



# Closing the gap in a generation

Health equity through action on  
the social determinants of health





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# The Commission calls for closing the health gap in a generation

Social justice is a matter of life and death. It affects the way people live, their consequent chance of illness, and their risk of premature death. We watch in wonder as life expectancy and good health continue to increase in parts of the world and in alarm as they fail to improve in others. A girl born today can expect to live for more than 80 years if she is born in some countries – but less than 45 years if she is born in others. Within countries there are dramatic differences in health that are closely linked with degrees of social disadvantage. Differences of this magnitude, within and between countries, simply should never happen.

These inequities in health, avoidable health inequalities, arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.

Social and economic policies have a determining impact on whether a child can grow and develop to its full potential and live a flourishing life, or whether its life will be blighted. Increasingly the nature of the health problems rich and poor countries have to solve are converging. The development of a society, rich or poor, can be judged by the quality of its population's health, how fairly health is distributed across the social spectrum, and the degree of protection provided from disadvantage as a result of ill-health.

In the spirit of social justice, the Commission on Social Determinants of Health was set up by the World Health Organization (WHO) in 2005 to marshal the evidence on what can be done to promote health equity, and to foster a global movement to achieve it.

As the Commission has done its work, several countries and agencies have become partners seeking to frame policies and programmes, across the whole of society, that influence the social determinants of health and improve health equity. These countries and partners are in the forefront of a global movement.

The Commission calls on the WHO and all governments to lead global action on the social determinants of health with the aim of achieving health equity. It is essential that governments, civil society, WHO, and other global organizations now come together in taking action to improve the lives of the world's citizens. Achieving health equity within a generation is achievable, it is the right thing to do, and now is the right time to do it.



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# Note from the chair

The Commission on Social Determinants of Health was set up by former World Health Organization Director-General JW Lee. It was tasked to collect, collate, and synthesize global evidence on the social determinants of health and their impact on health inequity, and to make recommendations for action to address that inequity.

The Commissioners, secretariat and, indeed, everyone connected to the Commission were united in three concerns: a passion for social justice, a respect for evidence, and a frustration that there appeared to be far too little action on the social determinants of health. To be sure, there were examples of countries that had made remarkable progress in health some of which, at least, could be attributed to action on social conditions. These examples encouraged us. But the spectre of health inequity haunts the global scene. A key aim of the Commission has been to foster a global movement on social determinants of health and health equity. We are encouraged by the signs.

We judge that there is enough knowledge to recommend action now while there needs to be an active research programme on the social determinants of health. The Final Report of the Commission on Social Determinants of Health sets out key areas – of daily living conditions and of the underlying structural drivers that influence them – in which action is needed. It provides analysis of social determinants of health and concrete examples of types of action that have proven effective in improving health and health equity in countries at all levels of socioeconomic development.

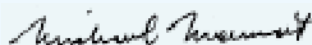
**Part 1** sets the scene, laying out the rationale for a global movement to advance health equity through action on the social determinants of health. It illustrates the extent of the problem between and within countries, describes what the Commission believes the causes of health inequities are, and points to where solutions may lie.

**Part 2** outlines the approach the Commission took to evidence, and to the indispensable value of acknowledging and using the rich diversity of different types of knowledge. It describes the rationale that was applied in selecting social determinants for investigation and suggests, by means of a conceptual framework, how these may interact with one another.

**Parts 3, 4, and 5** set out in more detail the Commission's findings and recommendations. The chapters in Part 3 deal with the conditions of daily living – the more easily visible aspects of birth, growth, and education; of living and working; and of using health care. The chapters in Part 4 look at more 'structural' conditions – social and economic policies that shape growing, living, and working; the relative roles of state and market in providing for good and equitable health; and the wide international and global conditions that can help or hinder national and local action for health equity. Part 5 focuses on the critical importance of data – not simply conventional research, but living evidence of progress or deterioration in the quality of people's lives and health that can only be attained through commitment to and capacity in health equity surveillance and monitoring.

**Part 6**, finally, reprises the global networks – the regional connections to civil society worldwide, the growing caucus of country partners taking the social determinants of health agenda forward, the vital research agendas, and the opportunities for change at the level of global governance and global institutions – that the Commission has built and on which the future of a global movement for health equity will depend.

Our thanks are due, in particular, to the invaluable and seemingly inexhaustible commitment and contributions of the Commissioners. Their collective guidance and leadership underpins all that the Commission has achieved.



**Michael Marmot**, *Chair*

Commission on Social Determinants of Health

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## A new global agenda for health equity

Our children have dramatically different life chances depending on where they were born. In Japan or Sweden they can expect to live more than 80 years; in Brazil, 72 years; India, 63 years; and in one of several African countries, fewer than 50 years. And within countries, the differences in life chances are dramatic and are seen worldwide. The poorest of the poor have high levels of illness and premature mortality. But poor health is not confined to those worst off. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.

It does not have to be this way and it is not right that it should be like this. Where systematic differences in health are judged to be avoidable by reasonable action they are, quite simply, unfair. It is this that we label health inequity. Putting right these inequities – the huge and remediable differences in health between and within countries – is a matter of social justice. Reducing health inequities is, for the Commission on Social Determinants of Health (hereafter, the Commission), an

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