IFMSA Policy Statement

Health Equity and the Social Determinants of Health

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Summary

The Social Determinants of Health are the social, political, cultural and environmental factors which influence individual and group differences in health status. These health determinants are recognised as the major barrier to health equity. As such, the IFMSA calls upon all stakeholders at the local, national and international level, as well as their own members, to mobilise to address the social determinants of health.

Background

The poor health of the poor, the social gradient in health within countries, 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. This unequal distribution of health-damaging experiences is not in any sense a ‘natural’ phenomenon but is the result of a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics. Together, the 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.

Commission of the Social Determinants of Health, 2008 (1).

Despite the fact that much has been written on the Social Determinants of Health (SDoH), there is not one clear, overarching definition for this term. Generally, it is a broad term which defines the social, political, economic, cultural and environmental forces which influence individual and group differences in health status.

Equity is defined by the World Health Organization (WHO) as the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically (2). It is thus clear when reading the definition of the terms “Health Equity” and “SDoH” that addressing the SDoH would lead to health equity.

It is important that “Health Equity” should be distinguished from “Health equality”. Whilst “equity” implies the forces which influence health, “health equality” implies that all people are treated equally in order to see them achieve a healthy status, not accounting for the social forces which may make it harder for these people or populations to attain good health.
In 2008 the WHO Commission on the Social Determinants of Health released a report that summarized evidence from around the world exploring how external forces such as income differences and rural-urban migration contribute to health and health inequity (1). The Commission’s work centers on three overarching recommendations:

1. *Improvement of daily living conditions*, focusing primarily on the early childhood development of boys and girls.
2. *Tackling the inequitable distribution of power, money, and resources*, calling for strong, well-financed public sector and strengthened governance.
3. *Measure and understand the problem and assess the impact of action*, calling for national and global health equity surveillance systems, as well as an increased focus on social determinants in public health research, to better inform policy making.

In 2011, WHO brought together heads of governments from around the world to express their determination to achieve social and health equity in five key areas (3):

1. Better governance for health and development
2. Promoting participation in policy-making and implementation
3. Further reorienting the health sector towards reducing health inequities
4. Strengthening global governance and collaboration
5. Monitoring progress and increasing accountability;

This declaration has since been re-affirmed at the World Health Assembly (4).

The Chair of the WHO’s Commission on Social Determinants of Health, Sir Michael Marmot, has publicly called for more integration of the SDoH into discussions on the post-2015 agenda and the sustainable development goals (5). Marmot highlights that the Commission on Social Determinants of Health identified access to healthcare as one of many determinants of health, and that this needs to be considered in the context of discussions on Universal Health Coverage.

**Policy**

The General Assembly of the IFMSA calls for:

1. The IFMSA to:
   a. Adopt the Social Determinants of Health as fundamental principles of the Federation, representing our common understanding of the current global health situation and our vision for the future of global health;
   b. Lobby state and non-state actors to implement the recommendations of the Commission on Social Determinants of Health and to fulfil their commitments in addressing health inequities;
   c. Collaborate with international and local organizations that work for health equity through action on the social determinants of health;
   d. Launch a federation-wide movement or campaign that will champion health equity and will mobilize members to combat the social determinants leading to ill health;
e. Advocate for curricular reforms to include social determinants of health in the
education of medical professionals;
f. Encourage research and service activities on health equity and social determinants
of health among national member organizations and individual members at large;
g. Ensure greater promotion of the social determinants of health in post-2015
development discussions, particularly when concerned with Universal Health
Coverage.

2. Governments and non-state actors to:

a. Create mechanisms in measuring the magnitude of health inequities within and
among countries, identifying the people and populations affected by health these
inequities, and analysing the roots of these health inequities, use a “health in all
policies” approach to address health inequities through action on the social
determinants of health;
b. Support research on improving health systems and addressing the social
determinants of health;
c. Implement the recommendations of the Commission and to fulfil the commitments
made as articulated in the Rio De Janeiro Declaration on the Social Determinants
of Health

3. Medical schools around the world to:

a. Integrate education on health equity and the social determinants of health in
existing medical curricula, and;
b. Provide venues for medical students to participate in local, national, and global
actions on health equity and the social determinants of health.

4. NMOs and medical students to:

a. Personally adopt the aforementioned documents and apply them in everyday
practice – in school, in the hospital, and in the community;
b. Constantly keep informed and aware of social issues that affect people’s health
locally, nationally, and globally, and;
c. Participate in activities – awareness-building, research, service, etc. – that aim to
close the health gap and address the social determinants of health.

References

1. Commission on Social Determinants of Health. CSDH final report: closing the gap in a
generation: health equity through action on the social determinants of health. Geneva:
http://www.who.int/healthsystems/topics/equity/en/
4. Outcome of the World Conference on Social Determinants of Health. Resolution 8 of the