World Health Organization (WHO)

Topic B. Measures to advance social care interventions towards health equity for excluded populations

Introduction:

The issue of health equity remains a global challenge, as few welfare intervention studies have conceptualized race, gender, sexual orientation, and social class, amongst other characteristics, as indicators of exposure to health problems or accessibility to health services. People living in poverty, racial and ethnic minority communities, migrants and people with disabilities often encounter many difficulties in accessing quality health services and social support. This not only prevents them from receiving the care they need but also leads them to face worse health conditions and a shorter life expectancy.

In this regard, matters such as income level, education, housing and the feeling of inclusion in society play a crucial role in accessibility regarding health services. These social conditions deeply affect the health of vulnerable people and make a clear difference with those who do not face these barriers. Because of this, it is essential to recognize and address these social determinants to reduce inequalities and build a fairer and healthier society for all. Tackling the root causes of inequality will make health systems more resilient and efficient.

Concepts and definitions:

- **Excluded populations:** groups of people or individuals that face exclusion, conceptualized both as a process and an outcome. As a process, exclusion is about the rupture between individuals, groups and societies, and as an outcome, it is about the result of this rupture when the excluded cannot enjoy shared opportunities and are in a position of relative deprivation compared to the rest of society.[1]

- **Health disparity:** preventable health difference that is closely linked with social, political, economic, and environmental disadvantage. Health disparities may

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[1] UNESCO Inclusive Policy Lab. *Relations between mainstream and excluded populations*. UNESCO, Paris. "No update date". In: https://en.unesco.org/inclusivepolicylab/policy-marker-social-inclusion-inclusive-policies/relations-between-mainstream-and-excluded (24/11/2024).

occur because of race, ethnicity, sex, gender identity, sexual orientation, age, religion, disability, education, income, where people live, or other characteristics.[2]

- **Health equity:** condition that is achieved when everyone can attain their full potential for health and well-being.[3]
- **Health literacy:** represents the personal knowledge [of health and its elements] and competencies that accumulate through daily activities, social interactions and across generations.[4]
- **Social determinants or drivers of health:** non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.[5]

Current issue:

Some of the root causes for health disparity are structural racism, classism, social discrimination, sexism, ethnicism, and other types of discrimination because they generate excluded populations that find it difficult to access quality health services. Socially marginalized groups frequently encounter unmitigated social requirements, such as food insecurity and housing instability. This situation is aggravated because they face health disparity, which can overall affect their well-being. Consequently, defining health equity and addressing health disparities promotes a shared understanding of these concepts and helps individuals, organizations, and communities align their resources and efforts to identify areas for collaboration.[6]

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[2] NIH National Cancer Institute. *Health disparity*. United States Government, United States. "No update date". In: https://www.cancer.gov/publications/dictionaries/cancer-terms/def/health-disparity (15/01/2025).

[3] WHO. *Health equity*. United Nations, New York. "No update date". In: https://www.who.int/health-topics/health-equity#tab=tab_1 (24/11/2024).

[4] WHO. *Health literacy*. United Nations, New York, 05/08/2024. In: https://www.who.int/news-room/fact-sheets/detail/health-literacy (15/01/2025).

[5] WHO. *Social determinants of health*. WHO, Geneva. "No update date". In: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1) (25/11/2024).

[6] Office of Disease Prevention and Health Promotion. *Health Equity in Healthy People 2030*. U.S. Department of Health and Human Services, United States. "No update date". In: https://odphp.health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030 (25/11/2024).

