

SOCIAL DETERMINANTS OF HEALTH AS A DIMENSION OF STATE POLICY: A COMPARATIVE ANALYSIS

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Abstract. This article explores the role of social determinants of health in the collaborative efforts across various sectors of state social policy, emphasizing their significance in promoting societal health and well-being. Public health policy is underscored as a critical social imperative, with a particular focus on analyzing key international treaties recognizing the right to health as a distinct human rights category. The authors argue that the social determinants approach, which considers health in a broader societal context, is crucial. This approach recognizes the impact of actions extending beyond the health sector on overall well-being.

Keywords: *health, human rights, social determinants, World Health Organization, Alma-Ata Declaration, Astana Declaration*

ДЕНСАУЛЫҚТЫҢ ӘЛЕУМЕТТІК ДЕТЕРМИНАНТТАРЫ МЕМЛЕКЕТТІК САЯСАТТЫҢ ӨЛШЕМІ РЕТІНДЕ: САЛЫСТЫРМА- ЛЫ ТАЛДАУ

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Аңдатпа. Бұл мақала денсаулықтың әлеуметтік детерминанттарының мемлекеттік әлеуметтік саясаттың әртүрлі секторлары бойынша бірлескен күш-жігердегі рөлін зерттеп, олардың қоғамның денсаулығы мен әл-ауқатын ілгерілетудегі маңыздылығына баса назар аударады. Қоғамдық денсаулық сақтау саясаты денсаулыққа құқықты адам құқықтарының ерекше категориясы ретінде мойындайтын негізгі халықаралық шарттарды талдауға ерекше назар аудара отырып, маңызды әлеуметтік императив ретінде атап өтіледі. Авторлар денсаулықты кеңірек әлеуметтік контексте қарастыратын әлеуметтік детерминанттар тәсілі шешуші мәнге ие деп санайды. Бұл тәсіл денсаулық сақтау секторынан тыс әрекеттердің жалпы әл-ауқатқа әсерін мойындайды. Социальные детерминанты здоровья как измерение государственной политики: сравнительный анализ.

Түйін сөздер: денсаулық, адам құқықтары, әлеуметтік детерминанттар, Дүниежүзілік денсаулық сақтау ұйымы, Алматы декларациясы, Астана декларациясы.

СОЦИАЛЬНЫЕ ДЕТЕРМИНАНТЫ ЗДОРОВЬЯ КАК ИЗМЕРЕНИЕ ГОСУДАРСТВЕННОЙ ПОЛИТИКИ: СРАВНИТЕЛЬНЫЙ АНАЛИЗ

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Аннотация. В этой статье исследуется роль социальных детерминант здоровья в совместных усилиях различных секторов государственной социальной политики, подчеркивая их значение в укреплении здоровья и благополучия общества. Политика общественного здравоохранения подчеркивается как важнейший социальный императив, при этом особое внимание уделяется анализу ключевых международных договоров, признающих право на здоровье как отдельную категорию прав человека. Авторы утверждают, что подход, основанный на социальных детерминантах, который рассматривает здоровье в более широком социальном контексте, имеет решающее значение. Этот подход признает влияние действий, выходящих за рамки сектора здравоохранения, на общее благополучие.

Ключевые слова: здоровье, права человека, социальные детерминанты, Всемирная организация здравоохранения, Алма-Атинская декларация, Астанинская декларация.

Introduction

In today's world, healthcare holds a significant place in a country's social policies, recognizing the independent value of citizens' well-being as a vital component of the nation's overall capacity. The right to health is considered a key element of the "common good," as articulated in the World Health Organization (WHO) Constitution [1]. According to the WHO Constitution, the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition [1].

This right is also backed by Article 25 of the Universal Declaration of Human Rights, which declares that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including foods, clothing, housing and medical care" [2].

