



# **Session on the Interim Statement of the Commission on Social Determinants of Health**

**IUHPE Conference  
12 June 2007**

Department of Equity, Poverty and Social Determinants of Health  
World Health Organization  
Geneva

# What do we expect from the Commission of Social Determinants of Health?



- 1. Help us to produce an argument that combines sharply a justification for pursuing health equity from both an intrinsic and an instrumental perspective.**



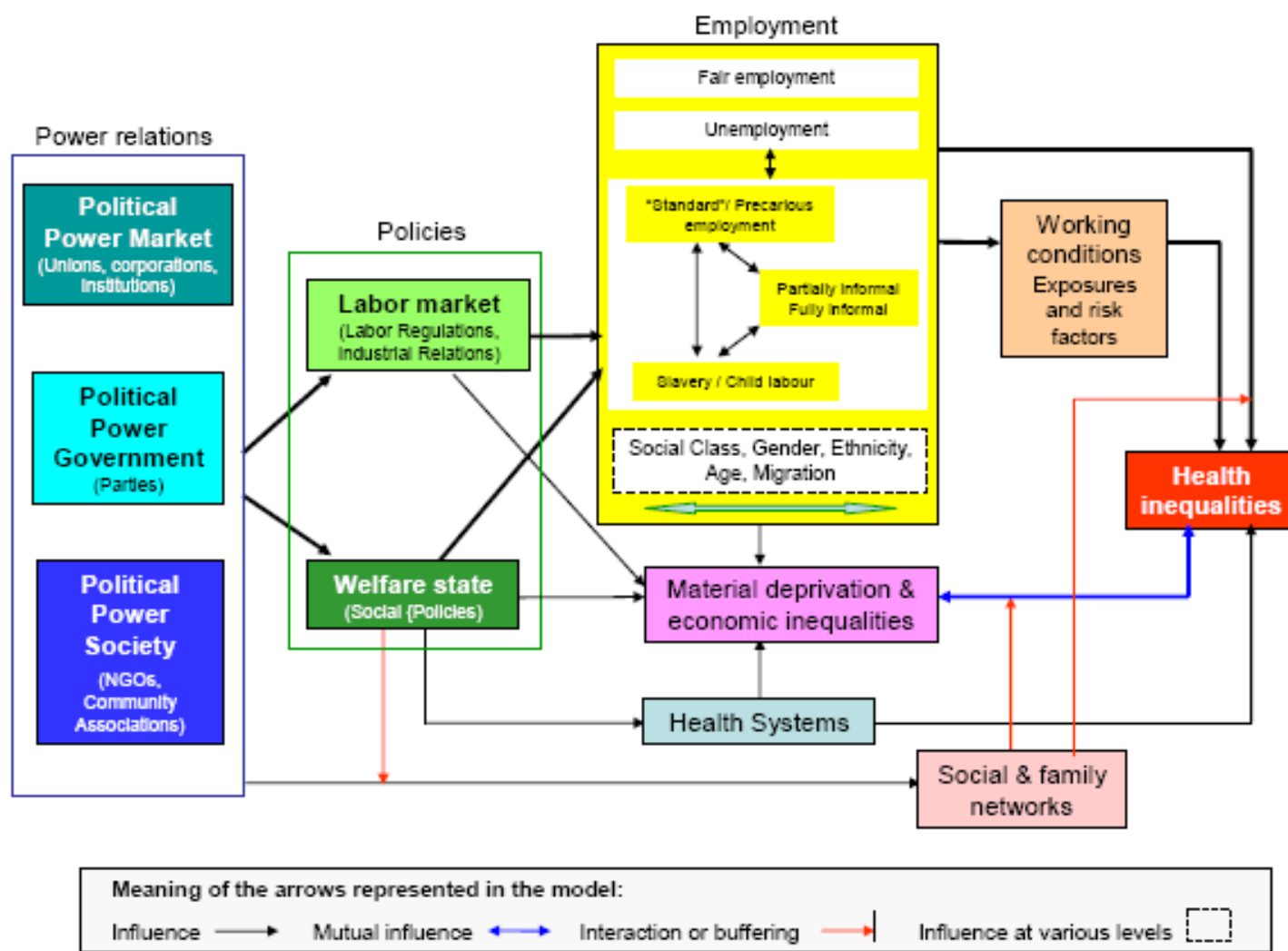
## 2. Give us a framework for social determinants of health



# A framework that respond:

- **Where do health differences among social groups originate, if we trace them back to their deepest roots?**
- **What pathways lead from root causes to the stark differences in health status observed at the population level?**
- **Where and how should we intervene to reduce health inequities?**

Figure 1. Macro-theoretical framework of Employment Conditions and Health Inequalities.

