HEALTH EQUITY PROGRAMS OF ACTION

Even though people overall are becoming healthier, many people are being left behind.

Black South Africans live 16 years less than white South Africans. *
In many countries, impoverished women are far less likely to be attended by a skilled birth attendant. **
Members of the Inuit people in Canada are over 300 times more likely to have tuberculosis than non-indigenous Canadians.

The Sustainable Development Goals PROMISE THAT WE WILL LEAVE NO ONE BEHIND and that we will achieve UNIVERSAL HEALTH COVERAGE. But unless we are proactive in planning to end health inequities, they will persist, and health coverage will not be universal.

NATIONAL COMMITMENT TO HEALTH EQUITY

Health Equity Programs of Action

Countries should develop comprehensive, inter-sectoral, human rights-based plans to reduce health inequities, possibly through national health plans or development strategies.

These health equity programs of action would follow 7 principles.

1. Empowering Participation and Inclusive Leadership: Prioritizing perspectives of marginalized and disadvantaged populations and including these populations in leadership structures.
2. Maximizing Health Equity: Covering a broad range of health issues and addressing deeply-rooted structural determinants of health.
3. Health Systems and Beyond: Addressing major social, environmental, and commercial determinants of health, with inter-sectoral approaches.
4. Every Population Counts: Systematically addressing each population experiencing health inequities.
5. Actions, Targets, and Timelines: Being action-oriented, with actions integrated into sector strategies.
6. Comprehensive Accountability: Encompassing a continuous process of monitoring progress and remedying shortcomings, and strengthening health accountability at national and sub-national levels.
7. Sustained High-Level Political Commitment: Enabling a long-term focus, sufficient resources, and inter-sectoral actions.

SOCIAL, POLITICAL, AND ECONOMIC MOBILIZATION

Reduced disparities in life expectancy
Women, whatever their wealth, have access to skilled birth attendants
Marginalized and disadvantaged populations no longer have disproportionately high levels of disease

73 years of life 73 years of life
73 years of life
Between 1 and 2 out of 10 women
Between 7 and 9 out of 10 women
Between 1 and 2 out of 10 women
Between 7 and 9 out of 10 women
9 out of 10 women
9 out of 10 women

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* Numbers do not add up due to rounding. ** In a number of countries, including Cameroon, Guinea, Haiti, Kenya, Madagascar, Nepal, Niger, Nigeria, Senegal, and Timor-Leste, only 10-20% of births to women in the poorest quintile are delivered with the assistance of a skilled birth attendant, compared with 70-90% of women in the wealthiest quintile.