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Achieving Global Health Equity: Addressing Poverty, Development, and Health Disparities in a Globalized World

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Abstract: Background: Global health equity remains one of the most pressing public health challenges of the twenty-first century. Despite significant advances in economic development, technology, and healthcare, substantial disparities in health outcomes persist both within and between developed and developing nations. Poverty, social inequality, inadequate healthcare infrastructure, and unequal access to education and healthcare continue to adversely affect the health and well-being of populations worldwide. Method: This integrative review examines the relationships among globalization, poverty, economic development, and health equity. Drawing upon evidence from peer-reviewed literature and reports from international organizations, including the World Bank and the United Nations Development Programme, the review explores the social determinants of health that contribute to global health disparities. Particular attention is given to low- and middle-income countries, where poverty, communicable diseases, malnutrition, and limited access to healthcare services continue to impede population health and socioeconomic development. Results: Findings indicate that global health inequities are influenced by complex interactions among social determinants of health, economic development, poverty, gender inequality, and access to healthcare. Evidence suggests that stronger healthcare systems, universal health coverage, investments in education, and improvements in housing, sanitation, and public health infrastructure are associated with improved health outcomes and reduced disparities. The review further identifies poverty and gender inequality as persistent barriers to health equity and highlights the importance of coordinated international partnerships and multisectoral interventions to address structural determinants of health and promote equitable population health outcomes worldwide. Conclusion: Achieving global health equity requires coordinated international collaboration, sustainable economic development, equitable healthcare systems, and evidence-based policies that address the underlying social and structural determinants of health. Reducing poverty, promoting educational opportunities, strengthening health systems, and addressing gender inequities are essential strategies for improving population health and reducing global disparities.

Keywords: global health equity, globalization, poverty, health disparities, social determinants of health, economic development, gender inequality, Human Development Index

INTRODUCTION

Globalization has transformed the modern world by increasing the interconnectedness of economies, cultures, technologies, and populations (Marmot et al., 2008). The growth of international trade, migration, communication, and investment has created unprecedented opportunities for economic development and improved health outcomes (Marmot et al.,

2008; Blas et al., 2008). However, globalization has also exposed and, in some cases, intensified inequalities among nations and populations (Blas et al., 2008). Although many countries have experienced economic growth, significant disparities in health outcomes remain between developed and developing countries (Marmot et al., 2008).

Global health refers to efforts aimed at improving health and achieving health equity for all people worldwide (Koplan et al., 2009). According to the World Health Organization (WHO), health in the twenty-first century is a shared responsibility requiring equitable access to essential healthcare services and collective action to address transnational health threats (World Health Organization [WHO], 2023). Global health equity extends beyond healthcare access and encompasses social, economic, political, and environmental conditions that influence health outcomes (Blas et al., 2008; Marmot et al., 2008). Therefore, understanding the relationship between poverty, development, and health is essential for addressing persistent health disparities worldwide (Marmot et al., 2008; Farmer et al., 2013).

METHOD

This article is an integrative review of the literature that examines poverty, social development, and health disparities as global health inequities. This paper examines the multifaceted factors that contribute to global health equity and inequity across diverse populations and geographic regions. Specifically, the discussion focuses on (a) global social determinants of health and health equity, (b) social and community context, (c) globalization and health equity, (d) economic development and global health, (e) human development and health equity, (f) poverty as a determinant of global health inequity, (g) the impact of COVID-19 on global health equity, (h) health disparities between developed and developing countries, and (i) gender inequality and global health. These interrelated factors provide a comprehensive understanding of the structural, social, economic, and political influences that shape health outcomes worldwide. The paper concludes by discussing implications for policy and practice and identifying strategies for advancing health equity through coordinated global action.

CONCEPTUAL FRAMEWORK FOR ACHIEVING GLOBAL HEALTH EQUITY: ADDRESSING POVERTY, DEVELOPMENT, AND HEALTH DISPARITIES IN A GLOBALIZED WORLD

Figure 1 presents the conceptual framework that guides this integrative review. The framework illustrates the interrelationships among globalization, economic development, social determinants of health, human development, poverty, gender inequality, and health disparities that collectively influence global health equity. Consistent with contemporary public health and population health literature, the framework recognizes that health outcomes are shaped by complex interactions among social, economic, political, environmental, and healthcare-related factors. The model further demonstrates how evidence-based policies, health system strengthening, international partnerships, and global health initiatives can address structural determinants of health and promote equitable health outcomes across diverse populations. Each component of the framework is

examined throughout this review to provide a comprehensive understanding of the factors that advance or impede global health equity.

