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Equity in Global health

Gorik Ooms
March 2025



Global health governance from an equity perspective

Towards a common definition of global health

*Jeffrey P Koplan, T Christopher Bond, Michael H Merson, K Srinath Reddy, Mario Henry Rodriguez, Nelson K Sewankambo, Judith N Wasserheit,
for the Consortium of Universities for Global Health Executive Board**

Thus, on the basis of this analysis, we offer the following definition: global health is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide.



THE CONCEPTS AND PRINCIPLES OF EQUITY AND HEALTH

Margaret Whitehead

*The Meaning of Equity in Health*¹

The great differences in the health profiles of different nations and different groups within the same country have already been highlighted.

These *differences* or *variations* can be measured from standard health statistics. However, not all of these differences can be described as *inequities*. The term “inequity” has a moral and ethical dimension. It refers to differences which are *unnecessary* and *avoidable*, but in addition are considered *unfair* and *unjust*. So, in order to describe a certain situation as inequitable the *cause* has to be examined and *judged* to be unfair in the *context* of what is going on in the rest of society.

International Journal of Health Services, Volume 22, Number 3, Pages 429–445, 1992



HEALTH-ADJUSTED LIFE EXPECTANCY IN CANADA:

2012 Report by the
Public Health Agency of Canada

Prepared by the Public Health Agency of Canada Steering Committee
on Health-Adjusted Life Expectancy

TABLE 3-3. Life Expectancy (LE),¹ Health-Adjusted Life Expectancy (HALE),¹ and Losses of LE and of HALE, at Selected Ages,² by Disease Status and Sex, Canada (Less Quebec, Nunavut and Northwest Territories),³ 2004 to 2006

SEX	HEALTH EXPECTANCY MEASURE	CANADIAN POPULATION (I)	WITHOUT DM&HYP (II)	WITHOUT DM (III)	WITHOUT HYP (IV)	WITH DM (V)	WITH HYP (VI)	WITH DM&HYP (VII)	LOSS IN HEALTH EXPECTANCY WITH		
									DM (III–V)	HYP (IV–VI)	DM&HYP (II–VII)
At birth											
Females	LE	83.6	85.5	85.0	84.7	74.9	81.5	72.2	10.1*	3.2*	13.3*
	HALE	72.1	74.0	73.3	73.4	62.2	67.2	58.1	11.1*	6.2*	15.9*
Males	LE	78.9	81.0	80.2	80.2	70.9	76.2	65.9	9.3*	4.0*	15.1*
	HALE	69.6	71.8	70.9	71.1	60.1	65.0	56.0	10.8*	6.1*	15.8*



- You live in Belgium
- You have a chronic disease, 10% of the population has the same disease
- You need a treatment that costs €10 000 per year
- You cannot afford it
- The Government of Belgium does not subsidise it
- You die, while people who have the same disease and who can afford paying €10 000 per year live (=inequality)

Inequity?



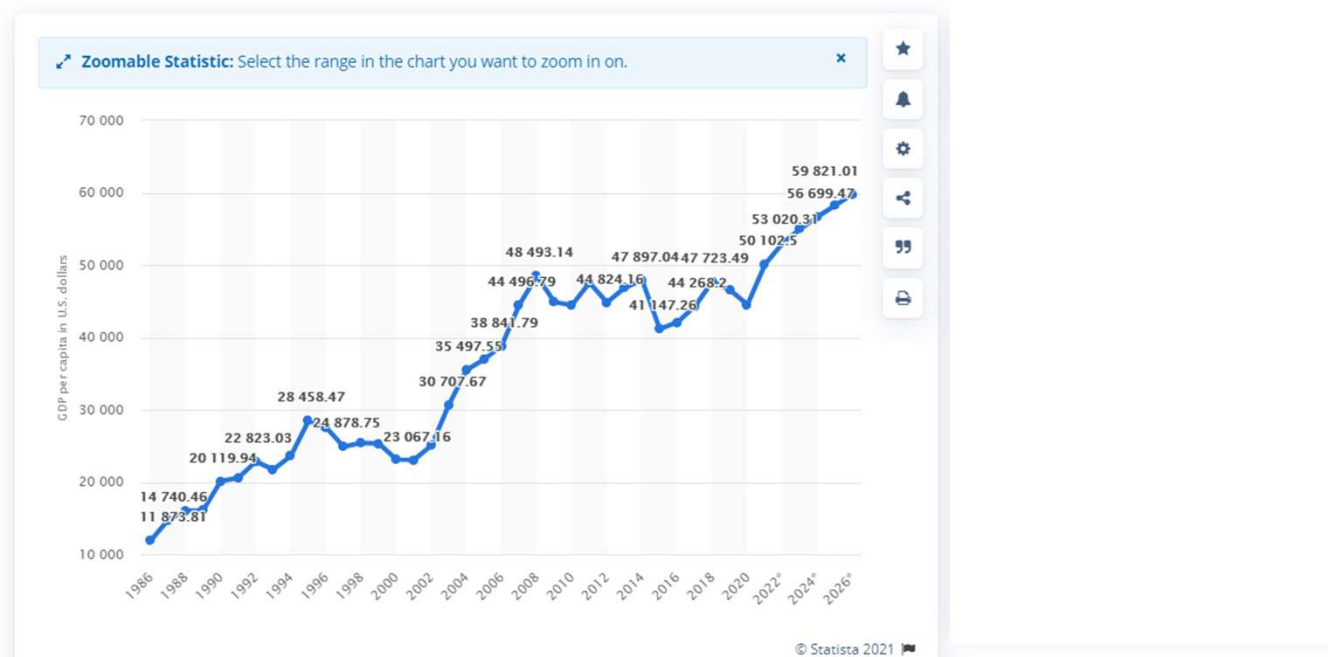
- You live in Belgium
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Inequity?



