Australia, Canada, India, USA, China, Japan, Chile, Iran, Mozambique, Senegal, Tanzania, and Sweden
  - Beyond these, the commission brought together "*hundreds of researcher and practitioners from universities and research institutions, government ministries and international and civil society organizations*"

Ideas behind the Commission's work

- A ***social approach*** to health
- The need of going back to the vision of the ***Alma Ata***
- The need of a ***Primary Health Care Approach***
- Understanding the role of ***Neoliberal Globalization***
- A ***Rights Based Approach*** to Health
- *The importance of* ***Empowerment***
- The key role of ***Civil Society***

Activities within the commission

- Meetings
- Publications (final report May 2008)
- 9 Knowledge Networks
  - Early child development,
  - Globalization,
  - Health systems,
  - Measurement and evidence,
  - Urbanization,
  - Employment conditions,
  - Social exclusion,
  - Priority public health conditions,
  - Women and gender equity

How to influence /improve health through the SDH?

- Three overall recommendations from CSDH

1. Improve daily living conditions
2. Tackle the inequitable distribution of power, money and resources
3. Measure and understand the problem and assess the impact of action

- Investments and interventions in early life
  - Nutrition
  - Education

WHY? *Early child development a powerful determining influence on life changes and health*

- Investments and planning for healthy places
  - Health at the heart of urban planning, invest in urban slum
  - Equal investments in urban vs. rural areas, infrastructure, health etc.

WHY? *Place of living, housing facilities etc determines health and life chances*

1) Improve daily living conditions

- Ensure fair employment and decent work
  - Full and fair employment on the policy agenda
  - Secure wages that enables a healthy living
  - Implementation of core labor standards

WHY? *Work is an area where many important influences on health are played out.*

- Develop universal social protection policies
  - Redistributive welfare policies
  - Social protection system

WHY? *Generous universal social protective system are associated with better population health*

1) Improve daily living conditions

- Build universal health-care systems based on equity, disease prevention and health promotion
  - Universal coverage of primary health care
  - Strengthen leadership in health-care system financing
  - Investment in national health workforce

WHY? *Opportunities for fundamental care is lost without access to health care*

2) Tackle the inequitable distribution of power, money and resources

- Place responsibility for health at the highest level of governance
  - Health and health equity an issue for all sectors
  - Coherent policies between different sectors to promote health
- Strengthen public financing for action on the SDH – fair financing
  - Build national capacity for progressive taxation – *redistribution*
  - Aid and depth relief - *redistribution*

2) Tackle the inequitable distribution of power, money and resources

- Highlight market's responsibility for health
  - Reinforce primary role of the state in providing basic needs
  - Increased control over "health damaging" markets (tobacco, alcohol)
  - Representation of health actors in economic policy negotiations
- Adress gender bias in the structure of society
  - Create legislations that promote gender equity
  - Strengthen gender mainstreaming
  - Support initiatives to empower women