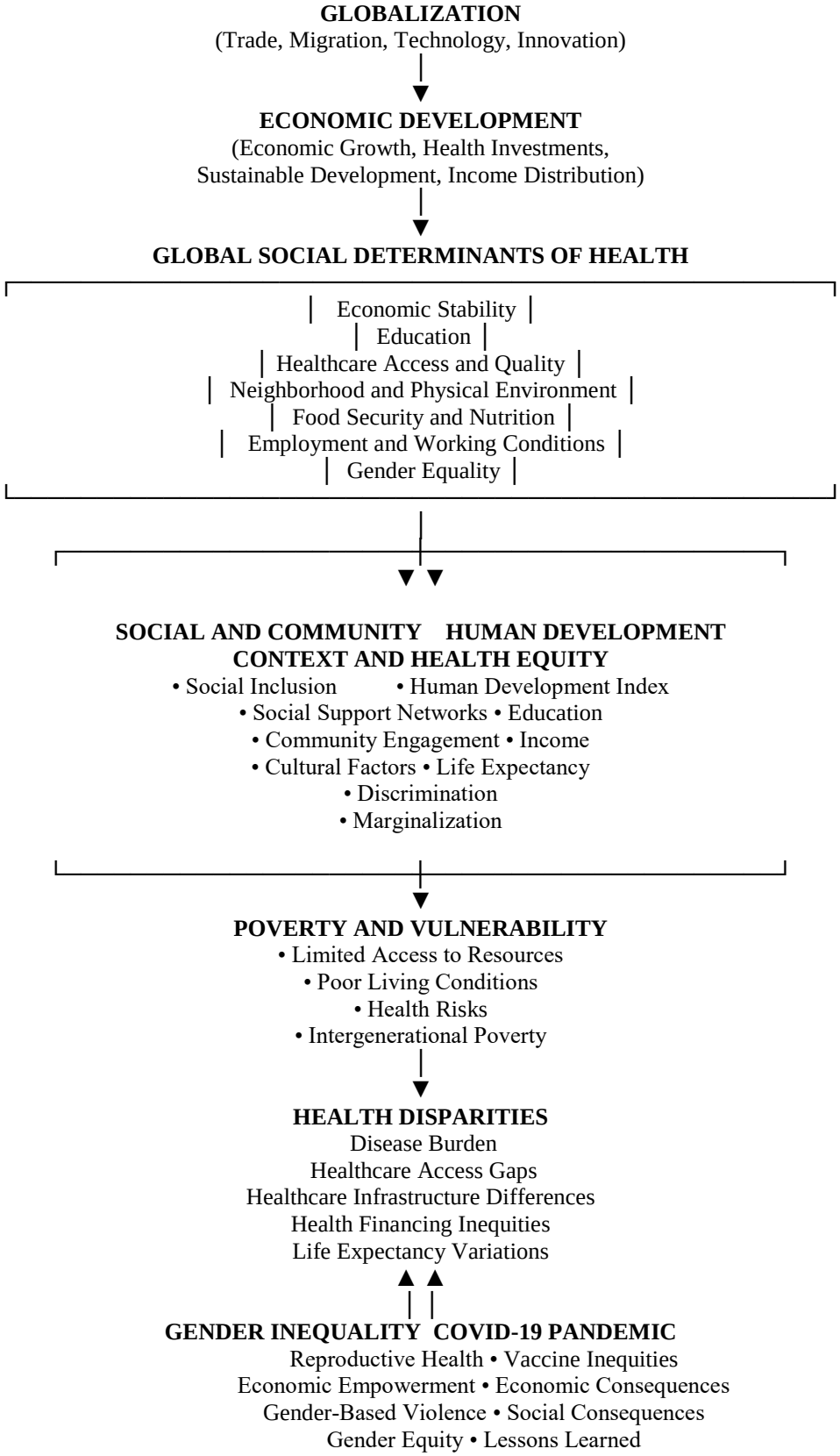



Figure 1: Conceptual Framework Achieving Global Health Equity: Addressing Poverty, Development, and Health Disparities in a Globalized World

The following sections of the Literature Review examine the key factors that influence global health equity. Each topic is discussed individually, including the global social determinants of health, social and community context, globalization, economic development, human development, poverty, COVID-19, disparities between developed and developing countries, gender inequality, and the policy and practice implications for advancing health equity worldwide.

LITERATURE REVIEW

Global Social Determinants of Health and Health Equity

The social determinants of health (SDOH) are the conditions in which people are born, grow, live, work, and age (World Health Organization [WHO], 2024). These conditions are shaped by the distribution of money, power, and resources at local, national, and global levels and significantly influence health outcomes and quality of life. Health equity is achieved when all individuals have a fair and just opportunity to attain their highest level of health regardless of social, economic, geographic, or demographic circumstances (Braveman et al., 2017).

Globally, health inequities arise from unequal access to social, economic, and environmental resources (Gómez et al., 2021; Marmot et al., 2008; Yerramilli et al., 2024). These inequities are particularly evident between high-income countries and low- and middle-income countries (LMICs), where substantial disparities exist in healthcare access, education, employment opportunities, housing quality, and environmental safety (Gómez et al., 2021; Marmot et al., 2008; Yerramilli et al., 2024).

According to the World Health Organization (WHO, 2025), health inequities are avoidable differences in health outcomes that arise from unequal social, economic, environmental, and political conditions. Globally, these inequities are particularly evident between high-income countries and LMICs, where substantial disparities exist in healthcare access, education, employment opportunities, housing quality, and environmental safety.

The global social determinants of health are fundamental drivers of health equity and population well-being. Economic stability, education, healthcare access, environmental conditions, food security, employment, gender equality, and social inclusion all influence an individual's ability to achieve optimal health (Marmot et al., 2008; Gómez et al., 2021; Braveman & Gottlieb, 2014). Persistent disparities in these determinants contribute to avoidable health inequities within and between countries (Marmot et al., 2008; Islam, 2019). Addressing these root causes through multisectoral policies and international collaboration is essential for promoting global health equity and achieving sustainable improvements in population health (Amri et al., 2022; Yerramilli et al., 2024; Thimm-Kaiser et al., 2023).

Global Social Determinants of Health and Health Equity include these factors: (a) economic stability, (b) education, (c) healthcare access and quality, (d) neighborhood and physical environment, (e) food security and nutrition, (f) employment and working conditions, and (g) gender equality. This section will discuss each factor individually.

Economic Stability

Economic stability is one of the most important determinants of health. Poverty limits access to nutritious food, safe housing, healthcare services, and educational opportunities, all of which influence health outcomes (Braveman & Gottlieb, 2014; Bundy et al., 2023). Individuals living in poverty are more likely to experience chronic diseases, infectious diseases, malnutrition, and shorter life expectancy due to cumulative social and economic disadvantages (Witrick et al., 2023; Marmot et al., 2008). Globally, hundreds of millions of people continue to live in extreme poverty, many of whom lack access to basic necessities such as clean water, sanitation, and healthcare services (World Bank, 2024). Economic disparities contribute significantly to differences in health outcomes both within and across countries (Marmot et al., 2008; Islam, 2019). Thereby, economic stability is among the most influential social determinants of health because poverty restricts access to quality housing, education, nutritious food, and healthcare services, thereby increasing the risk of chronic disease, premature mortality, and poor health outcomes (Braveman & Gottlieb, 2014; Bundy et al., 2023; Marmot et al., 2008). Economic inequalities within and across countries continue to drive significant and avoidable health disparities (Islam, 2019; Witrick et al., 2023).

Education

Education is strongly associated with health outcomes throughout the life course. Higher educational attainment increases health literacy, employment opportunities, income potential, and the ability to make informed health decisions (Zajacova & Lawrence, 2018; The Lancet Public Health, 2020). Individuals with limited education are more likely to experience poor health outcomes, lower life expectancy, and reduced access to healthcare services (Byhoff et al., 2017; IHME-CHAIN Collaborators, 2024). In many developing

countries, educational inequalities disproportionately affect women and girls, further contributing to gender-related health disparities (Murphy-Graham, 2024).