- The gross domestic product (GDP) per capita in Belgium is about €50 000 (per year)
- 100 people produce, together, produce €5 000 000 per year
- 10 of them need treatment = €10 000 000 per year

Belgium: Gross domestic product (GDP) per capita in current prices from 1986 to 2026
(in U.S. dollars)



- You live in Belgium
- You have a chronic disease, 10% of the population has the same disease
- You need a treatment that costs €1 000 000 per year
- You cannot afford it
- The Government of Belgium does not subsidise it
- The Government of Belgium does not issue a compulsory licence (which would bring the cost down to €10 000 per year)
- You die, while people who have the same disease and who can afford paying €1 000 000 per year live (=inequality)

Inequity?



Equity in health (at the national level)

Equity = absence of inequities

Inequity	=	inequality
	+	remediable
	+	reasonable efforts



Home > Forefront > Transplant

Transplant gives patient with alcohol-induced liver failure a second chance

September 2, 2021

Written By
Sarah Richards

Topics

- Transplant >
- Liver Transplant >
- Alcoholic Liver Diseases >
- Liver Disease >
- Anjana Pillai MD >
- John Fung MD, PhD >
- Sonali Paul MD, MS >
- Hepatology (Liver Diseases) >



Eric Tanis





Belgian Advisory Committee on Bioethics

SEARCH

liver



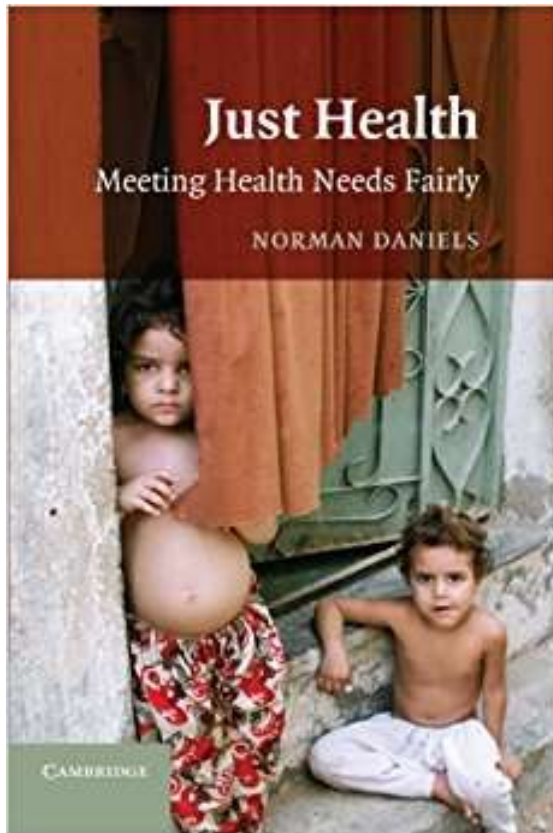
SEARCH



Opinion no. 60 - liver transplantation in patients suffering from acute alcoholic hepatitis (AAH)

Opinion of 27 January 2014 on liver transplantation in patients suffering from acute alcoholic hepatitis (AAH) who do not respond to

medical treatments



“In the absence of a prior agreement on principles that can resolve our disputes, we must make decisions using a process that is fair to all. The outcome of the fair process can then be accepted as fair...”

