Promoting health and reducing health inequities by addressing the social determinants of health

WHO STRATEGIC OBJECTIVE 7: “To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human-rights-based approaches”
Poor health cannot be explained simply by germs and genes. It is much more complex, involving both the circumstances in which people live (access to health care, schools and education, and conditions of work, leisure, homes, communities, towns or cities) and their individual and cultural characteristics (such as social status; gender, age and ethnicity norms; values and discrimination). All of these factors influence an individual’s chances of leading a flourishing, healthy life.

Chances for good health are not equally distributed in our societies and this causes health inequities. The recent Interim Report on Social Determinants of Health and the Health Divide confirmed that significant inequities in health and the role played by their social determinants are present across and within countries in the WHO European Region. Addressing these health inequities requires dealing with their root causes: the unequal distribution of power, income, goods and services in our societies. Robust evidence collected at the global, European, national and subnational levels has led to an increasing call for action on social determinants. The report by the WHO Commission on Social Determinants of Health (CSDH) in 2008 and the related 2009 World Health Assembly resolution point to the urgent need to increase the commitment by Member States to address these root causes of health inequities. The call to action goes beyond health ministries, reaching out across borders and sectors to all the players and stakeholders that can contribute to a fairer and healthier Europe. The wide range of stakeholders includes ministries and other governmental entities, academic/research institutions, NGOs and civil society organizations.

It is only through a proactive and inclusive policy development and advocacy process that we can convince other parts of government and society that health is not a hopeless public expenditure, but is a resource for better economies, better quality of life and, ultimately, the way towards more just and more equitable societies.

Zsuzsanna Jakab, WHO Regional Director for Europe

Introduction

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Addressing these health inequities requires dealing with their root causes: the unequal distribution of power, income, goods and services in our societies. Robust evidence collected at the global, European, national and subnational levels has led to an increasing call for action on social determinants. The report by the WHO Commission on Social Determinants of Health (CSDH) in 2008 and the related 2009 World Health Assembly resolution point to the urgent need to increase the commitment by Member States to address these root causes of health inequities. The call to action goes beyond health ministries, reaching out across borders and sectors to all the players and stakeholders that can contribute to a fairer and healthier Europe. The wide range of stakeholders includes ministries and other governmental entities, academic/research institutions, NGOs and civil society organizations.

The issue of health inequities is a top priority of the WHO Regional Director for Europe, Zsuzsanna Jakab. Tackling health inequities will be a key and integral part of WHO’s new strategy for better health in Europe, Health 2020, which is currently being developed in collaboration with Member States.
**Health divide in the WHO European Region**

890 million people

Up to 20 Years
difference in life expectancy amongst
men in the WHO European region

53 Member States

Up to 12 Years
difference in life expectancy amongst
women in the European region

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Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
TFYR Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan
European Region
EU
EU members before May 2004
EU members since 2004 or 2007

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Life expectancy at birth, in years, male

India
Ireland
Italy
Japan
Korea
Mexico
Norway
Poland
Portugal
Spain
Sweden
Switzerland
UK
US
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Life expectancy at birth, in years, female

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
TFYR Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan
European Region
EU
EU members before May 2004
EU members since 2004 or 2007

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World health statistics (2013),
European Health for All database [online database]. (2010)
Executive Summary

To tackle health inequities, WHO/Europe promotes an intersectoral and whole-of-government approach, which calls for action at different levels of policy-making. The wide range of activities and technical assistance provided by the Regional Office can be synthesized under the following major areas of work.

Technical assistance, including capacity building and learning exchange. WHO/Europe works with Member States to build and sustain their institutional and human resource capacities to address health inequities through a number of activities, including the review of public health policies and strategies, training and the facilitation of networks. Collecting and capitalizing on a wide range of experiences across sectors and across Europe, WHO provides expert guidance and support to policy-makers in the formulation of sustainable equity-centred policies, governance mechanisms and interventions. WHO/Europe also supports countries in sharing the lessons learnt from specific interventions at national and subnational levels.

Evidence, data collection and analysis. It is essential to have a reliable and clear picture of how health and opportunities for health are distributed in a given population, and what factors (indicators) contribute to or reduce opportunities to be healthy. This requires disaggregated data that must be analysed through a health equity lens. In addition, the WHO Office for Investment for Health and Development conducts in-depth analyses on socially determined health inequities, and reviews evidence of successful interventions to support decision-makers and those implementing policies and services.

Gender and Health: promoting gender responsive policies. Addressing gender inequalities is recognized as a condition for achieving health equity. WHO/Europe promotes the use of sex-disaggregated data and the integration of gender analysis and actions in all policies. It also actively mainstreams gender throughout its technical assistance and policy advice to countries. This is the approach supported by WHO and Member States through the World Health Assembly Resolution 60.25.

Promoting the health of vulnerable groups. There is mounting evidence that some processes and conditions systematically prohibit or restrict population groups from gaining economic, social, political and cultural inclusion; and these factors are strongly associated with inequities in health status and access to health services. WHO contributes to the promotion of awareness, political commitment and action to address the conditions that make people vulnerable to ill health and in particular to address the needs and expectations of vulnerable groups, including the Roma, migrants and ethnic minorities.

