Taking Forward Action on the Social Determinants of Health:
WHO Commission on Social Determinants of Health

Michael Marmot
UCL
Chair of WHO Commission on Social Determinants of Health 2005 - 2008

Madrid
28th May 2009
Social justice

Empowerment – material, psychosocial, political

Creating the conditions for people to take control of their lives
Outline

- Health inequities within and between countries
  - The social gradient in health
  - Social determinants of health and health inequity
- Action on SDH – societal well being
- Principles of action on the SDH
- Action on SDH – everyone's business
- Action on SDH – areas for action
<table>
<thead>
<tr>
<th>Country/Region</th>
<th>Life Expectancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK, Glasgow (Calton)</td>
<td>54</td>
</tr>
<tr>
<td>India</td>
<td>62</td>
</tr>
<tr>
<td>US, Washington D.C. (black)</td>
<td>63</td>
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<tr>
<td>Philippines</td>
<td>64</td>
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<tr>
<td>Lithuania</td>
<td>65</td>
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<tr>
<td>Poland</td>
<td>71</td>
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<tr>
<td>Mexico</td>
<td>72</td>
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<tr>
<td>Cuba</td>
<td>75</td>
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<tr>
<td>US</td>
<td>75</td>
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<tr>
<td>UK</td>
<td>77</td>
</tr>
<tr>
<td>Japan</td>
<td>79</td>
</tr>
<tr>
<td>US, Montgomery County (white)</td>
<td>80</td>
</tr>
<tr>
<td>UK, Glasgow (Lenzie N.)</td>
<td>82</td>
</tr>
</tbody>
</table>

Sources: WHO World Health Statistics 2007; Hanlon, Walsh & Whyte 2006; Murray et al. 2006
Mortality over 25 years according to level in the occupational hierarchy: Whitehall

(Marmot & Shipley, BMJ, 1996)
Poverty and the social gradient

If we only target the poorest 10% we miss most of the health problem
Mortality in men aged 45 - 74 by provincial income quartiles: Spain

Age-standardized mortality rate per 100,000 person-years

Improvements in mortality in all provinces BUT increase in relative and absolute inequalities between poorest and richest provinces

The widening trend in mortality by education in Russia, 1989-2001

$45 \ p 20 = \text{probability of living to 65 yrs when aged 20 yrs}$

Source: Murphy et al, AJPH, 96, 1293-9, 2006
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Economic costs of health inequalities: Europe

- As ‘capital good’ (leading to less labour productivity) - about 1.4% of GDP or €141 billion per annum.

- As ‘consumption good’ - about €1,000 billion, or 9.5% of GDP per annum.

Mackenbach, Meerding & Kunst 2007
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CSDH – three principles of action

Structural drivers of those conditions at global, national and local level

Conditions in which people are born, grow, live, work and age

Monitoring, Training, Research
CSDH – three principles of action

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Conditions in which people are born, grow, live, work and age

Monitoring, Training, Research
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Every sector is a health sector

- Health and well being as outcomes

Empowerment
Aboriginal Youth Suicide by Factors Present

Cultural Factors:
- Self-government
- Land claim participation

Community Control:
- Health services
- Education
- Cultural facilities
- Police/fire services

Chandler & Lalonde, 1998
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Conditions in which people are born, grow, live, work and age

Structural drivers of those conditions at global, national and local level

Early child development and education
Healthy Places
Fair Employment
Social Protection
Universal Health Care

Monitoring, Training, Research

CSDH – three Linked Areas for Action
Early child development and education
Healthy Places
Fair Employment
Social Protection
Universal Health Care

Health Equity in all Policies

Good Global Governance

Gender Equity

Political empowerment
– inclusion and voice

Fair Financing

Market Responsibility

CSDH – Areas for Action
CSDH – Areas for Action

Health Equity in all Policies

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CSDH – Areas for Action
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Good Global Governance
Debt service and development assistance, by region, 2000 - 2005

Education

• Kenya abolition of school fees for primary education 2003;
• Needs -
  • School infrastructure, teachers;
  • Capacity building;
  • Budget allocation

Kenya’s last two budgets allocated US$ 350 million more to debt relief than education
Translating the CSDH recommendations into different country/regional contexts
“...And we will learn from other countries along the way...”

