The concept of Social Determinants of Health (SDH) emerged in public health literature during an evolutionary process in our collective knowledge of determinants of health. The World Health Organization (WHO) defines SDH as “conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life which include economic policies and systems, development agendas, social norms, social policies, and political systems”. Although its root goes back to before Alma Ata declaration, but even within WHO, it was not paid attention for years.

Dissemination of Ottawa Charter (1986) highlighted the link between health and social factors calling for going beyond health services to protect and promote population health. It can be argued that health promotion practice means applying SDH as an approach to identify determinants of health and diseases, and accordingly developing strategies and interventions to tackle health issues such as health inequity and non-communicable diseases to promote health at individual and population levels. Establishment of commission of SDH in 2004 and also publication of action framework to address SDH are two milestones in advocacy for taking into account the link between health and social factors and facilitating action towards addressing SDH.

In addition, Millennium Development Goals (1990) and Sustainable Development Goals (SDGs) have significantly highlighted the mutual relationship between health and socio economic conditions. The SDGs encompass 17 integrated goals, including 169 associated targets. Iran has committed itself to achieve SDGs by 2030. The focus of these SDGs are on poverty, food, education, equity, and empowerment of women, water and sanitation, energy, employment, equity, finance, socially healthy working, and living environment which are in fact SDH.

In response, WHO’s 9th Global
Conference (2016) on Health Promotion in Shanghai focused on the link between health promotion and SDGs and made two landmark commitments to promote public health and eradicate poverty. The conference outcome statement “Shanghai declaration on Health Promotion” conference announced that global leaders from governments and United Nations organizations, city chiefs, and health experts from around the world agree to promote health in order to achieve the SDGs. The declaration highlighted that people should be able to control the factors influencing their everyday life—be in a position to make healthy lifestyle choices and decisions.

Considering the ample evidences proving the close link between health and development, and in other words between health and SDH, it seems that health professionals in Iran, should also align their thinking, perspectives, and actions with the current knowledge and experiences regarding factors influencing on health and development as discussed earlier. Fortunately, it seems that the context is well prepared and many opportunities are rising. For example, the existence of SDH research centers, SDH courses taught in universities, National Committee of SDH, and High Council of Health and Food security are important available opportunities for taking action on SDH that also help SDGs achievement in Iran. In addition, establishment of Social Affairs Deputy in Ministry of Health which includes department of SDH as well as SDG office with its similar structure across the country in provinces, National Committee of SDH, National Committee of SDG, and development of the 69 national indicators of health inequity are other new valuable opportunities in mainstreaming SDH in health and also development planning. Now, it is our duty to make the most of these rising opportunities and play our roles in promoting our people and environmental health.

References