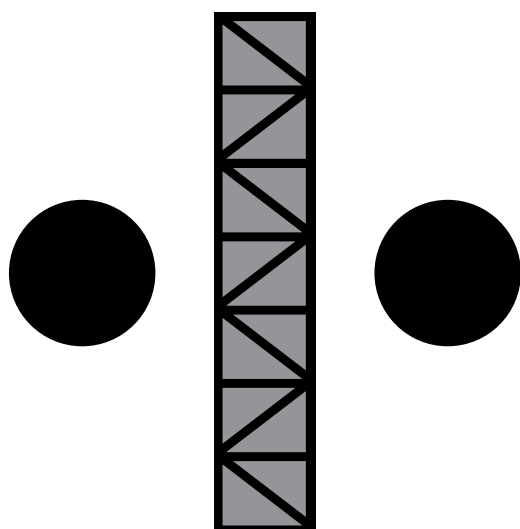


World report on social determinants of health equity

Executive summary



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World report on social determinants of health equity: executive summary

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Foreword

Our world is an unequal one. Where we are born, grow, live, work and age significantly influences our health and well-being. These social determinants of health are shaped by policy choices, social values, and the systems we create and sustain. So, despite current inequalities and inequities, change for the better is possible.

This comprehensive *World report on social determinants of health equity* underscores that achieving more equitable health outcomes requires a concerted effort to address the complex web of social, economic, environmental and political factors that impact health. These determinants are rooted in the structures of our societies, from educational access and income distribution, to living conditions and social protection.

The COVID-19 pandemic exposed and intensified health inequities, dramatically illustrating how systemic inequalities place marginalized and vulnerable groups at disproportionate risk. The impacts reverberated beyond physical health to affect mental, social and economic well-being, highlighting the need for holistic and inclusive approaches to health equity. We must foster environments that promote health and help protect against adverse outcomes across all facets of society.

This report presents evidence-based strategies and policy recommendations to guide governments, civil society and international organizations in creating just and equitable health systems. Drawing on evidence, examples and country case studies from around the world, it illustrates the positive impacts of interventions that address social determinants – whether through universal access to health and social protection, fair labour practices or inclusive education.

I invite leaders and communities worldwide to engage with this report's findings, as we work together to improve health equity through addressing social inequities. Together, let us commit to building a world where everyone, regardless of circumstance, has the opportunity to enjoy the highest attainable standard of health and well-being.



A blue ink signature of Dr. Tedros Adhanom Ghebreyesus, written in a cursive style.

Dr Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

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Abbreviations

AI	Artificial Intelligence
COVID-19	Coronavirus Disease 2019
HiAP	Health in All Policies
PHC	Primary Health Care
UHC	Universal health coverage
UN	United Nations
WHO	World Health Organization

