

Can health equity become a reality?

A global movement to address the social determinants of health has been gathering pace. This week's issue of *The Lancet* contributes to this campaign by publishing evidence on actions that can reduce the startling health inequalities that persist within and between countries.

The catalyst for this special issue has been our close work with the Commission on Social Determinants of Health. Set up in 2005 by WHO, the Commission—an independent group of scientists and politicians, chaired by Michael Marmot—has gathered evidence for policies that address the social conditions in which people live and work to improve health. Its final report, published in August, is summarised today in a Public Health article.

The Commission identified three overarching principles to reduce health inequalities nationally and globally: improve daily living conditions; tackle the unequal distribution of power, money, and resources; and measure and understand the problem and assess the results of action. Under the three themes, the Commission's final report provides a vast array of recommendations, including the governmental provision of programmes for early child development, the expansion of the Multilateral Debt Relief Initiative, and the registration of all children at birth without financial cost to households.

Critics have stated that the Commission's recommendations are too lofty and ambitious. Some are sceptical about the possibility of change on such a grand scale. Others have called for pragmatic solutions—quick fixes that are more politically acceptable. But the essence of the campaign for health equity is that root and branch reform is needed to fundamentally change the way governments and UN agencies are doing things. Putting fairness and social justice on the global agenda will not be an easy task. It will take time. But now that the Commission's final report has been published and evidence is being gathered for action, it would be a terrible mistake to stall this movement with negativity and pessimism.

So what needs to happen now to move forward? The challenge is to convert the Commission's comprehensive set of conclusions into action. Although the principles behind achieving health equity are universal, individual countries will need to work on practical policies for their populations, since solutions for India will be very

different to those for the USA. The ball is already rolling. On Nov 6, Alan Johnson, the UK's Secretary of State for Health, announced that a group, led by Michael Marmot, would be set up to translate the Commission's principles into concrete policies for the UK. Other nations must follow suit and establish similar bodies.

Global leadership is essential to push this agenda forward. WHO is the obvious candidate for this role and Margaret Chan, the Director-General, can use her position to advocate for equity in health. WHO's six Regional Directors should be active in organising meetings to translate the Commission's findings into country-specific policies. The agency is also best placed to set up the necessary monitoring and evaluation system for improvements in health equity.

Other relevant UN agencies should be included in discussions about achieving health equity. For example, UN-HABITAT—the UN agency for human settlements—will be key in addressing inequalities in urban settings. Its recently published *State of the World's Cities 2008/9* showed that major US cities are as unequal in terms of income as are African and Latin American cities, and that one in three people in developing countries lives in a slum.

As well as leadership and advocacy, there is clearly a need for more research on the magnitude of the problem in low-to-middle-income nations, and on how inequalities can be tackled. But gaps in information should not be an excuse for inaction. As several papers in today's issue show, much is possible now. For example, Olle Lundberg and colleagues report that increased generosity in social policies that support dual-earner families is linked with lower rates of infant mortality.

Civil society must continue to play a strong part in holding governments to account over health inequalities. And, as countries begin to implement evidence-based policies, they will need to convene to share their developments at a regular international meeting, similar to the *Countdown to 2015* conferences that track progress on child survival. The Commission calls for such a meeting to take place in 2010. We strongly support the need for this conference. It will give countries the impetus to act.

All societies must strive to close their gaps in health equity in a generation. Too much is at stake not to do so. ■ *The Lancet*



See [Perspectives](#) page 1625

See [Articles](#) page 1633

See [Public Health](#) page 1661

For more on the **Commission on Social Determinants of Health** see http://www.who.int/social_determinants/en/

For the **UN-HABITAT report** see <http://www.unhabitat.org/pmss/getPage.asp?page=bookView&book=2562>