

Social Determinants of Health:

Work and Findings of the WHO Commission on Social
Determinants of Health

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WHO Seminar

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Outline

- The problem:
 - Global and national health inequities
- What are the social determinants of health?
- The WHO Commission on Social Determinants of Health
- Action on the social determinants to reduce inequities:
 - Recommendations of the Commission
- Important caveat

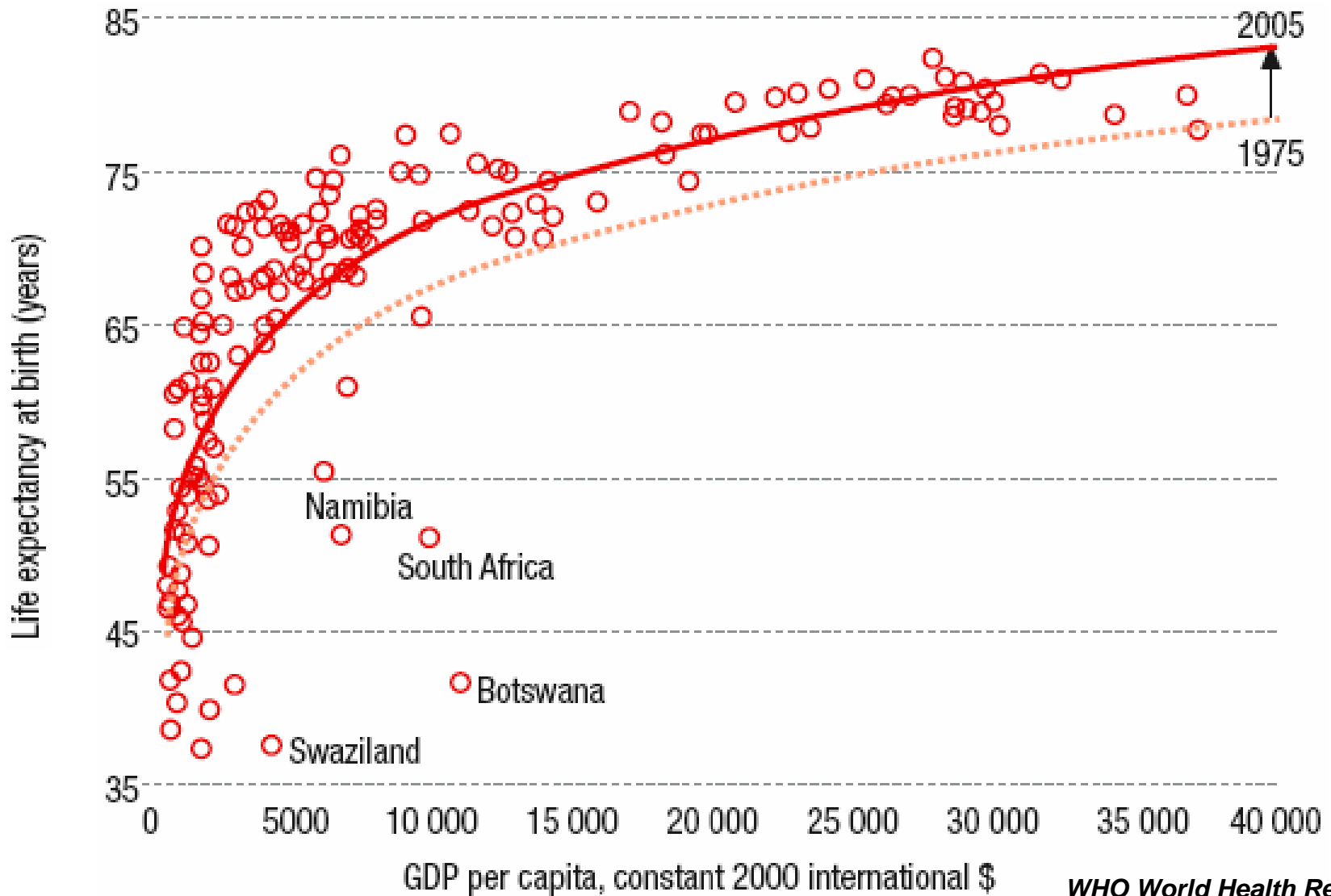
Wide disparities exist in health globally and within countries

Life expectancy at birth (men)

Glasgow, Scotland (deprived suburb)	54
India	61
Philippines	65
Korea	65
Maldives	66
Sri Lanka	68
Mexico	72
Cuba	75
US	75
UK	76
Glasgow, Scotland (affluent suburb)	82

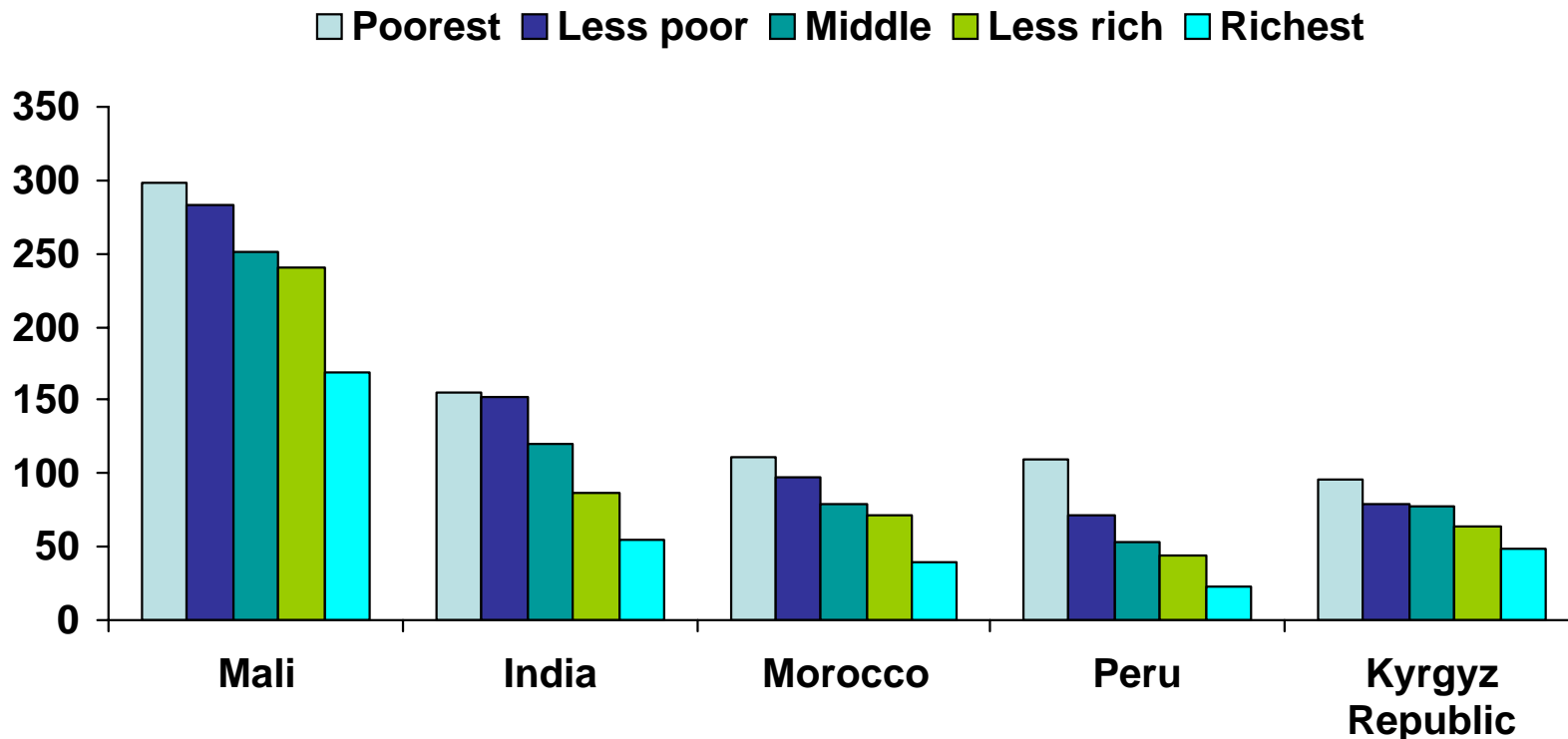
(WHO World Health Report 2006; Hanlon,P.,Walsh,D. & Whyte,B.,2006)

