

Health in the post-2015 development agenda: need for a social determinants of health approach

Joint statement of the UN Platform on Social Determinants of Health

Background

The UN Platform on Social Determinants of Health is an informal mechanism to provide coordinated support to Member States with implementation of the Rio Political Declaration on Social Determinants of Health. The Platform also advocates placing the social determinants of health highly on the global development agenda, and fostering coherent action on the social determinants of health. Currently, the platform involves staff from ILO, UNDP, UNFPA, UNICEF, WHO and UNAIDS.

This is an informal document, and does not represent the official positions of the organizations. It aims at informing how best to consider the social determinants of health aspects in the post-2015 global thematic consultations organized under the United Nations Development Group. Annex 1 aims to briefly illustrate the concept of the social determinants of health as applied to the ideas of the specific thematic groups, give some examples of why health is important to each specific theme, and show how each theme could contribute to health. The descriptions are compilations from various sources, and are not intended to be exhaustive. More specific papers will be required for more detailed inputs.

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Annex

Key messages for thematic groups on linking social determinants of health and health equity

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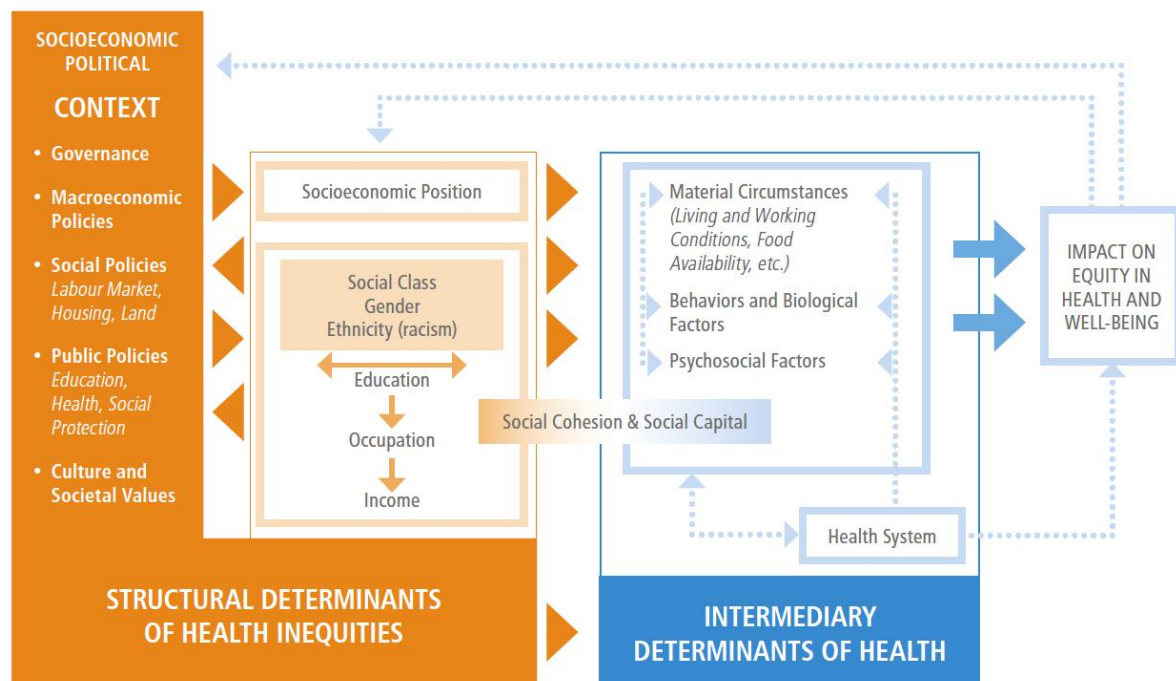
- The need to address social determinants of health for improved health outcomes has its roots in the Constitution of the World Health Organization (1), and the Universal Declaration of Human Rights (2). The WHO Constitution states that *health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*, and 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*. Further, it recognizes that *the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States*, and states that *the Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures*. The Universal Declaration of Human Rights acknowledges that *everyone has the right to a standard of living adequate for the health and well-being of himself 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*. Health and social security are thus recognized as human rights. It also emphasizes the need for special care and social protection for children, and compulsory elementary education for children.
- Health inequities are unjust and avoidable. In order to reduce health inequities, there is a need to address the wider socioeconomic and structural factors – the conditions in which people are born, live, grow and age – that influence how people become sick, what risk factors they are exposed to, how they access services, and how they use those services. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels (3). Integrated policy approaches are necessary in order to address the complexity of health inequities, including through national social protection floors, which address income security and the goal to establish universal access to health care simultaneously.
- Health policy generally, and health equity in particular, to a large extent depend on decisions made in sectors other than health, and are fundamentally linked to several interrelated issues such as governance, environment, education, employment, social security, food, housing, water, transport and energy. It means that health outcomes cannot be achieved by taking action in the health sector alone, and that actions in other sectors are critical. On the other hand, improving health outcomes contributes to achieving goals in other sectors. For example, a healthier population improves the overall level of productivity in the economy, increases employment and thus helps to reduce poverty, and improves school attendance of children. Healthy workers are fundamental for the productivity of businesses and livelihoods. Thus, health is a contributor to as well as an indicator of development.
- It was long believed that, as countries developed, noncommunicable disease would replace communicable disease as the main source of ill health. However, there is now evidence that the poorest in developing countries face a triple burden of communicable disease, noncommunicable disease and sociobehavioural illness. This suggests that public health policy in low-income countries, with its traditional emphasis on infectious disease, will need to adapt. In this context of the epidemiological transition, there is growing recognition that noncommunicable diseases are one of the major causes of mortality and morbidity globally. The causes and determinants of noncommunicable diseases are wide ranging and include exposure to environmental toxins, unhealthy diets and various forms of malnutrition, tobacco use, excess