Essentially, social justice is a matter of life and death, since it affects the way people live, their consequent possibility of illness, and their risk of premature death. Even though health disparity towards excluded populations is a severe reality, sufficient actions to fix it have not been taken. Life expectancy and good health continue to increase in certain parts of the world as they fail to improve in others. For example, a girl born today can expect to live for more than 80 years if she is born in some countries, but less than 45 years if she is born in others.[7] Moreover, disparities not only exist between different countries, but also within the same country, where differences in health are closely linked with the degree of social exclusion and disadvantages that someone faces.[8]
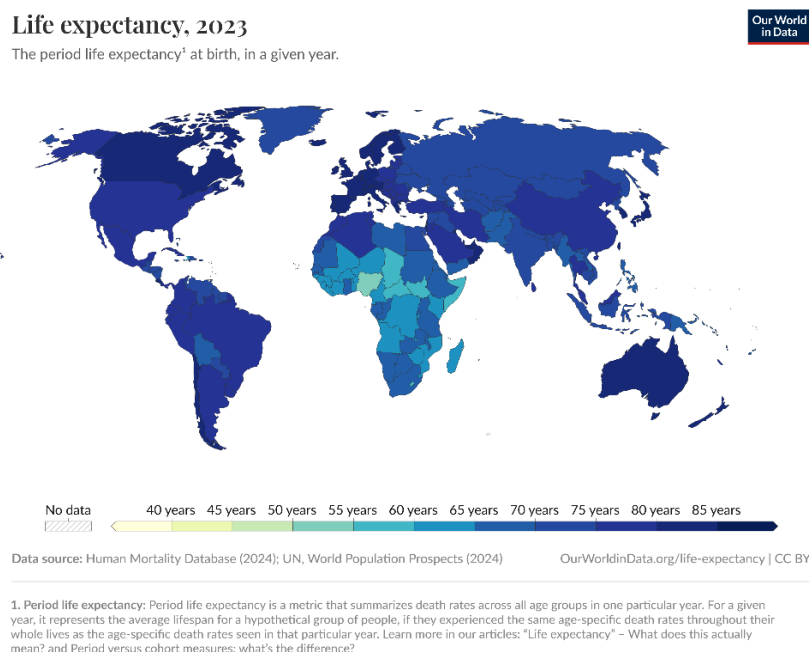
Figure 1. Life expectancy (2023)[9]

To have a better way to compare healthcare access and quality across countries and over time, the Healthcare Access and Quality (HAQ) index was created. Through this index, it is easier to understand how quickly and consistently a country improves its healthcare performance, being a measure of how well health systems provide access to quality healthcare. It is based on mortality rates from causes that should not result in

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[7] PMC. Advancing health equity through social care interventions. U.S. National Library of Medicine, Bethesda, MD, 2023. In: https://pmc.ncbi.nlm.nih.gov/articles/PMC10684037/ (25 November 2024).

[8] WHO. Health and the environment. World Health Organization, Geneva. "No date of update". In: https://iris.who.int/bitstream/handle/10665/43943/9789241563703_eng.pdf](https://iris.who.int/bitstream/handle/10665/43943/9789241563703_eng.pdf) (25/11/2024).

[9] Dattani, S. *Life Expectancy*. Our World in Data. 2024. In: https://ourworldindata.org/life-expectancy (06/02/2025)

death if quality health care is available. It is calculated using risk-standardized death rates and mortality-to-incidence ratios, with an index that goes from 0 (worst) to 100 (best).

From this information and several more, global strategies should aim to eliminate health disparities, achieve health equity and overall attain health literacy for all social groups, without any distinction. Healthcare systems should be interested in addressing the patient's social needs and community-level social determinants of health as part of comprehensive healthcare strategies to reduce health inequities. The following list provides examples of the social determinants of health, which can influence health equity in positive and negative ways: income and social protection, education, unemployment and job insecurity, working life conditions, food insecurity, housing and basic amenities, environment, early childhood development, social inclusion and non-discrimination, structural conflict, and access to affordable health services of decent quality.

