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Social determinants of health

Health is...



Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love

Health is a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities (WHO Ottawa Charter 1986)

Begin with Primary Health Care



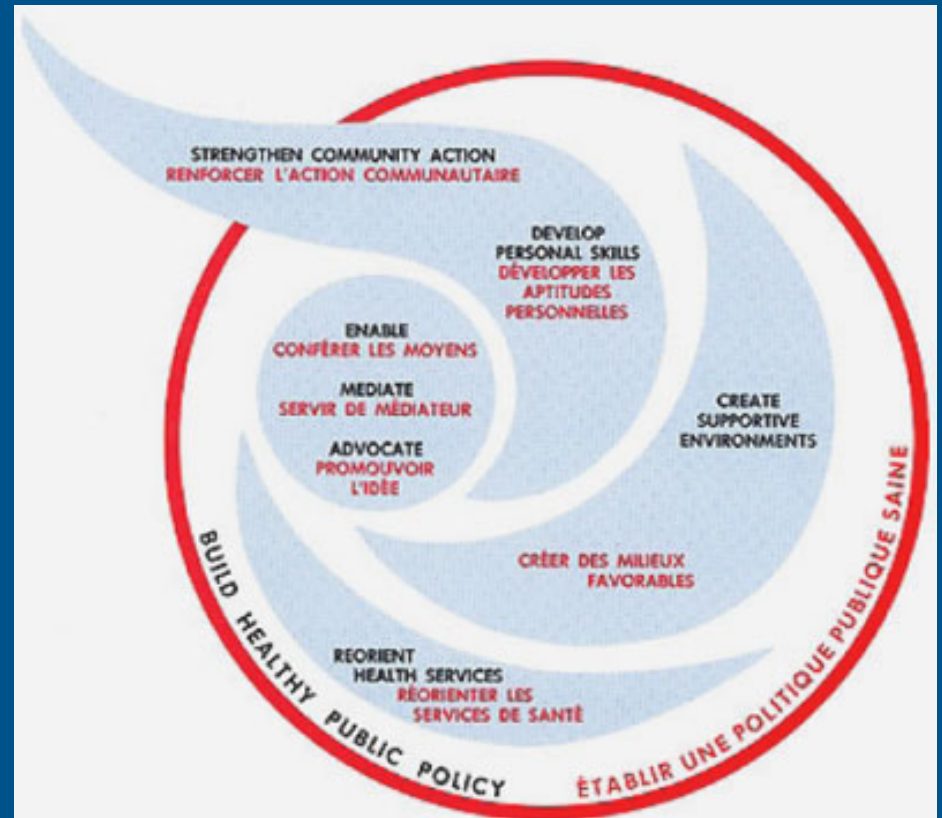
Three salient principles of PHC:

1. "Appropriate technology": i.e., the commitment to shift health resources from urban hospitals to community based settings
2. A "critique of medical elitism," implying reduced reliance on highly specialized doctors and nurses and greater mobilization of community health workers
3. An explicit linkage between health and social development, and social and environmental determinants of health. "Health work was perceived not as an isolated and short-lived intervention but as part of a process of improvement of living conditions" (CSDH 2005)



From Alma Ata to Ottawa

- The Ottawa Charter for Health Promotion (WHO 1986) identified 8 key determinants (prerequisites) of health: peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice, and equity.



1980s neoliberal reforms

Neoliberalism imposed on low income countries by donor governments via bilateral programmes - World Bank/IMF

