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## **Social determinants of health**

### **Report by the Director-General**

1. In resolution WHA74.16 (2021) on social determinants of health, the Seventy-fourth World Health Assembly requested the Director-General, inter alia, to report on the implementation of the resolution to the Seventy-sixth World Health Assembly in 2023, through the Executive Board at its 152nd session.

#### **PROGRESS ON SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY IN THE CONTEXT OF THE PANDEMIC OF CORONAVIRUS DISEASE (COVID-19) AND OTHER CRISES**

2. As predicted, the COVID-19 pandemic has increased health inequities and undermined key social determinants of health. COVID-19 morbidity and mortality within countries has disproportionately affected: poorer people; marginalized ethnic minorities, including indigenous peoples; low-paid essential workers; migrants; populations affected by emergencies, including conflicts; incarcerated populations; and homeless people.<sup>1</sup> Access to COVID-19 vaccination has been very unequal. The disruption to health systems caused by the COVID-19 pandemic has reversed hard-won gains on immunization. There is increasing evidence of how the broader impacts of the pandemic have undermined previous gains in education, poverty reduction and gender equality.

3. The COVID-19 crisis is only one of many interlinked crises that the world currently faces. The climate crisis, the increasing frequency of war and conflict and the cost-of-living crisis have exacerbated – and in some cases been catalysed by – the impacts of the COVID-19 pandemic. These interlinked crises are also undermining key social determinants and exacerbating health inequities.

#### **WORLD REPORT ON SOCIAL DETERMINANTS OF HEALTH EQUITY**

4. The Seventy-fourth World Health Assembly requested the Director-General to prepare, building on the report of the WHO Commission on Social Determinants of Health (2008) and subsequent work, an updated report on social determinants of health.

5. In response to this request, the development of the draft WHO World Report on Social Determinants of Health Equity commenced in 2021. Two advisory groups were convened to inform its development. Sixteen consultations have been held to seek input and discussions have also been undertaken with internal focal points within WHO. The report is presented in three chapters.

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<sup>1</sup> COVID-19 and the social determinants of health and health equity. Geneva: World Health Organization; 2021.

6. The first chapter of the report reviews progress on health inequities since the report of the Commission on Social Determinants of Health (2008) and the current status of social determinants. The world has not acted sufficiently on the Commission's recommendations to: improve daily living conditions; tackle the inequitable distribution of power, money and resources; and enhance the monitoring of the social determinants of health and health equity. There has been progress but it has been insufficient. More progress has been made on health inequities between countries than within countries, where health gaps in many countries have even worsened. There has been insufficient attention to key social determinants such as economic inequality, racism and gender inequality, as well as the actions of commercial actors that undermine health.

7. The current interlinked global crises represent an overarching crisis of inequality. They reinforce each other, exacerbate health inequities and imperil the achievement of the Sustainable Development Goals by 2030, but they also present an opportunity for the transformational change required to achieve health equity. Reducing health gaps by acting on the social determinants of health equity supports the essential infrastructure for flourishing societies; it also builds the resilience and social cohesion required to navigate and minimize the impact of crises of all kinds.

8. The second chapter of the report highlights key policies and interventions on the social determinants of health that can reverse the tide on health inequities, considers how these can be implemented and provides examples of promising experiences. The Commission on Social Determinants of Health presented a broad prescription of the policy choices required across all of society to reduce health inequities, which remain applicable and necessary. Although all the policy recommendations of the Commission remain important, priorities will differ in individual contexts according to the status of social determinants and the key drivers of health equity in each locality. However, the actions required are of three types, as follows.

9. First, there are a set of key obstacles to health equity that must be robustly addressed for progress to occur, in particular economic inequality; structural discrimination such as racism and gender inequality; war; and the malign influence of the commercial determinants of health. Countries that have made worthy efforts to address individual social determinants without confronting these obstacles have not been successful in reducing health inequities.

10. Second, there are a range of transitions occurring in the world that can easily on current trends exacerbate health inequities, but they may also provide opportunities to transform our societies. Both the causes and harms of climate change are grossly inequitable. But energy supply and use can be decarbonized in ways that can address energy poverty, create decent jobs and reduce air pollution – all of which would powerfully reduce health inequities. Adaptation measures need to explicitly address health inequities; for example, drowning risks are closely linked to increased vulnerabilities related to living conditions, livelihoods and the safety of accessible water transport; adaptation efforts could substantively address these social determinants. While urbanization offers many health and economic benefits, it can also have negative social and environmental health impacts, which affect the poorest and most vulnerable the hardest. Health inequities are often worst in cities, sometimes varying from street to street, while the poorest urban areas may face greater health challenges than anywhere else. Digitalization can provide access to knowledge, employment, health and social services for people who have been excluded for too long. But digitalization can also exacerbate exclusion by entrenching the digital divide, undermining privacy, threatening the livelihoods of the poorest or concentrating ownership of intellectual property. There are similar threats and opportunities in managing nutrition, demographic and epidemiological transitions.

11. Third, while most health is created and destroyed beyond the health sector and the key drivers of health inequities lie in social determinants, the health sector still has a key role to play. Primary health

care and its principles remain the key strategy for delivering health services towards universal health coverage, which has equity at its core. Health security, as is now obvious, needs to be pursued through a multisectoral approach, considering equity in advance and not as an afterthought. The development, production and distribution of health technologies and commodities is woefully inequitable, the costs of which have been clearly demonstrated in the COVID-19 pandemic. And most countries still lack routine disaggregated data and systems for the timely monitoring of health inequities or the impact of policies to address them, despite this being one of the key recommendations of the report of the Commission on Social Determinants of Health (2008). Therefore, the health sector needs to step up its efforts to both lead and follow and support the other sectors and communities whose leadership is crucial.

