

ANNEX: THE CSDH MULTIPRONGED APPROACH

The goals

The Commission on Social Determinants of Health (CSDH) seeks to create a global movement for health equity, rooted in shared beliefs in social justice and human rights. Realizing the Commission's vision of a world in which people have the freedom to lead the life they have reason to value, requires action on the social determinants of health. The goal of the Commission is to gather evidence, harness national and local efforts, detail what effective social action must entail in order to maintain, promote, and provide better health for all, advocate for change and engage with those responsible for health-related decision-making. The goals of the CSDH are pursued

through a number of work streams operating in parallel: Knowledge Networks, Partner Countries, Civil Society Organizations, and Global Initiatives. Within the various work streams, efforts have been made globally to expand the evidence base on social determinants of health, and in particular on effective action to understand and deal with these determinants. The Commission is supported by a secretariat based in the Department of Equity, Poverty and Social Determinants of Health, WHO, Geneva, Switzerland, and the International Institute of Society and Health, University College London, England.

Commissioners

Leading the CSDH are 19 Commissioners, who are global and national leaders from politics, government, civil society, and academic fields. Through their meetings they steer the Commission in all its processes: from conceptual formulations, through evidence gathering, appraisal, and synthesis to the

formulation of recommendations. Drawing on their expertise and experience, Commissioners communicate the key messages and recommendations of the Commission in policy arenas and focus political attention on the social factors that lead to ill-health.

Knowledge Networks

The Commission has set up nine Knowledge Networks (KNs), arranged around the themes of Globalization, Health Systems, Urban Settings, Employment and Working Conditions, Early Child Development, Social Exclusion, Women and Gender Equity, Measurement and Evidence, and Priority Public Health Conditions. These KNs were established to collect, collate and synthesize a diverse range of evidence on: (i) plausible causal relations; (ii) key areas in which action should take place; and (iii) effective practices and interventions for addressing socially determined health inequities globally.

The KNs comprise one or more coordinating hubs with members drawn from academic, policy, practice and advocacy arenas across low, middle, and high income countries throughout the world. Understanding how social determinants lead to health inequities, and identifying effective responses to address them, requires drawing upon evidence often found outside the biomedical discourse, in a plurality of disciplines such as social policy, urban development, political science, social epidemiology, and gender studies. Knowledge was gathered from diverse sources including peer reviewed literature, grey literature, expert opinion, case-studies, and narratives. The deliberate two-way flow of information to and from KNs to the Commission's other work streams was designed to facilitate the

progressive input from country and civil society experiences and uptake of evidence by countries, institutions, and advocacy groups.

Knowledge Networks: organizational hubs

1. Globalization KN hub

University of Ottawa: Professor Ron Labonte, Hub Leader (rlabonte@uottawa.ca); Professor Ted Schreckler, Hub Coordinator (tschreck@uottawa.ca).

2. Women and Gender Equity KN co-hubs

Karolinska Institute, Sweden, and Indian Institute of Management: Dr Piroska Ostlin (piroska.ostlin@ki.se) and Professor Gita Sen (gita@iimb.ernet.in).

3. Social Exclusion KN co-hubs

Human Sciences Research Council, South Africa; ICDDR,B and BRAC, Bangladesh; National University and Javeriana University, Colombia; National School of Public Health Sergio Arouca, Oswaldo Cruz Foundation, Brasil; Lancaster University, UK: Dr Laetitia Rispel (LRispel@hsrc.ac.za); Dr Heidi Johnston (hjohnston@icddr.org); Dr Mario Esteban Hernández Alvarez (mehernadesza@unal.edu.co); Dr Sarah Escorel (sescorel@ensp.fiocruz.br); Professor Jennie Popay (j.popay@lancaster.ac.uk).

4. Employment Conditions KN co-hubs

Pompeu Fabra University, Spain, and Federal University of Bahia: Dr Joan Benach (joan.benach@upf.edu & joan.benach@utoronto.ca), Professor Vilma Sousa Santana) and Dr Carles Muntaner (Carles_Muntaner@camh.net).

5. Early Child Development KN hub

Human Early Learning Partnership and the Centre of Excellence in Early Childhood Development: Professor Clyde Hertzman, Hub Leader (clyde.hertzman@ubc.ca); Dr Lori Irwin, Hub Coordinator (lori.irwin@ubc.ca).

6. Urban Settings KN hub

WHO Kobe Centre, Japan: Dr Susy Mercado (mercados@who.or.jp); and Dr Kirsten Havemann (havemannk@wkc.who.int).

7. H Health Systems KN hub

University of Witterasand: Professor Lucy Gilson, Hub Leader (lgilson@iafrica.com); Dr Jane Doherty, Hub Coordinator (jane.doherty@nhls.ac.za).

