

# Social Determinants of Health and Health Equity: Concepts & Background

Based on the report of the Commission on Social Determinants of Health. (1)



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The Social Determinants of Health (SDH) as defined by the Commission on SDH “refer to the conditions of daily life in which people are born, grown, work and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social and economic forces.” It is perhaps the first time that health as an outcome is more explicitly linked to individual characteristics and responsibility, socio economic environment and partnership in development.

There are **two categories** of social determinants: **Structural** based on the - “fundamental structures of social

hierarchy” as defined at global level and **Intermediate** based on “socially determined conditions in which people are born, grow, live, work and age” as defined at local society level.

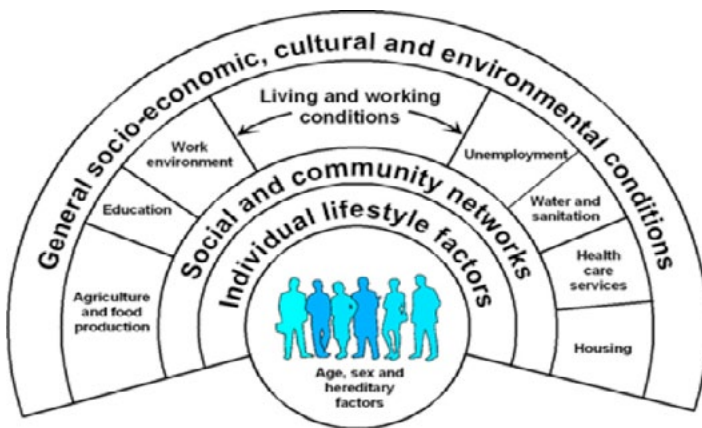
Health equity is defined as the absence of systematic disparities in health (or its social determinants) between more or less advantaged groups, or geographical areas. Equity is **normative** and **value based** (societal value). For most people, health equity is an **ethical concept** based on **social justice** and **fairness**, with a focus on **distributive justice**. Equity is different from **equality**. Some health inequalities have biological origins: young adults are expected to be healthier than elderly populations, female newborns tend to have lower birth weight on average, men have prostate problems, etc...

Health equity can be expressed as the relationship between two measures:

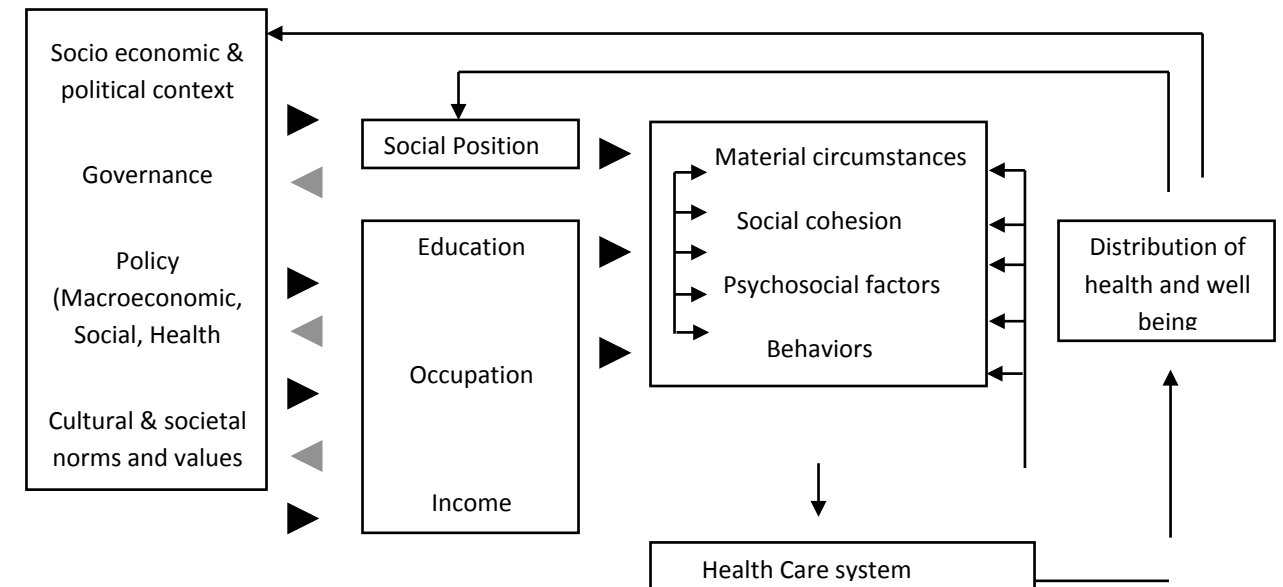
1. A measure of the distribution of health (outcome, resources etc.);
2. A measure of social deprivation (inequalities in education achievement, socio-economic status, employment status, social exclusion etc.). For example, a source of inequity in child health is the differentials in the mother's educational status; more educated mothers are more likely to have children who will survive and thrive.

Most social determinants originate outside the health sector. Therefore coordinated action with other line ministries, government agencies, municipalities, civil society and academia is required to address SDH and health.

There are clear linkages between SDH, PHC ( Prime Healthcare) and Health rights that can be summarized as follows:



## Commission on Social Determinants of Health conceptual framework



## SOCIAL DETERMINANTS OF HEALTH AND HEALTH INEQUITIES

Source: CSDH, 2008; p. 43 (amended from Solar & Irwin, 2007)

- Shared values: fairness, equal opportunities and capabilities to achieve good health (not the same as “equal health”)
- Shared approaches to policies - commitment at the highest national (and global) level
- Decentralization, with provision of adequate resources
- Bottom-up strategies: interventions at the grass roots;
- Community involvement: listening, learning and sharing.

However, there are important challenges of health equity in the twenty-first century: one main challenge is the growing wealth and health gap between and within countries; the rich gets richer and the poor gets poorer; another important challenge is that Reforms failed to narrow serious health gaps in many countries; another more frequently observed challenge is the Armed conflicts which demand new approaches to health emergencies when health systems collapse. Adding to these challenges are current global risks for health and social welfare, namely: the Global economic crisis resulting in shortage of resources; the Climate change engendering food insecurity, new diseases and health threats and affecting more the most vulnerable populations. In the context of Lebanon, over the past few decades, an increasing attention is provided to the issue of equity

in health; interventions targeting mainly the poorest population section like an expanded programme of vaccination, a large network of PHC network, the Ministry of Public Health Role as an “insurer of last resort” and the continued support to public health programs such as the Epidemiological Surveillance, Expanded Immunization, Aids, Tuberculosis, and the Reproductive Health Programs. **Perhaps the biggest success is the reduction of the Out of Pocket expenditures from 64 % in 1997 to 44 % estimated in 2009(2).** However, significant health disparities especially in terms of child mortality and morbidity, access to safe water and access to quality education between population groups as well as within geographical areas across the country remain insufficiently addressed and warrant a carefully designed social policy that will undoubtedly reflect on improved impact on health and well being of the population as a whole.

## References

- 1- Closing the Gap in a generation: Health equity through action on the social determinants of health. World Health Organization, Geneva. August 2008.
- 2-Health beyond politics. Ammar w. Lebanon 2009.