Executive summary

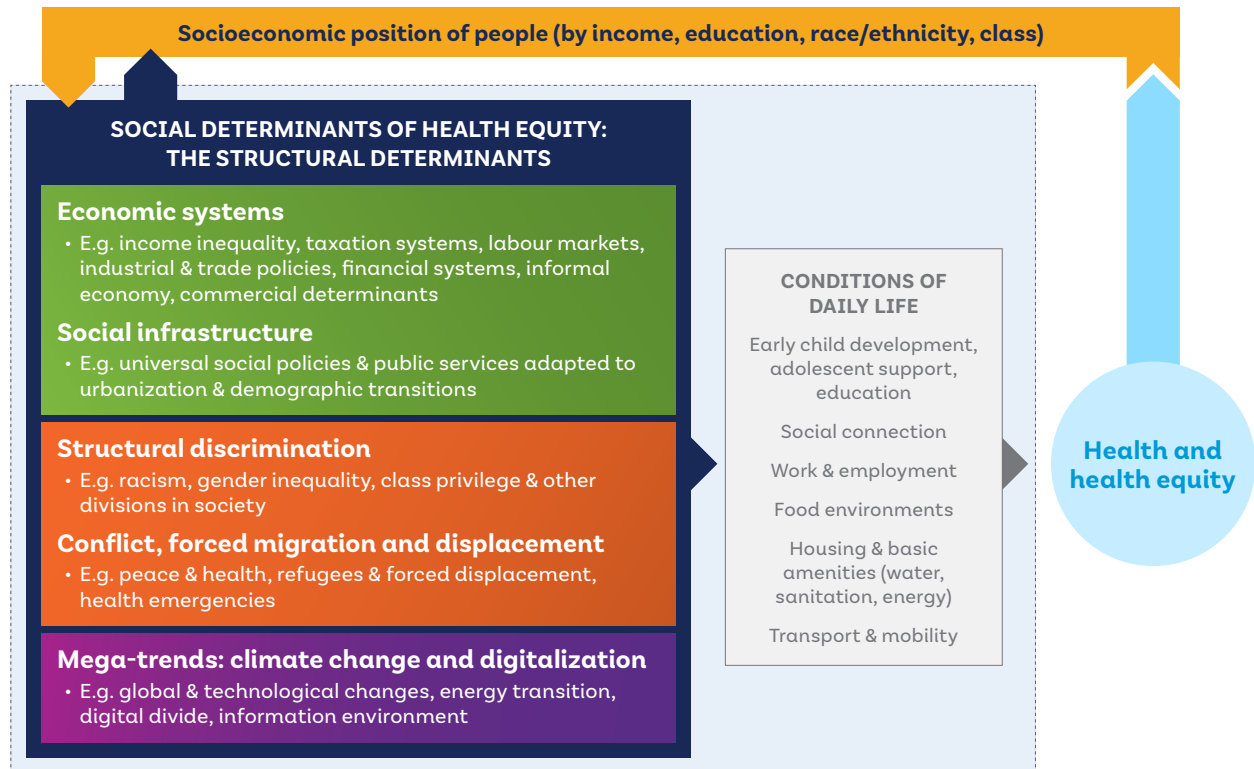
The place where you live, the communities you belong to, your education level, ethnicity, race, income and gender, and whether you have a disability, all make a huge difference to how long you can expect to live a healthy life. People in the country with the highest life expectancy will, on average, live for 33 years more than those born in the country with the lowest life expectancy (1). There are major differences in life expectancy between countries at very similar income levels: data shows that regardless of income level, some countries have managed to halve premature death over the past half-century, while in others, it has remained the same or even increased (2). Within countries, life expectancy varies by decades, depending on which area you live in and the social group to which you belong (3, 4, 5, 6, 7, 8).

These avoidable differences in health are largely due to the social determinants of health equity. The conclusion of the WHO Commission on the Social Determinants of Health (“the Commission”) in 2008 that “social injustice kills on a grand scale” continues to resonate (9). Despite global consensus that these social determinants must be tackled, progress since 2008 has been insufficient. While health gaps between countries have reduced, as many countries have advanced their overall social and economic development, within many countries, inequalities are widening, in turn deepening health inequity (10, 11, 12, 13). Widening inequity within countries, especially in lower-income countries, depletes their capacity to establish the inclusive institutions which are key to achieving prosperity, and increases the chance that countries will be trapped in cycles of conflict and under-development.

In resolution WHA74.16 (2021), the Seventy-fourth World Health Assembly requested the Director-General to prepare an updated report on the social determinants of health, their impact on health and health equity, progress made so far in addressing them, and recommendations for further action (14). This *World report on social determinants of health equity* responds to that request.

Fig. 1 provides an overview of the social determinants of health equity and areas for action addressed in this report.

FIG. 1: Social determinants of health equity as outlined in this report



Progress against the targets of the Commission on the Social Determinants of Health

The Commission set out the aspiration to close health gaps in a generation. At the current rate of progress, this goal will not be achieved. Improvements in the conditions of daily life – including in access to quality education, economic opportunities and employment, as well as water, sanitation, energy, housing and transport – have contributed greatly to improvements in population health (15). But this progress has been brought to a halt by a series of predictable and preventable global crises – financial, climate, and driven by conflict and pandemics.

