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Evolution of Social Determinants of Health in Global Epidemiology A Bibliometric Study, 2016–2026

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ABSTRACT

Background: The health degree gap at the global level is heavily influenced by the structural social conditions in which a person lives and thrives. *The social determinant of health* (SDH), which includes the economic and educational dimensions, has been shown to be a fundamental predictor of the distribution of population health. Although scientific production in this field continues to grow, bibliometric mapping that specifically analyzes the evolution of SDH research in the period 2016–2026 is still very limited.
Methods: This mixed-methods study combines bibliometric analysis and a qualitative Systematic Literature Review (SLR) to examine Social Determinants of Health (SDH) in global epidemiology (2016–2026). Phase 1 analyzes metadata from Scopus and Web of Science (WoS) using VOSviewer and Biblioshiny. Phase 2 employs the PRISMA 2020 framework, filtering 309 journals down to a final corpus of 10 journals. process.
Result: Four thematic clusters were identified, including measures of inequality by *socioeconomic status*, urban-rural health decomposition, racial and gender moderation, and liberal versus structural paradigm debates. The temporal map shows a shift in research orientation from quantifying inequality in 2016–2018 to an integrative-conceptual approach in 2022–2026.
Conclusion: Economic and educational factors are consistently confirmed as the main determinants of health disparities between countries. The future research agenda requires more systematic international collaboration and structural approaches in public health policy design.

Keywords: Social determinants of health ; Bibliometrics ; Social epidemiology ; Health inequalities ; Socioeconomic status

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Introduction

The gap in health degrees at the global level cannot be separated from the influence of social factors that shape people's daily living conditions. *Social determinants of health* (SDH) refers to the overall conditions in which a person is born, grows, works, and ages, which collectively determine the unequal distribution of health opportunities. Reports *World Health Organization.*(World Health Organization, 2024) confirms that income inequality between countries and within countries has continued to widen over the past two decades, making it one of the main drivers of health inequality worldwide.(World Health Organization, 2024) This condition underscores the urgency of epidemiological studies that focus on the structural roots of the disease, not just individual biological or behavioral factors.

Modern epidemiological research progressively recognizes the role of economic determinants and education as fundamental predictors of health. Barakat & Konstantinidis In a systematic review they found that *Socioeconomic status* Low (SES) is strongly correlated with an increased risk of cardiovascular disease, diabetes, and decreased life expectancy, with income, education, and employment consistently emerging as the main indicators used in the study.[2] These findings suggest that the map of disease distribution is determined not only by exposure to pathogens, but also by the position of individuals in the socio-economic hierarchy.

The relevance of educational factors as determinants of health is further strengthened by cross-border quantitative evidence. Balaj et al., in a global meta-analysis published in *Public Health The Lancet*, proving that each year of additional education was associated with a 1.9% reduction in the average risk of death, with greater effects in younger age groups and applied consistently across economic contexts.[3] These findings reinforce the position of education not only as a development goal, but as a measurable and epidemiologically valid public health intervention.

In the context of science mapping, bibliometric analysis has become an increasingly adopted instrument to understand the evolution and landscape of SDH research globally. Bhat et al. conducted a bibliometric analysis of 1,203 articles using the Scopus database and software *VOSviewer*, which has successfully identified patterns of international collaboration, dominant thematic clusters, and SDH research development trajectories from 2000 to 2021.[4] This approach opens up new horizons in understanding how the global scientific community responds to social health issues. The development of equity health research more broadly also shows a significant thematic transformation post-pandemic *COVID-19*.[5] Sarikhani et al. Mapping research trends *Health equity* from various databases and found a shift in topic clusters from a pre-pandemic focus on sociodemographic determinants to a post-pandemic cluster that includes *Mental Health*, *Maternal and child health*, and *Artificial Intelligence* as a new analytical tool in the study of health inequalities.[6] This transformation reflects how the global health crisis is accelerating the expansion of perspectives in social epidemiology.

Although the production of SDH literature continues to increase, the gap in systematic understanding of the evolution of this research, particularly in the range of 2016 to 2026, is still not comprehensively mapped. Bakhtiari et al. notes that social determinants of health account for about 40% of modifiable determinants of health, but research gaps (*Knowledge gap*) and methodological challenges in community-based studies remain barriers to evidence-based policy progress.[7] Therefore, bibliometric studies that focus on the period of the last decade are very relevant to map the direction, gaps, and potential for SDH research collaboration in the future.