Healthcare Access and Quality

Access to affordable, high-quality healthcare is fundamental to achieving health equity (Dahab & Sakellariou, 2020; Jindal et al., 2023). Populations in low-income countries often face substantial barriers to healthcare, including shortages of healthcare professionals, inadequate healthcare infrastructure, limited availability of medical supplies, transportation difficulties, and financial constraints (Dahab & Sakellariou, 2020; Jindal et al., 2023). These barriers contribute to higher rates of preventable illness, maternal mortality, infant mortality, and infectious diseases, particularly in low- and middle-income countries where access to essential health services remains uneven (Dahab & Sakellariou, 2020; Mianda et al., 2023). Universal health coverage (UHC) has emerged as a critical global strategy for improving access to healthcare services, reducing health disparities, and enhancing population health outcomes by ensuring that individuals receive needed health services without experiencing financial hardship (Wasserman et al., 2019; WHO, 2024).

Neighborhood and Physical Environment

The physical environment in which individuals live has a profound impact on health and is a critical determinant of global health equity. Access to clean water, sanitation, adequate housing, transportation, and safe communities influences both physical and mental health outcomes (Swope & Hernández, 2019; Wolf et al., 2023). People residing in rural, geographically isolated, or impoverished areas often experience increased exposure to environmental hazards and reduced access to healthcare, education, transportation, and other essential services, contributing to persistent health disparities (Doogan et al., 2018; Gizaw et al., 2022). In many low-income countries, inadequate sanitation and unsafe drinking water remain major contributors to communicable diseases, undernutrition, and preventable mortality, particularly among children and other vulnerable populations (Shacho et al., 2026; Wolf et al., 2023). Swope and Hernández (2019) demonstrated that housing and neighborhood environments are key determinants of health equity, while Doogan et al. (2018) and Gizaw et al. (2022) found that geographic isolation and rural residence limit access to essential services. Additionally, Wolf et al. (2023) and Shacho et al. (2026) reported that inadequate water, sanitation, and hygiene infrastructure substantially contribute to communicable diseases and preventable mortality in low-income countries.

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Food Security and Nutrition

Food security is a fundamental component of **global health equity** because access to sufficient, safe, and nutritious food is essential for achieving optimal health and reducing disparities across populations(Development Initiatives, 2023; Pérez-Escamilla et al., 2024). Inequities in food availability, affordability, and quality disproportionately affect low-income countries and vulnerable populations, contributing to unequal health outcomes worldwide (Development Initiatives, 2023; Pérez-Escamilla et al., 2024).

Malnutrition remains one of the most significant contributors to global morbidity and mortality, particularly among children and pregnant women in low- and middle-income countries. Food insecurity increases the risk of undernutrition, stunted growth, micronutrient deficiencies, impaired cognitive development, weakened immune function, and adverse maternal and infant health outcomes (Black et al., 2013; Gallegos et al., 2021; These effects perpetuate cycles of poverty and poor health, limiting opportunities for education and economic advancement and thereby reinforcing global health inequities (Black et al., 2013; Gallegos et al., 2021). Research has demonstrated that inadequate access to nutritious food during critical developmental periods can have lifelong consequences for physical and cognitive health, disproportionately affecting populations already experiencing social and economic disadvantage (Gallegos et al., 2021).

Food insecurity also negatively affects maternal health and pregnancy outcomes, leading to increased risks of anemia, maternal depression, low birth weight, preterm birth, and infant health complications. (Azevedo et al., 2023; Orr et al., 2022). Because women in resource-constrained settings often experience greater barriers to food access, these inequities contribute to persistent disparities in maternal and child health across countries (Azevedo et al., 2023; Orr et al., 2022).

According to Black et al. (2013) and Gallegos et al. (2021), malnutrition and food insecurity are major drivers of poor health outcomes globally, contributing to undernutrition, impaired child development, weakened immunity, and adverse maternal and infant health outcomes. Malnutrition remains one of the most significant contributors to global morbidity and mortality, particularly among children and pregnant women in low- and middle-income countries. Food insecurity increases the risk of undernutrition, stunted growth, micronutrient deficiencies, impaired cognitive development, weakened immune function, and adverse maternal and infant health outcomes (Black et al., 2013; Gallegos et al., 2021).

At the same time, globalization has transformed food systems and dietary patterns worldwide, creating a "double burden of malnutrition" in many countries (Popkin et al., 2020; Odoms-Young et al., 2024). While undernutrition remains prevalent in some populations, increased availability of highly processed, energy-dense foods has contributed to rising rates of obesity and noncommunicable diseases (NCDs) such as diabetes, cardiovascular disease, and hypertension. These nutrition transitions often disproportionately affect low-income communities that have limited access to healthy foods and health services, further exacerbating health inequities both within and between countries (Popkin et al., 2020; Odoms-Young et al., 2024). Thus, global health equity requires addressing both food scarcity and poor-quality diets through policies that promote sustainable food systems, equitable food distribution, and access to affordable, nutritious foods for all populations.

Employment and Working Conditions

Employment is a critical social determinant of health and an important driver of global health equity. (Benach et al., 2014; Marmot et al., 2020). Secure employment provides income, social protection, and access to health-promoting resources, whereas unemployment and precarious work are associated with poorer physical and mental health outcomes. In many low- and middle-income countries, large segments of the workforce are employed in informal sectors characterized by hazardous working conditions, low wages, and limited occupational protections (Benach et al., 2014; Marmot et al., 2020). These inequities contribute to disproportionate burdens of injury, illness, and economic insecurity among disadvantaged populations, thereby perpetuating global health disparities (Benach et al., 2014;Marmot et al., 2020).

Employment provides financial resources, social support, and access to healthcare benefits. (Benach et al., 2014;Marmot et al., 2020; Solar & Irwin, 2010). However, unsafe working environments, unemployment, underemployment, and precarious labor conditions can negatively affect health. Workers in developing countries are often employed in informal sectors that lack occupational protections, resulting in increased risks of injury, illness, and economic insecurity. Employment disparities contribute to ongoing social and health inequities worldwide.

