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## CONCEPT NOTE

### Background

### Importance of Health Equity in the Pandemic Recovery

This side event aligns with the aim of the HLPF 2021 on global resilient and sustainable recovery from the COVID-19 pandemic by addressing challenges and solutions to achieve physical and mental health equity to reach this aim. It emphasizes the interrelationship between the two UN Sustainable Development Goals (SDGs) under review, namely, SDG 3, to ensure healthy lives and well-being, and SDG 10, to reduce inequality within and between nations, while acknowledging that health equity is vital to achieving all the SDGs.

Holistic health equity is both a driver and an outcome of sustainable, inclusive progress, as nations of the world advance to build back better in the COVID-19 recovery period. Considerable research shows that health inequities are prevalent globally and have been exacerbated in the context of COVID-19 (World Health Organization, 2020). Marginalized and at-risk populations, such as racial and ethnic minorities, migrants and refugees, women and girls, older persons, persons with disabilities and compromising health conditions, and those living in poverty or conflict, are disproportionately vulnerable to experiencing adverse social determinants of health. These factors, in turn, cause physical and mental health disparities, such as limited access to essential healthcare, food, education, and employment (shown in research in journals like *Lancet Global Health*).

Access to COVID-19 vaccines, especially in developing countries, is crucial. Yet despite a new \$50 billion plan to end the pandemic and drive recovery, critical health facilities across Africa risk being overwhelmed by surging COVID-19 infections, leading to “the threat of a third wave in Africa [that] is real and rising” (UNNews, 2021, 1 and 3 June).

Also important to achieving health equity are innovations in healthcare delivery and training through technology tools (Health in Your Hands, n.d.; Secretary-General’s Strategy on New Technologies, 2018). Partnerships among government, private sector, and civil society need to be urgently adapted and implemented in alignment with SDG 17, also under review at this HLPF.

The scope of the problem is evident in statistics showing that:

- While many wealthy countries expect to return to relative normalcy by fall 2021, most low-income nations will not have widespread access to vaccines before 2023 (The Economist Intelligence Unit, 2021), risking prolonging the pandemic and enabling emergence of mutations of the virus.
- 87% of premature deaths due to non-communicable diseases occur in Low and Middle Income Countries (LMICs; World Health Organization, 2018).
- Migrants and refugees are especially vulnerable to health inequities, exacerbated by the COVID-19 pandemic (International Organization for Migration, 2020).
- In LMICs, up to 85% of people with mental health conditions receive no treatment (World Health Organization, 2019).
- More than 1 in 5 people living in settings affected by conflict have a mental health condition which goes untreated (Charlson et al., 2019)
- A digital divide and gender inequity impedes health access especially in the Least Developed Countries (UNESCAP, 2019; Utoikamanu, n.d.).
- Mental disorders are rising in every country and will cost the global economy \$16 trillion by 2030 (Lancet Commission Report, 2018).

## Importance of Health Equity in UN Documents

The promotion of equity is essential to achieve the rights of all to the highest attainable standard of physical and mental health, as assured in the UN Agenda 2030 for Sustainable Development, the Political Declaration for Universal Health Coverage, the Constitution of the World Health Organization, the updated Global Humanitarian Response Plan, the World Health Organization (WHO) Mental Health Action Plan, the UN Secretary-General’s Policy Brief on COVID-19 and Mental Health, the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings, and the Human Rights Council Resolution on Mental Health and Human Rights.

## Contributions of Psychological Science and Practice to Achieving Health Equity

Psychological science and practice have been shown to be vital to advancing health equity. Considerable research shows enduring deleterious effects of poverty, racism, and stigma, and the importance of psychosocial resilience in the face of emergencies. Psychologists have also developed strategies to reduce inequalities and implement evidence-based approaches for the prevention and treatment of mental health conditions. Holistic programs integrating physical and mental health are most effective. For example, a promising pilot project in the Congo to reduce COVID-19 spread has successfully provided health education and psychosocial support to a remote community, increasing safety behaviors and providing resilience training for ongoing recovery. The application of principles from population health and behavioral science is essential to reduce COVID-19 vaccine-hesitancy, biases, and stigma, as well as address the differential health impact of the COVID-19 pandemic on communities of color.

Regarding the application of behavioral science to reduce vaccine hesitancy, the 2021 publication of the WHO Technical Advisory Group on Behavioral Insights and Sciences for Health entitled, *Behavioral Considerations for Acceptance and Uptake of COVID-19 Vaccines*, emphasizes the important role of factors such as: ensuring an environment conducive to accessing the vaccine (making it easy, affordable, and convenient); engaging social influences supportive of taking the vaccine (through media, health professionals, and trusted community members); and increasing motivation to take the vaccine (through myth-busting, trust-building, emphasizing social benefits, and implementing culturally-adaptive education campaigns). Successful behavioral science approaches can be tailored to specific groups in diverse settings in both developed and developing countries to maximize equity in vaccine acceptance.

## Objectives

1. Explain the scope of global physical and mental health inequities especially in specific cultural contexts and among vulnerable populations facing COVID-19.
2. Propose models to reduce physical and mental health inequities to build back better from COVID-19.
3. Demonstrate the nexus of SDGs 3, 10, and 17 to recover from the pandemic, as well as the interlinkage with other SDGs under review, namely, 1, 2, 8, and 13.
4. Urge efforts to increase global vaccine access and uptake through myth-busting, de-escalating fears and distrust, and other interventions.
5. Create awareness of evidence-based technological tools to increase access to healthcare.
6. Urge national governments to provide mental health and psychosocial support (MHPSS) in the pandemic recovery period for all communities, particularly those also affected by conflict and crisis.
7. Underscore the importance of partnerships among Member States, UN agencies, other stakeholders, and the psychological community to advance physical and mental health equity, consistent with SDG 17.