GDP per capita and life expectancy, 1976-2005



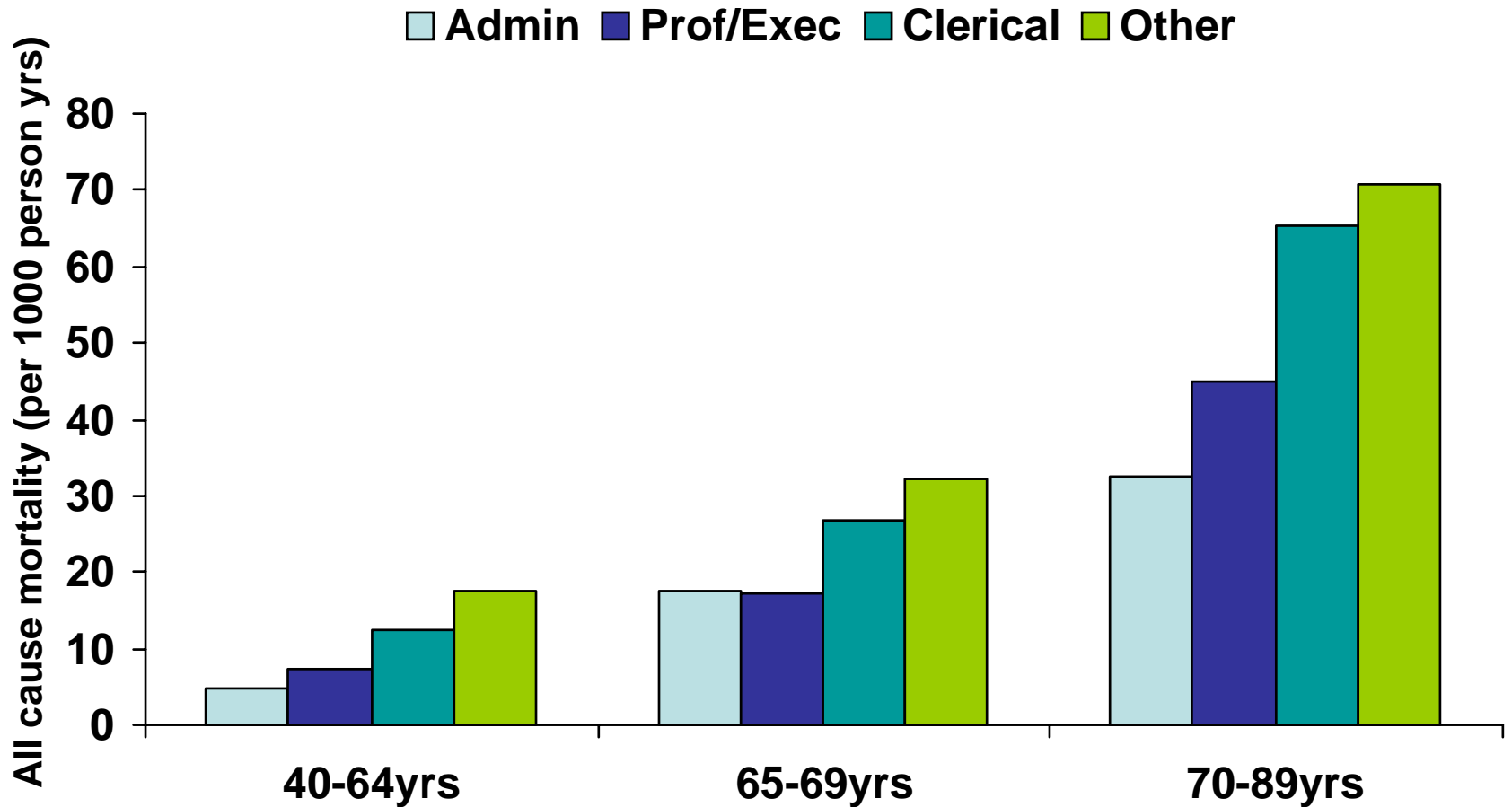
WHO World Health Report 2008

Under 5 mortality (per 1000 live births) by wealth group



(Houweling et al, 2007)

