Social Determinants of Health and Primary Health Care

Jean Yan,
Coordinator Health Professions Networks
Chief Scientist Nursing and Midwifery
WHO, Geneva
Our world, Our health... Primary health care: Now, more than ever

A Reality

Colaboremos por la salud
What are the social determinants of health?

Diagram showing the interplay between social and community networks, individual lifestyle factors, living and working conditions, and general socio-economic, cultural, and environmental conditions.
Framework of the major categories and pathways of determinants

SOCIOECONOMIC POLITICAL CONTEXT
- Governance
- Macroeconomic Policies
- Social Policies (Labour market, Housing, Land)
- Public Policies, Education, Health, Social protection
- Culture and Societal value

STUCTURAL DETERMINANTS OF HEALTH INEQUITIES

Socioeconomic Position
- Social Class
  - Gender
  - Ethnicity (racism)
- Education
- Occupation
- Income

Social cohesion & Social Capital

Material Circumstances (Living and Working Conditions, Food Availability, etc.)
- Behaviors and Biological Factors
- Psychosocial Factors

INTERMEDIARY DETERMINANTS OF HEALTH

Health System

IMPACT ON EQUITY IN HEALTH AND WELL-BEING
Under 5 mortality (per 1000 live births) by wealth group

Poorest | Less poor | Middle | Less rich | Richest

Mali | India | Morocco | Peru | Kyrgyz Republic

(Houweling et al, 2007)
Mortality over 25 years according to level in the occupational hierarchy: Whitehall

![Mortality Graph]

- **Admin**
- **Prof/Exec**
- **Clerical**
- **Other**

(Marmot & Shipley, BMJ, 1996)
Growing inequalities in global health: the widening gap in infant mortality experience

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<thead>
<tr>
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<tbody>
<tr>
<td>World</td>
<td>38.5</td>
<td>26.9</td>
</tr>
<tr>
<td>Sub-Saharan Africa (SSA)</td>
<td>19.2</td>
<td>15.1</td>
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IMR: babies dying before age 1 per thousand born live

(UNICEF, 2003)
Infant mortality rate
(deaths per 1,000 live births)
(PAHO, 2005)
## Life expectancy of Indigenous Peoples

<table>
<thead>
<tr>
<th>Country</th>
<th>Indigenous (male)</th>
<th>Total (male)</th>
<th>Gap (years)</th>
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<tbody>
<tr>
<td>Australia</td>
<td>59.4</td>
<td>76.6</td>
<td>17.2</td>
</tr>
<tr>
<td>(1996–2001)</td>
<td></td>
<td></td>
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<tr>
<td>Canada</td>
<td>68.9</td>
<td>76.3</td>
<td>7.4</td>
</tr>
<tr>
<td>(2000)</td>
<td></td>
<td></td>
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<tr>
<td>New Zealand</td>
<td>69.0</td>
<td>76.3</td>
<td>7.3</td>
</tr>
</tbody>
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*(Bramley et al, 2005)*
Access to health services according to ethnicity (IDB, 2004)

Ecuador (98)
- Indígenas: 39.8%
- No Indígenas: 65.2%

Bolivia (97)
- Indígenas: 29.9%
- No Indígenas: 54.8%

Peru (96)
- Indígenas: 33.9%
- No Indígenas: 56.9%
The widening trend in mortality by education in Russia, 1989-2001

(Murphy et al, 2005)
Infant mortality in Brazil by race and mother's education, 1990

(Pinto da Cunha, 1997)
Social exclusion in health and environment

- 152 million people without access to safe drinking water and basic sanitation
- 120 million people without access to health services due to economic reasons
- 107 million people without access to health services for geographic reasons
Inequities

Access to health care

1.3 Billion individuals globally with no access to health care

58 million of women (out of 136M) who will give birth in a year, will receive no medical assistance during childbirth and postpartum period – endangering lives of mothers and babies

Health outcomes

Life expectancy: 40 years difference between the high-income and low-income, Norway – 12 years within country

Child health (under 5 mortality rate): vast difference exist within countries and individual cities - e.g.

