

MODULE:
UNDERSTANDING THE SOCIAL DETERMINANTS OF HEALTH

Preview of the content of the Module

Introduction to the Social determinants of health.....	2
Input on the Social determinants of health (ppt presentation).....	4
Next steps relevant for the work of the organizations.....	10
Resource list.....	12

INTRODUCTION

Traditionally, societies have looked to the health sector to deal with its concerns about health and disease. Certainly, maldistribution of health care – not delivering care to those who most need it – is one of the social determinants of health. But the high burden of illness responsible for premature loss of life arises in large part because of the conditions in which people are born, grow, live, work, and age.

To improve the health conditions of the population and increase equity in health, a social determinants perspective is crucial. Conditions such as poverty, poor education, food, exclusion, bad housing conditions, improper sanitation, unemployment, unsecure and hazardous working places, and lack of access to health care are major determining factors of inequality both among and within countries in terms of health, disease occurrence and premature deaths. It is of utmost importance to note that in many cases health care systems also contribute to the problem, either being influenced by the determinants or additionally influencing on the effect that determinants have. For example, on one hand gender, geographic location, poverty, education affect the access of people to the health services and on the other hand the lack of health services, high fees for services and discrimination in health care settings also have negative impact for access for the most marginalized groups of the society.

The WHO's social determinants of health approach emphasize that putting these inequities right is a matter of social justice. The WHO's Commission on Social Determinants of Health implies the following three principles of action in order to achieve health equity: 1. Improve the conditions of daily life – the circumstances in which people are born, grow, live, work, and age. 2. Tackle the inequitable distribution of power, money, and resources – the structural drivers of those conditions of daily life – globally, nationally, and locally. 3. Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.

Health systems have an important role to play and Ministries of health also have an important stewardship responsibility. The health sector should work in concert with other sectors of society. Health and health equity are important measures of the success of social policies. But beyond the health sector, action on the social determinants of health must involve the whole of government, civil society and local communities, business, global fora, and international agencies.¹ Primary responsibility for protecting and enhancing health rests in the first instance within the government. On the other hand the budget is a government's most powerful social and economic policy instrument and as such it plays a central role in the lives of each and every person and consequently on the social determinants of health. Thus in order to achieve health equity the governments must address the social determinants of health through relevant policies and budget, reaching beyond the health care sector. These commitments should be clearly reflected in the national budget, having in consideration all four phases of the budget cycle.

The WHO's Commissions' recommendations also include strong participation of the Civil society in these efforts through: (1) *Participation in policy, planning, programmes, and evaluation*: Participate in social determinants of health policy-making, planning, programme delivery, and evaluation from the global level, through national intersectoral fora, to the local level of needs assessments, service delivery, and support, and monitor service quality, equity, and impact; (2) *Monitoring performance*: Monitor, and report and campaign on specific social determinants of health, such as upgrading of services, formal and non-formal employment conditions, rights of marginalized groups, gender equity, health and education services, corporate activities, trade agreements, and environmental protection.²

¹ World Health Organization (2008) *Closing the gap in a generation*

² *ibid*

In relation to the social determinants of health approach, the harm reduction approach focuses on the broad social context that shapes harms, and seeks to promote health equity. It recognizes that risk is shaped by social, structural, and historic factors. Examples include inadequate housing, poverty, unemployment, lack of social support, sexism, racism, and discrimination. These determinants are closely associated with the use of drugs, push individuals into survival sex work and discourage HIV disclosure, while simultaneously making these conditions more dangerous.³

Structurally-disadvantaged groups are pushed into street economies—including drug and sex work markets— by marginalization and constrained choices, and their experiences largely do not resemble those of individuals with a range of options available to them. Therefore, there is a diversity of experiences based on gender, race, class, and other determinants, among people who use drugs, sex workers, and people living with HIV. Legal considerations may be especially complex in situations where youth are involved⁴.

Understanding risk as a social phenomenon shifts the burden of responsibility for harms off of individuals and towards social context, including unique local contexts. Harm reduction seeks to redress the conditions that amplify harms and works to strengthen existing resources that promote the health of populations.

Societal responses to drug use, sex work, and HIV (e.g., stigma, criminalization) often inflict harms greater than those they purport to alleviate. Criminalization in particular has led to the de facto regulation of drug and sex work markets by criminal organizations and violence, and the worsening of stigma and discrimination experienced by people who use drugs, sex workers, and people living with HIV/AIDS.

Thus addressing the social determinants of health is crucial in harm reduction work since it will both improve the health and well-being of people who use drugs, and prevent and deter substance use in the first place.

³ Winnipeg Regional health authority (2016). *Position statement on harm reduction*.

