

It's time

to build a fairer,
healthier world for
everyone, everywhere.

World Health Day 2021

Health equity and
its determinants



World Health
Organization

Health equity and its determinants

This is the second World Health Day to fall during the COVID-19 pandemic – the world's worst peacetime health crisis in a century. It comes amidst gruelling and painful times for the world's people who are dealing with the impacts of the pandemic, including those working in the health sector.

As of 1 April 2021, over 2.8 million people had died from the COVID-19 virus, and more than 130 million people had contracted it – many of whom now live with long-term health impacts. At the same time, the wider health consequences of the pandemic have left untold millions bearing the costs in terms of their emotional, social, and economic well-being. Loss of employment and income has exacerbated food insecurity; health services have been partially or completely disrupted across the world; and there have been adverse impacts on mental and physical health.

The cost of COVID-19 is so high that it demands we do things differently: that we commit to building a fairer and healthier world by taking health equity much more seriously than before – and meet head-on the social and economic factors that cause health inequities. ***This is our call to action on World Health Day – and in the year-long campaign that WHO is launching to mark the day.***

Health inequity and COVID-19

Around the globe, COVID-19 has run along the seams of existing health inequities – the unfair and preventable differences in people's health, well-being, and access to quality health services. This is shown by the fact that COVID-19 cases and deaths in deprived areas are double those of more advantaged areas.

Health inequity manifests itself in our communities: people worst affected by COVID-19 are those least able to withstand it – older people and others with pre-existing severe illness; socially disadvantaged people with serious health conditions such as heart disease and diabetes; people without Internet access unable to receive the latest information to protect themselves; people unable to afford out-of-pocket payments for treatment; and those socially excluded, for example homeless people, or migrants, who may also experience obstacles in receiving COVID-19 related government aid. They also include people who have suffered unintended negative consequences of the measures introduced to contain COVID-19 (e.g. those exposed to domestic violence or older-person or child abuse during lockdowns, negative effects on education, employment and mental health).

Health inequity manifests itself globally, too: as of 1 April 2021, of the half a billion vaccines administered, 86% have been in high-income countries, while 0.1% have been in low-income countries. These countries watch and wait for vaccine supplies and other COVID-19-related

What is health equity?

Health equity is the absence of unfair, avoidable and remediable differences in health status among groups of people.

Health equity is achieved when everyone can attain their full potential for health and well-being.



treatments and technologies. **This is unjust and cannot be accepted in a modern world with the resources to create health equity.**

What causes health inequities?

Health and illness follow a social gradient – the lower a person's socioeconomic position, the worse their chances for health. This downward slope is the product of the conditions in which people are born, grow, live, work, and age, and their access to power, resources and decision-making (the “social determinants of health”). These conditions include a person's education; income; access to social protection (e.g. affordable child services, sickness pay, unemployment protection; and pensions); access to quality health services and good nutrition; access to healthy housing and clean air; and to financial and judicial services.

The quality of these conditions is often made worse by discrimination, stereotyping, and prejudice, which most often affect women and girls, older people, people with disability, or are based on race, ethnicity or sexual identity. Such discrimination occurs not only between individuals, but is often embedded within our institutions and systems, leading to whole populations being underrepresented in decision-making at all levels, receiving inferior services, and therefore experiencing poorer life chances. And when climate change and conflict are added to the mix, billions of people face a cocktail of powerful, mutually reinforcing factors that prevent them ever enjoying healthy lives.

How do we make health equity a reality?

Health equity means putting in place policies and allocating resources so that the people with less resources and those who face exclusion and discrimination (on the grounds of race, sex, gender, age, disability, or income) see greater improvements in their health and living conditions **faster than those who are better off.**

The role of the health sector

The health sector has several important roles in fostering health equity.

First, it must **do all it can to ensure it promotes health equity** by ensuring that everyone can



What do health inequities look like?

Between countries: A child born in Lesotho can expect to live to the age of 51 while a child born in Japan can expect to live to 84. Under-5 mortality is more than eight times higher in Africa than in Europe, and developing countries account for 99% of the world's maternal deaths.

Within countries: Children from the poorest households are twice as likely to die before the age of 5 years than children from the richest households, while children in the poorest 20% of households are over four times more likely to experience severe mental health problems than those in the highest 20%.

Between neighbourhoods: In Glasgow, male life expectancy ranges from 66.2 years in less-advantaged parts of the city to 81.7 years in more advantaged areas. In London, when travelling east from Westminster on the city's underground system, each stop represents a drop of nearly a year in life expectancy.





