WHO
Commission on Social Determinants of Health

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- Health is not only (primarily?) a matter of medical care
- Social and political circumstances affect life and well-being and, hence, health
- Therefore all policies should be framed with regard to their effect on health and health inequity.
- Major unsolved problems of inequalities in health among and within countries.

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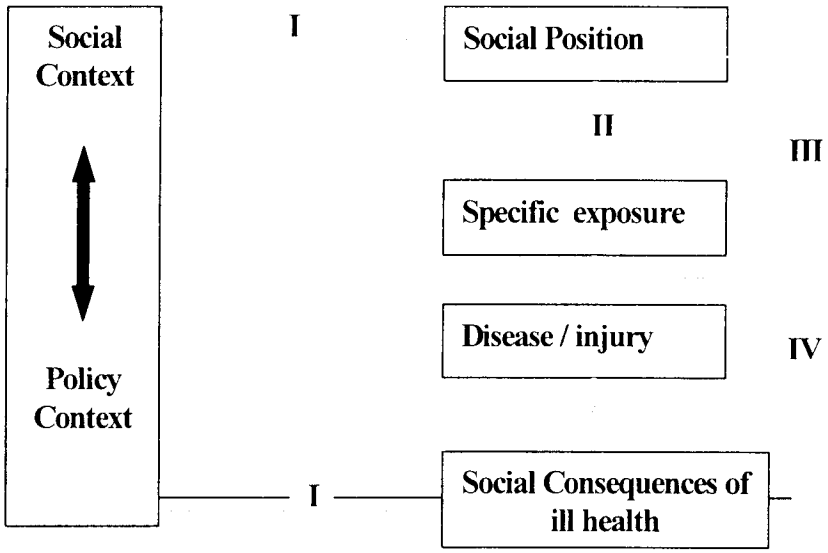
Social Determinants and Health Disadvantage

Source: Adapted from Diederichsen and Hallqvist 1998 Challenging inequities in health



Policy Approach

- Early life development and education
  - Including comprehensive primary care
- People of working age
  - Working and living conditions
- Economic and social conditions of older people

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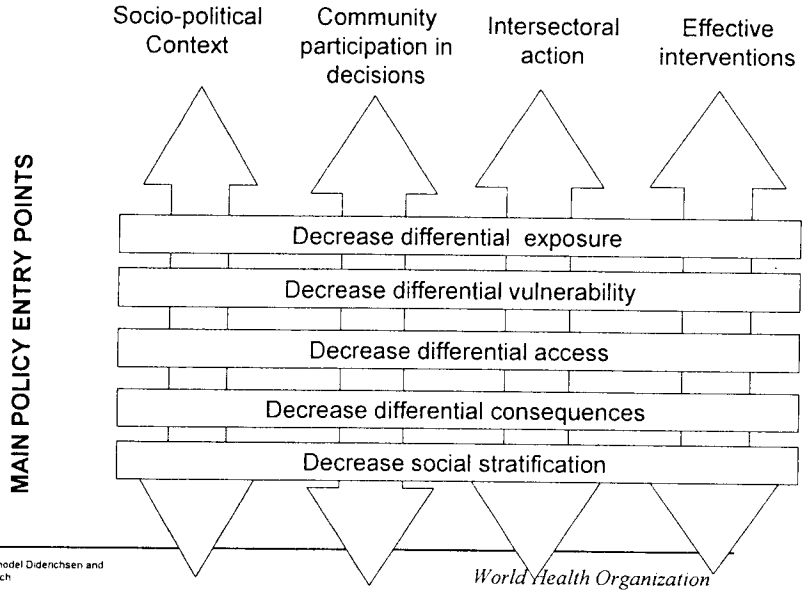
PRINCIPLES TO INFORM POLICY



Adapted model Diderichsen and Mackenbach

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What good does it do to treat people's illnesses ...

conditions that made them sick?

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	Iran 1970-75	Iran 2000-05	Japan 2000-05
Life expectancy	55.2	70.2	81.9
Under 5 mortality rate	191**	39*	4*
Infant mortality rate	122**	33*	3*

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(Source: Human Development Report 2005) (**1970 figures, *2003 figures)

INFANT MORTALITY RATE (estimates for 2003)

SIERRA LEONE	166
BOLIVIA	53
Islamic Rep of IRAN	33
SRI LANKA	13
ICELAND	3

SOURCE: HUMAN DEVELOPENT REPORT 2005

% PROBABILITY OF DYING BETWEEN 15 AND 60 (MALES)

LESOTHO	9[illegible]
RUSSIA	48
SRI LANKA	23.5
PAKISTAN	22.5
ISLAMIC REP OF IRAN	20.1
TURKEY	17.6
CHILE	13.3
COSTA RICA	12.9
SWEDEN	7.9

