

# **Social determinants of health: outcome of the World Conference on Social Determinants of Health (Rio de Janeiro, Brazil, October 2011)**

## **Report by the Secretariat**

1. In 2009, the Health Assembly adopted resolution WHA62.14 on reducing health inequities through action on the social determinants of health. It requested the Director-General to provide support to Member States in measures that included convening a global event, with the assistance of Member States, before the Sixty-fifth World Health Assembly in order to discuss renewed plans for redressing the alarming trends of health inequities through actions on the social determinants of health. This report describes the process and outcome of the resulting event, the World Conference on Social Determinants of Health (Rio de Janeiro, Brazil, 19–21 October 2011), and also summarizes progress on the implementation of resolution WHA62.14.

## **WORLD CONFERENCE ON SOCIAL DETERMINANTS OF HEALTH**

2. WHO convened the World Conference on Social Determinants of Health in order to bring together Member States and stakeholders to share experiences and to build support for ways to implement policies and strategies to reduce health inequities. The World Conference, hosted by the Government of Brazil, also provided an opportunity for discussion about how the recommendations of the Commission on Social Determinants of Health<sup>1</sup> could be implemented.

3. More than 1000 participants attended, including delegates from 125 Member States (with delegations in 54 cases led by ministers from the health, social development or other sectors), representatives from other organizations in the United Nations system and civil society, and technical experts. At the end of the meeting, the Rio Political Declaration on Social Determinants of Health was adopted (see Annex).

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<sup>1</sup> Commission on Social Determinants of Health. *Closing the gap in a generation: health equity through action on the social determinants of health: Commission on Social Determinants of Health final report*. Geneva, World Health Organization, 2008.

4. In preparation for the World Conference evidence was collected at the country level for analysis at the regional level, with the aim of reaching agreement on actions needed at the global level. Extensive consultations took place with Member States, United Nations bodies, civil society and academia. An Advisory Group, with representatives from Member States and experts, was appointed to support WHO in the planning of the Conference. Evidence from experiences in Member States was collected through a call for case studies, facilitated by the regional offices; findings of 28 case studies were analysed. Regional consultations of Member States and other key stakeholders were also organized through regional and intercountry meetings and discussions. A discussion paper on how countries can implement action on social determinants of health<sup>1</sup> was written after several rounds of consultation with Member States, the Advisory Group, United Nations bodies, civil society, academia and the Secretariat. Part of the process was a public web consultation, which received 185 submissions.

5. The consultations identified five essential areas for action in a social-determinants approach to improving health, reducing inequities and promoting development. These areas formed the five themes of the World Conference, and were reviewed in the discussion paper. The Political Declaration calls for the implementation of a social-determinants-of-health approach to reduce health inequities and endorses the five priority action areas, calling for global and national actions within each of them. These action areas cover the following aspects.

(a) Better governance at the national level is needed for health and development. Good governance relating to social determinants involves transparent and inclusive decision-making processes that give voice to all concerned groups and sectors, and the formulation of feasible policies that have clear and measurable outcomes, build accountability and, crucially, are fair in both the way they are developed and the results they aim for.

(b) Participation in policy-making and implementation must be promoted. Participatory processes are important for effective governance regarding social determinants of health, particularly for empowering communities and enhancing the contribution of civil society, and ensuring that the needs of those most affected by health inequities are recognized.

(c) The health sector needs to be further reoriented towards reducing health inequities. Accessible, available, acceptable, affordable and high-quality health care and public health services are essential to the enjoyment of the highest attainable standard of health, one of the fundamental rights of every human being. The health sector should firmly act to reduce health inequities.

(d) Global governance and collaboration should be strengthened. International cooperation and solidarity for the equitable benefit of all people are important. Multilateral organizations have an important role in setting norms, articulating guidelines and identifying good practices for supporting actions on social determinants. They should also facilitate access to financial resources and technical cooperation, as well as review and, where appropriate, strategically modify policies and practices that undermine people's health and well-being.

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<sup>1</sup> *Closing the gap: policy into practice on social determinants of health – discussion paper for the World Conference on Social Determinants of Health*. Geneva, World Health Organization, 2011.

(e) Accountability and monitoring of progress need to be reinforced. Accountability mechanisms are essential to guide policy-making in all sectors, and need to take into account different national contexts. Monitoring trends in health inequities and the impacts of actions to redress them is crucial if significant progress is to be made. Information systems should facilitate the establishment of relationships between health outcomes and social stratification variables.

