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“ALL ANIMALS ARE EQUAL, BUT SOME ANIMALS ARE MORE EQUAL THAN OTHERS”: EQUITY AS A FUNDAMENTAL DIMENSION OF HEALTH

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INTRODUCTION

Inequity in health remains one of the most pressing challenges in global public health, marked by unjust and avoidable differences in access to healthcare, quality of services, and health outcomes across populations. While inequality refers to differences in health status or distribution of resources, inequity emphasizes the ethical and social injustices that underpin these disparities, often arising from systemic factors such as socioeconomic status, race, gender, and geographic location (WHO, 2018; Marmot, 2020). The distinction between inequity and inequality is pivotal for addressing health disparities, as it frames these differences as a matter of fairness and rights rather than merely outcomes.

The words of George Orwell—“All animals are equal, but some animals are more equal than others”—serve as a poignant allegory for the health disparities that persist in contemporary society. This quote from

Animal Farm aptly encapsulates the contradiction of universal health ideals versus the lived reality of inequitable health systems. While universal health coverage (UHC) is championed as a global goal by organizations like the World Health Organization (WHO), disparities in access to healthcare persist, disproportionately affecting vulnerable populations. For instance, despite global advances in healthcare, life expectancy in sub-Saharan Africa remains significantly lower than in high-income countries due to inequities in access to preventative and curative services (WHO, 2024a).

These disparities manifest not only in the availability of healthcare but also in its quality and outcomes. For example, maternal mortality rates in low- and middle-income countries are nearly 300 per 100,000 live births compared to fewer than 10 per 100,000 in high-income nations, despite global initiatives such as the

Sustainable Development Goals (SDGs) aimed at reducing this gap (UNICEF, 2023). Such statistics underscore that inequity in health is not simply an unfortunate inevitability but a product of social determinants—policies, economic systems, and cultural norms—that systematically privilege certain groups over others (Carson et al., 2020; Viswanath, McCloud & Bekalu, 2021; Ray, 2023).

By critically examining the intersection of inequity and inequality, this paper explores how Orwell's observation mirrors the systemic barriers and injustices within global health systems. It evaluates disparities in access, quality, and outcomes, focusing on how these inequities perpetuate cycles of disadvantage and undermine global health equity. Furthermore, this work highlights contemporary approaches and interventions aimed at mitigating health inequities, drawing on recent evidence and case studies to propose actionable solutions.

IMPORTANCE OF EQUITY IN HEALTH

Equity in health is a cornerstone of public health that seeks to ensure all individuals have fair opportunities to attain their highest level of health, regardless of socioeconomic status, geographic location, gender, or other social determinants (Jensen, Kelly & Avendano, 2022; WHO, 2023a; Burton et al., 2024). Unlike equality, which implies uniform distribution of resources, equity acknowledges that different populations may require varying levels of support to overcome systemic barriers and achieve comparable health outcomes (WHO, 2021a; Jayasinghe, Faghy & Hills, 2022; Braveman, 2023). In the context of healthcare systems, this means tailoring services to meet the unique needs of disadvantaged populations, addressing underlying inequities in resource allocation, and dismantling structural inequities that perpetuate disparities.

The absence of equity in health results in significant consequences for individuals, communities, and societies. Health inequities—avoidable and unfair differences in health outcomes—disproportionately affect vulnerable populations and exacerbate cycles of poverty and social instability. For instance, individuals in low-income settings often face a double burden of disease, experiencing high rates of communicable diseases alongside rising levels of non-communicable conditions, which are aggravated by inequitable access to healthcare (WHO, 2024b). These disparities not only hinder individual well-being but also strain healthcare systems and impede economic development at national and global levels (Goston & Friedman, 2019; Xafis, 2020; Parenteau et al., 2023).