- Nairobi)
  - below 15/1000 in high income group,
  - 254/1000 in slums in the same city

In many cases – people who are well-off are generally healthier, have best access to the best care while the poor are left to take care of themselves
Commission on Social Determinants of Health

- **Improve daily conditions**
  - early childhood development, affordable housing, quality health care services

- **Tackle the inequitable distribution of power, money and resources**
  - responsibility for health at highest of government, coherence in policies across sectors

- **Measure and understand the problem and assess the impact of action**
  - monitoring system for health equity at all levels, sharing of new evidence
Why emphasize social determinants?

- Social determinants of health have a direct impact on health.
- Social determinants predict the greatest proportion of health status variance (health inequity).
- Social determinants of health structure health behaviours.
- Social determinants of health interact with each other to produce health.

(Dennis Raphael)
Social Determinants of Health and Primary Health Care (Synergy)

- **Much common ground**
  - Both advance holistic view of health, with primary value of health equity
  - The Declaration of Alma implicitly referred to the social determinants

- **Different relationship to health systems and broader context**
  - Primary health care starts with the health sector and reaches out to other sectors
  - Social determinants discourse sees health sector as one of the social determinants

- **Synergistic**
  - Report of the Commission and the World Health Report thus complement each other, and the Commission's findings will inform WHO's revitalisation of primary health care
The Essence of Primary Health Care

"health is not a commodity that is given, it must be generated from within".

"health action should not be imposed from outside, foreign to the people, it must be a response of the communities to problems they perceive, supported by an adequate infrastructure" (Mahler, 1998)
Social determinants and Primary Health Care

Primary Health Care – the key to attaining acceptable level of health for all people
The renewed PHC: 4 reform areas (WHR 2008)

Universal Coverage | Service Delivery

Leadership | Public Policy

Health care responsive to the expectations of the public – patient-centered, fair, affordable and efficient
Progress can be achieved in short time periods

In 7 years
- LIFE EXPECTANCY: 56 yrs
- ACCESS TO POTABLE WATER: 15m
- Sri Lanka: 1946 - 1953
- South Africa: 1994 - 2001

In 9 years
- POVERTY: 33%
- China: 1990 - 1999

In 15 years
- PRIMARY SCHOOL ENROLMENT: 89%
Progress is not a given: child deaths in 1975 and 2006
PHC was a significant contributor to improved population health in OECD countries.
PHC’s Impact on Population Health

- PHC reforms in Costa Rica significantly reduced mortality in adults and children.

- For every 5 additional years after PHC reform, child mortality was reduced by 13%.

- And adult mortality was reduced by 4%.

**Trends in Under-5 Mortality in Districts With and Without PHC Reform**

*Costa Rica, 1985-2001*

Rosero-Bixby, 2004
Health Systems with Strong PHC Are More Efficient

Primary health care: Now, more than ever

Starfield & Shi, 2002
The renewed PHC: 4 reform areas (WHR 2008)

- Universal Coverage
- Service Delivery
- Leadership
- Public Policy
Universal Coverage: rural and remote areas

- **Korea**: utilization of nurses as community health practitioners (CHP) – a total of 1850, each responsible for 1500 – 2000 population. High satisfaction level from clients, improved health status and decreased risk behaviors (smoking and drinking alcohol).

- **Belize**: Community-based psychiatric/mental health program by trained nurse practitioners (10 months). Mental health hospital – closed (only six beds in acute hospital), national program staffed by nurse practitioners, only two psychiatrists needed at national level.

- **Bahrain**: Adequate number of nurses and midwives trained to work in the 4 tiered health system. Results: 22 health centers opened throughout the kingdom providing 12-24 hours of care. 2.8 million visits to health centers, increased diabetic visits, children screening and immunizations.

Service delivery

- **Yemen**: Use of community midwives, increase in clinic attendance.

- **Botswana**: nurses providing family health. Sustained intervention for care of stroke patients resulting in families assuming responsibility for own health.