Although studies on *social determinants of health* have grown rapidly in the global epidemiological literature, there is no bibliometric mapping that specifically analyzes the evolution of such research in the period 2016 to 2026, focusing on the

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dimensions of socio-economic and educational factors. The main question underlying this study is: what are the patterns of development, thematic clusters, inter-institutional collaborations, and shifts in focus in *the study of social determinants of health* in the study of global epidemiology over the past decade? This question is important to answer given the gap between the high volume of scientific production in this field and the lack of meta-scientific synthesis capable of providing a comprehensive and structured picture of the direction of SDH research development globally.

This study aims to identify and map the scientific development of research on *social determinants of health* in the study of global epidemiology for the period 2016–2026 using a bibliometric analysis approach. Specifically, the study intends to analyze annual publication trends, identify dominant keywords and thematic clusters, map collaborative networks between authors and institutions, and uncover shifts in study focus over time. Through the use of *VOSviewer tools* and indexed databases such as Scopus and *Web of Science*, this study seeks to produce a comprehensive picture of the SDH knowledge landscape that can be used as a scientific reference for researchers, academics, and public health policymakers.

Theoretically, the results of this study are expected to enrich the understanding of the dynamics of the development of social epidemiology, especially in understanding the contribution of economic and educational factors to the distribution of population health degrees. In practical terms, these bibliometric findings can serve as a strategic guide for research institutions and academic institutions in determining research priorities, identifying international collaboration partners, and designing SDH research agendas that are more responsive to changing global health issues. For policymakers, the resulting scientific maps can serve as an evidence-based foundation for designing more targeted public health interventions, especially in developing countries that bear the greatest burden of social-health inequalities.

Methods

This study adopts an *integrative mixed method design* that combines two main phases in sequence: bibliometric analysis (*Phase 1) and* qualitative *Systematic Literature* Review (SLR) *(Phase 2*). This approach was chosen because it is able to generate a quantitative map of global knowledge while capturing the depth of meaning from the empirical evidence available in the literature on *social determinants of health* (SDH) in global epidemiological studies for the period 2016–2026.

A. Phase 1: Bibliometric Analysis

Metadata retrieval is carried out through two internationally reputable indexed databases, *namely Scopus* and *Web of Science* (WoS), which include publications over a ten-year period (2016–2026). Search keywords are compiled using *Boolean operators* with a combination of terms: *"social determinants of health"* AND *"epidemiology"* OR *"socioeconomic factors"* AND *"health outcomes"* OR *"education and health"* OR *"income inequality"* OR *"health equity"*. The extracted metadata includes title, abstract, author name, institution affiliation, country, year of publication, journal, citation, and author keywords in *comma* (.csv) and *BibTeX* (.bib) separated value formats.

Bibliometric analysis is performed using two main software. First, *VOSviewer* (version 1.6.20) is used to build and visualize the network *Shared Quote Network*, *Occurrence of shared keywords*, as well as collaboration between authors and between countries. Second, *Biblioshiny* (package *Bibliometrix* in R) is used for bibliometric descriptive analysis, which includes annual publication trends, *H Index* Most Influential Writers, Mapping *Thematic map* based on cluster density and relevance, as well as analysis *Lotka's Law* and *Bradford's Law* for the distribution of author and journal productivity. The combination of these two devices presents analytical triangulation that strengthens the validity of the findings of intellectual mapping.[8]

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B. Phase 2: *Qualitative Systematic Literature* Review (SLR)

The selection of articles was carried out following the guidelines of PRISMA 2020 (*Preferred Reporting Items for Systematic Reviews and Meta-Analysis*). The multi-stage selection process is carried out as illustrated in *the following* flowchart:

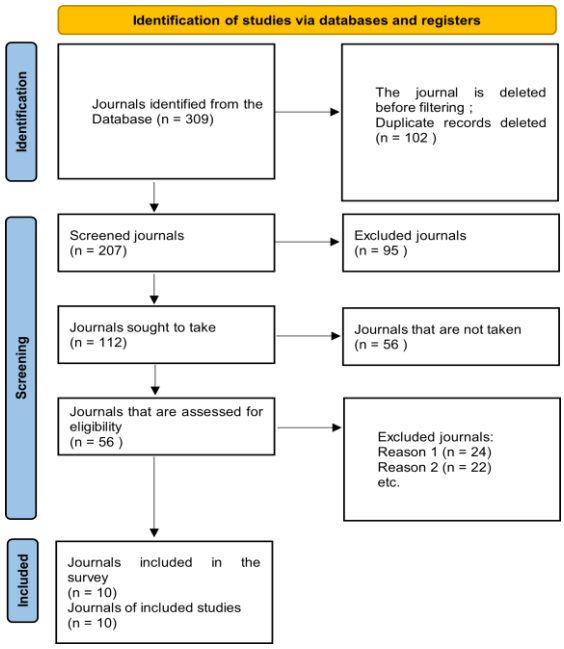


Figure 1. ***PRISMA Flowchart*** **Source: Researcher, 2026**

The selection process began on *Identification*: A total of 309 Journals were successfully identified from the database *Scopus* and WoS. Of these, 102 records were removed due to duplication or have been withdrawn (*Withdrawn*) by publishers before the screening process was carried out, so that there were 207 journals that had entered the *Screening*. On stage *Screening*, a systematic scan of titles and abstracts was performed, resulting in 95 journals being excluded for not meeting the topic's relevance to SDH in an epidemiological context. Of the 112 journals that were further reviewed, 56 journals were not taken (*not taken*) because the full text is not available or is left behind *Paid wall* without institutional access, up to 56 journals are assessed for eligibility (*assessed eligibility*). At the eligibility assessment stage, a number of articles are excluded based on two main reasons: *Reason 1* (n = 24): methodology is not relevant to the study of bibliometrics or social epidemiology; *Reason 2* (n = 22): The focus of the research is outside the domain of social determinants and economic-educational factors in health. End result at stage *Includes*: a total of 10 journals were included in the synthesis and *Reviews* Finally, with a total of 10 journals from the research included as the main analytical corpus of this research.(Page et al., 2021)

Table 1. Inclusion and Exclusion Criteria

Criteria	Includes	Exceptions
Year of publication	2016–2026	Beyond that range
Language	Indonesia	Other than English
Study type	Bibliometrics, SLR, *systematic reviews*, *meta-analyses*, quantitative and qualitative epidemiological studies	*Letters*, opinions, editorials without empirical data
Main topics	*Social determinants of health* (SDH), socio-economic factors, education, health inequalities, global social epidemiology	Purely clinical topics without social determinants or epidemiological components
Population	General populations, socioeconomically vulnerable groups, cross-border global communities	Animals, *in vitro studies*, or populations without socio-epidemiological context
Accessibility	*Full text* is available free of charge or through institutional access	*Abstract only*, documents are not accessible
Indexing	Indexed in *Scopus* and/or *Web of Science* (WoS)	Not indexed in an internationally reputable database

Source: Researcher, 2026

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Result

A. Global Publication Trends (2016–2026)

Bibliometric analysis of 10 articles that met the inclusion criteria revealed a temporal distribution pattern that reflects the dynamics of global research developments on the role of socio-economic and educational factors as *determinants of social health* (SDH) in modern epidemiological studies. The distribution of publications by year is presented in Table 2 below.

Table 2. Distribution of Publication Frequency by Year (2016–2026)

Year	Number of Publications	Percentage (%)	Remarks
2016	2	20,00	Early foundations of the study of race-based SDH and European inequality
2017	2	20,00	Exploration of the decomposition of health inequalities and Asian panels
2019	1	10,00	Analysis of SDH and the composition of European cross-country households
2021	2	20,00	Study of multimorbidity *and longitudinal cohort dynamics*
2023	2	20,00	Post-pandemic national disparity forecast update
2026	1	10,00	Conceptual analysis of structural versus liberal approaches SDH
Quantity	**10**	**100,00**	

Source: Researcher, 2026

The above temporal distribution shows that the scientific production of SDH within the framework of social epidemiology has been consistent for a decade without extreme one-year dominance. This pattern is visualized on the following publication trend chart.