Prolonged global recession of 1980s

Increasing debt of low income countries

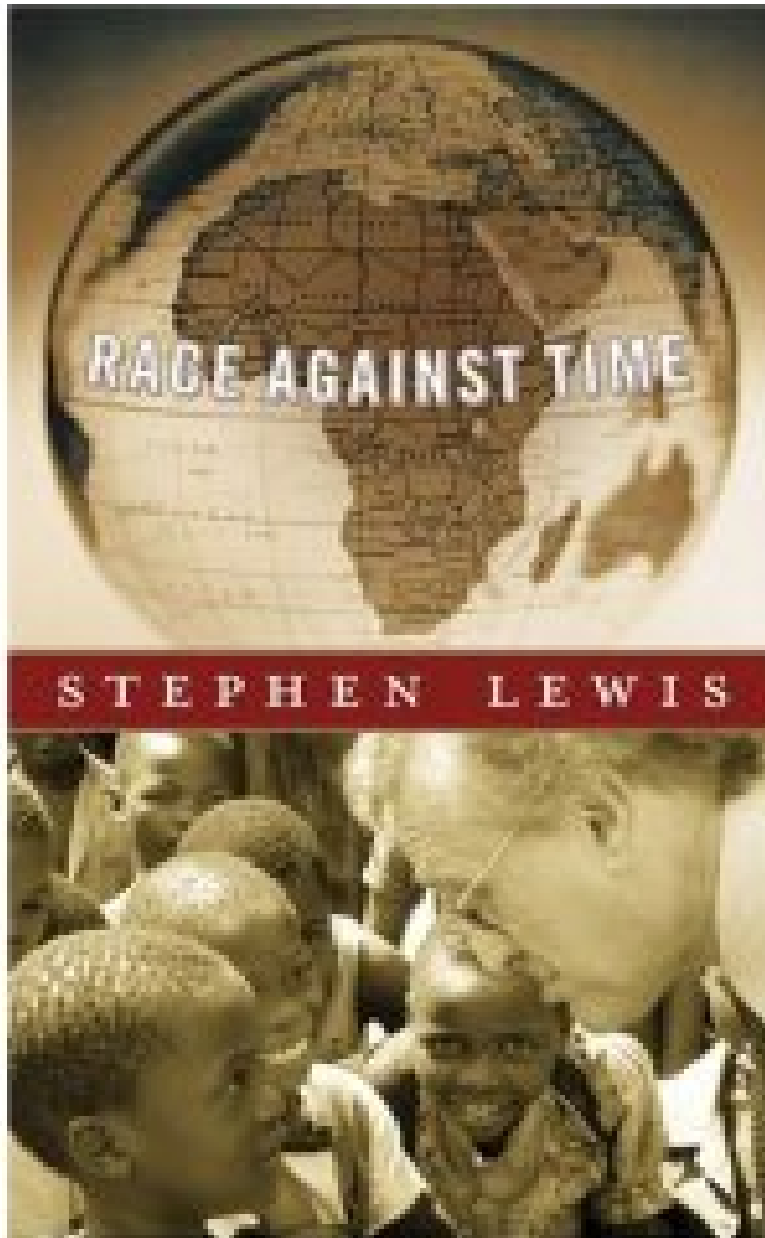
Structural Adjustment Programs **placed limits on health system expenditure and increase privatization, cuts to food subsidies and social welfare programs**

- evidence of negative impacts in many settings
- Lewis makes connections between SAP and spread of HIV-AIDS**



IMF, Washington DC





Why are some people healthy and others not?



- Numerous reports documenting the dominance of social conditions that underlie health and the social dimensions of health
- Growing sense that emerging evidence on SDH had potentially far-reaching implications for public policy
- In 1990s, a wave of fresh research and policy innovation to tackle SDH and reduce health inequalities

Renewed activism

Flags of the world: Angola



Meet the world: EU



This block contains a legend for a chart. It features a blue square icon followed by the text '- Oil consumption' and a yellow square icon followed by the text '- Oil production'. Below the legend, there is a horizontal line and the text 'Meet the world'.

Grande Reportagem



WHO Commission on Social Determinants of Health



2005: WHO established the CSDH as momentum for action on SDH was rising

Many countries are now considering serious, pragmatic proposals for policies and interventions that can reduce health inequality gaps through action on social factors

Defining the SDH



The social determinants of health (SDH) can be understood as the social conditions in which people live and work: the social characteristics within which living takes place.