6. The Rio Political Declaration also calls upon WHO, other organizations in the United Nations system and other international organizations to advocate, coordinate and collaborate with Member States in the implementation of action in the five priority areas, recognizing that such global action will need increased capacity and knowledge within WHO and other multilateral organizations for the development and sharing of norms, standards and good practices. The Political Declaration therefore recommends that the social determinants approach is duly considered in WHO's reform process, and that the Sixty-fifth World Health Assembly adopts a resolution endorsing the text.

## **PROGRESS IN IMPLEMENTING RESOLUTION WHA62.14 ON REDUCING HEALTH INEQUITIES THROUGH ACTION ON THE SOCIAL DETERMINANTS OF HEALTH**

7. The following summary responds to the request in resolution WHA62.14 to report on progress in implementing the resolution.

8. Since 2009, many Member States have implemented actions aimed at reducing health inequities through action on social determinants of health, often with support provided by the Secretariat at all three levels of the Organization. A few countries have been successful in making progress on inequities, but the successive global crises have exacerbated the challenges and increased inequities in many cases. It is urgent to intensify Member States' commitment and work on social determinants of health in response to these crises, as was recognized at the World Conference.

9. The Secretariat, following the request of the Health Assembly, has undertaken several activities to provide support to Member States in their work on social determinants of health. These activities are summarized below.

10. **Working closely with partner agencies in the multilateral system.** The Secretariat has collaborated with other organizations in the United Nations system. WHO and UN-HABITAT jointly issued a report on urban health equity in 2010.<sup>1</sup> Major contributions of the Secretariat in highlighting the importance of action on social determinants of health for tackling noncommunicable diseases included the joint organization of the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control, which resulted in the Moscow Declaration, and preparatory work for the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, which likewise resulted in a Political Declaration. High-level representatives from ILO, UNICEF, UNDP, UNFPA and UNAIDS attended the World Conference, committing themselves to working together, and an informal United Nations platform on social determinants of

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<sup>1</sup> *Hidden cities: unmasking and overcoming health inequities in urban settings*. Geneva, World Health Organization and United Nations Human Settlements Programme, 2010.

health is currently being put in place with the aim of coordinating advocacy, research, capacity-building and joint technical assistance to Member States.

**11. Strengthening capacity within the Organization for prioritizing work on social determinants of health.** At all three levels of the Organization the Secretariat is integrating social determinants of health into its work. The WHO Country Cooperation Strategies guide<sup>1</sup> specifically emphasizes the need for addressing social determinants of health and issues of equity, and provides guidelines for countries to work on those issues. Currently, work on social determinants of health is highlighted in more than 80 country cooperation strategies. WHO's Priority Public Health Conditions Knowledge Network, an internal network involving 16 of the Organization's programmes (including tuberculosis, child health, neglected tropical diseases, cardiovascular diseases, diabetes and other noncommunicable diseases), was convened in order to integrate a social determinants approach into WHO's programmes. Through the network social determinants of health and health equity issues within those public health programmes were analysed, and strategic entry points for programmes to engage with other sectors on social determinants were identified. Various other WHO programmes have since integrated a social-determinants approach into their strategies, for example, the WHO Global health-sector strategy on HIV/AIDS 2011–2015<sup>2</sup> and in the Stop TB Strategy and its subsequent policy brief<sup>3</sup>. The Secretariat has also supported the implementation of this integrated approach at country level, linked to primary health care.

**12. Providing support to Member States in implementing a health-in-all-policies approach.** In 2010, WHO and the Government of South Australia jointly issued the Adelaide Statement on Health in All Policies,<sup>4</sup> providing succinct advice on how to develop and strengthen that approach on the basis of equity. The health-in-all-policies approach resulted from consultations with Member States and experts, reflecting current thinking on policy formulation and ways to engage leaders and policy-makers in improving health equity. Commitments to both health-in-all-policies and multisectoral approaches to improving health and health equity have been facilitated by the Secretariat through advocacy and the use of its convening power. Health ministers from south-eastern Europe pledged to focus on Health Equity in All Policies at the Third Health Ministers' Forum (Banja Luka, Bosnia and Herzegovina, 13 and 14 October 2011),<sup>5</sup> and health ministers of the Pacific Island Countries committed themselves to adopting multisectoral action to improve health at the Ninth Meeting of Ministers of Health for the Pacific Island Countries (Honiara, Solomon Islands, 28 June–1 July 2011). More than 300 government leaders and city mayors committed themselves at the Global Forum on Urbanization and Health (Kobe, Japan, 15–17 November 2010) to the Kobe Call to Action for redressing urban health inequities. The Secretariat has launched *Action: SDH*,<sup>6</sup> an internet community of practice to provide guidance, foster debate, and share experiences of actions aimed at improving

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<sup>1</sup> WHO Country Cooperation Strategies Guide. Geneva, World Health Organization, 2010.

