Social Determinant of Health and Universal Health Coverage

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Social determinant of health

("Reducing health inequities through action on the social determinants of health"), resolution WHA62.14

Health inequities arise from the societal conditions in which people are born, grow, live, work and age, referred to as social determinants of health. ***CSDH 2008***

Action needed

1.to improve daily living conditions;

2.to tackle the inequitable distribution of power, money and resources; and

3.to measure and understand the problem and assess the impact of action.

What are the social determinants of health?

- The poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by:
  - Structural determinants: the unequal distribution of power, income, goods, and services, globally and nationally,
  - Conditions of daily life: the consequent unfairness in the immediate, visible circumstances of peoples 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.
  - Together, the structural determinants and conditions of daily life constitute the **social determinants of health**.

Source: Commission on Social Determinants of Health (2008)

World Health Organization

A framework for addressing the social determinants of health and well being

Health is a matter that goes beyond the provision of health services as people's health cannot be separated from the social, cultural and economic environments in which they live, work and play

GLOBAL FORCES
GOVERNMENT POLICIES
CULTURE

SOCIOECONOMIC & STRUCTURAL DETERMINANTS

- poverty
- income inequality
- low education
- poor working conditions
- low employment grade
- environmental factors
- poor housing and area of residence
- lack of transport
- lack of community cohesion
- discriminatory practices
- food supply

COMMUNITY CONTEXT

- social supports
- social networks
- community connectedness
- social capital

INDIVIDUAL FACTORS

HEALTH BEHAVIOURAL	PSYCHOSOCIAL	BIOLOGICAL
• diet & nutrition • smoking/not smoking • alcohol consumption • self harm and addictive behaviours • preventive health care use • physical activity	• self esteem • emotional state • coping • attachment • demand/strain • sense of control • stress • perceptions • expectations • mental state	• neuro-endocrine response • blood pressure • fibrin production • endocrine/ immune systems function • blood lipid levels • blood sugar levels • Body Mass Index

POPULATION HEALTH OUTCOMES

MORTALITY

MORBIDITY

LIFE EXPECTANCY

QUALITY OF LIFE

Community Level Actions

- planning at the community level to address health determinants
- building community capacity to respond to health issues
- promoting health promoting schools, childcare centres and workplaces
- assessing the health impacts of development proposals and other policy and program initiatives

Individual Risk and Protective Actions

- identify and address the social context of health behaviours and psychosocial risk factors
- support integration of programs and services
- promote and maintain affordable, accessible health care

For more information contact:

Your local Public Health Unit or

the Statewide Health Promotion Unit on (07) 3234 0983

System Actions

ADVOCACY, MONITORING AND SURVEILLANCE
BUILDING HEALTHY PUBLIC POLICY
CREATING SUPPORTIVE ENVIRONMENTS FOR HEALTH
COMMUNITY ENGAGEMENT AND CAPACITY BUILDING
WHOLE OF GOVERNMENT & INTERSECTORAL PARTNERSHIPS

Five dimension of Universal Health Coverage

1. Access to care/ insurance
2. Coverage
3. Packaged of services
4. Right Based approach
5. Social and economic risk protection

Universal Health Care, Universal Coverage, Universal Health Coverage,Health for All, Health care for all . UHC is frequently invoked by health policy analysts, it is unclear what these analysts actually mean by the term. (Stuckler,Feigi,Basu, McKee 2011 the political economy of universal health coverage)

The main definition of UHC used by WHO integrates these preceding five notions of Universal Health Care. As set out in the *Lancet* in 2006:

> Universal coverage is defined as access to key promotive, preventive, curative and rehabilitative health interventions for all at an affordable cost, thereby achieving equity in access. The principle of financial-risk protection ensures that the cost of care does not put people at risk of financial catastrophe. A related objective of health-financing policy is equity in financing: households contribute to the health system on the basis of ability to pay. Universal coverage is consistent with WHO's concepts of Health for All and Primary Health Care.