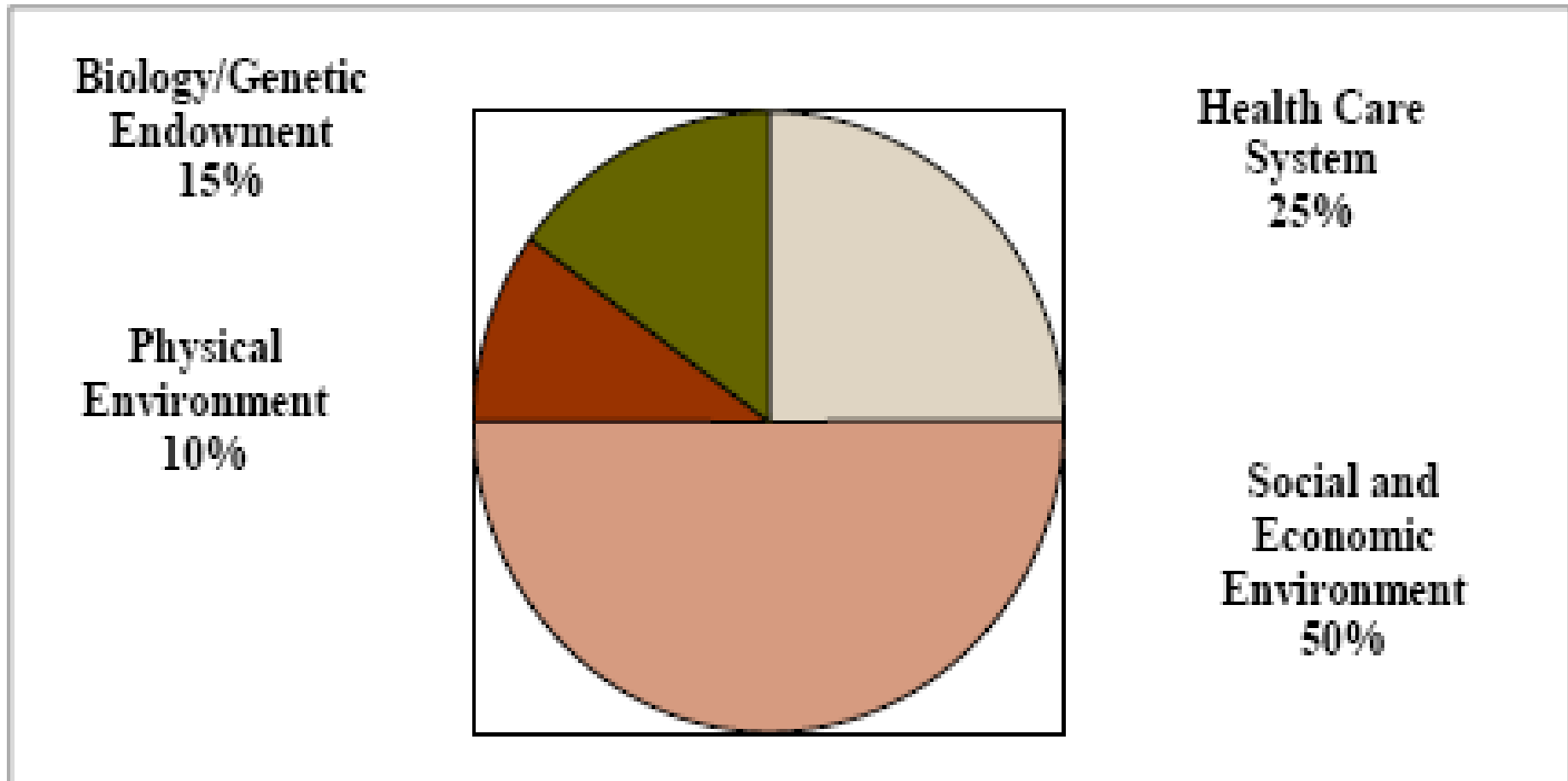


3. Help us to understand the massive mountain of evidence on social determinants impact on health and health equity by bringing it together and making a story out of it



# Why focus on Social Determinants?

Chart 1– Estimated Impact of Determinants of Health on Health Status of the Population



Source: Canadian Institute for Advanced Research, Health Canada, Population and Public Health Branch AB/NWT 2002.

