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Editorial

Closing the gap in a generation: Health equity through action on the social determinants of health. A Report of the WHO Commission on Social Determinants of Health (CSDH) 2008.

"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." The inequities in health both within and between countries are caused by "… the unequal distribution of power, income, goods, and services, globally and nationally…" Those were some of the profound conclusions of the WHO Commission on Social Determinants of Health (CSDH). The CSDH provides very convincing evidence that the structural determinants and conditions of daily life, the social determinants, are the major determinants of health and inequalities in health. Social determinants "… are responsible for the major part of health inequities between and within countries." The CSDH calls for a new approach to economic and social development that involves the whole of government, civil society and local business, global and international agencies to tackle the upstream determinants. It challenges the dominant types of economic growth that currently does not include fairness in how benefits are distributed. Without equitable distribution of benefits, economic growth can exacerbate inequities in health. The major conclusions of the CSDH are a wake-up call to all health professionals, policy makers and politicians. They herald a large shift in thinking about policies on promoting health. Indeed the report of the 2008 Commission on Social Determinants of Health is a significant successor to the 1978 WHO Alma Ata Declaration which drew attention to the fact that intersectoral policies were vital for improvements in health and that health policy was not the sole responsibility of the health ministry. Alma Ata stressed that community participation and health promotion should be a central lever of policy. Alma Ata was adopted by most governments and had an important impact on health policies and was followed by the Ottawa Declaration where the term 'healthy public policy' was coined to emphasize that ministries, be they economic, agriculture, education or transport, should always consider the health impacts of their policies. And now we have the 2008 CSDH that goes further than the Alma Ata Declaration to promote health equity. CSDH analyses the causes of ill health and the causes of the causes.

The then Director General of the WHO Dr Lee Jong-wook, who set up the CSDH at the WHO World Health Assembly in 2004, said that: "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". The core values underlying the work of the CSDH were "The development of a society, rich or poor, can be judged by the quality of its population's health, the fair distribution of health across the social spectrum, and the degree of protection provided from disadvantage due to ill-health." Systematic differences that are avoidable by reasonable action are unjust and labeled health inequity. CSDH considers that most inequalities in health are avoidable and, hence, inequitable; that addressing health inequity is a matter of social justice and that health equity is a goal within countries and between them. The strong concern about injustice of inequalities in the CSDH were succinctly expressed by the WHO Director-General, Dr Margaret Chan. She said: "No one should be denied access to life-saving or health-promoting interventions for unfair reasons, including those with economic or social causes … When health is concerned, equity really is a matter of life and death."

The power of the CSDH report derives from the stark figures on the existing large inequalities in health and life expectancies. Why should a child born in several African countries have a life expectancy of 42 years less than one in Japan? Such inequalities are neither random events nor merely related to biological differences. They are influenced by behaviours. Those behaviours are socially determined. So to change the behaviours we need to change the environment.

The report rightly frequently emphasizes social justice. For the inequalities in health are unjust. The time has come to focus on the determinants of the gross differences in health both within and between countries. With so much information on inequalities in health (and oral health) the usefulness of more surveys on inequalities is questionable. CSDH takes a human rights based approach to health and emphasises social action needed to guarantee individual freedoms. It links health with human dignity, equity and justice. Vulnerability to ill-health can be reduced through realization of human rights - the right to education, to water and to food. They should be available, accessible, acceptable and of good quality (AAAQ). Moreover, CSDH goes some way beyond medical care and individual responsibility as the solutions to inequality in health. The recommendations imply a shift to human entitlements to the conditions for good health and considers that empowerment, agency and participation are key elements in policy. "Change the social determinants of health and there will be dramatic improvements in health equity." The new global agenda should focus on changing unequal living conditions and life chances and the structural and political ways in which societies are organized.