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receive high-quality health services when they need them, at an affordable cost (getting sick must not lead to financial hardship). This is known as “universal health coverage”, which all countries have committed to achieving by 2030. But currently, about half of the world’s people do not receive all the essential health services they need, and about 100 million people are driven into poverty each year by the cost of health care. And it is not just cost and location that affect some people more than others in obtaining health care – other barriers include discrimination that people face within health systems, and unequal levels of health literacy between population groups.

Action: Prioritize the primary health care approach. *This emphasizes health as a human right, community decision-making in the provision of care close to where people live, and collaboration between sectors to promote and protect health. It is the most equitable way to eliminate health barriers and achieve universal health coverage.*

Second, **the health sector needs to take the lead in monitoring health inequities** through monitoring health outcomes and health service delivery – as well as working with other sectors to monitor people’s living conditions.

Action: Disaggregate data by age, sex, education level, and income etc to identify who is affected by inequalities in health outcomes and health and social services.

Third, **the health sector needs to work with other sectors** that can influence health equity and reduce inequities in social services and people’s living conditions, such as education, agriculture, environment, infrastructure, transport, finance, or social protection

Action: The health sector should:

- *explain the importance of health equity and advocate effectively for action in other sectors, while recognizing these sectors’ own interests and targets;*
 - *work with other sectors to integrate the delivery of social services and support, and jointly monitor policy impact on health inequities;*
 - *be involved in the design and implementation of intersectoral governance arrangements that are critical to lead, facilitate and enable joint work between sectors;*
 - *build the capacity of the health workforce and other sector workforces to foster cooperation and coordination.*
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Five actions

for World Health Day

WHO calls on governments, international organizations and political leaders to work hand in hand with affected communities and individuals to address the root causes of inequities and to implement solutions – within and beyond the health sector – to address them through:

1. Equitable access to COVID-19 vaccines, tests and treatments within and between countries.
2. Post-COVID-19 recovery budgets and plans that protect and prioritize health and social sectors.

3. Equitable services and infrastructure in all communities – both urban and rural.
4. Stronger primary health care for everyone, everywhere.
5. Better data collection and reporting so countries know where the health inequalities are so they can address them better.

Health is more than healthcare: how other sectors can share the load

Research shows that social and economic factors account for a substantial proportion of health outcomes. For example, health-sector investments accounted for only half the reduction in under-5 mortality between 1990 and 2010 in low- and middle-income countries (through effective interventions such as immunization and other child health interventions, skilled birth attendance and maternal and newborn services, and family planning). The other half of reductions resulted from health-enhancing investments in other sectors. e.g. improved levels of education, women's political and socioeconomic participation and environmental management (e.g. for access to clean water, clean fuels and technologies), and reduced levels of fertility and poverty. This shows how all sectors can influence health and well-being, and share accountability for reducing health inequities.

Here are a few examples of how this can work:

1. Housing and health

Unsafe, low-quality, overcrowded housing drives health inequities by creating the conditions that expose people to violence and injuries and promote ill-health from infectious and noncommunicable diseases (NCDs). Energy-inefficient housing and inadequate incomes create energy poverty – especially for older people with disabilities, young children, and families who spend more time at home. Cold indoor temperatures can affect physical and

mental health, especially for older people, and impair children's learning. Extreme indoor heat can lead to heat exhaustion, stroke, and heart disease. Poor housing also exposes people to toxic materials, indoor air pollution low-quality housing design and maintenance hazards, such as falls.

COVID-19, housing, and health: COVID-19 has increased people's exposure to the health risks of poor housing through the global "stay at home" response. Around one billion people live in urban slums and are highly susceptible to COVID-19 due to housing and water and sanitation challenges. Homeless people are worst affected and run the greatest risk of physical and mental health problems, NCDs and infectious diseases. COVID-19 has also shown the strong influence housing can have on individual and community resilience, well-being, and the ability to access wider support networks.

Action: Improved housing conditions can save lives, prevent disease, and increase quality of life. They can be ensured through construction of social housing; loans and subsidies; and laws and regulations that ensure homes are safe, healthy, and accessible. Healthy housing enables neighbourliness – a value that has been critical during COVID-19, where isolated older people were supported by neighbours during lockdown. Healthy housing requires collaboration between the health and other sectors and joint efforts across all government levels.

