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Good Health and Well-being for *All* in 2020

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As social workers, we understand how well-being is shaped by the policies, politics, and philosophies embracing an individual, family, and community. Past efforts to improve well-being in many countries have looked to the health care system as the key driver of health and health outcomes. More recently, there has been increased recognition that improving well-being and achieving health equity will require broader approaches that address social, economic, and environmental factors that influence health, often referred to as the social determinants of health.

These factors outside of traditional care which impact an individual's health and well-being include socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care. Research has shown that over 60% of an individual's health and well-being are influenced by these social determinants (Artiga & Hinton, 2018). The WHO Commission on the Social Determinants of Health comprehensive 2008 report argues that unless all members of the globe worked jointly to better the social determinants as a matter of social justice, we will continue "killing people on a grand scale" (Commission on Social Determinants of Health, 2008, p. 26). The ability to access human rights such as the freedom to choose who one associates with, to live where one chooses, to work where one wants, to freely move about, and to feel respected and included within a society contributes to our physical, emotional, and social health (Commission on Social Determinants of Health, 2008).

The WHO call to address these social determinants sparked great interest around the world. In 2011, the Rio Declaration on the Social Determinants of Health (Rio Political Declaration on the Social Determinants of Health, 2011) followed by the launching of the Sustainable Development Goals (SDGs) in 2015 (United Nations, General Assembly, 2015) affirmed the critical links among these social determinants to the human right to health. Most recently, the commitment to the right to health was the focus of the political declaration signed by all countries participating in the September 2019 High Level Meeting on Universal Health Coverage (United Nations, General Assembly, 2019).

As the articles in this issue demonstrate, there is much to be done. The interaction of the social, economic, and political factors that determine health and health care is present for every individual and community and in every country. In 2017, only between one-third and one-half of the world's population were covered by essential health services, and many more did not have access to clean water, sanitation, or education, all of which are important social determinants of health (World Health Organization (WHO), 2018). In many countries, the pace of progress toward universal health coverage has slowed since 2010 because the inability to afford care is a critical impediment to health. And despite decades of progress, impoverishment related to health care expenses is now increasing. In 2015, nearly one billion people spent more than 10 percent of household income on basic health care and 210 million spent more than 25 percent (WHO, 2015).

Health is not something given to us; it is our right and *all* individuals must become active agents of change to bring about the change needed to improve societal well-being for all. We must eradicate factors that contribute to health inequities and that privilege health care services for one group over others. It is our social inequalities that drive our economic, health, and educational inequalities and fuel the inequities among different groups.

In the article by Bhardwa in this issue, health and human rights concerns in India are contextualized by the availability of basic necessities, affordability and accessibility of health care services, and specialized services to patients including palliative care. The sociological, psychological, and cultural changes needed to bring change in the Indian context are discussed. Ventura's study on mental well-being based in

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Sao Paulo, Brazil demonstrates the impediment that many of us around the world encounter—that is, while it is important to have clear laws and policies in place, the laws and policies do not translate into practice unless those on the frontlines understand that health, including mental health, is a human right, not a charity benefit. Wronka picks up on the gap between policy and practice in his article and calls for human rights defenders (such as social workers) to be more proactive when it comes reporting system violations and potential violations of the right to health and mental health. As Wronka points out, human rights defenders should seek proactive measures to promote mental health at all levels of intervention, rather than reactive measures alone.

Issues regarding social determinants of health can take shape in periods of emergency and crisis, and later prove difficult to be undone. In his article, Barney argues that humanitarian approaches to disaster management should be replaced by increasingly popular human rights approaches that emphasize the dignity and worth of persons and equitable use of resources, transparency, and accountability to protect people's rights during disasters as well as afterwards. He makes the case for social workers to use a human rights approach to disaster management, and discuss how social work practitioners, researchers, and advocates can promote this approach in their disaster-related work.

To achieve different outcomes and goals, we must practice differently, and to practice differently, we often need to change our perspective. Kuntjoro's article shows us how a change in perspective changes practice. He suggests that we need to shift the attention we give after a crime or act of violence from the criminal to the victim, and subsequently from the victim to humanity. He provokes us to envision how societies might change if we were to foster the agency of victims beyond rational solidarity.

If we commit to health as a right, then we must commit to this for all persons. As Cox points out, older adults are especially vulnerable to marginalization, poor health, poverty, and income insecurity and often not considered in rally cries for "all" persons. Cox links the SDGs to human rights in her article to show us how social workers should promote the inclusion and well-being of older people using a rights-based approach to practice at the micro, mezzo, and macro levels.

From the articles in this issue, we learn that for the human right to health to be achieved, there is much work to be done. While policies and laws are important, changes will not happen unless all actors involved, especially frontline workers such as social work practitioners, are trained to be proactive as well as reactive when it comes to human rights violations. To do this, we need better participatory governance mechanisms linking policy and planning for health at national and subnational levels that include the full range of community and local actors, civil society, and the private sector impacted by health-related resources and investment. For this to happen, we need commitment from all actors to an equitable health system for *all*.

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