



A CONCEPTUAL FRAMEWORK FOR ACTION ON THE SOCIAL DETERMINANTS OF HEALTH

Social Determinants of Health Discussion Paper 2

DEBATES, **POLICY & PRACTICE**, CASE STUDIES

A CONCEPTUAL FRAMEWORK FOR ACTION ON THE SOCIAL DETERMINANTS OF HEALTH

World Health Organization
Geneva
2010

The Series:

The Discussion Paper Series on Social Determinants of Health provides a forum for sharing knowledge on how to tackle the social determinants of health to improve health equity. Papers explore themes related to questions of strategy, governance, tools, and capacity building. They aim to review country experiences with an eye to understanding practice, innovations, and encouraging frank debate on the connections between health and the broader policy environment. Papers are all peer-reviewed.

Background:

A first draft of this paper was prepared for the May 2005 meeting of the Commission on Social Determinants of Health held in Cairo. In the course of discussions the members and the Chair of the CSDH contributed substantive insights and recommended the preparation of a revised draft, which was completed and submitted to the CSDH in 2007. The authors of this paper are Orielle Solar and Alec Irwin.

Acknowledgments:

Valuable input to the first draft of this document was provided by members of the CSDH Secretariat based at the former Department of Equity, Poverty and Social Determinants of Health at WHO Headquarters in Geneva, in particular Jeanette Vega. In addition to the Chair and Commissioners of the CSDH, many colleagues offered valuable comments and suggestions in the course of the revision process. Thanks are due in particular to Joan Benach, Sharon Friel, Tanja Houweling, Ron Labonte, Carles Muntaner, Ted Schrecker, and Sarah Simpson. Any errors are responsibility of the principal writers.

Suggested Citation:

Solar O, Irwin A. A conceptual framework for action on the social determinants of health. Social Determinants of Health Discussion Paper 2 (Policy and Practice).

WHO Library Cataloguing-in- Publication Data

A conceptual framework for action on the social determinants of health.

(Discussion Paper Series on Social Determinants of Health, 2)

1.Socioeconomic factors. 2.Health care rationing. 3.Health services accessibility. 4.Patient advocacy. I.World Health Organization.

ISBN 978 92 4 150085 2

(NLM classification: WA 525)

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Printed by the WHO Document Production Services, Geneva, Switzerland.

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Foreword

Conceptual frameworks in a public health context shall in the best of worlds serve two equally important purposes: guide empirical work to enhance our understanding of determinants and mechanisms and guide policy-making to illuminate entry points for interventions and policies. Effects of social determinants on population health and on health inequalities are characterized by working through long causal chains of mediating factors. Many of these factors tend to cluster among individuals living in underprivileged conditions and to interact with each other. Epidemiology and biostatistics are therefore facing several new challenges of how to estimate these mechanisms. The Commission on Social Determinants of Health made it perfectly clear that policies for health equity involve very different sectors with very different core tasks and very different scientific traditions. Policies for education, labour market, traffic and agriculture are not primarily put in place for health purposes. Conceptual frameworks shall not only make it clear which types of actions are needed to enhance their “side effects” on health, but also do it in such a way that these sectors with different scientific traditions find it relevant and useful.

This paper pursues an excellent and comprehensive discussion of conceptual frameworks for science and policy for health equity, and in so doing, takes the issue a long way further.

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October, 2010

Executive summary

Complexity defines health. Now, more than ever, in the age of globalization, is this so. The Commission on Social Determinants of Health (CSDH) was set up by the World Health Organization (WHO) to get to the heart of this complexity. They were tasked with summarizing the evidence on how the structure of societies, through myriad social interactions, norms and institutions, are affecting population health, and what governments and public health can do about it. To guide the Commission in its mammoth task, the WHO Secretariat conducted a review and summary of different frameworks for understanding the social determinants of health. This review was summarized and synthesized into a single conceptual framework for action on the social determinants of health which was proposed to and, largely, accepted by, the CSDH for orienting their work. A key aim of the framework is to highlight the difference between levels of causation, distinguishing between the mechanisms by which social hierarchies are created, and the conditions of daily life which then result. This paper describes the review, how the proposed conceptual framework was developed, and identifies elements of policy directions for action implied by the proposed conceptual framework and analysis of policy approaches.

A key lesson from history (including results from the previous “historical” paper - see Discussion Paper 1 in this Series), is that international health agendas have tended to oscillate between: a focus on technology-based medical care and public health interventions, and an understanding of health as a social phenomenon, requiring more complex forms of intersectoral policy action. In this context, the Commission’s purpose was to revive the latter understanding and therein WHO’s constitutional commitments to health equity and social justice.

Having health framed as a social phenomenon emphasizes health as a topic of social justice more broadly. Consequently, health equity (described by the absence of unfair and avoidable or remediable differences in health among social groups) becomes a guiding criterion or principle. Moreover, the framing of social justice and health equity, points towards the adoption of related human rights frameworks as vehicles for enabling the realization of health equity, wherein the state is the primary responsible duty bearer. In spite of human rights having been interpreted in individualistic terms in some intellectual and legal traditions, notably the Anglo-Saxon, the frameworks and instruments associated with human rights guarantees are also able to form the basis for ensuring the collective well-being of social groups. Having been associated with historical struggles for solidarity and the empowerment of the deprived they form a powerful operational framework for articulating the principle of health equity.

Theories on the social production of health and disease

With this general framing in mind, developing a conceptual framework on social determinants of health (SDH) for the CSDH needs to take note of the specific theories of the social production of health. Three main theoretical non-mutually exclusive explanations were reviewed: (1) psychosocial approaches; (2) social production of disease/political economy of health; and (3) eco-social frameworks.

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