University of Sunderland

SOCIAL DETERMINANTS OF GLOBAL HEALTH AND HEALTH SYSTEMS

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1. Introduction

The social determinants of health or SDH encompass a broad range of social, economic and environmental factors that shape individuals' health outcomes and well-being globally. The factors of SDH significantly influence global health inequalities, which are manifested in the health status between the different economic groups, genders and geographic regions (Chelak *et al.* 2023). As per the data from WHO, it was evidenced that SDH is estimated to account for between 30-50% of the health outcomes that significantly influence a person's health status (WHO, 2024). The leading health problems are shown in Figure 1, among which SDH adds up the challenges.

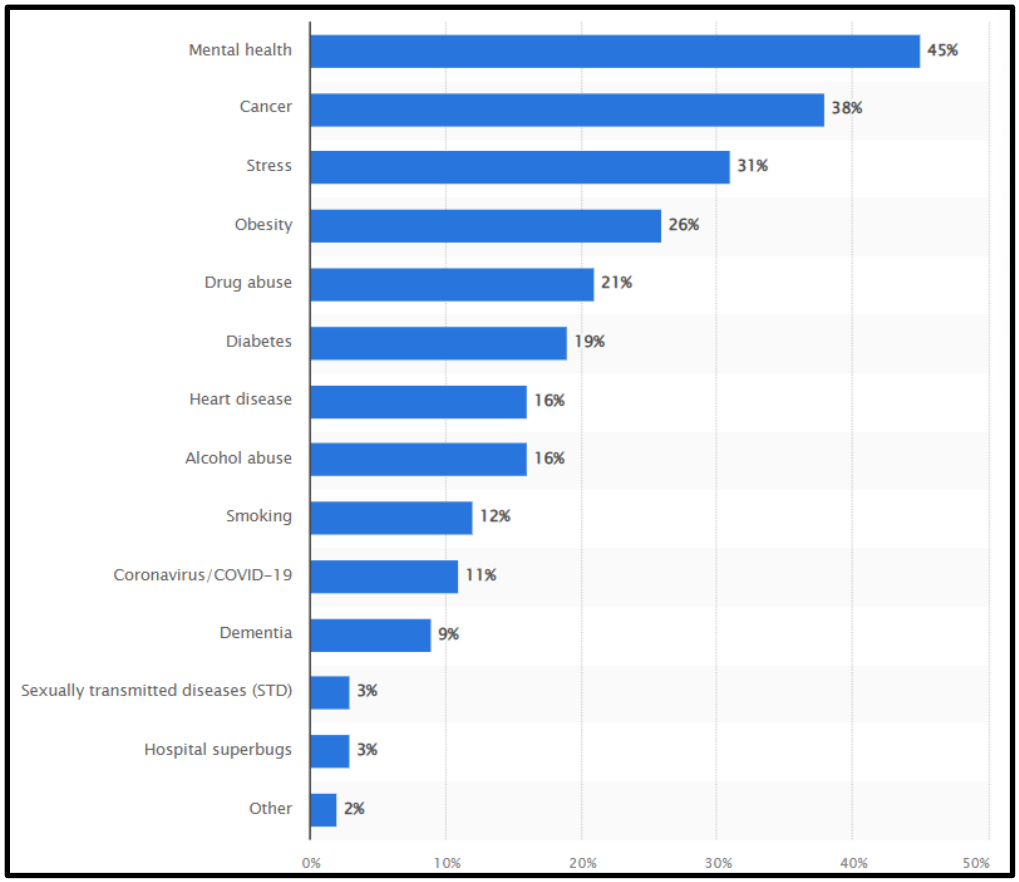

Figure 1: Leading healthcare issues

(Source: Statista, 2024)

It was evidenced from the study materials that globalisation is helping to create more wealth in developing countries, but it is not helping to close the gap between the world's poorest and richest countries (Week 1 study material). Understanding SDH is an important part of addressing the health inequalities that improve the performance of health systems worldwide.

