

Inclusion of Social Determinants of Health in Health Policies: Gaps and Challenges in their Implementation.

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Abstract:

The paper reviews inclusion of social determinants of health within Pakistan's federal and provincial health policies, against the frame work of the World Health Organization. These social determinants of health-the lack of income, insufficient employment, poor education, housing, and health-care considerations-are important for health outcomes and solutions in reducing health disparities. The analysis reflects wide gaps and inconsistencies in policies, especially pertaining to integration of key determinants such as job insecurity, early childhood development, and housing. Provincial policies vary in the depth to which they focus on SDOH, sometimes barely touching on the issue. Arguably, no coordinated approach-at the federal level or at the provincial level-has led to less attention to the pragmatic dimensions of the SDOH, which further degrades health equity. It recommends a better harmonized strategy to intensify the integration of SDOH into all health policies and then implement them in a uniform manner to reduce health inequities, particularly among the most vulnerable populations in Pakistan. This strategy is central to improving health for the country and focusing on public health outcomes.

Keywords:

Social determinants of Health, Health Policies, Income Inequality, Housing, Employment, Early Childhood Development, Health Access, Health Inequities.

Introduction:

The social determinants of health is said to be the situation in which people are born, grow, live, work and age which includes there daily life chores and is the main source of reshaping their life. The study is based on the inclusion of social determinants of health in health policies and gaps and challenges in their implementations. Comprehension of the determinants which we are focusing at are literally pivotal as they are influential notably in the outcomes of health and disparities which are effecting a person's daily life. And how important are the social determinants of health inclusion in both federal and provincial policies these determinants are those which World Health Organization (WHO) has mentioned.

Pakistan having different hurdles and disparities in the field of health which is reflecting on its outcome. In 2022, the life expectancy at birth was approximately 66.43 years in Pakistan, which is almost the same as in previous years. There is a huge child mortality and maternal rates as 186 out of 100,000 deaths during birth these estimations are provided by (UNICEF, 2021) on the other hand if we see almost 67 out of 1000 is the rate of deaths at the age of under-five (UNICEF, 2022). As the access towards the health care system is not just that is the reason almost 50% of population cannot afford the essential health care and almost 42 % people do not have an enough money for the coverage of health (Human Rights Watch, 2024). The expenditure on the health care system is very low as the GDP set aside for health is 1.4 % (World Bank, 2022). So the need of more finance and investment and advanced equipment's are required to give a talk to the important threat to health. These points reveal the bigger challenges to be faced for the improvement of healthcare outcomes and further underscore disparities in Pakistan's healthcare system.

There is a belief that, in Pakistan, social determinants of health play a great role in influencing health consequences and inequity. For example, educational attainment often serves as an influential correlate with health literacy and access to health care; however, Pakistan is battling challenges of low literacy rates-59 percent in general-and especially for females (the Pakistan Bureau of Statistics, 2021). The inadequacy of health services and distressing living conditions affect person in the lower income categories. In addition, an estimated 24% of the population lives below the poverty line (World Bank, 2023), thereby aggravating the condition of limited access to health and other social facilities. Moreover, poor housing conditions and limited access to clean water and sanitation further contribute to health disparities, as about 25% of the population lacks access to improved sanitation facilities. Addressing these social determinants is essential for improving health outcomes and reducing inequities in Pakistan.

This raises the important question that the World Health Organization recognizes the social determinants of health, but their incorporation into health policies in Pakistan is inconsistent between federal and provincial levels. The insufficient addressing of these determinants leads to gaps that carry on over time and continue to contribute to health inequity. These social determinants how significantly influences the health that these determinants are part of the policy or not. This study aims to identify the lack of these social determinants, as outlined by the WHO, and will examine their presence in health policies at both the federal and provincial levels with reviewing the inclusion of those social determinants in different health policies of Pakistan. These policies are Pakistan's Federal Policy (National Health Vision) and four Provincial Policies (Punjab Health Strategy, Sindh Health Sector Strategy, KPK Health Sector Strategy and Balochistan Health Strategy).