salt and alcohol consumption, and increasingly sedentary lifestyles. These proximal drivers are, in turn, linked to broader social conditions, such as low and insecure income, poor housing and working conditions, inadequate transportation systems, and misguided agricultural and education policies. Moreover, these social conditions are shaped by patterns of national and international economic development, international commerce, environmental conditions, finance, advertising, traditions, culture and communications. Addressing these underlying drivers is a worthwhile investment. An investment of US\$ 11 billion spent on cost-effective interventions against noncommunicable diseases can prevent over US\$ 47 trillion-worth of future damage to the world's economies by 2030 (4). If unaddressed, the NCD burden will in turn explode government budgets in the coming years, and will have a huge impact on sustainable development.

- Failing to address social determinants of health has held back progress on existing global health and development goals, including the Millennium Development Goals. For example, despite successful efforts in increasing access to treatment, national tuberculosis control programmes are observing slow reduction in the incidence of the disease. For an effective reduction of incidence, there is a need for better and appropriate targeting of vulnerable populations, for example by linking social and health services, by ensuring truly participatory policy-making and by monitoring progress. Developing policies that are inclusive and that take account of the needs of the entire population while ensuring income security, with specific attention to vulnerable groups, is required in all health and development programmes. In this regard it is essential to embed health policies in a wider social security context. The global HIV/AIDS response offers similar lessons. With the rapid scale-up of international assistance to prevention and treatment programmes, including antiretroviral therapy, HIV incidence and mortality have declined. Yet progress is not uniform and not as fast as it could be given the investments made. In some parts of the world, such as Eastern Europe, Central Asia and the Middle East, infection rates are climbing, largely due to a failure to address the underlying marginalization of and discrimination against groups most at risk of HIV. The meteoric rise of new infections in injecting drug users in Greece is a further example of the role of regional economic integration, financial shocks and macroeconomic policy as social determinants of health.
- Poorly performing health systems can be a major barrier to health care and a critical social determinant of health. Moreover, there are high level of inequalities in the distribution of health services, access to health services and the burden of ill health, according to socioeconomic status, geographical location, gender and age, including an unfair burden of out-of-pocket expenses and a high proportion of catastrophic household spending on health. A well-performing health system can help to increase equity in health care access, improve health outcomes and improve health equity. To improve performance of health systems in many low- and middle-income countries with the goal to achieve universal access to health care based on affordability and availability of services requires continuous support and concerted efforts from several actors, including international organizations, governments, civil society organizations and academia. Moreover, health systems should address the social determinants of health, and universal health coverage should include aspects of social determinants of health.
- The notion of the social protection floor is strongly related to demand. It is enshrined in the International Labour Organization (ILO) Recommendation Concerning National Floors of Social Protection, 2012 (No. 202), and is officially endorsed by the International Labour Conference and others. It encompasses health as well as various important development objectives that are subject to different goals and targets and can be adapted to national circumstances. It is financially feasible at any level of gross domestic product (GDP) and progress can be measured easily.