<sup>2</sup> Resolution WHA64.14.

<sup>3</sup> WHO, Stop TB Partnership. *The Stop TB Strategy: building on and enhancing DOTS to meet the TB-related Millennium Development Goals, 2006*. Geneva, World Health Organization, 2010, and [http://www.who.int/tb/publications/2010/strategy\\_en.pdf](http://www.who.int/tb/publications/2010/strategy_en.pdf) (accessed 9 November 2011).

<sup>4</sup> WHO/Government of South Australia. *Adelaide Statement on Health in All Policies: moving towards a shared governance for health and well-being. Report from the International meeting on Health in All Policies, Adelaide, 2010*. Geneva, World Health Organization, 2010.

<sup>5</sup> The Banja Luka Pledge, see [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0020/152471/e95832.pdf](http://www.euro.who.int/__data/assets/pdf_file/0020/152471/e95832.pdf) (accessed 3 November 2011).

<sup>6</sup> See <http://www.actionsdh.org/> (accessed 3 November 2011).

health equity through dealing with the social determinants of health. The Secretariat has also published policy briefs on housing, education, transport, social protection and water, providing guidance on understanding the agendas of other sectors, identifying potential areas of collaboration, and highlighting the contribution that a social-determinants approach can make towards achieving the goals of other sectors.

**13. Providing support to Member States in strengthening efforts on measurement and evaluation.** The Global Health Observatory<sup>1</sup> and WHO regional health observatories<sup>2</sup> provide improved access to country data and scientifically sound information, including indicators of equity. Regional reports on health inequities and reports on urbanization and health, highlighting health inequity and potential multisectoral actions, have also been issued. Interactive atlases<sup>3</sup> have been created in order to improve availability of and access to evidence on inequalities in health system performance, including data on quality of care and the structural determinants of such inequalities across countries and regions in Europe. A web-based resource of examples of health systems actions on socially determined health inequalities in Europe<sup>4</sup> has also been developed. To be proactive in redressing health inequities in cities, the Secretariat has collaborated with the authorities in 17 cities in 10 countries to develop, pilot test and finalize the Urban Health Equity Assessment and Response Tool.<sup>5</sup> This tool promotes the use of available data disaggregated by socioeconomic group and geographical area so as to enable formulation of policies and design of interventions to reduce health inequities.

**14. Supporting research on effective policies and interventions to improve health equity.** The Secretariat has enriched knowledge about effective policies and interventions that improve health equity as a result of addressing social determinants of health by preparing and widely disseminating numerous publications.<sup>6</sup>

**15. Assessing the performance of existing global governance mechanisms to address the social determinants of health and reduce health inequities.** In 2010, the Secretariat prepared a report for the Secretary-General on global health and foreign policy, including governance mechanisms.<sup>7</sup> The United Nations General Assembly in resolution 65/95 noted with appreciation the report and its recommendations. Regional offices have focused on regional governance mechanisms. In 2010, the Regional Office for Africa endorsed a regional strategy to address key determinants of health in the African Region in resolution AFR/RC60/R1. The Regional Office for Europe commissioned a regional review of the health divide and inequalities in health in 2010 in order to provide information for underpinning the new regional health policy. In its first phase the review has assessed the levels of inequalities in health across the European Region, identifying barriers to and opportunities for

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<sup>1</sup> <http://www.who.int/gho/about/en/index.html> (accessed 3 November 2011).

<sup>2</sup> Links available from <http://www.who.int/gho/en/> (accessed 3 November 2011).

<sup>3</sup> See <http://www.euro.who.int/en/what-we-do/data-and-evidence/equity-in-health/interactive-atlases> (accessed 3 November 2011).

<sup>4</sup> See <http://www.euro.who.int/en/what-we-do/data-and-evidence/equity-in-health/web-based-resource>.