SOURCE: THE WORLD HEALTH REPORT 2005, WHO

Tuberculosis Treatment Disparities, Kenya

DOTS for Rx of Smear +ve TB	Expected Efficacy	Case detection	Diagnostic delay	Visits to providers	Patient Adherence	Cost of Care	Actual Effectiveness	Least Poor:Poorest Ratio
Poorest	**98%**	**low**	**high**	**high**	**high**	**high**	**20%**	**4**
Least Poor	**98%**	**high**	**low**	**low**	**high**	**low**	**80%**	

Sources of disparities

More equitable service provision requires action on the social determinants of health

Adapted from data from Hanson et al 2003 and from framework of Peter Tugwell

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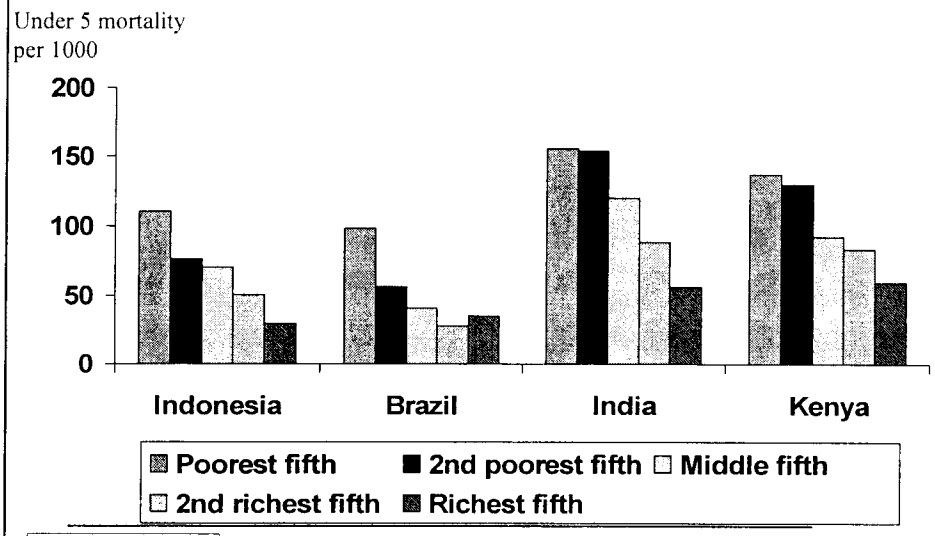
UNDER 5 MORTALITY RATES BY SOCIOECONOMIC QUINTILE OF HOUSEHOLD



Victora et al 2003

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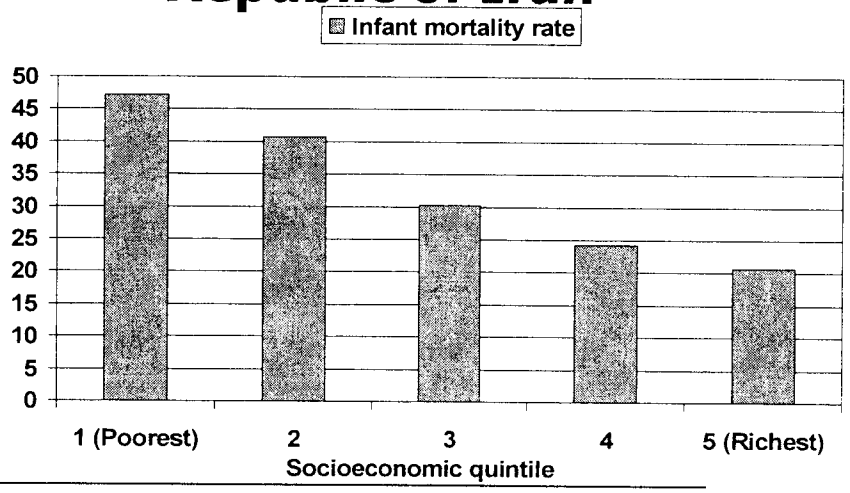
Infant mortality rate by socioeconomic quintile, Islamic Republic of Iran

