

The State of the Social Determinants of Health

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Progress?

1. Global Health Equity

2. Knowledge generation and evidence

3. Action

- Challenges
- Achievements
- Opportunities

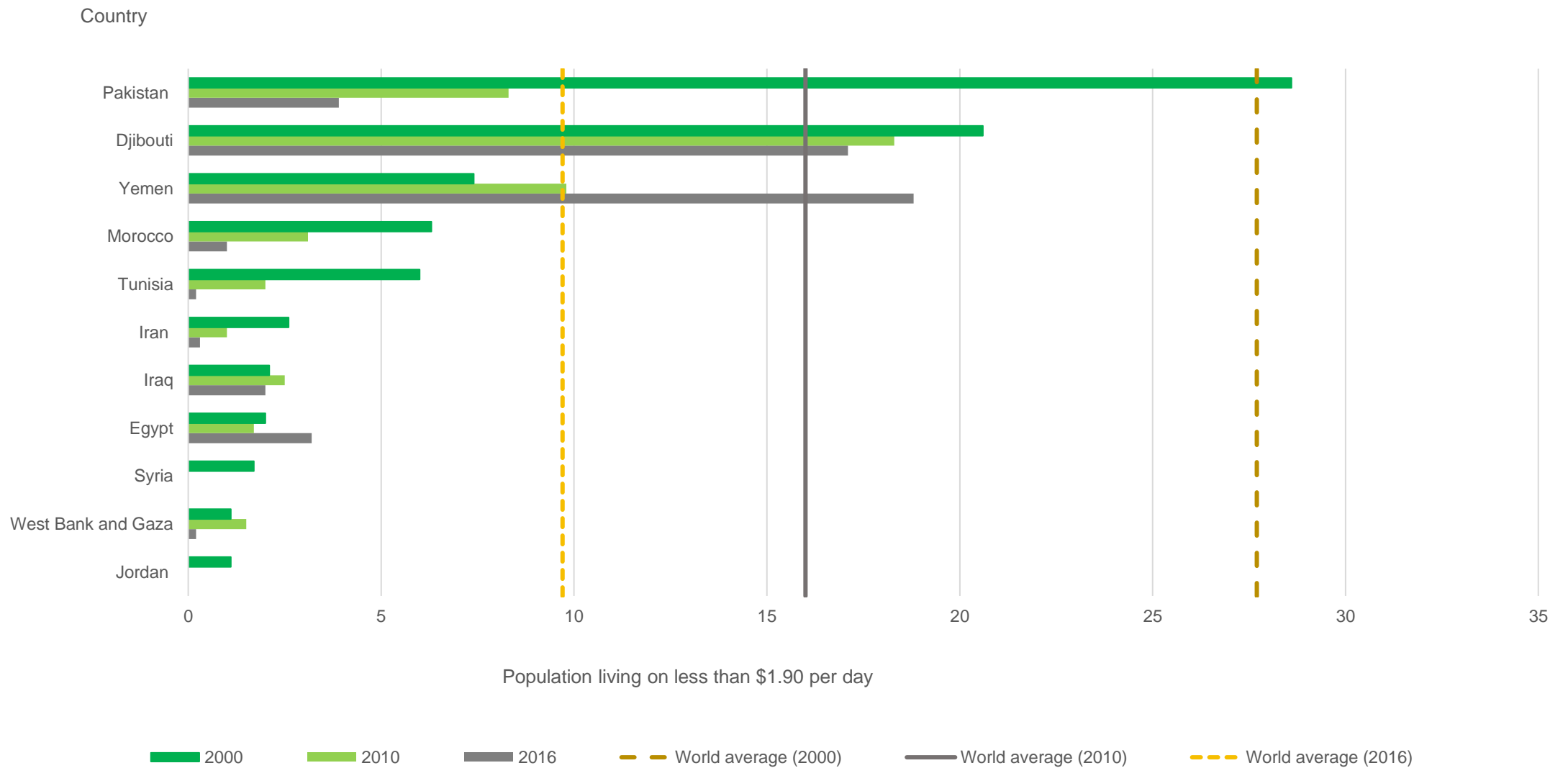
1. Global health equity

- Improvements in maternal mortality and child survival
- Increases in life expectancy in many countries
- Not meeting the CSDH targets nor the SDGs

- Socioeconomic, ethnic and gender differences between and within countries persist and in some cases have deepened.