Strengthening local-level governance – Healthy Cities. The WHO Regional Office for Europe recognizes the key role of local governments in creating conditions that support health and well-being. It therefore has longstanding, well-established cooperation links with hundreds of cities across the WHO European Region. The WHO Healthy Cities project seeks to put health high on the agenda of decision-makers in cities and to mobilize action for health and health equity in all local policies. Its approach is based on explicit political commitment, strong leadership and institutional change, intersectoral partnerships, innovative action addressing all aspects of health and living conditions (including issues relating to vulnerable groups, lifestyles and urban planning) and extensive networking between cities across the European Region and beyond. More than 1500 cities and towns throughout 30 countries are currently involved in the WHO Healthy Cities movement in the European Region.

Strengthening subnational governance – Regions for Health Network. Action on social determinants of health is required at all levels. WHO/Europe is currently re-launching its Regions for Health Network, which aims to accelerate action on social determinants of health at regional level, including through the sharing of experiences and joint interventions.
Technical assistance

WHO/Europe works with Member States to support the design, implementation and review of policies, programmes and governance capacity to improve health and health equity. This ranges from applying an equity lens during the formulation of national health plans and strategies to building the capacity of policy-makers across the whole of government in the area of health equity. WHO/Europe works with a wide array of partners at the country, regional and local levels – for example, with regions on implementing strategies that address vulnerability and with national institutes of public health on indicators and data analysis to better understand the impact of policies on health inequities at all levels.

Challenges

Effectively addressing social determinants requires multistakeholder and multisectoral action across government and society. This includes strengthening capacity to govern for better health across sectors and implementing multistakeholder policies, services and systems. These need to engage citizens, service providers, civil society, the media, planners, policy-makers and politicians. Recent reviews of progress in advancing Health equity in All Policies and multistakeholder approaches to health improvement highlight the increased need for ongoing training and development in these areas. A key focus is to increase know-how and problem-solving skills, strengthen evidence-informed practice and support ongoing learning and development in analysis and adaptation of multisectoral approaches to health equity.

What the WHO Regional Office for Europe is doing

WHO/Europe works with Member States to build and sustain their institutional and human resource capacities to address the social determinants of health and tackle health inequities through a number of activities and services. These include the review of public health policies and strategies, human resource training and the facilitation of networks. WHO/Europe provides expert guidance and support to policy-makers in the formulation of sustainable equity-centred policies and interventions.

One of WHO/Europe’s main efforts is to build up and support a critical mass of human resources in Member States. This critical mass must be appropriately allocated within health systems and within the specific country policy context. The various professionals must have adequate skills and know-how and be accountable for the achievement of health equity targets. This is a key area in which WHO/Europe aims to bring about substantial change in countries, through the combined efforts of its Centre for Excellence (the European Office for Investment for Health and Development currently based in Venice) and its technical units in Copenhagen.
WHO/Europe has been rapidly scaling up its work in this area. Requests from Member States have increased over the past two years following the report by the Commission on Social Determinants of Health and the World Health Assembly Resolution on this issue.

WHO/Europe is working with Member States across the Region to build and sustain capacity through

- reviewing and strengthening national strategies, development policies and governance systems to better address social determinants of health and the specific health inequity challenges in a country or region;
- ongoing training and development of policy-makers, public health institutions, NGOs and government authorities in using and adapting evidence, promising practices and instruments that support systematic action to reduce socially determined health inequities; this includes case-study-based workshops for policy-makers and problem-based learning between countries facing common challenges, such as implementing cross-sectoral approaches in reducing health inequities;
- drawing on the expertise of and engaging WHO collaborating centres in country work in ways that foster greater capacity within national institutes of public health, ministries and other partners within countries;
- fostering networks between actors across the Region through the development of high-level, regional and local forums. This includes work through the European Commission Expert Group on Social Determinants and Health Inequalities, the Regions for Health Network and the Healthy Cities movement. It also includes the provision of technical assistance to regional policy dialogues.

Strengthening governance for social determinants of health and health equity

Investments and decisions made outside the health sector (directly and indirectly) influence the patterns and magnitude of health inequities within European societies. In order to address the complexity of drivers that shape health and the determinants of health inequities, collective action across government, between government and society and across countries is required. This was most recently recognized in the Adelaide Statement on Health in All Policies, 2010, and previously in the Final Report of the WHO Global Commission on Social Determinants of Health (2008) and related WHA Resolution 62.14, (2009). These documents all highlight the need to further strengthen governance of health equity through cross-sectoral policies and mechanisms at local, national and supranational levels.

The social determinants of health (SDH) governance appraisal is a service offered by WHO, mainly through its Centre of Excellence in Venice. The service enables Member States to undertake a strategic review of their governance capacity to better address SDH and reduce health inequities. The service uses an organizational development approach to engage a wide range of stakeholders across health and development communities with the aim of identifying critical actions and opportunities for better governance of health equity.