2. Food, nutrition, and health

Healthy diets and good nutrition are critical to health and development for all ages. Better nutrition is linked to improved infant, child, and maternal health; lower risk of illnesses such as diabetes and heart disease; higher productivity and income; and longevity. However, low-income and socially marginalized communities are less likely to have easy access to affordable, safe and nutritious food and are likely to have to travel further to access fresh fruit and vegetables. The exposure of marginalized communities to corporate activity, such as marketing of unhealthy foods, high in sugar and salt, and of sugar-sweetened beverages also exacerbates poor nutrition. Currently, 47 million children under the age of 5 years are too thin for their height, while another 38.3 million children under the age of 5 years are overweight. Single parents or low-income households often do not have the time or money to provide a healthy diet and purchase (often cheaper) junk food high in salt, sugars or fat, leading to poor childhood nutrition.

COVID-19, nutrition, and health: COVID-19 has laid bare the fragility of the world's food system: by the end of 2020 COVID-19 may push the number of undernourished people, currently an estimated 690 million, up to 132 million. Some countries also report an increase in overweight and obesity of children and adults. Before the pandemic, 672 million adults were obese. Obesity increases the risk of severe illness from COVID-19, and it disproportionately impacts some racial and ethnic minority groups. Border closures, trade restrictions and confinement measures have prevented farmers accessing markets, including

for buying inputs and selling their produce, and agricultural workers from harvesting crops, thus disrupting domestic and international food supply chains and reducing access to healthy, safe and diverse diets.

Action: *Different forms of support are essential to ensuring access to healthy diets and good nutrition. Cash transfers can decrease undernutrition of infants by 7% in low-income households and work best when given to female heads of households (too often studies show that no difference is seen in childhood nutrition if it is the male head of household who receives the transfer). Other measures include promotion, protection and support of breastfeeding, including for working mothers; child allowances and healthy school meals; shelter and food assistance initiatives; and support for employment retention and recovery during the COVID-19 pandemic.*

3. Education and health

People with little education are twice as likely to report poor health than those with a tertiary education. Education is connected to lifelong employment, learning, and participation in society and decision-making; and female literacy in particular results in better outcomes in children's education, nutrition and life chances; reductions in family violence; and increased use of health services thanks to increased health literacy and better treatment from health services.

COVID-19, education, and health: UNESCO estimates that globally, 23.8 million children,



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adolescents, and youth (from pre-primary to tertiary) were at risk of not returning to school in 2020 as a result of COVID-19, including 11.2 million girls and young women, which could spell the reversal of 20 years of gains made for girls' education. Without the school platform, and without the access to health and nutrition programmes, hunger, poverty, malnutrition and mental health are exacerbated for hundreds of millions of children and their families, affecting their chances of ever recovering from the COVID-19 induced crisis.

Action: *Policies for improving health should aim to, among other things, increase the general level and quality of education and provide equal opportunity of access to education. This is because education has a major effect on health over the life course – through increased income and opportunity, self-reliance, and empowerment. It also creates engaged citizens. Ensuring high-quality education for everyone, especially adolescent girls, improves their health and well-being; school enrolment, attendance and achievement; and can protect them against becoming victims or perpetrators of violence.*

4. Safe environments and health

Whether in the home, the community, or the wider environment, health risks resulting from people's unsafe living conditions proliferate. Three billion people – 40 per cent of the world's population – **have no facilities at home to wash their hands with water and soap**. Nearly half of all schools have no handwashing facilities with water and soap, affecting 900 million school-age children, and **43% of health care settings have no hand hygiene facilities** at points of care where patients are treated.

Social disadvantage increases the likelihood that someone will be **exposed to violence in their family or community**, directly or indirectly as a witness. In turn, violence – and the poorer health that results from exposure to it can exacerbate social disadvantage.

Currently, **over 7 million people a year die from exposure to air pollution** – 1 in 8 of all deaths. Over 90% of people breathe outdoor air with pollution levels exceeding WHO air quality guideline values. Two-thirds of this exposure to outdoor pollution results from the burning of the same fossil fuels that cause climate change.

Meanwhile, around 2.8 billion people rely mainly on polluting fuel and technologies for cooking, resulting in **3.8 million deaths from household air pollution**.

COVID-19, safe environments, and health: Lack of handwashing facilities alone puts an estimated 1 billion people at immediate risk of COVID-19. Chronic exposure to household air pollution increases the vulnerability and susceptibility of household members to COVID-19 among other diseases. Furthermore, the economic impacts of COVID-19, particularly in relation to shrinking household incomes, is likely to hinder or even reverse progress in the clean cooking transition due to increased challenges with affordability and availability of clean fuels and technologies. Several countries affected by COVID-19 have seen increases in levels of violence occurring in the home, including violence against children, intimate partner violence and violence against older people.