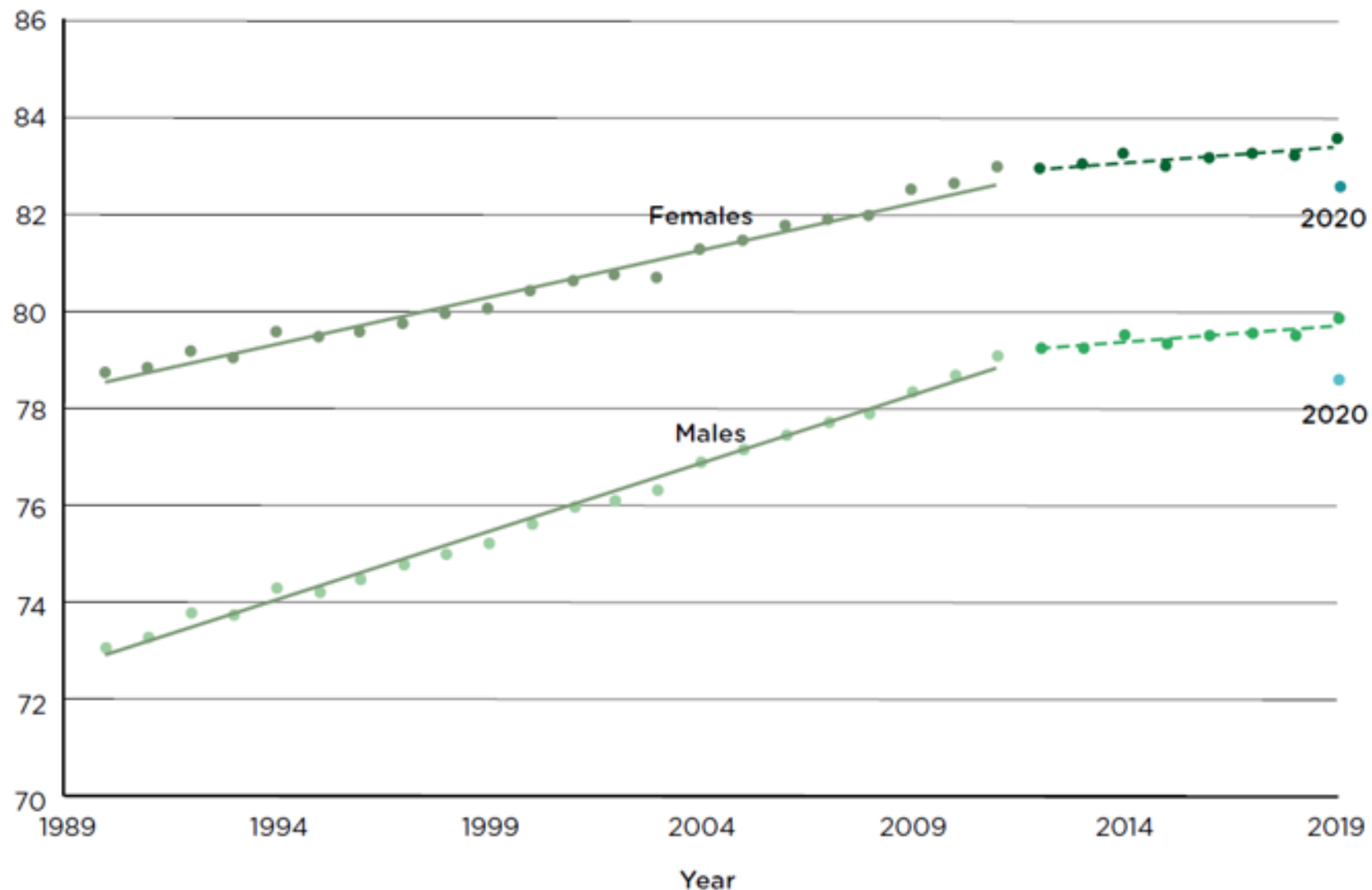
- Mixed achievements and trends
 - Widening inequalities in many SDH
 - Health care access
 - Covid

Percentage of the population living in extreme poverty (on less than \$1.90 a day at 2011 international prices) EMRO countries with available data, 2000, 2010 and 2016 or latest available year



Increases in life expectancy at birth stalling in England

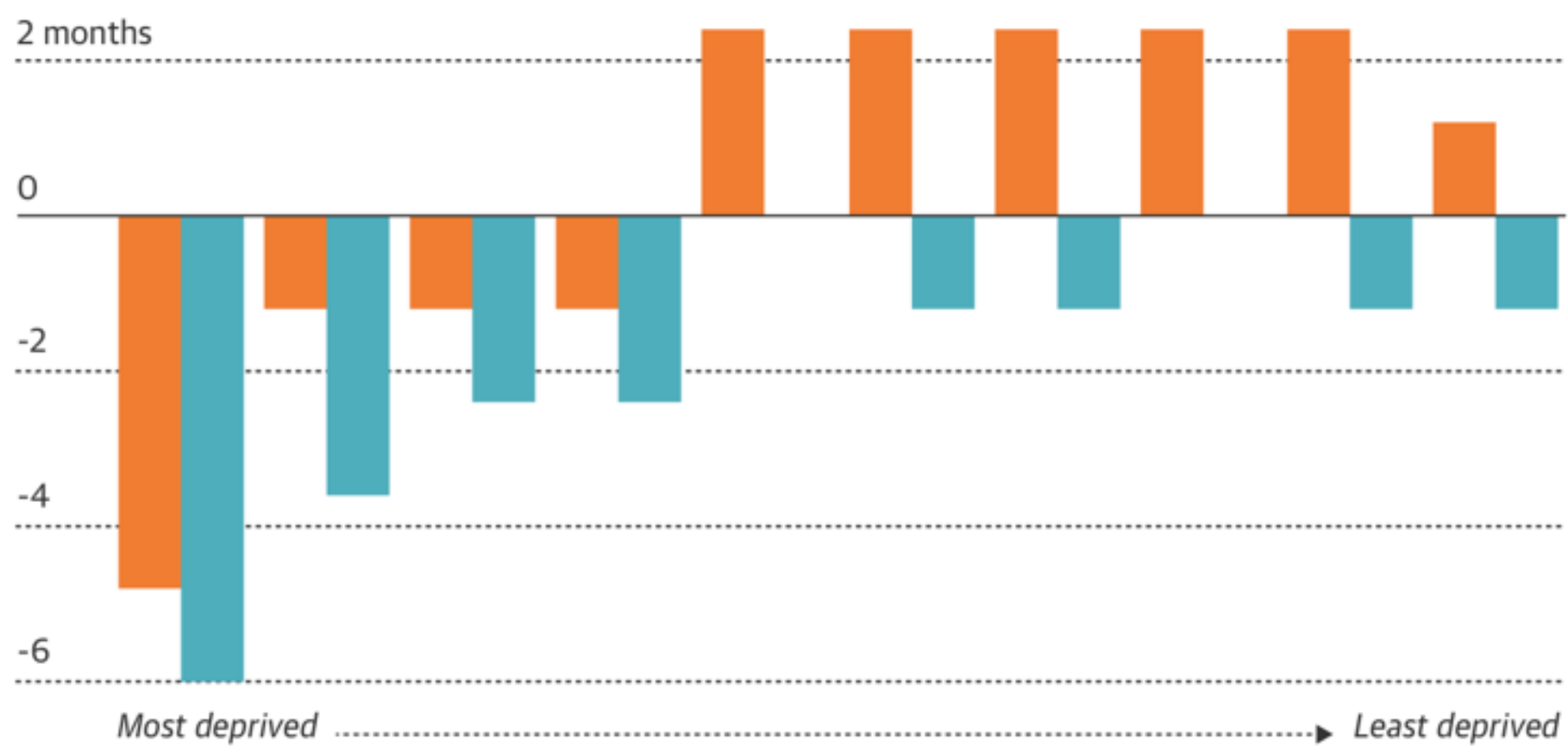
Life expectancy
at birth (years)