Equity in health (at the national level)

Equity = absence of inequities

Inequity	=	inequality
	+	remediable
	+	reasonable efforts
	+	fair process



REVIEW ARTICLE

GLOBAL HEALTH

Governance Challenges in Global Health

Julio Frenk, M.D., M.P.H., Ph.D., and Suerie Moon, M.P.A., Ph.D.

UNDERSTANDING GLOBAL HEALTH AND GOVERNANCE

There are many working definitions of global health. Some emphasize certain types of health problems (e.g., communicable diseases), whereas others emphasize certain populations of interest (e.g., the poor), focus on a geographic area (e.g., the Global South), or have a specific mission (e.g., equity). Global health encompasses all these dimensions, but each of them in isolation offers only a partial perspective. In our view, global health should be defined by two key elements: its level of analysis, which involves the entire population of the world, and the relationships of interdependence that bind together the units of social organization that make up the global population (e.g., nation states, private organizations, ethnic groups, and civil society movements).



The notion of governance goes beyond the formal mechanisms of government and refers to the totality of ways in which a society organizes and collectively manages its affairs.⁵ Global governance is the extension of this notion to the world as a whole.⁶⁻⁸ It can refer to the formal decision-making processes of the United Nations Security Council, for example, or to less formal ways of influencing behavior, such as voluntary codes of conduct for multinational corporations. It includes the myriad processes that shape the way we collectively address issues of global significance, such as financial stability, environmental sustainability, peace and security, human rights, and public health.⁸

Global governance is distinct from national governance in one critical respect: there is no government at the global level. Populations are organized into sovereign nation states, but there is no hierarchical political authority, or world government, that has jurisdiction over these nation states. Traditional instruments for mobilizing collective action at the national level — such as taxation, routine law enforcement, and democratic decision-making procedures — are mostly absent at the global level. As a result, societies face enduring challenges to agree on and enforce rules, coordinate action, achieve policy coherence, and ensure accountability.



- You live in Mozambique
- You have a chronic disease
- You need a treatment that costs €10 000 per year
- You cannot afford it
- The Government of Mozambique does not subsidise it
- The Government of Mozambique is not hindered by patent law and could allow generics, which would bring the cost down to €365 per year
- You die, while people who have the same disease and who can afford paying €365 per year live (=inequality)
- ...

Inequity?



Mozambique: Gross domestic product (GDP) per capita in current prices from 1986 to 2026*

(in U.S. dollars)





The Global Fund
To Fight AIDS, Tuberculosis and Malaria



Equity in health (at the global level)

Equity = absence of inequities

Inequity = inequality ✓
 + remediable ?
 + reasonable efforts ? ?
 + fair process ? ? ?



Global health governance from a right to health perspective







Article 02

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.



“Freedoms” : to be free from all those things your government or society
≈ negative rights or rights you have because there’s something your society or polity should not do
≈ civil and political human rights

“Rights” (in article 2) ≈ “entitlements”: to be entitled to efforts from your government or society
≈ “positive rights” or rights you have because there’s something your society or polity should do
≈ economic, social and cultural human rights



INTERNATIONAL BILL OF HUMAN RIGHTS

UNIVERSAL DECLARATION OF HUMAN RIGHTS
(UDHR)

INTERNATIONAL COVENANT ON
CIVIL AND POLITICAL RIGHTS
(ICCPR) AND ITS PROTOCOL

INTERNATIONAL COVENANT
ON ECONOMIC, SOCIAL AND
CULTURAL RIGHTS (ICESCR)



International Covenant on Economic, Social and Cultural Rights

**Adopted and opened for signature, ratification and accession by General Assembly resolution
2200A (XXI) of 16 December 1966
entry into force 3 January 1976, in accordance with article 27**

Article 12

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:
 - (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;
 - (b) The improvement of all aspects of environmental and industrial hygiene;
 - (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;
 - (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.



Article 2(1) of International Covenant on Civil and Political Rights:

“Each State Party to the present Covenant **undertakes to respect and to ensure** to all individuals within its territory and subject to its jurisdiction the rights recognized in the present Covenant, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.”