Discussion/Analysis

The discussion is based on the social determinants of health provided or mentioned by the World Health Organization on some critical bases, and it has been cross-checked with various health policies of Pakistan. This analysis will look at the presence and absence of the social determinants at both the federal and provincial levels. The following are the social determinants of health provided by WHO in relation to health:

- Income
- Employment
- Job Insecurity
- Working life Conditions
- Housing
- Basic Amenities
- Access to affordable health services of decent quality
- Social Protection
- Social Inclusion
- Food Security
- Environment
- Early childhood development
- Education

Income, Employment, Job Insecurity and Working Life of Conditions:

Health outcomes depend on income and employment, job insecurity, and working conditions. A person with job security increases their income and improves conditions while decreasing stress; all of this generally results in better health. Job insecurity reduces income, increases levels of stress, worsens working conditions, and increases the vicious cycle of economic hardship that deteriorates health. In Pakistan, the urban slums are generally filled with people who have substantially disparate levels of income, which affects access to services and health outcomes in children. The poorer quintiles exhibit a higher mortality rate in comparison to the access of any medical care (Alam, A. Y., 2010). Furthermore, though available frameworks exist, socio-economic disparities and disasters pose an obstacle towards the implementation of policies that promote health equity in the country of Pakistan (Kazi, G. N., 2012). Housing quality is one of the prime determinants of health. Improved conditions of property and estate, combined with neighbourhood support, have resulted in health improvement, particularly in low-income renters (Rolfe, S., 2020). Stability of employment in Pakistan improves health outcomes since unemployment has increased health inequities as a result of financial stress and poor health care access. Employment is most instrumental in women's mental health in Pakistan. Unemployment may worsen the situation in poverty and depression, particularly for the rural female population. According to (Khowaja, N. 2015). Job insecurity exacerbates stress and anxiety that adversely impacts physical and mental health and requires targeted interventions urgently. According to (László, K. D., 2020). Job insecurity heightens stress-related

health problems, including cardiovascular disease and depression. This is especially the case amidst economic insecurity and reduced access to health care in Pakistan. Moreover, job insecurity and lack of labor rights result in stress, poor health, and socioeconomic inequalities in Pakistan, as working conditions are deteriorating. Poorer conditions of working life, including job insecurity and lack of safety in the workplace, lead to chronic stress and health problems in Pakistan, particularly in the unregulated informal labor market. Insecure work conditions and long hours of work contribute to stress and chronic health problems while a balanced workload and safe environment boost health and productivity in the workforce.

All five policies mention income-related problems, but only the National Health Vision and Punjab Strategy have pointed out the linkage of low income with inadequate health access. Sindh and KPK have related income to some specified health issues, while the recent Balochistan strategy mentions the inequitable health cost burden on the low-income segment of the population. The Sindh Health Sector Strategy has become the only strategy that mentioned employment, while the discussion on its health effects is also scant. Though National Health Vision and Balochistan policies talk about job insecurity and its connection to poor health, this is not reflected in the policies of Punjab, Sindh, and KPK. Similarly, working conditions in the health sector are mentioned only in National Health Vision, showing a huge gap in the rest of the policies. Analysis shows that national health vision and health policies of Punjab and KPK have discussed comprehensively the income as an important social determinant of health, while policies of Sindh and Balochistan discussed income but require further explanation and more in-depth analysis about its impact on health outcomes. Analysis identifies that the national health vision and health policy of Punjab, KPK, and Balochistan has not debated employment as an important social determinant of health. Though the policy of Sindh has mentioned employment, it is very superficial and requires explanation for more comprehensive analysis. Analysis further shows that the health policies of Punjab, Sindh, and KPK have not discussed job insecurity as an important social determinant of health. Though the national health vision and the policy of Balochistan have discussed job insecurity, more explanation is entailed, and it has to be further comprehensively analyzed in respect of its impact on health outcomes. It emerges from the analysis that health policies in all the provinces of Punjab, Sindh, KPK, and Balochistan have not deliberated on working life conditions as a major social determinant of health. The national health vision has talked about healthy working life conditions; however, the definition needs to be elaborated, and a far more comprehensive analysis is required regarding its impacts on health.