Life expectancy for men and women living in the most deprived areas of England fell significantly between 2015-17 and 2018-20

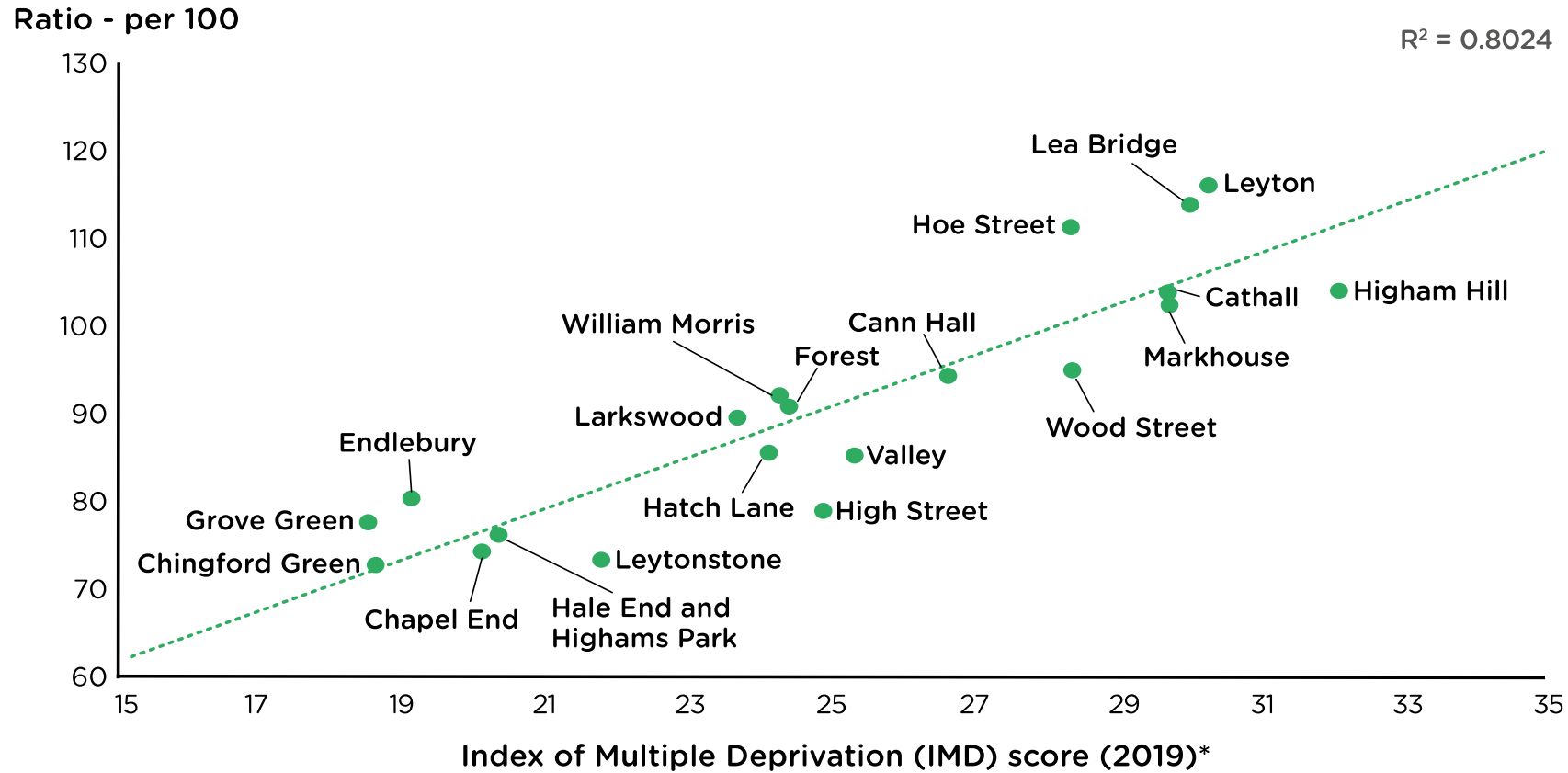
Change in life expectancy at birth

■ Females
 ■ Males



Guardian graphic. Source: ONS. Note: Deprivation deciles based on the Index of Multiple Deprivation 2019

Figure 2.17. Under-75 mortality rates from causes considered preventable and deprivation (IMD 2019), directly standardised ratio, per 100, Waltham Forest wards, 2015-2019



