

16. Social determinants of health

Statement:

The importance of social determinants of health (SDH) has been illustrated by the COVID-19 pandemic. We welcome the call to integrate a focus on SDH into WHO's work.

We welcome the mention of 'upstream' factors in creating unequal living conditions and their interaction with each other to reproduce intergenerational inequality. We urge that policy development include structural determinants such as systemic racism, casteism, and patriarchy.

Without state funding and provision, inequalities in access to quality long-term care will widen, as witnessed during COVID-19. Older and ageing populations should, at all times, have access to decent and affordable integrated care from a life course perspective. This care should include the full range from community support to residential accommodation. Working conditions and unionisation are important factors of health outcomes.

We commend the Director General's (DG) focus on solidarity during the pandemic and submit that solidarity is a social determinant. Neoliberal ideology of small government, lowering taxes and trade barriers, and privatisation have weakened solidarity both within countries and between countries. Action on SDH should include a rollback on neoliberal policies. Solidarity at the community-level is pivotal to addressing SDH. We urge genuine rather than tokenistic models of engagement with communities.

We commend the DG for establishing the Council on the Economics of Health for All. Its mandate must encompass investment in public health. This must be accompanied by investment in R&D and health products' production capacity in LMICs. Macroeconomic reforms, including tax & trade justice, can contribute to redressing poverty, inequality, and marginalisation.

The inclusion of environmental determinants of health should cover measures to mitigate the effects of climate change. We urge that investments be made in understanding the impact of the commercial determinants of health.