<sup>5</sup> *Urban HEART: Urban Health Equity Assessment and Response Tool*. Kobe, WHO Centre for Health Development, 2010.

<sup>6</sup> Available from the WHO web site at [www.who.int/social\\_determinants](http://www.who.int/social_determinants) (accessed 3 November 2011).

<sup>7</sup> Document A/65/399.

reducing them, and published an interim report in December 2010.<sup>1</sup> The resulting evidence informed the new European policy for health – Health 2020, which emphasizes reduction of health inequities in the 53 Member States in the Region.<sup>2</sup>

## **ACTION BY THE EXECUTIVE BOARD**

16. The Board is invited to note this report.

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<sup>1</sup> European Social Determinants and Health Divide Review. *Interim first report on social determinants of health and the health divide in the WHO European Region – executive summary*. Copenhagen, WHO Regional Office for Europe, 2010.

<sup>2</sup> Document EUR/RC61/9.

## ANNEX

**World Conference on  
Social Determinants of Health**

RIO DE JANEIRO | BRAZIL | 19–21 OCTOBER 2011

**Rio Political Declaration on Social Determinants of Health***Rio de Janeiro, Brazil, 21 October 2011*

1. Invited by the World Health Organization, we, Heads of Government, Ministers and government representatives came together on the 21st day of October 2011 in Rio de Janeiro to express our determination to achieve social and health equity through action on social determinants of health and well-being by a comprehensive intersectoral approach.
2. We understand that health equity is a shared responsibility and requires the engagement of all sectors of government, of all segments of society, and of all members of the international community, in an "all for equity" and "health for all" global action.
3. We underscore the principles and provisions set out in the World Health Organization Constitution and in the 1978 Declaration of Alma-Ata as well as in the 1986 Ottawa Charter and in the series of international health promotion conferences, which reaffirmed the essential value of equity in health and recognized that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition". We recognize that governments have a responsibility for the health of their peoples, which can be fulfilled only by the provision of adequate health and social measures and that national efforts need to be supported by an enabling international environment.
4. We reaffirm that health inequities within and between countries are politically, socially and economically unacceptable, as well as unfair and largely avoidable, and that the promotion of health equity is essential to sustainable development and to a better quality of life and well-being for all, which in turn can contribute to peace and security.
5. We reiterate our determination to take action on social determinants of health as collectively agreed by the World Health Assembly and reflected in resolution WHA62.14 ("Reducing health inequities through action on the social determinants of health"), which notes the three overarching recommendations of the Commission on Social Determinants of Health: to improve daily living conditions; to tackle the inequitable distribution of power, money and resources; and to measure and understand the problem and assess the impact of action.



6. Health inequities arise from the societal conditions in which people are born, grow, live, work and age, referred to as social determinants of health. These include early years' experiences, education, economic status, employment and decent work, housing and environment, and effective systems of preventing and treating ill health. We are convinced that action on these determinants, both for vulnerable groups and the entire population, is essential to create inclusive, equitable, economically productive and healthy societies. Positioning human health and well-being as one of the key features of what constitutes a successful, inclusive and fair society in the 21st century is consistent with our commitment to human rights at national and international levels.

7. Good health requires a universal, comprehensive, equitable, effective, responsive and accessible quality health system. But it is also dependent on the involvement of and dialogue with other sectors and actors, as their performance has significant health impacts. Collaboration in coordinated and intersectoral policy actions has proven to be effective. Health in All Policies, together with intersectoral cooperation and action, is one promising approach to enhance accountability in other sectors for health, as well as the promotion of health equity and more inclusive and productive societies. As collective goals, good health and well-being for all should be given high priority at local, national, regional and international levels.

8. We recognize that we need to do more to accelerate progress in addressing the unequal distribution of health resources as well as conditions damaging to health at all levels. Based on the experiences shared at this Conference, we express our political will to make health equity a national, regional and global goal and to address current challenges, such as eradicating hunger and poverty, ensuring food and nutritional security, access to safe drinking water and sanitation, employment and decent work and social protection, protecting environments and delivering equitable economic growth, through resolute action on social determinants of health across all sectors and at all levels. We also acknowledge that by addressing social determinants we can contribute to the achievement of the Millennium Development Goals.

9. The current global economic and financial crisis urgently requires the adoption of actions to reduce increasing health inequities and prevent worsening of living conditions and the deterioration of universal health care and social protection systems.