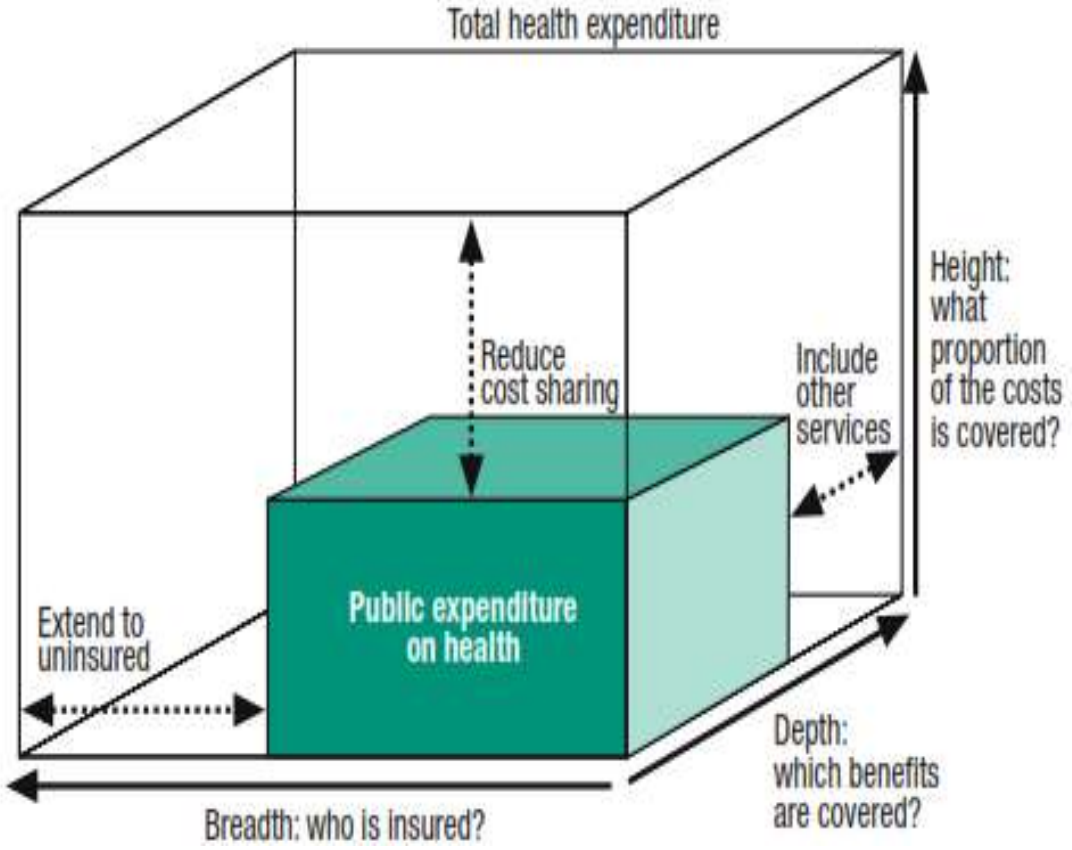
HOW TO ATTAIN IT ???

- Universal Health Coverage (UHC) (WHO 2008; Criel & Soors 2009) can be defined as *'Access for all to quality health services if need be, with social health protection. Universal coverage is not by itself sufficient to ensure health for all and health equity. The roots of health inequities lie in social conditions outside the health system's direct control and need to be tackled through inter-sectorial collaboration. Universal health coverage however is the necessary foundation within the health sector on the road to health for all and health equity'.*

INDIA 2011

Ensuring equitable access for all Indian citizens, resident in any part of the country, regardless of income level, social status, gender, caste or religion, **to affordable, accountable, appropriate health services of assured quality** (promotive, preventive, curative and rehabilitative) **as well as public health services addressing the wider determinants of health** delivered to individuals and populations, with **the government being the guarantor and enabler,** although not necessarily the only provider, of health and related services.