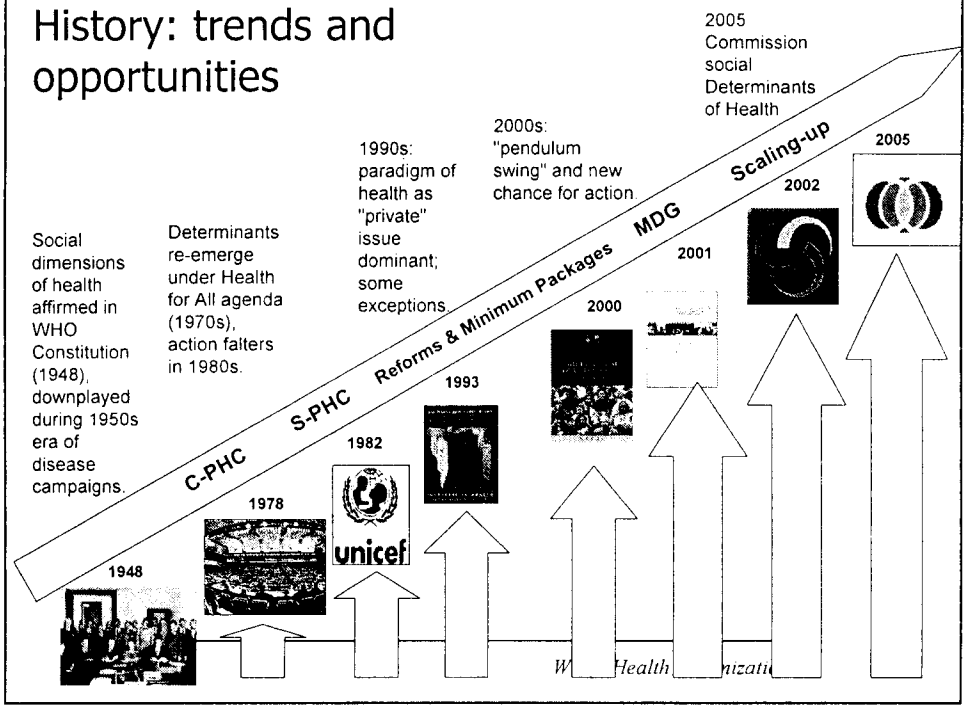


(Hosseinpoor et al. Bull.WHO, 2005, 83, 837-844)

Why are poorer populations...

- Two times more likely to have TB?
- Three times less likely to access care for TB?
- Four times less likely to complete TB treatment?
- Five (?) times more likely to incur impoverishing payments for TB care?

History: trends and opportunities



Why do we think the CSDH can do better?

- Will learn historical lessons, build on gains of previous eras
- Millennium Development Goals indicate a policy space
  - adopted by 189 countries
  - intersectoral connections
  - health central
  - health MDGs require action on social determinants

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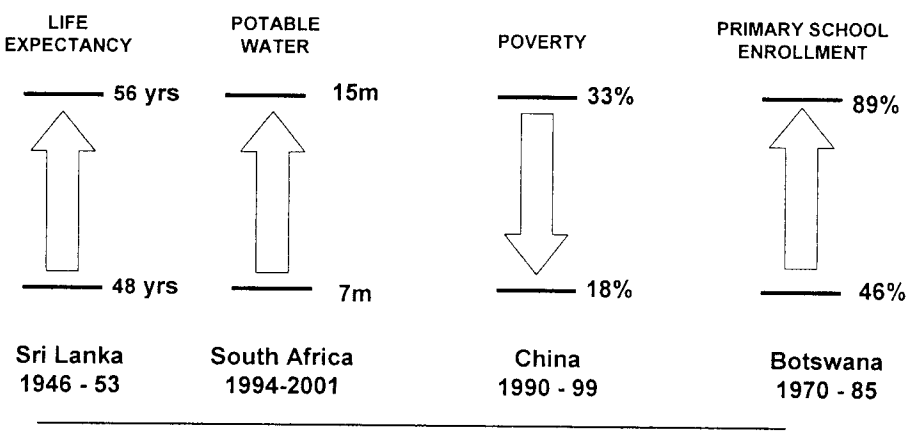
Progress can be achieved in short time periods



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CSDH's vision of a changed world

Local, national and global institutions using knowledge on SDH to implement public policy that affects health

SDH are understood, widely debated and recognised as important

Leadership, public interest and capable institutions sustain policy and action

SDH incorporated into WHO planning, policy and technical work

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CSDH Outcomes

- Social determinants incorporated into national policy processes.
- Knowledge consolidated, gaps clarified for action.
- Working with selected country towards improving health and reducing inequities.
- Incorporation of social determinants of health into the strategy and program of WHO.

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'THE SUCCESS OF AN ECONOMY AND OF A SOCIETY CANNOT BE SEPARATED FROM THE LIVES THAT THE MEMBERS OF THE SOCIETY ARE ABLE TO LEAD...WE NOT ONLY VALUE LIVING WELL AND SATISFACTORILY, BUT ALSO APPRECIATE HAVING CONTROL OVER OUR OWN LIVES'

Amartya Sen, Development as Freedom (1999)

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