



Commission on
Social Determinants of Health

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The conditions in which people live and work can help to create or destroy their health – lack of income, inappropriate housing, unsafe workplaces, and lack of access to health systems are some of the social determinants of health leading to inequalities within and between countries.





“Interventions aimed at reducing disease and saving lives succeed only when they take the social determinants of health adequately into account.”

Dr LEE Jong-wook, Director-General,
World Health Organization,
The Lancet, 19 March 2005

In both rich and poor countries, people’s health largely depends on the social conditions in which they live and work – the social determinants of health.

The link between people’s health and their surroundings can no longer be ignored. Health inequities continue to grow across social classes, occupations, and ethnic groups within countries, even where more resources are made available and in spite of applying “the best” evidence-based interventions. Faced with this challenge, health policy-makers are seeking ways to shift from disease-focused solutions to people-focused solutions, taking into account the

realities of people’s daily lives and the societies in which they live. Such an approach requires incorporating health equity into all policies. The Commission on Social Determinants of Health (CSDH) recognizes health is a social goal and a responsibility across the whole of society. There is increasing evidence that better coordination and leadership to address the social dimensions of health across all governmental policy-making is possible, and results in improved health and access to health care. By acting on the social causes of ill-health, governments are poised to meet their development goals, reduce health disparities, promote population health, and create and sustain economically-viable societies.

*Act on inequalities,
create fair health opportunities*



“At the core of the Commission’s work is the belief that a society that has organized its social conditions so that its population has better health is a better society. Health is a measure of the degree to which the society delivers a good life to its citizens.”

Sir Prof. Michael Marmot

Chair, Commission on

Social Determinants of Health

Leading action on health inequities

The Commission on Social Determinants of Health (CSDH) created by the World Health Organization draws the attention of governments, civil society, international organizations, and donors to pragmatic ways of creating better social conditions for health, especially for the world’s most vulnerable people. WHO Director-General Dr LEE Jong-wook launched the Commission in March 2005. It will operate until May 2008.

The goals of the Commission are:

- to support health policy change in countries by assembling and promoting effective, evidence-based models and practices that address the social determinants of health;
- to support countries in placing health equity as a shared goal to which many government departments and sectors of society contribute;

- to help build a sustainable global movement for action on health equity and social determinants, linking governments, international organizations, research institutions, civil society and communities.

The Commission’s approach allows it to:

Re-dress major gaps in evidence

CSDH collects state-of-the-art information on major social determinants of health on a global scale which will improve the performance of health policy, its targeting and monitoring.

Promote learning by doing

Countries advancing action on social determinants are contributing their learning to the evidence-gathering work of the Commission, while learning from the experts and evidence assembled by the Commission.

Create new alliances

Action and knowledge agendas are being developed with the simultaneous involvement of leading scientists, practitioners, civil society organizations, government officials and global initiatives, creating new networks of advocates to tackle the social determinants of health.

Set the foundation for a new health agenda

The innovative global, regional and national networks being created by the CSDH enable it to create the foundations for a new and sustainable global agenda, which promotes a comprehensive approach to health and health equity.



A key to achieving development targets

CSDH works with countries to develop more efficient health policies that lead to health equity. Its main focus is on:

- improving the performance of health policy by tackling the social determinants of health in all policies affecting health outcomes across government;
- increasing the capacity to design, implement and monitor interventions and address the social gradient of health; and
- placing equity at the centre of all government planning, policy and decision-making.

In partnering with countries from both the developing and developed world, CSDH creates a learning platform through which countries, already advanced or beginning to act on social determinants of health, share their experiences and build support mechanisms. Examples from countries as diverse as Brazil, Chile, and Sweden show how improving one area of development can snowball into other areas and promote the well-being of society.

Country example: Chile

CSDH is supporting Chile to analyse health equity gaps in infant mortality and life expectancy. Chile is forging ahead with the social determinants of health agenda and launched the Health Reform and Chile Solidario (Chile in Solidarity Programme) to address health inequalities and improve health opportunities for the most vulnerable communities.

The Ministry of Planning and Cooperation was tasked to coordinate different social sectors, with equity as the goal. Through the Ministry's Solidarity and Social Investment Fund, the innovative Programa Puente (Bridge Programme) was established to:

- target families in extreme poverty, making them priority subjects of public policy;
- traverse government departments and use selective interventions to tackle inequities;
- include all sectors of policy-making that influence health.

Families covered under Chile Solidario are provided with a counsellor who facilitates access to a variety of social services including programmes that offer occupational skills, support for the disabled, and facilities for health and child development. Incentives have been created for employers who hire unemployed heads of households covered by the Solidario programme. Between 2002 and 2005, the number of families covered increased from 56 000 to 225 000.



Opportunities early in life
make for a brighter future.

Reaching beyond national borders

Regional-based strategies to address the social determinants of health provide opportunities for exchange and collaboration among countries, both within the same region and across regions, while ensuring the sustainability of the CSDH process beyond its tenure.

The Commission is playing a key role in promoting cooperation and support between countries through regional and international bodies. Through its work with civil society organizations, it is already witnessing a dynamic process in which organizations from different regions are beginning to identify common areas of interest and are developing ways to synchronize their actions on the social determinants of health.

In formulating its regional strategies, CSDH emphasizes:

- **The dissemination and use of existing knowledge in the region,** including the compilation of country-specific information on studies, policies and interventions on social determinants of health.
- **Advocacy through regional forums** to all the countries in the region to incorporate social determinants of health into public policies, with an emphasis on intersectoral action in the health policies of governments.
- **Strengthening institutions and regional networks** monitoring health inequities, promoting interventions and

Civil society participation redefined

An innovative approach has been developed to work with civil society representatives from across the globe to gather knowledge from different levels of society outside formal structures. Instead of merely “rubber-stamping” decisions made by others, civil society organizations working with CSDH have developed their own strategies through national and regional consultative processes. Thus, their knowledge and concerns contribute collaboratively to the process.

This approach seeks to respect civil society's critical autonomy and regional specificities, while empowering civil society partners and reinforcing their capacity for action on social determinants of health and health equity.

The active participation of civil society organizations in the work of the Commission aims to:

- provide a global platform for the civil society voice;
- strengthen capacities among participating civil society organizations;
- advance civil society agendas in relation to social determinants;
- broaden the political uptake of the Commission's messages;
- provide social monitoring of system failures and inequities; moreover, participating social groups can lead the action to correct such failures.

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