

10 years after the Commission on Social Determinants of Health: social injustice is still killing on a grand scale



In 2008, WHO launched the final report of the Commission on Social Determinants of Health (CSDH) that concluded “social injustice is killing people on a grand scale”.¹ A decade later, how should we judge the CSDH’s impact? A Google search for the CSDH yields 156 000 results and the accompanying *Lancet* paper has had 932 citations.² The CSDH led to two World Health Assembly resolutions and more than 100 countries adopted the Rio Political Declaration on Social Determinants of Health in 2011.³ The CSDH’s report has become a foundational text for how crucial social determinants are to health and health equity.

And yet, there has not been widespread policy uptake of its recommendations to improve daily living conditions, tackle the inequitable distribution of power, money, and resources, and monitor both inequities and the impact of policies to address them. Instead, although a number of countries actively engaged with the CSDH’s ideas and gave policy consideration to social determinants, a revival of austerity policies harmed health and health equity, with stagnating life expectancy and widening mortality gaps in some countries.⁴ Even as the Rio Declaration was formulated, analysts were concerned that the impact of the CSDH was “sadly, in material terms...negligible”.⁵ What might global health look like if the CSDH’s report had never been published?

The 2030 Agenda for Sustainable Development⁶ does not mention the phrase “social determinants”. Its assertion of an “integrated and indivisible” agenda and Sustainable Development Goal (SDG) 3 to “ensure health and promote wellbeing for all at all ages” seems aligned with the CSDH’s vision. But the comprehensive health targets of SDG 3 remain siloed and explicit targets for reducing health inequities were rejected. On its own, SDG 3 seems unlikely to reorient global health efforts that mostly fail to engage the contributions of other SDGs to health. Research funding on social determinants, even in countries that generated the seminal studies, remains pitiful.⁷ It seems hard to argue that the CSDH’s report had much impact on the global development agenda.

A focus on equity is assumed by most champions of universal health coverage (UHC). However, the relationship of UHC efforts to social determinants and improving equity is not clear-cut. The CSDH’s insights on

the importance of going beyond the health sector are absent from too many UHC discussions. All actions on social determinants cannot be credibly subsumed under UHC, especially for activities that barely involve the health sector. Instead, UHC and action on social determinants are complementary and equally essential to achieve SDG 3.⁸ The health sector dominates UHC efforts but must cede leadership on social determinants. Encouragingly, recent efforts have built on the CSDH’s report and identified and distinguished between priority UHC and multisectoral interventions, albeit without a clear equity focus.⁹

Maternal and child health efforts still mostly centre on health care, despite the evidence on the importance of social determinants for progress.¹⁰ The CSDH provided a basis for the emphasis of the Global Strategy for Women’s, Children’s and Adolescents’ Health on equity and multisectoral action. Progress is being made in early child development and respectful maternal care, and key agencies are highlighting social determinants as key for moving beyond survival,¹¹ although how to engineer this transformation remains elusive.

The CSDH’s report did not lead to a major reorientation of WHO itself. Donor funding on social determinants declined precipitously, and institutional presence in terms of staff faded. “Mainstreaming” of social determinants into WHO programmes mostly did not occur, although there was greater progress in some regions, for example, Europe and Latin America. The CSDH did lead to high-level policy recognition, with social determinants enshrined as a leadership priority in the WHO twelfth general programme of work (GPW).¹² The Health in All Policies approach strongly associated with social determinants has found greater application and promotion by WHO. The CSDH may not have fundamentally changed WHO, but it inspired WHO staff and some member states. There are also signs of renewed recognition. WHO’s new general programme of work 2019–2023¹³ places ensuring better health and wellbeing for 1 billion more people as one of its three headline goals (separate but linked to UHC), highlighting social determinants.

The CSDH’s report did not have the impact to which it aspired. It would be naive to ignore the reality of the global

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Panel: Ways to refocus on the findings of the CSDH

- Reconsider the language and framing of social determinants and develop simple messaging that resonates beyond public health and academic communities
- Redirect energy from diagnosis and pathways towards designing, advocating, and testing solutions
- Prioritise actions towards health equity, tailored to specific contexts, and consider sequencing of required actions to avoid charges of “selective social determinants”
- Broaden the coalition for action
 - by engaging with the wider health sector, including vertical programmes, and with other sectors on their own terms, framing interventions in terms of their language, targets, and interests
 - by linking with mature social justice movements globally and in countries to support advocacy for action on health equity
- Capitalise on the SDG platform for integrated action for development across sectors to embed work on social determinants and reconsider the global governance needed to support countries to do so, including funding support

political economy, whereby powerful actors actively work against reducing health inequities when it threatens their political and economic interests.¹⁴ Furthermore, recent electoral results in some countries suggest that the political appeal of increased social equality between population groups is not a given, especially in societies that are becoming more polarised. But weaknesses in the CSDH’s report and the broader social determinants discourse have also hampered progress. These include the opaqueness of social determinants as a label, the absence of a prioritised, actionable agenda, dominance by public health academia, insufficient focus on policy and implementation, disengagement by sectors beyond health, and the absence of a broad and active social movement.

This year, the global health community comes together to construct an action plan for SDG 3¹⁵ and celebrate the 40th anniversary of the Declaration of Alma Ata, which foreshadowed the report of the CSDH in so many ways.¹⁶ In the tenth anniversary year of the CSDH, health equity advocates should revisit its analyses and recommendations, and act together to overcome the

challenges and interests stacked against action on social determinants (panel). The global health community cannot once again fail to adequately prioritise the actions in society most important to improving health and realising health equity.

Kumanan Rasanathan

UNICEF, New York, NY 10017, USA
kumananr@yahoo.com

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