12. None of the actions required are easy. The third chapter of the report presents an agenda for action, based on the global, national, local and individual commitments necessary to achieve health equity and the health-related Sustainable Development Goals through 2030 and beyond. It provides guidance on cross-cutting functions such as multisectoral governance, financing, monitoring and research. The agenda for action presents accountabilities for different stakeholders, along with targets and indicators.

13. A report that takes account of the Board's discussions on the present document will be submitted for consideration by the Seventy-sixth World Health Assembly in May 2023.

## **OPERATIONAL FRAMEWORK FOR MONITORING**

14. The Seventy-fourth World Health Assembly also requested the Director-General to prepare an operational framework for measuring, assessing and addressing the social determinants of health and health inequities, as well as their impact on health outcomes.

15. In response to this request, the development of a draft WHO operational framework for monitoring social determinants of health equity commenced in 2021. An expert group was convened to inform its development. External and internal consultations to inform the framework are ongoing. In 2023, further inputs will be sought from Member States, including by testing the framework in individual countries.

16. There is consensus that the monitoring of the social determinants of health equity is critical to track progress and prioritize actions to advance health equity. For several decades, WHO, other international agencies, researchers and countries have led work to advance the monitoring of the social determinants of health equity. Despite previous monitoring work, it has proved elusive in most countries to institutionalize a robust monitoring of the social determinants of health equity and thereby achieve a meaningful impact on policymaking that can close health gaps.

17. The draft operational framework builds on existing work to provide guidance on how to monitor data across sectors on the social determinants of health in order to inform policymaking and implementation that reduces health inequities. The framework highlights key indicators and data sets that countries can use to monitor social determinants; considers the key challenges that countries face in monitoring such data and transforming the monitoring process into action; and suggests ways to overcome those challenges. The framework is closely linked to monitoring efforts for the health-related Sustainable Development Goals.

18. The draft operational framework is available for comment by Member States.<sup>1</sup> Comments are kindly requested to be submitted to the WHO Secretariat by 28 February 2023, following the instructions provided on the webpage. Following review and incorporation of these comments, the operational framework will be submitted for consideration by the Seventy-sixth World Health Assembly.

## **SUPPORT FOR COUNTRY EFFORTS**

19. With support from the Government of Switzerland, WHO has launched the Special Initiative for Action on Social Determinants of Health for Advancing Health Equity to provide support for country action, capacity-building, normative work and advocacy. Work is ongoing with nine countries to develop reliable strategies, models and practices on the social determinants of health in order to reduce health inequities. Advocacy efforts have also supported work in a larger set of countries. The goal of the Special Initiative is to ensure that health equity is integrated into the development of social and economic policies in order to improve the social determinants of health for at least 20 million disadvantaged people in at least 12 countries by 2028.

20. To support the implementation in countries of multisectoral collaboration on addressing the social determinants of health and health equity, WHO has developed a guidance note entitled “Sustainable multisectoral collaboration for addressing the social determinants of health, equity and well-being”. It provides practical advice and examples of applications of multisectoral collaboration under four topic headings (the four pillars of Health in All Policies):

- (1) governance and accountability;
- (2) leadership at all levels;
- (3) ways of working for Health in All Policies action; and
- (4) resources, financing and capabilities.

21. With support from the Government of Canada, WHO is launching a new global network to support action on the social determinants of health equity, convening Member States, subnational authorities and civil society actors. The network will enable the sharing of experiences and joint work on common technical challenges.

22. The WHO Secretariat’s support for countries on the social determinants of health encompasses its efforts to strengthen understanding of the commercial determinants of health. Although much has been done to look at how specific private sector products and practices, notably the tobacco industry, have impacted on public health outcomes by WHO and other actors, there are increasing calls for WHO to take a more systematic approach to determining the contribution of harmful products and commercial practices to the global burden of disease and to develop approaches that allow for leveraging the co-benefits of working with the private sector, while safeguarding against conflicts of interest.

23. The WHO Secretariat’s work on social determinants is also closely aligned with its efforts to strengthen the global urban health agenda by providing policymakers and decisionmakers with a better

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<sup>1</sup> The latest version of the draft operational framework is available at <https://www.who.int/initiatives/action-on-the-social-determinants-of-health-for-advancing-equity/monitoring-framework/member-state-consultation-on-draft-operational-framework-for-monitoring-social-determinants-of-health-equity> (accessed 17 December 2022).

understanding of the benefits of a holistic approach to urban health, as well as tools to translate this deeper understanding into effective, coordinated advocacy and action.

**ACTION BY THE EXECUTIVE BOARD**

24. The Board is invited to take note of the report. In its discussions, the Board may wish to focus on:

- how Member States should address the social determinants of health equity in order to moderate the impacts of the current interlinked crises on health and health equity;
- providing comments on the outline of the draft WHO World Report on Social Determinants of Health Equity, as set out in paragraphs 4–13 above; and
- providing comments on the draft operational framework for measuring, assessing and addressing the social determinants of health and health inequities, as well as their impact on health outcomes, as described in paragraphs 14–18 above.

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