The Commission had a target to halve the gap in life expectancy between social groups within countries by 2040. Where there is data available, such life expectancy gaps within countries have often widened. Globally, under-five mortality halved between 2000 and 2023, falling short of the improvement needed to meet the Commission’s target of a 90% decline by 2040 (16). Low-income countries saw the fastest relative decline, but in 2023, the rate of under-five mortality in low-income countries was still 13 times higher than in high-income countries.

Maternal mortality fell by 40% globally between 2000 and 2023, from 328 to 197 deaths per 100 000 live births, but will need to fall to less than 16 deaths per 100 000 live births by 2040 to meet the Commission target (17). Women from disadvantaged or marginalized groups – measured by income, race and ethnicity, educational level, or place of residence – are still far more likely to die from pregnancy-related causes than their more advantaged counterparts in countries at all income levels (18, 19, 20, 21, 22).

Sustained progress in health equity requires political will and action to tackle the structural social determinants of health equity, as well as the daily conditions of life.

The inequitable impacts of the COVID-19 pandemic

The COVID-19 pandemic is a profound global example of the inequitable health outcomes driven by upstream social determinants (23). From its outset, socio-economic inequality was a predictor of higher mortality (24). Between countries, inequity in COVID-19 outcomes was exacerbated by inequitable access to diagnostics, vaccines and other countermeasures (25). At subnational level, higher COVID-19 incidence and mortality were associated with higher social and economic inequality, including alarming inequities due to race and ethnicity status in many countries (26, 27, 28). Beyond unequal access to pharmaceuticals, social and economic inequities hindered the effectiveness of public health and social measures at reducing the spread and impact of the pandemic (28, 29, 30). The pandemic's impact in accelerating inequity has persisted beyond the initial crisis. Many low- and middle-income countries emerged with large amounts of sovereign debt, reducing the fiscal space for investment in necessary social and physical infrastructure to improve health, and resulting in large backlogs in health services (31). Global progress towards the Sustainable Development Goals was already faltering before the additional shock of the pandemic; now it is severely off-track (15). COVID-19 will not be the last pandemic with severe health and health equity impacts unless enhanced efforts are taken to address social and economic inequities as part of pandemic prevention, preparedness and response.

Areas for action

Four interlocking strategies are needed to make lasting contributions to addressing the social determinants of health equity:



1. Addressing economic inequality and investing in social infrastructure and universal public services.
2. Overcoming structural discrimination.
3. Managing the challenges and opportunities posed by the mega-trends of climate change and the digital transformation in a way that systematically promotes health equity.
4. Putting in place governance arrangements that will maximize the coherence and impact of action.



Economic inequality and universal public services



Economic inequality and inadequate access to quality public services in areas such as health, education, social protection, transport and housing are major drivers of health inequities (32, 33, 34). Addressing health equity requires whole-of-government commitment and action through economic and social policies. Dedicated public investment is needed to underpin access to high-quality and affordable services, whether provided by the public, private or third (not-for-profit) sectors. Increased spending on social services has been shown to result in measurable health equity improvements (33). Social protection programmes across the life course are investments in the necessary conditions to enable all people to prosper and flourish. Interventions such as unemployment benefits, pensions and child support provide a safety net during times of need. They reduce poverty and debt, and improve health outcomes (35, 36, 37). International cooperation on development financing and on minimum levels of taxation can be leveraged within the inclusive global forum of the United Nations (UN), to support significant progress in health equity (38, 39).

Many governments are starting to consider well-being frameworks, to go beyond gross domestic product as a measure of progress. Well-being budgeting frames national development so that health in the broadest sense can become the focus of policy-making. Health equity is integral to well-being approaches, helping to ensure that financial resources are allocated to areas that maximize health outcomes for all citizens.

Growing levels of external debt observed in many countries are limiting fiscal space for essential investments in universal public services (31). In 2024, an estimated 3.3 billion people lived in countries that spent more on debt interest payments than on either education or health (40). Reducing external debt levels, creating fiscal space and enhancing commitment to social services are essential for increasing investments in these areas, ultimately leading to healthier and more equitable communities.