- It is possible to identify policy levers in relation to all of these factors individually; however, orchestrating a coherent response across government and society that results in better health outcomes remains one of the most prominent challenges in global health. Therefore, to be effective, the post-2015 development agenda must address the interconnectedness of social policies and health in several areas, as explained by the Rio Political Declaration on Social Determinants of Health (5):
 - Adopt improved governance for health and development;
 - Promote participation in policy-making and implementation;
 - Further reorient the care delivery system towards promoting health and reducing health inequities;
 - Strengthen global governance and collaboration;
 - Monitor progress and increase accountability.
- We urge the different post-2015 global thematic consultations to include social determinants of health appropriately in the context of their work. Doing so should further reinforce the broader impacts that their particular theme can have on both health and health equity.

Social determinants of health conceptual framework



Source: Solar and Irwin, 2010⁶

Source: Solar and Irwin (6).

Annex 1. Key messages for thematic groups on linking social determinants of health and health equity

Health

- Health is a precondition for and an outcome and indicator of all three dimensions of sustainable development: environmental sustainability, economic sustainability and sociopolitical sustainability (7).
- Global health challenges cannot be addressed effectively without addressing social, economic and environmental determinants and challenges. We now have a great opportunity to shape the policies and practices that recognize this intersectorality by focusing on social determinants of health, including through integration of the social protection floor approach.
- Poorly performing health systems can be a barrier to health care and a critical social determinant of health. Moreover, there are high levels of inequalities in the distribution of health services, access to health services and the burden of ill health according to socioeconomic status or geographical status, including unfair burden of out-of-pocket expenses and a high proportion of catastrophic household spending on health. Well-performing health systems can help tackle the social determinants of health and improve health equity.
- Universal health coverage implies that all people have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative and rehabilitative basic health services and essential, safe, affordable, effective and quality medicines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable and marginalized segments of the population (8).
- In order for universal health coverage to be equitable and meaningful, it also requires that several social determinants of health are addressed on the pathway, including at the levels of differential socioeconomic position, differential exposure to risk factors, differential vulnerability to diseases and health conditions, differential health outcomes and differential consequences of diseases and health conditions.

Potential key actions

- **Deliver quality health services to all people**, with specific attention to vulnerable groups, when and where they need them; ensure increased outreach of national prepayment mechanisms that decrease out-of-pocket expenses for health.
- **Establish innovative and effective policy frameworks** that allow coordination across sectors, enable and sustain equitable health system development, and present opportunities to engage civil society in health system decision-making and action, especially at the local level (9).
- **Improve universal health coverage** by building on existing international commitments to ensure universal access to a nationally defined set of goods and services, constituting essential health care, including maternity care, that meets the criteria of availability, accessibility, acceptability and quality, as set out in the ILO Social Protection Floors Recommendation, 2012 (No. 202).
- **Provide specifically designed health services and social protection measures** for socially disadvantaged and marginalized groups, as well as the general population, including protecting people with chronic illnesses from income loss.
- **Improve capacity of the health sector** to identify and contribute to addressing social determinants of health through intersectoral action and policies.

Every year, approximately 44 million households, or more than 150 million individuals, throughout the world face catastrophic expenditure, and about 25 million households, or more than 100 million individuals, are pushed into poverty by the need to pay for services (10).

Inequalities

- Socioeconomic inequities between countries and in populations within countries are reflected in inequities in access to health care, health outcomes and the consequences of ill health.
- The poor health of the poor, the social gradient in health within countries and the marked health inequities between countries are caused by the unequal distribution of power, income, goods and services, globally and nationally, and the consequent unfairness in the immediate, visible circumstances of people's lives – their access to health care, schools and education, their conditions of work and leisure, and their homes, communities, towns or cities (3).
- Health inequities within and between countries, and between different socioeconomic groups, are avoidable and unjust. Reducing health inequities would contribute to improving overall equity in development, and vice versa.
- Investment in social determinants and reduction of health inequities – to realize the right of all people to have equal opportunities for health and to pursue lives that they value – is a moral imperative that coincides with the commitments all countries have made to health and human rights through international human rights treaties (11).
- Inequities in access to decent employment and income security, sufficient and nutritious food, education, and basic social and health services, including reproductive health services, are key determinants of higher mortality and fertility rates among the poor and in low-income regions.
- Gender inequality is one of the most important social determinants of health, and reducing gender inequality is an important step in improving health equity.

