Tackling inequities & promoting a worldwide evidence-informed health care

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Guideline methodologist

- WHO - International Travel Health GDG
- MoH, Kenya - Kenya Essential Diagnostics List Guideline (funded by FIND)

Systematic reviewer - WHO, FIND

Cochrane - Academic Editor & active contributor

Commissioner - Lancet Commission of Sustainable Health Care

Member - Guidelines International Network
Outline

1. Definitions and background of health inequity.


3. Evidence-based Health Care and Health inequities (Gaps & Progress).
What is health inequity?

- Health inequity refers to unfair, systematic and avoidable differences in health.
- Why unfair? They can be resolved by reasonable action.

Related terminology:
- Inequalities in health
- Disparities in health
But equity ≠ equality
Inequity ≠ inequality

Some differences are unfair while others are inevitable!

1. Natural, biological variation.
2. Health-damaging behaviour if freely chosen, such as participation in certain sports and pastimes.

1. Lifestyle restrictions.
2. Exposure to unhealthy, stressful living and working conditions.
3. Inadequate access to essential health and other public services.
Historical background

Legacy issues:

- Western colonialism and imperialism.
- Racism, tribalism or ethnicity.
- Gender disparities in health.
- Political upheavals and misgovernance.
- Bias in health care delivery and research.
- Preference for biomedical approaches on single diseases.

*These issues determine access to power, privilege and place in society!*
Towards a common definition of global health

Jeffrey P. Kaplan, 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*

“...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.”
But.....

Global Healthcare Access and Quality (HAQ) Index overall and for select age groups in 204 locations from 1990 to 2019

https://www.thelancet.com/journals/langlo/article/PIIS2214109X(22)00429-6/fulltext

Inequities occur even within rich countries

**RESEARCH**

Premature mortality due to social and material deprivation in Nova Scotia, Canada

Nathalie Saint-Jacques, Ron Dewar, Yunsong Cui, Louise Parker, and Trevor JB Dummer

**Open Access**

Accelerated Health Declines among African Americans in the USA

Roland J. Thorpe, Ruth G. Fesahazion, Lauren Parker, Tanganinya Wilder, Ronica N. Rooks, Janice V. Bowie, Caryn N. Bell, Sarah L. Szanton, and Thomas A. LaVeist
But...COVID-19 inequities

High income countries: 3 in 4 people, or 72.91% have been vaccinated with at least one dose as of Oct 18, 2023. [WHO]

Low income countries: 1 in 3 people, or 35.66% have been vaccinated with at least one dose as of Oct 18, 2023. [WHO]

https://data.undp.org/vaccine-equity/
What is the role of EBHC in tackling health inequity?
Evidence-based Medicine and Equity: The Exclusion of Disadvantaged Groups

Wendy A. Rogers

“Evidence-based medicine is an approach to health care that seems to offer multi-level assistance in creating and delivering fairer health care”

1. Use of standardized methods or frameworks - eliminates discrimination
2. Findings used to ensure fair or equitable distribution of interventions
3. Equity considerations in Evidence synthesis and Evidence to Decision frameworks
Rigorous evidence generation, evidence synthesis and facilitating evidence-informed decisions in disadvantaged groups, in LMICs and by diverse researchers, are foundational to impacting sustainable development outcomes and improving health inequities.
This analysis suggests that EBM turns our attention away from social and cultural factors that influence health and focuses on a narrow biomedical and individualistic model of health.
Are Cochrane reviews addressing greatest burden of disease and social determinants of health?

The burden of disease is calculated as the total number of deaths, years of life lost (YLLs) and years of life lived with disability (YLDs) for a disease or health condition. The social determinants of health (SDoH) that influence health equity can be divided into two main categories:

1. Housing and living environment
2. Work environment
3. Transport
4. Employment and income
5. Water and sanitation
6. Food security
7. Early childhood development
8. Access to care

Number of reviews add up to 113 (1.3%) Cochrane reviews directly address SDoH topics. Issues such as health inequity, poverty, racism, sexism, etc. are almost never the central focus of Cochrane reviews.
Equity Gaps in EBHC

Distribution of Cochrane review authors

All authors (n=21,125)

- Low income: 0.3% (n=64)
- Lower-middle income: 3.3% (n=702)
- Upper-middle income: 12.7% (n=2692)
- High income: 83.6% (n=17,667)

Contact authors only (n=4930)

- Low income: 0.2% (n=12)
- Lower-middle income: 3.8% (n=188)
- Upper-middle income: 13.0% (n=641)
- High income: 83.0%

Lessons learned in the pandemic era and future challenges
Listening and Learning report 2021

To better understand diversity and inclusion in Cochrane and particularly to better understand how people experience engaging with Cochrane from the perspective of diversity and inclusivity.

