



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD
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Commission on Social Determinants of Health

Note by the Secretariat

BACKGROUND

1. The social conditions in which people live powerfully influence their chances to be healthy. Indeed, factors such as poverty, food insecurity, social exclusion and discrimination, poor housing, unhealthy early childhood conditions and low occupational status are important determinants of most of disease, death and health inequalities between and within countries. To improve health for the world's most vulnerable populations and promote health equity requires new strategies for action which take into account these social determinants of health.

2. In his address to the Fifty-seventh World Health Assembly, the Director-General announced that he was setting up a new commission to gather evidence on the social and environmental causes of health inequities and ways to overcome them, which would provide guidance for all WHO's programmes.¹ The Commission on the Social Determinants of Health will be launched publicly in March 2005.

OBJECTIVES OF THE COMMISSION

3. The chief objective of the Commission will be to achieve policy change by turning existing public health knowledge into global and national policies that can be put into action. To do so, the Commission will compile evidence on the main social determinants that undermine health and on policies and interventions to tackle them. The Commission will make recommendations on the uptake and implementation of successful pro-equity policies by Member States and global health actors. It will also contribute to a long-term process of incorporating social determinants of health into planning, policy and technical work at WHO.

TIMELINE AND STRUCTURE

4. The Commission will operate until May 2008. It will hold three to four meetings a year, mostly in developing countries. These events will be keyed to specific themes (e.g., health in early childhood, urbanization and health) and the health challenges faced by particular communities (e.g., informal workers, indigenous people, slum dwellers). The Commission will submit a report to the

¹ See document A57/3.

Director-General at the mid-point of its activity. The report will include a detailed inventory of recommended interventions and policies to improve health and narrow health inequalities through action on social determinants. The remainder of the Commission's lifespan will be devoted to advocating uptake of the recommendations by Member States and global health actors, including WHO. During this phase, Commissioners and support staff will engage in policy dialogue with decision-makers. The Commission's findings will be placed on the agenda of national, regional and global meetings. Special consultations and workshops will be organized in which Commissioners and WHO technical staff will advise policy-makers on problems such as the most effective distribution of public spending, in the health sector and across other sectors, in order to accelerate health improvement for vulnerable groups.

5. With advice from the Commission, the WHO Secretariat will work closely with a group of pilot countries where there is a commitment to rapid action on social determinants of health among political leaders, health officials, civil society and other stakeholders.

6. The Commission will have three main structural components. The **Commission itself**, consisting of 12 to 18 Commissioners, will be responsible for formulating recommendations and mobilizing political support for their adoption. Approximately 10 thematic **knowledge networks** involving leading public-health scientists and other experts will perform the technical work of gathering and analysing evidence. A small **secretariat** will provide administrative and logistical support to the Commission and knowledge networks.

7. The knowledge networks will focus on identifying action that effectively tackles social determinants affecting health, including detailed mapping of factors that promote or hinder success. Each knowledge network will be coordinated by an academic institution or other qualified body; preference will be given to institutions based in developing countries. Coordination of global evidence gathering will strengthen research capacities of these institutions in areas connected with social determinants of health. Scientists, health-policy planners, programme managers and other experts who participate in the knowledge networks are expected to become advocates for the Commission's messages in their respective settings.

8. Most knowledge networks will be defined by themes. They will focus on those social determinants of health that contribute most to the global burden of disease and to health disparities, and on which action can be taken. To help achieve the Commission's chief objective, the crosscutting knowledge networks will examine questions of policy and implementation, including:

- definition of the evidence to guide policy in the context of measuring and evaluating social processes related to health
- integration of strategies related to social determinants into priority health programmes (such as HIV/AIDS, DOTS expansion, and initiatives on child survival and on women's health)
- identification of specific government planning and budgeting tools to improve health equity.

PROGRESS DURING THE PREPARATORY PHASE

9. A global call for expressions of interest for Commissioners was issued on 15 September with a deadline of 15 November 2004. The Director-General will announce the appointment of the Commissioners by 1 February 2005. The choice of commissioner will reflect a balance in

geographical representation, between men and women, and of professional backgrounds and strengths, including science, policy-making and proven success in promoting processes of social and political change.

10. Secretariat support for the Commission has been organized at WHO headquarters. Scientific support will also be provided by the International Centre for Health and Society, University College, London. Planning for the Commission's technical operations is advancing. A funding plan has been drawn up.

11. The secretariat has conducted extensive consultations at headquarters, in regional offices and in selected country offices. Focal points for the Commission within other organizations of the United Nations system are being identified. Key partner groups from civil society and other sectors have been identified and briefed. A comprehensive communications strategy for the Commission has been formulated with input from the WHO European Office for Investment for Health and Development.

12. The secretariat has gathered evidence on elements contributing to success or failure of previous global commissions and has incorporated the lessons into its planning. Research has also been commissioned to analyse enabling factors and obstacles in previous work of the Organization related to social determinants of health and promotion of multisectoral approaches in public health. In association with the Institute for Alternative Futures, Alexandria, VA, United States, the secretariat is drawing up a set of scenarios for the period 2005-2015 to support the framing of global and national policies related to social determinants of health.

13. Discussions are under way with countries that may wish to play a leading role in the work of the Commission. A draft plan of action to promote country participation and implementation is being produced, based on consultations with national policy-makers.

ACTION BY THE EXECUTIVE BOARD

14. The Board is invited to note the above information.

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