Commercial actors that produce goods and services that improve health, support good employment conditions and have positive impacts on communities can benefit health and reduce health inequities. Yet the impacts of business actors that are escalating avoidable levels of ill health, planetary damage and inequity need to be addressed through action by governments and agencies equipped to take measures in the interests of human and planetary health, with the support of regional and international mechanisms (41, 42). There is evidence that the public sector can be effective in mitigating negative impacts of health-harming

commercial practices, including through enacting regulatory and legislative changes that better value human and planetary health (43, 44). The public sector can also use its considerable leverage as a procurer of goods and services – worth more than US\$ 8 trillion globally – as a force for good, in shaping everything from sustainable agriculture to decent work (45).

Structural discrimination

Structural discrimination is discrimination which occurs systematically across society and is embedded in prevailing cultures, legal mechanisms and economic structures (46). Comprehensive strategies are required to dismantle inequities that are systemic in nature and often long-standing. Historic discrimination has left some population groups with fewer resources and diminished fulfilment of human rights, perpetuating ongoing intergenerational inequity, which manifests as health inequities (47, 48). Racism, sexism, classism and ableism, for instance, often intersect and compound, acting across the life course and between generations to undermine health and people's agency to lead flourishing lives (49). Rectifying deep-seated inequities requires institutional and legal change, systematic realization of human rights, and redistribution of social and economic resources between and within countries. Restorative justice and reparation to affected communities are increasingly being considered to improve health equity and redress structural violence, and reduce intergenerational transmission of harm, stress and disadvantage (50).



Gender inequality compounds and intersects with other aspects of structural discrimination and social inequity (49). Women and girls often suffer from poorer health and quality of life, made worse by inadequate social and health protection (51). Policies grounded in human rights, supporting women's equitable participation and remuneration in the workforce, and reducing their burden of unpaid care and domestic labour, are associated with lower gender inequalities in health, and must accompany efforts to overcome women's poverty.

The increasing volume and precariousness of migration, together with unprecedented levels of conflict with widening impacts on civilian populations, are a form of structural violence which decimates health equity (52, 53). Robust social protection which adapts to the changing circumstances of health emergencies and of conflict is an important tool to protect migrants and those affected by conflict. So, too, are practices which embed the principle of the right to health regardless of migrancy or citizenship status.



Steer action on climate change and digitalization towards health equity



Climate change and digital transformation are two important existential forces that significantly impact health equity (54, 55). The green and digital economies are key pillars of many countries' economic plans (56). Effective climate action must integrate a “just energy transition” and health equity considerations, together with effective approaches to the commercial determinants of health, ensuring that actions aimed at climate mitigation and adaptation do not make inequities worse, and prioritizing populations experiencing conditions leading to greater vulnerability.

Climate-related actions addressing the social determinants of health equity must be intersectoral (57). These include measures to reduce pollution through stricter environmental regulation, expanding public transport, and promoting sustainable agricultural practices that enhance food security and nutrition while benefiting rural populations. The positive frameworks that recognize the unequal burdens of global warming, including the initiation by the UN climate conference (COP29) of a Loss and Damage Fund, are important measures for creating the means to redress climate-related health inequities (58).

Digital technologies and big data can improve health and social care delivery and outcomes, but their effectiveness in supporting health equity depends on how they are deployed (59). To fulfil the potential of digitalization to improve health equity, a combination of approaches is needed. These include ensuring equitable access to services regardless of digital access and literacy; inclusive service design, with priorities set by end users; regulation of inequitable platform-based business models, and the implementation of human rights frameworks that mitigate risks to human dignity, autonomy and privacy. In the world of work and education, digitalization can be a force for good, but also for exclusion of large segments of the population from essential social protection and services (60).