1,312 people participated
# Equity Gaps in EBHC

## Table 1: Spread of Cochrane Groups as of July 2021

<table>
<thead>
<tr>
<th>Type of Cochrane Group</th>
<th>Total number of Groups</th>
<th>Number in low and middle income countries</th>
<th>Number in countries other than Australia, Canada, UK and USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRG Field Theory (CRGFT)</td>
<td>40</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>CRG Field Theory (CRGFT)</td>
<td>40</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Geo CRG</td>
<td>150</td>
<td>75</td>
<td>45</td>
</tr>
<tr>
<td>Geo CRG</td>
<td>150</td>
<td>75</td>
<td>45</td>
</tr>
<tr>
<td>Met CRG</td>
<td>50</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Met CRG</td>
<td>50</td>
<td>25</td>
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</tr>
</tbody>
</table>

## Table 2: Characteristics of people on Cochrane’s Governing Board

<table>
<thead>
<tr>
<th>Total number in Central Executive Team</th>
<th>Dec 2018</th>
<th>Dec 2019</th>
<th>Dec 2020</th>
<th>Jul 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number in Central Executive Team</td>
<td>92</td>
<td>93</td>
<td>114</td>
<td>115</td>
</tr>
</tbody>
</table>

## Table 3: Characteristics of people in Cochrane’s Central Executive Team

<table>
<thead>
<tr>
<th>Number from low and middle income countries</th>
<th>Dec 2018</th>
<th>Dec 2019</th>
<th>Dec 2020</th>
<th>Jul 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number from low and middle income countries</td>
<td>2 (2%)</td>
<td>2 (2%)</td>
<td>1 (1%)</td>
<td>2 (2%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number from countries other than Australia, Canada, UK and USA</th>
<th>Dec 2018</th>
<th>Dec 2019</th>
<th>Dec 2020</th>
<th>Jul 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number from countries other than Australia, Canada, UK and USA</td>
<td>29 (32%)</td>
<td>26 (28%)</td>
<td>31 (27%)</td>
<td>33 (29%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number who are female or non-binary</th>
<th>Dec 2018</th>
<th>Dec 2019</th>
<th>Dec 2020</th>
<th>Jul 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number who are female or non-binary</td>
<td>67 (73%)</td>
<td>67 (72%)</td>
<td>84 (74%)</td>
<td>89 (77%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number with a main language other than English</th>
<th>Dec 2018</th>
<th>Dec 2019</th>
<th>Dec 2020</th>
<th>Jul 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number with a main language other than English</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
Equity Gaps in EBHC

Table 4: Characteristics of Cochrane members, authors and contributors

Table 5: Characteristics of people using the Cochrane Library website

There are about 9 million visitors to the Cochrane Library website each year. Of these, about 12% of visitors access the site from low and middle income countries and 47% use web browsers in a language other than English.
Equity Gaps in EBHC

When primary research doesn’t report equity factors

Evidence to recommendations: Methods used for assessing health equity and human rights considerations in COVID-19 and aviation

Interim guidance
23 December 2020

International Travel and Health (ITH) guideline development group (GDG) for COVID-19
Equity Gaps in EBHC

When primary research doesn't report equity factors

"U.S. and Chinese datasets and authors were disproportionately overrepresented in clinical AI, and almost all of the top 10 databases and author nationalities were from high income countries (HICs)"
1. Equity frameworks.

- PROGRESS PLUS
- GRADE equity guidelines
- Equity-Focused Knowledge translation (EqKT) Framework
- NIHR-INCLUDE Ethnicity Framework
- Health Equity Measurement Framework
- SAGER (Sex and Gender Equity in Research)
- ETRs Health Equity Framework
Equity Progress in EBHC

2. Reporting guidelines.
   - CONSORT-Equity 2017 (*trials*)
   - PRISMA-Equity 2012 (*systematic reviews*)
   - Reporting Guidance for observational studies

3. Research groups.

4. Evidence 4 Equity (Evidence summaries).

5. Advocacy for health equity.

6. Leadership programs, partnerships.
Recommendations 4 EBHC

• There is some progress but much still to be done for EBHC impact on equity.
• Prioritize research & review questions that address health equity.
• Better inclusion, design, collection & analysis of equity relevant data.
• Commitment to justice in health care with accompanying funding.
• More patient, public and community advisory board involvement in guideline development.
• More advocacy and interdisciplinary partnerships for equity in EBHC.
Acknowledgments

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Jimmy Volmink

Lawrence Mbuagbaw

The End!