Figure 2.2 Three ways of moving towards universal coverage[17]



World health Report 2008 Primary health care , now more than ever

Challenge in Indonesia BPJS

	Current policy	challenge
Breadth (who is insured)	Formal sector all citizen	Informal sector Marginal pop(scavengers , temporary migrant etc) Middle class (behaviour as insurance customers)
Depth (which services are covered)	Curative services Preventive services	Preventive services and activities by person, and community especially health promotion and screening , essential package health include sanitatiion and food

The UN Committee on Human Rights (WHO 2008) provided an important starting point for defining an essential package under the right to health:

- Access on a non-discriminatory basis to health facilities, goods and services;
- Essential medicines;
- Access to minimum essential food, nutritionally adequate and safe;
- Access to basic shelter, housing and sanitation, and an adequate supply of safe and potable water;
- Maternal, child, and reproductive health care, including family planning and emergency obstetric care;
- Immunizations against major infectious diseases occurring in the community;
- Education on the main health problems occurring in the community
- Access to measures to prevent, treat and control epidemic and endemic diseases.

Compare with indonesian sjsn

Other Challenge in Indonesia BPJS

	Current policy	challenge
Remote areas with limited infrastructurs and health facilities	**Human resources and health facilities**	**Problems of transportation and health resources**
Policy of free health services by provincial and city leaders ***Increasing public health problem such as chronic diseases, accident, environmental health and disaster health which require organized community and local public***	***Public health program is managed by directorate at central level and city /municipal sub health agency and public health centre***	**limited resources for health / available budget** **Some of local area budget is finished /running out due to free health services** **Long waiting disbursement of money** ***How to integrated the curative services/ individual services with public health program as well as community base health programs,*** ***Complained of demotivated self reliance of preventive health program*** ***Multi sectoral collaboration for public health program and development such as MDG, chronic disease, disaster ?????***

In cities

1)Mayorities inhabitants tend to cluster in their office and daily working areas

2) Migrant who contract a room and does not have close relation with their rental house/ living. Single working person with household in other cities

3) Persons and households who are living in non formal housing/illegal settlements work as formal labourers

Four priority areas to achieve UHC

(appelmant and Leemput 2011 UHC)

1.Governance : transparency and involvement of stakeholders

(consumer organisations, ngo and phc movement etc)

2. Social contract for Health

3.Funding

4. Bridges local-national-global (community practices)

Indonesian road map of Universal health coverage

1. Road map of participants / clients of insurance
2. Road map of health services
3. Road map of clients premi/payment
4. Road map of institution of BPJS and its local operation