2. Knowledge Generation and Evidence

About the social determinants of health and interventions

- Commission on Social Determinants of Health and Knowledge Networks
- **The World Report**
- **WHO – Special Initiative**
- Regional and National reviews and evidence
- Academics, policies and civil society and

Evidence from policy and action - Building but gaps

- National, international policies and interventions only occasionally evaluated. Monitoring, surveys and qualitative studies.
- Local area data and monitoring, impact studies and evaluations are very patchy
- Social movements – collecting data, qualitative data
- Organisational and institutional actions

The World Report

In 2021, the 74th World Health Assembly requested the Director-General to prepare an updated (from CSDH) 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. Will report in 2024

Objectives:

- **Review progress** in addressing the social determinants of health equity since the Commission on Social Determinants of Health (2008)
- **Identify gaps, strategic goals and pathways** to address the social determinants of health equity.
- **Set out an agenda for action** by a broad range of partners on the social determinants of health equity through 2030 and beyond.

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- Part 1 latest data on health inequities, the progress since the Commission on the Social Determinants of Health, the impact of the interlinked crises on health equity, and an analysis of why health inequities remain a persistent challenge.
 - Part 2 the areas that require concerted action to tackle the structural determinants of health inequities, improve living and working conditions, and how to best leverage the health sector.
 - Part 3 outlines an agenda for action with recommendations to guide Member States in tackling health inequities, as well as specifying the role of other key stakeholders.

The WHO World Social Determinants of Health Report: Supporting evidence reviews

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.

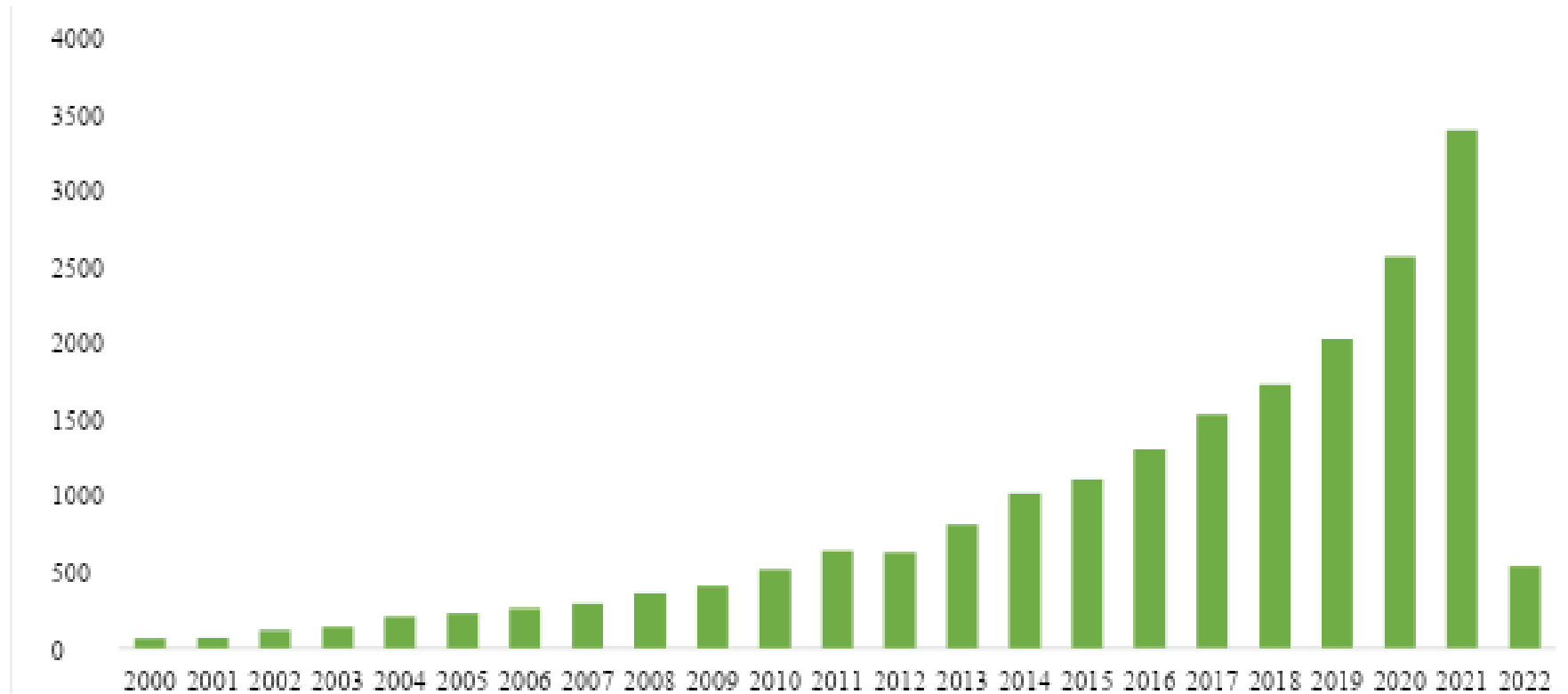
Scoping review on the interventions, actions, and plans aimed at tackling the SDH from 2014 to 2022.

- What national, regional, or local interventions have been successful in tackling the social determinants of health and curbing health inequalities since 2014?
- Has ample scientific evidence galvanized policy responses to tackle the social determinants of health?
- Gaps. In which areas relevant to the social determinants of health there seem to remain little action to curb inequalities?

Research questions are based on the already consolidated evidence explaining the casual mechanisms of inequality created by the SDH, and therefore not on the validity of the links between health and the determinants.