The main steps in the governance appraisal include the following:

a) A desk review of major health and development policies, services and investments. This leads to a report summarizing the current and potential future impact of policies to address the specific health inequity challenges of the requesting Member State.
b) In-country interviews with a cross-section of stakeholders to gather primary data on the effectiveness of the current approach to governing for health equity.

c) In-country workshops and roundtable discussions to generate and test priorities and options for action.

d) A country-specific analysis report outlining the major findings of steps a-c above. The report covers key priorities for action in the short and medium terms, current evidence, promising practices and examples from Europe and internationally on proposed action areas and related governance support instruments.

e) An in-country consultation (usually web based) on the findings of the analysis report.

f) An in-country roundtable to present and debate findings with decision-makers and other stakeholders key to successful implementation. This step also includes reaching agreement on priorities and subsequent steps and identifying the nature and type of support needed for implementation and review.

Additional services and tools

- **Capacity building** in methods and approaches for improved accountability for health equity.
- **Policy dialogues and roundtable forums** to debate and advance critical thinking and commitment to increase investment in health and health equity.
- **Policy and governance support tools**, for example policy briefings and evidence reviews on economic incentives for addressing SDH and health equity.
- **Promising practice and synthesis reports** on how countries are tackling SDH and health equity, for example, ‘Setting a Political Agenda to Tackle Health Inequality in Norway’ http://www.euro.who.int/en/what-we-publish/abstracts/setting-the-political-agenda-to-tackle-health-inequality-in-norway

**Equity-focused health impact assessment and related policy learning mechanisms**

Technical assistance to countries includes also a cross-government assessment of how policies in other sectors affect health equity and the social determinants of health. Training can be given in how to measure the effects of policies and how to evaluate the impact of interventions to address social determinants and health inequities. In some instances, assistance may include an analysis of stakeholders and institutions within a country. This allows countries to better understand the structural and organizational environment needed to accelerate action on social determinants of health and health inequity.
Practical examples of WHO/Europe’s work

Increasing investment in social determinants of health and health equity – integrating health into regional development plans and investment frameworks

Slovakia

Decentralized systems of governance and planning pose new challenges and opportunities for ensuring that health is considered in subnational policies and strategies. In Slovakia, regional governments now have increased autonomy in relation to social and economic decisions and investments, many of which affect health and health equity and their determinants. At the same time, health remains essentially a centrally managed and organized function.

Cross-sectoral and interdisciplinary planning teams were established, using regional planning cycles and mechanisms, to include health equity considerations in priorities and investment plans. Goals related to the health of the most vulnerable groups (e.g. elderly persons, the Roma, rural communities, homeless or migrant populations, and the unemployed) were integrated into regional cross-sectoral priorities and actions, backed up by resources and financial investments. A range of mechanisms was used to ensure cross-sectoral consideration of health in regional development plans. These mechanisms included:

- an assessment of health (e.g. an equity-focused health impact assessment) in regional equity plans;
- seminars for presenting and discussing data on the local health situation and evidence on the links between health, social and economic conditions and the policies of other sectors;
- joint identification of what policy sectors were already doing that benefitted health and health equity;
- bringing to the table what the health sector could do to further support joint action;
- press conferences and media interviews on health and development, to stimulate local interest and draw political attention to the issue; and
- intercountry twinning and learning exchange to support implementation.

The work resulted in a health chapter being adopted by regional parliament. This was included in the regional development plan with actions on the social determinants of health inequities formally linked to the regional investment framework.
Tajikistan

Tajikistan is among the 18 high-burden countries prioritized for implementation of WHO’s updated *Stop TB Strategy*. In 2009, WHO convened a workshop in Tajikistan to review global findings related to the impact of social determinants (e.g. labour migration) on the design and delivery of public health programmes, specifically for tuberculosis (TB). This built on existing work between the Ministry of Health and the International Organization for Migration: to understand how social determinants impact TB treatment and to improve programme coverage and outcomes, a survey among labour migrants had been conducted on their knowledge, attitudes and practices regarding tuberculosis and treatment. The new *National programme for population protection against Tuberculosis The Republic of Tajikistan, 2010-2015* (NTP) makes specific mention of the need to decrease TB vulnerability through action on social determinants. The programme aims to ensure and improve equal access to TB services for the entire population, particularly for at-risk groups and poor communities.

Scaling up our work

The fact that an increasing number of Member States are requesting technical assistance from WHO/Europe in the area of social determinants can be seen as an indicator of success in itself. Hence the need to strengthen and expand the services outlined in this brochure is paramount.

The following 23 countries have approached WHO/Europe for support and collaboration since 2009: Albania, Armenia, Czech Republic, Estonia, Finland, France, Italy, Kyrgyzstan, Latvia, Lithuania, Malta, Republic of Moldova, Montenegro, Norway, Poland, Portugal, Serbia, Slovakia, Slovenia, Spain, Tajikistan, the former Yugoslav Republic of Macedonia, the United Kingdom.

Several countries throughout the Region have now included an equity focus in their disease-specific plans, national health policies and systems and in many cases this has been achieved with the technical support of the WHO Office for Investment for Health and Development.

In addition to responding to an increasing number of requests for assistance from Member States, progress has been made in advancing the commitment of governments and partners, such as the European Commission, to accelerate action on social determinants.

What additional progress can be achieved with more resources?

A unique European-wide training and know-how programme

The WHO European Office for Investment for Health and Development is currently seeking partnerships and investments to expand its support to Member States. Greater skills and human resource capacity is urgently required if the European Region is to meet the challenges in addressing persistent and in some cases increasing health inequities. Additional support and resources would enable the establishment of a unique centre for training and know-how development and transfer.

