

# **Social Determinants of Health: Way forward in Achieving MDGs in Madhya Pradesh**

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# **What is meant by ‘social determinants of health’?**

Poorer people live shorter lives and are more often ill than the rich. This disparity has drawn attention to the remarkable sensitivity of health to the social environment.

[Social Determinants of Health, The Solid Facts, WHO 2003]

# But what are they? - The top ten\*

- 1.the Social Gradient
- - *What you do*
- - *How much you earn*
- - *Who you are*
- - *Where you live*
- 2. Stress
- 3. Early life
- 4. Social exclusion
- 5. Working conditions
- 6. Unemployment
- 7. Social support
- 8. Addiction
- 9. Healthy food
- 10. Transport policy

**Accumulated evidence  
linking these to:**

- Physical diseases
- mental health
- Mortality

# Properties' of social determinants

## **Can exist at multiple levels:**

- individual eg my family is socially isolated
- local community eg our neighborhood is poor
- societal eg unemployment is at an all time high

## **Be cumulative:**

- often 'this goes with that' for those most disadvantaged
- eg healthy foods . and addictions . amongst unemployed

## **Be causal (direct & indirect) or protective**

- eg low social support is predictive of mental health problems, while
- good social support networks are protective

## **And possibly work both ways:**

- Health social or socio-economic circumstances health
- eg an overweight child excluded socially by peers

# Why interested in social determinants of health?

- Critical to improving health for some priority target groups.
- Cannot be ignored if genuinely seeking to improve and promote health

# Some do's and don'ts of Social Determinants

## **Don't need:**

- To keep proving that inequalities exist
- To go off on well meaning tangents

## **Do need:**

- Knowledge of what works
- Engagement with non-health sectors
- Policy oriented research
- Intervention oriented research
- 'genuine' outcome evaluation – benefits and unintended 'negatives'

# MDGs: The Genesis

## **Millennium summit of UN - September 2000**

Commitment to reduce global deprivation and promote sustainable human development

## **Millennium Development Goals/ Country Plan Goals**

- Quantifiable targets for 2015
- Some 10<sup>th</sup> Plan Goals more ambitious than the MDGs

## **A Rights Perspective**

- Children's & women's rights fundamental to human rights
- UN Convention on the Rights of the Child
- Convention on Elimination of all forms of Discrimination Against Women

## **Creating a World Fit For Children**

- UN General Assembly Special Session on Children - Sept 2002
- Placing children first on the development agenda

# Millennium Development Goals:

- **Eradicate Poverty & Extreme Hunger**
- **Achieve Universal Primary Education**
- **Promote Gender Equality & Empower Women**
- **Reduce Child Mortality**
- **Improve Maternal Health**
- **Combat HIV/AIDS, Malaria & Other diseases**
- **Ensure Environment Sustainability**
- **Develop Global Partnership for development**