Information is an important determinant of health in its own right, with misinformation and disinformation growing mediators of health outcomes (61). The proliferation of health information channels and the complex interplay between trust, authority and social connection has created new challenges and opportunities which health institutions are barely able to keep up with (62). Frameworks which systematically



promote health information equity, including with particular reference to information on the social determinants of health, are urgently needed.

In the context of rapid technological change, public regulation and the accountability of commercial actors have often lagged. Policies should ensure digital advancements are used for positive reasons, such as to harness the opportunities from telemedicine and distance learning, and are accessible to all. Platform operators and regulators should take responsibility for addressing the harms of addictive and antisocial online behaviours. Generative Artificial Intelligence (AI) and other technological advances are being embraced in a range of health care delivery, but deliberate design and governance efforts must be employed to ensure that these changes help bridge, rather than widen, the digital divide (63).

Governance to maximize the coherence and impact of action



National governments and international organizations must support and collaborate with local governments, communities and civil society in their efforts to address the social determinants of health equity (64, 65). The international system supporting health equity needs reinforcement, in order to tackle conflicts of interest, promote action across sectors, and boost democratic accountability and the full realization of human rights.

Empowering local governments, civil society and communities is crucial for addressing health inequities. People on the ground and local entities understand their specific challenges, opportunities and context, making them better positioned to identify and implement actions on social determinants (66). Local initiatives also show promise in improving social connection and addressing isolation and loneliness (67, 68, 69). Supporting these local efforts with adequate resources, authority and policy backing is crucial for their success.

Creating platforms for community voices, and co-designing policies and programmes with those they aim to serve, ensures services are responsive to needs (70). By building a robust health and care sector that prioritizes equity, participation and primary health care (PHC) approaches, as well as developing structures to promote intersectoral action, significant progress can be made in addressing the social determinants of health equity.

PHC approaches orient health services more directly to population needs, creating systemic feedback loops that generate opportunities from local to national levels to change the social determinants of health equity (71, 72). Such approaches require a capable workforce across health and social sectors. Training health professionals on social determinants and delivery in culturally appropriate and inclusive ways can improve their ability to provide equitable care and to work intersectorally, engaging communities and promoting better responses to their needs, to improve their daily living conditions (73).

Robust and representative governance needs the support of comprehensive data systems. Reliable monitoring of conditions and actions affecting the social determinants is crucial for tracking progress, ensuring accountability and informing policy decisions (74). Data disaggregation by age, gender, race, ethnicity, migration and socioeconomic status offers valuable insights into health inequities,

providing the baseline understanding to drive comprehensive actions. Countries' experience has been that effective monitoring of progress is a necessary counterpart to action at all stages – in formulating policy goals and identifying needs; marshalling coalitions for action, including social movements, and maintaining the long-term political commitment needed for fundamental change (75, 76, 77).

A strategic framework for action

Proactive and comprehensive strategies that integrate health, social and environmental impacts into economic and development thinking can be powerful forces for change towards health equity. The most successful strategies will come from resolute leadership and whole-of-government approaches that generate and learn from evidence. Closing the inequality gap in health outcomes is not just a matter of ensuring aggregate outcomes are more fairly distributed; it also requires a commitment to “leave no one behind”, which is the central promise of the 2030 Agenda for Sustainable Development (78).

In taking forward this agenda, there are key roles across institutions and sectors:

- ▶ **National and local governments:** lead with strong policies, integrating action on the social determinants of health equity into strategies, supported by intersectoral governance structures and investments.
- ▶ **Civil society:** engage in advocacy, policy-making, community actions, knowledge-building and social mobilization on the social determinants of health equity.
- ▶ **Private sector:** commit to social contracts that support health equity, enhance corporate social responsibility and good citizenship, avoid exploiting regulatory weaknesses, and enhance accountability in employment and production practices.
- ▶ **Research institutions:** advance partnerships and expand the evidence base of complex adaptive policies and responses to address the social determinants of health equity.
- ▶ **The UN system and global financial institutions:** adopt health equity as a central goal, support countries with implementation of the key recommendations in this report, and ensure aid, investment and lending support to policies addressing the social determinants of health equity.

