

## **Social determinants of health**

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

1. At its 146th session, the Executive Board agreed with the recommendation of the Officers of the Board to defer its consideration of the subject of social determinants of health to its 148th session.<sup>1</sup> The present report is submitted in line with that approach.

2. This report sets forth the rationale for integrating a focus on social determinants of health into global and national health responses, the importance of which has been brought into sharp relief by the pandemic of coronavirus disease (COVID-19).

#### **THE IMPACT OF SOCIAL DETERMINANTS ON HEALTH**

3. The first principle set out in the WHO Constitution highlights the need to focus not only on reducing disease, but also on tackling its root causes. This involves systematically addressing social, environmental and economic determinants of health. The world has seen considerable health gains over the last century, but their distribution is vastly unequal. Inequities in many health outcomes exist both within and between countries.

4. Recognition is growing of the “upstream” causes or determinants of these differences. Opportunities to be healthy are closely linked to the conditions in which people grow, learn, live, work and age: some groups have poorer housing conditions and education, fewer employment opportunities, and little or no access to safe environments, clean water and air, food security and health care. These social, environmental and economic circumstances negatively affect health outcomes and lead to health inequities, which are defined as avoidable and unfair differences in health status between groups of people or communities. Health inequities undermine human development and act as a drag on the economic and social development of communities and countries as a whole. Unequal circumstances reinforce each other and interact, leading to intergenerational inequalities that leave whole communities behind and prevent generations from fulfilling their potential. Advances in technology, increasing urbanization and climate change risk entrenching existing inequalities and further widening the gap in health outcomes.

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<sup>1</sup> See document EB146/1 (annotated).

## **INTERNATIONAL RESPONSE TO DATE**

5. The WHO Commission on Social Determinants of Health drew attention to how the determinants of health impact health equity. In 2009, the Health Assembly<sup>1</sup> noted the recommendations of the Commission's final report and called for the international community, including United Nations agencies, intergovernmental bodies, civil society and the private sector to work closely with WHO to enhance health equity in all policies and to consider health equity in working towards the achievement of core development goals.

6. The Rio Political Declaration on Social Determinants of Health was adopted during the World Conference on Social Determinants of Health in 2011. The Declaration expresses a global commitment to addressing the social determinants of health for advancing equity and to building the political momentum for reducing health inequities. Resolution WHA65.8 (2012) endorsed the Political Declaration, and a subsequent resolution recognized the importance of the focus on social determinants.<sup>2</sup>

7. The United Nations Secretary-General has called on the global community to address social inequalities in the immediate response to the health and social crises linked to COVID-19. Addressing the social determinants of health is crucial both to ensuring that no one is left behind in that response and to longer-term plans for recovery.

## **IMPLICATIONS OF COVID-19 FOR SOCIAL DETERMINANTS AND HEALTH EQUITY**

8. The COVID-19 pandemic has highlighted the scale of health inequalities at all levels. It has disproportionately affected communities already suffering from poor health and living in vulnerable conditions, leading to increases in mortality and disastrous economic damage. There is growing evidence of the role of social, economic and environmental determinants on the differentials in exposure, vulnerability, health outcomes and consequences of COVID-19. For example, disadvantaged and minority communities live in areas with poorly managed air quality; they are also more likely to inhabit poorly maintained or overcrowded housing, to work in front-line or high-exposure positions and to have precarious, unstable employment and limited access to income protection.

9. The COVID-19 crisis has also underscored the multiple impacts of inequality on the broader health of individuals and communities. Many COVID-19 containment measures – while beneficial for reducing infection risks – have immediate and potentially long-term consequences for equity because of their adverse impact on key social determinants. For example, children from more disadvantaged families are less likely to have access to the necessary technology for home schooling, and their parents are more likely to be in insecure jobs and to suffer income losses. There is also mounting evidence that, while men are more likely to be directly affected by COVID-19, the social and economic toll of the pandemic will be disproportionately paid by women. As a result, the social and economic impact of COVID-19 risks exacerbating existing health, gender and socioeconomic inequalities, creating an even greater need for action.

