



# Social determinants of health: The role of social protection in addressing social inequalities in health

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*The social, economic and political context in which people grow, live, work and age has enormous impact on their health status. These wider structural determinants of health lie largely outside the health sector. The level and coverage of social protection systems is one key determinant. Social protection measures and mechanisms directly contribute to poverty reduction and human resource development by providing recipients with in-kind or cash transfers. They also allow beneficiaries to gain better access to social services, including health facilities, drugs, etc.*

## Introduction

Falling ill is one of the most important social and economic risks; illness not only generates costs in terms of treatment; it also has major economic implications with regard to loss of income and labour supply. Especially the most vulnerable are more likely to become sick while at the same time they are less able to cope with it; amongst others they lack adequate social protection mechanisms that allow them to cover the costs of treatment and drugs and overcome a temporary loss of income.

At the same time, health is a major precondition for the capacity to be productive, learn and grow. In this respect, social protection and health are invariably linked and make a major contribution to poverty reduction, development and sustainable growth. The key role of social protection and health for economic growth, poverty reduction and well-being is also reflected in the Millennium Development Goals, specifically in MDG1, MDG2, MDG4, MDG5 and MDG6.<sup>1</sup>

## Social determinants of health and health equity

The Global Commission on Social Determinants of Health, set up by the World Health Organisation in 2005, argues forcefully that poor health cannot be explained exclusively by germs and genes, but that most diseases have their roots

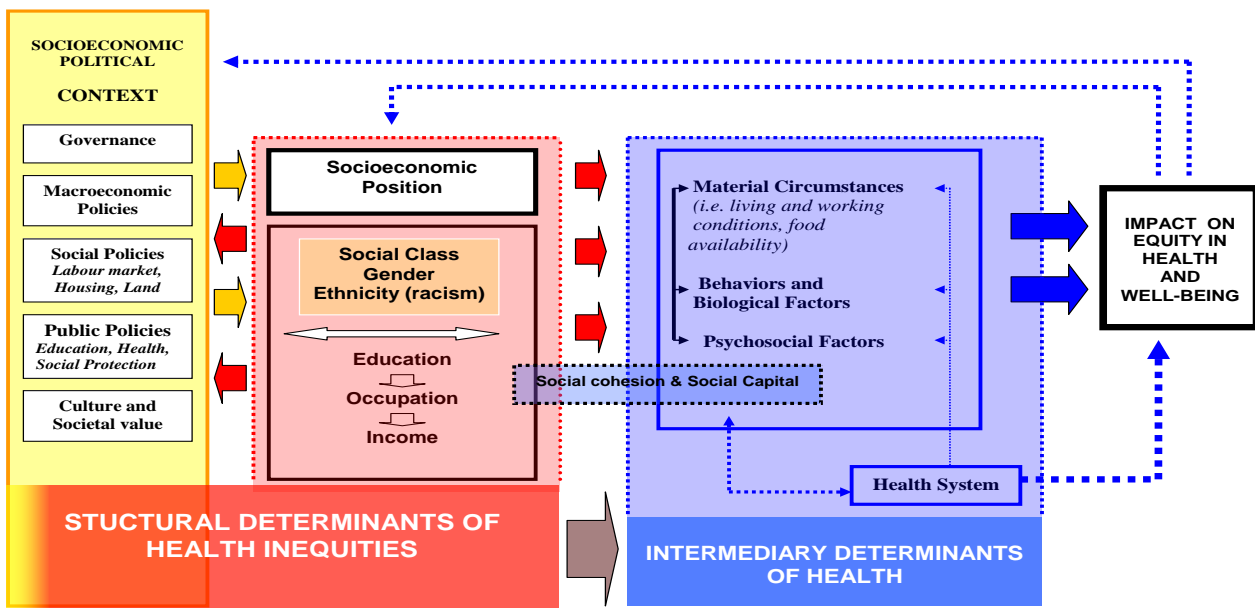
in social factors, i.e. the way we grow, work and live.<sup>2</sup> While this is related to individual behaviours, such as smoking or alcohol consumption, it also includes the social and economic conditions under which people live, which greatly influence their health. These are the so-called social determinants of health (SDH), which are defined as the structural determinants and conditions of daily life responsible for a major part of health inequities between and within countries.<sup>3</sup>

Social determinants include the distribution of resources, income, goods and services, and the circumstances of people's lives, such as their access to affordable and quality health care, schools and education; their conditions of work and leisure; and the state of their housing and environment. The more unequal the distribution of these factors between and among different population groups, the lower the overall level of health and well-being and the greater the health inequities (see, for example, Hall & Lamont 2009; CSDH 2008).

