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