World Health Organization

SIXTY-FIFTH WORLD HEALTH ASSEMBLY **A65/16**
Provisional agenda item 13.6 **22 March 2012**

Social determinants of health: outcome of the World Conference on Social Determinants of Health (Rio de Janeiro, Brazil, October 2011)

Report by the Secretariat

1. In January 2012 the Executive Board at its 130th session considered an earlier version of this report, adopted resolution EB130.R11, and requested the Secretariat to revise the report on the financial and administrative implications of the implementation of the resolution (see Annex). [1]

2. In 2009, the Health Assembly adopted resolution WHA62.14 on reducing health inequities through action on the social determinants of health. It requested the Director-General to provide support to Member States in measures that included convening a global event, with the assistance of Member States, before the Sixty-fifth World Health Assembly in order to discuss renewed plans for redressing the alarming trends of health inequities through actions on the social determinants of health. This report describes the process and outcome of the resulting event, the World Conference on Social Determinants of Health (Rio de Janeiro, Brazil, 19–21 October 2011), and also summarizes progress on the implementation of resolution WHA62.14.

WORLD CONFERENCE ON SOCIAL DETERMINANTS OF HEALTH

3. WHO convened the World Conference on Social Determinants of Health in order to bring together Member States and stakeholders to share experiences and to build support for ways to implement policies and strategies to reduce health inequities. The World Conference, hosted by the Government of Brazil, also provided an opportunity for discussion about how the recommendations of the Commission on Social Determinants of Health[2] could be implemented.

4. More than 1000 participants attended, including delegates from 125 Member States (with delegations in 54 cases led by ministers from the health, social development or other sectors), representatives from other organizations in the United Nations system and civil society, and technical

[1] See documents EB130/15 and EB130/2012/REC/2, summary records of the fourth and eleventh meetings.

[2] Commission on Social Determinants of Health. *Closing the gap in a generation: health equity through action on the social determinants of health: Commission on Social Determinants of Health final report*. Geneva, World Health Organization, 2008.

experts. At the end of the meeting, the Rio Political Declaration on Social Determinants of Health was adopted.[1]

5. In preparation for the World Conference evidence was collected at the country level for analysis at the regional level, with the aim of reaching agreement on actions needed at the global level. Extensive consultations took place with Member States, United Nations bodies, civil society and academia. An Advisory Group, with representatives from Member States and experts, was appointed to support WHO in the planning of the Conference. Evidence from experiences in Member States was collected through a call for case studies, facilitated by the regional offices; findings of 28 case studies were analysed. Regional consultations of Member States and other key stakeholders were also organized through regional and intercountry meetings and discussions. A discussion paper on how countries can implement action on social determinants of health[2] was written after several rounds of consultation with Member States, the Advisory Group, United Nations bodies, civil society, academia and the Secretariat. Part of the process was a public web consultation, which received 185 submissions.

6. The consultations identified five essential areas for action in a social-determinants approach to improving health, reducing inequities and promoting development. These areas formed the five themes of the World Conference, and were reviewed in the discussion paper. The Political Declaration calls for the implementation of a social-determinants-of-health approach to reduce health inequities and endorses the five priority action areas, calling for global and national actions within each of them. These action areas cover the following aspects.

(a) Better governance at the national level is needed for health and development. Good governance relating to social determinants involves transparent and inclusive decision-making processes that give voice to all concerned groups and sectors, and the formulation of feasible policies that have clear and measurable outcomes, build accountability and, crucially, are fair in both the way they are developed and the results they aim for.

(b) Participation in policy-making and implementation must be promoted. Participatory processes are important for effective governance regarding social determinants of health, particularly for empowering communities and enhancing the contribution of civil society, and ensuring that the needs of those most affected by health inequities are recognized.

(c) The health sector needs to be further reoriented towards reducing health inequities. Accessible, available, acceptable, affordable and high-quality health care and public health services are essential to the enjoyment of the highest attainable standard of health, one of the fundamental rights of every human being. The health sector should firmly act to reduce health inequities.

