

Special Correspondence

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World Health Day 2021 : Another Wake-up Call for Health Equity

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The World Health Day theme for 2021 is: “Building a fairer, healthier world”.¹ It is with good reason that this has been chosen as the theme as we continue to witness the ravaging effects of the COVID-19 pandemic. The overwhelming concern around health equity is on account of the fact that while COVID-19 has left no country untouched, it disproportionately affected communities with pre-existing vulnerabilities who faced greater exposure to the risk factors of the disease, were far less likely to have access to quality health care services and worse, more likely to suffer adverse consequences as a result of control measures. The WHO reminds us that this is not just unfair, but preventable.

What Is Health Equity, and Why It Matters :

Health inequality reflects the disparity in access to promotional, preventive, curative, or palliative health services or differences in outcomes including disability, morbidity, and mortality spanning physical, mental, and social health.² However, health inequities, caused by a set of diverse socio-economic determinants, are conditions that are unnecessary, unfair, unjust and avoidable.^{3, 4} The WHO advocates for the availability of fair opportunity to everyone to attain their full health potential.

Inequality signifies variations and disparities in the health achievements by groups and individuals; it is thus a descriptive term and does not imply any moral judgment.⁵ The difference between health equity and inequality is premised upon the normative judgment of one’s theories of justice, society and reasoning for the underlying causes of inequality.⁵ The complex system operating at global, national and local levels

influences the ways in which societies embody different forms of social position and social hierarchy.⁶ Addressing the social determinants of health and empowering individuals, communities and countries was a core imperative of the COVID-19 response – at national, state and local levels.

Learning from COVID-19 Related Inequities :

The key pathways that influenced COVID-19 related inequity included access to information, basic amenities, health service and social and financial protection which impact adherence to behavioral interventions, health care seeking and coping with the disease and resultant socio-economic disruptions. These are the entry points for mitigation measures. Inequities in health cannot be addressed effectively during public health emergencies (such as a pandemic) if these are not addressed on a continuous basis; while efforts and resources can be stepped up during an emergency, mechanisms and platforms for addressing equity are difficult to set up during emergencies.

Addressing equity ought to be an integral part of national health strategies at all times and entails implementing universal access to health services within the universal human rights framework. It is imperative to ensure that all persons are counted and identified using non-discriminatory mechanisms and offered adequate social and financial protection. The pandemic has underscored the importance of identification of health-related vulnerable groups in the population and instituting group-specific interventions; health informatics clearly has a key role to play. Two priorities thus emerge: (i) including equity considerations and addressing needs of vulnerable groups in standard operating procedures and training programs of all rapid response stakeholders; and (ii) decentralization of planning processes of emergency responses at district /municipal/local self-government levels to contextualize equity-promoting strategies.

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Countries and states with robust governance frameworks have in general managed to both control the transmission of infection and keep mortality low. Some of the key enablers are (i) creating frameworks for greater community oversight and involvement in service management, procurement and distribution of all health-related interventions; (ii) expanding outreach services to provide home and community-based care through the deployment of extension workers; (iii) sensitizing care providers to diversity issues and promoting responsive and respectful services; and (iv) formalizing social audits and oversight committees.

One of the three cardinal recommendations of the Final Report of the WHO Committee on Social Determinants of Health (CSDH) is about measuring the problem and evaluating the interventions.⁷ Lessons from the pandemic point to the need for rapid appraisals to identify existing equity gaps and assess needs with regard to the vulnerable groups and, repeating these at regular intervals. Group-specific studies play a key role in unraveling pathways to inequities and coverage as well as effectiveness of mitigation measures. At the same time, citizen science through public participation and collaboration in data monitoring efforts remains grossly under-addressed and has important contributions to make both in emergency settings as well as long-term needs.

This year's theme reiterates the CSDH's articulation of working towards a fairer, healthier world. The CSDH report unequivocally stated that social justice is a matter of life and deaths, affecting the way people live, their consequent chances of illness and their risk of premature death – the pandemic bears

ample testimony to this. The Commission was set up in 2005, in the spirit of social justice – “to marshal the evidence on what can be done to promote health equity, and to foster a global movement to achieve it”.⁷ Presenting a compelling body of research and evidence, it called upon all governments to act on the social determinants of health with the aim of achieving health equity. COVID-19 exposed the gaps that the world has not succeeded addressing in the intervening decade, or worse not bothered enough. “Social injustice is killing people on grand scale”, the CSDH had chillingly stated;⁷ this year's theme is a grim reminder of this message– let us take it up as an ethical imperative.

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