Social Protection

Social protection is a crucial social determinant of health because it helps to reduce health inequalities and promote equitable access to healthcare. Target 3.8 of the sustainable development goals focuses on achieving universal health coverage which is

central global agenda today (Knaul et al., 2012). To fulfill the promise of Universal Health Coverage (UHC), the World Health Organization (WHO) emphasizes that countries must have strong, efficient, and equitable health systems integrated with effective social protection services. The national health policy of Pakistan has discussed social protection as it is mentioned that the pro-poor social protection programs should be implemented in order to help those who are in need. On the other hand, among provincial health policies KPK has discussed social protection as the policy mentioned Sehat Sahulat Program as the flagship social protection program in KPK. While Punjab and Baluchistan health policies has not mentioned any point about social protection. Sindh Health Policy has discussed social protection but the discussion is very unclear and requires a proper argument. The National Health Policy of Pakistan emphasizes the importance of social protection, advocating for the implementation of pro-poor social protection programs to support those in need. Among the provincial health policies, Khyber Pakhtunkhwa (KPK) clearly addresses social protection, highlighting the Sehat Sahulat Program as its flagship initiative. In contrast, the health policies of Punjab and Balochistan do not address social protection at all. The Sindh Health Policy does mention few words on social protection, but the discussion is vague and lacks a well-defined argument.

Social Inclusion

Research suggests that the degree of an individual's social inclusion has a large impact on his or her health (e.g. Berkman & Syme, 1979; Cacioppo et al., 2002; Cohen, Doyle, Skoner, Rabin, & Gwaltney, 1997; Holt-Lunstad, Smith, & Layton, 2010; House, Landis, & Umberson, 1988; Pressman et al., 2005; Seeman, 2000). McCulloch (2001) found that individuals with the lowest levels of social capital face a higher risk of morbidity, while those with the highest levels of disorganization experience more health problems. Similarly, Wilkinson and Marmot (2003) posited that social exclusion and isolation are associated with increased rates of premature death and disease. Analysis shows that national health vision and health policies of Sindh and Punjab has not comprehensively discussed social inclusion as an important social determinant of health. While policies of Baluchistan and KPK has discussed social inclusion very superficially which require further explanation.

Food Security

Food security is a fundamental social determinant of health that affects physical health, mental well-being, and overall quality of life (Gundersen & Ziliak, 2015). Addressing food insecurity prevents public health crises and contributes to health disparities, making it essential to integrate into health policies effectively (Fathiya, 2024). While analyzing the inclusion of food security as a social determinant it is found that national health vision fails to explicitly address food security as a public health challenge and does not adequately discuss measures to combat food insecurity. Among the provincial

health policies Sindh and KPK has mentioned that the interventions would be made to improve food security with the help of inter-departmental coordination. While Punjab and Balochistan has not clearly recognized the food insecurity as a challenge to public health, and also there is no strategic direction for improving this issue.

Early Childhood Development

The circumstances in which children are born and develop, determine their exposure to environments that promote or compromise healthy development. Children's health and well-being can be compromised by a number of direct adverse experiences during the prenatal and postnatal periods (Moore, McDonald, Carlon, & O'Rourke, 2015). Inequities during the early years (typically defined as the first 8 years of life) are especially concerning because of the nature of early childhood development. During this period, a number of key capabilities and competencies develop (McCain and Mustard, 1999; Shonkoff, 2012), a process that is particularly sensitive to social determinants (Dyson et al., 2010; Hertzman, 2010). while analyzing the inclusion of early childhood development in the provincial and national health policies it is found that only Sindh health policy has included this determinant while other policies has not included this.

Housing, and Basic Amenities

Housing is a critical social determinant of health. Improved property status and community support go hand-in-hand with improved health in low-income renting populations. Adequate basic amenities, infrastructure, and housing apparently make a big difference in health because poor conditions result in overcrowding, poor sanitation, respiratory infections, and stress. Housing insecurity uphold food insecurity conversely, stable housing with proper amenities reduces unhealthy conditions and stress, while it improves access to care which combine to improve health and reduce disparities. Housing conditions, along with other determinants of health, need to be addressed to achieve improved outcomes in health and equity. Stable houses ensure better mental health, thus reducing health disparity (Rolfe, S., 2020). Adequate housing and availability of basic amenities such as poor sanitation and overcrowding aggravate health disparities. "Housing instability-as captured by rent burden and overcrowding-worsen health via constrained utilization of preventive care used access and the associated raised levels of stress and food insecurity demonstrated by low-income populations" (Whitman A., 2022).