The present essay critically examines the impact of SDH on global health inequalities and the health system with the exploration of the complexity of these determinants. The key themes of the essay include the role of socioeconomic factors in shaping health outcomes, the extent of global health inequalities and the influences of SDH on the health system.

The essay is structured into five different sections, which are comprised of an in-depth exploration of SDH, an analysis of global health inequalities, the impact of SDH on the health system, strategies for addressing health inequalities, a conclusion and recommendations.

2. Understanding Social Determinants of Health

Definition and role of social determinants

The social determinants of health refer to the non-medical factors that influence health outcomes and contribute to health disparities within and across the population (Almujadidi *et al*. 2022). The definition from WHO states that SDH is the condition in which people are born, grow, live, work and age (Karabulut *et al.* 2024). It also stated that a wider set of forces and systems are also there that shape these conditions like the economic policies, social norms and political system. The impact of SDG is profound, accounting for a significant proportion of health inequalities observed worldwide (Razzaq *et al*. 2024). It was evidenced that the socio-economic disadvantages often correlate with higher rates of chronic diseases that reduce life expectancy and limited access to healthcare qualities (Filippo *et al.* 2022). The Commission on the Social Determinants of Health, or CSDH, emphasises that these inequalities are avoidable and unjust and result from the unequal distribution of resources and power (Plamondon *et al*. 2020).

Critical discussion of key social determinants

The key social determinants are comprised of different types, which are socioeconomic status, education, employment and working conditions, housing and living environment, social support and community networks and access to healthcare (Whitman *et al.* 2022).

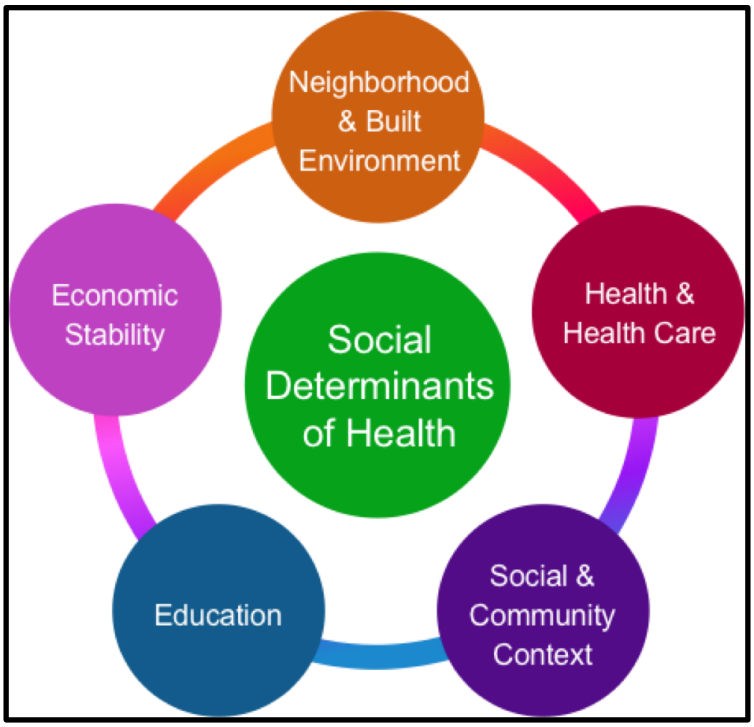

Figure 2: Social Determinants of Health

(Source: Venicefamilyclinic, 2024)

Socioeconomic status encompasses income, education and occupation, which is a primary determinant of health (O'Neil *et al.* 2020). It was evidenced that people with a lower socioeconomic status often experience higher rates of illness and premature deaths (Hamad *et al.* 2020). According to Pereira, M. and Oliveira (2020), it was ensured that poverty restricts access to basic needs like nutritious food, clean water, and healthcare services, exacerbating health vulnerabilities. On the other hand, Webb *et al*. (2020) highlighted that the social gradient in health illustrates that health outcomes improve incrementally with a higher socioeconomic positioning. The stated gradient underlines the pervasive influences of socioeconomic status across all levels of society.