2) Tackle the inequitable distribution of power, money and resources

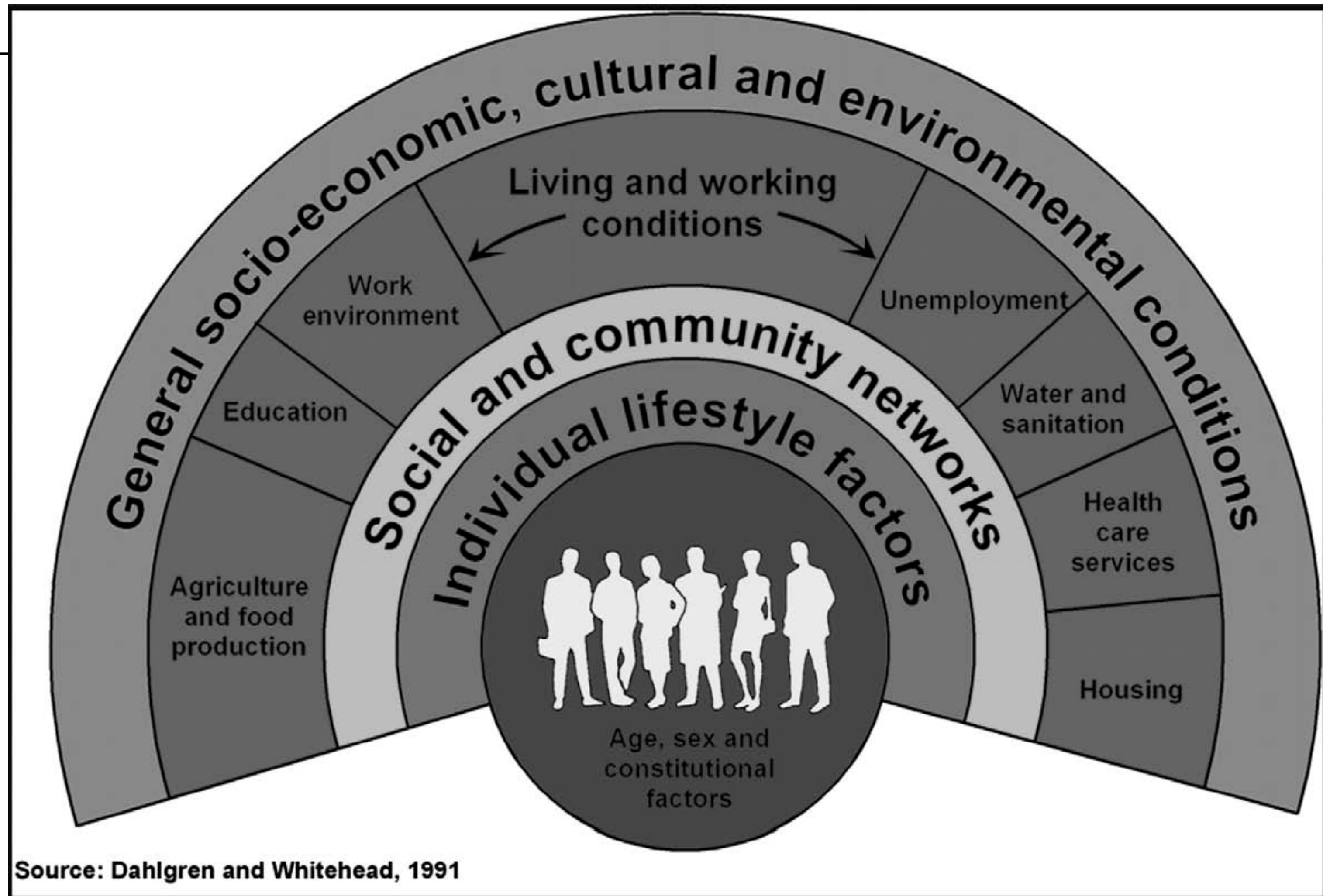
- Strengthen inclusion of all population sub-groups in a society
  - Empowerment of marginalized groups
  - Fair represention in health decisions making

- Strengthen global governance for health
  - Health equity as a development goal (UN, WHO)
  - Multilateral working groups on the SDOH (UN)
  - Strengthen WHO leadership

3) Measure and understand the problem and assess the impact of action

- Ensure monitoring systems, research and training for the SDH
  - Child birth register for all
  - Routine collection on SDH data (morbidity, mortality, socioeconomic indicators)
  - Training in the SDOH to policy actors and health practitioners
  - Wide approach to evidence (RTC inappropriate)

Dahlgren and Whitehead's model of the (social) determinants of health.



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Influencing the SDH – levels for intervention?

1. Improve daily living conditions
2. Tackle the inequitable distribution of power, money and resources
3. Measure and understand the problem and assess the impact of action

1. National, regional and local levels (welfare benefits, health services etc)
2. International and national levels (Ec. Strategies, tax policies, trade agreements etc)
3. International, national, regional and local levels

Entry points for policy

1. Decrease social stratification itself
2. Decrease specific exposure to health damaging factors for disadvantaged groups
3. Reduce the vulnerability of disadvantaged people
4. Intervening through healthcare to reduce unequal consequences of ill-health

1. Redistribution
2. Health supportive environments
3. Improve working conditions, social capital etc.
4. Improve health delivery to disadvantaged groups

International case studies on social determinants of health – some examples

- The Brazilian experience with conditional cash transfers: a successful way to reduce inequity and to improve health
- Gender-based violence in Viet Nam: Strengthening the response by measuring and acting on social determinants of health
- Effective social determinants of health approach in India through community mobilization
- India's country experience in addressing social exclusion in maternal and child health
- Social determinants of health: Food fortification to reduce micronutrient deficiency in Uganda - Strengthening the National Food Fortification Program

http://www.who.int/sdhconference/resources/case_studies/en/index.html

- What have you seen in your own location (country/ies) as far as health inequalities are concerned?
- How has the government responded to this situation? To what extent does people and communities participate to improve their situation?
- What can the health sector do to address social problems having an impact on population health?