8. Priority Public Health Conditions KN hub

Department of Equity, Poverty and Social Determinants of Health, WHO, Geneva: Dr Erik Blas, Hub Leader (blase@who.int).

9. Measurement and Evidence KN co-hubs

University del Desarrollo and National Institute for Health Clinical Excellence: Dr Josiane Bonnefoy (josiane.bonnefoy@gmail.com), Professor Mike Kelly (mike.kelly@nice.org.uk) and Mr Antony Morgan (antony.morgan@nice.org.uk).

Knowledge Networks: reports and background documents (as of June 2007)

Globalization

- Knowledge Network on Globalization (2007). *Towards a health-equitable globalization: a question of rights, regulation and redistribution*. Draft final report of the Globalization Knowledge Network of the Commission on Social Determinants of Health.
- Lister J (2007). *Globalization and health systems change*. Background document of the Globalization Knowledge Network of the Commission on Social Determinants of Health.
- Lee K, Koivusalo M, Ollila E, Labonté R, Schrecker T, Schuftan C, Woodward D (2007). *Globalization, global governance and the social determinants of health: a review of the linkages and agenda for action*. Background document of the Globalization Knowledge Network of the Commission on Social Determinants of Health.
- Packer C, Labonté R, Spitzer D, Murphy S, Bhushan A, Warren B (2007). *Globalization and health worker migration*. Background document of the Globalization Knowledge Network of the Commission on Social Determinants of Health.
- Wilson JZ, Bond P (2007). *Globalization, water and health*. Background document of the Globalization Knowledge Network of the Commission on Social Determinants of Health.
- Cornia GA, Rosignoli S, Tiberti L (2007). *Globalization and health: pathways of transmission, and evidence of its impact*. Background document of the Globalization Knowledge Network of the Commission on Social Determinants of Health.
- Koivusalo M, Schrecker T (2007). *Globalization and policy space*. Background document of the Globalization Knowledge Network of the Commission on Social Determinants of Health.
- Schrecker T, Poon D (2007). *Globalization, labour markets and social determinants of health*. Background document of the Globalization Knowledge Network of the Commission on Social Determinants of Health.
- Hawkes C, Chopra M, Friel S, Thow AM (2007). *Globalization, food and nutrition transitions*. Background document of the Globalization Knowledge Network of the Commission on Social Determinants of Health.
- Correa C (2007). *Intellectual property rights and inequalities in health outcomes*. Background document of the Globalization Knowledge Network of the Commission on Social Determinants of Health.
- Breilh J (2007). *Globalization and social determinants of health – lessons from the Latin American experience*. Background document of the Globalization Knowledge Network of the Commission on Social Determinants of Health.

- Rowson M (2007). *Globalization, debt and poverty reduction strategies*. Background document of the Globalization Knowledge Network of the Commission on Social Determinants of Health.

- Taylor S (2007). *Aid and health*. Background document of the Globalization Knowledge Network of the Commission on Social Determinants of Health.

- Bond P (2007). *Trends in global political economy and geopolitics post-1980*. Background document of the Globalization Knowledge Network of the Commission on Social Determinants of Health.

Women and Gender Equity

- Knowledge Network on Women and Gender Equity (2007). *Unequal, unfair, ineffective and inefficient - gender inequity in health: Why it exists and how we can change it*. Final report

- Sen G, Östlin P, Iyer A (in preparation). *Intersectionality in health and health care: a review of research and policy*. Background document of the Women and Gender Equity Knowledge Network of the Commission on Social Determinants of Health.

- Petchesky R, Laurie M. (2007) *Gender, health and human rights in sites of political exclusion*. Background document of the Women and Gender Equity Knowledge Network of the Commission on Social Determinants of Health.

- Keleher H, Franklin L. (2007) *Strategies/interventions for changing gendered norms at the level of household and community*. Background document of the Women and Gender Equity Knowledge Network of the Commission on Social Determinants of Health.

- Snow R (in preparation). *Sex, gender and vulnerability*. Background document of the Women and Gender Equity Knowledge Network of the Commission on Social Determinants of Health.

- George A (2007). *Human resources for health: a gender analysis*. Background document of the Women and Gender Equity Knowledge Network of the Commission on Social Determinants of Health.

- Govender V, Penn-Kekana L (2007). *Gender biases and discrimination: a review of health care interpersonal interactions*. Background document of the Women and Gender Equity Knowledge Network of the Commission on Social Determinants of Health.

- Murthy RK (2007). *Accountability to citizens on gender and health*. Background document of the Women and Gender Equity Knowledge Network of the Commission on Social Determinants of Health.

- Batthyany K, Correa S. *Health, gender and poverty in Latin America*. (2007) Background document of the Women and Gender Equity Knowledge Network of the Commission on Social Determinants of Health.

