

Policy Document

Health Inequities and their Social Determinants Policy

Background

In 2008 the World Health Organization (WHO) reaffirmed its social determinants approach to achieving global health equity. The WHO Commission on Social Determinants of Health (hereafter "the Commission") released a report that summarised evidence from around the world exploring how external forces such as income differences and rural-urban migration contribute to health and health inequity [1]. Subsequent to this, the 62nd World Health Assembly (WHA) passed a resolution entitled "Reducing health inequities through action on the social determinants of health," calling on Member States to implement the recommendations of the Commission [2]. The Commission's work centres around three overarching recommendations:

1. To improve people's daily living conditions;
2. To tackle the inequitable distribution of power, money, and resources that shape these living conditions; and
3. To measure and understand the problem and assess the impact of action.

Despite sixty years of international treaties and conferences, gross health inequities continue to exist between and within countries [3]. Advances in medicine and public health have greatly improved health outcomes over the last two centuries. However if we are to address the myriad of 21st century global health challenges - ranging from poverty to war to climate change - we must do so through united action on the social determinants of health - the social, economic and political conditions that influence our health and the social policies that determine these conditions. [4].

The Australian Medical Students' Association (AMSA),

1. Has considered the content of the International Federation of Medical Students' Associations policy statement on health inequities and the social determinants of health passed at the 60th General Assembly in Jakarta;
2. Notes the current AMSA policies on Health and Human Rights, Climate Change and Health, The Millennium Development Goals and Global Health in Medical Education;
3. Has considered the final report of the WHO Commission of the Social Determinants of Health; and
4. Has considered the WHA's resolution on reducing health inequities through action on the social determinants of health (WHA62.14).

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It is with this context that the Australian Medical Students' Association (AMSA), the peak representative body of Australia's medical students, will stand up and actively partner in achieving a vision of 'Health for all' through action on the social determinants of health.

Policy

AMSA calls upon:

1. Australian medical students and medical professionals to:
 - a. Recall the values that underpin our professional practice; those of social accountability, people centeredness and social justice;
 - b. Acknowledge the many within our profession that use these values as guide for practice;
 - c. Be agents of social change; actively advocating through initiatives that build awareness, generate new knowledge or campaign for political change towards global health equity.

2. Australian Medical Schools to:
 - a. Re-establish their accountability and responsiveness to local and global communities towards achieving global health equity;
 - b. Adopt medical curricula that are adapted to local contexts, but equip all students with the skills to deal with 21st century challenges common to all countries, especially those of health inequities. This would include, but is not limited to graduating students with:
 - i. A social accountability to the local and global communities they serve;
 - ii. A sound knowledge of the social determinants of good health and of health inequities;
 - iii. The ability to place individual patient care within the context of globally integrated systems;
 - iv. Skills for patient and global health advocacy such as: leadership, policy analysis and social change theory.
 - c. Provide avenues for students to actively participate in local, national, and global actions on health inequity and the social determinants of health;
 - d. Commit to addressing stark inequities in medical workforce distribution, such as those in: urban and rural areas; Aboriginal and Torres Strait Island communities; and in countries of majority world nations. This would include adopting course admission criteria that harmonise the principles of academic excellence and the recruitment (at times proactively) of a balanced rural, ethnic and socio-cultural composition of students.

3. The Australian Government to:
 - a. Tackle the health inequities within and across countries through political commitment on the main principles of "closing the gap in a generation" as a national concern, as is appropriate, and to coordinate and manage intersectoral action for health in order to mainstream health equity in all policies, where appropriate, by using health and health equity impact assessment tools;
 - b. Develop and implement goals and strategies to improve public health with a focus on health inequities;
 - c. Take into account health equity in all national policies that address social determinants of health, and to consider developing and strengthening universal comprehensive social protection policies, including health promotion, disease prevention and health care, and promoting availability of and access to goods and services essential to health and well-being;
 - d. Ensure dialogue and cooperation among relevant sectors with the aim of integrating a consideration of health into relevant public policies and enhancing intersectoral action;

- e. Increase awareness among public and private health providers on how to take account of social determinants when delivering care to their patients.
 - f. Contribute to the improvement of the daily living conditions contributing to health and social well-being across the lifespan by involving all relevant partners, including civil society and the private sector;
 - g. Contribute to the empowerment of individuals and groups, especially those who are marginalised, and take steps to improve the societal conditions that affect their health;
 - h. Generate new, or make use of existing, methods and evidence, tailored to national contexts in order to address the social determinants and social gradients of health and health inequities;
 - i. Develop, make use of, and if necessary, improve health information systems and research capacity in order to monitor and measure the health of national populations, with disaggregated data such as age, gender, ethnicity, race, caste, occupation, education, income and employment where national law and context permits so that health inequities can be detected and the impact of policies on health equity measured.
5. International community, including United Nations agencies, intergovernmental bodies, civil society and the private sector to:
- j. Take note of the final report of the Commission on Social Determinants of Health and its recommendations;
 - k. Take action in collaboration with WHO's Member States and the WHO Secretariat on assessing the impacts of policies and programmes on health inequities and on addressing the social determinants of health;
 - l. Work closely with WHO's Member States and the WHO Secretariat on measures to enhance health equity in all policies in order to improve health for the entire population and reduce inequities;
 - m. Consider health equity in working towards achievement of the core global development goals and to develop indicators to monitor progress, and to consider strengthening international collaboration in addressing the social determinants of health and in reducing health inequities;

AMSA Council requests:

- 1. The AMSA Executive to:
 - a. Be mindful of those values espoused by the Commission; those of social justice, social accountability and global health equity, when framing the strategic direction and in particular, the advocacy agenda of the Association;
 - b. Where appropriate, publicly express support for the work of the WHO Commission on the Social Determinants of Health and like-minded initiatives through direct statements and campaigns;
 - c. Where appropriate, lobby State and non-State actors to implement the recommendations of the Commission and to fulfil their commitments in addressing global health inequities;
 - d. Where appropriate, and in line with the Association's broader strategic activities, collaborate with international and local organisations that work for the reduction of health inequity through action on the social determinants of health;
 - e. Actively advocate for institutional and curricular reforms by Australian medical schools to include social determinants of health in the education of medical professionals as per points 2a-d;
 - f. Encourage research and service activities on health inequity and social determinants of health among AMSA ThinkTanks, Global Health Groups and individual members at large.

References

1. Commission on Social Determinants of Health, Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the CSDH., 2008, World Health Organisation: Geneva.
2. World Health Assembly. Reducing health inequities through action on the social determinants of health. Resolution 62.14. 2009 [cited 2011 8 May]; Available from: http://apps.who.int/gb/ebwha/pdf_files/A62/A62_R14-en.pdf
3. Marmot, M., Harveian oration - Health in an unequal world. Lancet, 2006. 368(9552): p. 2081-2094.
4. Marmot, M., J. Allen, and P. Goldblatt, A social movement, based on evidence, to reduce inequalities in health. Social Science & Medicine, 2010. 71(7): p. 1254-125.

Policy Details

Name: Health Inequities and their Social Determinants Policy

Category: G – Global Health

History: Adopted, Second Council, 2013
Following a review and repeal of a similar policy adopted in 2011.