In 1976, the International Covenant on Economic, Social, and Cultural Rights came into effect. Article 12 of this document specifies that the right of everyone to the enjoyment of the highest attainable standard of physical and mental health is established in accordance with international law. The Covenant affirms that the right to health is closely interconnected with the realization of other human rights outlined in the Universal Declaration of Human Rights [3].

At the international conference in Almaty, Kazakhstan, in September 1978, representatives from 134 nations adopted the Alma-Ata Declaration, outlining healthcare goals. The Declaration stresses the unacceptability of health inequalities on political, social, and economic grounds. It asserts that "health, as a state of complete physical, mental, and social well-being — not just the absence of disease — is a fundamental human right." The Alma-Ata Declaration highlights achieving the highest health level as a crucial global task, requiring collaboration across social and economic sectors [4].

Certainly, the preservation of both individual and societal health constitutes a fundamental social function of the state. We believe that strengthening the social role has been the main developmental trend in the healthcare sector over the past few decades.

Problem Statement and Research Objective

According to the concept of "social interest," human rights result from social construction based on "public interests." Supporters of this concept argue that the consensus among states on including the right to health in international human rights treaties was achieved through a broad social process [5].

Supporters of this concept mainly rely on libertarian views, arguing that a government's ability to provide economic and social rights depends on having the necessary resources. According to this perspective, the right to health shouldn't be seen separately from other rights like education and housing, as they all require financial support. This approach requires us to prioritize and decide where limited resources should be directed to fulfill social rights, including the right to health. However, it's important to note that some researchers may not consider the possibility that social factors can worsen people's health [6].

However, the central challenge emerges during decisions regarding the allocation of state funds, necessitating distribution among various sectors, including healthcare, housing, and education. Researchers contend that the failure to address this matter at the international legal level suggests a lack of adequate justification for the right to health [7, p. 315].

In our view, there isn't a clear method that specifies exactly how legal, economic, and political resources should be allocated to ensure the realization of the right to health and other social rights.

Nevertheless, when we explore academic viewpoints built on the notion of "social interest," we can logically conclude that the right to health is fundamentally grounded on the communal objective of attaining the highest possible level of human health.

Social, economic, political, ecological, and cultural factors collectively shaping health are denoted as social determinants of health. Equitable access to education, official employment, a decent income, adequate housing, disability coverage, and other elements collectively contribute to the preservation of health.

The positive impact emanates from the presence of crucial elements such as infrastructure, skilled personnel, advances in medical science, and innovative technologies. Consequently, the most dependable strategy for safeguarding the health of the population involves a cohesive and coordinated effort across all government sectors, specifically targeting the social determinants of health.

In the present-day global landscape, the international community emphasizes the importance of safeguarding all fundamental human rights, recognizing their interconnected and inseparable nature. Among these, the right to health holds particular systemic significance. Hence, the objective outlined by the authors in this article is to examine the social determinants of health as a crucial aspect within the realm of state policy.

Literature overview

It is discernible that diverse aspects of the right to health have occupied a central position in the discourse among scholars. Overall, scholars interpret health as a complex and multifaceted category. Philosophical scholars stated that spiritual health is a fundamental component of human wellbeing in a society. Specifically, according to Hegel, health is permeated with both objectivity and subjectivity. He perceives it as a condition of the social organism, intricately linked to an elevation toward spiritual existence [8, p. 531].

As mentioned earlier, UN experts base their conclusions on a natural approach to human rights. They included this natural approach in international human rights treaties because they wanted to focus primarily on the strategic goal of development, which is the well-being of society [9]. In particular, J. Humphrey points out that the inclusion of provisions reflecting this approach in the Universal Declaration of Human Rights are of advisory nature and are non-regulatory [10].

Nevertheless, from our perspective, the degree to which the right to health is guaranteed within states is employed as a key criterion in evaluating the effectiveness of public policies in the healthcare domain at the political level. We align with D. Norman's assertion that social interests, serving as a conceptual basis for human rights, can attain the status of rights only when their role and the consequent obligations are acknowledged and recognized by states—the entities responsible for fulfilling these commitments [7, p. 15].

