

***International Society for
Equity in Health***

***Société Internationale
pour l'Équité en Santé***

***Sociedad Internacional
por la Equidad en Salud***



CONFERENCE STATEMENT
2nd INTERNATIONAL CONFERENCE
TORONTO
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THE TORONTO DECLARATION ON EQUITY IN HEALTH

Equity in health is a cornerstone of individual, community, societal and international well-being.

The Conference heard papers presented on a wide range of issues relevant to the understanding and promotion of health equity, from clinical and medical interventions and programs through to health system research outcomes.

ISEqH notes that:

- *Equity in health is built upon people having access to the resources, capacities and power they need to act upon the circumstances of their lives that determine their health.* Hence, Governments and international agencies must develop policies and programs built not only on equitable access and outcomes to primary care but also on the social, economic and environmental determinants of health.
- *Equity in health outcomes must be a central health goal of health care professionals, citizens and their governments.* Economic efficiency in health systems should serve this goal and never be placed above it.
- *Inequities in access and outcomes are not restricted to any one health care or economic system.* Inequities in health are experienced in most countries regardless of their level of development. In virtually every country, people living in poverty and indigenous people have worse health outcomes. Discriminatory practices and social exclusion in different countries create health inequities for many other groups, including women, racialized and ethnic minorities, sexual minorities, immigrants and refugees, older people and people with disabilities and of minority faith.
- *The expansion of the private sector in the course of globalization of trade and finance has been associated with growing inequalities in health outcomes between and within countries.* The potential of globalization to advance health outcomes for all through the equitable

distribution of new technologies in treatments, communications and information sharing must be realised. The potential of globalization to increase wealth should be accompanied by stronger international and national regulatory structures for effective wealth re-distribution and ecosystem sustainability.

- *Human rights are central to equity in health.* Strengthening participatory political and economic systems – and their transparency and accountability – will help guarantee fundamental human rights. Such rights are social, and not just civil, political and economic.
- *The use of locally-centred and culturally appropriate evidence on the equity outcomes of policy making in health systems, health-determining sectors, and in clinical decision making, is central to improvements in overall health outcomes.* Tools to assist governments, citizens and civil society organizations in assessing equity outcomes exist and need to be used.
- *Improvements in health outcomes that are both equitable and sustainable require well-developed and maintained public infrastructures.* Investment in and support of the health workforce in particular must be a key strategy for health equity.

ISEqH believes that:

- *Challenges to the underlying political, economic and social reasons for growing health inequalities and inequities are needed urgently.* All health professionals must affirm their commitments to engage in such challenges. Programs to improve population health must promote an effective health dimension to social, economic and environmental policy.
- *International organizations must consistently pursue ethical policies and strategies in all aspects of their work.* This is especially so in the area of trade and development. Public and individual health should not be secondary outcomes to economic and trade growth or the protection of trade patents and intellectual property.
- *Increased resources and investment in public health systems and health-promoting economic and environmental conditions are urgently required in developing and least developed countries.* Improvements in health outcomes that are both equitable and sustainable require well-developed and maintained public infrastructures.
- *Indicators of health inequalities and inequities must be included in national, regional and local monitoring and evaluation systems; such systems should be locally centered and culturally appropriate.* People need to better understand the meanings and outcomes of all public and private corporate decision-making on their health.
- *Investing in primary health care and public health must be the priority in health system reform in developed countries, and health system development in poorer nations.* The global momentum towards increased privatisation of public health care, and investment on technologically expensive interventions that reach only a minority of the worlds' citizens, must be reversed.

- *Knowledge systems including health and science studies are locally produced and culturally situated.* Knowledge systems and structures from developed countries have dominated the world, first through colonialism and now through corporate globalization. This domination appropriates local knowledge systems, often leading to their demise. Supports to enhance these knowledge systems, especially regarding health and indigenous forms of social structures, are important in promoting equity in health.
- *Equitable community partnerships embodying the principles and practices of community development are important for equity in health at the local level.* Such practices ensure that both processes and outcomes are culturally appropriate, racially and ethnically sensitive, linguistically accessible, as well as class, faith, gender, age and sexual identity relevant.
- *The health of the environment, both local and global, is central to the health of the population.* Development projects and policies must be planned so they do not create or exacerbate environmental degradation, or increase environmentally mediated health problems.

ISEqH calls on:

- *The World Health Organization to re-emphasise and promote to member countries the importance of primary health care and primary prevention in health-determining sectors.* Primary health care and must re-emerge as the focus for equitable and sustainable health outcomes and improvements. At the same time, health policies must be linked with employment, income maintenance, social welfare, housing and education. Investment in health and in an equitable society is an investment that pays off, for health affects the whole society.
- *The World Health Organization to become more active in international governance and trade negotiations.* In particular, the WHO, and its member countries, must ensure that the right to health takes precedence over trade obligations.
- *Governments in all countries to become more transparent in their trade relations.* Economic criteria associated with increased trade liberalization must be held accountable for how it improves equity in health and human development, and sustainability of the environment.
- *Governments in all countries to adopt transparent and participatory systems of government, governance, and economy.* The health of people must become one of the key goals by which governance decisions are made.
- *Health professionals and their organizations to commit themselves to challenge public and private policy decisions that increase inequities in health, and to applaud those decisions that increase equity in health.* We must all become champions for a new world order that is healthier, fairer and sustainable.

Working Definitions

Equity in Health: The absence of systematic and potentially remediable differences in one or more aspects of health across populations or population groups defined socially, economically, demographically, or geographically.

Inequity in health: Systematic and potentially remediable differences in one or more aspects of health across populations or population groups defined socially, economically, demographically, or geographically.

Equity (policy and actions): Active policy decisions and programmatic actions directed at improving equity in health or in reducing or eliminating inequalities in health.

Equity (research): Research to elucidate the genesis and characteristics of inequity in health for the purpose of identifying factors amenable to policy decisions and programmatic actions to reduce or eliminate inequities.