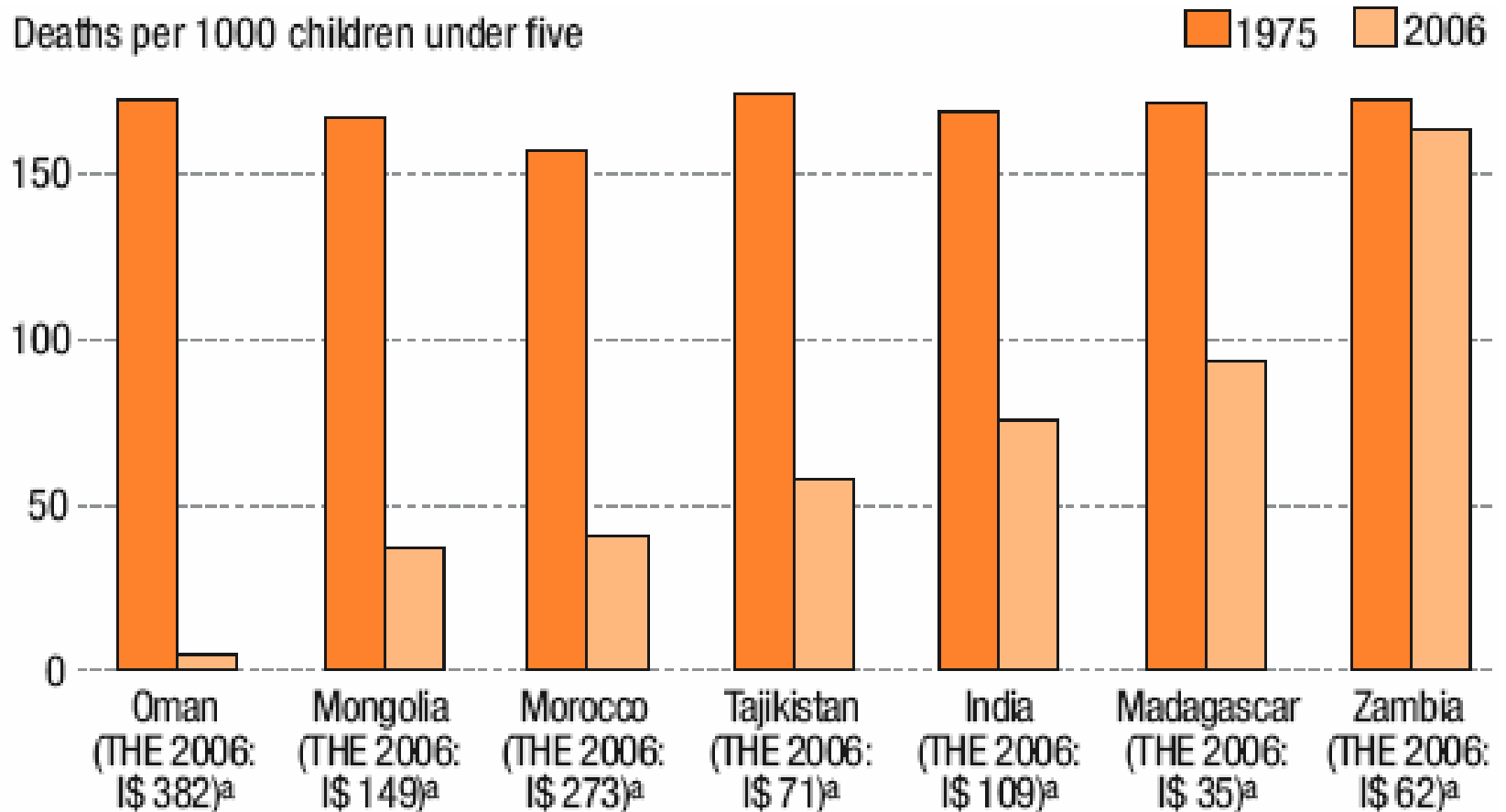
Variation in adult mortality by occupational level: Whitehall



(Marmot & Shipley, BMJ, 1996)