- ▶ **The World Health Organization:** continue to proactively advance the health equity agenda through evidence-gathering for norms and standard setting; supporting global and national policy coherence; convening diverse partners; monitoring and implementation, and building capacity.

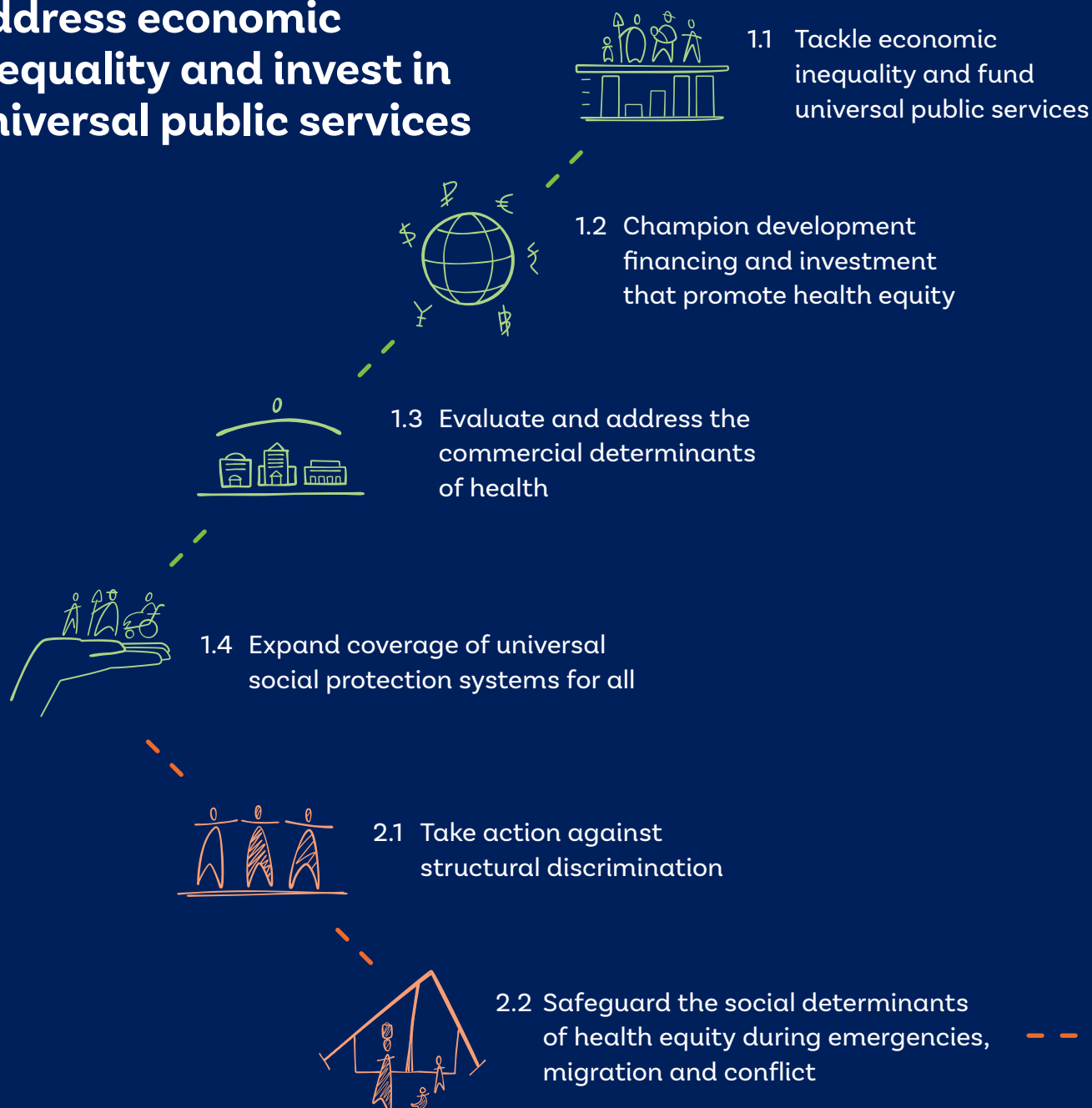
Much of the global disease and mortality burden is preventable. Perpetuating avoidable gaps in health outcomes is unfair. A renewed commitment to address the social determinants of health equity is a vital pathway to right these wrongs. This world report makes clear recommendations for tackling the social determinants at all levels (see Fig. 2 and Table 1). Leaders at all levels need to reinvigorate and purposefully pursue the actions and comprehensive strategies which show greatest promise in addressing these determinants, bridging different disciplines and sectors. Only through such collective and holistic efforts to address the root causes of health inequities will the world achieve long, healthy lives for all, as envisioned in the Sustainable Development Agenda.