⁴ World Health Organization (2015). *HIV and young people who sell sex: A technical brief*. Geneva



Social Determinants of Health

ASSOCIATION FOR EMANCIPATION, SOLIDARITY AND EQUALITY OF WOMEN



Health inequities

- Even in the most affluent countries, people who are less well off have substantially shorter life expectancies and more illnesses than the rich.
- The poor health of the poor and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of people's lives – their access to health care, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – and their chances of leading a flourishing life.

ASSOCIATION FOR EMANCIPATION, SOLIDARITY AND EQUALITY OF WOMEN



Slide 3

Defining Social Determinants of health

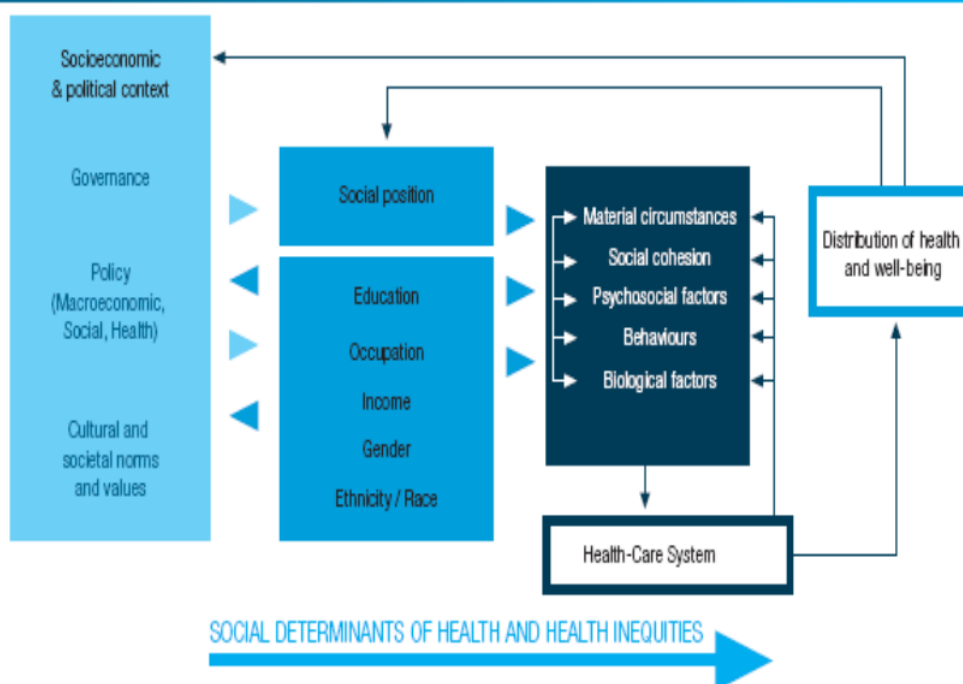
- Structural determinants and conditions of daily life constitute the social determinants of health and are responsible for a major part of health inequities between and within countries.
- The social determinants of health can be understood as the social conditions in which people live and work or “the social characteristics within which living takes place”.
- These point to both specific features of the social context that affect health and to the pathways by which social conditions translate into health impacts.

ASSOCIATION FOR EMANCIPATION, SOLIDARITY AND EQUALITY OF WOMEN



Slide 4

Figure 4.1 Commission on Social Determinants of Health conceptual framework.



Source: Amended from Solar & Irwin, 2007

Slide 5

Key Social Determinants of Health in the European region of WHO

Ethnicity

Despite great achievements inequities persist

Poverty

Children growing up in Poverty eg *Child Poverty Rates across the EU 10%-33%*
Families falling into debt. social protection varied

Employment

High level of unemployment. Disproportionately affects women, less educated and rural population. Youth long-term unemployment an issue



Education

Key determinant of poverty and employment. Infrastructure, access and attainment vary across social groups & geographic areas

Health & Social Protection

Coverage and Access vary according to social status and geography. Informal payments & user fees have biggest impact on those with fewer material & economic resources and increase poverty risk

Slide 6

Other important Social determinants of health

The Social gradient

Life expectancy is shorter and most diseases are more common further down the social ladder in each society.

Work

Stress in the workplace increases the risk of disease. People who have more control over their work have better health.

Stress

Stressful circumstances, making people feel worried, anxious and unable to cope, are damaging to health and may lead to premature death.



Addiction

Individuals turn to alcohol, drugs and tobacco and suffer from their use, but use is influenced by the wider social setting.

Social exclusion

Life is short where its quality is poor. By causing hardship and resentment, poverty, social exclusion and discrimination cost lives.

Food

Because global market forces control the food supply, healthy food is a political issue.