<sup>1</sup> MDG1: eradicate extreme poverty and hunger, MDG2: achieve universal primary education for boys and girls, MDG4: reduce child mortality, MDG5: improve maternal health, MDG6: combat HIV/AIDS, malaria and other diseases (BMZ 2009).

<sup>2</sup> The WHO Global Commission on Social Determinants of Health (2008) has identified three areas of action that are important in order to influence social determinants of health: Develop policies that positively influence the conditions of daily life – the circumstances in which people are born, grow, live, work and age; direct attention at reducing differences in opportunity to be healthy that stem from differences in access to education, employment, social participation and access to services; measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in, and raise public awareness about, the social determinants of health (CSDH 2008, see also figure 1).

<sup>3</sup> Global Commission on Social Determinants of Health 2008.



**Figure 1:** A conceptual framework for action on the social determinants of health (WHO CSDH, 2008).

Social determinants influence health and well-being in different ways, one being the social position of individuals as expressed through education, occupation or economic resources: people who are better off not only have better access to health services and a better chance to live healthier lives; their higher social position also has an influence on the psychosocial level: poor people, who often face major financial difficulties and lack social support, demonstrate a much higher level of psychosocial stress, including feelings of marginalisation and exclusion (Wilkinson 1996).

At the same time, poverty entails a higher exposure to health hazards: the poorer and less educated people are, and the poorer their environment and living conditions, the higher their exposure to health hazards and the actual risk of falling ill (impact differentials) (Dahlgren & Whitehead 2006).

Finally, the social position influences the way people are able to cope with poor health conditions (the social and economic consequences of ill health). The more vulnerable people are, the less likely they are able to cope with illness, mainly due to the lack of social and health protection mechanisms.

Two types of mechanisms are employed to improve the resources for health and well-being across society and address the different causal pathways that influence health and well-being: firstly, those directly addressing a specific health risk factor, i.e. ‘downstream factors’ (such as HIV/AIDS or smoking, unequal access to health care services or low service quality); secondly, measures addressing wider structural risk factors that have an indirect impact on health, such as poverty, unemployment or low education rates. The latter usually lie outside the influence of the health sector and have health only as a secondary goal. As they are more difficult to influence and require more complex interven-

tions involving various policy sectors, they are called ‘up-stream factors’ (ibid.).

It is obvious that within the range of policies addressing social determinants of health and related inequalities, social protection policies have a crucial role to play, both ‘up-stream’ and ‘downstream.’ These include income security measures, non-monetary transfers such as food or other basic services, health and education services, labour protection measures such as guaranteed maternity leave or sick leave and measures to reduce out-of-pocket payments for health services.

### Social protection and health

Social protection influences health in various ways, the most obvious being its impact on social and economic inequalities caused by income differentials across society, which are often accompanied by differences in education, health and social and political power.

Cash transfer programmes play a key role in addressing income differentials, thereby promoting development and sustainable growth. Regular cash and in-kind transfers can help to significantly reduce poverty and protect vulnerable groups from plunging even deeper into poverty, providing a safety net against individual and systemic shocks. This is the case especially with regard to transfers that target socially, economically or culturally disadvantaged groups, including those with age or gender related disadvantages (for example, women, elderly people, orphaned children, migrants, people with disabilities or people employed in the informal sector).

