CSDH NEWSLETTER

COMMISSION ON SOCIAL DETERMINANTS OF HEALTH

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Regional Consultation focuses on Fair Policies

Developing fair policies that address the root causes of ill health will be the focus of the Western Pacific Regional (WPRO) consultation to take place in Beijing, China from March 22 to 24.

The meeting is a joint effort by the World Health Organization and the Commission to promote action on social determinants of health.

The objective is to share information about the Commission's work and identify opportunities among member states for tackling the social causes of ill health. Policy makers and civil society representatives from the region, covering countries such as Cambodia, China, and Vietnam will take part in the meeting.

Amit Sen Gupta, civil society facilitator for the region said high on the list of social determinants for the region was poverty which was "ubiquitous in the region and possibly the most important determinant of health outcome." Food security; child malnutrition; conflict; natural disasters; cultural belief systems, including challenges posed to health by fundamentalism and different value systems were some of the determinants he mentioned.

The regional consultation follows several similar meetings which took place in regions such as Africa, Eastern Mediterranean region; Americas and South East Asia. The consultations are part of WHO's leadership in the process of promoting global action on social determinants of health.

Healthy neighbourhoods: Living conditions have a major impact on health.

INSIDE THIS ISSUE:

Brazil Launches National Commission on Social Determinants of Health

Brazil launches its national Commission on Social Determinants of Health in March to address social inequalities that have a negative impact on health.

Ahead of the launch, a feature produced by our WHO European Office for Investment for Health and Development in Venice focuses on Eneida Bernardo. She is the coordinator of the Health for the Family Programme in Guarulhos, Sao Paulo. This Programme ensures that the health system is accessible to the most vulnerable and marginalised groups. The story is part of our regular web feature, *Voices from the Frontline* and is available at the following website: http://www.euro.who.int/socialdeterminants

The Health for the Family Programme contributes to efforts to ensure social integration. © Edson Queiroz; January 2006

NOTES FROM THE CHAIR

Making Health Equity A Global Goal

Two threats dominated the media headlines in 2005 - disease and natural disasters. Both have exposed the depth of inequalities in our societies. The impact of the social environment on health is significant. There is enough research to prove that the causes of illness are primarily found in the social settings in which people live and work. How to reduce the inequalities and promote policies that improve social well being is the focus of our work.

The Commission's launch last March marked the beginning of a concerted effort to bring the world's attention to the reality that addressing health inequalities requires more than medical care.

Our goal is to see governments act on the root causes of ill health; the social determinants of health which include, among others, employment conditions, early childhood development, urban settings, gender and social exclusion.

We spent the past year reaching out to policy makers and civil society members in different countries and regions; learning and offering practical assistance on what can be done to achieve health equity.

Our message is clear: people's lives can only improve when equity becomes the centre of all policies aimed at development. We will continue to promote this message beyond the Commission's three-year life span.

The Commission's report is due in May 2008, but the work on social determinants of health and equity is a lifetime commitment.

We are working with the World Health Organization to build on the existing capacity to take meaningful action to reduce health inequalities. We are collating and developing knowledge about the best practices available to improve global health. Both government and civil society are contributing to this knowledge that we hope will enrich the process for social change.

Our long term goal is to eliminate premature death and unnecessary suffering and witness an improvement in people's quality of life worldwide.

Professor Sir Michael Marmot , Chairman of the Commission on Social Determinants of Health

Confronting unjust policies

At the time of going to press, media headlines were screaming concerns about the bird flu cases found in Nigeria. Some of the quotations that appeared in the International Herald Tribune on 13 February 2006 read: “Everyone wondered what would happen if avian influenza came to Africa, but no one really prepared. They waited. Now it’s there …” “It is extremely worrisome.”

Beyond applying control and curative measures, the flu throws a spotlight on the social conditions in which people live and work; and the manner in which governments plan and use their resources to ensure better health for the general population. The Commission will focus on these issues during its fifth meeting in Nairobi, Kenya 26 to 30 June. Kenya is already looking at establishing a national Commission to advocate for fairer policies which lead to better health outcomes.

Commissioner Charity Ngilu
Minister of Health, Kenya

Commission visits the Islamic Republic of Iran

About 30km out of Tehran is a town known as Islamshahr, a home to about 420 000 people. Masomeh Bozergnejad's job is to care for their health.

She is one of the health workers in charge of the 16 278 health houses scattered across the Islamic Republic of Iran. Health houses are run by a male and a female community health workers – known as *Behvarz*.

The network of health houses and the 2361 Rural Health Centres cover of about 90% of the rural areas population.

"But we do more than health care. We also supervise the collection of garbage; we ensure people have access to clean water and do community health education," she says.

It is health workers like her that have contributed to making Iran's health system one of the best in the region.

Life expectancy figures, alone are evidence of the country's accomplishments. A child born in Iran can expect to live to around 69 years, up from 56 years in the early 1970s. The number of children who die before their first birthdays has fallen to 35 deaths for every 1,000 live births.

In January, the Commission on Social Determinants of Health held its fourth meeting in Iran and invited its government to join the increasing number of countries working on equity to improve health. The meeting was attended by high level policy makers and representatives from civil society.

Speaking at the meeting, Iran Minister of Health Kamran Lankarani said the visit was an opportunity to open the dialogue with other sectors within the government and work together to achieve better health for the Iranian population.