**TABLE 1. Comparison of how HIV\*/AIDS\* epidemiology is examined by using different research paradigms†**

| Research paradigm  | Key research questions   | Understanding of risk   | Implications for interventions   |
|--|--|---|--|
| Risk factor epidemiology   | What places persons at risk of acquiring HIV infection? What individual characteristics are associated with development of AIDS and disease progression?   | Risk of HIV/AIDS is manifest at the individual level.   | Interventions focus on individual behavior change to prevent HIV transmission. Interventions focus on access to clinical AIDS care.  |
| Social epidemiology  | What places populations at risk of HIV epidemics? What population characteristics enhance vulnerability to HIV/AIDS epidemics?   | Social determinants affect HIV/AIDS risk by shaping patterns of population susceptibility and vulnerability.  | Policy and program interventions that address fundamental social determinants will enable large reductions in HIV/AIDS at the population level.  |
| A psychosocial approach  | How do social factors influence psychology or behavior to place persons at higher risk of HIV infection? Are psychosocial factors such as social support associated with AIDS disease progression? How are behavioral and social factors interrelated? | Psychosocial factors mediate the effects of social structural factors on individual risk. Psychosocial factors are conditioned and modified by the larger social context in which they occur. | Interventions focus on modifying interpersonal relationships to enable HIV prevention or to improve health outcomes for persons living with HIV/AIDS.                                    |
| A social production of disease or political economy of health approach | How do economic and political determinants help establish and perpetuate inequalities in HIV/AIDS distribution within and between populations?   | Limited access to resources places persons at risk of HIV infection and AIDS disease progression.   | Changes to the structure of the social environment through legal, political, or economic intervention are necessary to empower vulnerable groups to protect themselves against HIV/AIDS. |
| An ecosocial approach  | How do factors at multiple levels—from the microscopic to the societal—contribute to the creation of population-level patterns of HIV/AIDS?  | HIV/AIDS risk is “embodied” among persons over lifetime exposures to numerous biologic and social factors.  | Responsibility for factors that enhance vulnerability may be located at multiple levels; as such, interventions should be targeted to the level specified through ecosocial studies.     |

\* HIV, human immunodeficiency virus; AIDS, acquired immunodeficiency syndrome.

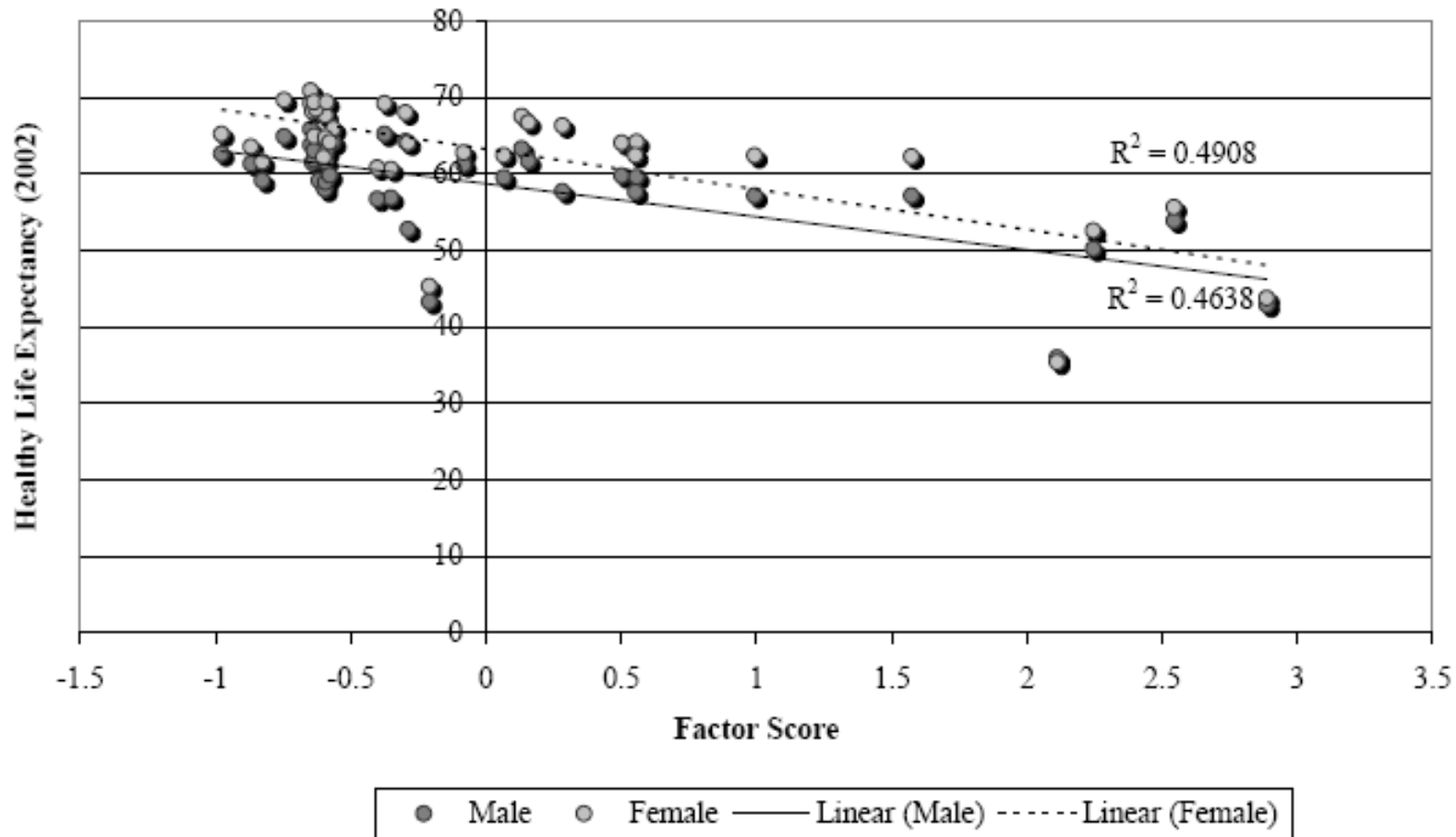
† In this table, a distinction is made between three approaches to studying social epidemiology: a psychosocial approach, a social production/political economy of disease approach, and an ecosocial approach. This table is based on work by Krieger (181).