FIG. 2:

Recommendations for actions on the social determinants of health equity

ACTION AREA 1

Address economic inequality and invest in universal public services



ACTION AREA 2

Tackle structural discrimination and the determinants and impacts of conflict, emergencies and migration

ACTION AREA 4

Bringing about change through new governance approaches



4.6 Monitor social determinants of health equity



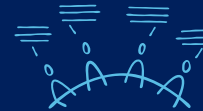
4.5 Strengthen focus on social determinants in health systems and policy platforms



4.4 Build and retain a health and care workforce capable of delivering equity



4.3 Reach universal health coverage through progressive health financing and primary health care



4.2 Support community engagement and civil society



4.1 Equip local governments to reduce health inequities



3.2 Ensure digital transformation promotes health equity



3.1 Articulate and accelerate the health equity benefits of climate action and the preservation of biodiversity

ACTION AREA 3

Steer mega-trends towards health equity: climate change and digitalization

TABLE 1. Recommendations for action on social determinants of health equity

Recommendation	Report section	Key actions
Action area 1: Address economic inequality and invest in universal public services (Part 2, Chapter 3)		
Address economic inequality and invest in universal public services. 	3.1	<p>Use progressive taxation to expand fiscal space for income transfers and universal, equitable public services.</p> <p>Provide adequate public funding for good-quality, equitable infrastructure and services, and ensure that effective mechanisms are in place to safeguard quality and secure equity.</p> <p>Move towards well-being economies and consider well-being budgeting.</p>
Promote the social determinants of health equity in development financing and investment. 	3.2	<p>Ensure that the need for funding (fiscal space) to address the social determinants of health equity is included in approaches to development financing, debt relief and taxation.</p> <p>Deliver and monitor development financing to support public investment in policies, actions and infrastructure that address the social determinants of health equity.</p>
Analyse and address the commercial determinants of health. 	3.3	<p>Analyse, legislate on and regulate commercial activities that negatively affect health and health equity, while maximizing the health-promoting capacity of the private sector.</p> <p>Address and manage conflicts of interest in policy environments, to prevent negative impacts on population health and health equity.</p> <p>Use the scale of the public sector to incentivize commercial activities that positively affect health and health equity – for example, through mandating public procurement that requires sustainable, safe and healthy products, and safe and fair labour standards throughout supply chains.</p> <p>Strengthen health equity considerations in global and regional trade processes, including in relation to intellectual property.</p>
Increase comprehensiveness and expand coverage of universal social protection systems across the life course. 	3.4	<p>Ensure adequate income guarantees and care throughout the life course, including for people with disabilities or chronic health conditions.</p> <p>Build and expand paid leave benefits for sickness and parental leave, including for the precariously employed and informal workers.</p>

