

UCL Institute of Health Equity Press Release

Social injustice continues to ‘kill on a grand scale’

A new global report published by the World Health Organization (WHO), the [evidence review](#) for which has been provided by the UCL Institute of Health Equity (IHE), reveals that nearly 20 years after its first landmark [Commission on the Social Determinants of Health](#) its targets will be missed.

The 2008 Commission, chaired by the UCL Institute of Health Equity’s Director, Professor Sir Michael Marmot, highlighted the root causes of ill health – the conditions in which people are born, grow, live, work and age – and showed how inequities in these conditions leads to profound differences in health between and within countries.

In its ‘[Closing the Gap in a Generation](#)’ final report, a key target was to halve the gap in life expectancy between social groups within countries by 2040*. But the WHO’s new [World report on social determinants of health equity](#) found, where there is data available, such life expectancy gaps within countries have often widened.

This, the report highlighted, is largely due to a lack of political will to implement the structural longer-term policy solutions needed to improve health for everyone, proportionate to need.

Professor Sir Michael Marmot explained: “There is wide acceptance that the economy should work for the whole of society; similarly spending on defence protects the security of everyone. The same should be true for health because it is the outcome of action of the whole of government, not only of health departments.

“Our Commission in 2008 laid out what needed to be done, yet too few countries have taken advantage of that technical advice. As such, the targets we set to close the health gap in a generation will be missed. It is a sad indictment on government leaders that social injustice continues to kill on such a grand scale.”

People in the country with the highest life expectancy ([Japan](#)) will, on average, live 33 years longer than those born in the country with the lowest life expectancy ([Lesotho](#))**. The WHO’s new global report notes that progress has been made on halving gap in life expectancy between the top and bottom third of countries. But it will fall short of the 8.2 year gap target by 2040 that the Commission set***.

Sir Michael added: “This ‘between’ country health gap has improved, somewhat, since 2008. But there is much still to do. The new report reinforces that most health outcomes are driven by the social circumstances of daily life, and inequities in power, money and resources. These structural drivers of health inequalities have received much less focus over the period since they were laid out in the Commission’s report. It is very welcome news that this forms a major focus in the new report.”

Tackling the structural drivers of health inequalities is a major focus of the new report: addressing economic inequality; investing in public services and infrastructure; strengthening social protection; dealing with the commercial determinants of health; developing international

collaboration to create fiscal space for addressing social determinants of health; empowering local government and supporting community engagement. All of this, the report says, has to take place in a way that also works to deal with the climate emergency.

In the UK, the UCL Institute of Health Equity has highlighted how since the 2008 Commission:

- [One million people in 90% of areas in England living shorter lives than they should between 2011 and the start of the COVID-19 pandemic](#)
- [Life expectancy stalling nationally between 2010-12 and 2020-22 and inequalities in life expectancy increasing for both sexes between 2010-12 and 2017-19](#). The largest decreases in health and life expectancy were seen in the most deprived 10% of neighbourhoods in the North-East; the largest increases in the least deprived 10% of neighbourhoods in London.
- [The north-south health gap increasing, with people's health deteriorating and health inequalities widening](#) – the largest decreases in health and life expectancy were seen in the most deprived 10% of neighbourhoods in the North-East; the largest increases in the least deprived 10% of neighbourhoods in London.

The WHO is calling for collective action from national and local governments and leaders within health, academic, research, civil society, alongside the private sector. Across the UK the UCL IHE is working with local government, businesses and community and voluntary sector organisations in more than [50 local areas](#), including the whole of Scotland and Wales, to prioritise health and health inequalities.

Editor's Notes

*The Commission on the Social Determinants of Health set a target to halve, between 2000 and 2040, the life expectancy at birth (LEB) gap between social groups within countries, by levelling up the LEB of lower socioeconomic groups.

**Average number of years a newborn could expect to live in [Lesotho](#) is 51.5 years, whereas in [Japan](#) it is 84.5 years.

***The Commission on the Social Determinants of Health set a target of reducing by 10 years, between 2000 and 2040, the life expectancy at birth (LEB) gap between the third of countries with the highest LEB levels and the third of countries with the lowest, by levelling up countries with lower life expectancy at birth.

About the [UCL Institute of Health Equity](#)

The IHE was established in 2011 and is led by Professor Sir Michael Marmot. The aim at the outset was to develop and support approaches to health equity and build on work that has assessed, measured and implemented approaches to tackle inequalities in health - works such as the '[WHO Commission on Social Determinants of Health](#)' and '[Fair Society Healthy Lives](#)' (The Marmot Review).

Since 2011, the Institute has led and collaborated on works to address the Social Determinants of Health (SDH) and improve health equity. In 2020 UCL IHE published [The Marmot Review 10 Years on](#), [#Marmot2020](#), which confirmed an increase in the north/south health gap in England.

The largest decreases in health and life expectancy were seen in the most deprived 10% of neighbourhoods in the North-East, and the largest increases in the least deprived 10% of neighbourhoods in London.

Both reviews laid out what would happen if the SDH weren't addressed to promote health equity. The 2020 report laid bare the health damaging impacts of austerity policies and associated cuts, which led to widening health inequalities across England.

The IHE works globally (with the UN and its institutions, and directly with countries) and nationally across the UK, including local authorities, the NHS, non-governmental organisations (NGOs), businesses and local community & voluntary groups. The aim is to reduce health inequalities by putting health equity at the heart of everything they do.

The IHE has set up a UK-wide [Health Equity Network](#) to help organisations and localities share best practice on implementing the evidence on reducing health inequalities.