10. We acknowledge that action on social determinants of health is called for both within countries and at the global level. We underscore that increasing the ability of global actors, through better global governance, promotion of international cooperation and development, participation in policy-making and monitoring progress, is essential to contribute to national and local efforts on social determinants of health. Action on social determinants of health should be adapted to the national and sub-national contexts of individual countries and regions to take into account different social, cultural and economic systems. Evidence from research and experiences in implementing policies on social determinants of health, however, shows common features of successful action. There are five key action areas critical to addressing health inequities: (i) to adopt better governance for health and development; (ii) promote participation in policy-making and implementation; (iii) to further reorient the health sector towards reducing health inequities; (iv) to strengthen global governance and collaboration; and (v) to monitor progress and increase accountability. Action on social determinants of health therefore means that we, the representatives of Governments, will strive individually and collectively to develop and support policies, strategies, programmes and action plans, which address social determinants of health, with the support of the international community, that include:

#### 11. *To adopt better governance for health and development*

11.1 Acknowledging that governance to address social determinants involves transparent and inclusive decision-making processes that give voice to all groups and sectors involved, and develop policies that perform effectively and reach clear and measurable outcomes, build accountability, and, most crucially, are fair in both policy development processes and results;



World Conference on  
Social Determinants of Health  
RIO DE JANEIRO | BRAZIL | 19-21 OCTOBER 2011  
All for Equity





## 11.2 We pledge to:

- (i) Work across different sectors and levels of government, including through, as appropriate, national development strategies, taking into account their contribution to health and health equity and recognizing the leading role of health ministries for advocacy in this regard;
- (ii) Develop policies that are inclusive and take account of the needs of the entire population with specific attention to vulnerable groups and high-risk areas;
- (iii) Support comprehensive programmes of research and surveys to inform policy and action;
- (iv) Promote awareness, consideration and increased accountability of policy-makers for impacts of all policies on health;
- (v) Develop approaches, including effective partnerships, to engage other sectors in order to identify individual and joint roles for improvements in health and reduction of health inequities;
- (vi) Support all sectors in the development of tools and capacities to address social determinants of health at national and international levels;
- (vii) Foster collaboration with the private sector, safeguarding against conflict of interests, to contribute to achieving health through policies and actions on social determinants of health;
- (viii) Implement resolution WHA62.14, which takes note of the recommendations of the final report of the Commission on Social Determinants of Health;
- (ix) Strengthen occupational health safety and health protection and their oversight and encourage the public and private sectors to offer healthy working conditions so as to contribute to promoting health for all;
- (x) Promote and strengthen universal access to social services and social protection floors;
- (xi) Give special attention to gender-related aspects as well as early child development in public policies and social and health services;
- (xii) Promote access to affordable, safe, efficacious and quality medicines, including through the full implementation of the WHO Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property;
- (xiii) Strengthen international cooperation with a view to promoting health equity in all countries through facilitating transfer on mutually agreed terms of expertise, technologies and scientific data in the field of social determinants of health, as well as exchange of good practices for managing intersectoral policy development.

12. *To promote participation in policy-making and implementation*

12.1 Acknowledging the importance of participatory processes in policy-making and implementation for effective governance to act on social determinants of health;



World Conference on  
Social Determinants of Health  
RIO DE JANEIRO | BRAZIL | 19-21 OCTOBER 2011



World Health  
Organization

12.2 We pledge to:

- (i) Promote and enhance inclusive and transparent decision-making, implementation and accountability for health and health governance at all levels, including through enhancing access to information, access to justice and public participation;
- (ii) Empower the role of communities and strengthen civil society contribution to policy-making and implementation by adopting measures to enable their effective participation for the public interest in decision-making;
- (iii) Promote inclusive and transparent governance approaches, which engage early with affected sectors at all levels of governments, as well as support social participation and involve civil society and the private sector, safeguarding against conflict of interests;
- (iv) Consider the particular social determinants resulting in persistent health inequities for indigenous people, in the spirit of the United Nations Declaration on the Rights of Indigenous Peoples, and their specific needs and promote meaningful collaboration with them in the development and delivery of related policies and programmes;
- (v) Consider the contributions and capacities of civil society to take action in advocacy, social mobilization and implementation on social determinants of health;
- (vi) Promote health equity in all countries particularly through the exchange of good practices regarding increased participation in policy development and implementation;
- (vii) Promote the full and effective participation of developed and developing countries in the formulation and implementation of policies and measures to address social determinants of health at the international level.

