



The review of social determinants of health and the health divide in the WHO European Region

Why the review?

All 53 countries of the WHO European Region face persisting and substantial health inequities. The review was carried out to answer policy-makers' and public health advocates' demands for practical guidance on identifying "policies that work" to reduce inequities in health¹ between and within low-, medium- and high-income European countries. It was commissioned by the WHO Regional Office for Europe to provide evidence to support implementation of the new health policy framework for Europe, Health 2020.

How was it carried out?

The review, initiated in 2010, built on growing knowledge about the extent and causes of health inequities, bringing together a cross-disciplinary consortium of leading researchers from Europe and beyond. Thirteen task groups were set up, each chaired by a subject expert. The task groups gathered, analysed and synthesized evidence about what was possible and what works in addressing social determinants of health inequities. The review was coordinated by the Institute of Health Equity of University College London and chaired by Michael Marmot. Interim reports were made widely available for public review and input.

What's new and key messages

The review has produced an unprecedented "how to" policy guide on tackling health inequities and reducing the health divide across the Region. Significant progress in reducing health inequities can be made across all countries, including those with low incomes, with the right choice of policies.

It presents compelling new Region-specific economic and human rights-based evidence explaining why strong and sustained action on the social determinants of health is needed **now more than ever** in these times of austerity. The economic crisis threatens to cause a public health emergency; inaction will lead to worsening social, economic and health burdens.

What policy actions are recommended?

Recognizing that countries in the Region are at very different starting-points, the review presents a well-structured set of evidence-based policy recommendations to improve health and reduce inequities. It identifies "best buy" priority action areas for low-, middle- and high-income countries and calls for a "proportionate universalistic approach" that delivers programmes with an intensity that relates to social and health needs. Twelve priority policy intervention action areas are recommended (Table 1).

Main recommendations

- 1. The review calls for policy actions across the life-course that:
 - give highest priority to ensuring a good start to life for every child with universal, high-quality and affordable early-years education and child protection and care systems; and
 - reduce stress at work, lower long-term unemployment through active labour-market programmes and address causes of social isolation (particularly to improve older people's health).
- 2. The review calls for policy actions in relation to wider society that:
 - ensure an adequate level and distribution of social protection according to needs to improve health and address inequities; and
 - recognize an individual's fundamental human rights, including the right to health.
- The review calls for policy actions in relation to the macro-level context that:
 - give priority to addressing the health effects of the economic crisis by recognizing the health and social consequences of economic austerity packages; and
 - integrate environmental, social and economic policies with the aim of prioritizing those that improve health equity.
- 4. The review calls for policy actions on systems that:
 - ensure provision of universal access to health care is protected and is progressively extended where there are gaps to cover all social groups in each country;
 - go beyond information/education campaigns and include fiscal measures and regulatory structures to tackle alcohol consumption, smoking and obesity by, for instance, banning smoking in public places; and
 - address the conditions ("the causes of the causes" for optimizing health that enable people to take control over their lives and change behaviour where needed (more than just "nudges").

 $^{^{1}}$ The term "inequities in health" is used to describe unfair systematic differences in health between social groups that are avoidable by reasonable means.

² The "causes of the causes" relates to conditions in which people are born, grow, live, work and age and the inequities in power, money and resources that give rise to them.

Table 1. Review themes, recommendations and examples of specific action interventions

Four policy themes	Twelve recommendations (intervention action areas)	Examples of specific interventions
Life-course Pregnancy, early childhood, work and old age	 Ensure conditions exist for good-quality parenting and family building. Promote gender equity. Provide universal high-quality and affordable early-years education and care. Eradicate exposure to unhealthy/unsafe work and secure access to employment and good-quality work. Take intersectoral action to tackle inequities in older ages to prevent and manage chronic diseases. 	Provide sexual and reproductive health services Ensure women of childbearing age/families with young children benefit Include children most at risk in education Protect employment rights of the most vulnerable Address youth unemployment
Wider society Social protection, local communities, social exclusion	 5. Improve the level and distribution of social protection. 6. Address local determinants of health through co-creation and partnership with those affected and civil society. 	Increase spending and the effectiveness of social protection Recognize people's right to health Ensure public engagement and community participation Give socially excluded groups a real say in decisions that affect their lives
Macro level Social expenditure and sustainable development and health	8. Promote equity through the effective use of taxes and transfers. 9. Plan for the long term and safeguard interests of future generations by identifying links between environment, social and economic factors and their centrality to all policies and practice.	Maintain and/or improve social spend to current European average Prioritize health and social consequences of austerity in addressing the economic crisis Apply principles of sustainability developmen to all policies Perform health equity assessments
Systems Governance, priorities for public health, ill health prevention and treatment, measurements/targets	Improve governance for social determinants of health and health equity. Develop a comprehensive and intersectoral response to preventing and treating ill health equitably.	Build partnerships for health and inclusive growth Ensure universal health care coverage Set transparent and measurable targets to improve health and reduce health inequities (level up) Enhance United Nations mechanisms to address inequities in health and its social determinants

How can countries take the review's recommendations forward?

Leadership, political commitment and capacity are needed to implement the review's recommendations. The Health 2020 policy framework and targets, endorsed by all Member States of the Region in September 2012, provide a political mandate for action and guidance for policy-makers and civil society to pursue the review's implementation advice.

"Do something": The review recommends that, for countries that have very little in place in terms of policies or instruments, taking some action on the social determinants of health can make a big difference. Even small improvements in legislated social rights and social spending are associated with improved health.

"Do more": Countries that have existing policies can do more by moving from small-scale projects and time-limited interventions to systematic action across government and society to deal with large and persistent inequities.

"Do better": Rich countries can do better in levelling-up their social gradients in health.

The review presents many case studies of how recommendations can be applied in different country contexts. Ultimately, however, it is about empowerment and not about imposing solutions from the outside. Countries are called upon to use the scientifically based recommendations to develop policies and programmes specific to their needs and, indeed, the needs of their cities and districts. Success will be judged by tangible improvement in people's health and health equity.

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