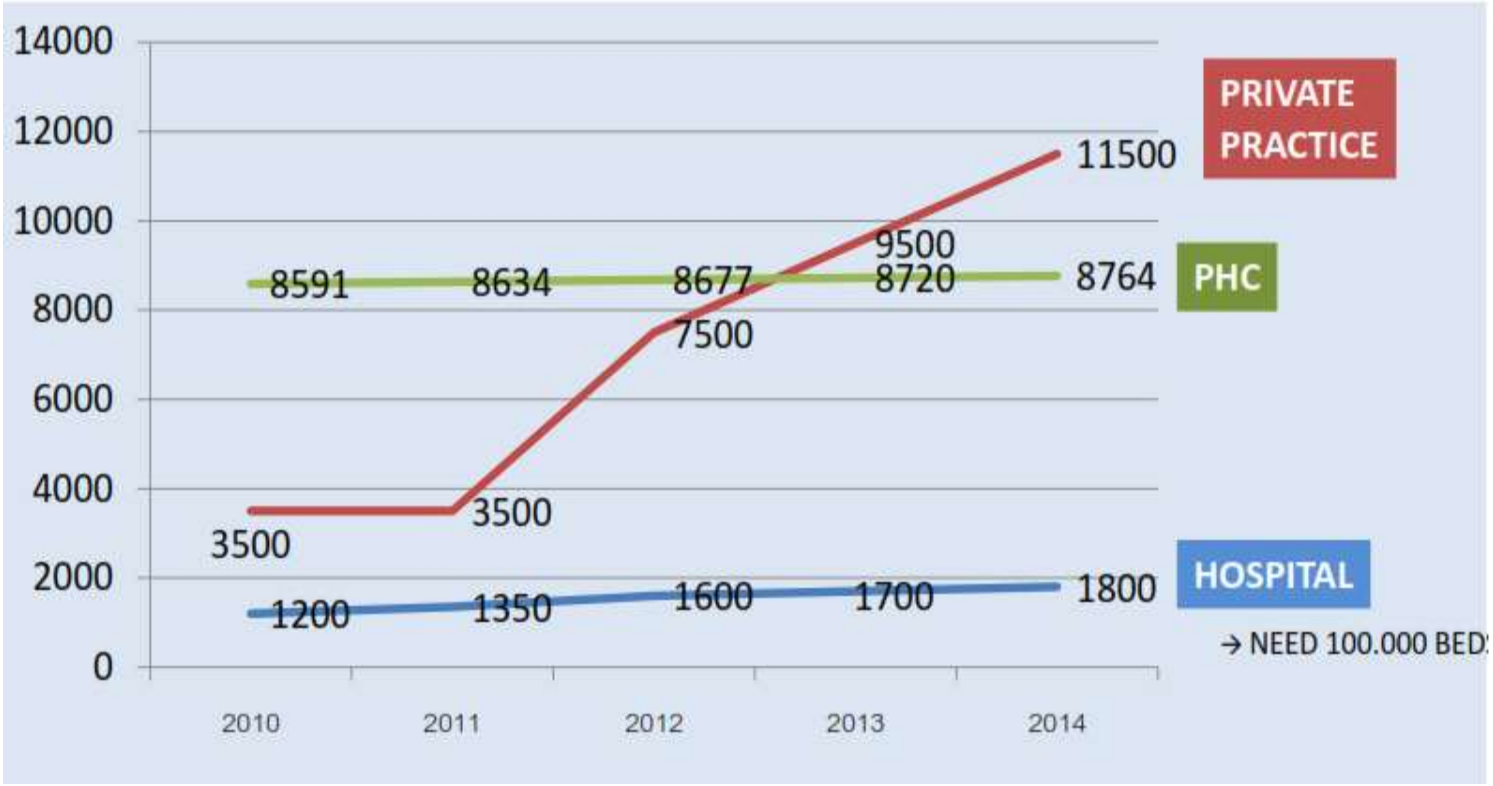
Focus activities of Health BPJS

(pokja bpjs kes 30 augs 2012)