Action: *While the health sector can directly address certain environmental risks, others are usually managed by other sectors, meaning multisectoral action is essential. For example, clean fuels and technologies for cooking reduce acute respiratory infections, chronic respiratory diseases,*

cardiovascular diseases, stroke, cancer and burns. Multisectoral action is also essential to ensure adequate water and sanitation, and interventions to reduce violence. Urban improvement policies aimed at modifying streets, buildings, sports facilities, and access to alcohol outlets can substantially reduce interpersonal violence.

5. Mobility and health

Transport-related health risks cause the deaths of millions of people annually. For example, WHO estimates that road traffic injuries kill 1.3 million people every year and injure millions more, mostly in low- and middle-income countries. Some 3.2 million deaths annually are due to physical inactivity. However, mobility links that connect people to essential services (food/retail, jobs, health services, education facilities, public services) are critical to enable people to participate in society, particularly those who have mobility difficulties (older people and people with disabilities) or parents with young children.

COVID-19, mobility, and health: Fear of transmission of COVID-19 and physical distancing measures implemented to reduce transmission have resulted in major changes to mobility patterns around the world, including significant disruptions and reductions in public transport use. These changes have hit more disadvantaged communities hardest – those more reliant on public transport and less able to work from home. However, the pandemic has also led to positive changes to mobility, with increased investment in modes of transport that favour physical activity, such as cycle lanes.

Action: Reduced traffic congestion and improved public transport networks are key to lowering air pollution and usually require cooperation with the transport sector and city planners. Similarly, designing transport systems that are less reliant on motor vehicles, and aimed at enhancing public transport systems (taking account of non-motorized users through infrastructure for bicycles and pedestrians) – will enhance equity. As well as improving access to basic services for those who cannot afford a car, these transport systems are more sustainable, improve health and social cohesion, while promoting economic and human development.

6. Economic and commercial factors, and health

Many studies show poor health is associated with low economic productivity, loss of taxes and reduced quality of life. But this is a two-way relationship, and the impact of the private sector and commercial factors on health and health equity cannot be ignored.

This impact is felt through **physical and social environments** (e.g. street design in disadvantaged neighbourhoods that favours car use; disproportionate targeting of marketing of unhealthy products to low-income communities; or lobbying government against pro-public health policies or social protection for workers such as paid maternity leave); and through **institutions, regulatory systems and policies** that favour commercial interests over public health, or create barriers for people to access essential goods and services. While the private sector is a critical partner in tackling health inequities, work is needed to strengthen cooperation while protecting against conflicts of interest.

COVID-19, economic and commercial factors, and health: While the private sector has played a crucial role in the pandemic response (from repurposing facilities to produce hand sanitizer through to developing therapeutics and vaccines), corporate practices have nonetheless impacted behaviours, environments and regulatory systems in ways that contributed to vulnerabilities – such as underlying health conditions caused by NCDs, poor air quality and lack of access to clean water services, as well as weak environmental, health or social protection.

The pandemic has caused the largest global recession in history – the brunt of which will be borne by communities and countries that can least afford it. COVID-19 has exposed the vulnerability of the global economic model and demonstrated how interdependent the relationships are between health, the economy and inequalities.

Action: Sound public sector decision-making processes and governance that prevent conflicts of interest and ensure investments in health and health equity are essential. Economic recovery plans must move away from business as usual. Societies need to protect themselves, and acknowledge that saving money by neglecting environmental protection,

emergency preparedness, health systems, and social safety nets is false economy. Decisions made in the coming months must not “lock in” economic development patterns are doing permanent and escalating damage to the ecological systems that sustain all human health and livelihoods, but rather promote a healthier, fairer, and greener world.

The way forward: a fairer, healthier world

World Health Day 2021 marks the start of WHO’s year-long campaign to place health equity centre stage of world attention. The campaign is timely, as it starts amid the colossal global effort to turn the tide on COVID-19, not least through international cooperation.

Past global crises, such as in the aftermath of the Great Depression and the Second World War, triggered dramatic transformation in our societies, leading to wide-ranging improvements in health and social systems and reductions in inequalities. Those were deliberate choices made by global

leaders at the time. We need such deliberate choices for the greater good again today.

Our vision for World Health Day is to build a fairer and healthier world, together. Prevailing over the pandemic can be the start of a new global compact that tackles poverty and health inequities, invests in health and well-being, promotes more equitable sharing of our resources, improves food security and nutrition, and finally turns the tide on climate change. Working together, we can build a healthier, greener, fairer world for all.

This World Health Day we urge everyone to join our campaign to make health equity a reality through fairer, greener and healthier communities and economies.



For more information

<https://www.who.int/teams/social-determinants-of-health>

<https://www.who.int/campaigns/world-health-day/2021>