The centre would bring policy-makers, politicians and practitioners together to solve common problems, explore and test practical options for action on health inequities, share and adapt promising practices and exchange learning experiences on implementing policies and governance solutions to improve health equity. It would also make a significant contribution to building and supporting a critical capacity of human resources in the Region capable of responding to the growing challenge of health inequity in Europe. The programme is designed to increase the health equity performance of both public health policies and development plans at national and local levels.
Building an appropriate knowledge base: Evidence, data collection and analysis

It is essential to have a reliable and clear picture of how health is distributed in a given population, and what factors (indicators) contribute to or reduce opportunities to be healthy. This requires disaggregated data and analysis through a health equity lens. In addition to documenting areas for action, WHO/Europe is also focusing on gathering evidence of successful policy action for addressing health inequities at local, regional, national and interregional levels.

Challenges
The global financial crisis and resulting budget restrictions implemented in many countries have led in some cases to reductions in social policy and health budgets. In this climate, making the argument for consistent investments in health and for addressing inequities is particularly important and challenging. At the same time, less funding is available to produce the documentation and evidence required to support the argument for continued and increased action on health inequities.

What the WHO Regional Office for Europe is doing
While much is known about the impact of social determinants on health, information is still lacking on the scale of inequities within many countries of the WHO European Region. A clear picture of what interventions work in addressing health inequities is also still in the process of development. WHO/Europe is working to fill these knowledge gaps. Part of this work includes tailoring know-how to the specificity of different country contexts.

The European Review on Social Determinants of Health and the Health Divide
The Regional Office for Europe recently commissioned the ongoing European Review on Social Determinants of Health and the Health Divide. In its final report, the Review will provide analysis of health inequities across and within all 53 Member States and identify effective policy interventions for the European Region. The Review is being conducted by a consortium of academic institutions chaired by Professor Sir Michael Marmot of University College London. The Review is one of the major studies underlying the new health policy Health 2020.
Policy briefings

Through its Centre of Excellence in Venice, WHO/Europe is also producing specific policy briefings in key areas related to the social determinants of health. Drawing on the Venice Office’s extensive experience working closely with policy-makers in the Region, these briefings contribute to the current process of developing a new Health 2020 Policy for Europe and the European Review on Social Determinants of Health and the Health Divide. They add new knowledge on policies and strategies to address the social determinants of health and will provide practical policy guidance to countries aiming to address the social determinants of health within the Health 2020 policy framework.

Building this knowledge base is critical to allow learning between countries and to demonstrate the feasibility of implementing action on social determinants.

Joint action by the WHO Regional Office for Europe and the European Commission

Socially determined health inequalities (SDHI) in the European Region have been increasing and are likely to continue to do so without determined action to counter them. Left unchallenged, their negative consequences on vulnerable populations also impose costs on society as a whole. These health inequalities are caused by and relate to social determinants such as poverty, unemployment, unsafe working conditions and precarious work, gender norms and standards and level of education as well as activity in the health system itself. While the health system alone cannot reduce health inequalities, it nevertheless plays a vital role in achieving that goal, and as part of any overall approach to tackling SDHI.

In 2007, WHO/Europe and the European Commission joined forces to provide new knowledge on this issue by: 1) mapping health inequalities in the European Union and selected neighbouring countries based on a range of Eurostat indicator datasets (demographic, socioeconomic, health resources, mortality and hospitalization admission dimensions); and 2) developing resources to assist policy-makers in taking action, based on current and past examples of health system action across Europe.

This collaboration resulted in the development of the following products.

1. An interactive system of atlases of health inequalities in Europe, encompassing:
   a) a regional comparison atlas, which provides a quick view of several key indicators in a limited number of regions (http://bit.ly/e1EToE);
   b) a correlation map atlas, which provides a quick visualization of two variables in a map and their association in a graph (http://bit.ly/gBqdVN);
   c) a social inequalities atlas, which provides a visualization of the difference between a target value (most advantageous situation) and the actual value in a region or group of regions while taking into account the effect of different socioeconomic stratifiers (http://bit.ly/e5P2XS).

2. A web-based resource providing examples of health system action that can be taken to tackle socially caused health inequities as part of an overall approach to the health system putting its own house in order. The resource seeks to assist in the application of the information to different contexts (http://bit.ly/g5oQsw).


4. The following six policy briefings:
   - How health systems can address inequities in priority public health conditions: the example of tuberculosis (http://bit.ly/eszAew)
   - How health systems can address health inequities linked to migration and ethnicity (http://bit.ly/hAJZgj)
   - Poverty, social exclusion and health systems in the WHO European Region (http://bit.ly/hRJ5Ut)
   - How health systems can accelerate progress towards Millennium Development Goals 4 and 5 on child and maternal health by promoting gender equity (http://bit.ly/hxToDa)
   - How health systems can address health inequities through improved use of Structural Funds (http://bit.ly/hz5LHY)
   - Rural poverty and health systems in the WHO European Region (http://bit.ly/gEMBAE)
What additional progress can be achieved with more resources?