Article 2(1) of International Covenant on Economic, Social and Cultural Rights:

“Each State Party to the present Covenant **undertakes to take steps**, individually and through international assistance and co-operation, especially economic and technical, **to the maximum of its available resources**, with a view to **achieving progressively** the full realization of the rights recognized in the present Covenant by all appropriate means, including particularly the adoption of legislative measures.”



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Article 2(1) of International Covenant on Economic, Social and Cultural Rights:

“Each State Party to the present Covenant undertakes to take steps, **individually and through international assistance and co-operation**, especially economic and technical, to the maximum of its available resources, with a view to achieving progressively the full realization of the rights recognized in the present Covenant by all appropriate means, including particularly the adoption of legislative measures.”



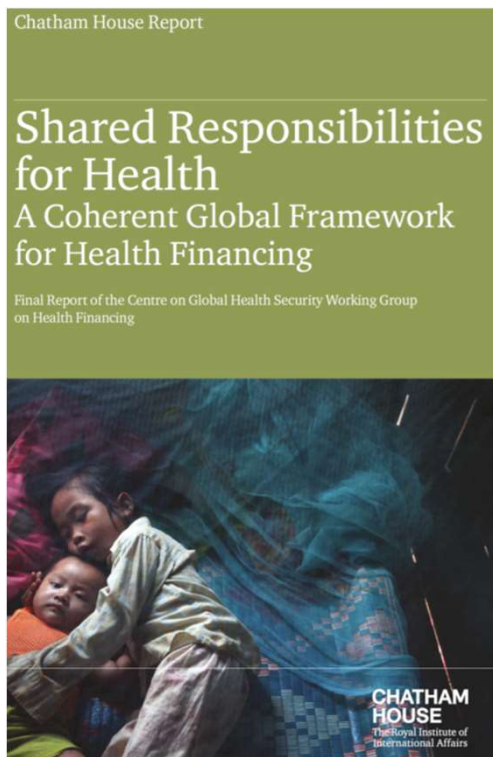
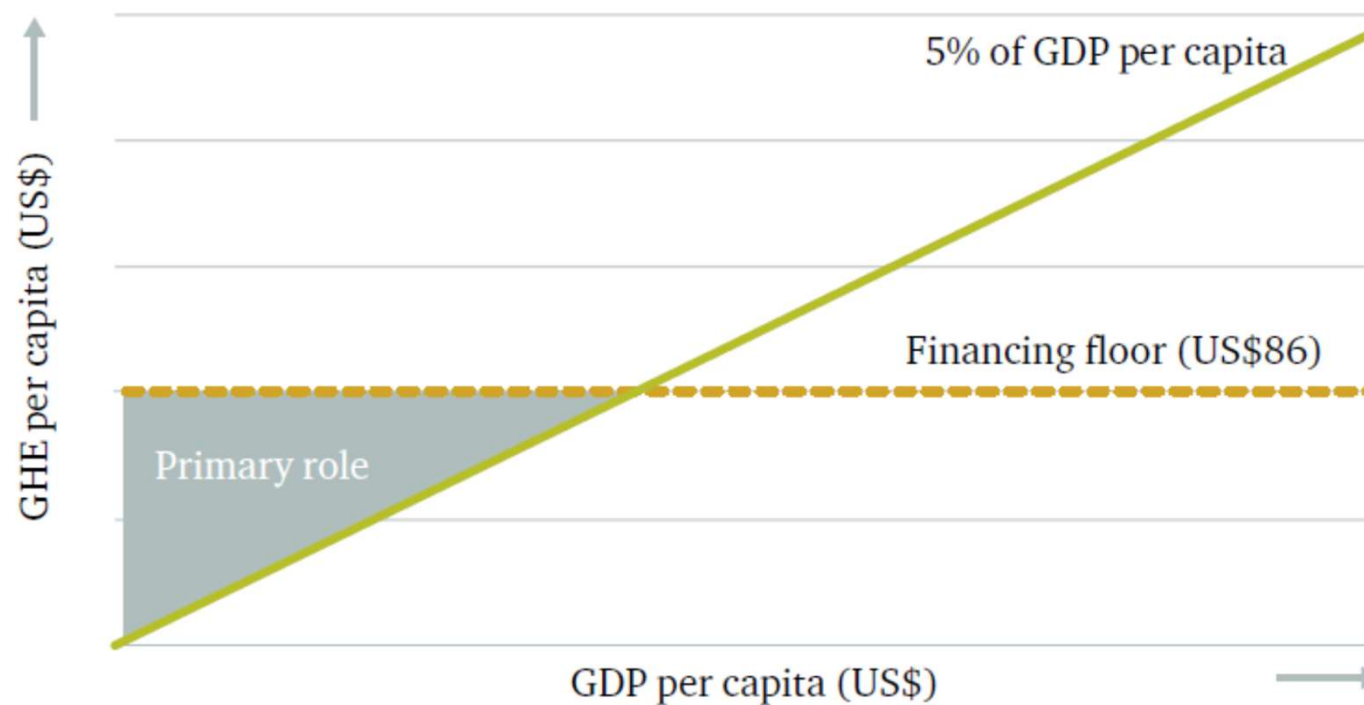