Slide 7

The WHO Commission on Social determinants of health – Overarching recommendations

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

Slide 8

1. Improve Daily Living Conditions

- Improve the well-being of girls and women and the circumstances in which their children are born, put major emphasis on early child development and education for girls and boys, improve living and working conditions and create social protection policy supportive of all, and create conditions for a flourishing older life.
- Policies to achieve these goals will involve civil society, governments, and global institutions.

Slide 9

2. Tackle the Inequitable Distribution of Power, Money and Resources

- In order to address health inequities, and inequitable conditions of daily living, it is necessary to address inequities – such as those between men and women – in the way society is organized. This requires a strong public sector that is committed, capable, and adequately financed.
- To achieve that requires more than strengthened government – it requires strengthened governance: legitimacy, space, and support for civil society, for an accountable private sector, and for people across society to agree public interests and reinvest in the value of collective action. In a globalized world, the need for governance dedicated to equity applies equally from the community level to global institutions.

Slide 10

3. Measure and Understand the Problem and Assess the Impact of Action

- Acknowledging that there is a problem, and ensuring that health inequity is measured – within countries and globally – is a vital platform for action.
- National governments should set up national equity surveillance systems for routine monitoring of health inequity and the social determinants of health and should evaluate the health equity impact of policy and action.
- Creating the organizational space and capacity to act effectively on health inequity requires investment in training of policy-makers and health practitioners and public understanding of social determinants of health. It also requires a stronger focus on social determinants in public health research.

Summary of the opportunities and implications for the Health Sector

- A first step is to examine and understand the extent to which current policies are addressing or considering inequities.
- Strategies to reduce inequities need to have two complimentary goals i) improving average health and ii) bringing the health of less-advantaged people up to the level of the most advantaged.
- Move from *health colonization* to partnership models of policy and service delivery across the whole of government and with the whole of society. The focus on health and equity as public goods for inclusive growth.
- Change how we do business . Co- produce results for improving health and addressing the social determinants of health inequities.
- Monitor the situation and the +’ve /-’ve impacts of policies on SD and health equity across the population over time.

Health is not the only nor often the main goal of decisions across government BUT it is a contributing ‘good’ for the social, economic and well being of society

NEXT STEPS

“What good does it do to treat people’s illnesses, to then send them back to the conditions that made them sick?” - Monique Bégin, WHO Commission on Social Determinants of Health

As outlined in the previous section there are powerful social determinants that influence health and access to health services, which also implies for harm reduction work. In order to improve the access to these services but also to improve the overall health and quality of life of the beneficiaries of these services, the civil society organizations should tackle these determinants with their budget advocacy work. Below are shown 5 (five) steps which are aimed to assist the civil society organizations in this process. Example for the described work is given in the table below.

STEP 1 - List all of the Social determinants of health that influence on the access to harm reduction services and/or influence on the health and well being of people who use drugs – beneficiaries of these services

STEP 2 – From the prepared list, select those social determinants of health which according to your opinion can be addressed through policy and budget advocacy work.

STEP 3 - Narrow down the list to the main and most important social determinants of health that have negative impact on access to harm reduction services and on health and well being of the beneficiaries of these services.

STEP 4 – For each of the short listed social determinants of health propose the corrective action(s) which your national/local government ought to implement in order to reduce the impact of each of the social determinants. The corrective actions should be also linked with relevant policies (e.g. laws, bylaws, programs, strategies etc.)

STEP 5 – Include the proposed corrective action(s) in the overall budget advocacy work

EXAMPLE:

SOCIAL DETERMINANTS	CORRECTIVE ACTION	BUDGET IMPLICATION
500 people who use drugs from Region X must travel 20 kilometers in order to access Harm reduction services, and since majority of them are poor they utilize these services very rarely.	<ul style="list-style-type: none"> - National Government should open Harm reduction service in Region X. - Local government should cover transportation costs for people traveling to access harm reduction services. 	<i>To be determined during the budget advocacy work.</i>
Due to the high unemployment rate among people who use drugs, majority of them are poor and they cannot afford to use health care services.	<ul style="list-style-type: none"> - Government should introduce special measures for increased employment of people who use drugs. 	<i>To be determined during the budget advocacy work.</i>

RESOURCE LIST

1. WHO – Europe. *Social Determinants of health – The Solid Facts.* - http://www.euro.who.int/_data/assets/pdf_file/0005/98438/e81384.pdf
2. WHO - Commission on Social Determinants of Health. *Closing the gap in a generation.* - http://www.who.int/social_determinants/final_report/csdh_finalreport_2008.pdf
3. Winnipeg Regional Health Authority. *Position Statement on Harm Reduction* - <http://www.wrha.mb.ca/community/publichealth/files/position-statements/HarmReduction.pdf>