

Can research contribute to the public's capacity for activities that reduce socioeconomic inequalities in health?

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The most stimulating lecture I heard last year was by Dr. Hans Rosling¹ not simply because of the way he was able to present rather complex statistical data on socioeconomic inequalities in health in an interesting and accessible way, but mainly because of the message he conveyed. It seems that the conditions necessary to live a long and healthy life are no longer restricted geographically but rather associated with the socioeconomic context of a particular social group or individual. Moreover, public health seems to be a significant determinant of subsequent economic growth² and could possibly be used as a measure of economic progress. From this point of view, the Commission on Social Determinants of Health³ has available an amazing worldwide capacity for action. Nevertheless, historical experiences with similar agendas feed a deep frustration, as far too few activities focused on the social determinants of health have been realised in the past. Can research contribute to the public's capacity for activities that reduce socioeconomic inequalities in health?

A passion for social justice might be more widely accepted if research were to show the possible benefits for society as a whole following from social justice. Excellent research with no subsequent translation into public policy and without any public capacity for action will merely be an academic exercise hidden in university libraries. Whether the public's capacity for action will increase or decrease depends on how well we succeed in developing and implementing efficient and effective strategies, based on translated research findings, into achieving social justice.

Socioeconomic inequalities in health had already been documented in the nineteenth century, and during the last decades of the past century research on health inequalities underwent a rapid development from documenting to developing ex-

planatory frameworks and looking for efficient and effective strategies to reduce such inequalities (e. g. ^{4,5}) Basic research is a must in order to advance in this field, but the job is not finished when findings are simply made available, as the transfer of public health facts into public policy requires marketing those facts and forming coalitions with partners who have the same aim⁶.

Even in the European Union there are certain countries which lack even the most basic descriptive data on socioeconomic inequalities in mortality or morbidity⁷; thus improving the availability of data and building a minimum health equity surveillance system in these countries will definitely help to move the agenda forward. Due to a lack of data, certain groups might be overly supported, while others might be neglected, and precious governmental resources can only be spent one time. Mere good intentions are not enough when an agenda as sensitive as this one is being implemented. Structural solutions are needed to meet individual needs. Moreover, even if the best strategy in the world were to be successfully implemented, without monitoring there would be no evidence as to whether the goals were being reached and the efficiency of this process would remain unknown. Monitoring might therefore serve as feedback, as hints for adjustments or corrections, and could contribute to both the efficiency and effectiveness of the implemented strategies.

The routine monitoring of socioeconomic inequalities in health as well as the evaluation of the health equity impact of policy measures and actions are critical to improving health and health system outcomes, yet they remain generally limited or marginal within mainstream health governance functions and institutional capacity. The Commission on Social Determinants of Health strongly recommended the need for further

investment into the training of policy-makers and health practitioners, which will hardly be attained without establishing training centres that are accessible to local people and able to provide contextualised training.

Finally, public awareness about the social determinants of health should definitely be promoted, not just because it is an important tool for improving the health of disadvantaged people via health literacy⁸, but also because it might increase the public's capacity for action and produce a solidarity ap-

proved and lived by the public instead of a forced solidarity. In a globalised world, where most important issues like climate change, conflicts, terrorism, financial crises, poverty and migration do not respect country borders, it is extremely important to recognise a brotherhood of the human race and to pull together for sustainable life on this planet. From this point of view, the Commission on Social Determinants of Health has done a good job, even if it is just a first step which needs to be followed by many others.

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