

Backgrounder 2: Closing the gap in a generation - how?

What were the Commission's findings?

Even within countries, there are dramatic differences in health that are closely linked with degrees of social disadvantage. In the Calton area of Glasgow life expectancy at birth for men is 54 years, while in Lenzie, a few kilometres away, it is 82.

These inequities in health arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces. Closing the health gap requires concerted action across sectors by national governments, WHO, UN agencies, and civil society organisations. Better health and its fair distribution should be adopted as shared goals.

What does it recommend?

The Commission makes three main 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

How can these recommendations be achieved?

1. Improving daily living conditions

Equity from the start

At least 200 million children globally are not achieving their full potential. This has huge implications for their health and for society at large. Investment in early years provides one of the greatest potentials to reduce health inequities. The Commission calls for:

- an interagency mechanism to be set up to ensure policy coherence for early child development;
- a comprehensive package of quality programmes for all children, mothers and caregivers;
- the provision of quality compulsory primary and secondary education for all children.

Healthy places, healthy people

Where we live affects our health and chances of living flourishing lives. Last year saw, for the first time, the majority of human beings living in urban settings. Almost 1 billion live in slums. The daily conditions in which people live have a strong influence on health equity. Access to quality housing and clean water and sanitation are human rights. The Commission calls for:

- greater availability of affordable housing by investing in urban slum upgrading including, as a priority, provision of water, sanitation and electricity;
- healthy and safe behaviours to be promoted equitably, including promotion of physical activity, encouraging healthy eating and reducing violence and crime through good environmental design and regulatory controls, including control of alcohol outlets;
- sustained investment in rural development;
- economic and social policy responses to climate change and other environmental degradation that take into account health equity.

Fair employment and decent work

Employment and working conditions have powerful effects on health equity. When these are good, they can provide financial security, social status, personal development, social relations and self-esteem, and protection from physical and psychosocial illness. The Commission calls for:

- full and fair employment and decent work, to be a central goal of national and international social and economic policy-making;
- economic and social policies that ensure secure work for men and women with a living wage that takes into account the real and current cost of healthy living;
- all workers to be protected through international core labour standards and policies;
- improved working conditions for all workers.

Social protection throughout life

Everyone needs social protection throughout their lives, as young children, in working life, and in old age. People also need protection in case of specific shocks, such as illness, disability, and loss of income or work. Four out of five people worldwide lack the back-up of basic social security coverage. Extending social protection to all people, within countries and globally, will be a major step towards achieving health equity within a generation. The Commission calls for:

- establishing and strengthening universal comprehensive social protection policies;
- ensuring social protection systems include those who are in precarious work, including informal work and household or care work.

Universal Health Care

Access to and utilization of health care is vital to good and equitable health. Without healthcare, many of the opportunities for fundamental health improvement are lost. Upwards of 100 million people are pushed into poverty each year through catastrophic household health costs. The Commission calls for:

- healthcare systems to be based on principles of equity, disease prevention, and health promotion with universal coverage, focusing on primary health care, regardless of ability to pay.

2. Tackling the inequitable distribution of power, money, and resources

Inequity in the conditions of daily living is shaped by deeper social structures and processes. The inequity is systematic, produced by social norms, policies and practices, and practices that tolerate or actually promote unfair distribution of and access to power, wealth and other necessary social resources. The Commission calls for:

- health equity to become a marker of government performance;
- national capacity for progressive taxation to be built;
- existing commitments to be honoured by increasing global aid to 0.7% of GDP;
- health equity impact assessments of major global, regional and bilateral economic agreements;
- strengthening of public sector leadership in the provision of essential health-related goods/services and control of health damaging commodities;
- gender equity to be promoted through enforced legislation;
- a gender equity unit to be created and financed;
- the economic contribution of housework, care work, and voluntary work to be included in national accounts;
- all groups in society to be empowered through fair representation in decision-making;
- civil society to be enabled to organize and act in a manner that promotes and realizes the political and social rights affecting health equity;
- the UN to adopt health equity as a core global development goal and use a social determinants of health framework to monitor progress.

3. Measuring and understanding the problem

Action on the social determinants of health will be more effective if basic data systems, including vital registration and routine monitoring of health inequity and the social determinants of health, are put in place so that more effective policies, systems and programmes can be developed.

Education and training for relevant professionals is vital.

Who should be doing what?

While the Commission advocates strongly the central role of government and the public sector in taking action, it also recognises the need for support and action across the field - global institutions and agencies, governments themselves (national and local), civil society, research and academic communities, and the private sector.

Multilateral agencies

The Commission calls for coherence between sectors in policy-making and action to achieve improvements in health equity. The Commission calls on multilateral specialist and financing agencies to:

- adopt health equity as a fundamental shared goal, and use a common global framework of indicators to monitor development progress;
- ensure that increases in aid and debt relief support coherent social determinants of health policy-making and action among recipient governments;
- support equitable participation of Member States and other stakeholders in global policy-making.

WHO

WHO is the mandated leader in global health. It is time that WHO's leadership role is enhanced through the agenda for action on the social determinants of health and global health equity. The Commission calls on WHO to:

- adopt a stewardship role supporting social determinants of health capacity-building and policy coherence across partner agencies in the multilateral system;
- support goal setting on health equity and monitor progress on health equity between and within countries as a core developmental objective through a global health equity surveillance system;

- build internal social determinants of health capacity across WHO.

National and local government

Underpinning action on the social determinants of health and health equity is an empowered public sector, based on principles of justice, participation, and collaboration. Actions include: policy coherence across government; strengthening action for equity and finance; and measurement, evaluation, and training.

Civil society

Civil society can play an important role in action on the social determinants of health. Actions include: participation in policy, planning and programmes; and evaluation and monitoring of performance.

Private sector

The private sector has a profound impact on health and well-being. Actions include: strengthening accountability; and investing in research.

Research institutions

Knowledge - of what the health situation is; of what can be done about it; and of what works effectively to alter health inequity - is at the heart of the Commission. Actions include: generating and disseminating evidence on the social determinants of health.