Gender Equality

Gender inequality is a fundamental driver of global health inequities because it influences access to social, economic, and political resources that are essential for health and well-being (Heise et al., 2019; Sen et al., 2019; Weber et al., 2021; Weber et al., 2019). Women and girls in many countries experience barriers to education, employment, healthcare, and decision-making power, limiting their opportunities to achieve optimal health outcomes. Gender-based violence, child marriage, discriminatory social norms, and wage inequities further contribute to physical and mental health burdens across the life course. These disparities disproportionately affect women in low- and middle-income countries, where limited access to reproductive healthcare, education, and economic resources exacerbates existing inequities. Advancing gender equality through policy reform, educational opportunities, economic empowerment, and protection of women's rights is therefore essential for achieving global health equity and the Sustainable Development Goals (Heise et al., 2019; Sen et al., 2019; Weber et al., 2021; Weber et al., 2019). The United Nations Sustainable Development Goals (SDGs) provide a global framework for promoting health, well-being, and sustainable development by 2030(United Nations, 2015; Heise et al., 2019; Sen et al., 2019). Among the 17 SDGs, SDG 5 specifically aims to achieve gender equality and empower all women and girls. Gender equality is also recognized as a cross-cutting issue that influences progress toward multiple SDGs, including health, education, poverty reduction, and reduced inequalities, making it essential for achieving global health equity (Heise et al., 2019; Sen et al., 2019; United Nations, 2015).

Gender inequality remains a major social determinant of health and a significant barrier to achieving global health equity **(**Heise et al., 2019; Sen et al., 2019; Weber et al., 2021). Women and girls frequently face barriers to education, employment, healthcare, and political participation. Gender-based violence, discrimination, unequal pay, and child marriage continue to affect millions of women globally. These inequities result in poorer

health outcomes, reduced economic opportunities, and diminished access to healthcare services. Promoting gender equality is essential for advancing global health equity and sustainable development.

At the foundation of the framework in Table Figure 1, the social determinants of health include education, employment, income, housing, social support systems, and access to healthcare. These determinants directly influence individual and community health outcomes while also interacting with broader contextual factors such as social and community relationships, economic development, and public policy. The framework further recognizes globalization as a powerful force that can either promote or hinder health equity through its effects on trade, labor markets, migration, technological advancement, and healthcare resource distribution.

Although the social determinants of health encompass a broad range of economic, environmental, and healthcare-related factors, social relationships and community environments are equally important influences on health and well-being. Social inclusion, social support networks, cultural acceptance, and community engagement can promote positive health outcomes, whereas discrimination, social exclusion, and marginalization contribute to persistent health inequities. Understanding these social and community influences is essential for advancing global health equity and reducing disparities among diverse populations worldwide.

Social and Community Context

Social Inclusion and Community Support as Determinants of Health

Social inclusion, social support networks, cultural acceptance, and community engagement are important social determinants of health that significantly influence health outcomes and contribute to health equity worldwide (Braveman et al., 2022; Marmot et al., 2020; Williams et al., 2019). Individuals who experience strong social connections and supportive community environments are more likely to have better physical and mental health outcomes, improved access to healthcare services, and greater opportunities for education and economic advancement. Community engagement and social participation can also strengthen resilience promote health-related behaviors, and foster environments that support overall well-being (Braveman et al., 2022; Marmot et al., 2020; Williams et al., 2019). These social factors contribute to health equity by creating opportunities for individuals and communities to access the resources necessary for maintaining health and quality of life. When communities promote inclusion, cultural acceptance, and social support, they can help reduce barriers to healthcare access and improve health outcomes across diverse populations (Braveman et al., 2022; Williams et al., 2019).

Social Exclusion, Discrimination, and Health Inequities

Despite the benefits of social inclusion, many populations continue to experience discrimination and social exclusion that adversely affect health outcomes (Braveman et al., 2022; Marmot et al., 2020; Williams et al., 2019). Discrimination based on race, ethnicity, religion, disability, socioeconomic status, gender, or other social characteristics can limit access to healthcare, education, housing, employment, and economic opportunities,

thereby contributing to poorer physical and mental health outcomes. Marginalized populations frequently experience higher rates of chronic disease, mental health disorders, disability, and premature mortality because of structural inequalities embedded within social, economic, and political systems ((Braveman et al., 2022; Marmot et al., 2020; Williams et al., 2019).

These inequities are particularly evident among racial and ethnic minorities, Indigenous populations, persons with disabilities, migrants, refugees, and other socially excluded groups who often encounter systemic barriers to health-promoting resources and services (Bailey et al., 2017. Structural racism, social discrimination, and inequitable policies contribute to the unequal distribution of resources and opportunities necessary for achieving optimal health (Bailey et al., 2017). As a result, socially disadvantaged populations are more likely to experience poorer health outcomes and reduced life expectancy. Addressing social exclusion, reducing discrimination, and strengthening community support systems are therefore essential strategies for advancing global health equity and reducing health disparities across populations.

Social inclusion, social support networks, cultural acceptance, and community engagement are important social determinants of health that significantly influence health outcomes and health equity worldwide (**Marmot et al., 2020; Williams et al., 2019).** Discrimination based on race, ethnicity, religion, disability, socioeconomic status, or gender can create barriers to healthcare access, reduce opportunities for education and employment, and contribute to poorer physical and mental health outcomes. These social inequities often result in unequal distribution of resources and opportunities that are necessary for good health **(Marmot et al., 2020; Williams et al., 2019).** Marginalized populations frequently experience higher rates of chronic disease, mental health disorders, disability, and premature mortality due to structural inequalities embedded within social, economic, and political systems (Bailey et al., 2017; Marmot et al., 2020; Williams et al., 2019). These inequities are particularly evident among racial and ethnic minorities, Indigenous populations, persons with disabilities, migrants, and other socially excluded groups who often encounter discrimination and reduced access to health-promoting resources. Addressing social exclusion and strengthening community support systems are therefore critical strategies for advancing global health equity and reducing health disparities across populations.

Social inclusion, social support networks, cultural acceptance, and community engagement are important social determinants of health that influence health outcomes and contribute to global health equity (**Braveman et al., 2022; Williams et al., 2019).** Discrimination based on race, ethnicity, religion, disability, socioeconomic status, or gender can create barriers to healthcare access, limit opportunities for social and economic advancement, and contribute to poorer physical and mental health outcomes (**Braveman et al., 2022; Williams et al., 2019).** Marginalized populations often experience higher rates of illness, mental health disorders, disability, and reduced life expectancy due to structural inequalities embedded within social, economic, and political systems. **(Bailey et al., 2017; Braveman et al., 2022 Marmot et al., 2020).** These inequities are driven by unequal access to healthcare, education, housing, employment, and other resources necessary for health and well-being. Addressing social exclusion and discrimination is therefore essential for advancing global health equity and reducing health disparities across populations.