Articles on the social determinants of health by year (PubMed, 2000-2022)

N= 17 931



The Special initiative Special Initiative for Action on the Social Determinants of Health to Advance

- A multi-country Initiative to reduce health inequities through an action-learning process in 'Pathfinder' countries.
- The Initiative aims to develop replicable and reliable models and practices that can be adopted by WHO offices and UN staff to address the social determinants of health to advance health equity.

Why?

- The mixed or negative trends in health inequities suggest that actions have been absent or not yielded the desired results

The problem

- Ideological opposition to health equity and the SDH
- Technical problems
- Operational problems

Overall goal and outcomes of the initiative

To ensure that health equity is integrated into the development of social and economic policies, including its gender dimensions, to improve the social determinants of health for *at least 20 million disadvantaged people in at least 12 countries by 2027.*

Strategic objectives

Advance SDH equity global knowledge base (evidence/data, guidance/norms)

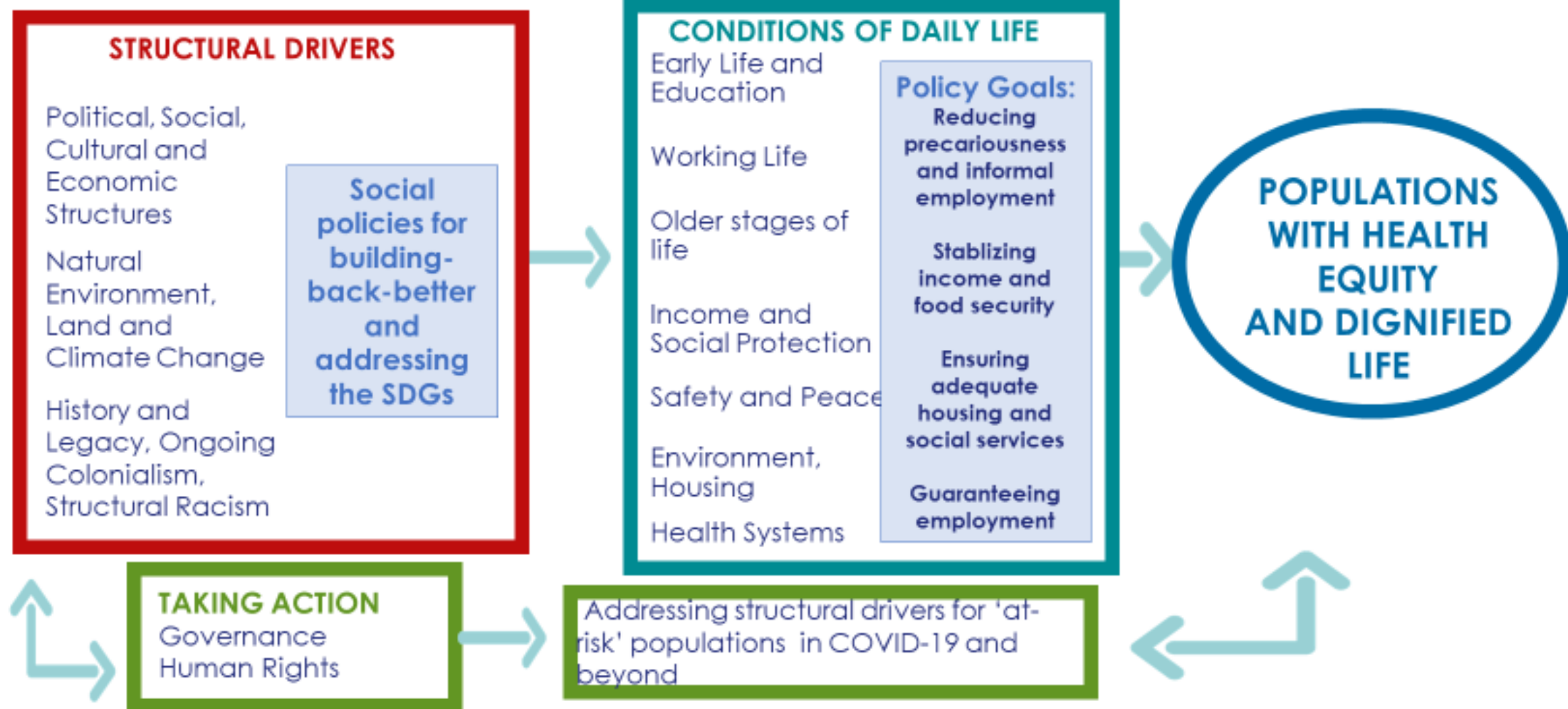
Capacity building through country, WHO and UN SDH equity trainings and mainstreaming

Regional strengthening and country action on SDH equity through Evidence and guidance; Coordination and implementation; Measurement and surveillance; Training and advocacy

Advocacy (and engagement) for scale-up to *ensure that equity in SDH is integrated into the development of social and economic policies*

INTERSECTIONALITY: SOCIAL AND ECONOMIC INEQUITIES, GENDER, SEXUALITY, ETHNICITY, DISABILITY, MIGRATION

Population axis of inequality/inequity -
Area deprivation, Migrant Status, Ethnicity,
Intersecting gender



Source: Adapted from Pan American Health Organization. *Just Societies: Health Equity and Dignified Lives. Report of the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas.* Washington, D.C.: PAHO; 2019.

