REPORT OF THE SEVENTH MEETING OF THE
COMMISSION ON SOCIAL DETERMINANTS OF HEALTH
JANUARY 17-19, 2007, WHO GENEVA

Background and objectives

The Commission on Social Determinants of Health held its seventh meeting from January 17 to 19, 2007 in the headquarters of the World Health Organization in Geneva. The main purposes of the meeting were to assess the preliminary recommendations of the knowledge networks, review the Commission's interim statement outline, and to meet the new Director General of WHO, Dr Margaret Chan.

This following report covers the main points of discussion by session and includes a list of the key recommendations for the Commission and its Secretariat. More detailed notes and a recording of the open sessions of the meeting are available on request.

Session 1: Knowledge for action

There seems to be general consensus on using the broad conceptual framework of the Commission. Recommendations for action should reflect both the theories of causation in the framework and the multiplicity and integrated nature of successful approaches required to address SDH. Overall recommendations should not be grand, such as end hunger or poverty, but focused on realistic and immediate actions that may be taken. Recommendations should be tailored to addressing the gap, gradient, and disadvantaged according to the context. They should address the common and general success factors across similar initiatives in different countries or regions, specifically the content that works. Recommendations should recognize that many of the success factors will be dependent on local contextual factors and therefore will not be replicable in other settings. Recommendations about global actions, including global public goods, should be more prescriptive than those related to local actions.

The recommended actions should be evidence based and demonstrate an impact on specific health outcomes, which need to be defined. The final report should not rely on prima faci reasoning, which critics are likely to question. The CSDH will have to consider how to frame recommendations depending on the strength of evidence available. The Measurement and Evidence Knowledge Network presentation strongly recommended that the CSDH report make the inferential reasoning process, from evidence to recommendation, explicit.

Session 2: Updates from the Measurement and Evidence, Social Exclusion, Women and Gender Equity, and Priority Public Health Conditions Knowledge Networks

Measurement

See discussion on evidence under Session 1 above.

Social exclusion
The network is focused on structural relations of power that lead to social disadvantage and hierarchy. The discussion focused on the problems with the term *social exclusion*, which the network asserted is stigmatizing and ignores the dynamic nature of societies in which individuals and groups move in and out of various forms of social exclusion. Moreover, it is a catch-all phrase that covers social, political, economic, and other forms of exclusion. It would be hard to quantify the socially excluded, and moreover, does not necessarily match how people perceive their own situation.

Clarity of analysis is critical with regard to this conceptual area. The role of empowerment in creating a sense of inclusion should be discussed. Points raised:

1. Reconsider using the term social exclusion;
2. Give the KN clear direction about whether to focus on conceptual analysis or recommendations for action.

*Women and Gender Equality*

This network will provide not action-oriented recommendations but an analysis of the factors that have led to action and inaction. The Commission is looking forward to bold recommendations from this network in order to influence actors, such as WHO, who have not systematically included gender analysis; a clear sense of highest priority actions; and clear and convincing evidence of social inequities in women's health. The network noted the suggestion to examine the over-medicalization of women's health.

Points stressed:

1. The Commission should pay attention to the interaction of biological and social determinants of health. For example, cardiovascular disease in Indian adults has been linked to low birth weight in the children of women in poor health. Women's poor health is related to social factors.
2. Structural determinants of gender inequality such as gender norms developed in childhood should be discussed by Early Childhood Knowledge Network, or commissioned as a separate piece of work;

*Priority Public Health Conditions*

The network progress and plans were well received. Its focus on disease and conditions is likely to be a good approach for influencing WHO. Recommendations included:

1. Refer to Rachel Snow's work on gender inequity in health conditions;
2. Add focus on the social determinants of smoking;
3. Focus on developing how to guidelines for policy makers and program managers;
4. Agree on a standard conceptual framework for use by different parts of the Commission.

**Session 4: Environment**

The Commission welcomed the special presentation by WHO's department for Public Health and the Environment and agreed that the Commission's report must address the environment to some extent. It is a key social determinant of health and the environmental lobby will be important allies to the Commission.

**Session 5: Indicators for the SDH conceptual framework**

The discussion recommended that the goal be a minimum set of indicators and guidance from WHO on how to collect, analyse and use them, including the need for vital registration and linking data collection systems, especially those related to poverty. The team was advised to build on WHO's core indicators and MDG indicators so as not to impose additional work on already overstretched national health information systems and global monitoring mechanisms. The idea of a composite indicator was discussed and rejected. Dr Rashad was invited to advise the team.

**Session 6: Substantive key issues from 8 knowledge network reports to date**

The major points of the discussion are summed up in the following recommendations to the Commission.

1. Mental health, an important aspect of health that seems to be so far missing, should be included in the report;

2. Gender equality and women's empowerment is likely to underlie many of the CSDH recommendations of CSDH, as it does the Millennium Development Goals, and should be a major theme of the report;

3. The Commission should consider developing about five forceful recommendations with an overarching global theme and resonance, such as missing women, children in Africa, etc., to frame and leverage all of the recommendations coming from the networks;

4. Given multiple audiences, the report requires a layered approach with simple messages underpinned by detailed and more detailed information;

5. Consider how to review the richness of detail produced by the networks.
Session 7: Interim statement

It was widely agreed that the Chair's recent Harverian Oration provides a very good basis for the interim statement, although more emphasis needs to be put on addressing the gap as well as the gradient. It was recommended that the statement should focus on redistribution, rights, and regulation to be more responsive to civil society, recognizing that redistribution may be off-putting as it implies winners and losers. In health, it may be more useful to talk of equitable distribution or the whole gradient approach. It should emphasize the intrinsic rather than instrumental value of health and refer to the report of the Commission on Macroeconomics and Health. Finally, to have impact, the statement should present the values as widely held rather than the Commission's per se, and include a forceful and passionate forward.

Based on comments on the interim statement, the Commission will begin drafting the final report. The 9th meeting of the Commission in Beijing, October 24-26, 2007 will focus on the final report. Wider consultation on the draft interim statement will begin with a discussion in the 8th CSDH meeting in Vancouver, June 7-9, 2007 by the Commission and representatives of important stakeholder groups.

The Vancouver meeting will also include a session describing the situation of indigenous health and key lessons drawing on case studies presented during a symposium on the social determinants of indigenous health to be held in Australia, tentatively April 29-30, 2007.

Session 10: Global actions

The interim statement was identified as a good starting point to engage different organizations. The target audience should be expanded to include agencies concerned with gender equality and human rights. Financing of health systems was identified as key entry point for the G8.