The influence of social and community contexts on health demonstrates that health outcomes are shaped not only by individual factors but also by broader social structures and systems. These influences extend beyond local communities and are increasingly affected by global economic, political, and social processes, highlighting the importance of understanding the relationship between globalization and health equity.

Globalization and Health Equity

Positive Contributions of Globalization to Health Equity

Globalization has significantly influenced the social determinants of health through increased economic integration, migration, technological advancement, trade, and the rapid exchange of information across national borders (Labonté & Schrecker, 2007; Ottersen et al., 2014). These processes have contributed to economic growth, expanded employment opportunities, and facilitated the transfer of healthcare technologies, scientific knowledge, and medical innovations worldwide (Frenk et al., 2014; Labonté & Schrecker, 2007). Advances in communication, transportation, and information-sharing systems have strengthened international collaboration and improved global responses to public health emergencies. Furthermore, globalization has accelerated the dissemination of health information and healthcare innovations, creating opportunities to improve population health and reduce health disparities when resources are distributed equitably (Benatar et al., 2018; Ottersen et al., 2014).

Challenges of Globalization and Health Inequities

Despite its benefits, globalization may also contribute to widening health inequalities when economic and social gains are distributed unevenly (Benatar et al., 2018; Ottersen et al., 2014). Although some countries and populations have experienced improvements in living standards, healthcare access, and economic development, others remain excluded from these benefits due to poverty, limited educational opportunities, inadequate healthcare infrastructure, and unequal participation in the global economy (Benatar et al., 2018; Ottersen et al., 2014). Consequently, globalization can exacerbate existing disparities in health outcomes both within and between countries.

The unequal distribution of globalization's benefits has disproportionately affected low- and middle-income countries, many of which continue to face limited access to quality healthcare, essential medicines, educational resources, and economic opportunities (Labonté & Schrecker, 2007; Ottersen et al., 2014). In addition, globalization may contribute to labor exploitation, environmental degradation, and economic instability, which disproportionately burden vulnerable populations and further intensify health disparities. Populations lacking access to education, healthcare, and economic opportunities frequently experience limited gains from globalization and remain vulnerable to unemployment, poverty, adverse health outcomes, and environmental risks (Labonté & Schrecker, 2007; Ottersen et al., 2014).

Migration and increasing global interconnectedness have also highlighted disparities in healthcare access, social protections, and health outcomes among marginalized populations, including migrants, refugees, and economically disadvantaged groups (Moreno-

Serra et al., 2022; Ottersen et al., 2014). These inequities demonstrate that globalization alone does not guarantee improvements in health equity and may reinforce existing social and economic disadvantages when adequate protections are not present.

Strategies for Promoting Equitable Globalization

Achieving global health equity requires policies that ensure economic growth translates into meaningful improvements in health, social well-being, and equitable access to resources for all populations (Labonté & Schrecker, 2007; Ottersen et al., 2014). National and international efforts should promote inclusive economic development, equitable distribution of healthcare resources, environmental sustainability, and comprehensive social protection programs.

Investments in health systems, education, infrastructure, environmental protection, and social welfare programs are essential for fostering equitable globalization (Frenk et al., 2014; Marmot et al., 2008). Such investments can strengthen community resilience, address the underlying social determinants of health, reduce disparities, and support sustainable development. By prioritizing policies that promote social justice and equitable resource allocation, governments and international organizations can help ensure that the benefits of globalization contribute to improved health outcomes and greater health equity worldwide (Frenk et al., 2014; Marmot et al., 2008).

Economic Development and Global Health

Economic Development as a Determinant of Health

Economic development is a major determinant of population health and a central factor in achieving global health equity (Dieleman et al., 2016; Marmot et al., 2008). Countries are often classified according to their economic performance and levels of development. The World Bank categorizes nations into four income groups based on Gross National Income (GNI) per capita: high-income, upper-middle-income, lower-middle-income, and low-income countries. Upper-middle-income and lower-middle-income countries are collectively classified as middle-income countries (MICs) (Dieleman et al., 2016; Marmot et al., 2008). Differences in economic development contribute substantially to variations in health outcomes, healthcare access, and life expectancy across countries.

Health Outcomes in Developed and Developing Countries

Developed countries generally possess stable economies, advanced industrialization, robust technological infrastructure, and high standards of living (Kim & Saada, 2013; Marmot et al., 2008). These nations typically have higher levels of education, stronger healthcare systems, improved sanitation, and longer life expectancy. Consequently, they often experience lower rates of preventable disease and mortality than less economically developed nations.

In contrast, developing countries are often characterized by lower levels of industrialization, weaker infrastructure, limited healthcare resources, and lower levels of socioeconomic development (Farmer et al., 2013; Kim & Saada, 2013). Many face persistent

challenges related to poverty, unemployment, income inequality, inadequate healthcare systems, and insufficient educational opportunities (Farmer et al., 2013; Kim & Saada, 2013). These conditions contribute to disproportionate burdens of infectious disease, maternal and child mortality, malnutrition, and preventable deaths, thereby perpetuating global health inequities.

Economic Disparities and Global Health Equity

Economic development significantly influences health outcomes because countries with greater financial resources are generally better equipped to invest in healthcare services, public health programs, sanitation systems, education, and social protection initiatives (Dieleman et al., 2016; Ottersen et al., 2014). These investments improve access to healthcare, strengthen public health infrastructure, and support healthier living conditions for populations.

Conversely, countries with limited economic resources often struggle to meet the basic health needs of their populations, resulting in poorer health outcomes and increased vulnerability to disease (Dieleman et al., 2016; Ottersen et al., 2014). As a result, significant disparities in health persist both within and between nations. Reducing economic inequalities and promoting equitable access to resources are therefore essential strategies for advancing global health equity and improving population health worldwide (Dieleman et al., 2016; Ottersen et al., 2014). While economic development provides countries with the resources necessary to improve population health, financial growth alone does not guarantee health equity. Human development, which encompasses education, quality of life, social well-being, and individual capabilities, offers a broader framework for understanding how societies can achieve equitable and sustainable health outcomes.