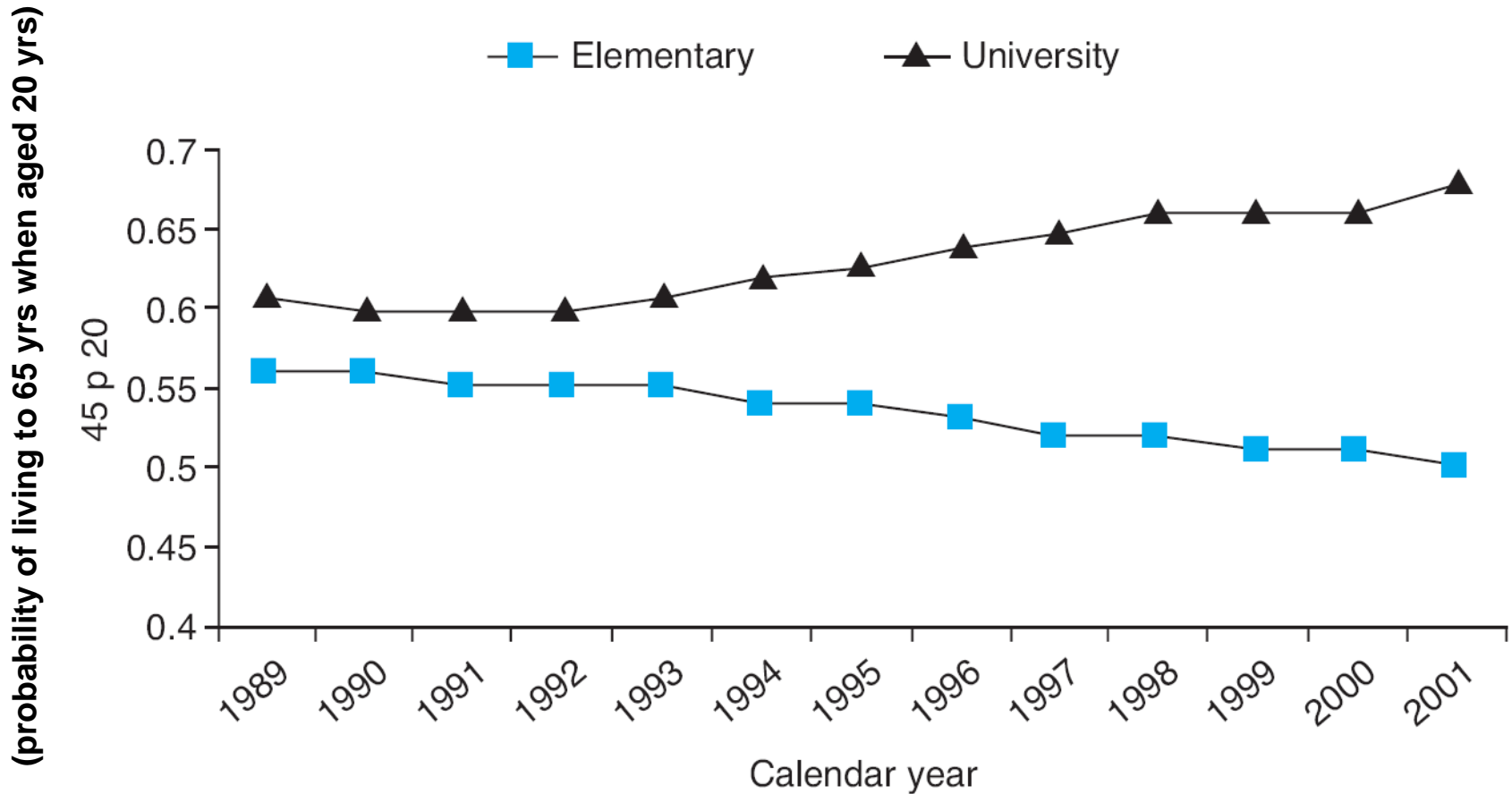
. . . and these disparities are growing

Growing inequalities in global health: Widening gaps between countries



WHO World Health Report 2008

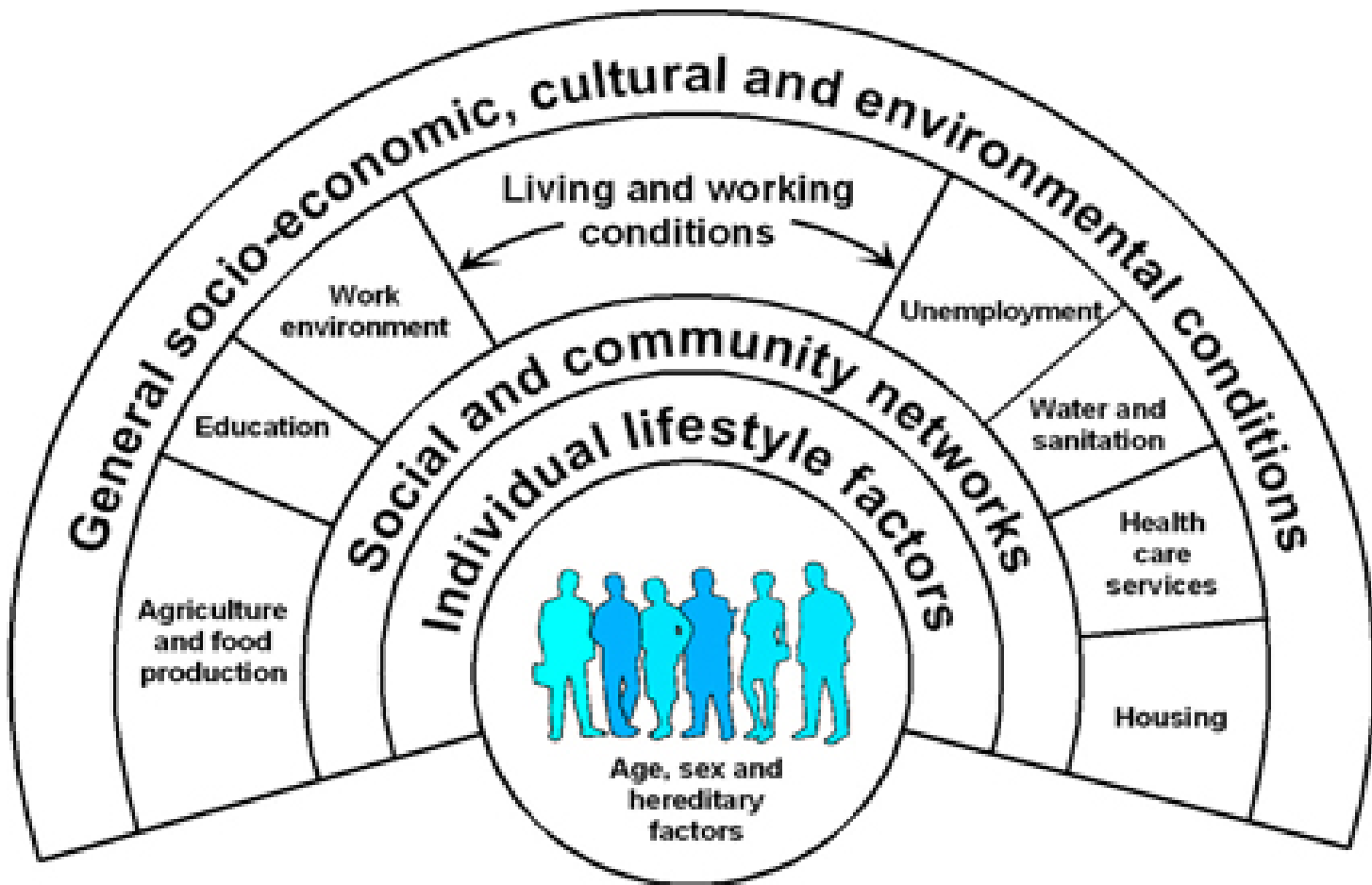
The widening trend in mortality by education in Russia, 1989-2001



(Murphy et al, 2005)

These disparities have their roots in socio-economic determinants, not all of which are related to medical care

What are the social determinants of health?

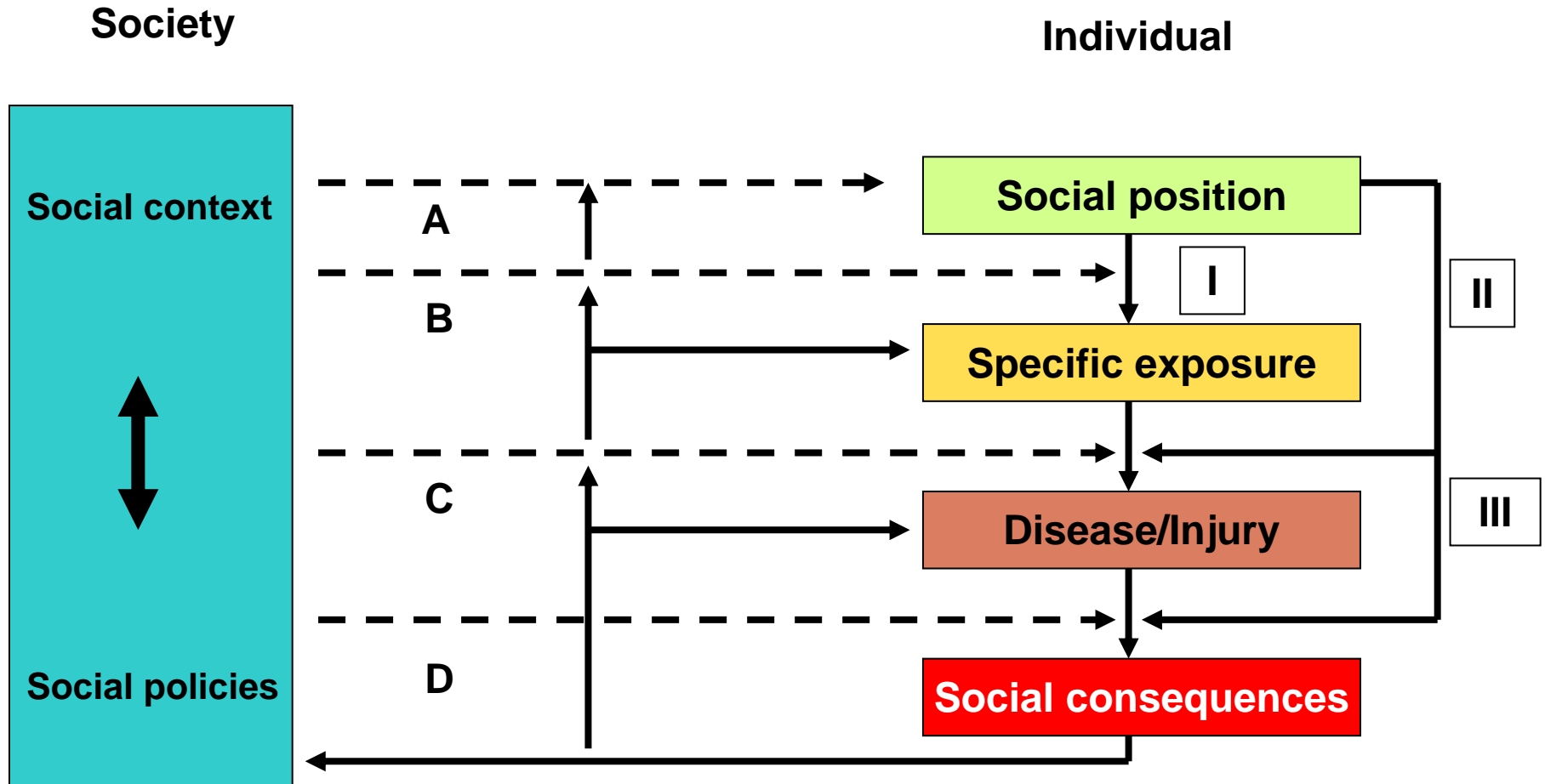


What are the social determinants of health?