Coverage of essential health services, 2021

Coverage of essential health services is measured as an index on a scale of 0 to 100 (where higher is better). This index is based on risk-standardized death rates – which give a measure of healthcare access and quality – and whether common interventions are carried out.
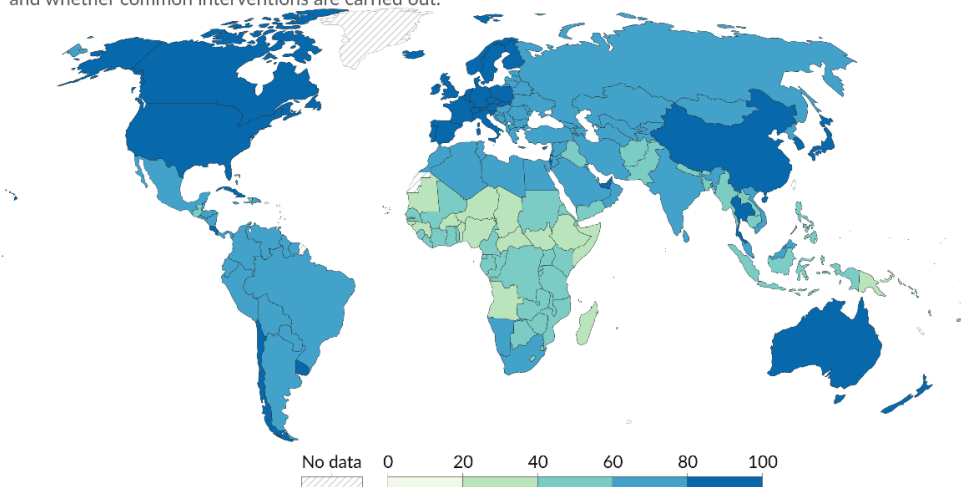
Data source: World Health Organization (2025) OurWorldinData.org/financing-healthcare | CC BY

Note: The healthcare index used to assess coverage of essential health services is based on a range of health quality and access indicators and risk-standardized death rates which give a measure of healthcare access and quality. This definition acknowledges that countries provide a wide range of services for health promotion, prevention, treatment, and care, including rehabilitation and palliation, and that tracer indicators should be selected to represent overall coverage of essential services.

Figure 2. Coverage of essential health services (2021)[10]

Social determinants of health exert a significant impact on the health conditions and well-being of people by influencing their access to health-promoting resources (such

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[10] WHO. *Coverage of essential health services, 2021.* World Health Organization. 2025. In: https://ourworldindata.org/grapher/healthcare-access-quality-un (06/02/2025)

as healthy food, safe housing and neighborhoods, healthcare, education, wealth, and power) and exposure to health-harming factors (such as pollution, occupational hazards, stigmatization, and discrimination) through cumulative negative social exposures. Thus, these are crucial factors in the disproportionate rates of morbidity and mortality across social strata. Unfortunately, vulnerable and excluded populations often face more negative determinants than their non-excluded counterparts, thus contributing to a deeper health disparity worldwide. Additionally, community-level adverse determinants often manifest individual social needs, such as food, housing, and transportation insecurity. Social care should address these social needs, particularly within (or in collaboration with) healthcare systems. This is often referred to as *social care* and should be contemplated in healthcare systems and institutions.

Nevertheless, although the effects of social marginalization on healthcare delivery and its outcomes have long been recognized, they have not yet been thoroughly investigated. To promote social health equity and be as effective as possible, social care interventions must consider social identity if they really aim to lessen the disproportionate burden of social needs that marginalized populations bear as a result of oppression and population-level exposure to higher rates of negative social determinants of health. This entails conceptualizing that different characteristics are a proxy for exposure to discrimination and that structural inequities cause health disparity for socially marginalized populations, as well as employing strategies that can advance social health equity and sociocultural tailoring or adapting interventions with diverse research teams. All these actions should be taken in collaboration with communities to meet the needs and preferences of the intended populations.

Initiatives taken by the international community:

Worldwide organizations such as the United Nations and the World Health Organization have implemented some initiatives to tackle and mitigate this problem, as well as different nonprofit research funding organizations and national governments. The following stand out…

United Nations-Led Initiatives:

- **The adoption of the Sustainable Development Goals:** they were adopted by all United Nations member States in 2015 and include specific targets related to health equity and social care, such as ensuring healthy lives and promoting well-being for

all, at all ages, focusing on reducing disparities in healthcare access and improving health outcomes for vulnerable populations. More specifically, the intention is to achieve universal health coverage which promotes the delivery of social care services to everyone, regardless of their socioeconomic status.