At the same time, social protection can help poor households invest in health and education, as well as in productive measures, on a sustainable basis. People who have access to a regular income are usually in a better position to

take care of their physical well-being (for example, through better nutrition). Through increased household income, beneficiaries are also in a better position to overcome the barriers of the health care system and make use of preventive care measures and basic health care services earlier and more regularly. This in turn contributes to the prevention of long-term illness, unnecessary hospital stays and costly curative interventions. Social protection thus helps reduce diseases and related costs, which in turn eases the financial burden on the health sector.

A healthier population is also more productive and able to make a greater contribution to overall development. Healthy people require less social support in the form of health care and welfare benefits, and are more able to support the community and avoid actions that damage the environment over the longer term. Investment in human capital and productive assets allows households to keep up and even increase their productivity over time, which provides insurance against future shocks. Studies have shown that cash transfers, especially in urban areas, stimulate entrepreneurship, thus supporting diversification of income portfolios (Lichande 2010). Evidence from Mexico shows that in rural areas, on average 12% of transfers are invested in agriculture, generating a 17.5% return on income. In Ethiopia, transfers that allowed farmers to buy their own agricultural inputs enabled them to farm their own land and negotiate better terms on agricultural contracts. Evidence from rural communities shows that recipients of cash transfers are usually in a position – due to an increase in their food production – to share in-kind support with non-eligible neighbours as a form of informal insurance in times of crisis, such as illness or crop failure (Lehmann 2009). Cash transfers also have an impact on the environment: transfers enable people to invest in more environmentally friendly farming and land use techniques and services or purchase better cooking stoves or more environmentally friendly fuel for cooking (Perrson & Alpizar 2011).

Beyond its immediate impact on poverty reduction and crisis alleviation, social protection also has an important function in reducing inequalities by guaranteeing that welfare gains are invested in and equally distributed across the whole society. The reduction in the Gini coefficient – a standard measure for inequalities in and between countries – in Brazil from 0.59 to 0.53 between 2001 and 2007 was caused, to a large degree, by transfer programmes that channelled cash directly to families and other vulnerable groups. The Brazilian case also shows the key role of social protection policies in relation to economic and sustainable growth: the more egalitarian income distribution, triggered by the cash transfer schemes, increased aggregate demand and consumption among the low income population, and thus stimulated significant growth in the internal market. The enlarged domestic economy also meant a substantial rise in labour demand, which particularly benefited low-income groups: the unemployment rate in Brazil fell by 22% between 2004 and 2007 (Hailu & Soares 2009).

In addition, social protection can help to directly address health issues through various measures, such as conditional cash transfer programmes that, in addition to cash benefits, provide incentives to invest in human capital (through regular school attendance or health check-ups, for example) or voucher schemes that provide access to certain health care services, such as free child birth. Other examples are health care financing schemes for low-income groups, such as community based health insurance schemes or micro-insurance for health. Here, upstream and downstream measures are combined with the aim of addressing structural social determinants, while at the same time attempting to overcome structural barriers within the health system, especially for the most vulnerable groups.

Societies with less inequality in terms of the distribution of resources have been shown to be more resilient and better able to cope in crisis situations, with less difficulty recovering without long-term negative impacts on development. This is due, amongst other things, to a functioning social (health) protection scheme, including guaranteed (financial) access to health care and other social services. Increased equality creates a more stable economic and also political environment, which greatly influences both the health and the well-being of society as a whole, also in relation to psychosocial dimensions.

### **Social protection measures and their impact on health**

What is the potential impact of specific social protection measures on health outcomes?

#### *Social health protection*

- Social health protection measures (e.g. social health insurance or tax-based health financing systems) are directly related to health and provide protection in case of sickness by reducing out-of-pocket payments for health services. One of the main challenges in providing health protection is the fact that in many countries the most vulnerable and socially excluded persons do not have access to any form of social health protection. German development cooperation employs various inclusion strategies that help poorer and socially and geographically marginalised groups to access health care services without having to make catastrophic expenditures such as selling off their productive assets or being forced to take children out of school. Examples include the support of community health funds in Tanzania or community health insurance schemes in Cambodia.

