Disadvantaged and marginalised populations have been the most severely affected by the COVID-19 pandemic. Typically, they have experienced higher levels of SARS-CoV-2 infection, at least during the early stages of the pandemic, and worse health outcomes. They have also been more impacted by the indirect effects of the COVID-19 pandemic, such as reduced access to other health services and disrupted education.

These trends have been overlaid on existing health inequalities, with disadvantaged groups within countries already experiencing shorter life expectancies, less access to care and a greater burden of ill-health. Universal health coverage, embedded within Sustainable Development Goal 3.8, seeks to ensure that all people, whatever their circumstances, have access to quality healthcare without facing the risk of financial impoverishment. Reducing health inequalities will depend critically on the drive towards universal health coverage.

As countries recover from the acute phase of the pandemic, there are opportunities to learn lessons from the response to the COVID-19 pandemic and to address the factors driving health inequalities. There is a need to better understand the nature and causes of health inequalities in different settings, to develop new interventions to address them, and to promote health emergency preparedness with an explicit focus on equity. The research community therefore has a critical role to play in generating the evidence to shape the path to recovery and a future where good health is more equitably shared.

Although each country faces a unique combination of health equity challenges, international comparisons and collaborations provide opportunities for sharing of experience and evidence, so countries can jointly address common challenges and evaluate potential solutions. To facilitate this mutual exchange, the following framework has been developed to guide the development of an internationally coherent research response to promote universal health coverage and address health inequalities.
Engaging with communities...

Community engagement: Involving marginalised populations in research.

Prioritising deep and meaningful engagement with affected communities, developing relationships and building trust, liaising closely with community leaders and Non-Governmental Organisations (NGOs)/Civil Society Organisations (CSOs), and involving communities in all settings at all stages of research from priority setting to co-design of interventions and evaluations, as well as in the implementation of interventions.

Understanding the issues...

Data: Collecting and using data to understand health inequalities and root causes.

Standardising collection, storage and sharing of high-quality data on key health and social indicators, including ‘health inequality audits’, to identify key inequalities challenges and the barriers to equitable health outcomes.

Making a difference...

Interventions and action research: Identifying what works to reduce inequalities.

Undertaking a wide variety of research, including cohort, natural experiment and other observational studies, action research, implementation research, health systems research, health economics research, policy research and clinical trials, to develop and promote the scale up of interventions that successfully reduce health inequalities; such studies should take a broad perspective, recognising the complexity of the context in which health inequalities arise and are perpetuated, and the critical importance of primary healthcare in delivering essential services to all.

Preparing for the next crisis...

Pandemic/emergency preparedness: Anticipating the next pandemic/health crisis.

Research to learn lessons from the COVID-19 pandemic to inform the development of more effective health emergency responses and to promote ‘embedded preparedness’ – response strategies integrated into day-to-day health service activities; these should include plans that more explicitly include an equity focus and anticipate/mitigate ‘collateral damage’ to other services.

Collaborating to achieve more...

Interdisciplinary responses: Working together to advance the research agenda.

Embracing an integrated interdisciplinary approach by bringing together researchers with expertise in medical, social, epidemiological, economic, demographic, ethics and other domains, and with interests in areas such as equity, gender and race.

We call upon researchers, national and regional policymakers, funding agencies and other stakeholders to apply this framework to develop regional and national research agendas, aligned with the UN Recovery Roadmap, in order to map, understand and address health inequalities and to develop pandemic preparedness plans with a stronger focus on equity across the broad spectrum of health and healthcare. We further urge countries and funders to support capacity building in research and policy engagement, and to promote interdisciplinary and international collaborative research, to ensure that these research agendas can be delivered and lead to action.

Countries worldwide have pledged commitment to universal health coverage, with world leaders adopting the high-level United Nations Political Declaration on Universal Health Coverage (UHC). Health inequalities are a vivid illustration of a failure to achieve this goal, with marginalised and disadvantaged populations frequently left behind. Moving towards (UHC) will be an essential step towards tackling health inequalities.
We are pleased by the initial response by the UK and global research community to the messages from this framework, and the Academy of Medical Sciences and the InterAcademy Partnership are prepared to continue working together and with stakeholders that are tackling health inequalities. The Academy of Medical Sciences 10-year strategy 2022–32 highlights health inequalities as a strategy priority, and we will endeavour to draw upon this work to inform our future activities on cross-cutting issues, both in the UK and globally.

Signed by the members of the Steering Committee of the InterAcademy Partnership (IAP) in September 2022

Richard Catlow, IAP President and Co-chair, IAP-Policy
Depei Liu, IAP President and Co-chair, IAP-Health
Margaret Hamburg, Co-chair, IAP-Health
Krishan Lal, Co-chair, IAP-Science
Cherry Murray, Co-chair, IAP-Science
Masresha Fetene, Co-chair, IAP-Policy

About the InterAcademy Partnership (IAP)
Under the umbrella of the InterAcademy Partnership (IAP), more than 140 national, regional and global member academies work together to support the vital role of science in seeking evidence-based solutions to the world’s most challenging problems. In particular, IAP harnesses the expertise of the world’s scientific, medical and engineering leaders to advance sound policies, improve public health, promote excellence in science education, and achieve other critical development goals.

IAP’s four regional networks – AASSA, EASAC, IANAS, and NASAC – are responsible for managing and implementing many IAP-funded projects and help make IAP’s work relevant around the world. For more information about IAP see www.interacademies.org and follow @IAPartnership on Twitter, on LinkedIn and YouTube.

About the Academy of Medical Sciences
The Academy of Medical Sciences is the independent, expert voice of biomedical and health research in the UK. Our mission is to help create an open and progressive research sector to improve the health of people everywhere. The Academy’s elected Fellows are the United Kingdom’s leading medical scientists from the NHS, academia, industry and the public service. We work with them to improve lives, strengthen research, support researchers, work globally and build our resources.

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This Communiqué can be downloaded at: https://www.interacademies.org/publication/global-health-inequalities.
References
3 World Health Organisation (WHO). Social determinants of health. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1