The impact of health inequities extends beyond individual lives, shaping societal health and stability. Research demonstrates that societies with greater health equity have better overall health outcomes, lower rates of preventable diseases, and enhanced productivity (Labonté & Ruckert, 2019; National Academies of Sciences, 2020; Stanley et al., 2020). Conversely, inequities in healthcare access, quality, and outcomes perpetuate broader inequalities, including income disparities, educational gaps, and social exclusion. For example, a lack of equitable access to maternal and child healthcare services has been linked to higher rates of infant and maternal mortality in low-income and rural populations, reinforcing cycles of disadvantage and hindering progress toward Sustainable Development Goals (SDGs) (UNICEF, 2023).

Recognizing the profound implications of health inequities, it is essential to position equity as a fundamental dimension of health policy, research, and practice. Integrating equity into health systems not only promotes justice but also enhances societal

resilience and well-being. It is crucial to explore the role of equity in health, examine the structural and systemic barriers that perpetuate inequities, and highlight evidence-based interventions to foster equitable health outcomes across diverse populations.

GLOBAL HEALTH INEQUALITIES

Global health inequalities represent a significant challenge to achieving equity in health, underscoring the stark disparities in access to care, quality of health services, and health outcomes between high-income and low-income countries. These disparities are evident in fundamental indicators such as life expectancy, maternal mortality, and access to skilled healthcare during childbirth, highlighting the urgent need for targeted interventions to bridge the gap and promote equitable health for all.

LIFE EXPECTANCY

Life expectancy is one of the most visible markers of health inequality. In high-income countries, people enjoy an average life expectancy of around 82 years, reflecting better access to healthcare, improved living conditions, and advanced public health measures. In contrast, life expectancy in low-income countries is approximately 64 years, a gap of nearly two decades (World Bank, 2024). This disparity can be attributed to factors such as limited access to essential healthcare services, higher prevalence of communicable diseases, and inadequate infrastructure to address non-communicable diseases, which are increasingly becoming a global burden (IHME, 2024).

MATERNAL MORTALITY

Maternal mortality remains a critical indicator of health inequality, particularly in reproductive health services. In 2020, the maternal mortality ratio (MMR) in low-income countries stood at a staggering 430 deaths per

100,000 live births, compared to just 12 deaths per 100,000 live births in high-income countries (WHO, 2021b). The disproportionately high MMR in low-income settings often results from preventable complications during pregnancy and childbirth, such as postpartum haemorrhage and sepsis, exacerbated by limited access to skilled care, emergency obstetric services, and adequate healthcare infrastructure (WHO, 2015; Souza et al., 2024).

ACCESS TO SKILLED CARE DURING CHILDBIRTH

Access to skilled care during childbirth is another domain where global health inequalities are starkly evident. In high-income countries, approximately 99% of births are attended by skilled health personnel, ensuring better outcomes for mothers and newborns (UNFPA, 2023). In low-income countries, this figure drops to around 68%, leaving a significant proportion of women without critical support during delivery. This disparity is closely tied to systemic factors such as healthcare workforce shortages, geographical barriers, and insufficient investment in maternal health services in low-resource settings (UNICEF, 2023).

Implications for Global Health Equity

These stark inequalities reflect the profound influence of social determinants of health and systemic inequities that disproportionately burden low-income countries. Addressing global health inequalities requires not only financial investment but also a concerted effort to strengthen health systems, prioritize universal health coverage, and target interventions to the most underserved populations. As the Sustainable Development Goals (SDGs) emphasize, reducing health disparities is essential to fostering social and economic development globally (United Nations, 2023). The persistence of these inequalities undermines global health equity and highlights the

urgency of integrating equity into all health policies and interventions.

WHY DO HEALTH INEQUITIES EXIST?

Health inequalities remain a pressing global issue, despite significant advancements in medicine and public health. These disparities are not simply a consequence of individual behaviours or biological differences but are deeply rooted in systemic and structural inequities. Understanding why health inequalities persist requires a comprehensive exploration of interconnected social, economic, and political determinants that shape health outcomes across populations.

Firstly, systemic factors such as poverty, education, housing, and employment remain critical determinants of health. Poverty restricts access to adequate nutrition, healthcare, and living conditions, creating a vicious cycle that perpetuates poor health outcomes (De Schutter et al., 2023). Limited access to education often correlates with lower health literacy, reducing individuals' ability to make informed health choices and access appropriate healthcare services (WHO, 2023b). Furthermore, substandard housing and unstable employment conditions expose vulnerable populations to environmental and occupational health risks, further widening health disparities (Chen, Hao & Wu, 2022).