(d) Global governance and collaboration should be strengthened. International cooperation and solidarity for the equitable benefit of all people are important. Multilateral organizations have an important role in setting norms, articulating guidelines and identifying good practices for supporting actions on social determinants. They should also facilitate access to financial

[1] See resolution EB130.R11, Annex.

[2] *Closing the gap: policy into practice on social determinants of health – discussion paper for the World Conference on Social Determinants of Health.* Geneva, World Health Organization, 2011.

resources and technical cooperation, as well as review and, where appropriate, strategically modify policies and practices that undermine people's health and well-being.

(e) Accountability and monitoring of progress need to be reinforced. Accountability mechanisms are essential to guide policy-making in all sectors, and need to take into account different national contexts. Monitoring trends in health inequities and the impacts of actions to redress them is crucial if significant progress is to be made. Information systems should facilitate the establishment of relationships between health outcomes and social stratification variables.

7. The Rio Political Declaration also calls upon WHO, other organizations in the United Nations system and other international organizations to advocate, coordinate and collaborate with Member States in the implementation of action in the five priority areas, recognizing that such global action will need increased capacity and knowledge within WHO and other multilateral organizations for the development and sharing of norms, standards and good practices. The Political Declaration therefore recommends that the social determinants approach is duly considered in WHO's reform process, and that the Sixty-fifth World Health Assembly adopts a resolution endorsing the text.

PROGRESS IN IMPLEMENTING RESOLUTION WHA62.14 ON REDUCING HEALTH INEQUITIES THROUGH ACTION ON THE SOCIAL DETERMINANTS OF HEALTH

8. The following summary responds to the request in resolution WHA62.14 to report on progress in implementing the resolution.

9. Since 2009, many Member States have implemented actions aimed at reducing health inequities through action on social determinants of health, often with support provided by the Secretariat at all three levels of the Organization. A few countries have been successful in making progress on inequities, but the successive global crises have exacerbated the challenges and increased inequities in many cases. It is urgent to intensify Member States' commitment and work on social determinants of health in response to these crises, as was recognized at the World Conference.

10. The Secretariat, following the request of the Health Assembly, has undertaken several activities to provide support to Member States in their work on social determinants of health. These activities are summarized below.

11. **Working closely with partner agencies in the multilateral system.** The Secretariat has collaborated with other organizations in the United Nations system. WHO and UN-HABITAT jointly issued a report on urban health equity in 2010.[1] Major contributions of the Secretariat in highlighting the importance of action on social determinants of health for tackling noncommunicable diseases included the joint organization of the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control, which resulted in the Moscow Declaration, and preparatory work for the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, which likewise resulted in a Political Declaration. High-level representatives from ILO, UNICEF, UNDP, UNFPA and UNAIDS attended the World Conference, committing themselves to working together, and an informal United Nations platform on social

[1] *Hidden cities: unmasking and overcoming health inequities in urban settings*. Geneva, World Health Organization and United Nations Human Settlements Programme, 2010.

determinants of health is currently being put in place with the aim of coordinating advocacy, research, capacity-building and joint technical assistance to Member States.

12. **Strengthening capacity within the Organization for prioritizing work on social determinants of health.** At all three levels of the Organization the Secretariat is integrating social determinants of health into its work. The WHO Country Cooperation Strategies guide[1] specifically emphasizes the need for addressing social determinants of health and issues of equity, and provides guidelines for countries to work on those issues. Currently, work on social determinants of health is highlighted in more than 80 country cooperation strategies. WHO's Priority Public Health Conditions Knowledge Network, an internal network involving 16 of the Organization's programmes (including tuberculosis, child health, neglected tropical diseases, cardiovascular diseases, diabetes and other noncommunicable diseases), was convened in order to integrate a social determinants approach into WHO's programmes. Through the network social determinants of health and health equity issues within those public health programmes were analysed, and strategic entry points for programmes to engage with other sectors on social determinants were identified. Various other WHO programmes have since integrated a social-determinants approach into their strategies, for example, the WHO Global health-sector strategy on HIV/AIDS 2011–2015[2] and in the Stop TB Strategy and its subsequent policy brief.[3] The Secretariat has also supported the implementation of this integrated approach at country level, linked to primary health care.