Potential key actions (11)

- **Identify sources, select indicators, collect data and set targets.** Effective action on social determinants requires monitoring and measurement to inform policy-making, evaluate implementation and build accountability. Inequities in health outcomes, social determinants and the impact of policies must be monitored. Key requirements are collecting and monitoring indicators of social determinants from different sectors, linking with health outcomes and monitoring inequities; establishing whole-of-society targets towards the reduction of health inequities; and disaggregating data to better understand baseline levels and potential impacts of policies.
- **Move forward despite unavailability of systematic data.** In many settings, the availability of data for integrated action on social determinants is poor. However, lack of data is not an excuse for inaction. By making use of surveys and of inputs from communities and civil society organizations and by prioritizing the strengthening of systems to capture the most vital required data, governments can develop policies that are reflective of population needs and informed by the best available information.
- **Disseminate data on health inequities and social determinants, and integrate these data into policy processes.** The existence of data by itself does not automatically translate into action. Rather, data must be formulated so that different audiences can use them, and must be linked to the policy-making process. To ensure that data catalyse action on social determinants, governments and academic institutions can institutionalize mechanisms to integrate analysis of social determinants into the policy development process in order to develop evidence-informed policies; improve sharing of information across sectors; and conduct health and equity assessments of all policies before implementation, using tools such as health impact assessment.
- **Ensure that public policies are based on the principles** of non-discrimination, gender equality and responsiveness to special needs.

If the infant mortality rate in Iceland were applied to the whole world, only two babies would die in every 1000 born alive. There would be 6.6 million fewer infant deaths in the world each year. The distribution of infant deaths is most unequal, both between countries and within them. For example, infant mortality ranges from just over 20 per 1000 live births in Colombia to just over 120 in Mozambique (3).

Governance¹

- Taking a social determinants approach requires coordination and alignment among different sectors and different stakeholders at international, national and local levels.
- Building governance structures, whereby all sectors take responsibility for reducing health inequities, is essential to achieve this goal. Intersectoral action – that is, effectively implementing integrated work between different sectors in line with the social protection floor approach – is a key component of this process.
- A “health in all policies” approach is one in which the actions are taken in a coordinated manner to improve the impact or accountability of public policies across sectors on population health, health equity, health-related human rights and health systems. It highlights the important links between health and broader economic and social goals in modern societies, and considers the effects of policies on social determinants as well as the beneficial impact of improvements in health on the goals of other sectors. It assists leaders and policy-makers to integrate considerations of health, well-being and equity during the development, implementation and evaluation of policies and services.
- Governance structures should also be sure to include the voices of the most marginalized, as these groups tend to bear disproportionate burdens of poor health. Their inclusion in decision-making will help ensure that laws, policies and resources are used to create enabling, equitable, health-promoting environments for those most vulnerable to health risks.
- Good governance for health should also promote transparency and accountability and minimize opportunities for corruption and state capture. All too often, various special interests can find ways to bend organs of the State towards parochial goals to the detriment of public health and general well-being. For this reason, the WHO Framework Convention on Tobacco Control specifically calls upon signatory governments to implement measures that reduce the influence of the tobacco industry in policy-making. Given that tobacco use is the single greatest driver of avoidable mortality and shows vast inequities across socioeconomic status and gender, governance that is transparent and accountable is inextricable from improving health and reducing inequities, including health inequities.

Potential key actions

- **Build good governance for action on social determinants.** Coherent policy responses to reduce health inequities require establishing governance that clarifies the individual and joint responsibilities of different actors and sectors (for example, the roles of individuals, different parts of the State, civil society, multilateral agencies and the private sector) in the pursuit of health and well-being as a collective goal linked to other societal priorities. The five principles of good governance of the United Nations Development Programme (legitimacy, vision and strategic direction, performance, accountability, and equity and fairness of processes) are useful in framing what is required.
- **Implement collaborative action between sectors (“intersectoral action”).** Health is often created outside the health sector, in such sectors as housing, transport, employment, social security, education, energy and water. Many necessary policies for action on social determinants require intersectoral action. Successful implementation of intersectoral action requires a range of conditions, including the creation of a conducive policy framework and approach to health; an emphasis on shared values, interests and objectives among partners; the ability to ensure

¹ The discussion paper of the World Conference on Social Determinants of Health has extensive materials on linking governance and health issues, including intersectoral action and health in all policies (5).

political support and build on positive factors in the policy environment; the engagement of key partners at the outset, with a commitment to inclusivity; sharing of leadership, accountability and rewards among partners; and facilitation of public participation. Table 1 shows the interrelationship between health and other societal goals, as reflected in various sectors.