#### *Social transfers*

- Direct cash transfers to the most vulnerable groups can have an important impact, both in terms of increasing health service utilisation rates and improving health outcomes and nutritional status, especially among children (Lagarde et al 2009).<sup>4</sup> Regular cash transfers allow

<sup>4</sup> See also the debate about investment in child nutrition, which is said to have a 'high-impact' during the 'window of opportunity' between pre-pregnancy and two years of age (see, for example, Kurz 2011).

beneficiaries to take better care of their physical well-being. At the same time, they provide an important asset with which to overcome financial burdens related to accessing health care systems, such as transport, the purchase of medicine and/or payments for health care services.

However, while social protection measures can increase the demand for health care, the health care sector must also function on the supply side in order to ensure effective service delivery: without a health care system that offers adequate services both in terms of quantity and quality, the impact of social cash transfers on health outcomes will remain limited. Evidence shows that while overall utilisation rates have increased in many countries – often due to the conditionalities – there is only limited indication of improved health outcomes (Lagarde et al. 2009, IEG 2011). Where causal pathways to poor health are related primarily to poor health care services (lack of drugs, low density of facilities), conditional cash transfers are less effective. In fact, it appears that the availability of high-quality health services is the main pre-requisite for effective improvements in health outcomes (Lagarde et al. 2009).

#### *In-kind services*

- Providing access to health services through voucher programmes or fee waivers has become quite popular in recent years, mainly in the area of reproductive health, as an alternative to other health financing mechanisms (for example, directly subsidising services in the health system); while they provide especially vulnerable groups with better access to specific services (e.g. to maternal health), vouchers have also proven useful in helping migrant workers access services in other parts of their countries. There are also voucher programmes for education purposes, for example, in Uganda (IEG 2011).
- School feeding programmes, which gained special significance during the food, fuel and financial crises in 2009, are also a common measure. By providing regular meals to pupils, they aim to increase school enrolment and children's ability to pay attention in class. The programmes vary from the provision of breakfast, lunch or a midmorning snack to a combination of these. School feeding programmes are often integrated with health and nutrition education, parasite treatment, health screening, and provision of water and sanitation.
- Psycho-social support. Barriers to health and education are not always solely of a financial nature: social position, low levels of education and/or migrant status may be equally difficult to overcome. In Chile, the social protection programme provides personal support for the most vulnerable families in the areas of health, education, life quality, family relationships, housing, work and income. The benefits continue for 24 months and provide support to all members of families (integral intervention) in extreme poverty. Families in this category must commit to working with a family support social worker (*apoyo familiar*) (UNDP 2011).

#### *Conditionality*

- Much has been written about the efficiency and effectiveness of conditionality in improving human capital, especially in regard to health and education. A recent evaluation of World Bank activities supporting social safety nets concludes that while there is evidence from conditional cash transfer programmes that health service utilisation rates and school enrolment rates are effectively increasing, there is much less evidence on the improvement of health and education outcomes in the long term (IEG 2011, Lagarde et al. 2009). At the same time, there is evidence that the impact of unconditional cash transfer programmes on health and education outcomes is similarly positive (IEG 2011). As mentioned above, it appears that the quality and availability of services play a crucial role, more so than conditionality.

#### **Social determinants of health: principles for action**

No one would challenge the influence of wider structural social, economic, environmental and political factors on health and well-being. However, the actual causal pathways between social, economic or environment factors and their health outcomes are usually quite complex, much depending on the context in which they are looked at.

The same applies to policies addressing social inequalities in health which need to be tailored to context specificities. While policies aiming at improving health outcomes and well-being require specific efforts from each of the sectors involved, actions on social determinants of health and health inequalities also require a coordinated, systemic approach incorporating the various sectors and relevant government structures as well as key actors outside government, including private commercial and non-governmental actors. In fact, it has been shown that action on governance is of key importance in advancing systemic approaches aimed at improving health and more generally, well-being.

