World Health Organization

Commission on Social Determinants of Health

Closing the gap in a generation

Health equity through action on the social determinants of health

WHO Library Cataloguing-in-Publication Data

Closing the gap in a generation : health equity through action on the social determinants of health : final report of the commission on social determinants of health.

1.Socioeconomic factors. 2.Health care rationing. 3.Health services accessibility. 4.Patient advocacy. I.Commission on Social Determinants of Health.

ISBN 978 92 4 156370 3
(NLM classification: WA 525)

© World Health Organization 2008

All rights reserved. Publications of the World Health Organization can be obtained from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to WHO Press, at the above address (fax: +41 22 791 4806; e-mail: permissions@who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

This publication contains the collective views of the Commission on Social Determinants of Health and does not necessarily represent the decisions or the stated policy of the World Health Organization.

Printed in Geneva

Suggested Citation

CSDH (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health.* Geneva, World Health Organization.

Photos

WHO/Marko Kokic; WHO/Christopher Black; WHO/Chris De Bode
Specific photo-credits can be obtained from WHO.

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.

Table of Contents

Acknowledgements

The work of the Commission was championed, informed, and guided by the Chair of the Commission and the Commissioners.

Report writing team: Michael Marmot, Sharon Friel, Ruth Bell, Tanja AJ Houweling, and Sebastian Taylor. The team is indebted to all those who contributed to the development of the report, including Commissioners, Knowledge Networks, country partners, civil society facilitators, and colleagues in the World Health Organization (WHO), Geneva. Special thanks are due to Ron Labonte, Don Matheson, Hernan Sandoval (Special Advisor to the Commission), and David Woodward.

The Commission secretariat (University College London) was led by Sharon Friel. Team members included Ruth Bell, Ian Forde, Tanja AJ Houweling, Felicity Porritt, Elaine Reinertsen, and Sebastian Taylor. The Commission Secretariat (WHO) was led by Jeanette Vega (2004-2007) and Nick Drager (2008). WHO staff instrumental in setting up and guiding the Commission workstreams were: Erik Blas, Chris Brown, Hilary Brown, Alec Irwin, Rene Loewenson (consultant), Richard Poe, Gabrielle Ross, Ritu Sadana, Sarah Simpson, Orielle Solar, Nicole Valentine and Eugenio Raul Villar Montesinos. Other staff contributing included: Elmira Adenova, Daniel Albrecht, Lexi Bambas-Nolan, Ahmad Reza Hosseinpoor, Theadora Koller, Lucy Mshana, Susanne Nakalembe, Giorelley Niezen, Bongiwe Peguillan, Amit Prasad, Kumanan Rasanathan, Kitt Rasmussen, Lina Reinders, Anand Sivasankara Kurup, Niko Speybroeck and Michel Thieren.

WHO has supported the Commission in many ways. In particular we thank the former Director-General JW Lee and the current Director-General Margaret Chan. The Commission thanks the Assistant Director-General Tim Evans for championing our work within the organization and the Regional Directors for continuing support: Marc Danzon, Hussein Abdel-Razzak Al Gezairy, Nata Menabde, Shigeru Omi, Samlee Plianbangchang, Mirta Roses Perialgo, and Luís Gomes Sambo. We also thank the WHO regional focal points: Anjana Bhushan, Soe Nyunt-U (WPRO); Chris Brown (EURO); Luiz Galvao, Marco Ackerman (PAHO-AMRO); Davison Munodawafa, Than Sein (SEARO); Benjamin Nganda, Anthony Mawaya, Chris Mwikisa (AFRO); Sameen Siddiqi, Susanne Watts and Mohamed Assai (EMRO). Thanks also to the numerous other WHO colleagues who have supported the work of the Commission including the country representatives, Meena Cabral de Mello, Carlos Corvalan, Claudia Garcia-Moreno, Amine Kebe, Jacob Kumaresan, and Erio Ziglio.

