

## **Social determinants of health**

### **Progress of the World Report on Social Determinants of Health Equity**

**Report by the Director-General**

#### **BACKGROUND**

1. In resolution WHA74.16 (2021), the Seventy-fourth World Health Assembly requested the Director-General, inter alia, to prepare an updated report on social determinants of health, their impact on health and health equity, progress made so far in addressing them and recommendations for further action. The Seventy-sixth World Health Assembly, in decision WHA76(23) (2023), requested the Director-General to submit the updated report and recommendations for further action to the Seventy-seventh World Health Assembly in 2024, through the Executive Board at its 154th session.

2. The present document reports on the progress of the WHO World Report on Social Determinants of Health Equity, which is in preparation and will be published in 2024. Building upon the 2008 report of the WHO Commission on Social Determinants of Health, the updated report will provide an overview of the progress made to date in addressing the recommendations of the Commission, as well as an update of the latest scientific evidence, knowledge and experience from countries in addressing the social determinants of health equity. The report concludes with a set of broad recommendations for Member States to guide future action to improve health equity, which are submitted to the Board for comment.

#### **REPORT DEVELOPMENT PROCESS**

3. Work on the forthcoming World Report on Social Determinants of Health Equity has been ongoing over a period of two years through a consultative process involving Member States, entities within the United Nations system, non-State actors and WHO teams across the three levels of the Organization. It also draws upon evidence generated for the regional commissions on social determinants of health in the Americas, European and Eastern Mediterranean regions.

4. In 2021, scientific and policy advisory groups, comprising 32 experts representing all regions, were convened to advise the Secretariat on a framework for the development of the report and to provide input on its strategic directions, based on the latest evidence. Both groups met virtually a number of times and were invited to review several iterations and drafts of the report. Between 2021 and 2022 the Secretariat commissioned eight scoping reviews and background papers to identify the latest evidence on the social determinants of health equity, progress in tackling them and best practice.

5. Feedback on the outline of the report was received from Member States at a briefing held in October 2022, and from the Executive Board at its 152nd session in January 2023. Within the WHO Secretariat, all regional offices and more than 20 technical teams at headquarters are involved in the development of the report. In addition, in 2022 and 2023, 20 external consultations were held on evidence and issues relevant to the outline of the report, including with civil society groups such as the NCD Alliance, United Nations partners such as the UN Collaboration on Social Protection, technical networks such as the International Association of National Public Health Institutes, and through side events at the 10th Global Conference on Health Promotion, the United Nations Permanent Forum on Indigenous Issues, and the Health Assembly.

## **STRUCTURE OF THE REPORT AND KEY FINDINGS**

6. The forthcoming World Report on Social Determinants of Health Equity will be presented in three parts. Part 1 sets the scene by outlining the latest data on health inequities, the progress since the Commission on the Social Determinants of Health, the impact of societal transitions and interlinked crises on health equity, and an analysis of why health inequities between and within countries remain a persistent challenge. Part 2 highlights the key areas that require concerted action to tackle the social determinants of health inequities, including how to best leverage the health sector. Finally, Part 3 outlines an agenda for action to guide Member States and other key stakeholders in tackling health inequities.

### **Progress on the social determinants of health equity**

7. In 2008 the WHO Commission on the Social Determinants of Health set out an agenda for change with three overarching recommendations: 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. This agenda was accompanied by three guiding targets to achieve by the year 2040: to halve the gap in life expectancy between countries and between social groups within countries, to halve adult mortality rates in all countries, and to achieve 90% and 95% reductions in child and maternal mortality, respectively.

8. Progress has been made against all three targets, but the current rates of improvement are insufficient to meet the targets by 2040. Inequity persists between countries, and within countries, where data are available, the trends are often disconcerting. Disadvantaged population subgroups, such as those with lower socioeconomic status and education levels and those affected by racial discrimination, experience shorter and unhealthier lives.

9. The life expectancy gap between the top and bottom third of countries ordered by life expectancy decreased by 4 years between 2000 and 2019. There needs to be an additional 6-year reduction to meet the target by 2040. Globally, adult mortality rates fell by 20% from 2000 to 2016, with the steepest declines observed in low-income countries. Within countries, disadvantaged subgroups experience higher adult mortality rates, and this was particularly evident during the pandemic of coronavirus disease (COVID-19).

