

Achieving and Maintaining Equitable Health Outcomes for all, Including for Future Generations

International Journal of Social
Determinants of Health and Health
Services

1–3

© The Author(s) 2023

Article reuse guidelines:

sagepub.com/journals-permissions

DOI: 10.1177/27551938231214984

journals.sagepub.com/home/joh



Susan Goldstein¹ , Ruth M. Mabry² , Eric A. Friedman³ ,
André Luis Leite de Figueirêdo Sales⁴  and Arachu Castro^{5,#} 

Abstract

Sustainable health equity means achieving and maintaining equitable health outcomes for all people, including for future generations. It encompasses realizing the right to health, setting the conditions for leading a healthy life, and fulfilling the full range of human rights. Achieving sustainable health equity requires that public services be designed and provided, and public policies be developed through empowering, inclusive, participatory, accountable, and democratic processes and mechanisms.

Keywords

health equity, sustainable development

Sustainable health equity means achieving and maintaining equitable health outcomes for all people, including for future generations.¹ It encompasses: (a) realizing the right to health so everyone can access a full range of health services regardless of their social and political position and that of their population group; (b) setting the conditions for leading a healthy life on the planet by simultaneously addressing the underlying social and environmental determinants of human health and the human-animal-environment interface²; and (c) fulfilling the full range of human rights, including economic, social, cultural, civil, and political rights. Achieving sustainable health equity requires that public services be designed and provided, and public policies be developed through empowering, inclusive, participatory, accountable, and democratic processes and mechanisms.³

The COVID-19 pandemic highlighted the extreme inequity in access to diagnostics, treatments, and vaccines, resulting in a per capita death toll 31% higher in low-income countries compared to high-income countries.⁴ The pandemic also featured stark within-country inequities, both in access to COVID-19 vaccines and mortality rates due to COVID-19,^{5,6} reflecting long-existing health inequities and unequal access to quality health services and other necessities for a long and healthy life. In addition, the world is facing a syndemic of obesity, climate change, and undernutrition, with the worst outcomes experienced by populations in low- and middle-income countries, particularly those living in poverty and minoritized ethnic groups.⁷

Sustainably attaining the highest possible level of health for all people everywhere requires addressing social and economic justice, including in the context of environmental sustainability.¹ Nearly half the global population, 3.6 billion people, live in places highly vulnerable to the climate crisis, with deaths from floods, droughts, and storms 15 times higher compared to the least vulnerable regions.⁸ Meanwhile, given the link between the ecosystem services upon which we depend, the destruction of habitats that is both a leading cause of the extinction of other species and the increased risk of outbreaks of novel and emerging infectious diseases, we must protect our planet's biodiversity and end our practices that are degrading it. Given that countries with the greatest GDP contribute the most to global carbon emissions,⁹

¹SAMRC Centre for Health Economics and Decision Science PRICELESS SA, School of Public Health, University of the Witwatersrand, Johannesburg, South Africa

²Global Health Consultant, Muscat, Oman

³O'Neill Institute for National and Global Health Law, Georgetown University Law Center, Washington, USA

⁴School of Human and Health Sciences, Pontificia Universidade Catolica de Sao Paulo, Sao Paulo, Brazil

⁵School of Public Health and Tropical Medicine, Tulane University, New Orleans, USA

[#]On behalf of the Sustainable Health Equity Movement

Corresponding Author:

Arachu Castro, School of Public Health and Tropical Medicine, Tulane University, 1440 Canal Street, New Orleans, LA 70112, USA.
Email: acastro1@tulane.edu

those most responsible for the climate crisis must cancel external debt for countries most impacted and least responsible for our planet's climate peril and compensate them for their loss and damage for the harm experienced. Polluters—both at the corporate and the national level—must pay.

To create conditions for all people and future generations to attain the highest attainable standard of health, the Sustainable Health Equity Movement calls for public policies grounded in the understanding that intersectoral actions are fundamental for promoting health and recognizes that health policies play a crucial role in achieving the democratic and sustainable social, economic, and environmental forms of development we need.¹⁰ In 1978, health leaders advocated for primary health care to achieve the ambitious goal of health for all by 2000. Yet, the debt crisis and subsequent global deregulatory economic policies soon sidelined health equity, universal access, intersectoral action, and participatory approaches.¹¹ We urge governments to incorporate the right to health in all policies and practices—both domestically and in international agreements and policies and actions with extraterritorial impact—and to cut carbon emissions both at home and abroad, immediately, and protect biodiversity to avert the growing risk of massive social disruptions and accelerating the mass extinction already underway.