We are indebted to the country partners of the Commission - the many government departments and officials who have supported our work with ideas, expert guidance, and invaluable critique, as well as financially. In particular we thank Fiona Adshead and Maggie Davies (England and United Kingdom); David Butler-Jones, Sylvie Stachenko, Jim Ball and Heather Fraser (Canada); Maria Soledad Barria, Pedro Garcia, Francisca Infante, Patricia Frenz (Chile); Paulo Buss, Alberto Pellegrini Filho (Brazil); Gholam Reza Heydari, Bijan Sadrizadeh, Alireza Olyaee Manesh (Islamic Republic of Iran); Stephen Muchiri (Kenya); Paulo Ivo Garrido, Gertrudes Machatine (Mozambique); Anna Hedin, Bernt Lundgren, Bosse Peterson (Sweden); Palitha Abeykoon, Sarah Samarage (Sri Lanka); Don Matheson, Stephen McKernan, Teresa Wall (New Zealand); and Ugrid Jindawatthana, Amphon Milintangkul (Thailand).

We thank the civil society facilitators who have both informed the work of the Commission and used its evidence base to advocate globally a social determinants approach to health and health equity: Diouf Amacodou, Francoise Barten, Amit Sen Gupta, Prem John, Mwajuma Masaiganah, Alicia Muñoz, Hani Serag, Alaa Ibrahim Shukrallah, Patrick Mubangizi Tibasiimwa, Mauricio Torres, and Walter Varillas.

We are very grateful to all members of the Knowledge Networks for their dedication to the collation and synthesis of the global evidence base on the social determinants of health and health equity. In particular, thanks to the networks' hub leaders and coordinators: Joan Benach, Josiane Bonnefoy, Jane Doherty, Sarah Escorel, Lucy Gilson, Mario Hernández, Clyde Hertzman, Lori Irwin, Heidi Johnston, Michael P Kelly, Tord Kjellstrom, Ronald Labonté, Susan Mercado, Antony Morgan, Carles Muntaner, Piroska Östlin, Jennie Popay, Laetitia Rispel, Vilma Santana, Ted Schrecker, Gita Sen, and Arjumand Siddiqi.

Thank you also to all 25 reviewers of the Knowledge Networks' final reports and to commentators on the Commission's work, including those who attended the Vancouver meeting, in particular Pascale Allotey, Sudhir Anand, Debebar Banerji, Adrienne Germain, Godfrey Gunatilleke, and Richard Horton. We have worked closely with other academics and researchers throughout the life of the Commission. A special thanks in particular to Robert N Butler, Hideki Hashimoto, Olle Lundberg, Tony McMichael, Richard Suzman, Elizabeth Waters, and Susan Watts.

The Indigenous Health symposium held in Adelaide, Australia, the Three Cities meeting in London, United Kingdom, and the meeting in New Orleans, United States of America, provided valuable insights and evidence for the Commission. Thanks in particular to Nancy Adler, Clive Aspin, Sue Atkinson, Paula Braveman, Lucia Ellis, Daragh Fahey, Gail Findlay, Evangeline Franklin, Heather Gifford, Mick Gooda, Sandra Griffin, Shane Houston, Adam Karpati, Joyce Nottingham, Paul Plant, Ben Springgate, Carol Tannahill, Dawn Walker, and David Williams.

The Commission meetings in Brazil, Canada, Chile, China, Egypt, India, Islamic Republic of Iran, Japan, Kenya, Switzerland, and the United States would not have been possible without the support of those political leaders, government officials, WHO offices, academics, and nongovernmental organization staff who assisted us during our visits. The Commission and its various workstreams are very grateful to those agencies and countries that provided financial support including the International Development Research Centre, Open Society Institute, Public Health Agency of Canada, Purpleville Foundation, Robert Wood Johnson Foundation, Swedish National Institute of Public Health, United Kingdom Government, and WHO.

The report was copy-edited by Lucy Hyatt, designed by Ben Murray and team at BMD Graphic Design, and indexed by Liza Furnival.

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.

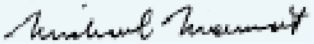
Part 1 sets the scene, laying out the rationale for a global movement to advance health equity through action on the social determinants of health. It illustrates the extent of the problem between and within countries, describes what the Commission believes the causes of health inequities are, and points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

The Commissioners

Michael Marmot
Frances Baum
Monique Bégin
Giovanni Berlinguer
Mirai Chatterjee
William H. Foege
Yan Guo
Kiyoshi Kurokawa
Ricardo Lagos Escobar
Alireza Marandi
Pascoal Mocumbi
Ndioro Ndiaye
Charity Kaluki Ngilu
Hoda Rashad
Amartya Sen
David Satcher
Anna Tibaijuka
Denny Vågerö
Gail Wilensky

Executive summary

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

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_29382