Human Development and Health Equity

Human Development as a Framework for Assessing Health Equity

The Human Development Index (HDI) provides a multidimensional measure of development by integrating indicators of life expectancy, education, and income, offering a broader assessment of societal well-being than economic measures alone. (Marmot et al., 2008; Reidpath & Allotey, 2003). Although economic indicators such as Gross National Income provide important information about national wealth, they do not fully capture the social and health conditions that influence population health (Marmot et al., 2008; Reidpath & Allotey, 2003). The HDI highlights the interconnected nature of health, education, and economic opportunity, all of which are critical determinants of global health equity (Marmot et al., 2008; Reidpath & Allotey, 2003).

Human Development Index and Population Health Outcomes

Countries with high HDI scores generally demonstrate stronger healthcare systems, higher educational attainment, improved social services, and greater economic opportunities (GBD 2021 Demographics Collaborators, 2024; Marmot et al., 2008). These characteristics are associated with longer life expectancy, lower mortality rates, and better overall population health. Conversely, countries with low HDI scores often experience widespread poverty,

inadequate healthcare infrastructure, lower literacy rates, and poorer health outcomes, contributing to persistent health inequities across populations (GBD 2021 Demographics Collaborators, 2024; Marmot et al., 2008).

The HDI illustrates the strong relationship between human development and health equity (Marmot et al., 2008; Ottersen et al., 2014). By incorporating measures of health, education, and income, the HDI demonstrates how social and economic development influences the health and well-being of populations worldwide.

Advancing Health Equity Through Human Development

Nations that invest in education, healthcare, social protection programs, and economic development tend to achieve lower rates of maternal mortality, infant mortality, infectious diseases, and preventable deaths (Marmot et al., 2008; Ottersen et al., 2014). In contrast, countries with lower levels of human development frequently face disproportionate burdens of disease, malnutrition, and premature mortality (Marmot et al., 2008; Ottersen et al., 2014). These disparities reflect broader inequities in access to the social determinants of health and underscore the importance of equitable investments in human development to improve global health outcomes.

Promoting human development through investments in education, healthcare, economic opportunity, and social protection is therefore essential for reducing health disparities and advancing global health equity (Marmot et al., 2008; Ottersen et al., 2014). By addressing the underlying social determinants of health, countries can create conditions that support healthier populations and more equitable health outcomes across diverse communities. While human development provides a broader framework for understanding population health and well-being, significant disparities persist across and within countries. Poverty remains one of the most powerful determinants of health inequity, limiting access to healthcare, education, nutrition, and other essential resources necessary for achieving optimal health outcomes.

Poverty as a Determinant of Global Health Inequity

Poverty and Health Disparities

Poverty remains one of the most significant barriers to achieving global health equity (Marmot et al., 2008; Pickett & Wilkinson, 2015). Individuals living in poverty often experience limited access to adequate nutrition, clean drinking water, sanitation, safe housing, education, and healthcare services. These inequities contribute to substantial differences in health outcomes both within and between countries and disproportionately affect vulnerable populations in low- and middle-income nations (Marmot et al., 2008; Pickett & Wilkinson, 2015).

Health Consequences of Poverty

The effects of poverty extend beyond material deprivation. People living in poverty are more likely to experience chronic stress, restricted access to healthcare, unsafe living and working conditions, environmental hazards, and increased exposure to infectious and

chronic diseases (Black et al., 2013; Marmot et al., 2008). Children living in poverty face heightened risks of malnutrition, impaired cognitive and physical development, and preventable illnesses, while maternal and infant mortality rates remain disproportionately high among impoverished populations (Black et al., 2013; Marmot et al., 2008).

Geographic Barriers and Rural Health Inequities

Poverty is especially prevalent in rural and geographically isolated regions, where residents often encounter transportation barriers, shortages of healthcare professionals, inadequate infrastructure, and limited educational and economic opportunities (Harttgen & Misselhorn, 2006; Wang et al., 2016). These challenges contribute to persistent disparities in healthcare access, disease burden, life expectancy, and overall well-being, further exacerbating global health inequities.

Intergenerational Poverty and Health Equity

The persistence of intergenerational poverty compounds these challenges (Braveman & Gottlieb, 2014; Marmot et al., 2008). Families experiencing poverty often face barriers to education, employment, and social mobility that perpetuate cycles of disadvantage across generations. These interconnected disadvantages reinforce health inequities by limiting access to the social determinants of health necessary for achieving optimal health outcomes. As illustrated in Figure 1, poverty and gender inequality function as cross-cutting determinants within the conceptual framework, contributing to disparities in access to resources, healthcare services, education, and economic opportunities. These inequities often interact and compound one another, creating cycles of disadvantage that adversely affect population health. Conversely, investments in human development, including education, workforce participation, and social protection programs, can improve health outcomes and reduce disparities (Braveman & Gottlieb, 2014; Marmot et al., 2008). The health consequences of poverty became particularly evident during the COVID-19 pandemic, which disproportionately affected socially and economically disadvantaged populations worldwide. The pandemic exposed and amplified existing inequities in access to healthcare, employment, housing, and social protection, further demonstrating the critical relationship between poverty and global health equity.

The Impact of COVID-19 on Global Health Equity

Socioeconomic Consequences of the COVID-19 Pandemic

Although global poverty had declined over several decades, the COVID-19 pandemic significantly disrupted this progress (Ahmed et al., 2020; Bambra et al., 2020). The pandemic produced widespread economic contraction, unemployment, educational disruptions, and increased healthcare expenditures across both developed and developing countries (Ahmed et al., 2020; Bambra et al., 2020). These consequences disproportionately affected vulnerable populations and contributed to the widening of existing health and socioeconomic inequities.

COVID-19, Vulnerable Populations, and Health System Challenges

Low- and middle-income countries were particularly vulnerable to the socioeconomic consequences of the pandemic (Cash & Patel, 2020; Lal et al., 2021). Reduced employment opportunities, declines in trade and tourism, disruptions to essential health services, and strained healthcare systems intensified preexisting inequalities. The pandemic exposed longstanding weaknesses in health systems worldwide and underscored the importance of universal health coverage, resilient healthcare infrastructure, and public health preparedness for promoting global health equity (Cash & Patel, 2020; Lal et al., 2021). The long-term consequences of COVID-19 are expected to disproportionately affect populations already experiencing social and economic vulnerability, including low-income households, racial and ethnic minorities, migrants, women, and rural communities (Bambra et al., 2020; Perry et al., 2021). Without targeted interventions, these populations may continue to experience poorer health outcomes, reduced access to healthcare, educational setbacks, and economic instability, further widening health inequities across countries and populations.