CSDH chairman Professor Sir Michael Marmot emphasised the need for broadening the approach to health by addressing the social conditions that cause illness and by addressing the inequalities within and between countries.

Among its priorities, Iran identified the need to establish a fairer system for income and livelihood opportunity; and also re-assessing the impact of public/ private provision of social security (e.g. health, pension, unemployment) from an equity perspective.

Some of the challenges the country faces include high unemployment rates among the youth, gender inequity and inequalities among provinces.

TEN FACTS ABOUT SOCIAL DETERMINANTS OF HEALTH AND INEQUITIES

- Less than 2% of governments globally have a coherent, structured approach to address the social determinants of health.
- Annually, the health system is the cause of about 1% of families globally experiencing catastrophic expenditures (and up to 5 % in some countries).
- "Life expectancy at birth ranges from 34 in Sierra Leone to 81.9 in Japan."
- "The probability of a man dying between ages 15 and 60 is 8.3% in Sweden, 46.4% in Russia, 90.2% in Lesotho."
- "In Australia, there is a 20-year gap in life expectancy between Australian Aboriginal and Torres Strait Islander peoples and the Australian average."
- "Low and middle-income countries account for 85% of the world's road deaths."
- Nearly 11 million deaths in 2002 were among children under five years of age, and 98% of them were in developing countries.
- About one out of six people in the world, or about 15%, live in wealthy countries (chiefly in North America and Europe). But only 7% of all deaths annually occur in those countries.
- Income inequality is increasing in countries that account for more than 80% of the world's population (UNDP, 2005).
- *In 1996 358 billionaires had a net worth of US$760billion which equalled the wealth of the poorest 45% of the entire world's population (WHO, 1997).*

Sources: World Health Organization and the Canadian Institute for Advanced Research

CAN WE AFFORD JUSTICE AND EQUITY?

Dr Frances Baum
Commissioner

One of the arguments used to support the slave trade in the 19th century was that society could not afford to abolish the trade because of the cost. These arguments contrasted strongly with those of the abolitionists such as William Wilberforce who opposed slavery on the grounds that it was contrary to the principles of justice and humanity.

From our twenty-first century perspective the cost argument in relation to slavery seems hollow, morally bankrupt and untenable. The benefits of hindsight tell us that principles and morals obviously go ahead of costs and economic considerations. Yet arguments of cost are frequently used to oppose social justice and equity concerns in the early 21st century.

The massive and growing inequities of wealth, income, life expectancy and resource use are increasingly acknowledged . Their existence has led to global campaigns to "Make Poverty History", calls for re-distribution of wealth and income and the provision of effective health services, drug therapies and basic public health infrastructures including water, sanitation and housing.

One of WHO's response has been to establish the Commission on Social Determinants of Health to consider how action on the upstream causes of illness and inequity can be implemented by governments and international agencies.

A crucial question for the Commission will be whether we adopt the vision of the slave abolitionists or the short sightedness of those who block vision with the spectre of cost.

Vision was at the heart of the foundation of the welfare state in Britain following the Second World War. The inequities revealed through the war experience (and especially through the evacuation of poor children to middle class rural homes) gave a determination among British people that the post-war world would be fairer. It was this atmosphere that enabled William Beveridge (one of the founders of the welfare state) to talk of the moral absolutes that should govern government policy above considerations of cost. He argued for "bread and health for all before cake and circuses for anyone" and stressed that it was better to incur debt than "to let children go hungry or sick and old unattended."

There is growing evidence that we have to make a more equal and fair world if we want to promote health and well-being. Many commentators have pointed out that the fuel for the action of violent extremists is the existence of massive global inequities.

It is certainly true that the larger the gaps in wealth the higher the crime and social dislocation. Richard Wilkinson in his *The Impact of Inequality. How to Make Sick Societies Healthier* quotes study after study to support this point and concludes unequivocally that "redistributing income from rich to poor improves health no matter the mechanisms". The processes appear to be that more equity leads to less envy, more social solidarity and a greater sense of community and harmony. This is the type of world that is envisioned by the CSDH.

Achieving this world will seem an impossibility if we imagine all the reasons (and cost will be near the top of the list) why it is not possible. Instead, we need a justice imagination that learns from Nelson Mandela who reminds us that poverty and the sapping of the human spirit and potential it brings is "not a preordained result of the forces of nature or the product of a curse of the deities. But the consequences of decisions which men and women take or refuse to take."

The CSDH is in an ideal position to take decisions in favour of equity, health and the right of all people to a reasonable standard of living – not to take these decisions will cost us all dearly.

WHO and the Commission take no responsibility for the views shared in this opinion section. This space has been created for analysis and to stimulate debate on issues related to the work of the Commission. Readers are welcome to send their contributions.

PUBLICATIONS:

- The third US **National Healthcare Disparities Report** (NHDR) provides a comprehensive national overview of disparities in health care among racial, ethnic, and socio-economic groups in the general U.S. population and within priority populations. It also tracks the success of activities to reduce disparities. http://www.ahrq.gov/qual/nhdr05/nhdr05.pdf

Event :

Neglected diseases of neglected populations: Thinking to reshape the determinants of health in Latin America and the Caribbean
http://www.biomedcentral.com/1471-2458/5/119

World Health Day - April 7
Working together for health is the theme of this year's World Health Report.
http://www.who.int/world-health-day/2006/en/index.html

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