PRIMARY HEALTH CARE RE-VISITED: USING SOCIAL DETERMINANTS OF HEALTH TO ADDRESS HEALTH DISPARITIES AND INEQUITIES IN THE AFRICAN REGION

Stella C. E. Anyangwe¹ and Martins Ovberedjo²

¹World Health Organization Country Office, 351 Schoeman Street, Pretoria 0126, Republic of South Africa
²World Health Organization Country Office, Dar-es-salaam, Republic of Tanzania

Abstract: The WHO constitution (1948) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. It also states that “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 beliefs, economic or social conditions”. The Declaration of Alma Ata (1979) stresses that access to primary health care is the key to attaining a level of health that will permit all individuals to lead a socially and economically productive life, thus contributing to the realization of the highest attainable standard of health, in line with the WHO Constitution. Primary health care (PHC) addresses the main health problems in the community, and provides promotional, preventive, curative and rehabilitative services accordingly. The social determinants of health (SDH) are the conditions in which people are born, grow, live, work, age and die. All of these determinants or circumstances that affect people’s health are directly linked to the distribution of power and resources at global, national and local levels, which are themselves influenced by policy choices. The SDH should logically inform the delivery of PHC for equitable health, but they unfortunately are mostly responsible for health inequities, seen as the unfair and avoidable differences in health status within and between countries. The situation is particularly dire in developing countries, especially those in the sub-Sahara region of Africa. A poignant example is the significant disparity in the use of basic maternal and child health services by the lowest and highest economic quintiles in several African countries. For this reason, WHO established the Commission on Social Determinants of Health (CSDH) in 2005 to provide advice on how to reduce persisting and widening health inequities globally. The rationale for considering the SDH when seeking to improve health lies in the question: “why treat people without changing what makes them sick?” An analytical review of relevant literature on PHC implementation in the African Region in the past 30 years, including whether or not SDH are taken into account in PHC, shows that there have been and continue to be missed opportunities for linking the two. There is little or haphazard engagement of the various sectors outside of health that are mandated to address the social determinants that affect health. For successful revitalization of PHC for more equitable health care, especially in the African region, the CSDH report of 2008 recommends that addressing the social determinants of health should be the core element of national strategies. Multi-sector collaboration at all levels, including the community, is vital when addressing factors that contribute to health disparities/inequalities, and without which the Millennium Development Goals will be impossible to achieve in the African Region.

Key words: World Health Organization, Primary health care, social determinants of health.