The report provides the evidence, and most importantly, examples of the types of actions that have been proven effective in improving health and health equity in diverse countries. The solutions to redressing health inequities lies beyond the health sector. "Heart disease is caused not by a lack of coronary care units but by lives people lead, which are shaped by the environments in which people live." The health sector needs therefore to focus attention on addressing the root causes of inequities in health. A view expressed cogently by the Chair of the CSDH, Sir Michael Marmot, who said: "We rely too much on medical interventions as a way of increasing life expectancy".

The three CSDH principles for action are conditions in which people are born, grow, live, work and age; structural drivers of those conditions at global, national and local level; monitoring, training and research. Based on the compelling collated evidence, the CSDH makes three overarching and far-reaching recommendations to tackle the determinants of health: 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. The report details how each of the three recommendations can and should be implemented. For example there are 21 recommendations relating to improving daily living conditions, 27 on tackling the inequitable distribution of power and 8 on monitoring and training.

It is well known that early child development has a determining influence on subsequent life chances and health. Early childhood influences subsequent risks of obesity, heart disease, mental health and antisocial behaviour. Here improving daily living conditions are vital. Therefore the CSDH recommends a comprehensive approach across the lifecourse, from early life policies that encompass education, urban planning, homelessness, and policies to promote health equity between rural and urban areas to policies on employment. In summary, 'healthy places', 'fair employment' 'social protection' and 'universal health care'. A striking recommendation is access to universal health care, which is considered to be vital to good and equitable health. They warn against user fees for health care, particularly in low- and middle-income countries where they have led to reductions in utilization.

The recommendations on how to tackle the inequitable distribution of power, money and resources are hard hitting. They are opportune considering the serious current worldwide economic situation where those at the lower rungs of the social gradient are most likely to be more affected, thereby increasing inequity. The CSDH maintains that the responsibility for action on health and health equity should be at the highest level of government. That should increase the likelihood of public finances being directed to the social determinants of health and well-being. They recognize the increased role of the state in dealing with determinants. That includes providing basic services and the regulation of goods and services with a major impact on health such as tobacco, alcohol and food. The state is unlikely to act effectively without pressure from society, particularly as there will be determined efforts by commercial groups to thwart policies on social determinants. So a socially and more coalitional framework for decision- and policymaking is needed.

Throughout the report a central recommendation is to adopt a social determinants framework across the policy and programme functions of ministries of health. The ministry of health should ensure that all other ministries implement the social determinants agenda. To guarantee that such an approach is implemented consideration of health and health equity impacts should be institutionalized in national and international economic agreements and policymaking and at an international level, make health equity a global development goal.

This is an optimistic report. CSDH considers that if the actions recommended are adopted the health gap can be closed in a generation. "The knowledge and means to change are at hand…" "What is needed now is the political will to implement these eminently difficult but feasible changes." At least nine countries including Sweden, Brazil and the United Kingdom are committed to review their policies in the light of the report. In the United Kingdom, the Government has requested Sir Michael to establish new targets for tackling inequalities up to 2020 drawing on the CSDH's report. In his speech to the London conference where the CSDH was launched, Prime Minister Gordon Brown lent his support to the report. He said: "The health inequalities we are talking about are not only unjust, condemning millions of men, women and children to avoidable ill-health… They also limit the development and the prosperity of communities, whole nations and even continents. And so the challenge ahead is not to draw back from our ambitions, but to make them more urgent." The fact that CSDH has the backing of the WHO and the 19 Commissioners were from a range of countries and held high positions suggests that this report will not gather dust in the library of the WHO.

The implications of the CSDH report for oral health are profound. Oral health policy must focus much more attention on the social determinants of oral health and less on dental services. The social determinants are common to general and oral diseases. Therefore, in the light of the CSDH's report there is an ethical imperative for oral health planners to adopt and implement a social determinants approach by making stronger interdepartmental links.

Professor Aubrey Sheiham

Reference

World Health Organization. 2008. Closing the gap in a generation. Health equity through action on social determinants of health. Commission on Social Determinants of Health Final Report. WHO, Geneva. The report is available at: http://www.who.int/social_determinants/final_report/en/