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<sup>1</sup> Resolution WHA62.14 (2009).

<sup>2</sup> Resolution WHA69.11 (2016).

10. Tackling COVID-19 requires a complex whole-of-society response. It has demonstrated the important role of public trust in science and public institutions. Countries that invest in social determinants perform higher on indices of trust.

## **MOVING BEYOND THE HEALTH SECTOR**

11. Progress has been made in improving understanding of the broader determinants of health on specific outcomes, such as recognition of the impact of air pollution and climate change on health. However, a collective failure to tackle social determinants and the underlying systemic causes of inequality has left many people vulnerable to shocks, as clearly demonstrated by the pandemic. Poor-quality housing, food insecurity, insecure employment and poorly regulated care for the elderly are examples of social determinants with devastating impacts on individuals and communities affected by COVID-19.

12. In many countries, the shift from seeing health purely as the absence of disease has yet to be made. It requires governments to recognize the need for a multisectoral approach to policy decisions for sectors, one that encompasses sectors affecting health, such as housing, education and transport. Many of the social, environmental and economic determinants of health lie outside the traditional jurisdiction of the health sector, meaning they can only be improved by applying a multisectoral approach.

13. Commitment at global, national and subnational levels is essential to tackle health inequities and their causes. Indeed, some of the successful COVID-19 efforts have shown what is possible when health promotion and socially valuable investments have been made in normal times, as well as the stark costs of the failure to do so.

## **WHO'S WORK ON THE SOCIAL DETERMINANTS OF HEALTH**

14. WHO's work to meet the terms of the Constitution, addressing the root causes of disease and improving well-being, involves systematically addressing the social, environmental and economic determinants of health. Its work on the social determinants of health dates back many decades and draws on multiple historic international agreements.

15. Since 2018, there has been a renewed Organization-wide commitment to address these broader social determinants. One of the goals of the Thirteenth General Programme of Work, 2019–2023 is one billion more people enjoying better health and well-being by 2023. All three related outputs are directly relevant to the measures that will have to be taken as part of the multisectoral approach that is needed to tackle the broader determinants of health. Output 3.1.1 explicitly relates to countries addressing social determinants of health across the life course.

16. The Healthier Populations Division leads the work on the goal of better health and well-being. The objective to act on determinants of health in all policies, beyond the health sector, is critical to the achievement of its terms of reference. WHO is currently developing a framework for the goal's implementation that articulates its contribution to making global populations healthier.

17. In 2019, the Secretariat established the new Department of Social Determinants of Health to scale up work in this area. Soon after the department's creation, a technical meeting was convened of experts and public health leaders who discussed the priorities for global work. These included a global report on social determinants of health; clear communication and leadership; a document identifying effective interventions; and a sharper focus on urban health and the commercial determinants of health.

18. WHO is playing a leadership role at regional level, advocating a social determinants lens. In 2019, for example, the Sixty-ninth session of the Regional Committee for Europe adopted a resolution on health equity.<sup>1</sup>

19. At the regional and country levels, the Secretariat is working to support Member States by providing support on analysis and tools for action. The Regional Offices for Africa, the Americas and Europe have produced reports analysing the factors contributing to regional inequalities in health and offering recommendations and tools to improve health equity.

20. The Secretariat has provided direct technical support to countries on measures to address equity and monitor impact. For example, Fiji, Malaysia, the Lao People's Democratic Republic, the Philippines and Zambia have received support to develop national workplans on social determinants. The *WHO European Health Equity Atlas and Country Health Equity Snapshots* provides the Member States of the European Region with a profile of their situation and a minimum set of indicators for health equity.

21. Both regional and country offices continue to support capacity development on governance and the design of a multisectoral response. The Regional Offices for Europe and the Western Pacific have both developed multiple resources and initiatives to support a multisectoral response to health challenges.

22. WHO guidance to Member States includes frameworks to help local governments to address social determinants, such as the WHO European Healthy Cities Network framework and tools for action on place-based inequalities.