Countries

Countries – Multi country special initiative

PAHO: Colombia, Costa Rica, El Salvador, Peru, Chile

EMRO: Morocco, OPt

WPRO: Lao, Phillipines

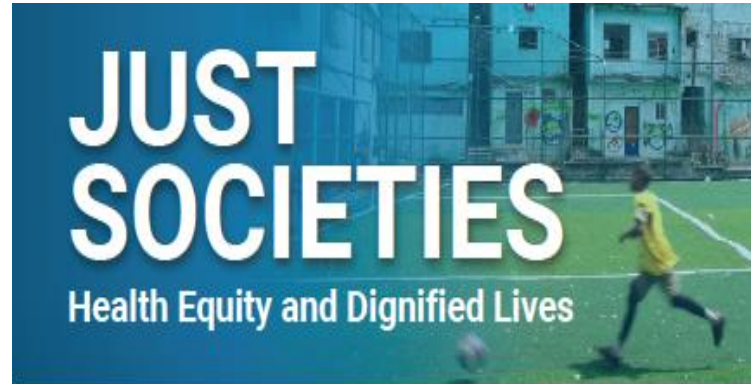
Individual countries taking on the agenda

Regional reviews

BUILD BACK FAIRER ACHIEVING HEALTH EQUITY IN THE EASTERN MEDITERRANEAN REGION

REPORT OF THE COMMISSION ON SOCIAL DETERMINANTS
OF HEALTH IN THE EASTERN MEDITERRANEAN REGION

EXECUTIVE SUMMARY



Report of the Commission of the
Pan American Health Organization
of Equity and Health Inequalities in
the Americas



Review of social determinants
and the health divide in
the WHO European Region:
final report

Updated
reprint 2014



COVID 19 – exposed and amplified inequalities

- Highly inequitable direct health impacts of the pandemic
- Raised awareness about social, economic conditions and health as well as inequitable access to health care
 - Housing
 - Work
 - Poverty
 - Poor health
 - Income inequality
- Highly unequal impacts of containment measures on social and economic and health outcomes



Global Council on inequality, AIDS and pandemics.

Chairs: Monica Geingos, Michael Marmot, Joseph Stiglitz

Inequality and pandemics

Social policies – pre, during pandemics.

- Access to technologies
- Human rights and legal mechanisms

Emerging evidence

- Climate breakdown and environmental harm and health
- Economic inequality, decline of public realm, governance and democratic institutions



Advisory Group
Report for the UK Committee
on Climate Change

Professor Sir Michael Marmot, Chair
Report written by Alice Munro, Tammy Boyce, Michael Marmot
on behalf of the Health Expert Advisory Group
October 2020

2. Action

- Challenges
- Achievements
- Opportunities

1. Challenges

- Rising social and economic inequalities
- Environmental breakdown
- Pandemic
- Demographic shifts
- Weakening of public goods and the public realm
- Lack of resources for health systems and other public services
- Conflict
- Migration
- Global corporations and the commercial drivers of poor health
- Poor governance
- Public engagement
- Resources
- Data

Taking action – levers

Obstacles

- Politics and Leadership
- Accountability and legislation
- Weak partnerships
- Public awareness
- Data
- Timescales
- Capacity
- Resources
- Remit

Action

- Politics and Leadership
- Accountability systems
- Strengthening partnerships
- Increasing awareness about the SDH
- Evidence and know how
- Sharing information
- Health Equity in All Policies
- Wellbeing economies
- Demand and Costs of doing nothing
- Prevention is more effective than cure

Places and Insitutions Implementing action on the social determinants

Places

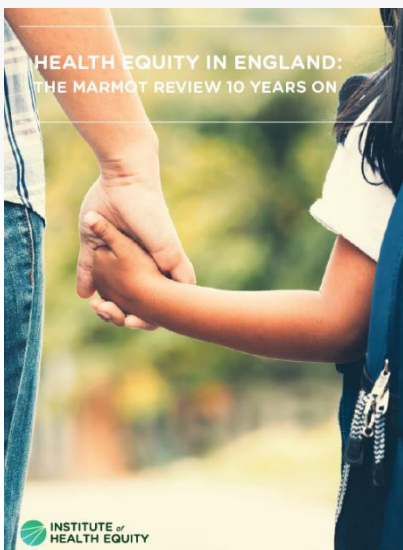
Global – WHO, UN and other global organisations.

Regions – EURO, PAHO, EMRO

National – England, Brazil, Taiwan, Norway, HK China. and countries in the Special Initiative. And many others.

Local Places – towns, local authorities, cities, regions.

Marmot Principles



1. Give every child the **best start in life**
2. Enable all children, young people and adults to maximise their capabilities and have **control over their lives**
3. Create fair employment and **good work for all**
4. Ensure **healthy standard of living for all**
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention
7. Tackle racism, discrimination and their outcomes
8. Pursue environmental sustainability and health equity together

Towns Cities and Regions

- Healthy City Movement, Child friendly, age friendly cities
- Mayors
- Wellbeing economies

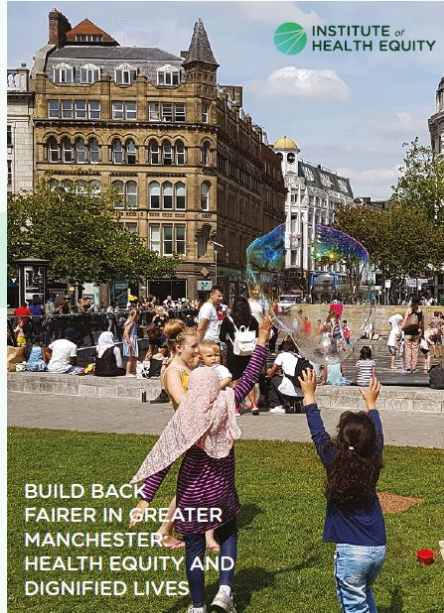
Marmot Places – 45+ local authorities across UK