- **Brazil**: nurse-led care during deliveries ... no maternal deaths from pregnancy or childbirth.

- **Australia**: Renal replacement therapy provided by nurse practitioners, no medical officers needed.

- **Denmark**: Care of the elderly provided by nurses. Health assessment, activities of daily living higher, average bed days lower, running costs for care - lower and life expectancy increased by 30%.
Now More than Ever: Nursing and Midwifery Contributing to PHC

Source: Compendium of PHC studies: 38 teams from 29 countries across 6 regions

- **Leadership**
  - **Haiti** — nurse-led care in ambulatory and clinic care, resulted in gains in controlling malnutrition, malaria, and TB.
  - **China** — nurse-led innovation in community health (rehab and palliative care): Nurse coordinated the care provided by multi-disciplinary teams — physiotherapists, nutritionists, optometrist, psychologist, music therapist. Results: improved aged persons ability to manage own well-being, decrease in hospitalization.
  - **Canada** — nurse-managed care for medically deprived communities. Nurses coordinate and supervise the work of volunteers, community partners, town councils, business organizations, referrals to physicians. 16 sites, 24 nurse managers, 18,500 clients (1 nurse per 800 clients, average of 8-25 clients per day).

- **Public Policy**
  - **Oman** — government commitment to increase access to basic health care brings long-term improvements, five year national health plan. Includes use of 1400 nurses, resulting in 85% increase in clinic visits, 1 PHC per 10,000 population, high immunizations coverage, fall in infant mortality rate (from 170/1000 in 1970 to 16/1000 in 2006).
  - **Thailand** — one PHC per every village, Nurses of the Community Program 33 educational institutions, 300 administrative organizations, 60 community hospitals. Provide essential services: maternal and children, elderly, disease surveillance and control, involve in local policy development to improve quality life. All graduates are working in their own or nearby community.
Skilled attendant at birth saves mothers and babies

- Trained N& M can deliver approximately 80% of the health care and up to 90% of the pediatric care currently provided by primary care physicians at equal or better quality and lower costs.

Under utilization of nurse practitioners in the US – cost the country as much as $8.7 B annually (Tournquist '97)

- Health Prevention and promotion – better use of existing preventive measures reduces the global health burden of disease by 70% (WHR 08)

Nurses – a valuable resource for global health
The Health Workforce

Nurses and midwives: The main providers of health care, urban and rural
(improved access and coverage)

Investments in Nursing and Midwifery for Improved Global Health

- AMRO HRH target for 2015
  - 1:1 ratio (physicians and nurses)
  - Argentina, Nurse Emergency Act – 8M

- India
  - National Rural Health Initiative (development of centers of excellence, use of advanced practice nurses)

- Zambia
  - Nation-wide opening-up schools of N&M

Government's investment and continued support for the profession are Vital in making PHC a reality
Nursing and Midwifery Service
Messages from the Director Generals- WHO

- **Nurses Lead the Way** …that nursing could serve as a powerhouse of leadership in making PHC a reality.  
  (Mahler, 1985)

- Nurses form the backbone of health systems around the globe and provide a platform for efforts to address the MDGs and achieve its targets. If we are to succeed in achieving the MDG targets and improving health systems performance, **urgent action** is needed to overcome the problems that seriously **undermine the contributions** nursing and midwifery services can make to the vision for better health for all communities.  
  (Director- General 2002)

- One of the indicators for MDG5, is that **every birth be attended by a skilled health professional. This should be a midwife, doctor or nurse** who has been trained to proficiency in managing normal pregnancy, birth and the period immediately afterwards…  
Policymakers' continued investment and support for N&M are vital in making PHC a reality.

Leadership
Innovation
Action (partnerships and team work)
All TOGETHER

We Can
MAKE THINGS HAPPEN
FOR IMPROVED GLOBAL HEALTH!
The Vision

... the attainment by all peoples of the highest possible level of health

WHO Constitution

... a state of complete physical, mental and social well-being and not merely the absence of disease
Our world, Our health…

Primary health care: Now, more than ever

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Thank You