- Ravindran TKS, Kelkar-Khambete A (2007). *Women's health policies and programmes and gender mainstreaming in health policies, programmes and within the health sector*. Background document of the Women and Gender Equity Knowledge Network of the Commission on Social Determinants of Health.

Social Exclusion

- Social Exclusion Knowledge Network (2007). Draft final report of the Social Exclusion Knowledge Network of the Commission on Social Determinants of Health.

- Mathieson J, Popay J (2007). *Social Exclusion: A narrative review of the literature*. SEKN Background Paper 1

- Enoch, E (2007). *Social Exclusion: Policy Discourse in the European Union*. SEKN Background Paper 2.

- Rispel L, Molomo B, Dumela S (2007). *South African Case Study Report*. SEKN Background Paper 3.

- Rispel L, da Sousa C, Molomo B (2007). *Social Exclusion: Rapid Policy Appraisals in Selected Sub-Saharan African Countries*. SEKN Background Paper 4

- Mathieson J (2007). *Social Exclusion in North Niger: A rapid appraisal*. SEKN Background Paper 5

- Barker N (2007). *Social Exclusion in Ghana: A rapid appraisal*. SEKN Background Paper 6

- Sarag H, Karim K (2007). *Social Exclusion: Voice and Action*. A collation of perspectives from civil society SEKN Background Paper 7

- Mathieson J, Kowarzik U, Popay J (2007). *The UK Social Exclusion Policy Initiative: A Country Case Study*. SEKN Background Paper 8

- Enoch E (2007). *Social Exclusion: Rapid Appraisals in Selected European Countries*. SEKN Background Paper 9

- Newman L, Biedrzycki K, Patterson J, Baum F (2007). *South Australia's Social Inclusion Initiative: A Rapid Appraisal Case Study*. SEKN Background Paper 10

- Johnston, H ed. (2007). *Social Exclusion: case studies from Bangladesh*. SEKN Background Paper 11

- Escorel S ed. (2007). *Social Exclusion: Case Studies from Brasil*. SEKN Background Paper 12

- Alvarez Hernandez M ed. (2007). *Social Exclusion: Case Studies from Colombia*. SEKN Background Paper 14

Employment Conditions

- Employment Conditions Knowledge Network (2007). *Employment conditions and health inequalities*. Draft final report of the Employment Conditions Knowledge Network of the Commission on Social Determinants of Health.

Background case-studies

- Niu S. Economic growth is not translated into decent job growth.
- Benach J, Muntaner C. Wal-Mart's nation: the impact on labour and health.
- Menéndez M, Benach J. What are the origins and consequences of maquilas?
- Artazcoz L, Benach J, Borrell C. Interaction between work and health inequalities.
- Kernaghan C, Briggs B. Kaisi Metals Factory in Guangzhou (China).
- Sarkar A. The ship-breaking industry in South Asia.
- The International Labor Rights Fund (ILRF). Bridgestone Corporation maintains slave-like conditions in Liberia.
- Kernaghan C, Briggs B. Human trafficking and involuntary servitude under the USA–Jordan Free Trade Agreement.

- Head J, Chandola T. Psychosocial working conditions and social inequalities in health.

- Caudron JM, Lambert D. Ikea, a (social) model to be dismantled
- Tapia Granados JA, Do health inequalities increase when employment grows?
- Lewchuk W, Clarke M, de Wolff A. Precarious employment, health, and the life cycle.
- Fortier A. The lives behind the piles.
- Kernaghan C, Briggs B. Are we going backward in the global economy?
- Loomis D. Case occupational health inequalities in the United States: the workforce changes, but patterns persist.
- Moncada S, Llorens C, Castellà T. Working conditions as promoters of health inequalities.
- Menéndez M, Benach J. Unions and safety representatives are good for workers' health.
- Eakin J. Health and the Social Relations of Work in Small Enterprises.
- Western B. Imprisonment and labor market inequality in the United States.
- Quinlan M. Subcontracting.
- Quinlan M. Self-employment.

- Kernaghan C, Briggs B. What must US companies do regarding child labor?
 - National Economic and Social Rights Initiative (NESRI). Economic structures enabling slavery in the United States.
 - Head J, Chandola T. Psychosocial working conditions and political responses.

Early Child Development

- Irwin LG, Siddiqi A, Hertzman C (2007). *Early child development: a powerful equalizer*. Final report of the Early Child Development Knowledge Network of the Commission on Social Determinants of Health.
- Siddiqi A, Irwin LG, Hertzman C (2007). *Total environment assessment model for early childhood development*. Background document of the Early Child Development Knowledge Network of the Commission on Social Determinants of Health.