10. Efforts to improve the health of mothers and children have resulted in visible gains in reducing under-5 and maternal mortality rates, especially in low-income countries. Globally, the under-5 mortality rate (deaths per 1000 live births) declined by 50% between 2000 and 2021 and the maternal mortality ratio (deaths per 100 000 live births) declined by 34% between 2000 and 2020. However, these improvements still fall short of the necessary rate of progress to achieve the targets set by the Commission for 2040, and the rate of decline in maternal mortality has slowed or stagnated since 2015.

## **Reflection on progress since the Commission**

11. While there has been some promising action, overall there has been insufficient uptake of the recommendations of the Commission in its 2008 report. In particular, there has been insufficient attention and action on key structural determinants such as inequitable economic systems, structural discrimination including intersecting racism and gender inequality, and weak societal infrastructure. Health equity is mostly created and destroyed beyond the health sector, yet efforts to reduce health inequities have often focused narrowly on the efforts necessary for fairer health service provision. There has been a welcome emphasis on the measurement and analysis of the problem of health equity, but less concerted analysis on the effectiveness of interventions and policy and programme commitments to take action.

12. In addition, interlinked crises including climate change, the COVID-19 pandemic and conflict have deepened disadvantage and exacerbated inequities, leading to a global cost of living crisis and endangering the achievement of the Sustainable Development Goals. These crises cause systemic and cascading risks, where the impacts of one disruption flow into another, creating a spiral of worsening conditions for those who were already left behind.

13. Major transitions are occurring in population structures, the environment and in how societies and economies function. These transitions include the impacts of and responses to climate change, urbanization, migration, demographic shifts, digitalization and the increasing influence of commercial entities on economies. While current trends suggest that these transitions will exacerbate health inequities, the actions proposed in the forthcoming report would help ensure there are opportunities for positive action.

## **RECOMMENDATIONS FOR CONSIDERATION**

14. Building on the evidence gathered, there is a need to take concerted action on key structural determinants to improve health equity. These include creating more equitable economic systems that address the health effects of hierarchies of power and resource distribution; addressing systems and policies driving structural discrimination, including intersecting racism and gender inequality; and rebuilding weak societal infrastructure to improve living and working conditions and strengthen social connection. The forthcoming report then proposes four overarching recommendations as entry points for the health sector to act as an enabler and driver of action at the structural level, with 14 specific recommendations for Member States to consider, as outlined below.

### **(a) Address economic inequality and invest in universal public services for health equity and well-being**

- (i) Address economic inequality and invest in universal public services.
  - Use progressive taxation and income transfers as measures to promote equity and expand domestic fiscal space for universal public services.
  - Provide adequate public funding for infrastructure and service delivery across health, education, transport, housing, water, sanitation, and food systems; and ensure that effective mechanisms are in place to safeguard quality and secure equity.

- Develop well-being budgeting to allocate resources to universal public services that foster well-being and enhance health equity across the life course, such as early childhood programmes and universal education.

(ii) Analyse and address the commercial determinants of health.

- Analyse the influence of commercial actors on health and health equity, and legislate and regulate commercial activities that negatively affect health and health equity while maximizing the health-promoting capacity of the private sector.
- Address and manage conflict of interest in policy environments to prevent negative impacts on population health and health equity.
- Use the scale of the public sector to provide incentives for commercial activities that positively affect health and health equity, for example through mandating public procurement that requires sustainable, safe and healthy products and safe and fair labour standards throughout supply chains.
- Strengthen health equity considerations in global and regional trade processes, including in relation to intellectual property.

(iii) Promote the social determinants of health equity in development financing and investment.

- Ensure the need for fiscal space to address the social determinants of health equity is included in international approaches to development financing, including those on debt relief and international cooperation on taxation matters.
- Deliver and monitor development financing to support public investment in policies, multisectoral actions and infrastructure that address social determinants.

**(b) Enable inclusive governance for people-centred services**

(iv) Empower local governments to address health inequities.

- Strengthen the role of local government with the functions and resources to implement community-centred actions for health equity.
- Ensure that urban, rural and territorial planning, transport and housing investments are underpinned by approaches that ensure that housing and built environments are healthy and accessible, including by adopting universal design principles.
- Equip local government to address health equity across the life course, including in supporting age-friendly communities, and combating social isolation and loneliness.

(v) Increase the comprehensiveness and expand the coverage of universal social protection across the life course.