"The poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of peoples lives – their access to health care, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – and their chances of leading a flourishing life. This unequal distribution of health-damaging experiences is not in any sense a ‘natural’ phenomenon....Together, the structural determinants and conditions of daily life constitute the **social determinants of health.**"

(WHO Commission on Social Determinants of Health, 2008)

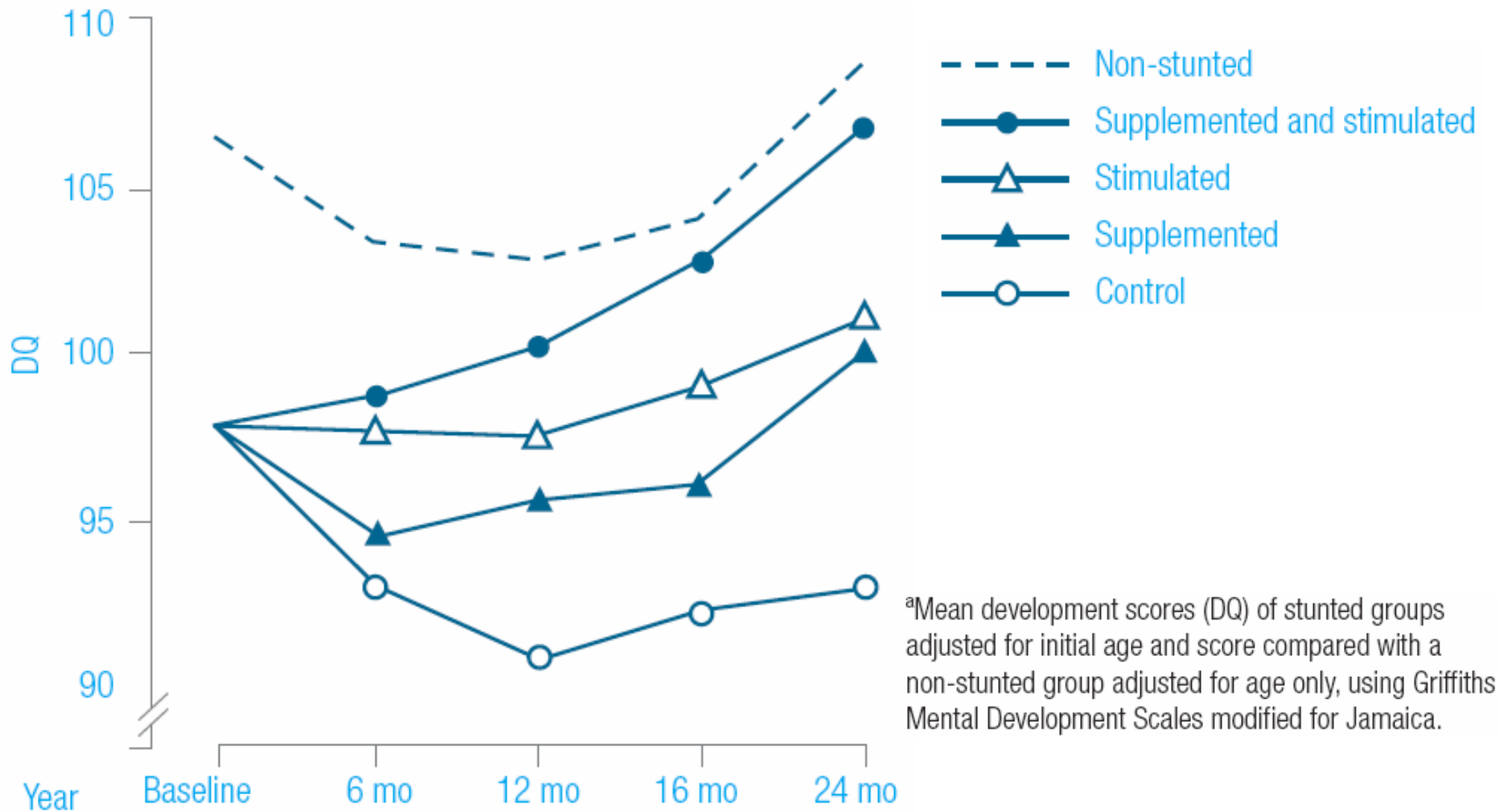
Upstream and downstream mechanisms of social inequities in health



Some causes of social inequalities in health

- Environmental risk factors are social determinants
 - Sanitation, access to water, access to food, unsafe work and living environments
- Differences in social position affect exposure to environmental risk factors
 - Poor people less likely to be able to obtain adequate food
 - Girl children less likely to be given available food
- Differences in social position affect access to medical interventions
 - Poor people less able to overcome financial costs in accessing medical care
- Differences in social position associated with differences in health seeking behavior
 - Education influences willingness of mothers to seek treatment for sick child, receptivity to health information

Effect of nutrition and stimulation on stunted children, Jamaica



Why treat people...



**then send them back
to the conditions that made them sick?**

Why emphasize social determinants?

- Social determinants of health have a direct impact on health
- Social determinants predict the greatest proportion of health status variance (health inequity)
- Social determinants of health structure health behaviours
- Social determinants of health interact with each other to produce health

