

**COVID-19 exposes and amplifies
the social injustice of
existing health inequities...**

**it's
time**

**to build a fairer,
healthier world
for everyone,
everywhere**

**...by taking action on
the Social Determinants
of Health to Advance Equity**

#BuildBackFairer



**World Health
Organization**



Schweizerische Eidgenossenschaft
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and Cooperation SDC



Health equity and its determinants

The world has seen considerable health gains over the last century, but their distribution is vastly unequal. This has led to inequities in health – avoidable and unfair differences in health status between groups of people or communities.

Between countries, there is a **difference of 18 years of average life expectancy between those which are high-income and those which are low-income**. Within countries more deprived communities have worse health outcomes from non-communicable diseases (NCDs), such as cancer, and are slower to reap the rewards of improvements in equity in child health. Beyond being avoidable and unfair, inequities in health are linked to broader societal inequities that undermine human development and act as a lag on the economic and social development of communities and countries.

Social determinants of health

Opportunities to be healthy are closely linked to the conditions in which people grow up, learn, live, work and age. The inequalities in these conditions lead to certain groups having poorer quality housing and education, fewer employment opportunities, and less access to safe environments, clean water and air, food security and health care.

These social, environmental and economic circumstances, in turn, negatively impact health outcomes, increasing vulnerability to infectious diseases, like COVID-19, and lead to health inequities often across generations. New and emerging trends such as advances in technology, increasing unplanned urbanization and climate change risk entrenching existing inequalities and further increasing the gap in opportunities as well as health outcomes.

Health inequities are a concern for all, and are avoidable, preventable and unjust. They are a cost to society, both within and beyond the health sector.

COVID-19, its containment responses and its aftermath are **exposing, magnifying and exacerbating pre-existing social, economic, gender and ethnic inequalities at the root of health inequities**. Countries around the world are calling for **renewed social contracts with health and well-being at the heart of all government policies** to uphold the values of equity and **Build Back Fairer** from the Pandemic. Addressing the root causes of health inequities collectively in the context of people's living and working conditions will **help develop a more concerted approach of action for the Sustainable Development Agenda**.

Health and illness follow a social gradient – the lower a person's socioeconomic position, the worse their chances for health. **Health equity** means putting people first in policies and allocating resources so that the people with less resources and those who face exclusion and discrimination (on the grounds of race, sex, gender, age, class, disability, or income) see improvements in their health and living conditions **faster than those who are better off**.

The WHO Special Initiative for Action on Social Determinants of Health for advancing Equity builds on the **World Health Day** call to action for governments, international organizations and political leaders to work hand in hand with affected communities and individuals to address the root causes of inequities and to implement solutions.

The Initiative is the first of its kind to rally stakeholders supporting country action to come together around a common approach to dealing with the social determinants of health to advance health equity and build back fairer from the **COVID-19 pandemic**.





Initiative Goal: to show concrete reductions in health inequities by improving the social circumstances that promote health and access to quality healthcare for at least 20 million disadvantaged people in at least 12 countries by 2028.

To reach this goal the **WHO is supported by the Swiss Agency for Development and Cooperation (SDC)** and is working in partnership with the **University College London's Institute of Health Equity (UCL-IHE)** and the **University of Lausanne (UNIL/UNISANTÉ)**.

The role of collaboration in each country with civil society, academia, health care providers, public health practitioners, and governments, is essential to realise the Initiative's vision of **a world where health equity is shared value across society and all social groups enjoy healthy living and working conditions.** Alongside, a **core group of championing donors, WHO collaborating centres and other civil society and practitioner groups will be vital.**

The **specific social policy objectives vital to advancing health equity**, while at the same time as **supporting the response to COVID-19** are:

- Reducing precariousness in informal economy employment
- Stabilising income and food insecurity
- Ensuring adequate housing and social services
- Guaranteeing employment (sick leave, business closures).

Action in these areas can reduce a range of health impacts including violence against women and

children, child development, mental health and well-being, drug addiction and healthy ageing for reducing NCDs. Initially, a small set of nine countries in the AMRO, EMRO, and WPRO WHO regions, supported by the SDC, will kick-off the Initiative as “pathfinder” countries.

This focused group is expected to be joined by a larger network and learning from other regions. The programme of work (table 1) by WHO and its partners in these countries will stimulate shared learning and information exchange between pathfinder and other countries, identify good practices, and thereby build knowledge, capabilities and momentum for action across all WHO regions.



Acting on the Social Determinants of Health in the time of COVID-19

The initiative will draw on the impacts of COVID-19 and the role of the conditions of daily life (intermediate and structural determinants) on health outcomes to increase health equity across society and support policy champions. The eight-year project will combine the evidence and knowledge to understand more about the role of actors in specific countries including academia,

civil society, health care workers and policy makers. Forums will be created for countries to discuss and address additional contextual, structural factors affecting health equity, including the role of the welfare state, the digital economy, the wellbeing economy and economic and commercial systems, conflict, migration, culture and religion.