Recommendation	Report section	Key actions
Action area 2: Tackle structural discrimination and the determinants and impacts of conflict, emergencies and migration (Part 2, Chapter 4)		
Address structural discrimination. 	4.1	<p>Recognize and repair discrimination embedded in policies, laws, institutions and social norms.</p> <p>Redress the negative impacts of colonization by developing standards for reparative justice that measure impacts on health.</p> <p>Acknowledge Indigeneity as a determinant of health and health equity (shaped by discrimination and historical injustices, as well as as protective factors), while upholding the provisions of the United Nations Declaration on the Rights of Indigenous Peoples.</p>
Address and protect the social determinants of health equity in emergencies, migration and conflict. 	4.2	<p>Recognize peace as a fundamental determinant of health equity, and health as a bridge to peace.</p> <p>Ensure preparedness and response efforts for health emergencies reflect social determinants of health equity considerations at their core, including the equitable and rapid rollout of social protection.</p> <p>Ensure the rights of, and support, displaced people and migrants to access health and social services without discrimination.</p>
Action area 3: Steer action on climate change and digitalization towards health equity (Part 2, Chapter 5)		
Articulate and accelerate the health equity benefits of climate action and the preservation of biodiversity. 	5.1	<p>Support the development and implementation of climate change mitigation and adaptation policies that maximize health equity and co-benefits.</p> <p>Enable the energy and food transitions to prioritize addressing energy poverty and food insecurity.</p> <p>Integrate health systems more centrally in climate and environment strategies, and ensure that local and equitable climate action is a core objective of health systems.</p> <p>Strengthen support for Indigenous communities in their stewardship of land and natural resources, and recognize and address the impacts of environmental degradation, land confiscation and climate-related migration.</p>
Steer the digital transformation in favour of health equity and the public good. 	5.2	<p>Address the digital divide.</p> <p>Prevent harmful impacts of digital and technological transformations and artificial intelligence on health and health equity, including in relation to labour markets and social cohesion.</p>

Recommendation	Report section	Key actions
Action area 4: Bringing about change through new governance approaches (Part 3, Chapters 6–8)		
Empower local governments to address health inequities. 	6.1	<p>Strengthen the role of local government with the functions and resources to implement community-centred actions for health equity.</p> <p>Ensure that urban, rural and territorial planning, transport and housing investments are underpinned by approaches that deliver healthy housing and built environments, and adopt universal design principles.</p> <p>Equip local government to address health equity across the life course, including in supporting age-friendly communities, and combating social isolation and loneliness.</p>
Support community engagement and civil society. 	6.2	<p>Incorporate representative community engagement and social participation in local policy processes, and in health and social service decision-making and delivery.</p> <p>Create the enabling conditions that maximize the capabilities of independent and inclusive civil society to address the social determinants of health equity.</p>
Achieve universal health coverage through progressive health financing and primary health care approaches. 	7.1	<p>Improve equitable access to a continuum of quality health services, addressing both physical and mental health across the life course, by strengthening primary health care-orientation within health systems.</p> <p>Minimize patients' out-of-pocket expenditure, and finance health services from pooled government resources.</p> <p>Increase the share of health and care sector funding in proportion to need, with special intensity for populations experiencing marginalization, and recognize and address discrimination within health systems.</p> <p>Facilitate equitable access to health technologies, from research and development, through to manufacturing and equitable delivery.</p>
Build and retain a health and care workforce capable of delivering equity. 	7.2	<p>Recognize and reward work in the care economy, including informal care, and demonstrate the role of the health and care sector as a driver of health equity and social inclusion, by ensuring decent and safe working conditions and addressing pay and representation gaps.</p> <p>Develop human capacity in health, social protection, education, labour, local government and service organizations to enhance intersectoral efforts to address the social determinants of health equity.</p>
Strengthen focus on social determinants in health systems and policy platforms. 	8.1	<p>Integrate addressing the social determinants of health equity in all health strategies, policies, emergency preparedness and response plans, and public health laws.</p> <p>Establish coordination and accountability mechanisms for intersectoral collaboration and community engagement for health (including Health in All Policies functions) at all levels of government.</p>
Monitor social determinants of health equity. 	8.2	<p>Strengthen statistical infrastructure, institutionalize and build capacity for the use of disaggregated data to measure progress on the social determinants of health equity, including the distribution of socially produced health risks across social groups and geographic areas; the mechanisms that drive inequities, and actions to address them.</p> <p>Utilize new technologies and novel data sources to fill data gaps and inform action on the social determinants of health equity.</p>


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