WHO is seeking additional resources for its series of case studies to expand the evidence base in this complex area. These are needed to deliver new knowledge on successful policy and practices to address health inequities. Further documentation of evidence is envisioned in the following areas:

**Taking account of the social determinants of health and health inequities (SDH/HI) in progress towards the Millennium Development Goals (MDGs).** This will draw from work done for the report *Millennium Development Goals in the WHO European Region: A situational analysis at the eve of the five-year countdown.* The aim is to develop knowledge and know-how demonstrating how adoption of a social determinants approach can accelerate progress towards the MDGs.

**A human development approach to health inequities linked to poverty and social exclusion: improving the health of “vulnerable groups”.** The aim is to produce policy-relevant knowledge by bringing together two fields of analysis – social determinants of health and human development – in order to explore ways to better improve the health of populations experiencing poverty and social exclusion in the European Region.

**Incorporating a SDH and equity focus into priority public health programmes in the European Region for improved performance.** The aim is to generate new evidence and develop know-how to increase performance in addressing health inequities in priority public health conditions. These include noncommunicable diseases, related risk/lifestyle factors (obesity, tobacco and physical inactivity) and communicable diseases such as tuberculosis.

**Governance of social determinants of health and health equity.** Joint and sustained action involving various sectors and stakeholders in society is increasingly important for the attainment of policy and governance goals on health equity and the SDH. This product will synthesize European learning on multisectoral and multistakeholder approaches in governing for health equity, drawing on emerging evidence from country experiences in Europe and internationally.

**Review of barriers and opportunities for action on SDH/HI in donor policies within the WHO Regional Office for Europe.** This product will identify challenges and opportunities to address social determinants of health in donor funding to countries within the WHO European Region.

**Action Guide on integrating SDH/HI in national policies.** The Action Guide will be designed to serve as a primary resource for European governments, policy-makers, planners and advocates, whose decisions and actions shape social determinants of health and health equity.

**Policy briefings on the economic arguments for investing in i) the social determinants of early childhood development and ii) diet and physical activity.** These will be policy support tools for those working in the health, education and development sectors. The briefings will set out the economic incentives for investing in the social determinants of two major priorities for equitable health and development in Europe: early childhood development and obesity and physical activity. They will draw on innovative work undertaken by WHO in partnership with the Department of Public Health Economics, University of East Anglia, United Kingdom, and Cornell University, United States, which has resulted in an economic framework to support such investments.
Addressing gender inequalities both within and outside the health sector is recognized as a condition for achieving health equity. WHO/Europe promotes the use of sex-disaggregated data and the incorporation of gender analysis and actions in all policies; and it actively mainstreams gender throughout its technical assistance and policy advice to countries. This is the approach supported by WHO and Member States through the World Health Assembly Resolution 60.25. This approach is also in line with Millennium Development Goal number 3 on gender equality.

Challenges

Gender mainstreaming requires strong institutional commitment and an accountability framework that places responsibility at a high level in organizations. It is not only a question of values and principles; it requires high technical capacity, specific research and programmatic tools.

The health sector in many countries in the Region does not recognize that gender is a social determinant that impacts on both women and men’s health – it is still seen by many as a women’s issue. Moreover, most European policies are still gender blind: they do not reflect the different needs of men and women.

What the WHO Regional Office for Europe is doing

WHO advances gender mainstreaming as a key strategy for improved health outcomes for women, girls, boys and men. It recognizes that gender norms, values and structures impact differently on men’s and women’s exposure and vulnerability to risk, on their health-seeking behaviour, on the responses they receive from health services, on the treatment options they have and on health outcomes. WHO also recognizes that gender is a key determinant of health that intersects with other social determinants, such as education, income, environment, ethnicity, etc.

Therefore, WHO/Europe provides support to countries by:

- collecting and disseminating evidence on the impact of gender on health (collection and use of sex-disaggregated data and analysis of gender differences and inequalities);
- building the capacities of WHO technical staff, Member States and counterparts to identify and address gender inequities through training, tools and guidance;
- providing tailor-made technical assistance on how to practically mainstream gender into health policies and programmes;
- advocating for the relevance of addressing gender in national and regional initiatives through the development of partnerships and networks.
What additional progress can be achieved with more resources?

With additional resources, the WHO Regional Office for Europe would be able to:

- move from ad hoc interventions to a systematic approach for the collection and use of sex-disaggregated data and gender analysis;
- strengthen the network of country focal points through capacity building, exchange of best practices and dissemination of evidence;
- provide specific support to Member States on gender and priority regional initiatives, such as noncommunicable diseases and the strengthening of health information systems;
- expand the capacity building programme to more countries in the Region and provide intercountry and subregional training on different topic areas, such as the adaptation of tools to country needs and specific health topics;
- invest in partnerships with centres of excellence and public health networks that can further the research agenda and invest in the integration of gender in European public health programmes.

Health and human rights

All WHO Member States are now party to at least one human rights treaty that endorses health as a human right and/or other health-related rights. WHO supports these commitments through its work on health and human rights.

A human-rights-based approach to health specifically aims at realizing the right to health and other health-related rights. Health policy-making and programming are to be guided by human rights standards and principles and aim at developing the capacity of duty-bearers to meet their obligations and right holders to effectively claim their rights. The human-rights-based approach to health is a useful analytical framework with the potential to constructively inform health policy by:

- focusing on the structural causes of poverty and health inequities, rather than only its symptoms, and on the impact of governmental action or inaction on communities experiencing inequities;
- showing how health policies and programmes can promote or violate human rights through the manner in which they are designed and implemented; and
- showing how violations or lack of attention to rights can have serious health consequences.

