

Promoting global action

on the social determinants

of health

✉ Hoda Rashad



Throughout the world, socially disadvantaged people with inadequate access to health resources suffer worse health status and die younger than people in more privileged social positions. Yet although the greatest share of health problems is attributable to living conditions, health policies are dominated by disease-focused solutions that largely ignore the social environment. As a result, inequalities have widened and health interventions have obtained less than optimal results. The focus of the Commission on Social Determinants of Health (CSDH), created by the World Health Organization (WHO) in 2005, is on addressing the root causes of poor health and reducing inequalities worldwide. Hoda Rashad reports on the work of CSDH in advocating for a paradigm shift in the way health is perceived, and argues that policy, action and leadership to address social factors can improve health and access to healthcare.

Health is often regarded as a by-product of medical care. However, access to medical care alone does not guarantee health, particularly when people leave the healthcare setting and return to the very conditions that contributed to their ill-health in the first place. Such is the plight of the millions of people around the world who live and work in an unhealthy environment. The root causes of poor health include social, political and economic factors, which conspire to create and exacerbate wide disparities in health and well-being. The social determinants that lead to health inequalities between communities include low incomes, rapid urbanization and related inadequate housing, and a lack of access to health services.

Most governments appear to be aware of the underlying causes of poor health; but few have policies to provide and sustain equal health conditions for all



of their citizens. Many administrations are unlikely to meet the targets of the UN Millennium Development Goals precisely because of policies that do not effectively address the social aspects of health and well-being. CSDH aims to compile evidence that can help governments, organizations and communities to engage in informed action to effectively reduce inequalities.

The Commission is a key player in a global movement that advocates fairness in national and international social policies. CSDH Commissioners promote collective and cohesive action on the underlying causes of poor health around the world.

There are 20 Commissioners currently working with governments, and in civil society and academic institutions in over 50 countries.

The principle of equity lies at the core of the Commission's work. Effective and fair interventions are only possible through intersectoral action. For the past three years, the Commission has focused on specific social determinants of health. Mediated by CSDH, academic institutions in a number of countries work with governments and civil society to share and enhance knowledge about optimum actions to:

- defend equal opportunities for early child development

Kenya is officially partnered with CSDH with the goal of making equity the centre of development.

- ensure decent employment and working conditions
- provide healthy urban environments and good quality health systems
- tackle social exclusion – including gender inequality
- ensure fairness in global policy making.

Knowledge from the network of Commissioners will inform the

Commission's recommendations in a major report to be published in May 2008. The report will provide evidence of actions which have proven effective and aims to provide a foundation upon which countries and institutions can build their policies and interventions.

CSDH highlights the social factors behind diabetes and which exacerbate complications.

CSDH and diabetes in Africa

Although chronic non-communicable diseases, such as diabetes, account for more than 23% of deaths in Africa, governments in the region dedicate less than 10% – in many cases far less – of their public health budgets to the prevention and treatment of non-communicable diseases. CSDH draws attention to the social factors behind diabetes and other diseases, and which exacerbate complications.

The urban areas in most of the African countries are growing rapidly. Hundreds of thousands of people arrive in the cities every day, having journeyed from poverty, hunger or armed conflict in the rural areas. Throughout the continent, there is a need for policies to provide adequate housing and reinforce social infrastructure – sanitation and transport, for example, as well as healthcare. Driven by sweeping changes in diet and lifestyle – from the low-energy diet and continual physical activity of the rural lifestyle to the high-fat diet and sedentary lifestyle of the city dweller – prevalence rates for type 2 diabetes are rising sharply in these urban centres (see the articles on diabetes in Cameroon and Sudan in this issue).

The growing disease burden is aggravated by the lack of access to care and essential medication and supplies. The human and economic costs of the severe and life-threatening complications of diabetes, including heart disease, kidney failure, eye damage and diabetes foot disease – which is particularly severe in tropical regions and results in millions of amputations every year in Africa – are set to cripple entire communities and indeed the health budgets of many poor nations. In many cases, these complications are preventable through cost-effective diabetes education; but in most countries in the continent, and indeed most low-income countries around the world, policies do not exist to ensure the provision of health education.

The need exists for a change in the way governments organize and distribute public wealth.

Advocating for lasting change

The need exists for a change in the way governments organize and distribute public wealth. CSDH is urging administrations around the world to reallocate resources according to the needs of citizens. The Commission believes that societal health should be the responsibility of all sectors. If we are to break the cycle of poverty and exclusion suffered by many groups, representatives from civil society, as well as government policy-makers, must contribute to social policies. The process of engaging and empowering communities to participate in the fair and appropriate distribution of social and healthcare resources is under way in several countries, including Kenya.

Crossing borders, improving health

The President of Kenya recently approved the establishment by the Kenyan Ministry of Health in partnership with CSDH of a commission on social determinants of health. But the benefits of this partnership will reach beyond national borders. It is hoped that Kenya will be able to spread the commission's messages in key regional structures in East and Southern Africa, where the work of the Commission is particularly significant.

At the time of writing, CSDH is partnered with organizations in 10 countries in sub-Saharan Africa. Their involvement is crucial to sustain the Commission's work: through civil society, CSDH is able to access community knowledge and inform policy-makers on effective strategies to improve health.

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For information on how to contact CSDH and receive updates on the Commission's work, visit: www.who.int/social_determinants/en