



Social determinants and Universal Health Coverage

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Social determinants of health

- Impact of medical services on health of individuals, not of whole communities
- Evidence to link health and longevity to
 - Social and economic environment
 - Improved living standards
 - Tangible resources



Socio-economic determinants

- Poverty and poor health
- Mediated through social exclusion
- Steep social gradient due to unequal distribution
 - Power
 - Income
 - Goods and services
- Gender, caste and religion differentials
- Cycle of deprivation transmitted through generations



Poverty and health

- Works through
 - Hunger and under-nutrition
 - Illiteracy
 - Unsafe drinking water
 - Lack of access to basic health services
 - Social discrimination
 - Physical insecurity
 - Political exclusion



Public health and India

- Millions do not have access to basic needs
 - Lack clean water
 - Poor sanitation
 - Widespread under-nutrition
 - Limited vaccination coverage
 - Education substandard
 - Unemployment rampant
- Weak policies, neglected by local governments; low stake in improving infrastructure.



Health and economic development

- Dynamic link
- The poor
 - Bear a disproportionate burden of disease
 - Have conditions, which favor poor health (e.g. lack of clean water, food scarcity)
 - Ill-health breeds poverty
 - Lack the basic tools (e.g. medicine, fertilizer, credit) to get out of deprivation through development



Increasing inequity

- GDP figures hide hunger, malnutrition, insecure employment, non-existent social security, expensive health care, threatened livelihoods
- Profound impact on the social fabric
 - Urban migration
 - Overcrowded cities
 - Overburdened infrastructure
 - Rural unemployment and poverty



Nutrition and food security

- Hunger, anemia, stunting, wasting, underweight among children and women common
- Common even in developed states
- ICDS does not address nutrition of children <3 years
 - Take away rations shared by family
 - Lack of maternity leave and crèches
- Shortage of Iron and folic acid in public sector



Diarrhea, clean water, sanitation

- Clean water and sanitation limited to upper classes
- Communicable diseases cause significant burden among poor
- Mills-Reincke Phenomenon; good evidence of efficacy; unheeded



Social exclusion

- Gender, caste and religion differentials
 - Sex ratios
 - Malnutrition
 - Education
 - Mortality
 - Morbidity



Employment insecurity and migration

- Rural poverty and urban migration
- Migrants
 - Poorer indices of health
 - Increased disease burden (communicable and non communicable)
 - Poor access to health care



Tuberculosis and poverty

- Associated with poverty
- West overcame Tb through housing and nutrition
- Low BMI
 - predicts mortality
 - dose related adverse effects
 - poor medication compliance
- Nutrition supplementation
 - improves medication tolerance, compliance
 - reduces mortality



Tuberculosis and social security

- Economic migrants
 - Loose privileges (BPL status, PDS, political clout)
 - Difficult to register in DOTS programs
 - Seek private treatments when sick
 - High drop out rates when symptoms controlled
- Need for social security, employment



Poverty and common mental disorders

- Mental ill health associated with poverty; vicious cycle
- Some evidence that poverty alleviation programs improve mental health



Suicide

- High rates in detailed studies
- Associated with psychosocial and economic distress
- Population based policies required
 - Basic needs
 - Macroeconomic policies
 - Gender justice
 - Essential pesticide list



Errors of the public health movement - 1

- Urgency-driven curative medical interventions instead of public health solutions
 - Antibiotics instead of clean water for cholera
 - DOTS only instead of nutrition and housing for TB
- Mistaking primary care for public health
 - Extension clinics in villages/towns



Errors of the public health movement -2

- Reducing health to a biomedical perspective
 - Social determinants of health
- Biased use of evidence
 - Different standards for different interventions



Economic policies required

- Macroeconomic policies
 - Protection of vulnerable sections from sudden external competition
 - Viable distributive policies on food and land



Principles of action

- World Health Organization and the Commission on Social Determinants of Health
 - Improving the conditions of daily life
 - Tackling the iniquitous distribution of power, money and resources
 - Raising public awareness, measuring the problems and evaluating actions.



Population interventions

- Population interventions rather than individual medical services
 - Basic needs: clean water, sanitation, nutrition, health, education, employment, social security
- Social interventions and change
 - Gender and patriarchy
 - Caste and tradition
 - Religion and tolerance



Need

- Universal, reformed public distribution system
- Supplemental nutrition
 - Pregnant and lactating mothers
 - Patients with HIV and Tuberculosis
- Universal, quality education
- Affordable housing, clean water, sanitation
- Addressing rural land tenure, livelihoods
- Fair and continuous employment
- Social security
- “Health in all policies” framework



HLEG recommendations

- Support initiatives on social determinants and health
- Social determinants committees at district, state, national levels
- Include SD in mandate for National Health Promotion and Protection Trust
- Comprehensive national health equity surveillance framework



Health For All

- Expand on impact of social determinants
- Elaborate mechanisms of ill health and reduced longevity
- Emphasize population interventions on improving lives and livelihoods
- Enhance modes of cooperation and coordination of efforts to improve
- Embed UHC within policies to improve lives and livelihoods



Conclusion

- Universal health care needs to be embedded within strategies to improve daily lives of people.
 - Macroeconomic policies to protect vulnerable
 - Basic needs as human rights
- Aim to reduce inequities
 - By the state in favor of the majority, the poor



Conclusion

- Need to challenge the normalization of inequity
- People's movement, which champions public health issues as basic rights
- Need to situate/embed UHC within policies to improve lives of people
- Move from aspiration to action