The role of social protection in achieving population health equity

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Social determinants of health and health inequities

SDH are factors outside health and health systems which impact on health outcomes

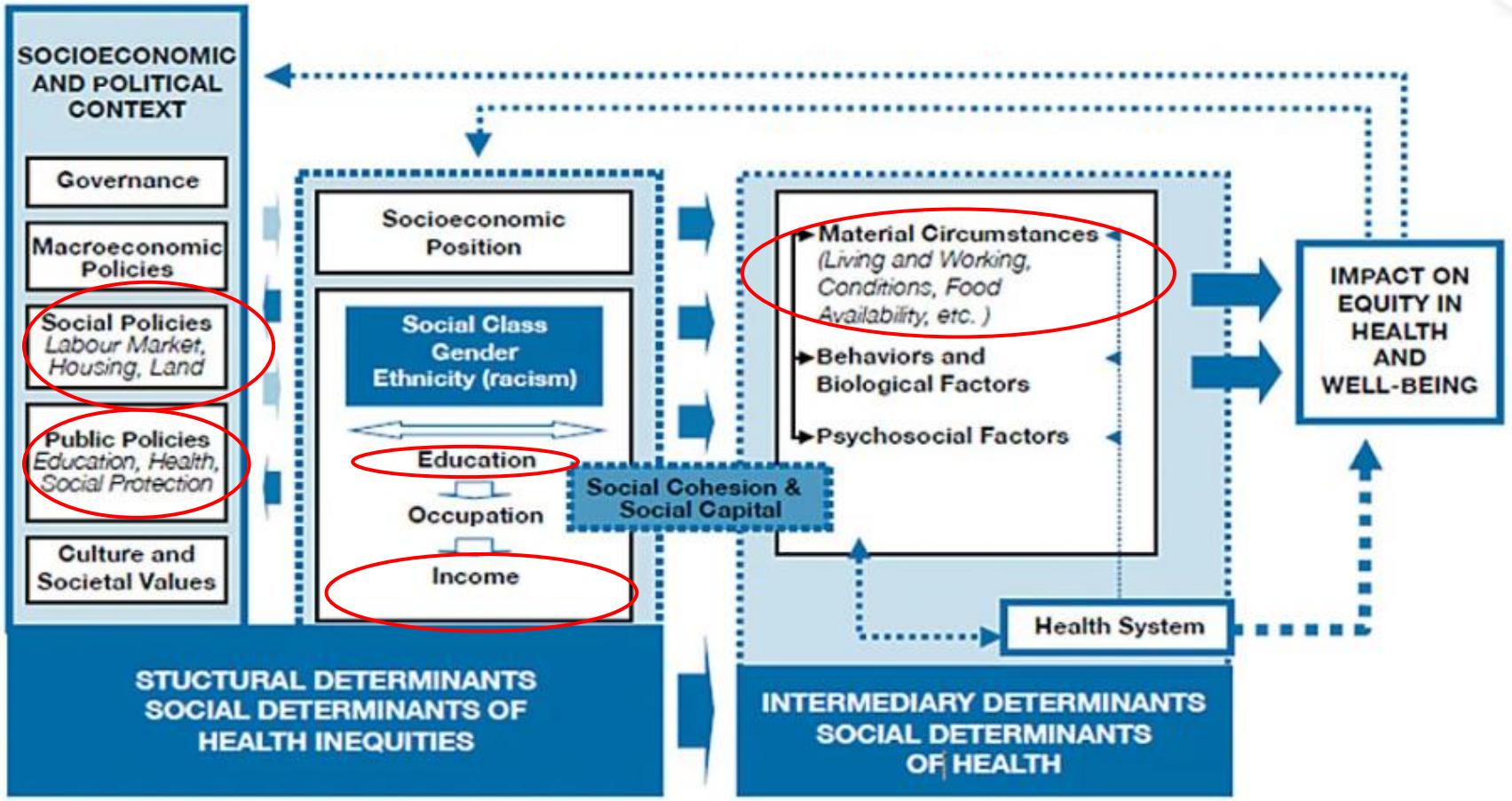
Defined as “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life”(WHO 2011)

This wider set of social and economic forces resides at the political, social, material and cultural levels and shape our experience of life

Social determinants of health and health inequities

- Health inequities refer to **unfair, avoidable and systematic differences** in health resources and outcomes, as a result of social determinants of health, which include:
  - Housing, access to basic services & living environment
  - Income
  - Education
  - Employment & job security
  - Working life conditions
  - Food security
  - Early childhood development
  - Racial and gender inequality

Figure A. Final form of the CSDH conceptual framework



Ref: 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). Geneva, WHO, 2010

Social protection as a policy instrument to address health inequities

01

In the last 30 years the role of social protection (SP) in improving health and wellbeing outcomes in low-and-middle-income countries has gained prominence

02

In sub-Saharan Africa this translates to just over 80% of countries having social protection programmes

03

SP role in addressing health inequities is mainly through provision of income (cash transfers) to enable and improve access to food, health and social services, job-seeking efforts

Challenges with using social protection as an instrument for addressing health inequities

Low coverage

Many countries with SP programmes, but covering specific categories with stringent eligibility and means test criteria

Lack of an intersectoral approach

In thinking about the drivers of health inequity

In embedding health service delivery within an intersectoral framework

Social Protection Paradigm

Design issues –minimalist, i.e ‘protection for destitution’,

Eligibility criteria/means test that target poorest of the poor;

Lack of provision for able-bodied working-age people without an illness or something ‘wrong’ with them

Restricting understanding of ‘social protection’ to cash transfers, but its more than that -its interventions in education, health, living conditions, labour laws;

Cash transfers targeting specific issues, conditions and behaviours (e.g CTs for transport to promote in-hospital deliveries)

What should we do to enable social protection to address population health inequities?

- The need for a Transformative Social Policy (TSP) framework to inform how we think about population health inequities (Adesina 2009, 2011, 2015; Mkandawire 2006, 2009, 2011)
  - Addresses 'the causes of the causes" (Sanders 1985, 2023), as TSP is concerned with "fundamental structural changes in the economy, in social relations, and social institutions" (Adesina 2018), as a way to address the structural underpinnings of diswelfares (Adesina 2018), and not the use of mere palliative policy tools

What should we do to enable social protection to address population health inequities?

- Health-in-All-Policies and Whole-of-Society approaches –to promote multistakeholder engagement, intersectoral action and good governance
- Cash **AND** Care approach
- Universal basic income
- Address structural determinants such as inequitable economic systems
- Apply an intersectional lens to how inequality (income, racial, gender, spatial) contributes to structural discrimination

Thank You