Post-2015 Negotiation Briefs #6: Social Determinants of Health
Introduction

Health is central in the MDGs and they must continue being a core part of the development agenda, but not just as an isolated issue. Many times people’s understanding of health and wellbeing is limited only to the biological aspects of diseases and the health system, but there are a number of situations such as where do people live, what kind of work they do, what do they eat and how they socialize that have a significant impact on the health conditions of the population. These conditions are called Social Determinants of Health (SDoH).¹

As such, sexual and reproductive health of young people, like other age groups, may be determined by the neighborhood where they live, the traditions and the dominant religion in their community, the access to education, among other factors that may seem disconnected but in reality, play a very important role.

Improving public health (prevent disease, promote health, prolong life) in order to create a better quality of life for everyone includes strengthening the health system but also, implementing cross-cutting strategies that may improve the economy, the social services, and of course, the sustainable development.² The World Health Organization has recognized the effect that climate change, trade agreements, discrimination against vulnerable populations and other social problems, contribute on the global burden of disease.³
Global health is more important than ever due to the dynamics that the world is experiencing. If the world wants to reach health equity for all young people, all the different goals of the post-2015 development agenda must be created taking into consideration how they will impact the health and wellbeing of the population.

Social Determinants of Health in UN and Regional Agreements

Several international agreements include SDoH even if they are not explicitly mentioned. Article 12 of the International Covenant on Economic, Social and Cultural Rights (1966) was dedicated to the right of health and talks about environmental and occupational issues among other topics:
- Improve environmental and industrial hygiene
- Prevent, treat and control epidemic, endemic, occupational and other diseases
- Create conditions to ensure access to health care for all.

Two key documents for the public health sector, the Declaration of Alma-Ata on Primary Health Care (1978) and the Ottawa Charter for Health Promotion (1986) also include ‘social measures’ that go beyond the health system to improve wellbeing of the population:
- Public health is influenced by many factors and the participation of different sectors is required
- Governments have the obligation to care about their population’s health through the provision of adequate health and social measures
- Health is not only responsibility of health system, it is also of other sectors as health is influenced by social determinants including education, employment, sanitation, gender equality among others
- It is crucial to support community action.

The Declaration of Commitment on HIV/AIDS created at the UN General Assembly in 2001 is clear about the linkages between SDoH and the pandemic. It says, in paragraph 11:

“Poverty, underdevelopment and illiteracy are among the main contributing factors to the spread of HIV/AIDS. (...) HIV/AIDS is reversing and impeding development, therefore should be addressed in an integrated manner. Armed conflicts and natural disasters also exacerbate the spread of the epidemic.”
In 2011, WHO organized the World Conference on Social Determinants of Health, where the Rio Political Declaration on SDoH was created. The call for global action of the Declaration says:

“We, Head of Government, Ministers and government representatives, solemnly reaffirm our resolve to take action on social determinants of health to create vibrant, inclusive, equitable, economically productive and healthy societies, and to overcome national, regional challenges to sustainable development”.

The ICPD Program of Action and the CPD Resolution 2012/1 also makes the point on how sexual and reproductive health of young people, including HIV prevention and care, is linked to many SDoH including access to quality education, decent employment, access to water and sanitation, gender equality, prevention of child marriage, and respect for diversity.

Social Determinants of Health in Post 2015 Negotiations

The UN Platform on Social Determinants of Health developed a statement called Health in the Post-2015 Agenda: Need for a Social Determinants of Health Approach in which makes the case for the inclusion of SDoH in the new development framework:

“Health policy generally, and health equity in particular, to a large extent depend on decisions made in sectors other than health, and are fundamentally linked to several interrelated issues such as governance, environment, education, employment, social security, food, housing, water, transport and energy. It means that health outcomes cannot be achieved by taking action in the health sector alone, and that actions in other sectors are critical”.

Goal 3 proposed by the OWG, “Ensure healthy lives and promote well-being for all” addresses different issues of health, including HIV and sexual and reproductive health but does not talk about SDoH specifically.

Nevertheless, other SDGs proposed by the OWG encompass SDoH and could potentially have an impact on public health: Ending poverty, empowering girls and women, providing quality education, ensuring food security, sanitation, sustainable growth, access to decent jobs, peacekeeping, reducing inequalities, good governance and protected environments may provide the population the capability to maintain their health and, should they lose it, to have access to effective institutions in order to retrieve it.
Youth Positions on Social Determinants of Health

Health is one of the topics that has been present in almost entirely all documents created by youth organizations in the last couple of years in the post-2015 process, particularly sexual and reproductive health that is certainly the most relevant concern for young people around the world. Even though there are no specific mentions of SDoH, it is clear that young activists want health issues to be addressed with a comprehensive and cross-cutting approach.

The Global Youth Call *Prioritizing Youth in the Post-2015 Development Agenda* based on the priorities of the MyWorld2015 survey and input from different stakeholders included a call to:

“Improve the physical, social and mental health of adolescents and youth, promote healthy behaviors for reducing the risk of Non-Communicable Diseases and substance abuse, and increase access to affordable, acceptable and quality-assured adolescent- and youth-friendly health services and information”.

Social and mental health issues have been neglected from many post-2015 discussions but young people included them in their document. The brief *Investing in Youth and Adolescents is Central to Sustainable Development* developed by several youth organizations says:

“Recognize the impact of social, environmental and political determinants on the health of young people - by addressing access to secondary education, employment, climate change, food security, peace and security, social exclusion, including income inequality, sexual diversity, gender dynamics, as a way to ensure all social policy, including social protection, contribute to the health and well-being of adolescents and young people”.

The cited paragraph shows that young people are in line with what the UN Platform on Social Determinants of Health is demanding: health should not be seen as an isolated development issue. Health and well-being must be pillars but also outcomes of all the other SDGs.
Resources


Acknowledgements

This briefing was authored by Ricardo Baruch. Thanks to The PACT and UNAIDS colleagues for feedback and editing support.

Footnotes