4. Help us to improve the fairly poor evidence base on what are the most effective and the most cost-effective interventions.



# Employment conditions KN

Figure A2. Association between labor market inequality factor score and HALE among Semi-peripheral countries.



# **Intersectoral Action on health linked to broader political and economic action**

## **(Health systems KN)**

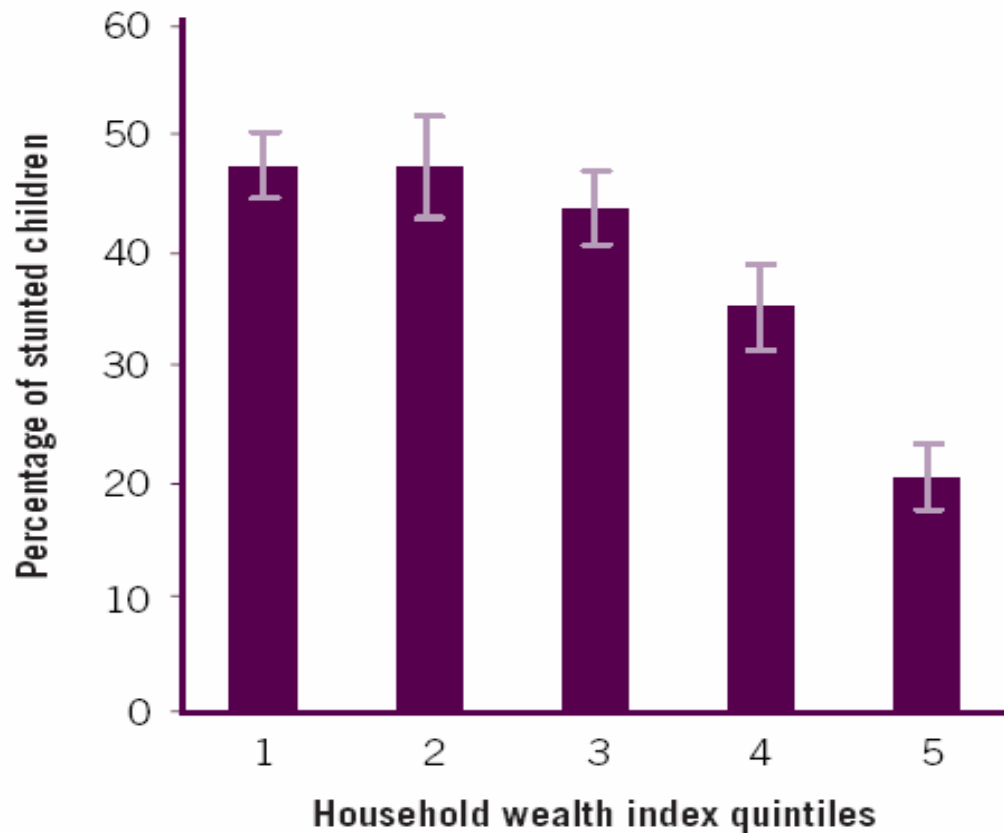
A case study describing the evolution of health-equity promoting policies within the public health sector, as well as across government, ascribes Sri Lanka's striking successes in tackling poor health status to a long-term societal and political commitment to universal franchise, representative democracy based on close links between constituencies and elected representatives, universal coverage of multi-sectoral, welfare-oriented programmes, and an integrated health system based on the primary health care approach. (Perera 2006)