Declaration of Conflicting Interests

The authors declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: Goldstein, Mabry, Friedman, and Castro are Steering Committee Members of the Sustainable Health Equity Movement; Mabry and Friedman represent the Framework Convention for Global Health Alliance and Castro represents the Health Equity Network of the Americas. Sales is Head of Communication and Strategic Relations of the Sustainable Health Equity Movement.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article

ORCID iDs

Susan Goldstein  <https://orcid.org/0000-0002-3424-5319>
 Ruth M. Mabry  <https://orcid.org/0000-0002-1979-7588>
 Eric A. Friedman  <https://orcid.org/0000-0003-2438-8049>
 André Luis Leite de Figueirêdo Sales  <https://orcid.org/0000-0001-8607-7532>
 Arachu Castro  <https://orcid.org/0000-0003-0428-9174>

References

1. Castro A, Marmot M, Garay J, de Negri A, Buss P, Sustainable Health Equity M. Achieving sustainable health equity. *Bull World Health Organ*. 2022;100(1):81-83. doi:10.2471/BLT.21.286523.
2. Zinsstag J, Kaiser-Grolimund A, Heitz-Tokpa K, et al. Advancing one human-animal-environment health for global health security:

What does the evidence say? *Lancet*. 2023;401(10376):591-604. doi:10.1016/S0140-6736(22)01595-1.

3. Garay JE, Chiriboga DE. A paradigm shift for socioeconomic justice and health: From focusing on inequalities to aiming at sustainable equity. *Public Health*. 2017;149:149-158. doi:10.1016/j.puhe.2017.04.015.
4. Oxfam International. COVID-19 death toll four times higher in lower-income countries than rich ones. 2022; (Retrieved 6 Jul. 2023, from <https://www.oxfam.org/en/press-releases/covid-19-death-toll-four-times-higher-lower-income-countries-rich-ones>.)
5. Bergen N, Johns NE, Chang Blanc D, Hosseinpoor AR. Within-country inequality in COVID-19 vaccination coverage: a scoping review of academic literature. *Vaccines (Basel)*. 2023;11(3):517. doi:10.3390/vaccines11030517
6. Elgar FJ, Stefaniak A, Wohl MJA. The trouble with trust: Time-series analysis of social capital, income inequality, and COVID-19 deaths in 84 countries. *Soc Sci Med*. 2020;263:113365. doi:10.1016/j.socscimed.2020.113365.
7. Mendenhall E, Singer M. The global syndemic of obesity, undernutrition, and climate change. *Lancet*. 2019;393(10173):741. doi:10.1016/S0140-6736(19)30310-1.
8. Intergovernmental Panel on Climate Change. Summary for policymakers. In: Lee H, Romero J, eds. *Climate Change 2023: Synthesis Report A Report of the Intergovernmental Panel on Climate Change Contribution of Working Groups I, II and III to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change* (Retrieved 6 Jul 2023, from https://www.ipccch/report/ar6/syr/downloads/report/IPCC_AR6_SYR_SPMpdf). IPCC; 2023:36 pp.
9. Naddaf M. Climate change is costing trillions - and low-income countries are paying the price. *Nature*. 2022. doi:10.1038/d41586-022-03573-z.
10. Greer SL, Falkenbach M, Siciliani L, McKee M, Wismar M, Figueras J. From health in all policies to health for all policies. *Lancet Public Health*. 2022;7(8):e718-e720. doi:10.1016/S2468-2667(22)00155-4.
11. Sanders D, Reynolds L. The politics of primary health care. *Oxford Research Encyclopedia of Global Public Health*. 2019; (Retrieved 6 Jul. 2023). doi:10.1093/acrefore/9780190632366.013.50.

Author Biographies

Susan Goldstein is Professor and Deputy Director of the SAMRC Centre for Health Economics and Decision Science (PRICELESS SA), School of Public Health, University of the Witwatersrand in South Africa, and Sustainable Health Equity Movement Steering Committee Member.

Ruth M. Mabry is a Global Health Consultant in Oman and Sustainable Health Equity Movement Steering Committee member representative of the Framework Convention for Global Health Alliance.

Eric A. Friedman is a Global Health Justice Scholar at the O'Neill Institute for National and Global Health Law, Georgetown University Law Center in the United States of America, and Sustainable Health Equity Movement Steering

Committee member representative of the Framework Convention for Global Health Alliance.

André Luis Leite de Figueirêdo Sales is a postdoctoral researcher at the Pontificia Universidade Católica de São Paulo in Brazil and Sustainable Health Equity Movement Head of Communication and Strategic Relations.

Arachu Castro is Professor and Samuel Z. Stone Endowed Chair of Public Health in Latin America at the Tulane University School of Public Health and Tropical Medicine in the United States of America and Sustainable Health Equity Movement Steering Committee Member representative of the Health Equity Network of the Americas.