Table 1. Interrelationship between health and other societal goals, by sector

Sectors and issues	Interrelationships of health and other societal goals
Economy and employment	<ul style="list-style-type: none"> Economic resilience and growth are stimulated by a healthy population. Healthier people can increase their household savings, are more productive at work, can adapt more easily to work changes, and can remain in the workforce for longer. Work and stable employment opportunities improve health for all people across different social groups.
Security and justice	<ul style="list-style-type: none"> Rates of violence, ill health, and injury increase in populations whose access to food, water, housing, work opportunities, and a fair justice system is poorer. Justice systems within societies must deal with the consequences of poor access to these basic needs. The prevalence of mental illness (and associated drug and alcohol problems) is associated with violence, crime, and imprisonment.
Education and early life	<ul style="list-style-type: none"> Poor health of children or family members impedes educational attainment, reducing educational potential and abilities to solve life challenges and pursue opportunities. Educational attainment for both women and men creates engaged citizens and directly contributes to better health and the ability to participate fully in a productive society.
Agriculture and food	<ul style="list-style-type: none"> When health is considered in food production, manufacturing, marketing, and distribution, food security and safety are enhanced, consumer confidence is promoted, and more sustainable agricultural practices are encouraged. Healthy food is critical to people's health; good food and security practices reduce animal-to-human disease transmission and support farming practices that have a positive impact on the health of farm workers and rural communities.
Infrastructure, planning, and transport	<ul style="list-style-type: none"> Optimal planning of roads, transport, and housing requires the consideration of health impacts, which can reduce environmentally costly emissions and improve the capacity of transport networks as well as their efficiency in moving people, goods, and services. Better transport opportunities, including cycling and walking opportunities, build safer and more liveable communities and reduce environmental degradation, enhancing health.
Environment and sustainability	<ul style="list-style-type: none"> Optimizing the use of natural resources and promoting sustainability, which can best be achieved through policies that influence population consumption patterns, can also enhance human health. Globally, one quarter of all preventable illnesses are the result of the environmental conditions in which people live.
Housing and community services	<ul style="list-style-type: none"> Housing design and infrastructure planning that take health and well-being into account (e.g. insulation, ventilation, public spaces, refuse removal) and involve the community can improve social cohesion and support for development projects. Well-designed, accessible housing and adequate community services address some of the most fundamental determinants of health for disadvantaged individuals and communities.
Land and culture	<ul style="list-style-type: none"> Improved access to land can support improvements in health and well-being for Indigenous Peoples, as their health and well-being are spiritually and culturally bound to a profound sense of belonging to land and country. Improvements in indigenous health can strengthen communities and cultural identity, improve citizen participation, and support the maintenance of biodiversity.

Source: Adapted from WHO and Government of South Australia, 2010⁹

Source: World Health Organization (11).

Conflict and fragility

- Conflict and fragility are important social determinants of health. The populations of fragile States and those embroiled in conflict suffer from far poorer health than their counterparts in other States at comparable stages of development (12).
- Effective and equitable health services may be a central contributor to State legitimacy. Very often, health interventions in fragile and conflict-affected States are limited to humanitarian relief, which does not advance either health system development or State legitimacy. Often very little information is available on the nature and extent of health inequities in fragile States and populations in conflict (12).
- To address health inequalities in conflict-affected fragile States, it is necessary to address conflict itself (13).
- Experience in development of health systems in fragile and conflict-affected States has shown an urgent need to address weaknesses in policy, leadership, management capacity, human resources for health, supplies, service delivery, and data collection and evaluation (12).
- Conflict-affected States are significantly worse off in terms of many key health outcomes and social determinants of health indicators, such as births attended by skilled health personnel, under-5 mortality rate, net primary school enrolment and proportion of undernourished in the total population. Furthermore, the worse the conflict, the worse the indicators become (13).

Potential key actions (12, 13)

- **Develop health systems in fragile States and conflict-affected countries** in order to contribute significantly to the preservation of life and the well-being of people in such States. Global health funding programmes should afford greater priority to fragile and conflict-affected States based on their highly disproportionate morbidity and mortality rates for their stage of development, especially among children, and the recognized connection between an effective service system and long-term State legitimacy.
- **Strengthen information systems in fragile States and conflict-affected countries** through concerted efforts to improve information systems, including health information systems. Such efforts are required to improve global understanding about health and the health equity impact of conflicts, and to develop effective policy options.
- **Strengthen the capacities of State policy-making functions** and provider capacities to implement equity-focused health care interventions.
- **Reduce exposure and vulnerability** of children, women, the elderly and displaced populations to communicable diseases during periods of conflict and fragility.

- The populations of States experiencing severe instability or unable to meet the basic functions of governance – referred to as fragile States – and those embroiled in conflict make up one-sixth of the world's population (12).
- A study reviewing world health survey data estimated that 378 000 non-violent war-related deaths occurred annually from 1985 to 1994 (a range of 156 000 to 614 000). In Darfur, 87% of excess civilian deaths between 2003 and 2008 were non-violent (12).

