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IFMSA Policy Health Equity and Social Determinants of Health

Proposed by the Team of Officials
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Policy Statement

Introduction

Introduction

The Social Determinants of Health are 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, creating an urgent need to act upon those determinants to achieve better health for all.

IFMSA position

The IFMSA affirms that:

- a. The Social Determinants of Health are 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. Beyond the social determinants of health, and within the SDG era, more determinants need to be thoroughly recognized: environmental, economic, commercial, but also cultural.
- C. Recognizing social determinants of health is essential to use the health in all policies approach, and better health for all.

Call to Action

IFMSA calls on:

1. 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 these health inequities, and analysing the roots of these health inequities,
 - b. Support research on improving health systems and addressing the social determinants of health;
 - c. Use a "health in all policies" approach to address health inequities through action on the social determinants of health;
 - d. Commit to work on reaching the Sustainable Development Goals and therefore striving to reach health equity.
2. Medical schools around the world to:
 - a. Integrate education on health equity and the social determinants of health into existing medical curricula;



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b. Provide avenues for medical students to participate in local, national, and global actions on health equity and the social determinants of health.

Position Paper

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 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. It is thus clear when reading the definition of the terms "Health Equity" and "SDoH" that addressing the SDoH would lead to health equity.

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 early childhood development.
2. Tackling the inequitable distribution of power, money, and resources, calling for strong, well-financed public sectors 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.



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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).

Health equity and social determinants of health are furthermore considered as critical components of the 2030 Agenda for Sustainable development (6,7). The 2030 Agenda does not only see health as a goal in itself; it also views health and its determinants as influencing, and being influenced by other SDG goals and targets (8).

Discussion

Discussion on determinants of health (social, economic, commercial, environmental)

It has been argued, however, that the concept of social determinants of health is anchored in frameworks which have concealed the impacts of social determinants on wider environmental conditions (9,11,12,13), while the task of reducing health inequities around the world and the disruption and battling depletion of natural environmental systems, including the climate system, go hand in hand. Climate change will increase health inequity especially through negative effects on the social determinants of health in the poorest communities (10). In their aforementioned report, the WHO commission on social determinants of health expressed the need to develop adaptation and mitigation strategies for environmental change that take the health equity dimension into account as well as further research into the relationship between social and environmental factors and health equity. (1)

Sustainable development

Health equity and social determinants of health are considered as critical components of the 2030 Agenda for Sustainable development (2). The 2030 Agenda does not only see health as a goal in itself; it also views health and its determinants as influencing, and being influenced by other SDG goals and targets (3). Therefore, there is a need for policy alignment within the implementation of all the different SDG targets.

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