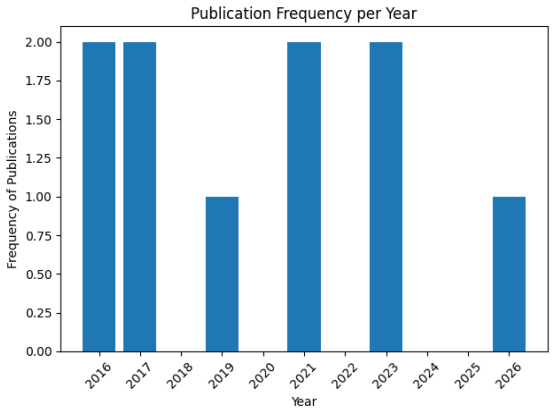


Figure 2. Publication Trend Chart of 10 Journals 2016–2026

Source: Researcher, 2026

Two publications in 2016 outlined an initial framework by examining the interactions between education, income, and race factors on mortality outcomes,[10,11] while two publications in 2017 expanded the scope through an approach to decomposition of inequality in China and panel studies *Multimorbidity* Korea.[12,13] The absence of publications in certain years does not reflect the stagnation of research interest, but rather illustrates the strict selectivity of the inclusion criteria applied. The resurgence of publications in 2021 and 2023 reflects the acceleration of post-COVID-19 pandemic scientific attention to the structural roots of health inequalities, and the culmination of the latest conceptual contributions is marked by the publication of 2026 that critically compares the two theoretical paradigms in understanding SDH.[14]

B. Thematic Characteristics and Research Clusters

An in-depth examination of the 10 included articles reveals four dominant thematic groups that consistently shape the intellectual landscape of SDH research in global epidemiology. The first cluster includes a study of *socioeconomic status* (SES) and mortality based on health inequalities. The second cluster includes the decomposition of *urban-rural* and cross-country health inequalities. The third cluster centers on the racial, ethnic, and gender dimensions as a moderator of the relationship between SDH

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and health outcomes. The fourth cluster explores a theoretical-conceptual approach that debates *the liberal-individualist* versus *materialist-structuralist orientation* in understanding SDH. The entire cluster is summarized in the following synthesis table.

Table 3. Synthesis of Literary Articles

No	Name & Year	Title	Method	Subject	Discovery Results	Relevance
1	Assari & Lankarani, (2016)[10]	*Race and Urbanity Alter the Effects of Education Protections but Not Income on Mortality*	*Cox Survey's Proportional Hazard Model*	the *Americans' Changing Lives* (ACL) Data Study; White and black people aged ≥25 years, follow-up 25 years	Education and income protect death. Race and urban interact significantly with education. Supports the hypothesis *of reduced returns* for black people.	Show how education and income as an SDH are learned by considering the context of race and residence.
2	Bundy et al. (2023)[15]	*Social determinants of health and premature death among adults in the U.S. from 1999 to 2018*	*Multiple Mediation Analysis; Cohort Studies*	48,170 NHANES participants (1999–2018); age 20–74 years old	Unfavorable SDoH increases the risk of premature death with *dose-response relationships*. The Black-White death gap was completely eliminated after the SDH adjustment.	Highly relevant; prove the contribution of socio-economic and educational factors to racial mortality gaps.
3	Cai et al. (2017) [12]	*Outline the causes of socioeconomic health inequalities among urban and rural populations in China*	*Decomposition of Regression* Function Back *(RIF)*	6 waves of *the China Health and Nutrition Survey* (CHNS), 1991–2006	The pro-rich health gap is found in China. Income and secondary education are major factors in reducing health inequalities.	Relevant in describing SDH in developing countries with *urban-rural dimensions.*
4	Ervin & Raphael (2026)[14]	*Liberal/Individual Versus Materialist/Structuralist Approaches to Addressing Social and Health Inequities*	*Content Analysis* from 10 representative publications	5 educational publications as SDH and 5 income publications as SDH	The materialist approach is considered more useful for understanding	Very theoretically relevant; mapping the conceptual debate of the two SDH paradigms.