Lessons for Health Equity and Policy

The COVID-19 pandemic demonstrated how major global events can magnify existing social, economic, and health disparities. As illustrated in Figure 1, the conceptual framework acknowledges the role of global crises in amplifying inequities and exposing vulnerabilities within healthcare and social systems. The pandemic highlighted the interconnected nature of health, economic stability, education, and social protection, emphasizing the need for comprehensive and coordinated policy responses.

Consequently, advancing global health equity requires integrated policy approaches that address the structural determinants of health while promoting social justice, economic inclusion, and equitable access to healthcare services (Bambra et al., 2020; Cash & Patel, 2020; Lal et al., 2021). Strengthening health system resilience, expanding social protection programs, and reducing barriers to healthcare access are essential strategies for mitigating the long-term effects of future public health emergencies and reducing health inequities worldwide. The COVID-19 pandemic exposed substantial differences in countries' capacities to prevent, respond to, and recover from public health crises. These variations reflect broader disparities in economic resources, healthcare infrastructure, and social determinants of health, highlighting the persistent health inequities that exist between developed and developing countries.

Health Disparities Between Developed and Developing Countries

Differences in Disease Burden Across Countries

Substantial differences in disease burden exist between developed and developing countries, contributing to persistent global health inequities (Boutayeb, 2006; GBD 2021 Diseases and Injuries Collaborators, 2024). In many low-income countries, communicable diseases remain leading causes of morbidity and mortality (Boutayeb, 2006; GBD 2021 Diseases and Injuries Collaborators, 2024). Respiratory infections, diarrheal diseases, HIV/AIDS, malaria, tuberculosis, and other preventable infectious diseases continue to pose

significant public health challenges, particularly in regions with limited healthcare infrastructure and resources (Boutayeb, 2006; GBD 2021 Diseases and Injuries Collaborators, 2024). In contrast, noncommunicable diseases (NCDs), such as cardiovascular disease, stroke, cancer, chronic respiratory disease, and diabetes, account for the majority of deaths in high-income countries (Allen et al., 2017; Boutayeb, 2006).

The Dual Burden of Disease in Low- and Middle-Income Countries

Many low- and middle-income countries now face a dual burden of disease, whereby communicable diseases remain prevalent while rates of noncommunicable diseases continue to increase because of urbanization, changing lifestyles, population aging, and epidemiological transitions (Allen et al., 2017; Boutayeb, 2006). The growing burden of chronic disease in low- and middle-income countries presents major challenges for health equity (Allen et al., 2017; Nugent et al., 2018).

Many healthcare systems lack the financial resources, workforce capacity, and infrastructure necessary to provide long-term management of chronic illnesses (Allen et al., 2017; Nugent et al., 2018). Furthermore, the costs associated with diagnosis, treatment, and ongoing care often create substantial financial hardship for individuals and families, contributing to cycles of poverty and poor health outcomes.

Reducing Global Health Disparities

Addressing disparities between developed and developing countries requires investments in healthcare infrastructure, disease prevention, universal health coverage, and equitable access to essential health services (Marmot et al., 2008; Ottersen et al., 2014). Strengthening health systems and expanding access to preventive and curative healthcare can reduce both communicable and noncommunicable disease burdens while improving population health outcomes (Allen et al., 2017; Nugent et al., 2018; Ottersen et al., 2014). Reducing the unequal burden of disease across countries is critical for advancing global health equity and improving population health worldwide (Marmot et al., 2008; Ottersen et al., 2014). Efforts to address these disparities must focus on the underlying social, economic, and structural factors that influence health outcomes and healthcare access, particularly among vulnerable populations. While disparities between developed and developing countries reflect differences in economic development and health system capacity, significant health inequities also exist within countries. Gender inequality remains a powerful social determinant of health, influencing access to education, employment, healthcare services, and health outcomes across diverse populations worldwide.

Gender Inequality and Global Health

Gender Inequality as a Social Determinant of Health

Gender inequality is a fundamental driver of global health inequities because it influences access to social, economic, and political resources that are essential for health and well-being (Heise et al., 2019; Sen et al., 2019; Weber et al., 2019; Weber et al., 2021). Women and girls in many countries experience barriers to education, employment, healthcare, and decision-making power, limiting their opportunities to achieve optimal health outcomes

(Heise et al., 2019; Sen et al., 2019). Gender-based violence, child marriage, discriminatory social norms, and wage inequities further contribute to physical and mental health burdens across the life course (Heise et al., 2019; Weber et al., 2019; Weber et al., 2021). These disparities disproportionately affect women in low- and middle-income countries, where limited access to reproductive healthcare, education, and economic resources exacerbates existing inequities (Sen et al., 2019; Weber et al., 2021). As a result, gender inequality remains a significant obstacle to improving population health and achieving health equity worldwide (Heise et al., 2019; Sen et al., 2019; Weber et al., 2019; Weber et al., 2021).

Given the profound impact of gender inequality on health status, healthcare access, and quality of life, attention must now turn toward actionable approaches that foster equity and inclusion. Advancing gender equity represents a vital pathway to improving global health, enhancing population well-being, and promoting sustainable development.

Advancing Gender Equity to Improve Global Health

Addressing gender inequality requires comprehensive approaches that promote equal access to education, healthcare, employment opportunities, and political participation (Heise et al., 2019; Sen et al., 2019; Weber et al., 2019; Weber et al., 2021). Policies that support women's rights, reduce gender-based violence, and eliminate discriminatory practices can improve health outcomes while addressing broader social and economic inequities (Heise et al., 2019; Weber et al., 2019; Weber et al., 2021).

Advancing gender equality through policy reform, educational opportunities, economic empowerment, and protection of women's rights is therefore essential for achieving global health equity and the Sustainable Development Goals (Heise et al., 2019; Sen et al., 2019; Weber et al., 2019; Weber et al., 2021). Efforts to promote gender equity not only benefit women and girls but also contribute to healthier families, stronger communities, and more equitable societies (Heise et al., 2019; Sen et al., 2019; Weber et al., 2019; Weber et al., 2021).

The evidence presented throughout this review demonstrates that health inequities are shaped by a complex interplay of social, economic, political, and structural factors. Addressing these determinants requires comprehensive policy and practice interventions that promote social justice, equitable resource distribution, and universal access to opportunities that support health and well-being.

