

From the Editor-In-Chief

The papers in this issue of *World Health & Population* provide a stark reminder of the relevance and importance of social determinants of health (SDOH), as well as evidence of the large effect these have on the health and well-being of individuals. As we push forward with the advancement of Sustainable Development Goals (SDGs), Universal Health Coverage (UHC), Primary Healthcare (PHC) and other global agendas, it is essential to understand that, in addition to discussions regarding health services, we must attend to SDOH.

The World Health Organization (WHO) defines SDOH as: “The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels” (WHO 2008).

SDOH are any economic and social conditions that affect the health status of individuals and communities. Factors such as education, income, housing and environmental infrastructure contribute to the health status of people. It is estimated that only 25% of a person’s health status is determined by the health services that they receive and that the remaining is a combination of their genetic composition and the SDOH that they experience, which are often shaped by policies.

The papers by Olorunlana et al. (2016), Safari et al. (2016) and Ciarmela et al. – from Nigeria, Iran and Argentina, respectively – clearly demonstrate the

importance of education, literacy, income and basic infrastructure (such as access to clean water) as crucial determinants of health. In the manuscript by Safari et al. (2016), only 20% of the pregnant women surveyed were aware of the need for antenatal care. Although some efforts are made in Iran to provide the correct services, programs and infrastructures, it is crucial to understand the role and importance of cultural and traditional beliefs on these services and how community engagement and education can contribute to the uptake of the desired practices, whether it is the use of clean water or prenatal care. The influence of tradition and cultural practices on individual’s actions and behaviours is not studied sufficiently, despite its importance. We need to have a better understanding of this area so that we can integrate the knowledge to appropriate interventions at the community level. At the same time, there is a need to increase the awareness that a sick child does not necessarily show the signs of illness, just as Ciarmela and colleagues (2016) point out in their paper. Their research shows that apparently healthy children can suffer from anemia and parasitic infections unnoticed by conventional public health system.

The collection of papers in this issue also serves as a reminder that, although interventions to prevent and treat communicable diseases exist, these diseases are – unfortunately – still rampant and hundreds of millions of people are infected. Although the attention of many countries and global

organizations like the United Nations (UN) and WHO is increasingly focusing on the burden of non-communicable diseases, we have to realize that infectious diseases are still an issue and we must ensure appropriate interventions and policies are in place to support solutions for all diseases.

Other significant issues that we need to address include how to achieve the progress we aim for with the SDGs, UHC and PHC agendas and how we evaluate and measure this progress. The paper by Nickanor and Kazembe (2016) flags some significant issues. The malnutrition situation and undernourishment of children in this study got worse and not better between 1992 and 2006. This regression in health status occurred while we were aiming to achieve the UN's Millennium Development Goals (MDGs) by its set deadline of 2015. Billions of dollars in aid and development were invested to this aim, so where did we go wrong and how can we make sure that all of the good intentions, visions, global declarations and funding take us to the right outcomes?

It is my opinion that, without a solid integration of social, economic and health agendas with rigorous monitoring and evaluation, we might find the world population not achieving the desired levels of health and well-being.

WHO says that: "This unequal distribution of health-damaging experiences is not in any sense a 'natural' phenomenon but is the result of a toxic combination of poor social policies, unfair economic arrangements [where the already well-off and healthy become even richer and the poor who are already more likely to be ill become even poorer], and bad politics." (WHO 2016.)

As you read the papers in this issue of *World Health & Population*, keep some of these questions in mind and let's make sure that we move forward in a more-integrated manner where health, social and economic drivers are all taken into account.

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