

# Improving Equity in Health by Addressing Social Determinants

---

*Edited by: The Commission on Social Determinants of Health Knowledge Networks,  
Jennifer H. Lee and Ritu Sadana*





# Improving Equity in Health by Addressing Social Determinants

*Edited by:* The Commission on Social Determinants of Health Knowledge Networks,  
Jennifer H. Lee and Ritu Sadana



**World Health  
Organization**

## Acknowledgements

We are grateful to the authors and members of the Knowledge Networks created to inform the work of the Commission on Social Determinants of Health (2005–2008) for their contributions to this book. We are equally grateful to Finn Diderichsen and José Carvalho de Noronha for their extensive review, insightful comments and suggestions and to Lindsey Martinez-Mackey for technical editing the chapters to provide balanced content given the range of perspectives contained. The Department of Health, United Kingdom, provided financial support in the editing and production of this volume. We appreciate the technical and managerial support that Daniel Albrecht (WHO) provided in the preparation and edition of earlier drafts of this book.

The book was copy-edited by Lina Tucker Reinders.  
Design and Layout: Anil Kumar, Indite Global

## WHO Library Cataloguing-in-Publication Data

Improving equity in health by addressing social determinants / edited by the Commission on Social Determinants of Health Knowledge Networks, Jennifer H. Lee and Ritu Sadana.

1. Socioeconomic factors. 2. Health care rationing. 3. Health services accessibility.  
4. Health status disparities. 5. Social change. 6. Internationality. 7. Child welfare - trends. 8. Sex factors. 9. Urban health. 10. National health programs - ethics. I. Commission on Social Determinants of Health. II. Lee, Jennifer H. III. Sadana, Ritu.

ISBN 978 92 4 150303 7

(NLM classification: WA 525)

© World Health Organization 2011

All rights reserved. Publications of the World Health Organization are available on the WHO web site ([www.who.int](http://www.who.int)) or can be purchased 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](mailto: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 through the WHO web site ([http://www.who.int/about/licensing/copyright\\_form/en/index.html](http://www.who.int/about/licensing/copyright_form/en/index.html)).

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.

The named authors alone are responsible for the views expressed in this publication.

# Contents

<i>Preface</i>	6
<b>1. Strengthening efforts to improve health equity</b> <i>Ritu Sadana, Sarah Simpson, Jennie Popay, Daniel Albrecht, Ahmad Reza Hosseinpour and Tord Kjellstrom</i>	7
<b>2. Globalization: the global marketplace and social determinants of health</b> <i>Ted Schrecker and Ronald Labonté</i>	23
<b>3. Gender inequity in health</b> <i>Gita Sen and Pirooska Östlin</i>	59
<b>4. Social exclusion and health inequalities: definitions, policies and actions</b> <i>Jennie Popay, Sarah Escorel, Mario Hernández, Heidi B. Johnston, Jane Mathieson and Laetitia Rispel</i>	88
<b>5. Early child development: a powerful equalizer</b> <i>Arjumand Siddiqi, Emily Hertzman, Lori G. Irwin and Clyde Hertzman</i>	115
<b>6. Urban settings: our cities, our health, our future</b> <i>Jostacio Lapitan, Jennifer H. Lee and Tord Kjellstrom</i>	142
<b>7. Employment and working conditions as health determinants</b> <i>Joan Benach and Carles Muntaner with the EMCONET</i>	165
<b>8. Challenging inequity through health systems</b> <i>Lucy Gilson, Jane Doherty and Rene Loewenson</i>	196
<b>9. Reducing health inequities through public health programmes</b> <i>Erik Blas and Anand Sivasankara Kurup</i>	231
<b>10. Measuring the social determinants of health: theoretical and empirical challenges</b> <i>Josiane Bonnefoy, Antony Morgan, Emma Doohan, Jennie Popay, Johan Mackenbach and Michael P. Kelly</i>	263
<b>11. The way forward: acting on the evidence and filling knowledge gaps</b> <i>Jennifer H. Lee and Ritu Sadana</i>	294

# Preface

During its tenure, the Commission on Social Determinants of Health focused on nine broad areas that contain within them major determinants of health. To support this work, the World Health Organization (WHO) invited leading academics, practitioners and advocates from a variety of disciplines and sectors to participate in Knowledge Networks (KN): early child development, employment conditions, globalization, women and gender equity, urban settings, priority public health conditions, measurement and evidence, social exclusion, and health systems. More than 350 individuals from around the world contributed to a tremendous body of literature for the Commission.