In general, although the right to health has become one of the categories of human rights at the international level, we see that key conceptual aspects regarding this right are not thoroughly developed in the scholarly discourse. Most legal scholars have labeled this situation as "intermediate" [11]. That is, the existence of the right to health is acknowledged; however, there is no unified understanding regarding

specific measures for the consistent implementation of the right to health in practice.

The pioneer of neoclassical economics, A. Marshall, refers to the health of the population as the foundation of material wealth and, consequently, the source of societal progress [12]. This is corroborated in the theory of "human capital," whose founder, G. Becker, views health capital as investments in individuals necessary for enhancing their productivity through the formation, maintenance, and fortification of their health. He introduced the concept of social returns on human capital that refer to the broader societal benefits derived from investments in individuals' health and skills [13].

As views on population health evolve, experts explore health not only as an economic concept but also as a social one. Notably, scholars like N. Adler and K. Newman argue that a nation's well-being is closely tied to the socio-economic activities of its population, directly correlated with their health [14]. Consequently, health assumes the role of a social determinant. In reality, disparities in socio-economic conditions have varied effects on other factors more directly linked to health levels, including healthcare, environmental conditions, and lifestyle.

Scholars contend that health is a crucial condition for the well-being not just of individuals but also of society as a whole. Undoubtedly, it stands as a key factor in the state's social policy. Despite the studies delving into theoretical aspects of healthcare development within social policy, we believe there is an ongoing relevance for a comprehensive investigation into issues associated with the social determinants of health—a crucial component of modern state policies.

In conclusion, experts agree that health is essential for both individuals and society as a whole. It's a key factor in shaping how a country plans its social policies. While there are studies on healthcare development in social policy, there's still a need to look into issues related to the things that affect people's health. This remains crucial for how countries make their modern policies.

Research Methodology

The study employed a fundamental set of interdisciplinary methods, with a primary emphasis on the functional method. This approach facilitated the exploration of connections between social dynamics and the political, economic, and institutional aspects of healthcare policy. The use of systemic-structural and institutional methods allowed for the demonstration of the multi-layered nature of state healthcare policy. These methods were instrumental in highlighting the central role of the state in shaping social policy and implementing the right to health. Moreover, they played a crucial role in identifying key normative acts associated with ensuring this right.

Discussion

As per the World Health Organization's Constitution, "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being." A comparative examination of the WHO Constitution [1] and the Universal Declaration of Human Rights [2] reveals a broader conception of health within the WHO framework. This is primarily explained by the fact that the role of this global institution extends beyond narrow confines, encompassing various activities aimed at promoting healthcare development and enhancing people's well-being.

It's noteworthy that the WHO actively prioritizes social determinants of health. The Secretariat incorporates social determinants of health into its work across all levels of the Organization.

The approach rooted in social determinants has been incorporated into the strategies of various other programs. Presently, the emphasis on addressing social determinants of health is evident in over 80 cooperation strategies with countries. The WHO's internal knowledge network on health determinants, involving 16 Organization's programs, has been deliberately established to integrate the social determinants-based approach into WHO programs [15].

The WHO Secretariat supports applying this integrated approach at the country level, especially in primary healthcare. The organization's mission, as outlined in its work program, is to "strengthen health, maintain global security, and provide services to vulnerable population groups" [16].

Furthermore, acknowledging the crucial need to address health disparities on a global scale, the WHO instituted the Commission on Social Determinants of Health. Additionally, Article 12, Section 2, of the International Covenant on Economic, Social, and Cultural Rights places responsibilities on states to secure a specific standard of health and ensure widespread community access to medical services [3]. It can be clarified that this formulation articulates the goal of the state healthcare system.

Subsequent major international human rights treaties have not only reaffirmed the right to health, but also elaborated on it in many ways. In particular, equitable access to preventive and health care for all, including refugees and other migrants, is directly or indirectly provided for in a number of international legal and political human rights instruments, such as the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, 1990 [17].