Figure 3: Primary role of external financing for health



OXFORD

The Right to Health in International Law



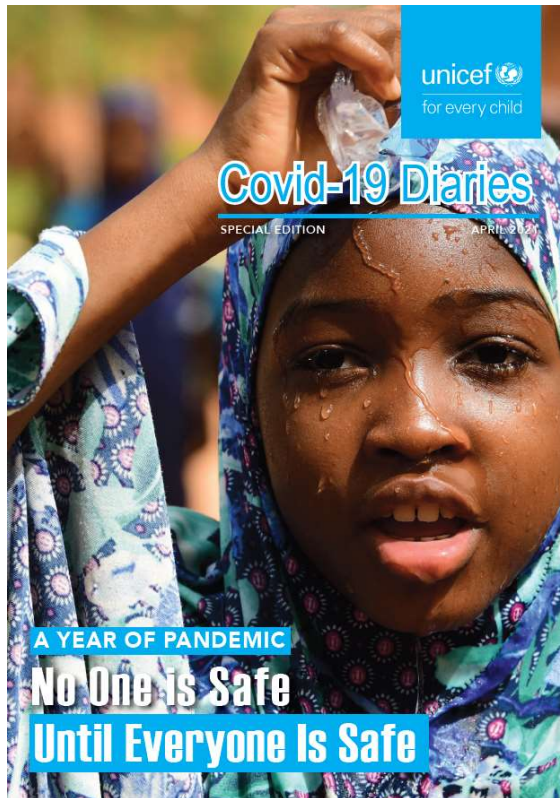
John Tobin

“The meaning of the international obligation to co-operate for the purpose of realizing the right to health is far from settled. ...

The challenge, however, is to provide a persuasive interpretation that can outline the ‘concrete measures’ required for its effective implementation.”



Global health governance from a global health security perspective



Africa's medical system risks 'collapse in next few years', warns health leader

Focusing foreign aid on infectious diseases has allowed a rise in cancer and diabetes that African governments don't have resources to fight, says Dr Githinji Gitahi

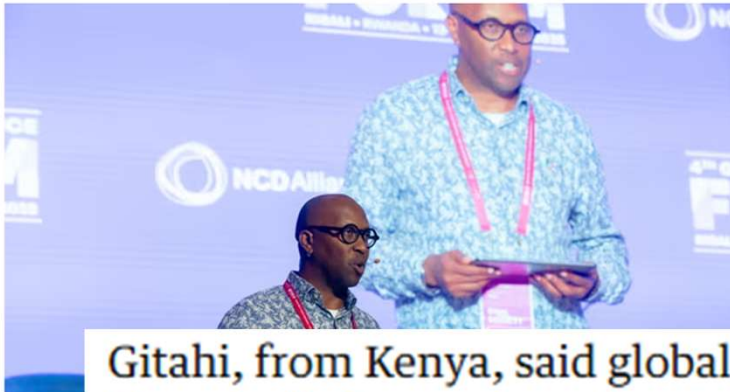
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About this content

Kat Lay, Global health
correspondent, in Kigali

Thu 27 Feb 2025 08:00 CET



Gitahi, from Kenya, said global health and foreign aid spending had historically focused on diseases that could affect the donors themselves. **Less than 3%** of development spending for health goes to NCDs.

“That is why there is so much focus on TB, HIV, because when you keep HIV low in Kenya, you keep it out of your country because people travel, and people carry diseases,” he said. “But for cancer, for hypertension, for diabetes ... that’s non-infectious.”



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Thank you!

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