13. **Providing support to Member States in implementing a health-in-all-policies approach.** In 2010, WHO and the Government of South Australia jointly issued the Adelaide Statement on Health in All Policies,[4] providing succinct advice on how to develop and strengthen that approach on the basis of equity. The health-in-all-policies approach resulted from consultations with Member States and experts, reflecting current thinking on policy formulation and ways to engage leaders and policy-makers in improving health equity. Commitments to both health-in-all-policies and multisectoral approaches to improving health and health equity have been facilitated by the Secretariat through advocacy and the use of its convening power. Health ministers from south-eastern Europe pledged to focus on Health Equity in All Policies at the Third Health Ministers' Forum (Banja Luka, Bosnia and Herzegovina, 13 and 14 October 2011),[5] and health ministers of the Pacific Island Countries committed themselves to adopting multisectoral action to improve health at the Ninth Meeting of Ministers of Health for the Pacific Island Countries (Honiara, Solomon Islands, 28 June–1 July 2011). More than 300 government leaders and city mayors committed themselves at the Global Forum on Urbanization and Health (Kobe, Japan, 15–17 November 2010) to the Kobe Call to Action for redressing urban health inequities. The Secretariat has launched *Action: SDH*,[6] an internet community of practice to provide guidance, foster debate, and share experiences of actions aimed at improving health equity through dealing with the social determinants of health. The Secretariat has also published policy briefs on housing, education, transport, social protection and water, providing guidance on

[1] *WHO Country Cooperation Strategies Guide*. Geneva, World Health Organization, 2010.

[2] Resolution WHA64.14.

[3] WHO, Stop TB Partnership. *The Stop TB Strategy: building on and enhancing DOTS to meet the TB-related Millennium Development Goals, 2006*. Geneva, World Health Organization, 2010.

[4] WHO/Government of South Australia. *Adelaide Statement on Health in All Policies: moving towards a shared governance for health and well-being. Report from the International meeting on Health in All Policies, Adelaide, 2010.* Geneva, World Health Organization, 2010.

[5] The Banja Luka Pledge, see http://www.euro.who.int/__data/assets/pdf_file/0020/152471/e95832.pdf (accessed 24 February 2012).

[6] See http://www.actionsdh.org/ (accessed 24 February 2012).

understanding the agendas of other sectors, identifying potential areas of collaboration, and highlighting the contribution that a social-determinants approach can make towards achieving the goals of other sectors.

14. **Providing support to Member States in strengthening efforts on measurement and evaluation.** The Global Health Observatory[1] and WHO regional health observatories[2] provide improved access to country data and scientifically sound information, including indicators of equity. Regional reports on health inequities and reports on urbanization and health, highlighting health inequity and potential multisectoral actions, have also been issued. Interactive atlases[3] have been created in order to improve availability of and access to evidence on inequalities in health system performance, including data on quality of care and the structural determinants of such inequalities across countries and regions in Europe. A web-based resource of examples of health systems actions on socially determined health inequalities in Europe[4] has also been developed. To be proactive in redressing health inequities in cities, the Secretariat has collaborated with the authorities in 17 cities in 10 countries to develop, pilot test and finalize the Urban Health Equity Assessment and Response Tool.[5] This tool promotes the use of available data disaggregated by socioeconomic group and geographical area so as to enable formulation of policies and design of interventions to reduce health inequities.