The right to health has been further reinforced in regional acts. For instance, consider the European Social Charter of 1961, adopted under the Council of Europe's guidance (Strasbourg, May 3, 1996) [18]. According to this charter, health serves as a measure of life quality and constitutes an essential aspect of an individual's social, economic, and cultural development.

As per regional regulations, it's worth noting that the core principles of the European Union regarding health are outlined in Article 168 of the Treaty on the Functioning of the European Union. This article, amended in accordance with the Lisbon Treaty, emphasizes that "a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities." [19].

We also consider the activities of the WHO Regional Office for Europe, of which the Republic of Kazakhstan is a member, to be significant. The Regional Office for Europe is one of the six regional offices of the organization, each of which has its unique program. Currently, the WHO Strategy is being implemented in this region, detailed in the framework of the European Work Programme for 2020-2025 – "United Actions to improve health in Europe", which was adopted at the 70th session of the Regional Committee for Europe in 2020 [20].

Another notable example in the European region underscores the interconnection of the health system with social determinants. The Protocol on Water and Health, an extension of the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes, mandates the region's countries to establish goals and provide progress reports in areas such as water and sanitation access and the reduction of water-related diseases [21].

Furthermore, it is essential to acknowledge the significant role played by various UN agencies, bodies, and programs, not limited to WHO alone, in actively contributing

to the advancement of national health systems. Entities such as UNICEF, ILO, UNIFEM, the United Nations Population Fund, the World Bank, IMF, UNAIDS, and other UN agencies collaborate effectively with participating States, leveraging their collective expertise to reinforce the socio-economic foundation of public health.

It should be noted that WHO's initiatives are closely aligned with partner institutions in the broader multilateral system beyond the UN framework. The WHO secretariat collaborates with numerous global and regional governance bodies. This indicates the establishment of an informal United Nations platform on the social determinants of health, aimed at coordinating information and advocacy, conducting research, building capacity, and providing collaborative technical assistance to Member States.

International cooperation has the potential to enhance the flow of information, resources, expertise, and knowledge among countries. Global governance entities, such as WHO and other international organizations, play a crucial role in facilitating the exchange of experiences. They can streamline the provision of essential technical resources and current data by participating countries through clearinghouses and networks.

Therefore, in our view, adding a separate category, human right to health, in both core international and regional human rights treaties, will prioritize this right in the political agendas of states. This prioritization is further underscored by the obligation of participating states to undertake requisite measures to guarantee the right to health for everyone.

Most importantly, the WHO assists countries in developing national healthcare programs. According to the Tallinn Charter of the WHO, "Within the political and institutional framework of each country, a health system is the ensemble of all public and private organizations, institutions and resources mandated to improve, maintain or restore health. Health systems encompass both personal and population services, as well as activities to influence the policies and actions of other sectors to address the social, environmental and economic determinants of health"[22].

In preparing any nationwide plan, countries should formulate strategies that prioritize the protection of both individual and societal health. It is noteworthy that the Astana Declaration was adopted during the global conference on primary healthcare, "From Alma-Ata to Universal Health Coverage and Sustainable Development Goals," held in Astana on October 25-26, 2018. In this significant document, WHO member states reaffirmed their commitment to "addressing the economic, social, and environmental determinants of health and striving to reduce risk factors through the adoption of the 'Health in All Policies' approach" [23].

Conclusion

The social determinants approach is grounded in recognizing the extensive societal value of health and the acknowledgment that factors influencing health extend well beyond the health sector.

The social determinants approach assumes that health inequalities cannot be eliminated without eliminating social inequalities.

In recent years, researchers of public health have focused on determining factors that directly affect health and contribute to health inequalities. The WHO Commission on Social Determinants of Health, established in 2005, stands on the idea that the origins of unhealthy lifestyles are rooted in the broader social environment.

In conclusion, addressing the social determinants of health requires action at both

national and global levels. It is crucial to empower countries through effective global strategic leadership to support their efforts in addressing these determinants.

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