It is also a useful implementation tool to advance public health goals, helping to promote the sustainability of development work and empowering people to participate in policy formulation and hold accountable those who have the duty to act. Moreover, it may serve as a standard of assessment to review progress made by governments in the area of health (e.g. indicators of the right to health), and a platform for partnerships for health within and beyond the health sector.

The WHO Regional Office for Europe is scaling up its efforts in the field of health and human rights, with the following objectives:

- to support governments in integrating a human-rights-based approach in health development;
- to strengthen WHO’s capacity to integrate a human-rights-based approach in its own work;
- to advance the right to health in the European context.

Any initiative in the field of health and human rights is always undertaken as an integrated part of a larger effort of health system strengthening and with a focus to promote and protect public health. At country level, we work with Ministries of Health but also with local authorities, ombudsmen and other national human rights institutions.
Evidence presented to the WHO Commission on Social Determinants of Health clearly shows that processes and conditions that systematically prohibit or restrict population groups from economic, social, political, and cultural inclusion are strongly associated with inequities in health status and access to health services. Regional Committee resolution EUR/RC52/R7 on poverty and health and World Health Assembly resolutions WHA62.14 on reducing health inequities, WHA62.12 on strengthening primary health care and WHA 61.17 on migrant health further emphasize commitments to support Member States in tackling health inequities linked to social exclusion and poverty.

Challenges

The persisting inability of health systems to account for equity across all functions continues to undermine efforts to improve the health of populations experiencing poverty and social exclusion. For instance, in many countries these populations still face barriers with regards to the accessibility, availability, acceptability and effective coverage of health services. In addition, weak public health governance on the determinants of health and lack of an adequate social protection floor hinder efforts to improve the health of these populations.

What the WHO Regional Office for Europe is doing

Strengthening health systems and addressing underlying determinants of health to protect the right to health of vulnerable groups – especially Roma, migrants and other populations experiencing poverty and social exclusion – is among the priorities of the WHO Regional Office for Europe. This topic will be addressed in the new European Policy for Health (Health 2020) and the European Review on the Social Determinants of Health and the Health Divide. Against this background, the WHO Regional Director for Europe has called for the consolidation of existing work and the further development of a vulnerability and health programme.

This programme to promote the health of vulnerable groups focuses on four areas: (1) country work, (2), intercountry work (3) cross-Regional-Office work to strengthen WHO’s capacity, and (4) strategic partnerships.

(1) Through Biennial Collaborative Agreements, country workplans and other bilateral or multilateral arrangements, WHO/Europe provides support to Ministries of Health for the implementation of policies and programmes (e.g., Decade for Roma Inclusion health action plans and social inclusion policies) for the health of Roma, migrants and other populations experiencing poverty and social exclusion.
At European level, we provide evidence, resources (e.g., tools, guidance, norms and standards) and intercountry activities and platforms to strengthen the capacity of Member States and other stakeholders to better understand and meet the health needs of Roma, migrants and other populations experiencing poverty and social exclusion. In this way, we help strengthen the capacity of governments to fulfil their obligations to ensure the right to health.

Within the Regional Office for Europe, we provide support to other programmes on how to better integrate perspectives on disadvantage, social exclusion and vulnerability and responsive actions into their work.

We strengthen strategic partnerships to improve the health of Roma, migrants and populations experiencing poverty and social exclusion, in particular with other agencies of the United Nations system, the European Commission, and select NGOs and EU-funded projects.

What further progress can be achieved with more resources?

Addressing health equity includes both universal actions that benefit the entire population, hence aiming to reduce health inequities across the social gradient, as well as specific measures for population subgroups who may fall through the cracks of universal services due to social exclusion processes. Measures targeting subgroups have traditionally been chronically underfunded and treated as short-term and isolated projects. Increased investment in sustained, institutionalized measures is needed so that health and social services adequately respond to population needs.

With more resources, the WHO Regional Office for Europe would be able to strengthen and increase its activities, support and engagement in the four working areas mentioned above: country work, intercountry work, cross-Regional-Office work to strengthen WHO’s capacity and strategic partnerships.
Healthy Cities: A powerful movement for health and sustainable development

Achieving health and health equity in all local policies

Poverty and ill health are challenging issues for cities in the European Region. Specific threats to health that are concentrated in cities are violence, social exclusion, unemployment, pollution, substandard housing, unmet needs of vulnerable groups, inequalities and lack of public participation.

City governments and their local partners reaching beyond the traditional focus on medical advocacy for public health are key agents for creating positive health and well-being. Health is the business of every sector and city mayors have a key role to play in orchestrating the contribution of many actors.

Challenges

Inequities constitute a major urban policy crisis in terms of human health and quality of life. City development and planning remains a pressing health equity issue for cities at all stages of economic development.1

All government sectors contribute to health and well-being and equity. Coherent policy and action is needed across all government sectors and at various government levels to reduce inequities. Local governments are key deliverers of health and health equity. In providing public health leadership, institutional change and explicit political commitment they create the preconditions for healthier living and intersectoral action.