15. **Supporting research on effective policies and interventions to improve health equity.** The Secretariat has enriched knowledge about effective policies and interventions that improve health equity as a result of addressing social determinants of health by preparing and widely disseminating numerous publications.[6]

16. **Assessing the performance of existing global governance mechanisms to address the social determinants of health and reduce health inequities.** In 2010, the Secretariat prepared a report for the Secretary-General on global health and foreign policy, including governance mechanisms.[7] The United Nations General Assembly in resolution 65/95 noted with appreciation the report and its recommendations. Regional offices have focused on regional governance mechanisms. In 2010, the Regional Office for Africa endorsed a regional strategy to address key determinants of health in the African Region in resolution AFR/RC60/R1. The Regional Office for Europe commissioned a regional review of the health divide and inequalities in health in 2010 in order to provide information for underpinning the new regional health policy. In its first phase the review has assessed the levels of inequalities in health across the European Region, identifying barriers to and opportunities for reducing them, and published an interim report in December 2010.[8] The resulting evidence informed

[1] http://www.who.int/gho/about/en/index.html (accessed 24 February 2012).

[2] Links available from http://www.who.int/gho/en/ (accessed 24 February 2012).

[3] See http://www.euro.who.int/en/what-we-do/data-and-evidence/equity-in-health/interactive-atlases (accessed 24 February 2012).

[4] See http://www.euro.who.int/en/what-we-do/data-and-evidence/equity-in-health/web-based-resource.

[5] *Urban HEART: Urban Health Equity Assessment and Response Tool*. Kobe, WHO Centre for Health Development, 2010.

[6] Available from the WHO web site at www.who.int/social_determinants (accessed 24 February 2012).

[7] Document A/65/399.

[8] European Social Determinants and Health Divide Review. *Interim first report on social determinants of health and the health divide in the WHO European Region – executive summary*. Copenhagen, WHO Regional Office for Europe, 2010.

the new European policy for health – Health 2020, which emphasizes reduction of health inequities in the 53 Member States in the Region.[1]

ACTION BY THE HEALTH ASSEMBLY

17. The Health Assembly is invited to adopt the resolution recommended by the Executive Board in resolution EB130.R11.

[1] Document EUR/RC61/9.

ANNEX

Report on financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly

1. Resolution: Outcome of the World Conference on Social Determinants of Health (Rio de Janeiro, Brazil, 19–21 October 2011)

2. Linkage to the Programme budget 2012–2013 (see document A64/7 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf)

Strategic objective(s): 7 and 10 Organization-wide expected result(s): 7.1, 7.2, 7.3 and 10.5

How would this resolution contribute to the achievement of the Organization-wide expected result(s)?

The resolution would contribute to the achievement of the Organization-wide expected results mentioned above by requesting the Secretariat to scale up action on the social determinants of health, as identified in the Rio Political Declaration on Social Determinants of Health (2011).

Does the programme budget already include the products or services requested in this resolution? (Yes/no)

No

3. Estimated cost and staffing implications in relation to the Programme budget

(a) Total cost

Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US$ 10 000).

(i) 6 years (covering the period 2012–2017)

(ii) Total: US$ 33.60 million (staff: US$ 10.90 million; activities: US$ 22.70 million)

(b) Cost for the biennium 2012–2013

Indicate how much of the cost indicated in 3 (a) is for the biennium 2012–2013 (estimated to the nearest US$ 10 000).

Total: US$ 8.00 million (staff: US$ 3.60 million; activities: US$ 4.40 million)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

Headquarters: US$ 1.30 million; regional offices: US$ 3.70 million; country offices: US$ 3.00 million

Is the estimated cost fully included within the approved Programme budget 2012–2013? (Yes/no)

No

If "no", indicate how much is not included.

US$ 8.00 million

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

No

If "no" indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

In order to implement the resolution, six staff at grade P.4 and six at grade G.4 would be required at the country and regional levels, and one staff member at grade P.4 would be needed at headquarters.

4. Funding

Is the estimated cost for the biennium 2012–2013 indicated in 3 (b) fully funded? (Yes/no)

No

If "no", indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

US$ 8.00 million; source(s) of funds: voluntary contributions from countries, private donors and multilateral organizations.

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