Social Health Insurance Fund vs The Social Determinants of Health: Putting the Cart before the Horse?

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At the half-way point to the 2030 Sustainable Development Goal of Universal Health Coverage (UHC), more than half of the world's population are still not fully covered by essential health services. Progress towards Sustainable Development Goal #3 ("Ensure healthy lives and promote well-being for all at all ages") has stalled alarmingly in many countries and financial protection has been progressively worsening for two decades. This was starkly remarked on at the United Nations General Assembly's high-level meeting on Universal Health Coverage on 21 September 2023, with the subsequent adoption on 5 October 2023 by the General Assembly at its seventy-eighth session of a new political declaration on universal health coverage: "expanding our ambition for health and well-being in a post-Covid world". By that account, world leaders committed themselves to redoubling efforts to achieve UHC by reorienting health systems and investments through a primary health care approach. At the same time, WHO's Global Monitoring Report for 2023 on tracking Universal Health Coverage, launched on 18 September 2023 by WHO and the World Bank, shows that the world is off-track in making significant progress towards achieving UHC by 2030 (Sustainable Development Goal target 3.8). In total, 4.5 billion people were not fully covered by essential health services in 2021, and billions of people experienced catastrophic health spending or impoverishing health spending.

The social determinants of health: time to consider the underlying causes of disease and ill-health

The pursuit of UHC has become a top global health priority and an increasing number of Low- and Middle-Income Countries (LMICs) are explicitly aiming for it. In most of them, however, progress must happen against the backdrop of a severely resource constrained healthcare system, the inefficient and inequitable use of available resources, and a heavy burden of Out-of-Pocket Payments (OOP). In their quest to move towards UHC, many countries have opted to collect contributions from the population, believing this to be an additional, untapped source of revenue. However, compared with high-income countries, many LMICs operate in a very constrained fiscal space. This may also be coupled with large sectors of society operating in the informal economy, where it can be challenging to rely on contributions as a reliable source of revenue. According to the ILO, informal employment without taxable income can account for up to three-quarters of all employment in parts of Africa and Asia, making the collection of revenues particularly challenging. Moreover, in the case of social health insurance, it is possible that contribution collection from formal employment in LMICs may hinder the formalization of the labour market, questioning the economic sustainability of social health insurance schemes.

Research indicates that the Social Determinants of Health (SDH)—defined by the World Health Organization as "the 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" can be more important than healthcare or lifestyle choices in influencing health. Numerous studies suggest that SDH accounts for between 30-55% of health outcomes. SDH have been shown to have a greater influence on health than either genetic factors or access to healthcare services. For example, poverty is highly correlated with poorer health outcomes and higher risk of premature births. Indeed, the impact of social inequality is pervasive and deeply embedded in our society, creating inequities in access to a range of social and economic benefits—such as housing, education, wealth, and employment. These inequities put people at higher risk of poor health and premature death.

The dramatic increase in life expectancy since the 19th century is due primarily to improved living conditions, including nutrition, sanitation, and clean water. Decades before the availability of modern medical-care modalities such as antibiotics and intensive care units, the mortality from many diseases were already falling quickly and steadily. While advances in medical care may also have contributed, most believe that non-medical factors, including conditions within the purview of traditional public health, were probably more important.

Another example of the limits of medical care is the widening of mortality disparities between social classes in the United Kingdom in the decades following the creation of the National Health Service in 1948,

which made medical care universally accessible. Using more recent data, researchers found that although health overall was better in the United Kingdom than in the United States, which lacks universal coverage, disparities in health by income were similar in the two countries. Large inequalities in health according to social class have been documented repeatedly across different European countries, again despite more universal access to medical care.

Isn't it time to address the cause before the cure?

With the foregoing evidence, which is widely and freely available, one would have expected the Kenya Government to put its money where its mouth is by bolstering spending on health coverage. Among the key challenges that Kenya faces in achieving UHC include human resources constraints, patchy accreditation of health facilities, dilapidated health infrastructure, limited coverage by the NHIF, lack of a proper health information management system, improper governance, fraud and overall insufficiency.

It follows that improved sanitation and nutrition will have a greater impact on the health of Kibera or Mathare slum residents than accessing SHIF. As an old colonial medical officer once put it, "the best way to improve the health of the Natives is to stop them from eating their feaces." Crude as that may sound, it expresses a sound observation: social determinants of health have a higher effect on health.

The elimination of health inequities occurs through well-designed economic and social policies. Every aspect of social determinants influences the health aspects of people; hence, some areas to focus on include employment, education, socioeconomic status, social support networks, health policies, and healthcare access. A large and compelling body of evidence has accumulated that reveals a powerful role for social factors—apart from medical care—in shaping health across a wide range of health indicators, settings, and populations. This evidence does not deny that medical care influences health; rather, it indicates that medical care is not the only influence on health and suggests that the effects of medical care may be more limited than commonly thought, particularly in determining who becomes sick or injured in the first place.

The French proverb grasps the irony of the situation: "The communal donkey gets the heaviest burden". Which is to say, a Kenyan slum resident having access to an improved healthcare facility will go back to the slums and come back to the healthcare facility with the same recurrent ailment, unless water and sanitation health in the slums are improved!