



Keynote Speech

Sir Michael Marmot

At the 2nd National Health Assembly, 16 December 2009
United Nations Conference Centre, Bangkok, Thailand



National Health Commission Office
Thailand

It is an absolute pleasure to be here at the 2nd National Health Assembly. I think what we have heard so far this morning is important symbolically. We heard the Prime Minister. We heard the voice of the people. We heard the academics. What I have learnt from Thai colleagues is a Triangle that Moves the Mountain. And I have it presented so far this morning.

When we began the Commission on Social Determinants of Health, we wanted to create and foster a social movement. This National Health Assembly is a social movement. I spoke to the Chair (Dr. Suwit Wibulpolprasert – from the transcriber) last evening that I precisely wanted to learn from what is happening in Thailand and I wanted to use Thailand as an example as we try to promote the uptake of the Commission in the rest of the world.

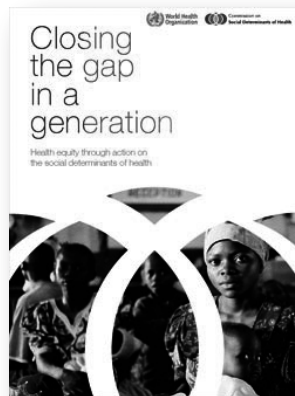
We published our report as the Commission on Social Determinants of Health in August 2008. And we entitled the report “Closing the Gap in A Generation”. It is a statement that we have the knowledge to close the gap in a generation. We have the means to close the gap in a generation. The question is “Do we have the will to close the gap?” It seems to me that the National Health Assembly is potentially an expression of the will, not just the means and the knowledge.

We put right on the top ... social justice. We said we would try to achieve in the parliament, in the individual, in the communities and indeed the whole country. Central to achieve the better health is creating the condition for the people to take control of their life.

**“ We have the knowledge to close the gap in a generation.
We have the means to close it. The question is
“Do we have the will to close the gap?” ”**

**It seems to me that
National Health Assembly
is potentially an expression of the will,
not just the means and the knowledge.**

Closing the Gap in A Generation
published, August 2008



Three principles of action through social determinants of health

We have three principles of action.

1. The conditions in which people are borne, grow live, work and age. In the condition of daily life, we talk about importance of early child development of and education, healthy places, self-employment, social protection and universal health care. You notice how much it lies outside the health sector and how important it is to have the involvement of every sector across the society.
2. The structure that drives that conditions at the global, national and local levels. In the structure driver such as good governance, gender equity, political empowerment, fair financing, we need health equity in all policies, not just health in all policies.
3. Monitoring, training and research.

Politician's engagement

In the beginning, we tried to engage politicians. We started the Commission in Santiago in Chile, hosted by President Lagos of Chile and the former Director General of WHO J.W Lee who launched the Commission. Our commissioners included many politicians as well as academics such as Amartya Sen, Noble Laureate.

When we published the report in August 2008, I had an honour to hand in the report to Margaret Chan, the Director General of WHO. She said this is end the debate decisively. Health care is important determinant of health. Life style is also important determinant of health. But the social environment that determines to access to health care and influence life style choices in the first place.

We try to promote the uptake. I have indeed engaged civil societies, but we have also tried to engage politicians. I handed the report to Mr. Manmohan Singh, the Indian Prime Minister, who said what you would like me to do. I thought that he was the Prime Minister of one billion people, asking me what I would like him to do. So I said to the Prime Minister that our report covered every part of the world, Sub Sahara Africa, India, East Asia, Latin America, Europe, and North America. It is impossible to frame the recommendations that are suitable for every setting. Will he mind it to set the process to translate the report, not just in the language but the form that is suitable for India?

Movement after the report

To the question what is happening and what has happened since we published the report in August 2008. We had the global conference in London and had representatives from Thailand there. We had a number of the regional meetings to promote the uptake of the report.

A number of countries have been active. Brazil has set up its own Commission of Social Determinants of Health as well as South African Commission on Social Determinants of Health. Healthy city initiative comes out from Europe. Urban Heart is coming out from WHO Kobe Center that has been active in promoting it in the city. Spain will have the Presidency of European Union which will make social determinants of health and health equity a theme of Presidency's work in beginning of January 2009. We had the resolution of World Health Assembly. And it had been the agenda in the Economic and Social Council. Countries had been put it in the research agenda.

To my surprise, a number of diseases based organizations have been interested in this issue. Looking in my diary, I have talked about social determinants of health to organizations involved in hypertension, violence, mental health, alcohol, obesity, urban development, Mediterranean diet, international development, research. They are interested in how social determinants of health have impact on disease specific concerns.

Health Inequity

I want to touch two issues to which social determinants of health are highly relevant. The first is the economic crisis and a rise in unemployment of informal workers. In the rich countries in Europe, we look at the economic crisis and ring the bell that is terrible unemployment, but people get the unemployment benefit. In the rest of the world, that is not the case. So the crisis began in the United States and Britain and spread in the rest of the world, creates inconvenience in the rich countries and creates tragedy in the low and middle income countries.

We watched the television about Copenhagen this week in relation to climate change. The climate change is a problem that is caused by activities from the high income countries, but people who suffer will be those living in the low and middle income countries. Climate change creates inconvenience in the rich countries, and creates death and suffering in the poor countries.

I try to put an argument that adaptation to the climate change and mitigating the climate change will significantly change the way we do things. Putting health equity in the centre will significantly change the way we do things. We have to put

these two agenda together, and that relate to health system, sanitation, food and water security, fuel, natural disaster preparedness, strengthening community and social protection for migrant people.

We need to make sure that adaptation to the climate change does not make health inequity worse. And that relates to transportation policy, urban development planning, rural development and food policy.

Health Inequity

We got a resolution from World Health Assembly in 2009. And Thailand is important in the negotiation that lay up to the resolution. All member states are called for actions to tackle health inequity through action on social determinants of health, to look at the impacts from the policy and programme on health inequities and to have health equity in global development goals.

And the Director General Margaret Chan said at the World Health Assembly in May 2009 at public health can be grateful for backing from the Commission on Social Determinants of Health. I agreed entirely with the findings.

“ The great gaps from health outcomes are not random. Much of the blame for the essentially unfair way the world work rests at the policy level. ”

I had an honour to address to the high meeting of the Economic and Social Council, the United Nations. Mr. Ban Ki-moon, the Secretary General of the United Nations, said in his opening statement that most of the differences is attribute to the conditions in which people are born, grow, live, work and age. This is a direct quote from the Commission on Social Determinants of Health.

The question is what will make a difference. It seems to me what we need is not what happens at the high level organizations such as World Health Assembly or the Economic the Economic and Social Council of the United Nations. What we need and what I will take with me as I am going home from Thailand is the understanding that we are the stars from one sky. And the time has come for we all live as one.

• • •

.

Published By The National Health Commission Office (NHCO), January 2016
National Health Building, 3rd Floor, 88/39, Tiwanon 14 Rd., Mueang District,
Nonthaburi 11000 Thailand