The idea for this book originated during a symposium on the findings of the KNs held in September 2007 in Rio de Janeiro, Brazil. This single volume offers the only in-depth effort to date that presents the collective work of the nine Knowledge Networks. The chapters of this book provide a summary of global evidence on the social determinants of health.

In September 2011, WHO organized the World Conference on Social Determinants of Health, hosted by the Government of Brazil. Participating Member States adopted the Rio Political Declaration on Social Determinants of Health pledging to work towards reducing health inequities by taking action on five core areas:

- adopt better governance for health and development
- promote participation in policy-making and implementation
- reorient the health sector towards reducing health inequities
- strengthen global governance and collaboration
- monitor progress and increase accountability.

Actions to reduce health inequities using methods consistent with these principles are synthesized across this book. There is a renewed commitment to achieve health equity and now is the opportunity to act.

The Commission on  
Social Determinants of Health  
Knowledge Networks

Jennifer H. Lee

Ritu Sadana

# Introduction

## 1

## Strengthening efforts to improve health equity

*Ritu Sadana, Sarah Simpson, Jennie Popay, Daniel Albrecht,  
Ahmad Reza Hosseinpour and Tord Kjellstrom*

### 1. Health equity from a social determinants' perspective

In the late 1940s, two very important documents were published: The Constitution of the World Health Organization (1946) and The Universal Declaration of Human Rights (1948). Together, these recognize that health as a fundamental human right cannot be separated from other human rights. The path to “the highest attainable standard of health” reflects inputs that are neither confined to medical treatment nor only under the jurisdiction of health systems.

It is worthwhile to reiterate that the Constitution of the World Health Organization sets out nine basic principles in its preamble. The first is that “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” The second is 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.” Given these and other principles, the constitution sets out 22 functions (a-v) for the organization, with function (i) setting the stage explicitly for a social determinants' perspective as a means to achieve its objective, namely, “to promote, in co-operation with other specialized agencies where necessary, the improvement of nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of environmental hygiene” (WHO, 1948).

The preamble and 30 articles of the Universal Declaration of Human Rights also establishes the foundation for a social determinants' perspective. Article 25 states:

Everyone has the right to a standard of living adequate for the health and well-being of himself (sic) and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control (UN, 1948).

Moreover, Article 28 points out that “Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized” (UN, 1948).

Together, these two documents set out a global agenda for improving both the average level of health and its distribution, based on shared principles and the right to health. In recent decades global health efforts have led to improvements in population health around the world. Unfortunately, the result has not benefitted all people equally (WHO, 2003). Empirical evidence documents that health inequities – the *unfair* distribution of health outcomes – are growing between the rich and poor, privileged and marginalized, and across different countries and global regions. Inequities within all countries exist as a *social gradient*. The relationship between socioeconomic standing and health is on a continuous gradient at all income levels rather than a gap simply between the rich and poor. This phenomenon occurs whether health differences are measured by income, employment, education, or other markers of social stratification. The greater the differences in health between social groups within a society the steeper the gradient or the greater the inequity (Dahl, 2002). Numerous studies discussed in this book and elsewhere conclude that most of these differences in health across different social groups are inequities: they are not due to biologic or genetic factors, but to social factors that are unjust and amenable to policy. Therefore, the terms inequality and inequity are used with intention throughout the book; they are not interchangeable. Inequality refers to differences between people, while inequities are those differences that are unjust and largely determined by one's place in society and ability to access the services and systems that contribute to health and well-being.

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\\_28685](https://www.yunbaogao.cn/report/index/report?reportId=5_28685)