Key aspects include:

#### *A common political vision & clear policy commitment*

In order to improve health and social well-being, a common political vision and clear policy commitment are key. Without such a commitment at the highest level and a clear vision and agenda shared by all key stakeholders, policy programmes will remain confined within their own sectoral silos and fail to have a broader impact. How can such a broad commitment to health and well-being as priority areas of social and economic development be created? This obviously depends very much on the political context. While in some countries a separate strategic framework might need to be developed in order to sustain such a comprehensive policy approach, policy strategies that include the goal of improving health and well-being do already exist – poverty alleviation programmes, for example. These can reinforce a common vision towards improved health and well-being by aiming to better align policies already in place and make them more coherent. However, a strong central institution or authority is also required, for example, a prime minister

and/or a technical secretariat or division created for this purpose that can sustain the commitment and has the decision-making power to implement such a framework effectively.

#### *Aligning the sectors – investing for health and social protection*

Intersectoral action is crucial for addressing social inequalities in health. Coherence in policy planning, budgeting and implementation across sectors is essential if health and social protection interventions are to be more effective and efficient. This includes the development of common goals, targets and indicators to measure progress towards improved health and well-being across sectors. The traditional sector-specific approaches of programme implementation and resource distribution make it difficult to carry out coordinated action. The struggle over usually scarce resources, including money, human resources and decision-making power, in fact, often leads to more delimitation across the sectors rather than coordination. In low and middle-income countries this situation is further complicated by the presence of international development partners as yet another set of key stakeholders in policy making. Although alignment has improved within the context of the Paris Declaration and the Accra Agenda for Action through mechanisms such as basket funding or sector-wide approaches, there is still much to be done, particularly in the health sector in middle- and low-income countries, where specific health problems must be addressed through more upstream structural factors that require multi-sector involvement.

#### *Evidence-based policy*

In order to effectively address social determinants of health, additional information on the ways social development influences health outcomes is urgently needed. While in general there is clear evidence from studies of social protection interventions that social support has a positive influence on health outcomes, clearer and more concrete data on the causal pathways within specific contexts is needed, so that interventions can be better tailored, planned and implemented. Studies of the impact of cash transfer programmes on health outcomes show that their sometimes low impact is due, among other things, to poor programme design that mandates specific health care measures for which the uptake rate in specific country contexts is already high, for example, immunisation (IEG 2011, see also Lagarde et al. 2009). Collection and analysis of further data must involve experts from both sectors. For example, monitoring utilisation rates and assessing the long term health impact of cash transfer programmes may provide important insights for the health sector as well as for the social sector that are relevant for the design of cash transfer programmes.

#### *The role of external support*

External support and policy advice play an important role in the way some countries define their policy approaches in the economic, health or social sectors. A clear commitment

by the donor community to an improved cross-sectoral alignment on health and well-being also advances a general agenda of improved social and economic development. Especially in times of crisis and reduced resources, demonstrating the positive impact of social development on health outcomes could be important both for resource allocation within countries as well as in terms of support from the donor agencies and in regard to their policy priorities.

How these governance aspects are addressed, and to what extent, also depends on the way these features are translated and implemented into a concrete context. Here, it is important to look at the specificities of country contexts, the political system, the institutional landscape in terms of health and social protection policies, and wider reform programmes under way (IEG 2011).

## **Conclusions**

Direct interventions within the health sector, including public health measures, are key to improving the health status of the population. However, they also need to be put into a wider context. The Social Determinants of Health framework provides an interesting conceptual and policy approach that makes use of the different causal pathways to health in a more systemic way and calls for a more systemic policy approach to health and well-being that cuts across all sectors. Instead of encouraging competition for scarce resources, this framework argues for closer collaboration and coordination across different sectors, including development of a common vision for improved health and well-being, better alignment of the policy measures already in place and more coherent development of future policies. Stronger alignment and coordination also increase the impact of single sector policies.

This is only possible if the links between health and social protection policies are made clear. Evidence of the impact of social protection measures on health has been increasing in recent years. However, there is still a lack of information on long-term impact, root causes, promising practices and policy approaches.

Social Determinants of Health may also provide an interesting framework for strengthening cooperation and better aligning programmes, policies and technical work related to health and social protection (as well as other sectors) within German development cooperation. There are already examples of such alignment: the regional health project in Central Asia contains a social protection component which works on the demand side of the health sector; the project aims to improve the quality of health care and the access of women and children to health care services through improved social protection mechanisms, among other things.



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