

The responsibility of health: shifting the focus from individuals to systems

Social determinants of health, although widely acknowledged, tend to be poorly translated into policy. Health programme initiatives too often underline individual accountability, which reinforces a flawed narrative that overlooks structural barriers—poverty, inequitable access to resources, unsafe environments, and harmful commercial practices—which shape health behaviours.¹

For example, the ongoing Horizon Europe programme (2022–27) advocates for citizen empowerment by encouraging self-management and prevention,² overshadowing the combined contributions of social and commercial determinants of health.

A key barrier to translating knowledge about social determinants of health into effective action lies in the knowledge translation toolkit, which includes measures and interventions specifically designed to bridge the gap between research and practice.³ For example, health literacy interventions aim to reduce disparities by promoting health behaviours through education. Such initiatives—even those that recognise the role of social determinants in shaping health behaviours—often unintentionally reinforce an individual-centred approach. These interventions frequently target individuals with education-based solutions, emphasising functional, interactive, or critical health literacy frameworks.⁴ So-called organisational or systemic health literacy was introduced to complement the focus on individual behavioural change with societal systems that enhance health and healthy choices.⁵ Organisational health literacy implementation should therefore be adapted to the local contexts to account for the existing social gradient in health.

We need to shift the focus from creating health-literate individuals to developing health-literate systems, including health-literate businesses acknowledging “that investment in the health of employees is not only a ‘nice to have’ attribute or philanthropic activity but it is a ‘need to have’ investment”.⁵ Transitioning to health-literate systems requires bold policy changes that foster shared accountability across sectors. In addition to educating individuals, systems must actively address harmful commercial determinants of health—eg, industries that pollute, exploit labour, market unhealthy products—which can limit meaningful behavioural change.

Policy translations that solely place responsibility on individuals can exacerbate inequalities and prove counterproductive. Shifting the focus to systemic actions can promote environments that foster individual healthy choices. This transformation can only be achieved through measures that acknowledge the boundaries of individual responsibility for health and encourage shared accountability within a wider societal context where social and commercial determinants are addressed. By focusing on systemic solutions rather than individual blame, we can create a society where health equity is achievable and sustainable for all.

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