What the WHO Regional Office for Europe is doing

The Regional Office launched the European Healthy Cities Network (EHCN) in 1987 as a vehicle to bring a “Health for All” strategy to the local level. Today Healthy Cities is a major public health movement and a beacon of social justice and participatory governance. The European Healthy Cities Network currently encompasses almost 100 member cities and National Healthy Cities Networks have been established in more than 1500 cities in 30 European countries.

Healthy Cities is about changing the ways in which local government, individuals, and communities think about, understand and make decisions impacting health, in order to create a more equitable and sustainable city. Vision, organization and networking are three prerequisites for city action and membership in the WHO EHCN. Equally important is how city administrations are organized to deliver this vision.

1 Stephens, C (1995): The urban environment, poverty and health in developing countries, Health Policy Plann. 10(2): 109-121
WHO EHCN promotes a combination of demonstration projects and longer-term strategies. City Health Development Plans give direction, set goals, marshal evidence, identify mechanisms for change and secure commitment from stakeholders. Health Impact Assessments, refined by the WHO-EHCN and applied at city level, highlight pathways to health and cost-effective investment through many sectors. Health and Health Equity in All Local Policies (HHEiAP), the current overarching goal of all member cities, is a policy mechanism through which the health sector works with other sectors in the city to ensure that all policies promote health and address inequalities.

WHO EHCN has developed a cutting edge model of sustainability with human development at its heart. This concept represented by the human settlement map is applied to the overarching strategies of many Network cities.

Human-centred sustainability

WHO provides strategic leadership and technical support for action towards the goals of each five-year phase of Healthy Cities and encourages innovation and sustainability in network cities. The Solid Facts on the Social Determinants of Health publication, commissioned by the WHO Regional Office, presaged Closing the Gap in a Generation, the highly influential report of the WHO Commission on Social Determinants of Health.

What additional progress can be achieved with more resources?

- The WHO European Network could become more accessible for all Member States in the European Region.
- More capacity building, training and learning events could be organized on addressing inequities and promoting intersectoral action for health promotion and healthy urban planning.
- A web-based interactive resource on urban health could be developed that would make guidance documents and tools for planning, implementation and monitoring available in several European languages.
- Support could be provided for systematic evaluation and documentation of city experiences and for publication of the findings in peer-reviewed journals.
Various regions within Europe have joined together in the Regions for Health Network to address social determinants of health and health inequities. A region for this purpose is an area within a country that has defined political responsibility below national level. Evidence shows that tackling the social determinants of health and health inequities is greatly strengthened by the involvement of stakeholders working in subnational areas.

Challenges
The RHN is challenged to achieve broad active participation. Cooperation among regions from eastern and western Europe requires special attention and resources to cater to local differences. The diversity in socioeconomic contexts means that successful approaches must be carefully assessed and adapted before being implemented elsewhere. The diversity in local political arrangements also means that collaborative agreements must be designed specifically to work with existing structures. There is a strong need to expand the network and include more countries in central and eastern Europe, where processes of decentralization are becoming more intensified.

What the WHO Regional Office for Europe is doing
Recently, the Network members decided to focus activities on socially determined health outcomes from a subnational perspective. Together with WHO/Europe, they are now working with authorities to develop an innovative programme of activities. The focus of the Network is on action, testing ideas, generating evidence and making change happen. The unique character of the Network stems from the mutual commitment of WHO and subnational bodies to take action on a common agenda to promote health, reduce health inequities and strengthen regional governance in this area.
What additional progress can be achieved with more resources?

With increased resources this Network would be able to:

> intensify and personalize outreach to engage a greater number of stakeholders;

> fully exploit existing networking technologies by managing an online forum, populated with state-of-the-art information and driven by requests from the members;

> provide training to many more subnational health professionals on the following 10 areas of know-how, targeted to initiating and sustaining positive change:

  o fostering and sustaining commitment to the SDH/HI approach;
  o securing policy coherence;
  o developing skilled human resources;
  o scaling up isolated regional projects;
  o fostering long-term investment;
  o strengthening health systems;
  o increasing capacity for health diplomacy;
  o creating incentives for a whole-of-government approach;
  o developing knowledge transfer among authorities;
  o repositioning health within subnational development strategies.
In its 2008 Report, the WHO Commission on Social Determinants of Health (CSDH) effectively made the case that opportunities for the promotion of health and the reduction of health inequities lie deep in society, and that seizing these opportunities must be done through a comprehensive strategy. The CSDH set out three main principles for action.

- Improve the conditions of daily life – the circumstances in which people are born, grow, live, work and age.
- Tackle the inequitable distribution of power, money and resources – the structural drivers of those conditions of daily life – globally, nationally and locally.
- Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health and raise public awareness about the social determinants of health.

Action inspired by the above principles requires a systemic approach to ensure policy consistency across government. Many well-meaning programmes to promote health and reduce socially caused health inequities fail because they are not based on such an approach.