WHO Commission on Social Determinants of Health

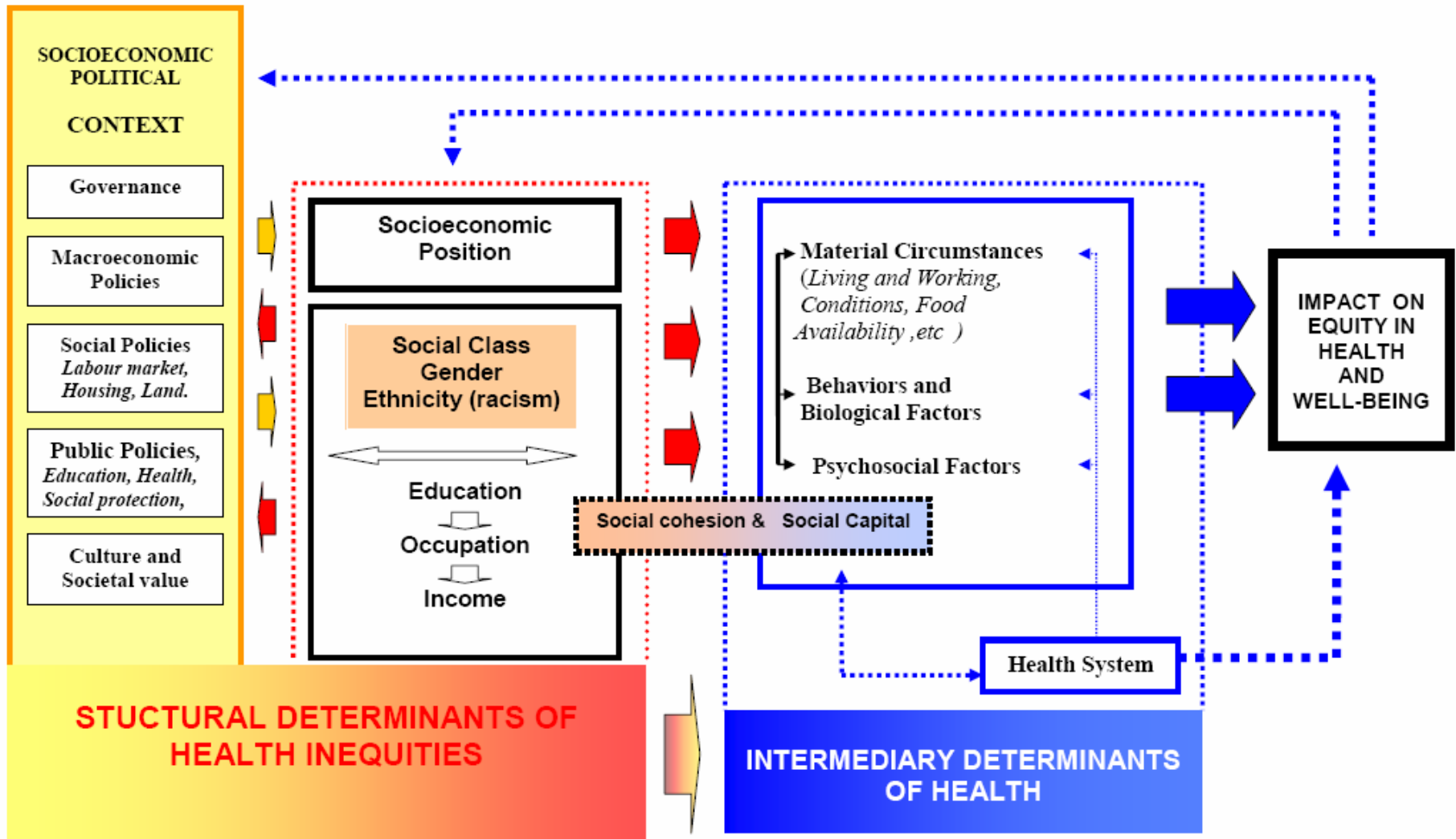


Commission on
Social Determinants of Health

WHO Commission on Social Determinants of Health

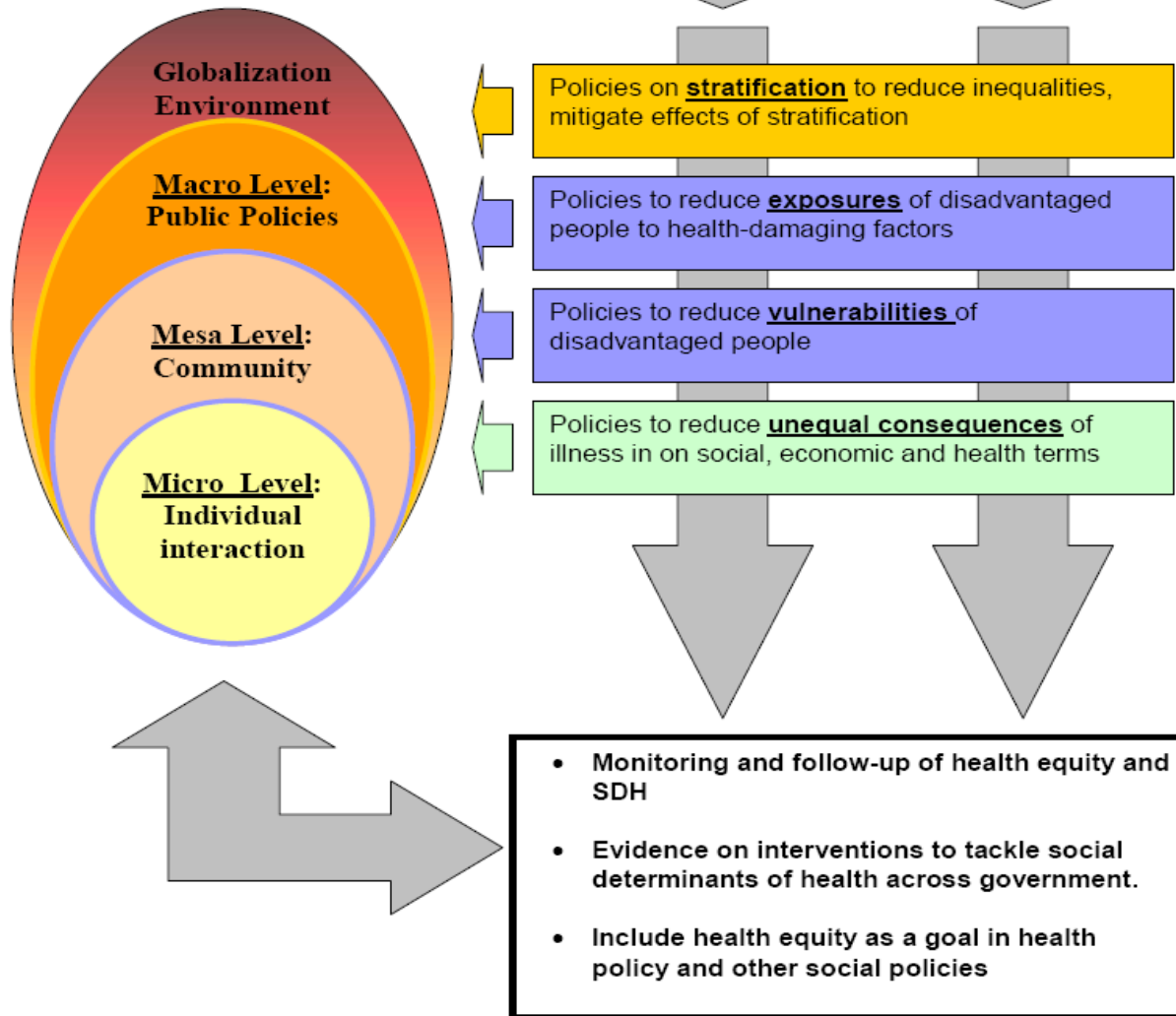
- Convened in 2005 by the late Dr JW Lee, then DG of WHO
- Mandate to investigate and report on evidence to guide action on social determinants of health to reduce health inequities
- 20 commissioners, chair Prof. Sir Michael Marmot
- Four streams of work
 - Knowledge networks
 - Country partners
 - Civil Society
 - WHO
- Three year, unprecedented collection of knowledge and evidence on health inequities and the social determinants of health
- Final report released 28 August 2008