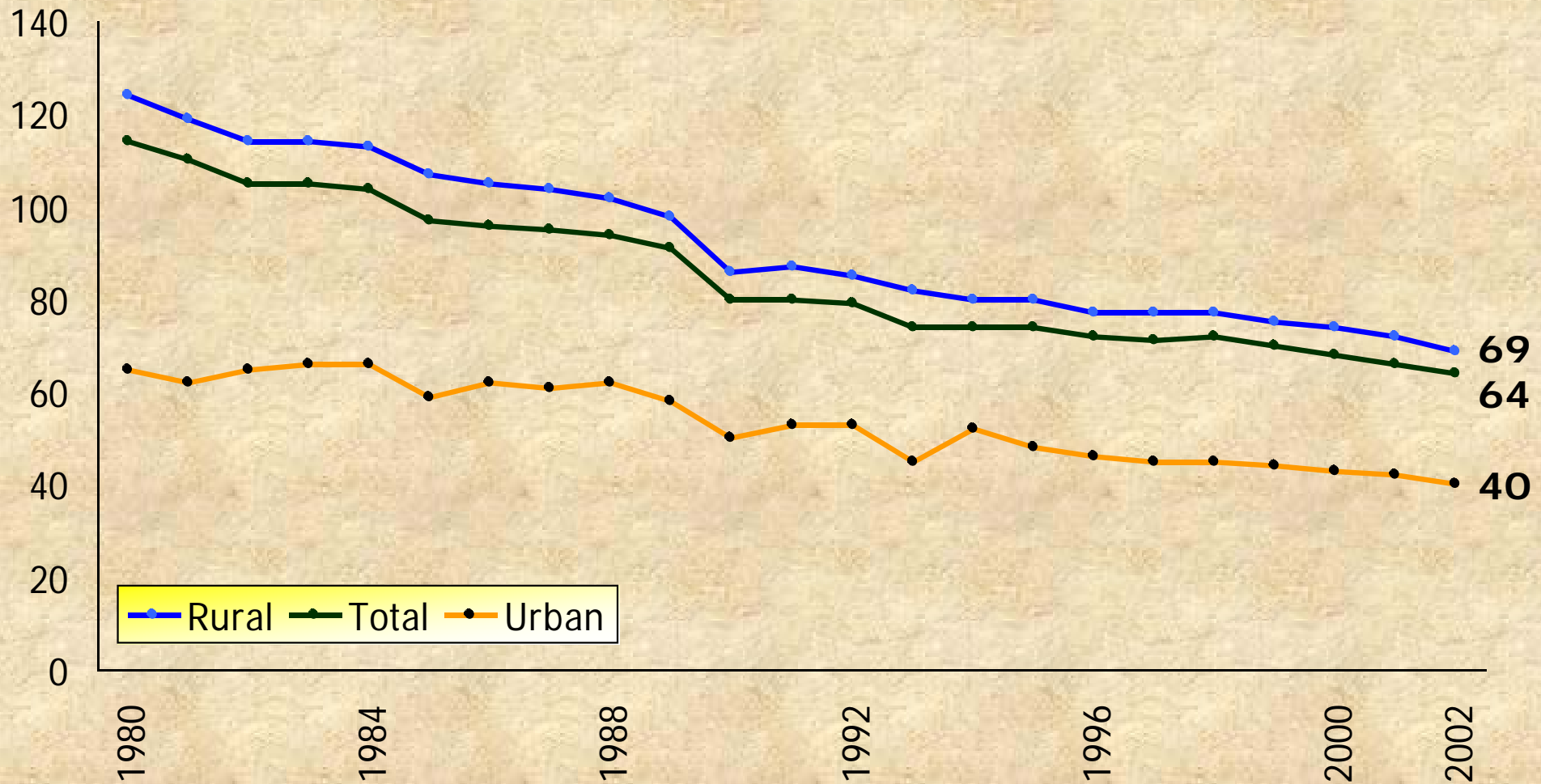
# Integrated Early Child Development & Nutrition: A Great Opportunity

- **Foundation for cumulative lifelong learning and human development**
- **Entry point for poverty reduction and human development strategy**
- **Early interventions most effective in addressing a life cycle of multiple deprivation -**
  - **Poverty**
  - **Gender Discrimination**
  - **Malnutrition**
- **Sensitive proxy indicator of human development**
  - **Crucial for the achievement of first 6 MDGs**

# The Challenge in Madhya Pradesh

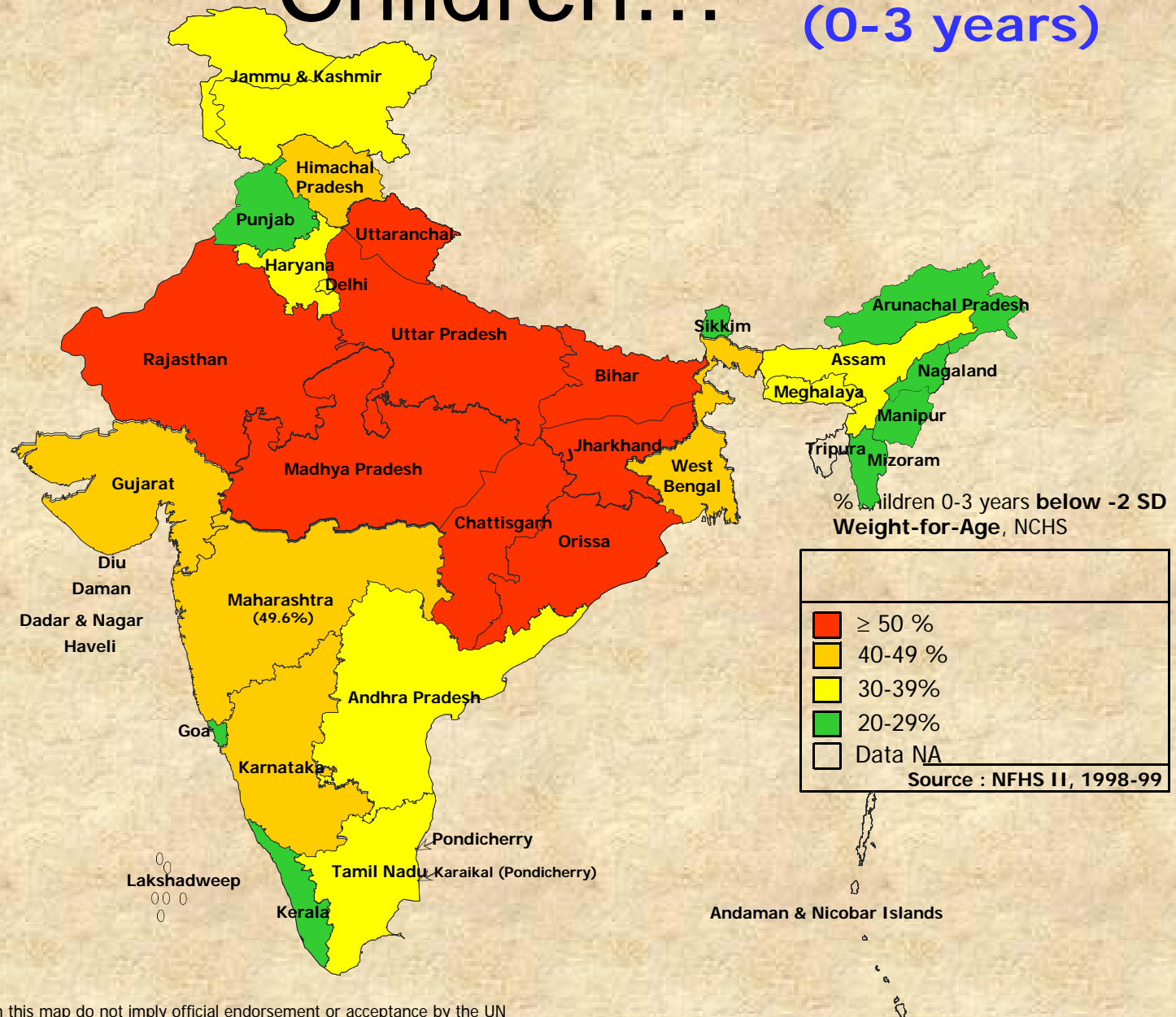
- **Every second young child is malnourished**
- **Three out of four young children are anemic**
- **Every second newborn is at risk of reduced learning capacity due to iodine deficiency**
- **Vitamin A a public health issue**
- **Malnutrition limits development potential and active learning capacity of the child**

