

**Statement by Medicus Mundi International
to the 66th session of the World Health Assembly
on agenda item 14.3 Social Determinants of Health**

delivered by Leigh Haynes

Thank you, Chair, for giving me the opportunity to address the distinguished members of the World Health Assembly on behalf of Medicus Mundi International and the People's Health Movement.

Member States have expressed their commitment to SDH and have identified it as a priority area for WHO's work. It is of concern that the report presented to the Health Assembly is limited to a list of activities without qualitative assessment of the impacts of these activities. In the absence of a more substantive engagement with conceptual and operational issues around SDH, the report constitutes evidence of a narrow and superficial engagement with and understanding of SDH. In order to take forward its work on the SDH it is imperative for the WHO to undertake more robust research and initiate actions into the structural causes of SDH – very appropriately termed as the 'causes of causes' by the Commission on Social Determinants of Health.

The approach to SDH should encompass more than classic risk factors and individual lifestyles. Underlying down-stream risk factors -- such as smoking, sedentary behavior and poor nutrition – are structural causes that are embedded in social, cultural, economic and environmental factors. For example, austerity measures designed to address the present financial crisis in Europe, are driving the privatization of health systems and the dismantling of the welfare state. Similarly, trade and financial liberalization policies and global power imbalances have a profound impact on health in different contexts across the world. Any action on SDH will have to find ways to address these and other structural causes of ill health.

It is matter of real concern that the budget for social determinants, at \$30m, accounts for only 0.7% of the WHO's budget. This level of gross underfunding reflects a profound mismatch between WHO's stated commitment to the social determinants of health and its actual work program.

Further, progress on health outcomes related to SDH cannot be meaningfully measured unless the indicators adopted for measurement and evaluation are disaggregated using meaningful stratifiers.

Finally, the report fails to clearly identify the causes of health inequities rooted in social determinants. Without a clear equity lens action on SDH will not be effective in reaching to the most marginalized sections. The opportunity to address the post 2015 development agenda in facing health inequities through actions on their root causes cannot be wasted.

We call upon WHO and Member States to adopt a comprehensive approach to SDH within a cross-cutting framework and to ensure budgetary allocations commensurate to the task.