Education is both a determinant of SES or socioeconomic status and a direct factor that influences health that shapes employment and occupations (Lindberg *et al.* 2021). Higher educational attainment equips individuals with the knowledge and skills for better employment opportunities, which increases income and improves health literacy. It was evidenced that health literacy empowers individuals to make informed decisions about their health, like the adaptation of preventive measures and seeking timely medical care (Sørensen *et al*. 2021). As per the evidence,

it was justified that children with access to quality education are more likely to lead healthier lives that reinforce the intergenerational benefits of educational investments (Zheng and Graham, 2022). ***Employment and working conditions*** are the following key determinants of health. The employment provides financial stability and access to health-related benefits that include insurance coverages and paid leaves. On the other hand, Alcover *et al.* (2020) argued that unemployment and job insecurity are associated with increased stress, mental health challenges and adverse physical health outcomes. As per the implication from the study material, it was ensured that another metric that reflects both premature mortality and quality of life is DALY, which is also referred to as the disability-adjusted life year (Week 2 study material).

The ***housing quality*** also significantly influences health outcomes like substandard housing characterised by overcrowding and lack of sanitation that develop exposure to environmental hazards (Ifyalem *et al.* 2023). This contributes to respiratory illness, injuries and infectious diseases. Moreover, it was also focused on ***social relationships and community*** ties that play a protective role in health by fostering emotional well-being that reduces stress and encourages health behaviours. ***Timely access*** to quality healthcare is also an essential determinant of health outcomes, but the disparities in healthcare access persist due to geographic, financial and systematic barriers (Zahidi *et al*. 2024).

3. Global Health Inequalities

Extent and nature of Global Health Inequalities

The global health inequalities represent the stark disparities in the health outcomes between the populations, which are often influenced by socioeconomic and geographic divides (Saini, 2022). The variations in life expectancy are manifested by these inequalities, followed by infant mortality rates, infections, and diseases that need effective access to healthcare services (Freeman *et al.* 2020). It was evidenced that high-income countries or HICs generally enjoy better health outcomes compared to the LMIC, that is, low and middle-income countries (Witter *et al*. 2022). According to the World Bank, life expectancy in HICs like Japan and Switzerland often exceeds 80 years, while in LMICs like the Central African Republic, it is as low as 55 years (Worldbank, 2024). The burden of diseases also differs significantly, and LMICs face a dual burden of communicable diseases followed by a rising prevalence of non-communicable diseases (Li *et al.* 2022). On the other hand, Haque *et al.* (2020) argued that HICs predominantly contend with non-communicable diseases, which benefits from the advanced healthcare system and public health interventions.

Social determinants and their contribution to health disparities

According to Prince *et al*. (2023), poverty is the critical driver of health disparities that create barriers to essential sources like healthcare, nutrition and sanitation. It was evidenced that, as per the data from the World Bank, 9% of the world's population lives on less than $12.15 per day (Worldbank, 2024). These constraints in finance limit access to preventive and curative healthcare, which leads to higher disease prevalence and mortality rates in LMICs. On the other hand, Bucelli and Mcknight (2021) confronted that in HICs, poverty influences health outcomes differently, like marginalised groups in wealthy nations often face health disparities due to unequal resource distribution and systematic inequalities.

Gender-based inequalities further explore global health disparities, like women in LMIC often lack access to reproductive health services, which contributes to the high maternal mortality rates (Wang and Torbica, 2024). For example, it was evidenced maternal mortality ratio in Sub-Saharan Africa is 533 per 100,000 live births compared to 12 per 100,000 in Europe (Unstats, 2024). The gender norms also disproportionately affect men who may face occupational hazards or societal pressure to engage in riskier behaviours, leading to higher injury and mortality rates in certain contexts (Kteily-Hawa *et al.* 2022).