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					deteriorating living conditions than the liberal-reformist approach.	
5	Gumà et al. (2019)[16]	*Examining the social determinants of health: the role of education, household arrangements and state groups by gender*	Predictive Probability Analysis (*Cross-sectional*); EU-SILC 2014	European population aged 30–59 years from 5 country groups	*Dual health gradients*: higher education and living with a partner are associated with better health. The largest gender difference in family countries.	This is relevant because it examines the combination of SDH in various European social contexts.
6	Hoffmann et al. (2016)[11]	*Impact of increased income inequality on educational inequality in mortality – An analysis of six European countries*	*Fixed Effects Panel Regression Model*	Death data for 6 European countries; Age 35–79 years old	Income inequality between the highly educated and the low-educated groups tends to increase. No significant association was found with overall mortality trends.	This is relevant because it examines the relationship between income inequality and education-based mortality across countries.
7	Rój & Jankowiak (2021)[17]	*Socioeconomic determinants of health and its uneven distribution in Poland*	*The theil index is nested in two levels; the Herfindahl-Hirschman Index*; Regression	*Dataset* of all 380 *people in* Poland in 2018	The type of work and access to modern infrastructure are the strongest determinants of mortality. National inequality is significant in both determinants.	This is relevant because it measures the inequality of the distribution of SDH at the geographical level.

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8	Ki et al. (2017)[13]	*Socioeconomic inequalities in health in the context of multimorbidity: A Korean panel study*	*Multilevel Multinomial Model; Panel Study*	19,942 observations from *the Korea Health Panel* (3 waves)	Socio-economic inequality increases as the number of diseases and age increases. Inequality is stronger in pairs of mental and cardiovascular diseases.	This is relevant because it examines the three dimensions of SES as SDH to *multimorbidity* in East Asia.
9	Kim et al. (2023)[18]	*Socioeconomic disparities in health outcomes in the United States in the late 2010s*	*Logistical regression*; Analysis of complex surveys from 4 national data sources	NHIS, NHANES, BRFSS, and HRS data; Protecting children to the elderly	Socio-economic gradients are clear and consistent in *self-assessed health*. The SES gap in *self-assessed health* is shrinking but increasing for obesity.	This is particularly relevant because it updates estimates of health disparities using four *national datasets*.
10	Klokgieters et al. (2021)[19]	*Socioeconomic pathways to inequality in mental and functional health: a comparative study of three birth cohorts*	*Multigroup Structural Equation* (SEM) Modeling; *Comparative cross-sectional of three cohorts*	988, 1002, and 1023 adults aged 55–64 years; *Longitudinal Aging Studies Amsterdam*, Netherlands	The absolute inequality of education in functional limitations increases in newer groups. Education is increasingly operating through employment pathways rather than income.	This is relevant because it traces the changing role of education across groups by mediating income and employment.

Source: From various literature

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C. Bibliometric Analysis Results

Network View: Keyword Shared Occurrence Map

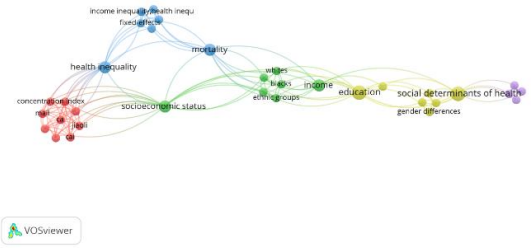


Figure 3. *Network View,* Network Map Shared Occurrence *VOSviewer Keywords*

Source: VOSviewer bibliometric analysis results, 2026

As illustrated in Figure 3, the network of co-occurrences of keywords is divided into four visually distinct groups. The first cluster (red) is dominated by *Concentration Index*, *Health inequality*, *Socioeconomic status*, and the names of the authors *Düsseldorf* and *Jiaoli*, represents a research orientation based on measurements of health inequality using concentration indices as applied by Cai, Coyte, & Zhao.[12] The second cluster (blue) includes *income inequality*, *Fixed effect*, and *Mortality*, which reflects the dimensions of the panel analysis used to examine the relationship between income inequality and the European education-based mortality gap as Hoffmann et al. did.[11] The third (green) cluster is centered on *Socioeconomic status* as a connecting node that connects *White skin*, *Black*, *Ethnic groups*, *Revenue*, and *Death*, demonstrating the central role of SES in race-based health disparities research as reflected in Assari's findings & Lankarani [10] and Bundy et al.[15]. The fourth cluster (greenish-yellow) consists of *Social determinants of health*, *Education*, *Revenue*, and *Gender differences*, represents the mainstream of modern SDH research that places education and income as dual determinants that interact with the gender dimension as explored by Gumà, Solé-auró, & Arpino.[16] This network map also reveals the collaborative structure of authors who tend to form groups based on methodological and regional affiliations, where authors from Asian contexts (Cai, Jiaoli) form their own sub-clusters connected to global networks through *Socioeconomic status* and *Health inequality node*.