- Coventry
- Greater Manchester
- Cheshire and Merseyside
- Lancashire and Cumbria
- Luton
- Waltham Forest
- Gwent
- Southwest region
- Leeds

- Medway, Fife (TBC)

COVENTRY – A MARMOT CITY

An evaluation of a city-wide approach to reducing health inequalities



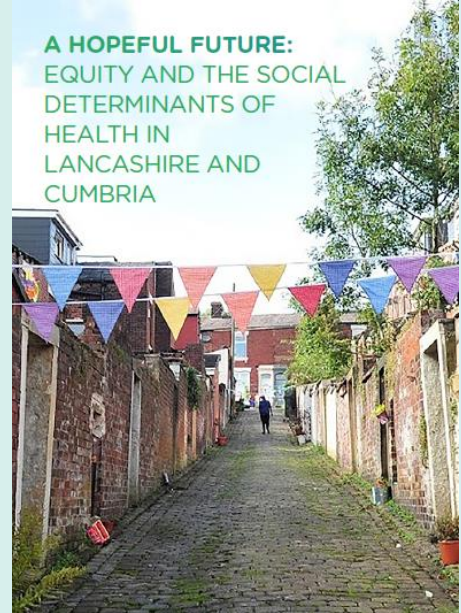
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BUILD BACK FAIRER IN GREATER MANCHESTER: HEALTH EQUITY AND DIGNIFIED LIVES



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ALL TOGETHER FAIRER: HEALTH EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH IN CHESHIRE AND MERSEYSIDE



A HOPEFUL FUTURE: EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH IN LANCASHIRE AND CUMBRIA



INSTITUTE of HEALTH EQUITY

REDUCING HEALTH INEQUALITIES IN LUTON: A MARMOT TOWN



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A FAIRER AND HEALTHIER WALTHAM FOREST: EQUITY AND THE SOCIAL DETERMINANTS IN WALTHAM FOREST



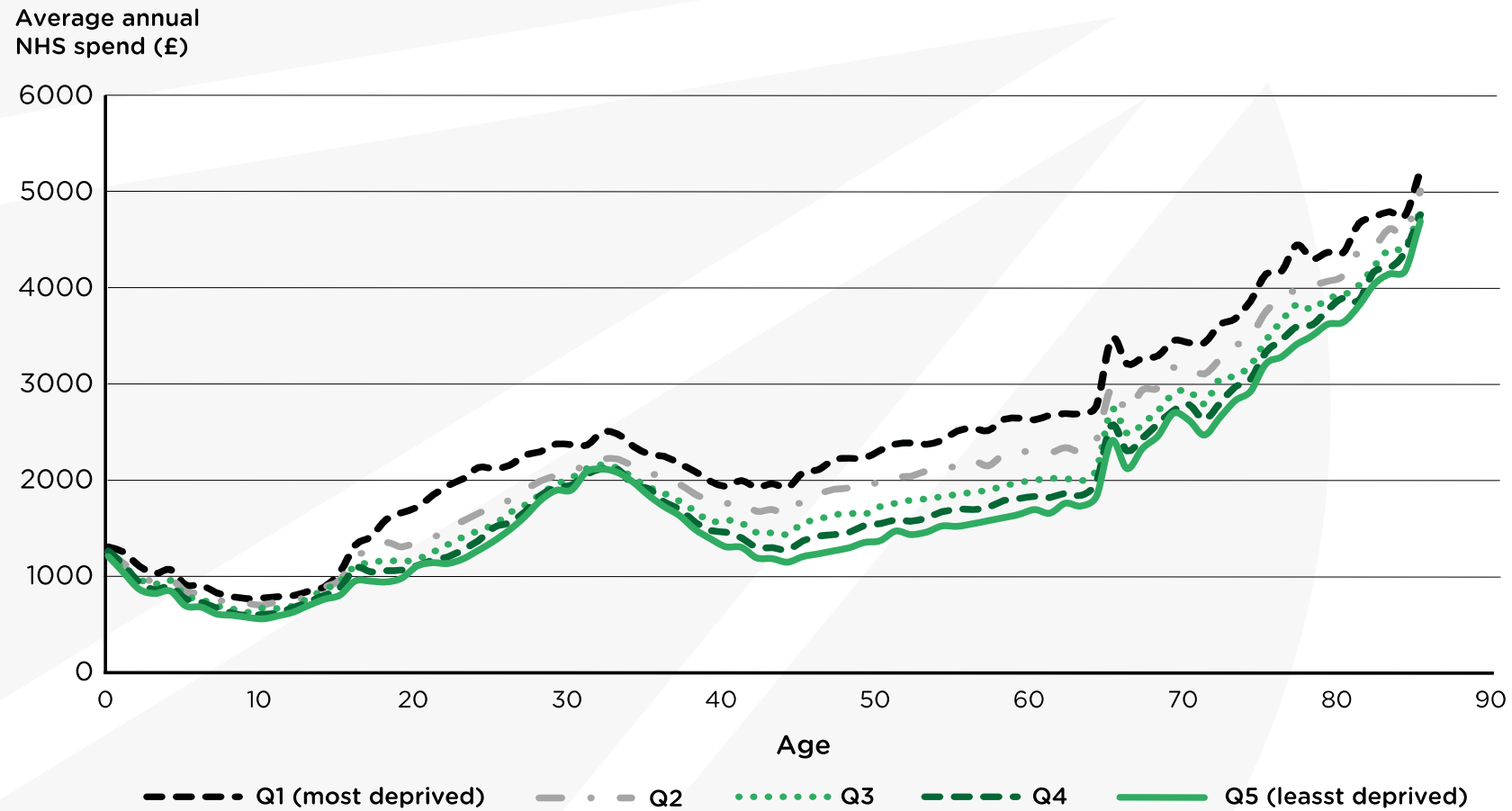
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BUILDING A FAIRER GWENT: IMPROVING HEALTH EQUITY AND THE SOCIAL DETERMINANTS