Secondly, discrimination and marginalization of specific groups exacerbate health inequities. Racial and ethnic minorities, for example, often face systemic biases that limit their access to quality healthcare, even in high-income countries (Bailey et al., 2017; Priest & Williams, 2021; Bailey & Williams, 2023). Similarly, gender-based inequities in healthcare access and outcomes are evident worldwide, as women often face barriers to reproductive healthcare and are

underrepresented in medical research (Öröklü & Çakmak, 2021). Marginalized groups, including LGBTQ+ populations and persons with disabilities, experience compounded disadvantages due to intersecting forms of discrimination (White et al., 2020).

Lastly, inequitable access to resources and differences in healthcare infrastructure play a significant role in perpetuating health disparities. In many low- and middle-income countries, healthcare systems are underfunded and overstretched, leading to limited access to essential services such as maternal and child healthcare, vaccinations, and chronic disease management (WHO, 2023b). Even in wealthier nations, geographic disparities can result in inequities, with rural and remote populations often facing challenges in accessing healthcare facilities and specialists (Strasser et al., 2016; Franco, Lima & Giovanella, 2021).

To effectively address these pervasive health inequalities, it is crucial to adopt a holistic and intersectional approach that considers the diverse and interconnected factors influencing health outcomes. This involves not only improving healthcare access and quality but also addressing the broader social determinants of health through policies that promote economic stability, educational opportunities, and social inclusion. By fostering cross-sector collaboration and engaging communities in the development and implementation of health initiatives, we can create more resilient and equitable health systems that better serve all populations.

HEALTH EQUITY AND COVID-19

The COVID-19 pandemic has laid bare the stark inequities that persist in global health systems, disproportionately impacting vulnerable populations and underscoring the critical importance of health equity. As an unprecedented global crisis, COVID-19 not

only tested healthcare infrastructure and public health preparedness but also highlighted systemic disparities in access to healthcare, resources, and protective interventions.

From the early days of the pandemic, disparities in infection rates, access to vaccines, and mortality rates became evident. Marginalized communities, including racial and ethnic minorities, individuals living in poverty, and those in low- and middle-income countries (LMICs), were disproportionately affected. In high-income countries, racial and ethnic minorities experienced higher rates of COVID-19 infection and mortality, often due to pre-existing health disparities, overcrowded living conditions, and occupational exposure as frontline workers (Evans et al., 2021; Tai et al., 2021). Globally, inequities in vaccine distribution starkly illustrated the divide between wealthier and poorer nations. By mid-2022, while high-income countries achieved widespread vaccine coverage, many LMICs continued to struggle with access, leaving millions unprotected and perpetuating cycles of illness and economic instability (WHO, 2022).

The lessons learned from the pandemic underscore the urgent need to address these inequities as a foundational element of global health policy. First, it highlighted the importance of equitable healthcare infrastructure capable of supporting vulnerable populations during crises. Countries with robust universal healthcare systems and targeted public health interventions were better able to mitigate disparities (Kluge et al., 2020). Second, the pandemic emphasized the value of community engagement in designing and implementing health interventions, particularly among marginalized populations that often face systemic barriers to access (Bedford et al., 2020). Finally, COVID-19 underscored the interdependence of global health systems and the

necessity of international solidarity to ensure equitable access to healthcare resources, including vaccines and treatments.

Moreover, the pandemic has revealed the critical role of data and transparency in managing public health crises. Accurate and timely data collection and dissemination are essential for identifying and addressing health disparities. Governments and health organizations must prioritize the development of robust data systems that can track health outcomes across different populations and regions. This data-driven approach enables targeted interventions and resource allocation, ensuring that vulnerable groups receive the support they need.

Additionally, the pandemic has highlighted the importance of mental health as a component of overall health equity. The psychological toll of COVID-19, including increased anxiety, depression, and stress, has disproportionately affected marginalized communities. Addressing mental health disparities requires integrating mental health services into primary healthcare and ensuring that these services are accessible to all, regardless of socioeconomic status or geographic location.