In response to the CSDH report, the 2009 World Health Assembly urged Member States, through its resolution WHA62.14 (Reducing health inequities through action on the social determinants of health):

- to tackle health inequities within and across countries through political commitment on the main principles of “closing the gap in a generation” as a national concern, as is appropriate, and coordinate and manage intersectoral action for health in order to mainstream health equity in all policies (...);
- to develop and implement goals and strategies to improve public health with a focus on health inequities;
- to take into account health equity in all national policies that address social determinants of health, and consider developing and strengthening universal comprehensive social protection policies (...);
- to contribute to the empowerment of individuals and groups, especially those who are marginalized, and take steps to improve the societal conditions that affect their health;
- to develop, make use of, and if necessary, improve health information systems; and
- to improve research capacity in order to monitor and measure the health of national populations, with disaggregated data such as age, gender, ethnicity, race, caste, occupation, education, income and employment.

Commitment to gender mainstreaming is reflected in the World Health Assembly Resolution 60.25 (Integrating gender analysis and actions in the work of WHO), in which Member States are urged:

- to include gender analysis and planning in operational planning, budget planning and country strategies;
- to formulate national strategies for addressing gender issues;
- to lay emphasis on capacity building;
- to ensure that a gender equality perspective is incorporated at all levels of health care;
- to collect and analyse sex-disaggregated data and conduct gender research;
- to make progress towards gender equality in the health sector.
Key partnerships to date

Work at the European, national and subnational levels with governments and other bodies has led to an increasing realization of the importance of action on social determinants by a range of bodies, including the European Union. WHO support was, for example, key to facilitating and contributing to the passage of the European Commission Communication on Social Determinants of Health in 2009 as part of the Spanish Presidency. In addition, the work with EU Member States contributed to adoption by the EU Parliament of the resolution on reducing health inequalities in the EU on 8 March 2011.

WHO/Europe collaborates in this field with
  • a range of United Nations agencies (e.g. UNECE, UNDP, UNICEF);
  • the European Union (e.g. the European Commission, DG SANCO, the Council of Europe and EUPHA);
  • centres of knowledge, including the National Institute for Health and Clinical Excellence, United Kingdom, and the Observatory of Women’s Health of the Ministry of Health, Social Affairs and Equality, Spain;
  • networks such as the Regions for Health and South-eastern European Health Network.

Other partners
  • Centre for Health and Development Slovenia – to support capacity building on cross-sectoral investment for health at the subnational level within and between CCEE, Balkans and Baltic States (www.czr.si)
  • Federal Association of Company Health Insurance Funds (BKK), Essen, Germany (http://www.bkk.de/)
  • Kosice Institute for Society and Health and the medical faculty of J.P. Safarík – to support countries in CCEE to strengthen monitoring and analysis on SDH/HI (kish.science.upjs.sk)
  • OECD Centre for Educational Research and Innovation – a scientific collaboration on evidence linking social outcomes of health and education (www.oecd.org/cer)
  • Research Group on Social Context and Consequences of Ill health, Division of Public Health, Faculty of Medicine, University of Liverpool – WHO collaborating centre for policy research on social determinants of health (www.liv.ac.uk/PublicHealth)
  • University of East Anglia, Department of Public Health Economics, United Kingdom – scientific products on economics and health equity (www.uea.ac.uk/foh/pgr/studentships/public+health)
  • University of Edinburgh, School of Clinical Sciences and Community Health, United Kingdom (www.ed.ac.uk/schools-departments/clinical-sciences/about)
Contact information

Technical assistance to countries, including capacity building and learning exchange and Evidence, data collection and analysis

Chris Brown
Tel.: + 39 0412793865
E-mail: chb@ihd.euro.who.int

Johanna Hanefeld
Tel.: + 39 0412793887
E-mail: joh@ihd.euro.who.int

Sarah Simpson
Tel.: +39 0412793846
E-mail: sjs@ihd.euro.who.int

Erio Ziglio
Tel.: +39 0412793864
E-mail: ezi@ihd.euro.who.int

Gender and Health
Isabel Yordi Aguirre
Tel.: +45 39171602
E-mail: iyo@euro.who.int

Promoting the health of vulnerable groups
Theadora Koller
Tel.: + 39 041 279 3868
E-mail: thk@ihd.euro.who.int

Åsa Nihlén
Tel.: +45 39171330
E-mail: aan@euro.who.int

Piroska Ostlin
Tel.: +45 39171327
E-mail: pio@euro.who.int

Healthy Cities
Agis Tsouros
Tel.: +45 39171509
E-mail: ats@euro.who.int

Regions for Health Network
Erio Ziglio
Tel.: +39 0412793864
E-mail: ezi@ihd.euro.who.int

European Policy for Health - Health 2020 and National Health Policies, Strategies and Plans
Agis Tsouros
Tel: +45 39171509
E-mail: ats@euro.who.int

WHO’s Strategic objectives

With a specific focus on inequalities, social determinants of health and health in all policies, 2020 provides a European platform for achieving the 11 Strategic Objectives which frame the work of WHO in the European Region.

Briefings are available in each of the Strategic Objective areas:

1. Reduce the health, social and economic burden of communicable diseases.

2. Combat HIV/AIDS, tuberculosis and malaria.

3. Prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment.

4. Reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals.

5. Reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact.

6. Promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.

7. Address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches.

8. Promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health.

9. Improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development.

10. Improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research.

11. Ensure improved access, quality and use of medical products and technologies.