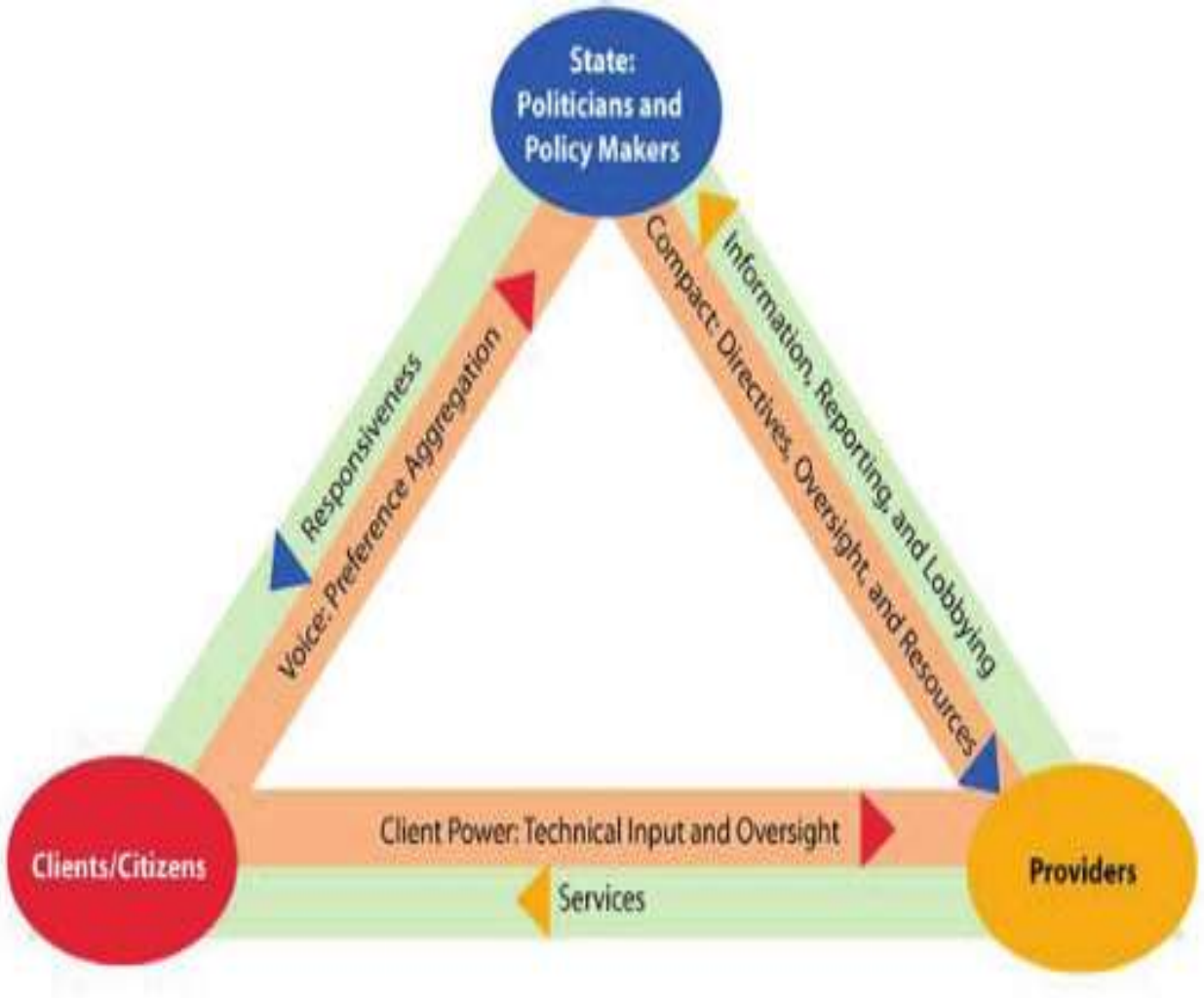
1. **To prepare health facilities, referral system and health infrastruktur**
2. **To prepare financing system, institution transformation and program**
3. **To prepare regulation**
4. **To prepare medical and health tool, pharmacies**
5. **To prepare human resources and capacity building**
6. **To prepare socialisation and advocacy process**

Need budget, sychronisation central and provincial, municipalities and cities ??? 33 provinces and more than 400 municipalities and cities