These are listed as, provision of housing and basic amenities in the National Health Vision Sindh, improved housing and sanitation in Sindh at some extent. Whereas, it is not mentioned in the Punjab and Balochistan health policies. Analysis shows that the health policies of Punjab and Balochistan have not discussed housing as an important social determinant of health. Considering national health vision and health policy of Sindh and KPK, housing has been mentioned very superficially,

which requires further explanation and more in-depth analysis on its impact on health outcomes. The analysis shows that the health policies of Punjab and Balochistan have not discussed basic amenities as an important social determinant of health. The basic amenities were discussed in the national vision of health and the health policies of Sindh and KPK, but needed further elaboration towards a more comprehensive analysis regarding their role in health outcomes.

Access to affordable health services

Lack of infrastructure in rural areas worsen the disparities in access to affordable health services. The limited investment and workforce shortages we face compromise quality of care, while the high out-of-pocket costs prevent many people from accessing necessary care. While there is a bit of relief with programs like the Sehat Sahulat Program, these are minor scratches that cannot resolve more general systemic issues in healthcare equity. Antenatal care is not utilized in Punjab, Pakistan, because of poor service delivery and long distances from health facilities that are supplemented by untrained birth attendants. According to Majrooh, M. A. (2014), health access is highly inequitable in Pakistan because of weak regulation and ineffective financing, especially for vulnerable groups (Zaidi, S. 2013). Low infrastructure, high out-of-pocket expenditure, and inequality between urban and rural health facilities are some of the major challenges towards achieving Universal Health Coverage, as stated about Pakistan. Low infrastructural investment tend disparity in health access between urban and rural parts of Pakistan.

Ensuring access to affordable health services in all five policies, though witnessing a few improvements in the provinces of Punjab and KPK, remains inequitable. In contrast, policies by Sindh and Balochistan enhance access to health facilities across all income categories. Analysis shows that the national health vision and, respectively, the health policies of all four provinces have elaborated on access to affordable health services of decent quality as an important social determinant of health. However, certain variations in depth can be observed, as more detailed discussions have been presented in KPK and Balochistan, while Punjab and Sindh policies need further explanation to clarify how this factor actually influences health outcomes.

Policy Analysis

Sr.no	Variables	National Health Vision (2016-2025)	Punjab Health sector strategy (2019 – 2028)	Sindh Health sector strategy (2019 – 2028)	KPK Health Sector Strategy (2018 – 2025)	BALOCH ISTAN HEALTH SECTOR (2018 - 2025)
1.	Income	√	√	√	√	√

2.	social protection	√	X	√	√	X
3.	Education	√	X	√	√	√
4.	Employment	X	X	√	X	X
5.	job insecurity	√	X	X	X	√
6.	Working life conditions	√	X	X	X	X
7.	Food insecurity	√	X	√	√	√
8.	Housing	√	X	√	√	X
9.	Basic amenities	√	X	√	X	X
10.	Environment	√	√	√	√	√
11.	Early childhood development	X	X	√	X	X
12.	Social inclusion	√	X	√	√	√
13.	Access to affordable health services of decent quality.	√	√	√	√	√

Recommendations

1. All the health policies should explicitly include social determinants of health recommended by WHO. This could involve creating dedicated sections or strategies that address these factors and their impact on health outcomes.
2. After 18th amendment provinces have autonomy to implement the policy but health is a fundamental issue which should be sorted with a mutual coordination. It should be ensured that that all provincial health policies are inline with each and collectively with federation. This will not curtail provincial autonomy but it will let federation to stream line the health issues.
3. Each policy must be enacted in steps, first with a pilot programs in the high-need areas at provincial level especially in remote areas Balochistan and KPK.
4. There should be an effective mechanism for monitoring and evaluation of the policies and it should be ensured on continual basis.
5. There should be a fixed tenure for health policies and during that tenure there must be consecutive provisions.

Conclusion

The analysis of social determinants of health (SDOH) reveals significant inconsistencies and gaps in federal and provincial health policies. It seems that SDOH has not given due consideration compare to their high influence on individual's health. Some determinants like job insecurity, early childhood development, income and employment are mainly neglected. Other determinants are acknowledged, but their integration into policies is uneven.

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