Gordon Brown, Prime Minister, UK
at Closing the Gap Conference, 6th Nov 2008
The causes and the causes of the causes

Social inequalities and health inequalities
Strategic Review of Health Inequalities in England – ‘Marmot Review’

- Evidence relevant to future policy and actions
- Objectives and measures
- Showing how evidence can be turned into practice
- Final Report - contribute to the development of a post-2010 health inequalities strategy
Strategic Review of Health Inequalities in England – Marmot Review

Task groups:
- early child development and education,
- employment arrangements and work conditions,
- social protection,
- built environment,
- sustainable development,
- social exclusion and social mobility,
- priority public health conditions,
- economic analysis,
- delivery systems
CSDH – Areas for Action

- Health Equity in all Policies
- Fair Financing
- Market Responsibility
- Good Global Governance
- Early child development and education
  - Healthy Places
  - Fair Employment
  - Social Protection
  - Universal Health Care
- Gender Equity
- Political empowerment – inclusion and voice
Early child development and education

- Early life – survival and development
- Physical, language/cognitive and social/emotional development
Inequality in Early Cognitive Development of British Children in the 1970 Cohort, 22 months to 10 years

CSDH – Areas for Action

Health Equity in all Policies

Early child development and education

Healthy Places
  Fair Employment
  Social Protection
  Universal Health Care

Political empowerment
  – inclusion and voice

Market Responsibility

Fair Financing

Good Global Governance

Gender Equity
Healthy Places

- Sustainable development and built environment
- Energy efficiency
- Empowering communities
SEWA Case Study: The Parivartan Programme - Aims

- Improve the basic physical infrastructure within the slums and in the homes;

- Community development;

- City-level organisation for environmental upgrading of the slums

SEWA Case Study 2008
Fast food chains more common in deprived areas: England and Scotland

Mean number of fast food outlets* per 100000 people

Index of multiple deprivation quintile

5 (most deprived)
4
3
2
1 (least deprived)

Mean number of fast food outlets* per 100000 people

(*McDonald’s, Burger King, KFC and Pizza Hut)

Macdonald et al 2007
During current recession - Not all business is declining ...

- McDonald's UK: 4,000 new jobs

- extra two million customers a month compared to last year (Aug 2008)

- McDonalds Europe: 240 new restaurants mostly in Spain, France, Italy, Russia and Poland

- ‘consumers, particularly in Germany and Spain, favouring the cheapest menu items’ (Jan 09)
Early child development and education
Healthy Places
Fair Employment
Social Protection
Universal Health Care
Health Equity in all Policies
Good Global Governance
Fair Financing
Market Responsibility
Gender Equity
Political empowerment – inclusion and voice
Employment policy is health policy
Good work

- Financial security
- Social protection
- Paid holiday
- Social status
- Personal development
- Social relations
- Self esteem
- Protection from physical and psychosocial hazards
Unemployment rates in Europe, February 2009, seasonally adjusted

Source: Eurostat April 2009
Figure 11b. Ratio of share of unemployed to share of the labour force, by level of educational attainment, selected countries in the Developed Economies & European Union region, 2005
Mortality* of men aged 16-64 by social class and employment status at the 1981 census

Employed in 1981  Unemployed in 1981

<table>
<thead>
<tr>
<th>Social class</th>
<th>I</th>
<th>II</th>
<th>IIIN</th>
<th>IIIM</th>
<th>IV</th>
<th>V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standardised Mortality Rate</td>
<td>50</td>
<td>70</td>
<td>90</td>
<td>110</td>
<td>130</td>
<td>150</td>
</tr>
</tbody>
</table>

Prevalence of poor mental health in manual workers by type of contract: Spain

Artazcoz et al 2005
Mortality 1990-2001 for women on temporary contracts: Finland

Adjusted Hazard Ratios*

Reference group: women in permanent employment

Adjusted for age and salary

Kivimaki et al 2003; American Journal Epid 158:663-668
The Iso-strain concept of stress at work

- Socially isolated
  - (no supportive co-workers or supervisors)
- High strain
  - (High demands and low control)
Prevalence of children’s mental disorders by family characteristics: GB 2004

(Source: Survey of the mental health of children and young people in Great Britain, ONS)
CSDH – Areas for Action

- Health Equity in all Policies
- Early child development and education
- Healthy Places
- Fair Employment
- Universal Health Care
- Social Protection
- Fair Financing
- Good Global Governance
- Market Responsibility
- Gender Equity
- Political empowerment – inclusion and voice
Unemployment benefits replace on average 40% of previous earnings – but there is huge variation within OECD.

Average of net replacement rates over a period of 60 months of unemployment in 2004, for four family types and two earnings levels in percentage – data are for 2004.

Source: OECD 2007 SOCIETY AT A GLANCE
Building social protection for the elderly
- material
- psychosocial
Minimum income for healthy living – Morris et al.

- Diet
- Physical activity/body and mind
- Psychosocial relations/social connections/active minds
- Getting about
- Medical care
- Hygiene
- Housing
Moving forward – Global movement

- Global Meeting London ‘Closing the Gap’ 2008
- Country initiatives: England, Brazil, Chile, Argentina, Thailand, Nordic …
- Regional Meetings: Euro, Sri Lanka, Cairo, PAHO, Addis Ababa, Asian Parliamentarians
- WHO resolution
- ECOSOC Agenda - Core Development Goal
- Proposed Global Report on SDH and equity
- South American Commission
EU? Bring the directorates together

Health equity as an outcome of good social policy
A world where social justice is taken seriously

www.who.int/social_determinants/en