WHAT IS BEING DONE? GLOBAL AND LOCAL EFFORTS

Addressing health equity is a multifaceted challenge requiring coordinated efforts at global, national, and local levels. International organizations such as the World Health Organization (WHO) and their partners play a pivotal role in advocating for equitable health systems and guiding countries to implement policies that reduce disparities. Through initiatives focused on Universal Health Coverage (UHC), addressing the social determinants of health (SDH), and developing comprehensive frameworks like the Global Health

Equity Framework, these organizations aim to create more inclusive and resilient health systems.

Universal Health Coverage (UHC)

Universal Health Coverage is a cornerstone of global efforts to achieve health equity. UHC aims to ensure that all individuals and communities have access to the healthcare services they need without facing financial hardship. The WHO has emphasized UHC as an essential component of the United Nations' Sustainable Development Goals (SDGs), particularly SDG 3, which focuses on ensuring healthy lives and promoting well-being for all (WHO, 2021c). Countries such as Thailand and Rwanda have demonstrated the transformative potential of UHC in reducing health disparities by extending access to essential services and financial protections to underserved populations (Evans et al., 2022). Despite these successes, many low- and middle-income countries (LMICs) face challenges in implementing UHC due to limited resources, fragmented healthcare systems, and socio-political barriers.

Social Determinants of Health (SDH)

Efforts to address the root causes of health inequities often focus on the social determinants of health—the conditions in which people are born, grow, live, work, and age. The WHO's Commission on Social Determinants of Health has provided a framework to tackle these systemic drivers, emphasizing policies that promote fair access to education, housing, and economic opportunities (Marmot et al., 2020). For example, initiatives such as conditional cash transfer programs in Brazil and Mexico have improved health outcomes by addressing poverty and enabling access to healthcare and education (Forde et al., 2021).

The Global Health Equity Framework

The Global Health Equity Framework, developed by WHO and other international bodies, provides a comprehensive approach to integrating equity considerations into health policies and programs. This framework emphasizes the need for disaggregated data to identify vulnerable populations, equitable financing mechanisms, and participatory governance to ensure marginalized communities are included in decision-making processes (WHO, 2023c). The framework has been instrumental in guiding global vaccination efforts during the COVID-19 pandemic, particularly through initiatives like COVAX, which aimed to distribute vaccines equitably across countries, though challenges in implementation highlighted persistent global inequities (Wouters et al., 2021).

Successful Local Initiatives

Rwanda's Community Health Worker (CHW) Program has been a cornerstone of the country's efforts to improve maternal and child health outcomes. This program, which integrates CHWs into the national health system, has significantly reduced maternal and under-five mortality rates. CHWs provide a range of essential health services, including maternal care, vaccinations, and health education, particularly in rural areas where access to healthcare facilities is limited. The success of Rwanda's CHW program can be attributed to its community-based approach, which fosters trust and engagement between health workers and the communities they serve. According to a study by Binagwaho and Kubwimana (2023), Rwanda has achieved a 42% reduction in maternal mortality rates over the past decade, with 93% of women now delivering in healthcare facilities. This program's effectiveness underscores the importance of community involvement and the integration of CHWs into the broader health system.

Brazil's Family Health Strategy (FHS) represents a comprehensive approach to primary healthcare, focusing on the deployment of multidisciplinary teams that include doctors, nurses, and community health agents. Since its inception in 1994, the FHS has played a crucial role in improving access to healthcare services and reducing health disparities in underserved communities. The strategy involves assigning teams to specific geographic areas, ensuring that every family receives regular visits and continuous care. This model has been particularly effective in reducing hospitalizations and mortality rates, as well as improving equity in healthcare access. Macinko and Harris (2015) highlight that the FHS has expanded to cover 62% of Brazil's population, significantly enhancing the delivery of primary care services. The integration of community health agents into these teams has been pivotal in bridging the gap between healthcare providers and the community, fostering a more inclusive and effective healthcare system.

