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.

References


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...
Improved the conditions of daily life

Three principles of action:
The Commission's analysis leads to
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Closing the health gap in a
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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.