13. *To further reorient the health sector towards reducing health inequities*

13.1 Acknowledging that accessibility, availability, acceptability, affordability and quality of health care and public health services are essential to the enjoyment of the highest attainable standard of health, one of the fundamental rights of every human being, and that the health sector should firmly act to reduce health inequities;

13.2 We pledge to:

- (i) Maintain and develop effective public health policies which address the social, economic, environmental and behavioural determinants of health with a particular focus on reducing health inequities;
- (ii) Strengthen health systems towards the provision of equitable universal coverage and promote access to high quality, promotive, preventive, curative and rehabilitative health services throughout the life-cycle, with a particular focus on comprehensive and integrated primary health care;
- (iii) Build, strengthen and maintain public health capacity, including capacity for intersectoral action, on social determinants of health;
- (iv) Build, strengthen and maintain health financing and risk pooling systems that prevent people from becoming impoverished when they seek medical treatment;
- (v) Promote mechanisms for supporting and strengthening community initiatives for health financing and risk pooling systems;



World Conference on  
Social Determinants of Health  
RIO DE JANEIRO | BRAZIL | 19–21 OCTOBER 2011



- (vi) Promote changes within the health sector, as appropriate, to provide the capacities and tools to act to reduce health inequities including through collaborative action;
- (vii) Integrate equity, as a priority within health systems, as well as in the design and delivery of health services and public health programmes;
- (viii) Reach out and work across and within all levels and sectors of government by promoting mechanisms for dialogue, problem-solving and health impact assessment with an equity focus to identify and promote policies, programmes, practices and legislative measures that may be instrumental for the goal pursued by this Political Declaration and to adapt or reform those harmful to health and health equity;
- (ix) Exchange good practices and successful experiences with regard to policies, strategies and measures to further reorient the health sector towards reducing health inequities.

#### 14. *To strengthen global governance and collaboration*

14.1 Acknowledging the importance of international cooperation and solidarity for the equitable benefit of all people and the important role the multilateral organizations have in articulating norms and guidelines and identifying good practices for supporting actions on social determinants, and in facilitating access to financial resources and technical cooperation, as well as in reviewing and, where appropriate, strategically modifying policies and practices that have a negative impact on people's health and well-being;

14.2 We pledge to:

- (i) Adopt coherent policy approaches that are based on the right to the enjoyment of the highest attainable standard of health, taking into account the right to development as referred to, inter alia, by the 1993 Vienna Declaration and Programme of Action, that will strengthen the focus on social determinants of health, towards achieving the Millennium Development Goals;
- (ii) Support social protection floors as defined by countries to address their specific needs and the ongoing work on social protection within the United Nations system, including the work of the International Labour Organization;
- (iii) Support national governments, international organizations, nongovernmental entities and others to tackle social determinants of health as well as to strive to ensure that efforts to advance international development goals and objectives to improve health equity are mutually supportive;
- (iv) Accelerate the implementation by the State Parties of the WHO Framework Convention on Tobacco Control (FCTC), recognizing the full range of measures including measures to reduce consumption and availability, and encourage countries that have not yet done so to consider acceding to the FCTC as we recognize that substantially reducing tobacco consumption is an important contribution to addressing social determinants of health and vice versa;
- (v) Take forward the actions set out in the political declaration of the United Nations General Assembly High-Level Meeting on the Prevention and Control Noncommunicable Diseases at local, national and international levels – ensuring a focus on reducing health inequities;
- (vi) Support the leading role of the World Health Organization in global health governance, and in promoting alignment in policies, plans and activities on social determinants of health with its partner United Nations agencies, development banks and other key international organizations, including in joint advocacy, and in facilitating access to the provision of financial and technical assistance to countries and regions;



World Conference on  
Social Determinants of Health  
RIO DE JANEIRO | BRAZIL | 19-21 OCTOBER 2011



World Health  
Organization

- (vii) Support the efforts of governments to promote capacity and establish incentives to create a sustainable workforce in health and in other fields, especially in areas of greatest need;
- (viii) Build capacity of national governments to address social determinants of health by facilitating expertise and access to resources through appropriate United Nations agencies' support, particularly the World Health Organization;
- (ix) Foster North-South and South-South cooperation in showcasing initiatives, building capacity and facilitating the transfer of technology on mutually agreed terms for integrated action on health inequities, in line with national priorities and needs, including on health services and pharmaceutical production, as appropriate.