Education² (14)

- The Millennium Development Goals emphasize the links between education and health for human development.
- Education is a major social determinant of health. Education has a critical role in improving health outcomes and reducing health inequities. For example, there is strong evidence that mothers who are educated have better maternal and child health outcomes.
- Early childhood experiences, including socioeconomic deprivation, will have a long-lasting impact on the mental and physical health of individuals, and will affect their scholastic performance. Improving access to nutrition and health care for children from lower socioeconomic strata improves their attendance in school, and their scholastic performance.
- Improving the health of preschool, school and out-of-school children will have a lasting impact on education outcomes (reduce absenteeism from class, motivate children to attend schools and produce better scholastic performance).
- Education improves opportunities for individuals, and promotes overall social development.

Potential key actions

- **Provide quality compulsory primary and secondary education** for all children.
- **Ensure access to information on health and improve health care access** for mothers and young children through formal educational institutions and informal settings in communities to achieve educational goals, and to improve health equity; further focus on gender, education and health is important to ensure equity in education as well as in health.
- **Facilitate healthy practices among children** through attention to physical exercise, nutrition and diet, supported by healthy educational policies, including financing and infrastructure development.

- By 2010, basic literacy, the ability to read and write, eluded 800 million adults, of whom 550 million were women.
- Millennium Development Goal 2, to achieve universal primary education for girls and boys alike by 2015, is unlikely to be met, as this implies that all children should have been in school by 2009. Despite huge efforts, countries in sub-Saharan Africa still have a long way to go to ensure primary education for all.
- Studies in low-income countries show that worm infections, currently affecting around 169 million children, can be directly linked to the loss of 3.75 IQ points per pupil. The same studies show that the equivalent of 200 million to 500 million school days per year are lost to ill health.
- School health check-ups facilitate early identification of disabilities. For 2010, the WHO global burden of disease update estimated the number of children aged 0–14 years experiencing “moderate or severe disability” at 93 million (5.1%), with 13 million children (0.7%) experiencing severe difficulties.

² Education as a social determinant of health and its potential mutual benefits are extensively covered in the WHO sectoral briefing entitled *Education: shared interests in well-being and development* (14).

Food security and nutrition³

- Foodborne diseases are the illnesses, generally infectious or toxic in nature, caused by pathogenic agents that enter the body through the ingestion of food. The incidence of foodborne diseases varies greatly between countries, and low-income countries bear the brunt of the problem.
- At the structural level a number of social determinants (ethnicity, gender, education, migration, trade, urbanization, demographic factors and poverty) imply inequity in relation to food safety.
- Food security is a key precondition for a healthy life, especially in early childhood. Cutting down on food expenses leading to temporary interruption of a child's energy, protein, vitamin and mineral intake during the first 1000 days of its life can result in permanent reduction of its cognitive abilities.
- Food can be the vector of a large number of hazards. More than 200 known diseases can be transmitted by food. Foodborne illnesses can also reduce labour productivity, impose substantial stress on the health care system, and reduce economic output as a result of loss in confidence in the food production and marketing system.
- The double epidemics of obesity and malnutrition are increasing in many low- and middle-income countries, requiring action at the local, national and regional levels to tackle the structural determinants of both.

Potential key actions

- **Improve food safety.** This can be achieved by involvement of a variety of actors and players in interventions that integrate general environmental hygiene; provision of adequate infrastructures and facilities; use of appropriate (and innovative) materials and technology; education, information gathering and research; implementation of good hygiene practices and sanitation; and implementation of food safety assurance schemes.
- **Improve regulation of food trade and ensure proper food handling.** Effective control needs to be supported by appropriate inspection services responsible for the enforcement of food safety legislation and for the inspection of premises, processes and foods to prevent unsafe food entering the food chain at any level. National food safety systems evolve in the context of multinational agreements on food standards, including the Agreement on the Application of Sanitary and Phytosanitary Measures of the World Trade Organization and the standards, guidelines and recommendations elaborated by the Codex Alimentarius Commission and its subsidiary bodies.
- **Enhance food security.** Effective measures to enhance food security and to ensure universal access to at least a minimum amount and quality of food are essential in improving the social determinants of health, including cash and non-cash transfers, embedded in national social protection floors.

- One in seven persons in the world – or 14% – is undernourished.
- Despite some progress, one in four children in the developing world are underweight.
- In 2009 over 1 billion people were estimated to be chronically deprived of adequate food. According to *The state of food insecurity in the world*, the number of undernourished people increased by 105 million from 2008 to 2009 (15).