India's National Health Mission (NHM) aims to enhance healthcare delivery across both rural and urban areas through various initiatives, including the Janani Suraksha Yojana (JSY). Launched in 2005, JSY is a safe motherhood intervention designed to reduce maternal and neonatal mortality by promoting institutional deliveries among poor pregnant women. The program provides financial incentives to encourage women to give birth in healthcare facilities, thereby ensuring they receive the necessary medical care during childbirth. The NHM's comprehensive approach also includes strengthening healthcare infrastructure, improving access to essential medicines, and enhancing the capacity of healthcare workers. According to the Ministry of Health and Family Welfare (2024), the JSY has been instrumental in increasing institutional delivery rates and reducing maternal and neonatal mortality. This initiative highlights the critical role of

targeted financial incentives and robust healthcare infrastructure in improving maternal and child health outcomes.

While these initiatives represent significant progress, much work remains to be done to achieve health equity on a global scale. Strengthening international collaboration, increasing investments in health equity programs, and addressing structural inequities within countries are essential to ensure that health is recognized and pursued as a fundamental human right.

CHALLENGES IN ACHIEVING HEALTH EQUITY

Achieving health equity remains a formidable challenge due to a multitude of factors, including institutional and political resistance, funding limitations, and inequitable resource distribution. These barriers are deeply entrenched in the fabric of many societies, making it difficult to implement and sustain health equity initiatives.

Institutional and political resistance often stems from entrenched interests and systemic inertia. Policies aimed at reducing health disparities frequently encounter opposition from powerful stakeholders who benefit from the status quo. For instance, efforts to expand healthcare access or redistribute resources may be resisted by those with vested interests in maintaining existing healthcare structures (Rural Health Information Hub, 2024). Additionally, political will is crucial for the success of health equity programs, yet it is often lacking, particularly in environments where health equity is not a priority or is politically contentious (Centers for Disease Control and Prevention, 2024).

Funding limitations present another significant obstacle. Health equity initiatives require sustained financial investment to be effective, yet funding is

often short-term and project-specific, failing to support the long-term, systemic changes needed to address health disparities (Khatrī et al., 2024). The lack of flexible, sustainable funding sources hampers the ability of health programs to maintain momentum and achieve their goals. Furthermore, the allocation of resources is frequently skewed, with more affluent areas receiving a disproportionate share of healthcare funding, exacerbating existing inequities (Commonwealth Care Alliance, 2022).

Social and cultural barriers within affected communities also impede progress towards health equity. Cultural norms, discrimination, and mistrust of healthcare systems can prevent marginalized groups from accessing necessary services. For example, LGBTQI+ individuals often face discrimination in healthcare settings, leading to avoidance of medical care and poorer health outcomes (Centre for American Progress, 2023). Similarly, cultural beliefs and practices can influence health behaviours and attitudes towards healthcare, necessitating culturally sensitive approaches to health promotion and intervention (de las Fuentes, 2024).

Reaching the most vulnerable populations poses a significant challenge due to logistical and systemic barriers. Vulnerable groups, such as those living in remote or underserved areas, often lack access to healthcare facilities and services. This is compounded by a shortage of healthcare providers willing to work in these areas, further limiting access to care (CSIS, 2022). Additionally, the complexity of health needs among vulnerable populations requires integrated and coordinated care approaches, which are often lacking in fragmented healthcare systems (Commonwealth Care Alliance, 2022).

THE FUTURE OF HEALTH EQUITY

Vision for Health Equity

Achieving health equity requires a comprehensive vision that includes UHC, strengthening primary healthcare, and leveraging community health workers (CHWs). UHC ensures that all individuals have access to the health services they need without financial hardship. Strengthening primary healthcare is essential for providing comprehensive, accessible, and community-based care. Community health workers play a critical role in bridging the gap between healthcare systems and communities, particularly in underserved areas. According to the WHO, integrating CHWs into primary healthcare systems can significantly improve health outcomes and advance UHC goals (WHO, 2023d). As alluded to earlier in this paper, Rwanda's CHW program has been instrumental in reducing maternal and child mortality rates by providing essential health services at the community level (Binagwaho & Scott, 2023).

