patients who consume excess alcohol. It should be noted, however, that liver disease is not the only physical consequence of excess alcohol consumption. Alcohol causes a range of neurological disorders, ranging from peripheral neuropathy to dementia. Chronic pancreatitis, muscle damage and cardiac damage are caused by alcohol and may develop independently or coexist with liver damage.

In conclusion it is important to recognise the range of diseases to which alcohol contributes and the extent of morbidity and mortality attributable to this recreational drug. It is estimated that £2.9 billion a year of NHS resources are spent on alcohol related disorders but these statistics hide a much greater burden of social and emotional costs (Royal College of Physicians 2001). Effective action to control alcohol consumption is therefore urgently required.

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Health equity in a generation? Time to address the social determinants of health

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Health inequity and its social causes

Our children have dramatically different life chances depending on where they were born. In Japan or Sweden they can expect to live more than 80 years; in Brazil, 72 years; India, 63 years; and in one of several African countries, fewer than 50 years. And within countries, the differences in life chances are dramatic and are seen worldwide. The poorest of the poor have high levels of illness and premature mortality. But poor health is not confined to those worst off. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.

The Commission on Social Determinants of Health, set up by the World Health Organisation to marshal the evidence on what can be done to promote health equity and to foster a global movement to achieve it, is a global collaboration of policy-makers, researchers, and civil society led by Commissioners with a unique blend of political, academic, and advocacy experience. Importantly, the focus of attention embraces countries at all levels of income and development: the global South and North.

The Commission takes a holistic view of social determinants of health. The poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of people's lives – their access to health care, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – and their chances of leading a flourishing life. This unequal distribution of health-damaging experiences is not in any sense a 'natural' phenomenon but is the result of a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics. Together, the structural determinants and conditions of daily life constitute the social determinants of health and are responsible for a major part of health inequities between and within countries.

A new approach to development

Health and health equity may not be the aim of all social policies but they

will be a fundamental result. Economic growth is without question important, as it gives countries the opportunity to provide resources to invest in improvement of the lives of their population. But growth by itself, without appropriate social policies to ensure reasonable fairness in the way its benefits are distributed, brings little benefit to health equity.

Traditionally, society has looked to the health sector to deal with its concerns about health and disease. Certainly, maldistribution of health care – not delivering care to those who most need it – is one social determinant of health. But the high burden of illness responsible for appalling premature loss of life arises in large part because of the immediate and structural conditions in which people are born, grow, live, work, and age.

Action on the social determinants of health must involve the whole of government, civil society and local communities, business and international agencies. Policies and programmes must embrace all the key sectors of society not just the health sector. That said the minister of health and the supporting ministry are critical to global change. They can champion a social determinants of health approach at the highest level of society, they can demonstrate effectiveness through good practice, and they can support other ministries in creating policies that promote health equity.

Closing the health gap in a generation

The Commission calls for closing the health gap in a generation. Dramatic improvements in health, globally and within countries, have occurred in the last 30 years. The knowledge exists to make a huge difference to people's life chances and hence to provide marked improvements in health equity, but action must start now.

The Commission's analysis leads to three principles of action:

1. Improve the conditions of daily life – the circumstances in which people are born, grow, live, work, and age.
2. Tackle the inequitable distribution of power, money, and resources – the structural drivers of those conditions of daily life – globally, nationally, and locally.
3. Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.

These three principles of action are embodied in the three overarching recommendations (Box 1). The Commission's recommendations have to be seen in light of its global reach. Inequities in health embrace the plight of people living on a dollar a day in rural Africa, urban dwellers in shanty towns in low and middle income countries and the social gradient in health in high income countries. One set of specific recommendations will not apply to each of these particular settings; the general principles will.

This article is based on the Commission on Social Determinants of Health's Final Report, August 2008 (www.who.int/social_determinants/en/)

Box 1: The Commission's Overarching Recommendations

1. Improve Daily Living Conditions

Improve the well-being of girls and women and the circumstances in which their children are born, put major emphasis on early child development and education for girls and boys, improve living and working conditions and create social protection policy supportive of all, and create conditions for a flourishing older life. Policies to achieve these goals will involve civil society, governments, and global institutions.

2. Tackle the Inequitable Distribution of Power, Money, and Resources

In order to address health inequities, and inequitable conditions of daily living, it is necessary to address inequities – such as those between men and women – in the way society is organised. This requires a strong public sector that is committed, capable, and adequately financed. To achieve that requires more than strengthened government – it requires strengthened governance: legitimacy, space, and support for civil society, for an accountable private sector, and for people across society to agree public interests and reinvest in the value of collective action. In a globalised world, the need for governance dedicated to equity applies equally from the community level to global institutions.

3. Measure and Understand the Problem and Assess the Impact of Action

Acknowledging that there is a problem, and ensuring that health inequity is measured – within countries and globally – is a vital platform for action. National governments and international organisations, supported by WHO, should set up national and global health equity surveillance systems for routine monitoring of health inequity and the social determinants of health, and should evaluate the health equity impact of policy and action. Creating the organisational space and capacity to act effectively on health inequity requires investment in training of policy-makers and health practitioners and public understanding of social determinants of health. It also requires a stronger focus on social determinants in public health research.