- SDH point to both specific features of the social context that affect health and to the pathways by which social conditions translate into health impacts. The SDH that merit attention are those that can potentially be altered by informed action (CSDH 2006).

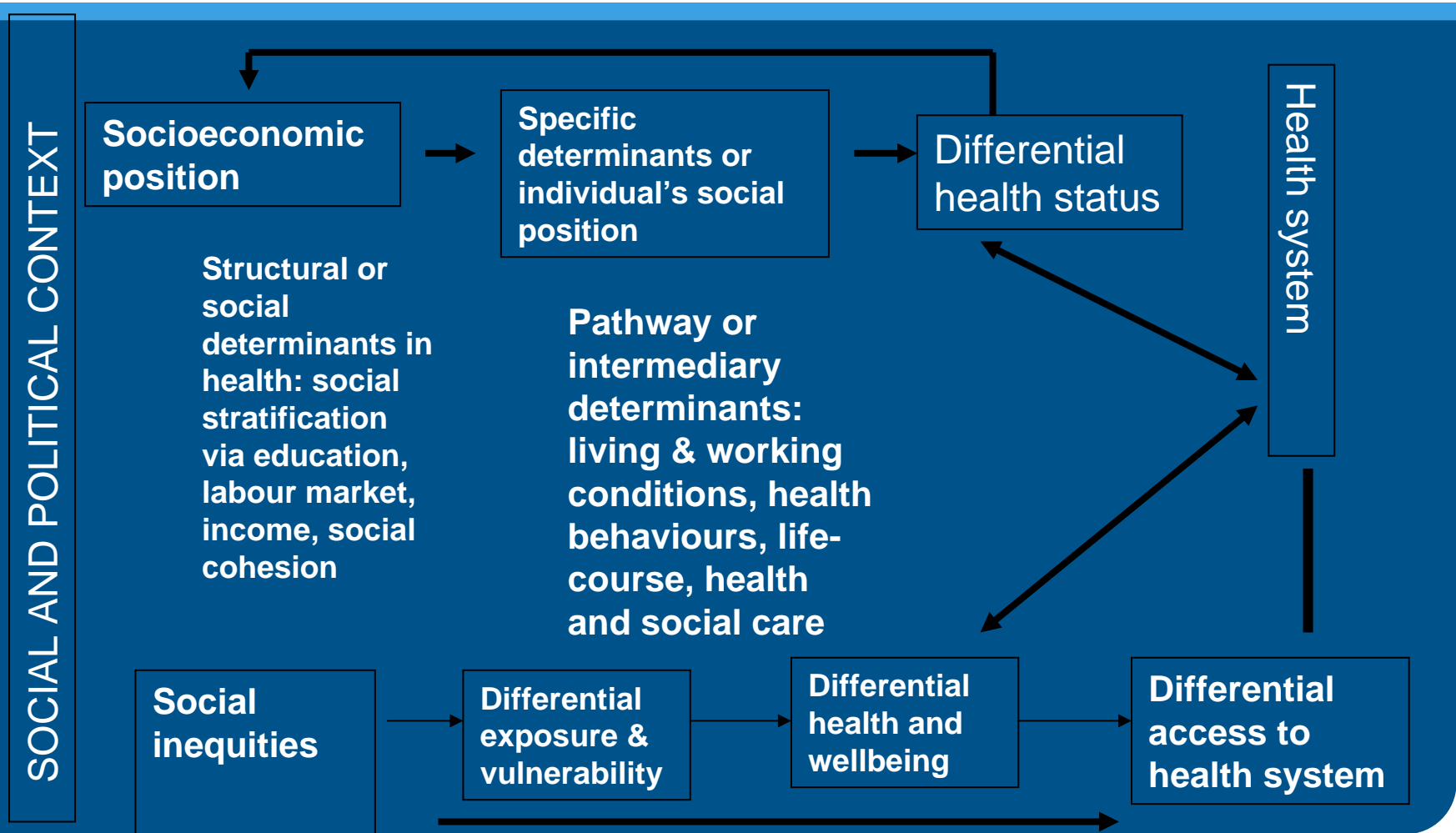
Policy entry points



Four policy entry points:

- Decreasing **social stratification** itself, i.e., to reduce inequalities in power, prestige, income and wealth linked to different socioeconomic positions;
- Decreasing the **specific exposure** to health-damaging factors suffered by people in disadvantaged positions;
- Seeking to lessen the **vulnerability** of disadvantaged people to the health-damaging conditions they face;
- Intervening through **healthcare** to reduce the unequal consequences of ill-health and prevent further socioeconomic degradation among disadvantaged people who become ill.

SDH Conceptual Framework (WHO:CSDH 06)



Determinants

Structural determinants are those that generate social stratification

- **income & social status**
- **gender**
- **ethnicity**
- **sexuality**
- **education**
- **employment & working conditions**

Intermediate determinants determine differences in exposure and vulnerability to health compromising conditions:

living and working conditions

- availability of food
- population behaviours (may be cultural)
- barriers to adopting healthy lifestyles

Downstream determinants include personal health services, screening and provision of health information



Levels of action / intervention



Notions of 'upstream', 'midstream', 'downstream'

Downstream factors: micro level factors that include the effect of upstream and midstream factors on physiological and biological functioning

Midstream factors: intermediate level factors that include psychosocial factors including social support and health related behaviours

Upstream factors: macro level factors that comprise social-structural influences on health and health systems, government policies and the social, physical, economic and environmental factors that determine health.

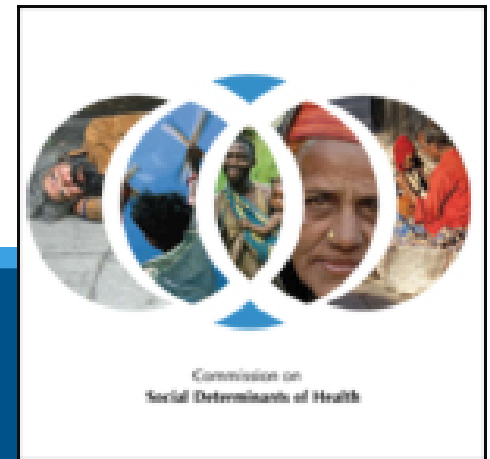
Upstream investments are directed at fundamental causes of poor health and inequities.

Social determinants: imperative and opportunity

- **We know that working with between the health and other sectors on more distal determinants is essential to long-term success**
- **Many, if not most, social determinants are:**
 - More proximal, and/or
 - Amenable to health sector intervention, and/or
 - Amenable to collaboration with other sectors



So, where to from here?



Currently, the CSDH is working on final reports

- Among the many challenges:
 - **situating the levels**
 - **clarify their relationships**
 - **suggest the scope and limits of policy action in each area.**
 - **How to address structural determinants to alter social stratification**
 - **What policies and interventions will successfully target intermediate health determinants.**

What does it mean for you?

Understanding social stratification; differential exposure/differential vulnerability; and differential consequences is critical for every public health program

Continue to gather evidence about the differential consequences of ill-health

- To inform advocacy for differential resources**
- To assist understanding of public and private resources for health and their use or access by disadvantaged populations**
- And many other issues on which you are expert!**



References

- **WHO (1978). Alma Ata Declaration on Primary Health Care. Geneva, World Health Organization.**
- **WHO (1986). Ottawa Charter on Health Promotion. Geneva, World Health Organization.**
- **WHO (2005). Commission on the Social Determinants of Health. Background paper. Geneva, World Health Organization**
- **WHO (2006). Commission on the Social Determinants of Health (2005). Towards a Conceptual Framework for Analysis and Action on the Social Determinants of Health. Geneva, World Health Organization.**