- Ensure adequate income guarantees and care needs throughout the life course, including for people living with disabilities or with chronic health conditions.

- Build and expand paid leave benefits for sickness and parental leave, including for the precariously employed and informal workers.
- (vi) Address structural discrimination.
- Recognize and repair discrimination embedded in policies, laws and social norms that drive inequality and perpetuate health gaps between social groups, including those pertaining to gender, race and disability.
  - Promote health equity in processes addressing the impacts of colonization by developing standards for reparative justice that measure impacts on health.
  - Acknowledge Indigeneity as a determinant of health and health equity, and the importance of advancing actions to uphold commitments in the United Nations Declaration on the Rights of Indigenous Peoples.
- (vii) Support community engagement and civil society.
- Create the enabling conditions that maximize the capabilities of independent and inclusive civil society to address the social determinants of health equity.
  - Incorporate community engagement and social participation in policy processes and health and social service decision-making and delivery.

**(c) Implement joint actions for health equity in addressing climate change and major societal transitions**

- (viii) Articulate and accelerate the health equity benefits of climate action and the preservation of biodiversity.
- Support the development and implementation of climate change mitigation and adaptation policies that maximize health equity benefits.
  - Enable the energy and food transitions to prioritize addressing energy poverty and food insecurity.
  - Integrate health systems more centrally in climate and environment strategies and ensure that local and equitable climate action is a core objective of health systems.
  - Strengthen support for Indigenous communities in their stewardship of land and natural resources and recognize and address the impacts of environmental degradation, land confiscation and climate-related migration.
- (ix) Address and protect the social determinants of health equity in emergencies, migration and conflict.
- Ensure emergency preparedness and response efforts incorporate multisectoral approaches that reflect the social determinants of health equity at their core, including the equitable and rapid rollout of social protection measures.

- Ensure the rights of displaced people to access health and social services irrespective of ethnicity, gender, class, religion, disability, migrant or social status.

(x) Steer the digital transformation in favour of health equity and the public good.

- Address the digital divide and prevent harmful impacts of digital and technological transformations and artificial intelligence on health and health equity, including in the world of work, labour markets and social cohesion.

**(d) Build a health and care sector that ensures equitable access and is based on genuine participation**

(xi) Strengthen focus on social determinants in health systems and policy platforms.

- Integrate the social determinants of health equity in all health strategies, policies, emergency preparedness and response plans, and public health laws.
- Establish coordination and accountability mechanisms for multisectoral collaboration and community engagement for health (including Health in All Policies functions) at all government levels.

(xii) Achieve universal health coverage through progressive health financing and primary health care approaches.

- Improve equitable access to a continuum of quality health services addressing both physical and mental health across the life course by strengthening primary health care oriented health systems.
- Minimize out-of-pocket expenditure, and finance health services from pooled government resources.
- Increase the share of health and care sector funding dedicated to populations experiencing marginalization and recognize and address discrimination within health systems.
- Facilitate equitable access to health technologies from research and development through to manufacturing and equitable delivery.

(xiii) Build and retain a workforce capable of delivering equity.

- Recognize and reward work in the care economy, including informal care, and demonstrate the role of the health and care sector as a driver of health equity and social inclusion, by ensuring decent and safe working conditions and addressing pay and representation gaps.
- Develop human capacity in health, social protection, education, labour, local government and service organizations to enhance intersectoral efforts to address the social determinants of health equity.

(xiv) Monitor social determinants of health equity.

- Strengthen statistical infrastructure and build capacity for the use of disaggregated data to measure progress on social determinants of health equity, including the distribution of socially produced health risks across social groups and geographic areas, the mechanisms that drive inequities and actions to address them.
- Utilize new technologies and novel data sources to fill data gaps and inform action on social determinants.

## **NEXT STEPS**

15. The Secretariat will finalize the World Report on Social Determinants of Health Equity and develop specific tools to support implementation of the recommendations for action.

## **ACTION BY THE EXECUTIVE BOARD**

16. The Board is invited to take note of the report. In its discussions, the Board is invited to provide guidance on:

- how Member States should address the social determinants of health equity in order to moderate the impacts of the current interlinked crises and societal transitions on health and health equity;
- providing comments on the proposed recommendations of the forthcoming WHO World Report on Social Determinants of Health Equity, as set out in paragraph 14 above.

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