

## THE IMPACT OF THE HEALTH SYSTEM DETERMINANTS

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**Abstract** *Objectives: Social determinants usually identified as factors that influence health and health equity, including equity, such as housing, employment and education - factors of "upstream". More and more evidence from a variety of areas indicate that health systems are themselves factors of social determinants. They are seen more frequently as determinants of "downstream" type - as means of access to health services for disadvantaged groups, and this shows how health systems have significant influence, affecting the socio-political and economic environment. Purpose: The scientific evidence noted that when health systems are appropriately designed and managed properly, can address inequities in health. This occurs when an environment specifically address the disadvantaged and marginalized populations, including women, poorer groups and others excluded by stigma and discrimination. Methods: The current approach gives greater benefits to the society: a sense of security, hope, prosperity, social cohesion and trust needed for specialized assistance in times of sickness and by these characteristics can influence economic construction and social support programs that promote equity in health. In some cases, health systems actively perpetuate the injustice and social stratification. Results: There are health systems which fail to implement the institutional expertise to address the social determinants of health and does not contribute effectively to social responsibility in the interest of equity in health. Institutionalization of health systems creates financial and geographical barriers in the access disadvantaged groups through the development of insensitive institutional practices and culturally antagonistic by impoverishment of these groups while simultaneously allowing those with higher incomes to access higher levels of care in public spending health. Conclusions: This context can describe patterns of interaction which emphasizes health determinants at the individual level: personal lifestyle is embedded in social norms and interaction networks, as well as living and working conditions, which in turn are linked to the broader socio- economic and cultural context.*

**Keywords:** *health determinants, health system, social impact*

### Introduction

Equity in the healthcare system impact is significant on the request toward change of healthcare system, but was put into the context of a difficult process identifiable and synthesized. Fundamental change of the health system is highly complex scattered and organized a host of "sub-actions" into several groups or organizations. This approach is often difficult to numerous goals, which make it difficult tracking the journey and explaining the effects achieved. Study healthcare systems, their impact, the role and the social determinants how changes should be defined to achieve the desired results, is a more recent and less documented than, for example, studying the results of clinical medicine, and specialty literature in developing countries development is under-represented and often difficult to access (Goetz and Gaventa, J., 2001; Baez and Barron 2006).

Knowledge of the social determinants of health is essential to identify the main factors of efficiency and analysis of social inequalities in health (Gilson, 2007). The analysis of causality factors must be developed and customized as the crucial elements of health status and on social fairness can vary significantly for different socioeconomic groups. In the center of a rainbow picture type, indicative of highlighting inequality determinants, individuals are characterized by elements such as: age, gender and constitutional characteristics that influence health and are substantially unchanged. For there are influences that are theoretically modifiable exogenous approach: first, there are individual behavioral factors, such as vicious habits and physical activity secondly, individuals interact with their colleagues and with the environment, being influenced by those factors (Govender and Penn-Kekana, 2007; Deaton, 2004).

A person's ability to maintain health is genetically determined and influenced by living and working conditions, food supply, access to essential goods and services. Finally, as mediators of the health status of the population, economic influences, cultural and environment prevail in the global society. This type of pattern to describe health determinants emphasizes interactions: personal lifestyle is embedded in social standards and interaction networks, as well as living and working conditions, which in turn are linked to the broader socio-economic and cultural. It is therefore of particular importance to be able to distinguish between social factors and healthcare for the general customized social factors in health inequalities (McKee, 2002).

## **Materials and methods**

Current research has conclusive evidence showing that health systems are an important determinant of health. Epidemiological and econometric analysis shows that health systems or individual elements within them, can promote public health, independent of other influences. Positive impact on health is particularly evident where primary health care (PHC) approach is applied behind the strategy of organizing the healthcare system and its accompanying philosophy. This strategy should be supported by recognizing the need to address the context of broader social determinants of health policy makers, and involve extensive action to promote equity in health. Such activity includes intersectional action for health and mechanisms to enable a planned approach provided the population health. In the healthcare insurance system services, the approach should also provide proper medical care, comprehensive, integrated focus on prevention and promoting prevention and place in a framework that recognizes the key role of primary care and appropriate use by all patients. While this perspective in health care captures only one dimension of the global approach in primary care, yet it makes an important contribution to improving health (Fig.1).