Urban Settings

- Knowledge Network on Urban Settings (2007). *Our cities, our health, our future: acting on social determinants for health equity in urban settings*. Final report of the Urban Settings Knowledge Network of the Commission on Social Determinants of Health.
- Kjellstrom T, Mercado S, Sami M, Havemann K, Iwao S (2007). Achieving health equity in urban settings. *Journal of Urban Health*, 84:1–6.

- Mercado S, Havemann K, Sami M, Ueda H (2007). Urban poverty: an urgent public health issue. *Journal of Urban Health*, 84:7–15.
 - Vlahov D, Freudenberg N, Proietti F, Ompad D, Quinn A, Nandi V, Galea S (2007). Urban as a determinant of health. *Journal of Urban Health*, 84:16–26.
 - Ling Ooi G, Hong Phua K (2007). Urbanization and slum formation. *Journal of Urban Health*, 84:27–34.
 - Yusuf S, Nabeshima K, Ha W (2007). Income and health in cities: the messages from stylized facts. *Journal of Urban Health*, 84:35–41.
 - Ompad DC, Galea S, Caiaffa WT, Vlahov D (2007). Social determinants of the health of urban populations: methodologic considerations. *Journal of Urban Health*, 84:42–53.
 - Campbell T, Campbell A (2007). Emerging disease burdens and the poor in cities of the developing world. *Journal of Urban Health*, 84:54–64.
 - David AM, Mercado S, Becker D, Edmundo K, Mugisha F (2007). The prevention and control of HIV/AIDS, TB and vector-borne diseases in informal settlements: challenges, opportunities and insights. *Journal of Urban Health*, 84:65–74.

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- Lee A, Kiyu A, Molina Milman H, Jimenez J (2007). Improving health and building human capital through an effective primary care system. *Journal of Urban Health*, 84:75–85.
 - Kjellstrom T, Friel S, Dixon J, Corvalan C, Rehfuess E, Campbell-Lendrum D, Gore F, Bartram J (2007). Urban environmental health hazards and health equity. *Journal of Urban Health*, 84:86–97.
 - Sheuya S, Howden-Chapman P, Patel S (2007). The design of housing and shelter programs: the social and environmental determinants of inequalities. *Journal of Urban Health*, 84:98–108.
 - Campbell-Lendrum D, Corvalán C (2007). Climate change and developing-country cities: implications for environmental health and equity. *Journal of Urban Health*, 84:109–117.
 - Dixon J, Omwega AM, Friel S, Burns C, Donati K, Carlisle R (2007). The health equity dimensions of urban food systems. *Journal of Urban Health*, 84:118–129.
 - Pridmore P, Thomas L, Havemann K, Sapag J, Wood L (2007). Social capital and healthy urbanization in a globalized world. *Journal of Urban Health*, 84:130–143.
 - Leitmann J (2007). Cities and calamities: learning from post-disaster response in Indonesia. *Journal of Urban Health*, 84:144–153.
 - Burris S, Hancock T, Lin V, Herzog A (2007). Emerging strategies for healthy urban governance. *Journal of Urban Health*, 84:154–163.
 - Barten F, Mitlin D, Mulholland C, Hardoy A, Stern R (2007). Integrated approaches to address the social determinants of health for reducing health inequity. *Journal of Urban Health*, 84:164–173.

Health Systems

- Knowledge Network on Health Systems (2007). Final report. Final report of the Health Systems Knowledge Network of the Commission on Social Determinants of Health.

Systematic literature reviews

- De Maeseneer J, Willems S, De Sutter A, Van de Geuchte I, Billings M (2007). Primary health care as a strategy for achieving equitable care.
- George A (2007). Human resources for health: a gender analysis.
- Gilson L (2007). What sort of stewardship and health system management is needed to tackle health inequity, and how can it be developed and sustained?
- Gilson L (2007). The political management needs of health policy change intended to promote equity.
- Hanefeld J, Spicer N, Brugha R, Walt G (2007). How have global health initiatives impacted on health equity? What strategies can be put in place to enhance their positive impact and mitigate against negative impacts?
- Mackintosh M (2007). Planning and market regulation: strengths, weaknesses and interactions in the provision of less inequitable and better quality health care.
- Mills A (2007). Strategies to achieve universal coverage: are there lessons from middle-income countries?

- Musuka G, Chingombe I (2007). Building equitable people-centred national health systems: the role of parliament and parliamentary committees on health in East and Southern Africa.

- Public Health Agency of Canada and Health Systems KN (2007). Crossing sectors: experiences in intersectoral action, public policy and health.

- Vega-Romero R, Torres-Tovar M (2007). The role of civil society in building an equitable health system.

