Letter to Editor

Improving the Social Determinants of Health

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When the report titled as *"report of the working group on inequalities in health"* was submitted, in 1980, to the government headed by Margaret Thatcher; it was rejected by the conservative policy makers. The report was based on the recommendations on the reducing the income inequalities among the Britons through taking equity-based initiatives in the areas of education (also women's' education), health, housing, working conditions and living environment of the people (Social determinants of health-SDH).[1] This was the time when the neoliberal agenda prevailed in most parts of the world. The developing countries were becoming overtly dependent on the aid and debt incurred by Western agencies such as IMF and the World Bank. Many third world countries were frequently asked to carry out structural adjustment programs (SAPs) and to cut the health and social sector development budgets. At the same time, these countries were encouraged to adopt a health care system that favored the elites and wealthy. This was because the private sector was allowed to take the lead role in health care provision. As a result of this governmental ignorance of its duty to provide health for all; the private sector emerged as a market where they were least interfered by the government and had full control on the allocation of resources for production as well as distribution. This was also true for our health sector and it continues to be the same for Pakistan today. The governmental expenditure on social determinants of health and social development has always been very tiny and inequitably distributed. The private sector has become the major health care provider to a vast majority of over 80% of our population with no regulation on the cost and quality of the care they provide.[2]

The Alma-Ata declaration condemned the global economic inequality in 1978 and called for the "development in the spirit of social justice". This approach that requires the world to invest in Primary Healthcare (PHC) has always been resisted by the many market based approaches in health and governments. Organizations such as IMF and World Bank have a stance that favors this market based approach.[3]The comprehensive PHC model was made controversial and a new form of it was adopted in the name of selective PHC model. The later approach took few of the indicators and devised vertical programs for the countries to follow. For instance, the UNICEF adopted the GOBI (Growth monitoring, ORS, Breast feeding and Immunization) approach to address child mortality. They suggested that these short term goals were easy to achieve rather than waiting for the long process of improving the health system and addressing the social determinants of health. Although, the GOBI strategy was successful in reducing child mortality in many countries but this kept aside the PHC approach of Alma-Ata.[4]

This is the reason the child and maternal mortality continues to be very high in Pakistan. Had we improved the sanitation and housing, provided food and kept environments clean and invested in our basic health units rather than in high tech modern hospitals we could have much better overall indicators. Resenfield (contribution of social and political factors in good health-1985) identified five shared social and political factors of special importance for a successful PHC; these include:

1. Historical commitments to health as a social goal
2. Social welfare orientation to development
3. Community participation in decision-making processes relative to health
4. Universal coverage of health services for all social groups (equity)
5. Intersectoral linkages

It must be emphasized here that incorporation of and harmony in between these factors will lead to improvement in overall health of the population. If the state and political parties takes and fulfill their responsibility to invest in the social determinants of health only then health and living conditions of our populations will improve. This will ultimately lead to rise in the economy and betterment in the quality of life of majority of marginalized and poor.[5]

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