# IMR Reduction needs acceleration...



Source : SRS Bulletins - RGI

# Prevalence of Underweight Children... (0-3 years)



The boundaries and names shown in this map do not imply official endorsement or acceptance by the UN

# Moving Forward...

- **Build upon innovative state-specific early child care approaches**
- **Enhance quality improvement initiatives in ICDS**
- **Increase emphasis on improving family/community early child care practices for younger children Under-3 years in RCH-II & ICDS**  
e.g. Infant and Young Child Feeding
- **Strengthen partnerships for WCD**  
Panchayati Raj Institutions  
Women's Self Help Groups and community groups
- **National Nutrition Mission**

# **Challenges to reaching the MDGs?**

- **There are many constraints to scaling-up the essential health services:**
  - **Financial constraints**
    - **Domestic and external resources**
    - **Share of public health spending in low-income countries**
    - **Impoverishing out-of-pocket payments**
    - **The burden of debt**
  - **Health system constraints**
    - **Supply of appropriate degree of health services intervention**
    - **Health sector policy and strategic management**
  - **Political constraints**
    - **Governance and overall policy framework**

## **Health system constraints: Supply of health services**

- **Shortage and distribution of appropriate qualified staff**
- **Weak technical guidance, programme management and supervision**
- **Inadequate supplies of drugs and medical equipment**
- **Lack of infrastructure**

## **Health system constraints: Health sector policy and strategic management**

- Weak, overly centralized systems for planning and management
- Lack of intersectoral action and partnership for health between government and civil society
- Weak incentives to use inputs effectively and to respond to user needs and preferences
- Aid dependency

## *Strategic directions to accelerate progress*

- key recommendations to achieve the MDGs
  
- The health MDGs as a form of shorthand for some of the most important outcomes that development should achieve:
  - Fewer women dying in childbirth
  - More children surviving the early years of life
  - Dealing with the catastrophe of HIV/AIDS
  - Making sure people have access to life-saving drugs
  - Better health - in all its forms - making a major contribution to the reduction of poverty

## **Policy Constraints: Governance and overall policy framework**

- Low priority attached to social sector
- Fragile states
- Corruption and weak rule of law
- Political instability and insecurity
- Weak structure of public accountability

# Policy implications

- “Unthinkable” policy options
  - Redistribution of wealth: Social class/ SES
    - ✦ Tax policies
    - ✦ Family policies
  - Restructuring work hierarchies and processes
  - Combating racism
  - Combating sexism
  - Macroeconomic measures to modulate economic cycles (especially unemployment); local economic development; taxation
  - Community organizing and investment

## *Conclusions*

- If trends continue, most poor countries will not reach the health MDGs
- Health must be addressed within the broad development framework
- Greater investment in public health and strengthened health systems are prerequisites
- Equity concerns should underpin health strategies and policies

**Thank You**