Overlay View: Temporal Map of Occurrence Along with Keywords

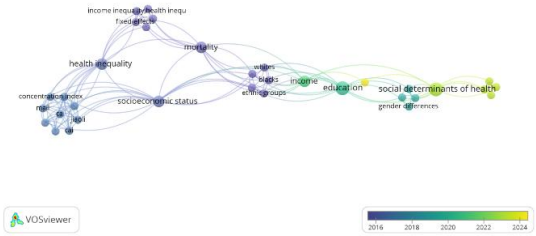


Figure 4. *Overlay View,* Temporal Map of Occurrence with Keywords (2016–2026)

Source: VOSviewer bibliometric analysis results, 2026

The *overlay* map in Figure 4 adds a very informative chronological layer to the same network. Keywords in the dark blue-purple color range (*concentration index*, *health inequality*, *fixed effects, income inequality*) reflect the previous concepts that dominated the literature around 2016-2018, in line with the initial wave of publications focusing on inequality measurements based on panel decomposition and regression methods. Meanwhile, bright green-yellow keywords (*social determinants of health*, *education*, *gender differences*, *income*) indicate an increasingly intense theme published ahead of 2022–2026, reflecting a shift in scientific attention from mere measurements of inequality to a more holistic understanding of how SDH operates simultaneously. This temporal shift directly answers the formulation of the research problem regarding the shift in the focus of SDH studies over time: research moved from a technical-methodological orientation based on quantification of inequality in the first half of the decade, to a conceptual-integrative orientation that places social *determinants of health* as a multidimensional construct in the second half of the decade.

Density view: Keyword co-occurrence density map

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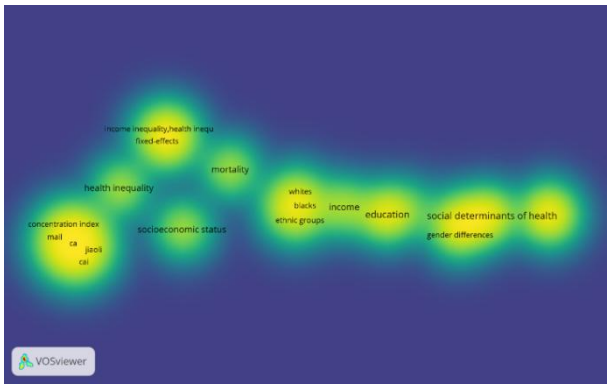


Figure 5. *Density View*, Density Map Appearance Along With Keywords
Source: VOSviewer bibliometric analysis results, 2026

The density map in Figure 5 confirms that the *social determinant of health* is the keyword with the highest co-emergence density (the lightest/yellow dot on the right side of the network), followed by *socioeconomic status* and *health inequality* as the two core concepts that most often appear together in the literature. *The education-income-gender difference group* occupies the second high-density position, confirming that the dimensions of education and income as determinants of health have become mainstream in the global social epidemiology literature. On the left side, the *concentration index-cluster of health inequality* shows a fairly high density, indicating that the concentration index-based inequality measurement method remains relevant as a widely used analytical tool. Overall, this density map confirms that SDH research moves on two main axes: the conceptual axis (SDH as an integrative theoretical framework) and the methodological axis (SES and *health inequality* as an empirical operationalization).

Discussion

A. SDH Research Development Patterns: From Quantification to Conceptual Integration

The bibliometric findings in this study comprehensively answer the formulation of the problem of the development pattern of SDH research in global epidemiology for the period 2016–2026. SDH research has undergone a progressive transformation from the initial methodological exploration phase to the increasingly mature scientific consolidation phase. Asari & Lankarani lays out the initial framework by proving that the effects of educational protection on mortality are significantly moderated by race and urbanity, supporting the decline hypothesis *returns for* racial minority groups.[10] In parallel, Hoffmann et al. assert from a European perspective that income inequality between different educated groups tends to widen, marking the beginning of a research agenda that systematically examines the interaction between economic and educational factors as dual SDH.[11]