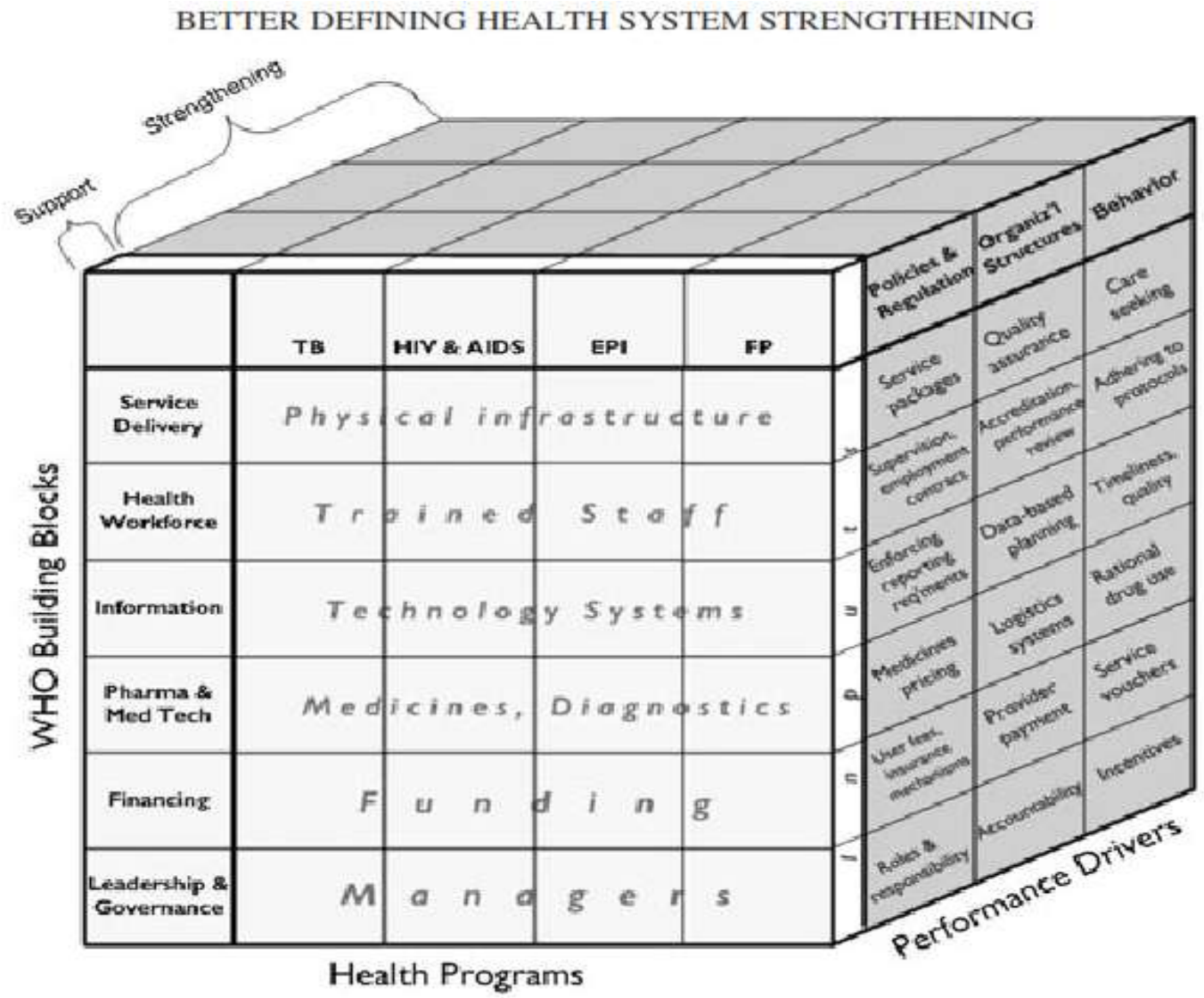
Roadmap of Provider facilities



PARTICIPATION OF CLIENTS AND CITIZENS
(NGOS, CBOS , national , provinces and local)



Involvement of stake holders / citizens, local politicians and policy makers, and local providers



Chee et al 2012, Int J Health Plann Manage. 2012 Jul 9. doi: 10.1002/hpm.2122.
;

- ***Universal coverage reforms*** – *addressing the equity agenda*
- **Ensure availability +**
- **Eliminate barriers to access +**
- **Organize social protection**

But that is not enough:

- – mobilize beyond the health sector
- – give visibility to inequalities
- – reach the unreached

Address:

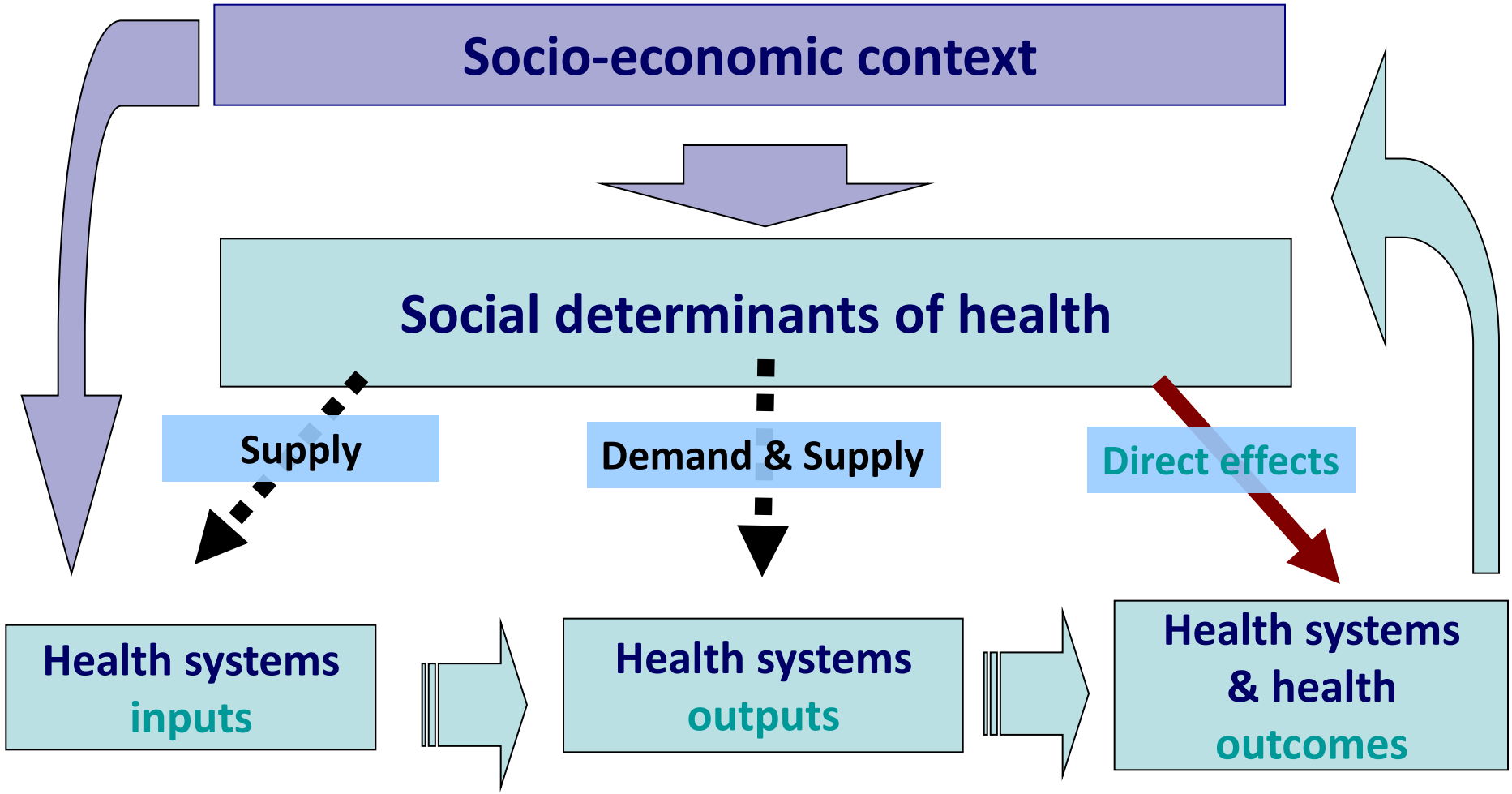
- ***Social determinants of health***
- ***Power relations***

Determinants of the speed of transition to universal coverage

1. **Sustained economic growth**
2. **Amount of resource available**
3. **Growing formal sector**
4. **Government's stewardship and political will**
5. **Reform implementation capacity**
6. ***Population's trust in Government***
7. ***Degree of solidarity in society***

