EDITORIAL

Actions towards closing the health equity gap: A global public health imperative

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Greater equity in health status of populations between and within countries can be regarded as key measurement of the world's progress towards global health development. With only two years remaining to meet the MDG targets, closing the health equity gap between and within countries has gained the attention of all stakeholders including the United Nations, world leaders, politicians, policy makers, academicians, researchers, service providers, NGOs, development partners and communities. Urgent attention is required to streamline individual and collective actions in the direction of greater cohesiveness, efficiency and synergy for accelerated and sustainable results on MDGs and towards closing the health equity gap.

Since its establishment in October 1945 the United Nations, guided by its Charter, has focused on maintaining international peace and security; developing friendly relations among nations; promoting social progress; and, better living standards and human rights. The1948 Universal Declaration on Human Rights, the UN institutional framework for action, clearly stipulates "the recognition of the inherent dignity and the equal and inalienable rights of all members of the human family as the foundation of freedom, justice, and peace in the world" (1).

Within this context, Article 25 of the Declaration state that – "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family; including food, clothing, housing and medical care and necessary social services; and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his (her) control" And "Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection." The attainment of the highest standard of health therefore is a human right. Created in 1948 as the lead UN body mandated for global health, the World Health Organization (WHO) defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

The WHO, having implemented different global strategies for over three decades, met with its 134 member states in the former Soviet Union, Kazakh capital, Alma-Ata, at an international conference to reach a landmark agreement that adopted Primary Health Care (PHC) as the key strategy for achieving "Health for All' by the year 2000. The PHC strategy emphasized priority health interventions that include, nutrition, maternal and child health, immunization, family planning, water and sanitation, health education and essential medical care brought within the reach of every one and supported by effective referral services (2).

Government commitment was underscored in policy, resources and in creating enabling environment, while community participation, multi-sectoral approaches and intersectional collaboration were considered as pillars of the strategy. These approaches were expected to enable countries to reach the HFA goal by the year 2000 and enable their citizens to enjoy a state of well being, to lead a socially and economically productive life".

However the 1990s, global assessment on progress of implementation of PHC strategy towards health for all by the year 2000, revealed that many developing countries especially those in Africa, despite their considerable efforts, were far from and unlikely to achieve the HFA goals by the target year. This necessitated further re-examining global health policies and strategies and in 2000 the 189 UN member states that met in New York, adopted the Millennium Declaration. The Declaration asserts that every individual has the right to dignity, freedom,

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equality, and a basic standard of living that includes freedom from hunger and violence, and encourages tolerance and solidarity. Taking into account the PHC gains and the HFA challenges, agreed on a set of time bound Millennium Development Goals (MDGs) with the aim of achieving basic human rights.

The MDGs (composed of 8 identified goals and 21 targets, with measurable set indicators for each target) are intended to increase individual human capabilities and "advance the means to a productive life". A key feature of the MDGs is its emphasis on the role of developed countries in assisting developing countries to achieve a "global partnership for the development goals". In this regard, developed countries committed 0.7 % of their GNP to increase capacity of developing countries and thereby increase the likelihood of success in achieving the MDGs and sustaining them (3).

The MDGs have served as useful tool for tracking progress toward basic poverty reduction and provided basic policy road map to achieving these goals. In September 2010, world leaders met in the UN HQ to track progress towards achieving the MDGs. At this meeting, again, many leaders from developing African countries reported on the efforts they are making, the challenges they are faced with, and the sad unlikelihood of meeting many of the set targets within the given time frame. On the other hand, leaders from other regions reported progress and their success and likelihood of meeting the targets. This clearly revealed the disparities that still exist in global health development and the gaps in heath equity, further calling to action the global community for a more concerted and accelerated action to redress the equity gaps.

Acknowledging health as a basic and inalienable human right, urgent action to close the health equity gap required unwavering commitment, policy coherence, and equitable coverage of innovative and technically sound approaches. Urgent and sustainable actions are needed that involve politicians, professionals, social activists, development workers and communities alike.

There is still rethinking that "Revitalizing Primary Health Care" remains the "Key Strategy for Health For All". This however, calls for invigorated and effective engagement of all actors at different levels in constructive partnership and with guaranteed accountability. The increasing social determinants of health have expanded the scope of public health which is now extended into multiple sectors that influence health opportunities and outcomes. Also the complexity of public health have increased both in developed and developing countries because of multiple factors including environment, demographic and epidemiological changes, population, globalization, high mobility, changing lifestyles and behavioral transitions. In addition, the close interdependence of economies, intense commercialization, unparalleled technological changes including communication technology have further aggravated the nature and complexity of public health.

Most developing countries with inadequate health systems to carry the burden of communicable, non communicable and emerging new diseases will require more strategic partnerships and sharpened focus to vitalize their systems to effectively respond to health equity demands and sustainability challenges. In this regard, the sector needs to be ever stronger and strategic to effectively lead the alliances and partnerships that will influence the attainment of equitable and sustainable "Health for All". Key players at national, regional and global levels need to be cohesively coordinated for effective collaboration and synergy.

It is in this context that the World Federation of Public Health Associations in partnership with the Ethiopian Public Health Association dedicated the theme of the 13th World Congress on Public Health to focus on "**Moving Towards Global Health Equity: Opportunities and Threats".** The World Congress held from 23-27 April 2012 in Addis Ababa, Ethiopia, deliberated on critical global, regional and national issues that impact on health equity and in the end issued the **Addis Ababa Declaration: A Call to Action on Global Health Equity** (4). This is intended to stimulate action at various levels and in all countries towards realizing the MDGs and

"Global Health Equity for All" is a global public health imperative we all need to act on and monitor progress made.

References

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