Figure 1 Healthcare determinants

Therefore, we can identify three lines of evidence from 25 studies (mainly high-income countries), which show a stronger association between the progressive primary health care and general population: a line consistently shows that public health is better in high density areas of primary care physicians, the second line shows that people who receive care from specialist physicians are healthier, and the third line of evidence shows that there is an association between specific characteristics of primary care (eg preventive care) and improve the health status of people who are beneficiaries of these services (this last point suggests not only that can be improved access to curative care that makes primary care efficient over time, but also is the embodiment of his principles of prevention and health promotion) (Fig.2). In addition, three detailed international comparisons of industrialized countries shows that countries with primary care services have developed in the population with better health status, particularly when health policies are generally focused at the primary level.



Figure2 The timeline evolution of health determinants

Despite of their potential to promote equity in health, many systems now working for the purpose of generating health inequality and social stratification potentiation. Efforts to strengthen health systems must therefore begin by recognizing the four key issues. First, most health systems have, at best, only a poor state of public health and health equity orientation.

## **Discussion**

These systems performed limited and often economically unsustainable attempts to address differential exposure and vulnerability of patients and the right to free will (Robinson and Wharrad, 2000; Anand and Ravallion, 1993). A few countries apply a highly oriented primary health care within their health systems (van Doorslaer et al., 2006). In addition, issues of health system often exclude disadvantaged and marginalized social groups of population (McIntyre and Thiede, 2007). Second, despite the potential for redistribution discussed earlier, the lowest income countries, health care is pro-poor: the highest income groups use more health care from public funds, compared with groups poor (Nyirenda et al., 2006).

Globalization has improved the overall welfare because income has increased in many regions of the world. But despite the massive potential for technology transfer and generation, which is the wealth offered by globalization, it remains an area of fierce dispute among intellectuals - not least because of large differences of wealth that exists between those countries that have successfully harnessed the power of globalization and those that have not achieved it, is developing. Globalization has brought a Copernican revolution in how people relate to money, as wins and interpersonal communication issues. Globalization has been characterized as internationalization of production, a new international division of labor, producing new migratory movements from south to north and competitive advantage of a new environment. As such, some authors see economic globalization as a negative sum game, a "race to the end", in which states are obliged to reduce welfare and social spending, and companies are forced to abandon labor as much as possible and to ignore environmental standards and social determinants in order to remain competitive internationally.

There is current formed by supporters of the "European social model", which is characterized by extremely high welfare by increasing costs, restrictive labor laws, tax returns and very high individual burdensome regulations applied to private enterprises. If governments are able to direct and manage the labor market, it is assumed that the harmful effects of globalization - and while its effects on health - can be mitigated. But, given the current failure of the European social model to provide jobs and social security, how useful is critical of globalization in these terms? In terms of equity, there is credible evidence that international disparities related to income are associated with impaired health. And opinions that are most striking for this, with a par normative, it is worth remembering that amazing prosperity personal growth observed in recent years in China and India contributed greatly to reducing inequalities of income. In addition, global life expectancy - probably the best single indicator of human development - has improved

rapidly since 1970 (with the notable exception of sub-Saharan Africa in 90 years). Much of this is due to increased global prosperity, brought in part, by increasing international trade and investment. Indeed, those countries that have deliberately isolated from globalization, for example, North Korea and Zimbabwe, have depleted evenly, with a rapid decline of living standards and health.

Globalization can also help to speed up health status and living standards in poor countries by facilitating transfer of technology. Decrease costs in the health system allows specialized medical interventions, implementation and adoption of the drugs in poor countries, while cheaper and faster transfer of information through television and high speed Internet helps to spread information elements can improve public health through examples such as health consequences of smoking or the beneficial role of exercise (Mackintosh, 2007; Bokhari, 2007).

## **Conclusions**

Many of the negative aspects of "social determinants of health" are caused by poor institutional failure and intervention, the late executive systems. Should be recognized that these "social determinants" produce poor health, but the best way to mitigate their impact by allowing the expression of free will, through access to basic elements of freedom - the right of ownership, market liberalization, the implementation of enforceable contracts, regulations clear and transparent and strengthening the rule of law. These types of actions also enable a country to maximize the opportunities of globalization better by attracting foreign capital and to make local industries more competitive. In addition, countries that give protection to a policy of open premises industrial and technological import can benefit directly impacts their health. For example, if the local pharmaceutical industry in a country is obliged to compete in an international global market, this means that citizens will receive medical services of the highest qualification, the latest effective drugs at the lowest cost. Many low-income countries have protected local industries, inefficient, by placing high taxes and high tariffs on imported drugs, such as inaccessible for people who are not insured. In India, for example, fees and charges is a percentage of 55 percent of product prices, fees that are charged for drugs ill patient. Because these determinants are so closely related to the rapid improvement in economic conditions, can help overcome most social problems and issues of access to quality health services, mainly for the developing countries.

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