Country and regional case-studies

- Balabanova D (2007). Health sector reform and equity in transition.
- Chetty K (2007). Equity-promoting health-care policies in South Africa.
- Dubowitz T, Anthony R, Bird C, Cohen D, Lurie N (2007). The experience of the USA: health inequity within a high-income setting.
- Infante A (2007). The post military government reforms to the Chilean Health System.
- Laurell AC (2007). Granting universal access to health care. The experience of the Mexico City government.
- Meng Q (2007). Developing and implementing equity-promoting health care policies in China.
- Perera MALR (2007). Intersectoral action for health in Sri Lanka.

- Ranson K, Poletti T, Bornemisza O, Sondorp E (2007). Promoting health equity in conflict-affected fragile states.

- Tangcharoensathien V, Prakongsai P, Limwattananon S, Patcharanarumol W, Jongudomsuk P (2007). Achieving universal coverage in Thailand: what lessons do we learn?

Case-studies on the role of parliamentarians in promoting health equity

- Chebundo B (2007). The Zimbabwe re-engineered budget process and the impact of its all-stakeholder inclusiveness approach, and how the involvement of EQUINET and other stakeholders contributes towards achieving equitable distribution of health resources.

- Chebundo B (2007). The way parliamentary committees on health have overcome obstacles in creating sustained and coordinated pressures for health through regional networking in Southern and Eastern Africa.

- Health Systems Trust (2007). Manner in which parliamentarians have been able to use the budget process to make visible inequalities in health and to promote equitable distribution in South Africa.

- Mugisha F (2007). The Nairobi Equity Gauge work with parliaments.

Priority Public Health Conditions

- forthcoming

Measurement and Evidence

- Kelly MP, Bonnefoy J, Morgan A, Florenzano F, Friel S, Houweling TAJ, Bell R, Taylor S, Simpson S (2006). *Guide for the Knowledge Networks for the presentation of reports and evidence about the social determinants of health*. Background document of the Measurement and Evidence Knowledge Network of the Commission on Social Determinants of Health.

- Kelly MP, Bonnefoy J, Morgan A, Florenzano F (2006). *The development of the evidence base on the social determinants of health*. Background document of the Measurement and Evidence Knowledge Network of the Commission on Social Determinants of Health.

- Measurement and Evidence Knowledge Network (in preparation). *Promoting standards in the use of measurement and evidence to develop policies and programmes to address the social determinants of health – guidelines and recommendations from the Measurement and Evidence Network (MEKN)*. Background document of the Measurement and Evidence Knowledge Network of the Commission on Social Determinants of Health.

Additional key issues

In addition to the central thematic areas investigated by the Knowledge Networks, key additional factors known to contribute to health and health inequities were investigated, albeit less extensively, and discussion papers and peer-reviewed journal articles were prepared based on a synthesis of existing evidence on a particular topic. These additional key issues include migration, education, aid, ageing, mental health, medical education, indigenous peoples, food and nutrition, violence and conflict, alcohol and tobacco, rural settings, and the environment.

- McMichael AJ, Friel S, Nyong A, Corvalan C (in preparation). Global environmental change and human health: implications for health inequalities, social policy and the health professions. Paper commissioned by the *British Medical Journal*.
- Friel S, Chopra M, Satcher D (in preparation). Unequal weight: equitable policy responses to the global obesity epidemic. Paper commissioned by the *British Medical Journal*.
- Gwatkin D, Taylor S, Marandi SA (in preparation). The social determinants of health and the design of health programmes for the poor. Paper commissioned by the *British Medical Journal*.
- McCoy D (in preparation). Beyond the microbe – the social determinants of infectious diseases calls for social action. Paper commissioned by the *British Medical Journal*.
- Taylor S (2006). *Working paper on violence and injury*. Commission on Social Determinants of Health, University College London.
- *Social determinants and indigenous health: the international experience and its policy implications*. Report on the International Symposium on the Social Determinants of Indigenous Health, Adelaide, 29–30 April 2007 for the Commission on Social Determinants of Health
- Nettleton C, Napolitano DA, Stephens C (2007). *An overview of current knowledge of the social determinants of indigenous health*. Working Paper for the Commission on Social Determinants of Health.
- Watts S, Siddiqi S, Shukrullah A, Karim K, Serag H (2007). *Social determinants of health in countries in conflict: the Eastern Mediterranean perspective*. Background paper for the Commission on Social Determinants of Health.
- Butler R, Cohen B (2006). *Ageing open letter* from the Panel on the Social Determinants of Adult Health and Mortality, USA.
- Satcher D, Friel S, Bell R (in preparation). The mental health impact of disasters: natural and man-made. Paper submitted to *JAMA*.

- Golkari A, Forde I (2007). *Social determinant of health interventions. The direct financial cost*. A background paper prepared for the Commission on Social Determinants of Health.