- **The contributions from the United Nations Children's Fund:** the agency works to ensure that children from excluded populations, including refugees, children with disabilities, and those from minority groups, receive access to quality healthcare and social services. Its programs focus on improving child health, access to education, nutrition, and protection from violence and exploitation.
- **The contributions from the United Nations High Commissioner for Human Rights:** the entity has emphasized the importance of health as a human right, advocating for policies that ensure that marginalized and excluded groups have access to social care and health services. It works to integrate the principles of non-discrimination and equality into national health policies.
- **The efforts made by the United Nations Special Rapporteur on Extreme Poverty and Human Rights:** the rapporteur works to raise awareness about the links between poverty, exclusion, and health disparities, advocating for social protection systems and health interventions that specifically address the needs of the poorest and most marginalized communities.

World Health Organization-Led Initiatives:
- **Health Equity Strategy:** it focuses on addressing the social determinants of health, such as poverty, education, employment, and social protection, which disproportionately affect excluded populations.
- **Universal Health Coverage:** advancing it is central part of the health equity strategy, aiming to ensure that everyone, especially vulnerable and excluded populations, have access to essential health services, including social care.
- **Available Health Workforce:** efforts to strengthen the health workforce in underserved areas, by increasing the availability of health and social care professionals in rural and remote communities, aim to ensure that marginalized populations receive appropriate care.

Efforts by Nonprofit Research Funding Organizations:
The **Patient-Centered Outcomes Research Institute (PCORI)** generated a rapid review demonstrating that the full potential of social care intervention research to promote

racial health equity has not yet been realized. Race-blind interventions may be dropped as potential policy solutions when they don't show results, like better health and lower costs, since it is thought that they are ineffective rather than poorly planned or executed. Consequently, it is necessary to specifically design interventions based on the needs of the groups intended to benefit from them and their specific sociocultural context to ensure that they advance health equity. Additionally, interventions must be held accountable for equitable outcomes.[11]

Efforts by National Governments:

Specifically, the United States federal government created the **Agency for Healthcare Research and Quality (AHRQ)**, which has implemented programs that promote health equity and an infrastructure that permits to instruct clinical practices in research methods and evidence-based practices. In addition, these programs offer tools and resources that assist healthcare systems in addressing and assessing social risks and needs for patients.[12] This agency is uniquely positioned to lead and assist in advancing several health equity objectives that have consequences for social care practice and research. The recommendations suggest expanding the current agency infrastructure, addressing funding priorities and requirements, and addressing high-level leadership and coordination aimed at establishing cross-organizational standards and norms that account for social identity.

Guiding questions:

1. What is people's life expectancy in your delegation?
2. What is the coverage of essential health services in your delegation?
3. Which are the main excluded populations in your delegation?
    - Which factors are related to their social exclusion?
    - Do these factors work as negative social determinants of health?
4. What are the main barriers in your delegation that prevent excluded populations from accessing adequate health services?
5. What measures has your delegation implemented to guarantee that excluded populations have access to adequate health services?

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[11] PCORI. *Home page*. PCORI, Washington D.C. "No update date". In: https://www.pcori.org/ (15/01/2025).

[12] Agency for Healthcare Research and Quality. *AHRQ's Healthcare Extension Service*. Department of Health and Human Services, United States. "No update date". In: https://www.ahrq.gov/ (15/01/2025).

6. Are there any recent studies or reports about health inequalities in your delegation and does your delegation foster this kind of research?
7. Is your delegation involved in any regional and/or global initiative towards health equity and, if so, does it uphold the commitments it has acquired?
8. Has your delegation implemented any measure at a local or national level that may be adapted and enforced on a larger scale to counter the barriers that prevent excluded populations from accessing adequate health services?

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- WHO. *Health equity*. United Nations, New York. "No update date". In: https://www.who.int/health-topics/health-equity#tab=tab_1 (24/11/2024).

- WHO. *Health literacy*. United Nations, New York, 05/08/2024. In: https://www.who.int/news-room/fact-sheets/detail/health-literacy (15/01/2025).

- WHO. *Social determinants of health.* WHO, Geneva. "No update date". In: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1) (25/11/2024).