The implications of racial and ethnic disparities in health are pervasive and are often rooted in historical and systemic discrimination. It was evidenced that in countries like the US, black and indigenous populations faced higher rates of chronic diseases, infant mortality and reduced life expectancy compared to the white populations. Similarly, Dawkins *et al*. (2021) highlighted that in LMIC, ethnic minorities experience exclusion from healthcare services due to linguistic, geographical and cultural barriers.

Global health inequalities are also significantly influenced by geographic disparities, such as the rural population in LMICs often lack access to the healthcare infrastructure, which results in delayed treatments and higher disease burden. The additional challenges introduced by Urbanisation include overcrowding and exposure to pollution (Kuddus *et al*. 2020). However, it was found that HICs generally have robust healthcare infrastructure, but the rural population still face access challenges. For example, it was evidenced that remote areas in Canada and Australia struggle with healthcare delivery due to geographic remoteness (LeBlanc *et al.* 2023). Therefore, it was highlighted from the comparative analysis that global health initiatives are deeply rooted in social determinants like poverty, gender, race and geographic location. The mitigation of these

disparities requires targeted intervention that prioritises equity, mainly in the underserved population, so that global health improvements are achieved.

4. Impact on Health Systems

Ways by which Social Determinants Affect Health System Performances and Equity

It was evidenced that the social determinants of health significantly shape the performances and equity of the health systems by which individuals access and benefit from health care services (Gómez *et al*. 2021). According to Kmentt and Filippon (2022), the health systems in both high-income countries and low and middle-income countries are often unequally equipped to address the challenges posed by SDH that lead to disparities in health outcomes and service delivery. For example, where poverty is prevalent, individuals for preventive care or delay treatment due to financial constraints, which increases the burden of advanced illness on already stretched health systems (Mohsin *et al*. 2024). However, it was evidenced that low educational attainment reduces health literacy and prevents individuals from navigating the healthcare system effectively with medical advice (Schillinger, 2020). These factors create systematic inefficiencies as the preventable conditions escalate into costly and resource-intensive cases. From the different secondary excavations, it was ensured that the health outcomes are disproportionately worse in these groups due to inadequate representation in the policy-making and resource allocation biases (Leslie *et al*. 2021).

Challenges in addressing social determinants within health systems

According to Torres *et al*. (2021), limited resources and resource constraints are the critical barriers to addressing SDH, mainly in the LMICs, where health budgets are often insufficient to meet the population's needs. It was also evidenced that the basic infrastructure, like the healthcare facilities, trained personnel and medical supplies, are frequently adequate. With the combination of the issue, the external funding for the global health initiatives focused on the vertical programs rather than strengthening broader health system capacities so that the SDH is addressed (World Health Organization, 2023).

The inadequate policies are also a critical challenge, and many health systems have poor design and an inability to adopt a lack of comprehensive policies for the integration of SDH (Novilla *et al*. 2023). As the focus is mainly on curative care, preventive and social interventions address the upstream determinants like housing, education and income security.

The structural barrier is another issue which is comprised of fragmented healthcare delivery, bureaucratic inefficiencies and entrenched social hierarchies that pose challenges (Co *et al*. 2024). For instance, rural areas globally experience shortages of healthcare providers, followed by geographic inequalities in service access (Streeter *et al.* 2020). It was also evidenced that corruption and mismanagement divert resources away from the population most in need (Teremetskyi *et al*. 2021).