- De Maeseneer J, Boelen C, Sewankambo N, Marandi SA, Luboga S (in preparation). How can curricula for health-care workers address the social determinants of health? Paper submitted to *PLoS Medicine*.

Understanding how contextual factors contribute to health and health equity is being explored specifically through two regional networks: Nordic and Asia.

Since 2005, a multicountry project has been undertaken as a contribution to the CSDH. The work, entitled *The Nordic experience – Welfare states and public health*, has been led from the Centre for Health Equity Studies (CHESS), Stockholm University and Karolinska Institute. The cross-country collaboration includes Denmark, Finland, Iceland, Norway, and Sweden and brings together collaborating researchers from Social Medicine, University of Copenhagen, the Danish Institute for Social Research, Copenhagen; STAKES, Helsinki, Department of Public Health, University of Helsinki; Research Centre for Occupational Health and Working Life, Reykjavik; Oslo University College, NOVA, Oslo; and Institute for Futures Studies, Stockholm. The NEWS

Project attempts to bring together “historical and sociological knowledge on welfare state development and cross-national variation” with “public health knowledge on social determinants of health, population health and health inequalities”.

The Asian network is being led from the University of Tokyo Graduate School of Medicine, Japan. The cross-country collaboration includes China, China (Hong Kong Special Administrative Region), China (Province of Taiwan), Japan, and the Republic of Korea. The network aims to share understanding about how each of the following may have contributed to the health experience of these societies: the rapid demographic change (Japan, followed by China and the Republic of Korea), the drastic economic change and related social and environmental issues, a legend of relatively good health status in macro, but questionable sustainability, common but distinctive cultures, and historical, political, and health-care system heterogeneity.

Country work stream

The main goal of the CSDH country stream of work is to promote, demonstrate, implement and institutionalize policies and programmes of action on social determinants. The work aims to improve the stewardship role of government to take action on the social factors influencing health and health equity.

Action at country level will be one of the primary vehicles for using the Commission's vast evidence base, implementing the recommendations of the Commission, and sustaining awareness and understanding of social determinants of health among political leaders and stakeholders worldwide after the Commission formally ends in May 2008.

The CSDH is collaborating with a small number of Partner Countries (listed below) to support the development of national policies aimed at reducing health inequities through cross-governmental action on the social determinants of health.

WHO region	Partner Countries
Africa	Kenya Mozambique
Americas	Bolivia Brazil Canada Chile
South-East Asia	Sri Lanka
Europe	Sweden United Kingdom
Eastern Mediterranean	Islamic Republic of Iran

A clear commitment from the head of state to improving health and reducing health inequities within a country is crucial to developing a national agenda on health and health equity. Four key steps in this process have been identified and endorsed by countries and define the basis for structuring work with Partner Countries: (i) diagnosis and assessment of the health equity situation; (ii) getting the health system right, that is correcting health inequities being generated by the health system itself, developing national targets or goals for health and health equity, and strengthening health information systems; (iii) intersectoral action across government to address social determinants of health; and (iv) frontier knowledge, or breaking new paths in our understanding of social determinants of health and health equity.

A number of other countries are also working cooperatively with the Commission, though with a less formally structured approach than the Partner Countries. WHO regional offices have also initiated important work, starting with the establishment of a regional focal point for social determinants of health. The regional offices are involved in a variety of social determinants of health activity such as supporting baseline analysis of equity information (Regional Office for Africa (AFRO), Regional Office for South-East Asia (SEARO), Regional Office for the Eastern Mediterranean (EMRO), and Regional Office

for the Western Pacific (WPRO) or working directly with countries to develop tools and promote social determinants of health policy (Regional Office for the Americas (AMRO) and Regional Office for Europe (EURO)).

Preliminary analysis of the country stream of work indicates impact in the following general areas.

- For countries with less experience in formally addressing social determinants of health through intersectoral policy, such as most countries in the African Region, the CSDH country stream of work has generated political interest in social determinants of health and in jumpstarting the process towards policy development, by supporting baseline analysis of health equity and the relevant social determinants of health for the country.
- For countries with some prior experience of highlighting health equity, such as Brazil and Chile, the work has generated considerable political support for a social determinants of health approach, and has led to the creation of new mechanisms and institutional structures to promote intersectoral policy development and improvements within the health system.

Ministries of Health of Brazil and Chile collaborate

Following the meeting on Latin American Civil Society's work with the Commission, in April 2007, the President of Brazil Luis Ignacio da Silva visited Chile. During the visit, the ministers of health of both countries signed a memorandum of understanding underpinned by their countries' similar views on health and its social, political and economic determinants – and on how they should link with the rest of world. The President of Brazil affirmed: "South American integration is not an academic word game. Without integration, we cannot discover the true potential of Latin America." In discussions, both ministries focused on promoting and developing cooperation in relation to policies on gender and social determinants, citizen participation and participative management in health.