The syndemic of COVID-19, noncommunicable diseases and the social determinants of health

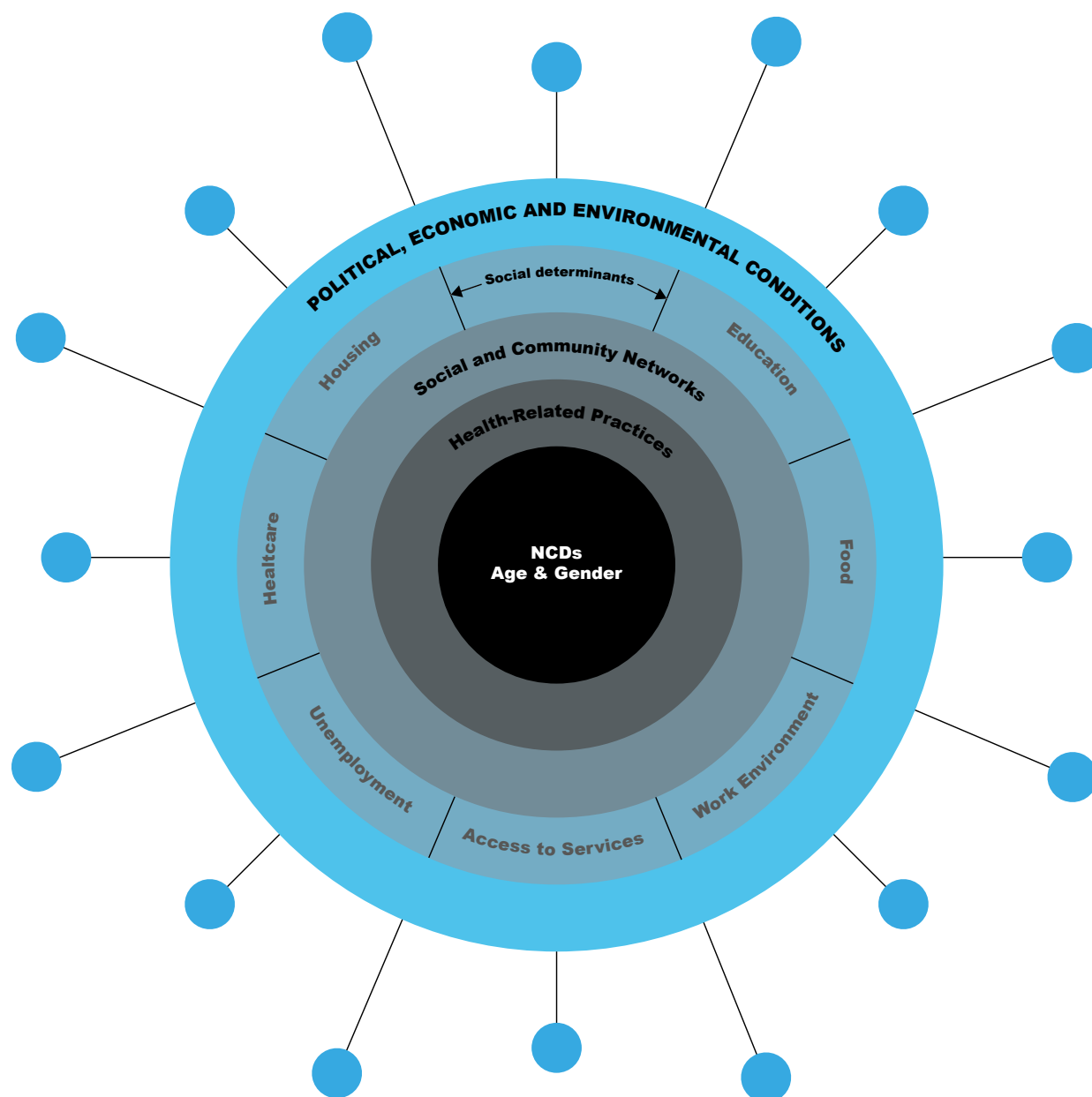


TABLE 1:

Summary of Theory of Impact – Goals, Outcomes, Outputs/Activities

Vision:

A world where health equity is shared value across society and all social groups enjoy healthy living and working conditions

Goal:

By 2028, ensure health equity is integrated into the development of social and economic policies, including its gender dimensions, to improve the social determinants of health for at least 20 million disadvantaged people in no less than 12 countries

Outcome 1:

Public health evidence, data and guidance on the social determinants of health translated into practical tools and information products e.g., first World Report on social determinants of health and global database on country profiles of social determinants of health

Outcome 2:

Improved training resources for health and development professionals with a focus on joining the community and national levels, and strengthened WHO and UN staff capacities e.g., summer schools and training courses

Outcome 3:

National policies and community development programmes, including those for COVID-19 recovery, build on social determinants of health equity assessments and identify concrete multi-sectoral actions to address the social determinants of health and barriers to health service access e.g., strengthen regional academic/scientific centres of excellence and recruit healthcare sector professionals to champion addressing the social determinants of health

Outcome 4:

Health and development leaders of communities supported by the Initiative share a common understanding and narrative on the social determinants of health equity that is disseminated locally, regionally and globally e.g., develop coordinated messaging and advocacy for use in campaigns

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