

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 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

2. 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 Health¹ could be implemented.

3. 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 experts. At the end of the meeting, the Rio Political Declaration on Social Determinants of Health was adopted (see Annex).

¹ 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.

4. 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 health¹ 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.

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

¹ *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.

(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.

6. 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

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

8. 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.

9. 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.

10. **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 determinants of

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

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

11. 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 guide¹ 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 2011–2015² and in the Stop TB Strategy and its subsequent policy brief³. The Secretariat has also supported the implementation of this integrated approach at country level, linked to primary health care.

12. 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

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, and http://www.who.int/tb/publications/2010/strategy_en.pdf (accessed 9 November 2011).

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 3 November 2011).

⁶ See <http://www.actionsdh.org/> (accessed 3 November 2011).

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 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.

13. Providing support to Member States in strengthening efforts on measurement and evaluation. The Global Health Observatory¹ and WHO regional health observatories² 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 atlases³ 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 Europe⁴ 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.

14. 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

15. 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

¹ <http://www.who.int/gho/about/en/index.html> (accessed 3 November 2011).

² Links available from <http://www.who.int/gho/en/> (accessed 3 November 2011).

³ See <http://www.euro.who.int/en/what-we-do/data-and-evidence/equity-in-health/interactive-atlases> (accessed 3 November 2011).

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 3 November 2011).

⁷ Document A/65/399.

reducing them, and published an interim report in December 2010.¹ The resulting evidence informed the new European policy for health – Health 2020, which emphasizes reduction of health inequities in the 53 Member States in the Region.²

ACTION BY THE EXECUTIVE BOARD

16. The Board is invited to note this report.

¹ 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.

² Document EUR/RC61/9.

ANNEX



World Conference on Social Determinants of Health

RIO DE JANEIRO | BRAZIL | 19–21 OCTOBER 2011



Rio Political Declaration on Social Determinants of Health

Rio de Janeiro, Brazil, 21 October 2011

1. Invited by the World Health Organization, we, Heads of Government, Ministers and government representatives came together on the 21st day of October 2011 in Rio de Janeiro to express our determination to achieve social and health equity through action on social determinants of health and well-being by a comprehensive intersectoral approach.
2. We understand that health equity is a shared responsibility and requires the engagement of all sectors of government, of all segments of society, and of all members of the international community, in an "all for equity" and "health for all" global action.
3. We underscore the principles and provisions set out in the World Health Organization Constitution and in the 1978 Declaration of Alma-Ata as well as in the 1986 Ottawa Charter and in the series of international health promotion conferences, which reaffirmed the essential value of equity in health and recognized that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition". We recognize that governments have a responsibility for the health of their peoples, which can be fulfilled only by the provision of adequate health and social measures and that national efforts need to be supported by an enabling international environment.
4. We reaffirm that health inequities within and between countries are politically, socially and economically unacceptable, as well as unfair and largely avoidable, and that the promotion of health equity is essential to sustainable development and to a better quality of life and well-being for all, which in turn can contribute to peace and security.
5. We reiterate our determination to take action on social determinants of health as collectively agreed by the World Health Assembly and reflected in resolution WHA62.14 ("Reducing health inequities through action on the social determinants of health"), which notes the three overarching recommendations of the Commission on Social Determinants of Health: to improve daily living conditions; to tackle the inequitable distribution of power, money and resources; and to measure and understand the problem and assess the impact of action.

6. Health inequities arise from the societal conditions in which people are born, grow, live, work and age, referred to as social determinants of health. These include early years' experiences, education, economic status, employment and decent work, housing and environment, and effective systems of preventing and treating ill health. We are convinced that action on these determinants, both for vulnerable groups and the entire population, is essential to create inclusive, equitable, economically productive and healthy societies. Positioning human health and well-being as one of the key features of what constitutes a successful, inclusive and fair society in the 21st century is consistent with our commitment to human rights at national and international levels.

7. Good health requires a universal, comprehensive, equitable, effective, responsive and accessible quality health system. But it is also dependent on the involvement of and dialogue with other sectors and actors, as their performance has significant health impacts. Collaboration in coordinated and intersectoral policy actions has proven to be effective. Health in All Policies, together with intersectoral cooperation and action, is one promising approach to enhance accountability in other sectors for health, as well as the promotion of health equity and more inclusive and productive societies. As collective goals, good health and well-being for all should be given high priority at local, national, regional and international levels.

8. We recognize that we need to do more to accelerate progress in addressing the unequal distribution of health resources as well as conditions damaging to health at all levels. Based on the experiences shared at this Conference, we express our political will to make health equity a national, regional and global goal and to address current challenges, such as eradicating hunger and poverty, ensuring food and nutritional security, access to safe drinking water and sanitation, employment and decent work and social protection, protecting environments and delivering equitable economic growth, through resolute action on social determinants of health across all sectors and at all levels. We also acknowledge that by addressing social determinants we can contribute to the achievement of the Millennium Development Goals.

9. The current global economic and financial crisis urgently requires the adoption of actions to reduce increasing health inequities and prevent worsening of living conditions and the deterioration of universal health care and social protection systems.

10. We acknowledge that action on social determinants of health is called for both within countries and at the global level. We underscore that increasing the ability of global actors, through better global governance, promotion of international cooperation and development, participation in policy-making and monitoring progress, is essential to contribute to national and local efforts on social determinants of health. Action on social determinants of health should be adapted to the national and sub-national contexts of individual countries and regions to take into account different social, cultural and economic systems. Evidence from research and experiences in implementing policies on social determinants of health, however, shows common features of successful action. There are five key action areas critical to addressing health inequities: (i) to adopt better governance for health and development; (ii) promote participation in policy-making and implementation; (iii) to further reorient the health sector towards reducing health inequities; (iv) to strengthen global governance and collaboration; and (v) to monitor progress and increase accountability. Action on social determinants of health therefore means that we, the representatives of Governments, will strive individually and collectively to develop and support policies, strategies, programmes and action plans, which address social determinants of health, with the support of the international community, that include:

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_28649