- For countries with significant experience in this area, such as Canada, Sweden and the United Kingdom, the work has facilitated cross-country sharing of lessons as well as joint research initiatives, such as investigating international experiences in intersectoral action and integrated policy-making for health, incorporating over 20 high, medium and low income countries. They are also advancing frontier knowledge in the understanding of social determinants of health and health equity, for example by assessing the economic and equity effectiveness of addressing upstream determinants of health.

Intersectoral action and integrated policy to promote health and health equity

The social determinants of health cut across the whole of government and therefore require integrated intersectoral action. Health is a responsibility of the whole of government, not solely ministers of health. This premise carries undoubted challenges. The Canadian Country Partner, led by the Public Health Agency of Canada, has embarked on an initiative to collect lessons on more and less successful efforts to engender cross-government action on health and health equity. Using case-studies, the initiative will reveal the nature of policy challenges being met by intersectoral action in different countries; significant contextual factors; mechanisms used to support intersectoral action; the roles of various actors; the subsequent health and broader social outcomes; and lessons learned. The initiative will identify mechanisms, tools, and strategies that are needed or that have proven useful in intersectoral planning as well as integrated policy-making for health.

The report from the country work stream will play a crucial role in informing the Commission's recommendations, specifically in relation to how to instigate and develop intersectoral policy processes on social determinants of health; how WHO can best structure member support for promoting a social determinants of health approach; how to build sustainable action on social determinants of health; and how new knowledge on social determinants of health and health equity can stimulate action.

Civil society organizations

The Commission's Civil Society stream of work is central to building and using the evidence on action relating to health equity. The active participation of civil society organizations in the work of the Commission aims to provide a global platform for civil society voice, strengthen capacities among participating civil society organizations, and advance civil society agendas in relation to the social determinants of health. Civil society is doing this by engaging with ongoing activities at the grassroots level that focus on the social determinants of health. Civil society is also building further momentum in support of the social determinants of health approach by helping to ensure that a strong voice advocates and agitates for a social determinants approach to health equity, using the CSDH evidence base and recommendations.

Specifically through the efforts of this stream of work, the Commission is positioned in several countries worldwide and has enabled previously unconnected social movements to establish common working agendas, strengthening their advocacy and lobbying capacities. This work stream also contributes to the development of the evidence base through case-studies in the Knowledge Network theme areas and also by contributing learning from civil society on how to effect social change through community engagement, advocacy, and other aspects of civil society movements.

The CSDH Civil Society strategies have been developed through consultative processes led by civil society groups in four global regions (Africa, Asia, the Eastern Mediterranean and Latin America/Caribbean). The civil society organizations that participate in the CSDH lead a process drawing on the knowledge and experience in their organizations and communities to learn from the community level and promote country action shaped by civil society knowledge and concerns.

Civil Society Facilitators

African Region

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Region of the Americas

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Some of the key issues emerging from the civil society work to date:

1. Current development models (at both national and international levels) are inherently and exponentially generating inequities.
2. Including the excluded, using a “right to health” approach to participatory public policies, is essential if new policies to address the social determinants of health are to be ethically and politically legitimate and effective.
3. What is new and encouraging in the Commission is its emphasis, specifically, where the CSDH is playing a role: in collecting evidence on what has worked.
4. Both states and civil society are key and indispensable actors along with development agencies, academia, and mass media among others. Joint action is necessary to make an impact on the structural social determinants and consequently on reducing health inequities.

Civil Society reports and background documents (as of June 2007)

- CSDH Civil Society (2007). Civil society report. Prepared for the Commission on Social Determinants of Health.
- Case-studies (prepared under the auspices of the Health Systems Knowledge Network of the Commission on Social Determinants of Health)
 - Cuevas JH (2007). Health and autonomy: the case of Chiapas (in Mexico).
 - Mbombo N (2007). Building and maintaining the capacity, representativeness, legitimacy, diversity and voice of civil society in order to allow for authentic, bottom-up, effective and informed engagement: the case-study of a community-based organization (CBO) at a Black informal settlement area, South Africa. Case-study commissioned by the Health Systems Knowledge Network of the WHO Commission on the Social Determinants of Health.
 - Musuka G, Chingombe I (2007). Civil society participation in programme implementation for intersectoral action on health equity and intersectoral action for health: a case-study of the Health Civil Society Network in East and Southern Africa. Case-study commissioned by the Health Systems Knowledge Network of the WHO Commission on the Social Determinants of Health.
 - Nazarit PS (2007). The contribution made by women's and feminist movements to equity in health: the Chilean experience. Case-study commissioned by the Health Systems Knowledge Network of the WHO Commission on the Social Determinants of Health.
 - Ochoa FR, Visbal LA (2007). Civil society and health system in Cuba. Case-study commissioned by the Health Systems Knowledge Network of the WHO Commission on the Social Determinants of Health.
 - Peren HI (2007). Revival of Maya medicine and impact for its social and political recognition (in Guatemala).
 - Rusike I (2007). Civil society promotion of equity and the social determinants of health through involvement in the governance of health systems: the case of the Community Working Group on Health in Zimbabwe. Case-study commissioned by the Health Systems Knowledge Network of the WHO Commission on the Social Determinants of Health.

