10.1136/ip.2010.029215.985

If we examine the epidemiological data we find that the occurrence of injuries of most kinds is not evenly spread between countries and within societies. Instead, we see that the burden of injury falls disproportionately on poorer countries and on poorer communities within countries. Furthermore, studies indicate that within countries the distribution of injuries follows a social gradient: the risk of injury is progressively greater from the most advantaged to the least advantaged in society. It follows that to make progress in reducing the burden of injury we must look beyond the immediate causes and examine the underlying causes of the distribution of injury: the social determinants. This came under the remit of the Commission on Social Determinants of Health set up by the WHO in 2005 and chaired by Sir Michael. The Commission on Social Determinants of Health reported to WHO in August 2008, and made its recommendations, based on extensive evidence, across three overarching areas for action: (1) improve the conditions in which people are born, grow, live, work and age; (2) tackle the structural drivers of those conditions at global, national and local level; (3) monitoring, training and research. Within these areas of action the WHO Commission made recommendations in 12 areas: (1) early child development and education, (2) healthy places – the living environment, (3) fair employment and decent work, (4) social protection across the life course, (5) universal health care, (6) health equity in all policies, (7) fair financing, (8) market responsibility, (9) gender equity, (10) political empowerment, (11) good global governance, (12) knowledge, monitoring and skills. Sir Michael will discuss how tackling the social determinants underpins progress in reducing the burden of injury.

0985 INJURY PREVENTION: ADDRESSING THE SOCIAL DETERMINANTS

Sir M Marmot* *Correspondence: Department of Epidemiology & Public Health UCL – Gower Street Campus, 1 – 19 Torrington Place, London WC1E 6BT, UK*