Influence of social determinants on healthcare access quality and system resilience

Access to healthcare is the primary influence of social determinants that determine an individual's financial ability, geographic proximity and cultural acceptability of the services (Zahidi *et al*. 2024). For example, it was evidenced that the ***population in remote areas*** need to travel ***long distances*** for care, which deters the ***timely utilisation of services*** (Tiruneh *et al*. 2021). It was also evidenced that the ***marginalised groups*** avoid healthcare facilities due to the ***perceived discrimination***. The social determinants also impact the quality of the healthcare services delivered. According to Gotora (2021), ***underfunded systems*** serve low-income or ***marginalised populations*** that lack skilled personnel, which is essential for medications and advanced technologies, leading to suboptimal care. However, it was also evidenced that ***language and cultural barriers*** often hinder effective communication between providers and patients, with compromises in care quality (Pandey *et al*. 2021). Therefore, from the explicit excavation, it was ensured that the influences of the social determinants on healthcare access quality and system resilience are evident.

5. Addressing Social Determinants and Health Inequalities

Addressing the social determinants of health is critical for the reduction of health inequalities. It was evidenced that effective strategies and interventions require multi-sectoral approaches that integrate healthcare with broader social, economic and environmental policies (Sutarsa *et al.* 2024).

The empowerment of the communities through education, skill building and social mobilisation is a proven strategy for tackling SDH (Bell *et al.* 2023). It was evidenced that community health worker programs (CHWs) have been successful in increasing access to healthcare in underserved areas. It was ensured that the CHWs bridge gaps in health service delivery by providing culturally relevant care and fostering trust among the marginalised populations (Kangovi *et al.* 2020).

The universal social protection system includes conditional cash transfers, which have demonstrated significant reductions in poverty and health inequalities (Pega *et al.* 2022). WHO emphasised the importance of UHC in ensuring equitable access to essential services (Ozawa *et al*. 2020). It was evidenced that countries like Thailand have successfully implemented UHC for the achievement of reductions in catastrophic health expenditure that improve health equity (Pmc.ncbi, 2024).

It was evidenced that SDGs, mainly Goal 3 and Goal 10, provided a comprehensive framework for the addressing of the SDH (World Health Organization, 2024). The progress toward SDGs remained uneven while many high-income countries like UK and US have advanced in the achievement of health-related goals (Liu *et al.* 2024). It was evidenced that many companies have implemented policies that address SDH to reduce the inequalities. For instance, Rwanda's Community Based Health Insurance scheme has increased healthcare utilisation and financial protection among the rural populations (IMF, 2024). Similarly, it was evidenced that Norway's focus on income redistribution and equitable social policies contributes to better health outcomes across all socioeconomic groups (Fosse, 2022).

As per the evidential proof, it was noticed that conditional cash transfer programs in Latin America have significantly reduced maternal and infant mortality (Cavalcanti *et al*. 2023). It was also seen that Mexico's Progresa program incentivises healthcare utilisation among low-income families, which led to increased prenatal visits and immunisation coverage (Neelsen *et al.* 2021). The tackling of non-communicable diseases in Finland is also evidenced by the North Karelia Project, which successfully reduced cardiovascular disease mortality by addressing SDH through community engagement and policy changes (Ståhl and Koivusalo, 2021). Therefore, it was ensured that scaling up evidence-based approaches fosters multi-sectoral collaborations, which are essential for sustained progress in the reduction of global health disparities.

6. Conclusion

It was concluded from the overall excavation that the social determinants of health are critical drivers of global health inequalities that influence both individual health outcomes and the performance of health systems. It was ensured that these determinants require a coordinated and multisectoral approach that integrates global, national and community-level interventions. The determinants that are discussed in the essay influence access to care, quality of services and health

system resilience that create inequalities which deeply rooted in the social and economic structures.

It was summarised that addressing SDH is fundamental for the achievement of the global health equity that strengthens the health systems. Efficient interventions like universal health coverage, community-based programs and integrated policies like the SDGs have demonstrated their potential to reduce health disparities and improve the population's health outcomes. It was understood that to prioritise SDH in the public health agendas, policymakers should allocate resources which are equitable and design inclusive interventions. Health professionals should advocate for upstream solutions so that social cares are integrated into clinical practices. The stakeholders need to foster global and local collaborations to implement evidence-based strategies that will address the SDH.

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