³ Social determinants of food security and safety have been elaborated in Jouve, Aagaard-Hansen and Aidara-Kane (16).

Water

- There are four types of water-related health concerns: waterborne, water-washed, water-based and water-related insect vectors.
- Water is at the core of sustainable development as it is closely linked to a number of key global challenges. Water contributes to health directly within households through food and nutrition, and indirectly as a means of maintaining a healthy, diverse environment.
- Clean water and sanitation are essential for life, and for maintaining good health, poverty eradication, women's empowerment and protection of human health. They are also necessary for human activities, including those that enhance the quality of life.
- Lack of access to clean water, and its impact on health and other consequences, disproportionately affects socially and economically vulnerable populations.

Potential key actions (8)

- **Progressively realize access** to safe and affordable drinking-water and basic sanitation for all.
- **Establish coordination mechanisms** for joint action on water and sanitation and health, including health education.
- **Monitor mortality and morbidity trends** due to lack of clean water, and its social and economic consequences.

- Worldwide, 18% of all deaths in children under 5 are due to diarrhoeal diseases, accounting for approximately 1.4 million deaths per year. This makes diarrhoeal disease a leading cause of child death globally.
- Diarrhoea can be reduced by 26% when basic water, hygiene and sanitation are supplied. Yet statistics tell a terrible story. Of the world's 6 billion people, 40% have no acceptable means of sanitation, and more than 1 billion people draw their water from unsafe sources.
- Sanitation- and hygiene-related diseases cut across these categories. According to the United Nations 2006 World Water Development Report, globally water-related diarrhoeal diseases accounted for 4% of total loss of disability-adjusted life years (DALYs) and 1.3 million deaths, concentrated among children under 5, the group for whom the best and most accurate statistics are available (17).

Energy (18)

- Energy plays a critical role in the development process. Energy and development are mutually reinforcing. Improving the availability of energy alleviates poverty and has a positive impact on health. Moreover, energy has an impact on economic development, industrial productivity and household income.
- Available energy is not always beneficial for all of society, and specific policies should be put in place to ensure that security of supply does not have detrimental social effects, including the negative impacts of industrial development and environmental impacts.
- The poorest rural and urban households in low-income countries are the most affected by energy poverty. The persistent lack of modern fuel sources for cooking and for other household activities in low-income households contributes to increased pollution, morbidity and mortality.

Potential key actions

- **Monitor trends and outcomes for populations and specific groups** using disaggregated data that uncover the impact of equity on energy policies, and advocate energy sustainability and health.
- **Encourage needs-based assessment for disadvantaged populations and specific groups** in order to better design actions that increase access to energy and improve health outcomes for hard-to-impact segments of the population.
- **Develop guidelines, standards and recommendations** on energy-related risk factors, and disseminate technical guidance in the spirit of shared responsibility for both health and energy actors.

- In the long term, energy analysts and economists predict that if current efforts are not scaled up, by 2030 the number of people without access to electricity will only slightly decrease from the current 1.3 billion to around 1.2 billion people. Meanwhile, the number of people relying on biomass is projected to rise from 2.7 billion to 2.8 billion by 2030.
- Using WHO estimates linked to projections of usage of biomass fuels, it is anticipated that household air pollution would lead to over 1.5 million premature deaths per year (or over 4000 per day) by 2030. This is greater than similar projections for infectious diseases, including malaria, tuberculosis or HIV/AIDS. Lack of access to clean energy also has an impact on mortality due to noncommunicable diseases.

Growth and employment

- Social inequalities due to labour market structures, work and employment status represent an enormous social and public health burden. Unemployment is a key issue that has grown rapidly in all regions. Among those employed, precarious, low-paid, unprotected and unsafe work is a main concern. The working poor constitute around 25% of the employed labour force in all developing countries. In addition, workers in the informal economy are less likely to be covered by any social (health) protection scheme and thus lack access to health care and income support when in need. Increased efforts are necessary to put in place effective national social protection floors, which can help to address the social determinants of ill health and enhance universal access to health care.
- Employment, social protection and working conditions have powerful effects on health equity. They can provide income security, social status, personal development, social relations and self-esteem, and protection from physical and psychosocial illness.
- Employment conditions mainly determine the working conditions that exist in workplaces. The conditions under which people work have a direct impact on their health. Inequalities derived from employment and working conditions are closely linked with increased health inequalities in injuries, chronic diseases, ill health and mortality.
- Fair employment relations and decent work, including employment and working conditions and reasonable wages contributing to income security, are key social determinants of workers' health.