Innovations and Potential Technological Solutions to Reduce Inequities

Technological innovations hold great promise for reducing health inequities. Digital health technologies, such as telemedicine, electronic health records, and mobile health applications, can enhance access to healthcare services, especially in remote and underserved areas. Artificial intelligence (AI) and machine learning can improve diagnostic accuracy and personalize treatment plans, thereby addressing disparities in healthcare quality (Cruickshank et al., 2024). For example, AI-enabled decision support tools have been shown to extend medical expertise to regions with health worker shortages, improving patient outcomes (Elhaddad & Hamam, 2024). Additionally, digital tools can streamline supply chains and ensure the availability of essential medical

commodities, reducing inequities in access to medicines and vaccines (World Economic Forum, 2021).

Role of Collaboration Between Governments, NGOs, and Communities

Collaboration between governments, non-governmental organizations (NGOs), and communities is vital for advancing health equity. Effective partnerships can address the social determinants of health and create sustainable health systems. Governments play a crucial role in setting policies and providing funding, while NGOs can offer expertise, resources, and innovative solutions. Community involvement ensures that health interventions are culturally appropriate and meet the specific needs of the population. A systematic review by Alderwick et al. (2021) highlights that cross-sector collaborations can improve health outcomes and reduce health disparities when they are well-coordinated and aligned with community needs. The WHO's "Health in All Policies" approach advocates for multisectoral collaboration to address the social determinants of health and promote health equity (WHO, 2023e).

KEY QUESTIONS

How can Orwell's quote help us better understand and address inequities in health?

George Orwell's quote, "All animals are equal, but some animals are more equal than others," underscores the persistent inequities in societal structures, including healthcare systems. It highlights the need to critically examine and address the systemic biases and power imbalances that contribute to health disparities. By acknowledging these inequities, we can develop targeted strategies to promote fairness and justice in health.

What role should governments play in enforcing health equity?

Governments have a fundamental responsibility to enforce health equity through policymaking, regulation, and resource allocation. They must ensure that health policies are inclusive and address the needs of marginalized populations. Governments should also invest in healthcare infrastructure, provide financial protection, and support initiatives that promote social determinants of health.

How do we balance resource allocation for immediate needs vs. long-term systemic changes?

Balancing resource allocation requires a dual approach that addresses immediate health needs while also investing in long-term systemic changes. Immediate needs, such as emergency healthcare services and pandemic response, must be met to prevent further health deterioration. Simultaneously, investments in health infrastructure, education, and social services are essential for sustainable health improvements and reducing future disparities.

What responsibilities do healthcare professionals have in promoting health equity?

Healthcare professionals have a critical role in promoting health equity by providing culturally competent care, advocating for vulnerable populations, and participating in policy development. They should work to eliminate biases in healthcare delivery and ensure that all patients receive equitable treatment. Continuous education and training on health equity issues are also vital for healthcare professionals to effectively address disparities.

CONCLUSION

Addressing health inequalities requires an equity-driven approach to public health, one that recognizes and seeks to rectify the systemic injustices underlying health disparities. George Orwell's satirical observation, "All animals are equal, but some animals are more equal than others," aptly highlights the inherent inequities that persist in societal structures, including healthcare systems. By framing equity as a fundamental dimension of health, this paper sought to unpack the multifaceted factors contributing to health inequities and propose strategies for fostering a more just and inclusive healthcare landscape.

The COVID-19 pandemic exposed and exacerbated existing health inequities, emphasizing the need for a comprehensive and equitable approach to global health. To tackle the root causes of health disparities, it is essential to implement policies that promote social justice, invest in education and healthcare infrastructure, and foster inclusive environments. Governments, organizations, and communities must collaborate to create sustainable solutions that bridge the gap in health outcomes and ensure equitable access to healthcare for all. By addressing systemic disparities, engaging communities, leveraging data, and prioritizing mental health, we can build more resilient health systems that promote health equity and better prepare for future public health challenges. Only through collective action and commitment can we hope to eliminate health inequalities and build a healthier, more equitable world.

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