# Global reporting – WHO

5. Give us ideas on how WHO can report more comprehensively and systematically on these issues

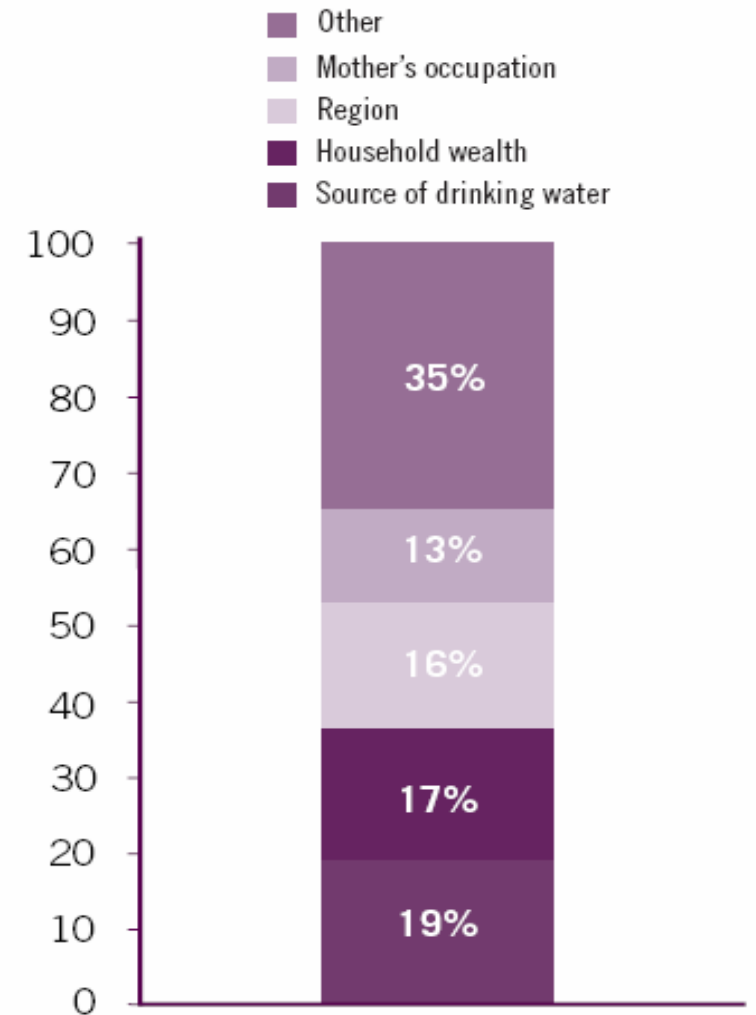


## Stunting among children under 5 years of age, by household wealth quintile, Mozambique, 1999–2003<sup>23</sup>



**Note:** Household wealth index constructed using durable goods, type of materials used in housing floor and number of rooms divided by the number of household members. Wealth quintile 1 indicates the poorest and wealth quintile 5, the least poor.

## What contributes to inequity in childhood stunting?<sup>23</sup>



Decomposing inequity in childhood stunting

# And last but most importantly...

6. Recommend us the main priorities for WHO focus over the next years to support Member States in triggering a global agenda on SDH action to improve health equity



# In summary:

1. A solid argument
2. A framework for action
3. A synthesis of existing evidence on links between SD and health
4. New evidence on effective policy interventions
5. Recommendations on monitoring
6. Recommendations on critical priorities for WHO action



**Will allow us to contribute to foster a global movement that places fair health at the head and the heart of governance.**



Commission on  
Social Determinants of Health