## 15. *To monitor progress and increase accountability*

15.1 Acknowledging that monitoring of trends in health inequities and of impacts of actions to tackle them is critical to achieving meaningful progress, that information systems should facilitate the establishment of relationships between health outcomes and social stratification variables and that accountability mechanisms to guide policy-making in all sectors are essential, taking into account different national contexts;

### 15.2 We pledge to:

- (i) Establish, strengthen and maintain monitoring systems that provide disaggregated data to assess inequities in health outcomes as well as in allocations and use of resources;
- (ii) Develop and implement robust, evidence-based, reliable measures of societal well-being, building where possible on existing indicators, standards and programmes and across the social gradient, that go beyond economic growth;
- (iii) To promote research on the relationships between social determinants and health equity outcomes with a particular focus on evaluation of effectiveness of interventions;
- (iv) Systematically share relevant evidence and trends among different sectors to inform policy and action;
- (v) Improve access to the results of monitoring and research for all sectors in society;
- (vi) Assess the impacts of policies on health and other societal goals, and take these into account in policy-making;
- (vii) Use intersectoral mechanisms such as a Health in All Policies approach for addressing inequities and social determinants of health; enhance access to justice and ensure accountability, which can be followed up;
- (viii) Support the leading role of the World Health Organization in its collaboration with other United Nations agencies in strengthening the monitoring of progress in the field of social determinants of health and in providing guidance and support to Member States in implementing a Health in All Policies approach to tackling inequities in health;
- (ix) Support the World Health Organization on the follow-up to the recommendations of the Commission on Information and Accountability for Women's and Children's Health;



World Conference on  
Social Determinants of Health  
RIO DE JANEIRO | BRAZIL | 19-21 OCTOBER 2011





- (x) Promote appropriate monitoring systems that take into consideration the role of all relevant stakeholders including civil society, nongovernmental organizations as well as the private sector, with appropriate safeguard against conflict of interests, in the monitoring and evaluation process;
- (xi) Promote health equity in and among countries, monitoring progress at the international level and increasing collective accountability in the field of social determinants of health, particularly through the exchange of good practices in this field;
- (xii) Improve universal access to and use of inclusive information technologies and innovation in key social determinants of health.

## 16. *Call for global action*

16.1 We, Heads of Government, Ministers and government representatives, solemnly reaffirm our resolve to take action on social determinants of health to create vibrant, inclusive, equitable, economically productive and healthy societies, and to overcome national, regional and global challenges to sustainable development. We offer our solid support for these common objectives and our determination to achieve them.

16.2 We call upon the World Health Organization, United Nations agencies and other international organizations to advocate for, coordinate and collaborate with us in the implementation of these actions. We recognize that global action on social determinants will need increased capacity and knowledge within the World Health Organization and other multilateral organizations for the development and sharing of norms, standards and good practices. Our common values and responsibilities towards humanity move us to fulfil our pledge to act on social determinants of health. We firmly believe that doing so is not only a moral and a human rights imperative but also indispensable to promote human well-being, peace, prosperity and sustainable development. We call upon the international community to support developing countries in the implementation of these actions through the exchange of best practices, the provision of technical assistance and in facilitating access to financial resources, while reaffirming the provisions of the United Nations Millennium Declaration as well as the Monterrey Consensus of the International Conference on Financing for Development.

16.3 We urge those developed countries which have pledged to achieve the target of 0.7 percent of GNP for official development assistance by 2015, and those developed countries that have not yet done so, to make additional concrete efforts to fulfil their commitments in this regard. We also urge developing countries to build on progress achieved in ensuring that official development assistance is used effectively to help achieve development goals and targets.

16.4 World leaders will soon gather again here in Rio de Janeiro to consider how to meet the challenge of sustainable development laid down twenty years ago. This Political Declaration recognizes the important policies needed to achieve both sustainable development and health equity through acting on social determinants.

16.5 We recommend that the social determinants approach is duly considered in the ongoing reform process of the World Health Organization. We also recommend that the 65th World Health Assembly adopts a resolution endorsing this Political Declaration.



World Conference on  
Social Determinants of Health  
RIO DE JANEIRO | BRAZIL | 19-21 OCTOBER 2011