Global initiatives

Given that what happens within countries is increasingly influenced by the policy prescriptions of global institutions, the Commission is strongly committed to engaging with those actors. Fair and inclusive multilateralism offers the best hope, both for effective governance in shared global concerns – including global health and health equity– and the strongest basis for countries to benefit from globalization while protecting domestic policy flexibility.

The Commission’s approach to global institutions aims to establish dialogue, learn from experiences, engage in policy debates and develop shared approaches around social determinants of health. Opportunities for engagement with global institutions are pursued around areas of common interest arising from the knowledge generated by the work streams through the affiliations of Commissioners and members of the Knowledge Networks. The Commission works to build knowledge and understanding of how the actions of global institutions impact on health and health inequities within and between countries.

The Commission has been working with civil society partners, WHO, and G8 country representatives to engage with the 2007 presidency and its interest in gender, HIV/AIDS, Africa, growth and health systems. United Nations agencies are crucial partners, individually, through the leadership of WHO, and looking forward to increasing cross-sectoral coherence under the reform agenda. Equally, the international finance institutions, in particular the World Bank, have much to offer the Commission and, we believe, much to gain. Here, early discussions have set the ground for future cooperation as the World Bank engages a new health strategy.

Bilateral aid donors, private philanthropic organizations, and international and global nongovernmental agencies and social movements are all directly invested in the production of better health. The Commission seeks to provide such actors with the evidence base for the value and effectiveness of upstream action on determinants of health, underpinned not simply by economic arguments but by the principle of equity inherent in their mandates. The Commission recognizes the significant and increasing role of regional institutions, both the development banks and the policy fora. In addition, the Commission recognizes the major influence of the business sector on the social determinants of health.

Working with WHO

At the 7th Commissioners' meeting in Geneva in January 2007, the newly appointed Director-General of WHO, Dr Margaret Chan, met the Commissioners and signalled her strong support for the Commission's work. WHO is mandated to be the foremost global voice advocating for global health and has a vital role in working with governments and civil society, building alliances across global institutions, and speaking out with a frank and fearless voice to position health equity unequivocally as a global public good and societal goal. While the goal of achieving more equitable health outcomes within and between countries requires action at global, regional, country, local, household and individual level, WHO is uniquely positioned to champion new approaches to global governance for health. At the same time the Commission acts as a springboard to re-establish the vision of Alma-Ata within WHO as a basis for health system development in the 21st century. The participation of civil society in developing, implementing and evaluating the global health agenda is vital.

The Commission works within WHO to integrate social determinants of health into policy and programmes at regional and country level as outlined above. This work intensified early in 2007 with the creation of the Priority Public Health Conditions (PPHC) Knowledge Network. The PPHC is a large network extending across departments, regional and country offices of WHO as well as involving national programme managers and academia. The public health conditions prioritized by this network are shown below.

The work of the PPHC is divided into three broad phases:

1. Analysis of programmes from a health equity perspective.
2. Identifying entry points for interventions and developing interventions.
3. Developing measures to steer and implement public health programmes that are sensitive to the social determinants of health equity.

Throughout its work the PPHC KN will make use of the evidence base built by other knowledge networks and areas of work of the Commission.

WHO/HQ department	Public health condition
Control of Neglected Tropical Diseases	Cluster of neglected diseases
Child and Adolescent Health and Development	Child health
Immunization, Vaccines and Biologicals	Vaccine-preventable diseases
Making Pregnancy Safer	Maternal health
Reproductive Health and Research	Reproductive health
Recovery and Transition Programme	Health in recovery
Global Malaria Programme Europe	Malaria
HIV Department	HIV/AIDS
Stop TB	Tuberculosis
Chronic Diseases and Health Promotion	Diabetes
Chronic Diseases and Health Promotion	Cardiovascular diseases
Chronic Diseases and Health Promotion	Oral health
Tobacco Free Initiative	Tobacco-related disorders
Mental Health and Substance Abuse	Mental health
Mental Health and Substance Abuse	Alcohol-related disorders
Nutrition for Health and Development	Child malnutrition
Injuries and Violence Prevention	Injuries
Food Safety	Food-borne diseases