Framework of the major categories and pathways of determinants



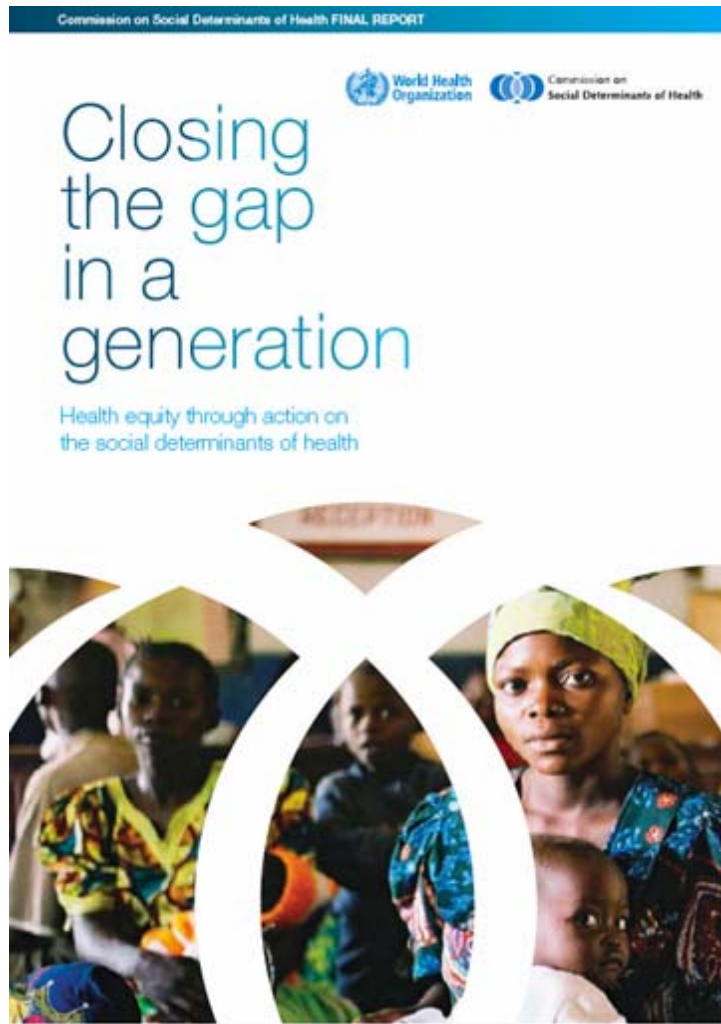
Context-specific strategies tackling both structural and intermediary determinants

Key dimensions and directions for policy



Framework for action on tackling social determinants of health inequities

Commission's Overall Recommendations



- 1. Improve Daily Living Conditions**
- 2. Tackle the Inequitable Distribution of Power, Money and Resources**
- 3. Measure and Understand the Problem and Assess the Impact of Action**

1. Improve Daily Conditions

- Improve the well-being of girls and women and the circumstances in which their children are born
 - Major emphasis on early child development and education for girls and boys
- Manage urban development
 - Greater availability of affordable housing
 - Invest in urban slum upgrading especially water and sanitation, electricity, paved streets
- Ensure urban planning promotes healthy and safe behaviours equitably
 - Active transport
 - Retail planning to manage access to unhealthy foods
 - Good environmental design and regulatory controls e.g. number of alcohol outlets
- Ensure policy responses to climate change consider health equity
- Full and fair employment made a shared objective of international institutions and a central part of national policy agendas and development strategies
 - Strengthened representation of workers in the creation of employment policy, legislation, and programmes

1. Improve Daily Conditions

- International agencies should support countries to protect all workers
 - Implement core labour standards for formal and informal workers
 - Develop policies to ensure a balanced work–home life
 - Reduce negative effects of insecurity among workers in precarious work arrangements
- Progressively increase social protection systems
 - Ensure systems include those in precarious work, including informal work and household or care work
- Build quality health-care services with universal coverage, focusing on Primary Health Care
 - Strengthen public sector leadership in equitable health-care systems financing, ensuring universal access to care regardless of ability to pay
 - Redress health brain drain, focusing on investment in increased health human resources and training and bilateral agreements to regulate gains and losses.

2. Tackle the Inequitable Distribution of Power, Money and Resources

- Place responsibility for action on health and health equity at the highest level of government, and ensure its coherent consideration across all policies
 - Assess the impact of all policies and programmes on health and health equity
- Strengthen public finance for action on the social determinants of health
- Increase global aid to the 0.7% of GNP commitment and expand the Multilateral Debt Relief Initiative
- Developing coherent social determinants of health focus in PRSPs
- Institutionalize consideration of health and health equity impact in national and international economic agreements and policy-making
- Reinforce the primary state role for basic services essential to health (such as water/sanitation) and regulation of goods and services with a major impact on health (such as tobacco, alcohol, and food)

2. Tackle the Inequitable Distribution of Power, Money and Resources

- Create and enforce legislation that promotes gender equity and makes discrimination on the basis of sex illegal
- Increase investment in sexual and reproductive health services and programmes, building to universal coverage and rights
- Strengthen political and legal systems
 - Protect human rights
 - Assure legal identity and support the needs and claims of marginalized groups, particularly Indigenous Peoples
- Ensure fair representation and participation of individuals and communities in health decision-making
- Enable civil society to organize and act to promote and realize political and social rights affecting health equity
- Make health equity a global development goal

3. Measure and Understand the Problem and Assess the Impact of Action

- Ensure routine monitoring systems for health equity locally, nationally, and internationally
 - Ensure all children registered at birth
 - Establish national and global health equity surveillance systems
- Invest in generating and sharing new evidence on social determinants and health equity and on effectiveness of measures
 - Create dedicated budget for generation and global sharing of evidence
- Provide training on the social determinants of health to policy actors, stakeholders, and practitioners and invest in raising public awareness
 - Incorporate the social determinants of health into medical and health training
 - Train policy-makers and planners in health equity impact assessment
 - Strengthen capacity within WHO to support action on social determinants