23. The Gender, Equity and Human Rights team at headquarters and the regional office network are spearheading efforts to mainstream gender issues across the Organization and to develop normative tools. They also support WHO's efforts to collaborate on initiatives with more than 20 United Nations agencies.

24. The WHO Division of Data, Analytics and Delivery for Impact has developed resources and tools to build capacity for collecting, analysing and reporting on health inequality data for global and national monitoring. As well as a regularly updated database containing disaggregated health data, it has developed a toolkit to enable countries to assess inequalities at national or subnational level.<sup>2</sup>

## **WHO'S ACTION ON COVID-19 AND SOCIAL DETERMINANTS OF HEALTH**

25. Since the start of the COVID-19 pandemic, WHO has spoken out on the need for social determinants of health to be part of any national response. The Organization is increasingly being asked to support Member States and collaborate with partners to mitigate the severe social and economic shocks of the pandemic.

26. In May 2020, the Organization launched the WHO manifesto for a healthy recovery from COVID-19.<sup>3</sup> The manifesto makes a strong case for countries to accelerate their recovery and boost resilience to future pandemics by addressing the broader determinants of health. It also focuses on

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<sup>1</sup> Resolution EUR/RC69/R5.

<sup>2</sup> The toolkit is available at <https://www.who.int/data/gho/health-equity> (accessed on 12 October 2020).

<sup>3</sup> See [https://www.who.int/docs/default-source/climate-change/who-manifesto-for-a-healthy-and-green-post-covid-recovery.pdf?sfvrsn=f32ecfa7\\_8](https://www.who.int/docs/default-source/climate-change/who-manifesto-for-a-healthy-and-green-post-covid-recovery.pdf?sfvrsn=f32ecfa7_8) (accessed 19 October 2020).

environmental protections such as climate change adaptability, secure foods systems, liveable cities and social safety nets.

27. The Secretariat and the regional offices have responded to Member State requests for policy guidance, capacity-building and mitigation measures. WHO provided equity inputs for the United Nations Framework for the immediate socioeconomic response to COVID-19 and for COVID-19 control in humanitarian settings. In April 2020, the Regional Office for Europe published evidence and indicators for mitigating the key socioeconomic impacts of the pandemic. Briefings and tools addressing different social protection themes are being produced in collaboration with the United Nations Human Settlements Programme, ILO, other United Nations agencies and ASEAN. The Regional Office for the Western Pacific has produced a series of advocacy briefs and guidance documents on key issues such as community engagement and vulnerable groups.

28. WHO is also leading a workstream on human rights-based approaches to COVID-19. It has issued an advocacy brief, and is engaged with multiple inter-agency initiatives, on gender and COVID-19.

29. Throughout the pandemic, the regional offices have advocated that COVID-19 national responses should be viewed through a social determinants lens. The Regional Office for South-East Asia has held webinars to provide guidance on multisectoral approaches to mitigate the equity impacts of COVID-19, while the Regional Office for the Western Pacific has developed recommendations for identifying, reaching and empowering vulnerable groups.

30. The Secretariat continues to work with Member States to ensure progress on prevention and cure will be accessible to all countries. It is acting to that end through the United Nations Framework for the immediate socioeconomic response to COVID-19.

31. The Secretariat is also working to help Member States bring the health, finance and development sectors together to protect populations during the pandemic. The aim is to generate evidence, metrics, policy solutions and alliances that will prevent disinvestment in health and mitigate any further widening of health inequities.

## **ACTION BY THE EXECUTIVE BOARD**

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

- ways to mitigate the impacts of the COVID-19 pandemic and the far-reaching consequences of measures to contain it on broader population health and well-being and on health equity;
- the relevance of social determinants of health and health equity as contributors to resilience and emergency preparedness;
- specific actions that may be taken by Member States, the Secretariat and others to tackle the social determinants of health;
- ways to strengthen WHO engagement with a diverse range of sectors and players to address social determinants of health.

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