Potential key actions

- **Ensure that full and fair employment and decent work** are central goals of national and international social and economic policy-making, and that **universal social protection coverage** is in place, based on the set of guarantees and rights laid down in the ILO Social Protection Floors Recommendation (No. 202) and the ILO Social Security (Minimum Standards) Convention, 1952 (No. 102).
- **Develop economic and social policies that ensure decent work for men and women** – as wage employees or as own-account workers – that is safe, productive and adequately remunerated, taking into account the real and current cost of healthy living and providing income security.
- **Protect all workers** through international labour standards and policies, especially core labour standards.
- **Improve working conditions** for all workers and their families.

- Due to the recent slowdown in growth, the world economy is likely to create only half of the 80 million jobs needed over the next two years to reach pre-crisis employment rates. ILO baseline projections suggest a further increase in global unemployment up to 200 million in 2012 (of which about 75 million will be youths and 84 million females) and 206 million in 2016 (19).
- While there has been a rise in precarious jobs due to increased casualization and outsourcing, even before the crisis, the ILO estimates that the overall share of workers in vulnerable employment has reached 1.53 billion, equivalent to over half (50.1%) of the world's labour force. The number of women and men in vulnerable employment is estimated to have increased in 2009 by as much as 110 million compared to 2008. This precarious jobs situation is exacerbated by the uncertain nature and pace of economic recovery (19, 20).

Environmental sustainability (7)

- Children suffer a disproportionate share of the environmental health burden. Diarrhoea, malaria and respiratory infections all have very large fractions of disease attributable to environmental factors, and are also among the biggest killers of children under 5 years old.
- Effective governance at the local, subnational, national, regional and global levels representing the voices and interests of all is critical for advancing sustainable development.

Potential key actions

- **Mainstream sustainable development at all levels**, integrating economic, social and environmental aspects and recognizing their interlinkages, so as to achieve sustainable development in all its dimensions.
- **Provide access to improved drinking-water sources** in developing countries in order to reduce considerably the time spent by women and children in collecting water.
- **Provide access to improved sanitation and good hygiene behaviours** to help break the overall cycle of faecal-oral pathogen contamination of water bodies, yielding benefits to health, poverty reduction, well-being and economic development.

- An estimated 24% of the global disease burden can be attributed to environmental factors.
- Environmental factors contribute to 23% of all deaths worldwide and 36% of all deaths among children 0–14 years old.
- An estimated 24% of all deaths in children under 15 are due to environment-related diarrhoea, malaria and respiratory infections; these same three killers also represent the largest share of the childhood environmental disease burden (21).

Population

- Population dynamics have a profound impact on the sustainable social and economic development outcomes of individuals, communities and nations.
- Population size and mobility, including rapid urbanization and migration fuelled by poverty, unemployment and displacement, have already outpaced the requirements of investments in education, health and provision of basic amenities for the population, thus undermining economic prosperity, job creation, poverty alleviation and food security.
- Rapid changes in population structure, with increasingly ageing populations, alter the nature of the health care that needs to be provided to a significant percentage of the population, and necessitates specific actions from governments in the health and other sectors. Changes in the age structure or growth of populations thus affect governments' ability to plan effectively and to deliver essential services that meet the needs of their citizens.
- Lack of access to and use of reproductive health services, especially for the young and those in the reproductive age group, increases the risks related to unwanted pregnancies and sexually transmitted infections.

Potential key actions

- **Instigate actions aimed at women's empowerment and gender equality**, including gender mainstreaming into all goals, data collection that is disaggregated by sex, social status and ethnicity and development of rights-based and gender-sensitive targets and indicators.
- **Take action on the social and environmental determinants of health**, both for the poor and the vulnerable and for the entire population, to create inclusive, equitable, economically productive and healthy societies (7).
- **Target strategic partnerships that ensure the participation of the most impacted population sectors**, and involve these representatives in the planning, implementation and evaluation of development programmes.
- **Enable the development of intercultural approaches to health** that target diverse populations (including the elderly, young people and the disabled) to simultaneously target increasing demand for, and access to, health services in general and sexual and reproductive health in particular.

- The world's population is projected to exceed 9 billion by 2050, with an estimated two thirds living in cities.
- Demographic changes in recent decades have led to the largest generation of young people in the world today. Globally there were 1.2 billion youths aged 15–24 in 2010.
- The number and proportion of older persons aged 60 years or over are rising in all countries. Globally, the number of older persons aged 60 years or over is projected to increase from 810 million now to more than 2 billion in 2050. Older persons are the world's fastest growing population group.
- 80% of the global population has no access to comprehensive social protection that enables people to cope with life risks.

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