

Closing the Gap: Where are we one year later?

The Editors

August 28, 2009 marks the first anniversary of the WHO Commission on the Social Determinants of Health's report: *Closing the gap in a generation: Health equity through action on the social determinants of health*.¹ Noting that "Social injustice is killing people on a grand scale," the report challenged the international community to achieve health equity within a generation.

In this editorial we offer a brief reflection on where things stand with respect to health equity one year later. Our Themes & Discussions section includes two additional commentaries. Dr. José Carlos Escudero explores the meaning of the report for the WHO and underscores the report's limitations.² A detailed critique of the report, along with an alternative approach to addressing health inequities, is offered by Dr. Anne-Emanuelle Birn.³ Dr. Birn's critique is especially important for offering important historical background.

At the World Health Organization

With the release of the Commission's report, the principal responsibility for any follow up belonged with WHO.

WHO official discourse, especially that of the Director General Dr. Margaret Chan, has shifted in a welcome way. Indeed, from the moment the report was launched, Dr Chan linked an appreciation of the social determinants of health with a renewal of WHO strategy towards primary health care (PHC). In a 2008 Report to the WHO Executive Board⁴ and, subsequently, in her address to the 62nd World Health Assembly⁵ she called for these governing bodies to discuss the report and requested a mandate to the secretariat on the way forward.

Beyond the official discourse, nevertheless, there has been scant evidence of any serious

attempt on the part of the WHO Secretariat to adopt either the PHC renewal strategy or the recommendations of the Commission's report. It was expected that this renewal would start with rethinking WHO's own programs but, sadly, WHO's approach remains vertical, that is to say disease-oriented.

In terms of current financing, existing programmes continue to receive the bulk of WHO resources. Health systems and social determinants work remain severely under-resourced and understaffed especially at the regional levels. In Geneva, the two Departments responsible for these areas [Department of Ethics, Equity, Trade and Human Rights; and Department for Health System Governance and Service Delivery] have been without a Director for months, depriving them from any meaningful leadership at this key juncture.

The internal discussions within WHO governing bodies (the Executive Board⁶ and the World Health Assembly) have been meaningful. They reflect the perception by several member states that both primary health care and social determinants are key approaches of a *new* global health paradigm. Health inequities have clearly been exacerbated by 30 years of neglect of primary health care, the victim of myriad neoliberal policies. These "toxic politics" (as the Report rightly states) have, in their latest manifestation, led to explosive crises in the areas of food, energy, finances, and climate change. Suffice it to say that these crises are intertwined with the health of all peoples of the earth.

Perceiving that health inequities are at the center of the neoliberal development model, a number of member states see a return to primary health care (in the spirit of Alma Ata) and the

tackling the social determinants of health as the most viable approach to revert inequities and change the overall health sector reform process. Actions by specific countries were highlighted in the Commission's report on *Health Equity at the Country Level: Building Capacities and Momentum for Action*.⁷

The question is whether these member states have the necessary clout to push WHO towards effective changes. If WHO is to play the leading role in world public health, these member states must succeed in forcing it to replace its current vertical, disease-oriented structure with one which promotes primary health care and addresses social determinants. WHO is the only international organization capable of articulating and promoting this alternate vision of health and health care.

At the International Organizations

Emphasis on the social determinants and on a renewed focus on primary health care have been received coldly, to say the least, by the neoliberal Establishment. The Economist referred to it as "quixotic." As noted on the Social Medicine Portal, at the time of its release the report received virtually no press attention in the United States despite the fact that 3 of the 20 commissioners were from the US.⁸ [The report has yet to be mentioned in the pages of the New England Journal of Medicine.] Addressing health inequities means challenging the status quo and its failed health policies.⁹ This will not be an easy task.

The UN system is 'starting to discuss' social determinants of health. A July 2009 meeting of the "High Level Segment" of the UN Economic and Social Council (ECOSOC) called on the international community to support efforts by member states to promote actions tackling the social determinants of health, especially through social protection schemes.¹⁰

Civil Society

The Commission's Report has been welcomed by many civil society organizations. This is hardly surprising because the Commission sought input from such organizations in its preliminary work.

The pages of this journal, for example, have contained numerous articles from the Latin American Social Medicine Association discussing the report and its implications.¹¹

What seems clear, however, is that difficult political change – change which effectively challenges existing power structures – is unlikely to happen unless there is real pressure from civil society. This requires political organization and a clear understanding of what we want – comprehensive primary care, social and economic policies which promote health – and what we don't want – unbridled corporate development and health care based on corporate models.

In conclusion

The past year has seen some progress, but no dramatic movement to address health inequities. The global economic crisis has dominated the attention of world governments. It is easy to argue that health is simply not a priority.

And yet we wonder. Trillions of dollars were found virtually overnight to salvage a banking and insurance industry which had committed massive fraud under the "watchful eye" of government regulators. Hundreds of billions are found to prosecute a senseless war of occupation in Iraq. But tens of billions could not be found to address the problems of global sanitation and literacy. And billions could not be found to fund HIV care to all who needed it. Who profits from this?

The Commission's call for global action challenges us to coordinate our local and national activities. There is no country immune to the problem of health inequities. How, then, can we create true international solidarity around this issue?

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