



*In the name of God, the Compassionate, the Merciful*

**Address by**

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**to the**

**REGIONAL MEETING ON TACKLING SOCIAL DETERMINANTS OF HEALTH  
AND HEALTH INEQUITIES THROUGH INTERSECTORAL ACTION AND  
HEALTH IN ALL POLICIES: THE REGIONAL EXPERIENCE**

**Cairo, Egypt, 22–24 November 2010**

Distinguished Participants, Ladies and Gentlemen,

It gives me great pleasure to welcome you all to this important meeting on the social determinants of health. In the next few days you will be exploring in more depth these social determinants and the social inequalities in health that are associated with them. We all agree that the large gaps in health outcomes between and within countries are unacceptable. These inequalities are related directly to people's position in society: the lower the social position, the poorer the health and social outcomes. Thus these inequalities are more than inequalities – they are inequities – they are unfair and unjust, and can be addressed by informed action. We have no excuse not to address this systematic inequity in health and well-being. Our task in this meeting is to consolidate our knowledge and skills to enable us to better address this health gap through joint action. Working on social determinants of health to improve the health and well-being of the population is also an important determinant of national development.

In all countries with available data, rates of premature mortality are higher among those with lower levels of education, occupational class or income. These inequities between countries and within countries, regarding both the wealth and health of the nations, should be tackled as part of the global call for “Reducing health inequities through action on the social determinants of health”, endorsed by the Sixty-Second World Health Assembly in resolution WHA62.14. In the resolution, the Health Assembly calls upon the international community, including United Nations agencies, intergovernmental bodies, civil society and the private

sector to collaborate with countries and the WHO Secretariat to assess the impacts of policies and programmes on the social determinants of health and health inequities and to identify ways to address them. We will take as our guide the recommendations of the WHO Commission on the Social Determinants of Health, which reported its findings in August 2008. The Commission report was entitled: *Closing the gap in a generation: health equity through action on the social determinant of health*.

The Commission on Social Determinants of Health conveys in new clothing a message of health equity that has long been important in our Region, and which I am proud to have been able to support over the years as Regional Director. The strategy to promote equity and social justice is recognized in this Region in the community-based initiatives programme, and most directly addressed by the basic development needs approach. It has been a long journey for the Region which began before we ever heard the term “social determinants of health”. The language has changed but the core concept remains the same. We, in this Region can claim to be pioneers in expanding and substantiating the concept of primary health care. This has been done by moving beyond purely medical and technical care delivery to look at the whole person in the social setting.

Ladies and Gentlemen,

We are gathered here to advocate for, and to promote, the Health in All Policies approach as a strategy to address social determinants of health and health inequities. The traditional role of WHO is to work with Ministries of Health in Member States. The concern for social determinants and health equity provides us with an opportunity to work with all other line ministries to move “outside the box”. The different sectors of government can deliver more by working together than each can achieve by working separately. We must advocate and work with the various different administrative sectors so that they can more effectively address the health impact of their policies and actions on the daily lives of the people of this Region.

In order to carry out these tasks, we need to have strong country teams equipped with the necessary skills and knowledge of the social determinants of health and health inequity. These teams need to be able to engage with all stakeholders including civil society organizations and academic institutions, to translate this vision into practice. We are glad to learn that Member States have already involved academic institutions in social determinants of health issues with the objective of producing young professionals in public health

equipped with the necessary tools to advance health equity. Some countries have also worked with civil society organizations, which have the ability to collaborate with local people, and to utilize their knowledge and skills. Focal points in WHO country offices and in Ministries of Health are the front-line workers in social determinants of health, and we urge them to work hard with relevant partners towards equity and social justice – the guiding principles of Health for All.

A major tool for this initiative to address social determinants of health and health equity is intersectoral action, in which all stakeholders work together for a common goal: ministries of health, other line ministries and government agencies, the private health sector, urban municipalities and rural districts, representatives from civil society and academia. This is an ambitious goal, but with patience, understanding and sympathy for each others concerns we can achieve more together than we would ever achieve working separately. In this meeting you will hear about the country meetings already held in the Region to promote health in all policies, including their outcomes and achievements.

The immediate effects of social determinants on health are experienced by individuals, families, communities and neighborhoods at the local level. Building on the earlier regional experience, the community-based initiatives programme, first established in 1988, is now recognized as a major tool to address social determinants of health and health inequities at the local level.

We will also learn how international partnerships can play a role in addressing social determinants of health through the health in all policies approach. Social forces that affect health are also shaped by the larger national, regional and global political, social and economic influences. No country or community, working on its own, can escape from the effects of climate change, economic crisis and lack of security; and it is the poorest and most vulnerable populations who suffer most in these crises. To work at the international level is an ambitious target for action, one that requires high level cooperation, between international organizations – not WHO alone – and national groupings such as G8 and G20. Sir Michael Marmot, the Commission Chair, suggested at last year's regional meeting on Social Determinants of Health that a G139 was needed to ensure the maximum participation of less affluent and smaller countries, who share a large part of this burden of inequity.

Ladies and Gentlemen,

I understand that in the coming three days the participating countries and the other experts will be engaged in this important exercise aiming at developing regional strategies for the health in all policies approach. This will help Member States to incorporate social determinants of health and health equity in their national development plans. In concluding, I wish you a successful meeting which inspires you all to work for health in all policies, and a safe return to your home countries.