Organisations/sectors

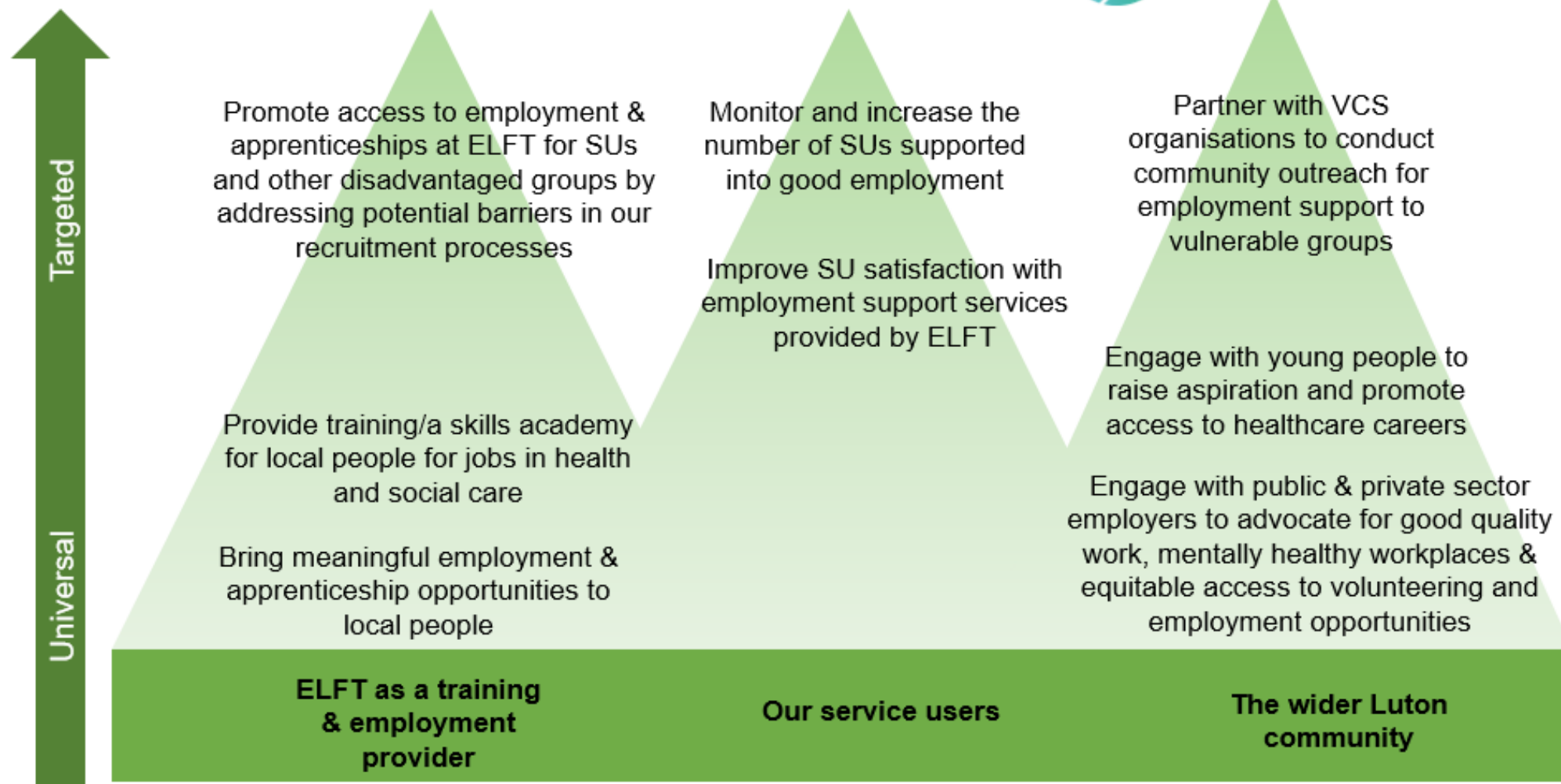
- **Global institutions** – UN, WHO and other global organisations including economic sector.
- **Community voluntary sector** – Delivering services, representing excluded communities, advocacy, evidence and building a social movement.
- **Businesses** – Poor health harms workforce, harms customers and social value.
- **Public services** – health care, education, transport, criminal justice system.
- **Local governments and Regions, Mayors**

Figure 4.3b. Average annual NHS spend by age and neighbourhood deprivation quintile group for males in England, 2011/12



Source: Asaria (392)

ELFT's Marmot Mountain: Potential actions in line with our vision



Establishing good working relationships with community partners & employers

Public involvement

- Challenging – health care still often dominates in discussions of health
- Efforts ongoing but increasing awareness in many countries
- Increasing political engagement in some countries

Opportunities

Strong evidence base and increasing impact analyses

- Increasing recognition of unsustainable and rising levels of inequality
- Increasing recognition of the health harm of rising wealth inequality, loss of public assets and environmental damage and breakdown
- Increasing recognition of the harm from global corporations and commercial drivers
- Building knowledge about what works

- **Common Cause** – environment, economies and health equity
- **Rise of wellbeing economy approaches**
- **Health equity in all policy approaches and cross government mechanisms**
- **Evidence of success**
- **Public support/engagement**

- **Lots of local, regional and community action**

www.instituteofhealthequity.org

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