The report of the WHO Commission on the Social Determinants of Health

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“The goal is not an academic exercise, but to marshal scientific evidence as a lever for policy change - aiming toward practical uptake among policymakers and stakeholders in countries”.

WHO Director-General LEE Jong-Wook, address to the World Health Assembly, May 2004
Overarching approach

Strengthening Health Equity

Tackling social determinants

Leadership/Advocacy/Evidence/Learning

Action

Country work

Commissioners

Knowledge Networks

Civil Society

Strengthens

Commissioners

Leadership/Advocacy/Evidence/Learning

Tackling social determinants

Action

Strengthening Health Equity
Knowledge networks

Health Equity

- Women/gender
- Health Systems
- Globalization
- Early Childhood Development
- Urban Settings
- Social Exclusion
- Employment Conditions
- Priority Public Health Conditions
- Measurement and Evidence
Supporting policy and institutional change

Widening policy interest and scaling up communities of practice

Building knowledge, profiling good practice, supporting leadership

CSDH Phases of work

Phase 1
Phase 2
Phase 3
Who needs to take action?

- Multilateral agencies
- WHO
- National and local government
- Civil society
- Private sector
- Research institutions
Why now?

• Better knowledge
• Moves towards new development policies & models
• Renewed WHO leadership
• An unsustainable status quo
Closing the gap in a generation: Health equity through action on the social determinants of health

http://www.who.int/social_determinants/en/
‘There is a great deal of very valuable material in it not only on health systems and policies, but also on economic policies, globalisation and global governance… it has some of the best ammunition we’ve had for years’
A fundamental starting point
Under five mortality rate per 1000 live births by level of household wealth (Gwatkin et al. 2007, using DHS data)
Where to target action

• Those at the bottom - the poorest of the poor - have the worst health status:
  – Necessary to address their material deprivation & poor health
  – But tackling ‘the gap’ between top & bottom is only a partial solution

• There is a relation between socio-economic status and health (the social gradient in health)
  – So necessary to tackle the unequal distribution of income, goods and services that underpins it
Socio-economic & political context

Governance

Policy

Cultural & social norms & values

The structural drivers

Social position

Education
Occupation
Income
Gender
Ethnicity/race

The circumstances of daily life

Material circumstances
Social cohesion
Psychological factors
Behaviours
Biological factors

Health care system

Distribution of health and well-being

Social Determinants of Health Inequities
CSDH core solutions

- Social policies, economics and politics that put people at the centre
- Growth with equitable distribution of benefits
The CSDH three principles of action

• Improve the conditions of daily life

• Tackle the distribution of power, money and resources (the structural drivers)

• Measure the problem, evaluate action, expand the knowledge base, develop a trained workforce and raise public awareness
1) Improve the conditions of daily life

- Supporting early childhood development
- Developing healthy places
- Better work & workplace conditions
- Universal comprehensive social protection policies, extended to normally excluded
- Universal health care
2) Tackle the distribution of power, money and resources

"(The) toxic combination of bad policies, economics, and politics is, in large measure, responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible"
POLICY INFLUENCES OVER HOUSEHOLD HEALTH & WELFARE

Political system & practices

Economic environment & policy

Public provisioning (finance & regulation)

The health care system

Health & Welfare within households
‘In order to address health inequities and inequitable conditions of daily living, it is necessary to address inequities – such as those between men and women – in the way society is organised.

This requires a strong public sector that is committed, capable and adequately financed’
Elements of a strong public sector

- Policy coherence across sectors in SDH action
  - Parliamentary oversight bodies monitoring action
  - A whole of government mechanism to address SDH, with dedicated funding
  - Health equity impact assessment of all policies
  - An SDH approach in health programmes and services
  - Progressive tax-based financing of SDH action, fairly allocated between areas and groups
## Society-wide institutional change

### Gender equity:
- Legal frameworks
- A gender equity unit
- Dedicated investment in female education & skills
- Investment in sexual & reproductive health rights

### Political empowerment:
- Legal & political frameworks
- Dedicated support for marginalised groups
- Inclusive decision-making
- Support for civil society development
International action

‘It is imperative that the international community recommit to a multilateral system in which all countries, rich and poor, engage with an equitable voice’ (p.166)

- Fair financing
- Market responsibility
- Good global governance
3) Measure & understand the problem and assess the impact of action

- Routine monitoring systems for health equity
- Research on social determinants of health and action to address
- Training for all actors
The role of the health system?

- Offers more than medical care:
  - can protect people from illness related costs; can tackle exposure and vulnerability to illness

- Has mandate to raise health as part of social development
  - to prompt action outside health care system to promote health

- Part of fabric of society, from which to fight structural inequity
  - is itself a large employer; can empower, build societal cohesion
Social Determinants of Health Inequities

Distribution of health and well-being

Net effect is to promote population health equity

Leveraging IAH

Limiting differential financial impacts

Closing differentials in access and use

Material circumstances
- Social cohesion
- Psychological factors
- Behaviours
- Biological factors

Social position
- Education
- Occupation
- Income
- Gender
- Ethnicity/race

Social cohesion

Health prevention, promotion and care

Strengthening social empowerment, influencing practices of governance and accountability

A PHC-oriented Health System

Socio-economic & political context
- Governance
- Policy
- Cultural & social norms & values

Influencing social norms, building societal trust & cohesiveness

Social Determinants of Health Inequities

Net effect is to promote population health equity
Reducing health inequities is an ethical imperative. Social injustice is killing people on a grand scale.