

Public Health Institutes of the World

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Rio de Janeiro Statement on the Role of National Public Health Institutes in Facing Health Inequities

IANPHI ANNUAL MEETING
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Social inequalities as structural determinants of health inequities have been documented and described since the early 19th century. A very extensive literature is available adding solid theoretical frameworks and conclusive quantitative evidence in all parts of the world.

The COVID-19 pandemic has added incontrovertible global evidence of the role of structural, social and economic inequities in the outcome of the disease, both on its spread and severity. Factors such as poverty, unemployment, poor housing, overcrowding, poor literacy, lack of access to primary health care, sanitation and water supply and adequate public transportation are clearly associated with negative outcomes of the pandemic.

In addition, each of the Sustainable Development Goals (SDG) has suffered strong setbacks during the pandemic. Poverty has increased in most parts of the world as an economic consequence of extended lockdowns and other pandemic control measures that limited movement and gathering without compensation or state aid to impoverished individuals and families (SDG 1 – No poverty). Food security and nutrition has worsened

as a direct result of this (SDG 2 – Zero hunger). Health systems are overwhelmed with a syndemic, or concurrent epidemics, of associated physical and mental health conditions that strongly affected families already living in situations of social marginalisation and exclusion (SDG 3 – Good health and well-being). Severe pre-existing education inequalities have increased because of unequal access to virtual learning (SDG 4 – Quality education). Gender-based violence has increased substantially, and a growing burden of unpaid domestic care work by women greatly reduced their participation in the formal labour force and in leadership (SDG 5 – Gender equality). Equitable access to water, sanitation and energy has worsened because of the impact of the pandemic on economic activity (SDG 6 & 7 - Clean water and sanitation, affordable and clean energy). Job losses have particularly affected precarious workers in the informal economy, as well as young people with fewer opportunities to enter the work force (SDG 8 – Decent work and economic growth). The pandemic has had a disproportionate impact on socially deprived populations, further increasing inequalities both within, and between countries (SDG 10 – Reduce inequality within and among countries). There has also been a failure of international cooperation across the richest countries of the world, although some improvements were made through the COVAX initiative, to assure a fair distribution of diagnostic kits, vaccines, drugs and protective equipment to those countries without access to them, (SDG 10 and SDG 17 – Partnerships for the goals).

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National public health institutes (NPHIs) all around the world quickly adapted to the new reality, contributing science, expert advice and technology to the real-time monitoring and rapid decision-making aimed at the mitigation and control of the pandemic. This has been done in a variety of ways, depending on the specific context, legal framework, and missions of the NPHIs. Many institutes initially concentrated on the development and implementation of diagnostic procedures; the organization of surveillance systems to produce daily and weekly relevant indicators for national monitoring and to aid in decision-making; and setting up screening, contact tracing and health promotion programs.

Strong efforts were then made to widen the world's capacity for genomic monitoring, which gave important information to help monitor global transmission pathways and support the development of more effective vaccine against new viral strains. NPHIs play a major role in the implementation of large-scale vaccination programs as well as their monitoring and evaluation. Many NPHIs adopted an equity lens to prioritize and implement specific interventions and programs for groups that have been disproportionately affected by the pandemic or

were at higher risk of adverse outcomes due to existing inequities.

The fourth scientific and industrial revolution has brought big data development, mathematical models and genomic analysis to the practice of public health, but technology has not reduced the unprecedented rapid rise in health inequities brought during this pandemic. The use of social networks and digital communication to propagate false information has never been as intense as during this pandemic. Besides COVID-19, the world is experiencing the impacts of additional global threats to health, including climate change, environmental exposures, mass migration, and anti-microbial resistance. More than five million people have died of COVID-19 around the world. This pandemic will not be brought under control until a large proportion of the global population is vaccinated.

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The post-pandemic recovery will offer a unique and timely opportunity to make reducing health inequities a priority. Prioritizing the reduction of health inequities will ensure that all nations can recover rapidly from recent setbacks in global development; future-proof their economies and

social support systems; and strengthen primary health care systems for those who have been most affected.

NPHIs can play a major role in this recovery as trusted experts providing training and leading health equity advocacy. NPHIs need to be in the room where policy-making decisions happen. Their experience, expertise and tools can help enact policy changes that will reduce health inequities. This is true at all levels of engagement, from local communities, to inter-sectoral actions, to health impact assessments; and healthy public policies for resilient populations and territories that would then be able to better withstand current and future threats.

Therefore, we, the International Association of National Public Health Institutes (IANPHI), gathered virtually in the city of Rio de Janeiro during its 2021 Annual Meeting, strongly urge our member organizations to place the promotion of health equity at the core of their work. Priorities include documenting existing inequities through dedicated surveillance or observatories, measuring progress and, not least, bringing active and timely evidence on public health interventions to reduce the widening gap of health inequities to decision- and policy-makers, and supporting their implementation and evaluation.