B. Thematic Clusters and Inter-Author Collaboration in a Global Network

Collaborative network mapping through the VOSviewer network view reveals that the global scientific community studying SDH is organized in groups that reflect methodological similarities and regional contexts. Researchers from Asian contexts such as Cai, Coyte, & Zhao[12] and Ki et al.[13] form sub-networks that are connected to global networks through common conceptual nodes of state *Socio-economic* and *Health inequality*, indicating that although the geographical contexts are different, the analytical framework used is universal. Bundy et al.[15] and Kim, Vazquez, & Cubbin from the North American context formed their own group centered on *Ethnic groups*,[18] *Revenue*, and *Social determinants of health*, while European researchers such as Hoffmann et al.,[11] Gumà, Solé-auró, & Arpino,[16] and Klokgieters et al. form a network that is connected through keywords *Education*, *Gender differences*, then *Fixed effect*.[19] These findings imply that more intensive cross-regional collaborations, especially between Asian, European, and American researchers, could potentially result in a richer synthesis of how SDH operates differently in regime contexts *Diverse well-being*, a collaborative agenda that can serve as a strategic guide for research institutions and academic institutions in determining international partnership priorities

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C. Shifting the Focus of Studies and Implications for Health Policy

Cai, Coyte, & Zhao prove that income and secondary education are major factors in reducing pro-rich health inequality in China,[12] while Ki et al. confirmed that socio-economic inequality in *Multimorbidity* increases with age in Korea.[13] Bundy et al. present complete mediated evidence that racial mortality gaps were eliminated after SDH adjustments,[15] A finding that directly implies that policies targeting the socio-structural roots of inequality will be more effective than clinical interventions alone. Kim, Vazquez, & Cubbin (2023) updated the disparity estimate by confirming a consistent socio-economic gradient in *self-assessed health* in the United States.

Gumà, Solé-auró, & Arpino (2019) confirm *Dual Health Gradient* in Europe with the greatest variation in familistic and post-socialist countries, providing a basis for policymakers to design context-sensitive interventions *Welfare regime*. Klokgieters et al. (2021) prove that education increasingly operates through the pathway of work in determining health in old age, implying the need for policies that integrate the dimensions of education and employment simultaneously.[19] Rój & Jankowiak confirms the geographic inequalities of SDH in Poland where the type of work and access to infrastructure are the strongest determinants of mortality, a finding that is relevant for the design of region-based interventions in developing countries including Indonesia.[17]

Ervin & Raphael close this synthesis with the theoretical argument that the *materialist-structuralist* that emphasizes income redistribution and structural reforms are more useful to addressing health inequalities than *Liberal-Individualist Approach* which only targets the improvement of individual attributes such as education.[14] The resulting policy implications are particularly relevant for policymakers in developing countries: effective public health interventions require structural reforms that touch on income distribution, access to quality education, and social protection simultaneously, not just individual health education programs. Overall, the paradigm shift is confirmed through *The analysis of the VOSviewer overlay view from the quantitative orientation of inequality towards an integrative and multidimensional construction of SDH signals that the future SDH research and policy agenda needs to place structural approaches as the main foundation, leveraging more systematic and inclusive cross-institutional collaboration.*

The findings and discussion reveal that this study identified four main thematic clusters in the SDH literature: (1) measurement of inequality based on socioeconomic status, (2) decomposition of health disparities between urban and rural areas, (3) moderation by race and gender factors, and (4) the debate between liberal versus structural paradigms. Furthermore, the temporal mapping shows a significant shift in research orientation: during the 2016–2018 period, studies focused primarily on quantifying health inequalities, whereas in the 2022–2026 period, there was a transition toward a more integrative and conceptual approach one that not only examines inequality metrics but also explores underlying mechanisms, theoretical frameworks, and more holistic systemic interventions.

Conclusions

A bibliometric review of the literature on *social determinants of health* (SDH) in global epidemiology during 2016–2026 shows a progressive scientific trajectory, from the initial quantification phase to more holistic conceptual integration. Economic and educational factors have consistently been confirmed as fundamental predictors of health disparities in cross-border populations and cultural contexts. The co-emergence analysis *of the keywords* reveals four main interrelated thematic groups, while the temporal map shows a shift in the orientation of the research from the dominance of inequality decomposition methods in the first half of the decade to a structural-integrative approach in the second half. These findings confirm that global health inequalities are rooted in socio-structural conditions that require

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multidimensional and evidence-based policy responses.

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