Abstract


Reducing inequalities in health has turned out to be a much harder task for health and social policy than was anticipated some two to three decades ago. During the same time the international field has undergone remarkable social changes that have impacted in many ways on national living conditions and also the preconditions of national policies, in other words, factors that determine health and well-being of populations and different population groups. The work conducted by the WHO Commission on Social Determinants of Health (2005–2008) is by far the most ambitious and extensive international undertaking focusing on the social determinants of health. The 62th World Health Assembly (2009) appealed to the member states to tackle the health inequities in their countries according to the recommendations outlined by the Commission. The work of the Commission has inspired plenty of international and national activity both in Europe and elsewhere.

This report sets out to introduce the work of the WHO Commission, especially the central ideas and recommendations presented in the final report Closing the gap in a generation – Health equity through action on the social determinants of health (2008) in Finnish to the Finnish audience. These ideas of the Commission are compared with the targets and implementation of the Finnish national public health programme Health 2015 (published in 2001) and the National Action Plan to Reduce Health Inequalities 2008–2011, to establish their eventual compatibilities and differences. The work of the Commission and the outlines of the Finnish health policy are also considered against the earlier major health policy endeavours in Finland and the WHO, such as the Health for All by the year 2000 movement.

The overarching recommendations of the Commission were to 1) improve daily living conditions, 2) tackle the inequitable distribution of power, money, and resources, and 3) measure and understand the problem and assess the impact of action. The national health policy programmes in Finland include similar elements especially when it comes to the first and third principles, but the way the formulations concerning the distribution of power and resources address the fundamental causes of inequity is rarely found in health policy programmes in Finland or elsewhere. The Commission analyses the development of global economy and global division of labour in a public health and health policy context and proposes agreements on an international level to curb the negative effects of globalization. The Commission defends in a pow-
erful way universal social and health services everywhere and takes a critical stand on such phenomena as commercialisation and marketisation of health and health care.

While there is a high unanimity of health as a fundamental value, this unanimity does not hold for the social determinants of health and health inequalities, or the policies to tackle them. The present report aims to clarify some common frames that are applied to social determinants of health and discusses the controversial values and interests connected with them. These may explain for their part, why having an impact on health inequalities is slow and difficult. A framework of “Five I’s” was adopted to highlight and deliberate on the different tensions and trends in the field of policies and politics. These five I’s tackle information that is needed for conducting health policy, ideologies that underlie and affect health policy, interests connected with health policy, institutions operating in the field of health policy, and problems of implementation of health policies and policy programmes.

Finally, the views concerning the role of the social determinants of health presented by the Commission are evaluated in the context of the aims to reduce inequalities in Finnish health policy. Some especially difficult areas are pointed out as requiring extra efforts in order to curb the growth of health inequalities. The proposals address improving the position of the poor and marginalised groups, tackling unemployment, tackling work conditions, correcting inequalities in health services and alcohol policies.

Key words: health inequalities, inequity, social determinants, health policy, WHO