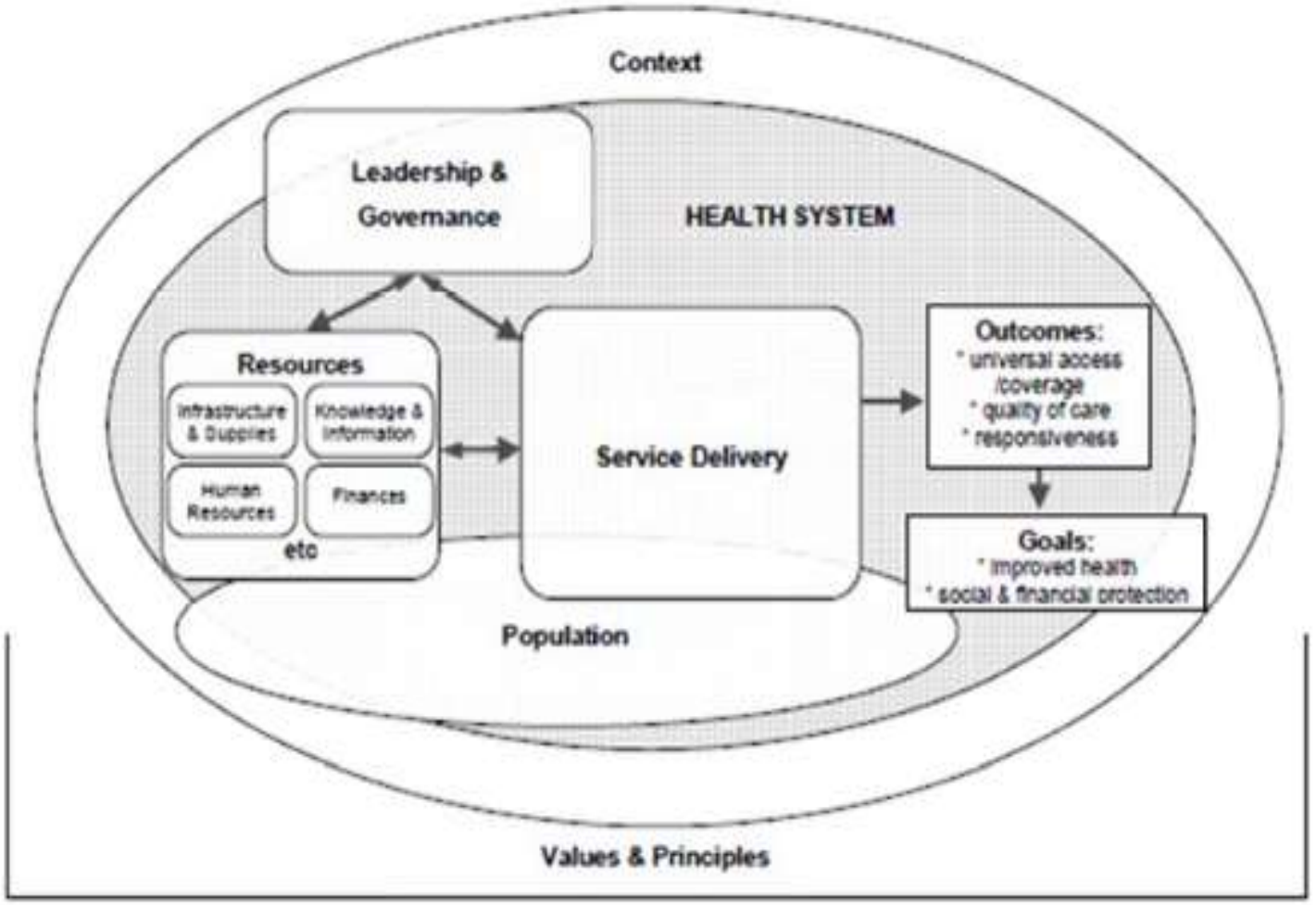
Reference
Designing health financing systems for universal coverage – the role of institutions and organizations
Inke Mathauer, 2009 universal coverage beyond number

Solutions?



Evans (health system financing and the path to universal coverage)

Figure 1. The Health System Framework in its generic form (Van Olmen et al. 2010)



TERIMA KASIH