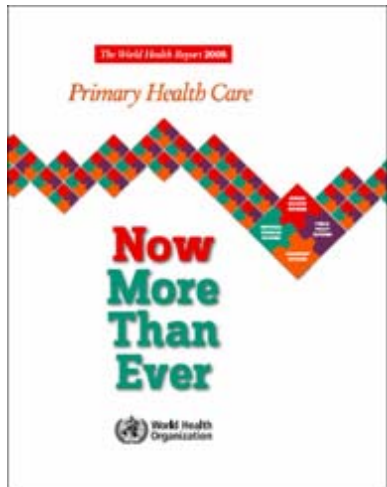
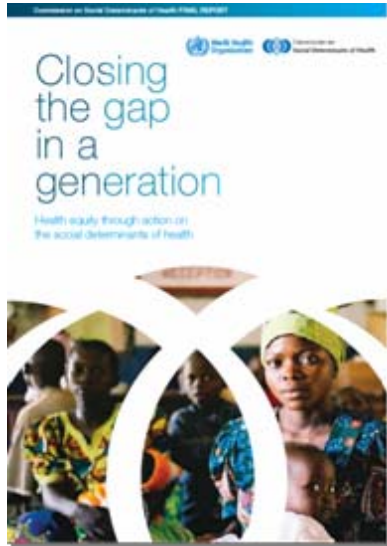
Examples of action

- Sweden
 - National health policy with a focus on decreasing health inequity based on population interventions defined with a social determinants approach
- Cuba
 - Intersectoral approach to child health between health and education sectors resulting in strong interaction between health staff in polyclinics and other sectors, along with emphasis on early child development with almost all children (99.8%) attending early child services. As a result, Cuba has very low child mortality across all groups and high educational attainment despite significant economic difficulties.

Examples of action

- New Zealand
 - Whole-of-government national policy to reduce inequities led by health sector with primary health care reform, now showing reduction in major health inequity (between health status of indigenous and non-indigenous New Zealanders)
- Thailand
 - Implementation of universal health care coverage without fee-for-service, using a capitation based system with a primary health care approach
- Brazil
 - Implementation of Family Health Programme (PSF) to improve coverage of health care using a health team approach, building in intersectoral action, which is already showing impressive improvements in infant mortality

Social Determinants of Health and Primary Health Care



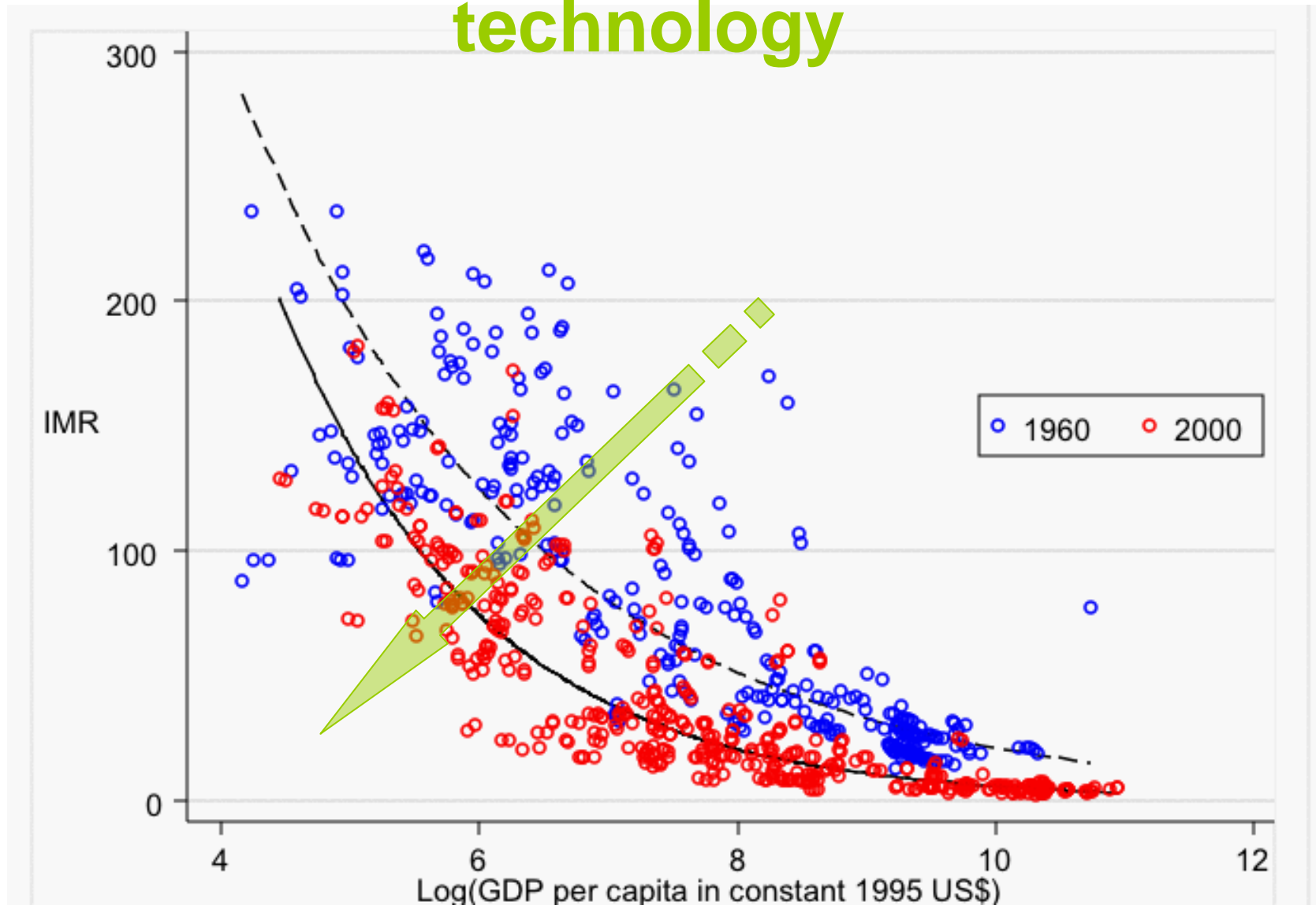
- Much common ground
 - Both advance holistic view of health, with primary value of health equity
 - The Declaration of Alma implicitly refers to the social determinants
- Different relationship to health systems and broader context
 - Primary health care starts with the health sector and reaches out to other sectors
 - Social determinants discourse sees health sector as one of the social determinants
- Synergistic
 - Report of the Commission and the 2008 World Health Report complement each other, and the Commission's findings inform WHO's revitalisation of primary health care

**Important caveat –
Medical care is an important social
determinant**

Environmental factors versus health system as social determinants

- Old public health view
 - Population health outcomes strongly influenced by living standards - per capita income, sanitation, nutrition, education
 - Evidence of impact of medical care minimal prior to 1950s in developed countries
- New view
 - Medical care matters increasingly since 1950s, and makes it possible for people at low living standards to achieve good health
 - Compare Sri Lanka/Maldives in 2000s with USA in 1900s

The changing impact of medical technology



Healthcare is a key social determinant

- Use of medical care can reduce impact of differentials in risk exposure for many health conditions, but not all
 - Most infections, maternal mortality, many NCDs
- Sri Lanka examples
 - Poor access to clean water does not translate into high mortality from diarrheal diseases
 - Exposure to mosquito vector no longer means high mortality from malaria
- So policies that reduce barriers to accessing medical care will reduce many health inequalities