RESULTS OF FINDINGS, DISCUSSION, AND IMPLICATION FOR PRACTICE

Results of Findings

The findings indicate that global health inequities are driven by complex and interconnected social, economic, environmental, and political factors that extend beyond healthcare delivery alone (Marmot et al., 2008; Blas et al., 2008). Evidence from the literature demonstrates that reducing health disparities requires comprehensive, multisectoral strategies that address the underlying social determinants of health, including poverty, education, housing, gender inequality, and access to essential healthcare services. Research consistently shows that countries with stronger healthcare systems, broader access to universal health coverage, and greater investments in social development experience better

population health outcomes and lower levels of inequity (GBD 2019 Universal Health Coverage Collaborators, 2020 Marmot et al., 2008).

The review further highlights the importance of strengthening healthcare infrastructure, particularly in low- and middle-income countries, where limited resources and unequal access to care contribute substantially to preventable illness and mortality (GBD 2019 Universal Health Coverage Collaborators, 2020; World Health Organization [WHO], 2023). Investments in education, especially for girls and women, emerge as a critical strategy for improving health outcomes, reducing poverty, and promoting long-term social and economic development (IHME-CHAIN Collaborators, 2024; Cutler & Lleras-Muney, 2006). Similarly, access to safe water, sanitation, adequate housing, and effective public health systems is identified as essential for improving population health and reducing disparities (Marmot et al., 2008; Wilbur et al., 2024; Bick et al., 2025).

Overall, the conceptual framework illustrates that global health equity is shaped by the dynamic interaction of social determinants of health, economic and human development, poverty, gender inequality, and healthcare access. The findings support that meaningful improvements in global health equity require coordinated actions among governments, healthcare organizations, international agencies, and communities to address structural inequities and promote equitable opportunities for health and well-being worldwide.

Additionally, the findings demonstrate that poverty and gender inequality remain significant barriers to health equity worldwide (Marmot et al., 2008; George et al., 2020). Sustainable economic development initiatives, equitable social policies, and interventions targeting structural inequalities are necessary to address the root causes of poor health outcomes (Blas et al., 2008; Marmot et al., 2008). The literature also emphasizes the importance of international collaboration and global partnerships in advancing health equity, particularly as countries face shared challenges such as infectious diseases, economic instability, climate-related health threats, and future public health emergencies (Coalition of Partnerships for Universal Health Coverage and Global Health, 2023; World Health Organization [WHO], 2023).

Discussion

The findings of this integrative review demonstrate that global health inequities are driven by complex and interconnected social, economic, political, and environmental factors (Blas et al., 2008; Marmot et al., 2008. Social determinants of health, including poverty, education, employment, housing, and access to healthcare, continue to shape health outcomes across populations and contribute to persistent disparities within and between countries (Marmot et al., 2008; WHO, 2023). The literature further highlights the influence of globalization, which has created opportunities for economic growth and advances in healthcare while simultaneously exacerbating inequities through unequal distribution of resources and access to care (Lee et al., 2020; WHO, 2023). Gender inequality emerged as a significant contributor to poor health outcomes, particularly among women and girls who experience barriers to education, economic participation, and healthcare services (George et al., 2020; IHME-CHAIN Collaborators, 2024). The COVID-19 pandemic further exposed and intensified existing vulnerabilities, disproportionately affecting disadvantaged populations and widening health disparities worldwide (WHO, 2023). Collectively, these findings suggest

that achieving global health equity requires a multisectoral approach that addresses the underlying social determinants of health, promotes gender equity, reduces poverty, and supports policies aimed at equitable access to healthcare and economic opportunities (Blas et al., 2008; Marmot et al., 2008). Without coordinated action at local, national, and global levels, substantial disparities in health outcomes are likely to persist (Coalition of Partnerships for Universal Health Coverage and Global Health, 2023; WHO, 2023).

Implications for Policy and Practice

Evidence from the global health equity literature suggests several key policy priorities for advancing health equity and reducing disparities worldwide (Blas et al., 2008; Marmot et al., 2008). Addressing global health inequities requires coordinated, multisectoral action involving governments, international organizations, healthcare systems, public health agencies, and local communities. The findings of this integrative review demonstrate that health outcomes are shaped by social, economic, environmental, and political determinants that extend beyond healthcare delivery alone. Consequently, efforts to improve global health equity must incorporate evidence-based policies and practices that address the root causes of health disparities while promoting equitable access to healthcare, education, economic opportunities, and social resources (Blas et al., 2008; Marmot et al., 2008). Evidence from the global health equity literature suggests several key policy priorities:

1. Strengthen healthcare systems in low- and middle-income countries (GBD 2019 Universal Health Coverage Collaborators, 2020; World Health Organization [WHO], 2023). Strong and equitable health systems are fundamental to reducing disparities in health outcomes and ensuring access to essential services (GBD 2019 Universal Health Coverage Collaborators, 2020; World Health Organization [WHO], 2023).
2. Expand access to universal health coverage (UHC). Universal health coverage improves equitable access to quality health services while reducing financial hardship (GBD 2019 Universal Health Coverage Collaborators, 2020; Coalition of Partnerships for Universal Health Coverage and Global Health, 2023).
3. Invest in education, particularly for girls and women. Educational attainment is strongly associated with lower mortality, improved health outcomes, and reduced socioeconomic inequities (IHME-CHAIN Collaborators, 2024; The Lancet Public Health, 2020).
4. Improve access to clean water, sanitation, and adequate housing. Safe water, sanitation, and healthy living conditions are critical social determinants of health and are essential for reducing health inequities (Bick et al, 2024; Marmot et al., 2008; Wilbur et al., 2024).
5. Strengthen public health infrastructure and disease prevention programs. Effective prevention, surveillance, and public health systems improve population health and reduce avoidable disease burdens (GBD 2019 Universal Health Coverage Collaborators, 2020; WHO, 2023).
6. Reduce poverty through sustainable economic development initiatives. Poverty reduction and equitable economic policies address the root causes of unequal health outcomes (Marmot et al., 2008; Blas et al., 2008).

7. Address gender inequality and other social determinants of health. Gender inequities and structural social factors significantly influence health opportunities and outcomes across populations (George et al., 2020; Levy et al., 2020).
8. Promote international partnerships focused on health equity and development. Collaborative global action is necessary to reduce disparities between and within countries and advance health equity worldwide (Coalition of Partnerships for Universal Health Coverage and Global Health, 2023 ;Marmot et al., 2008).

Collectively, these policy and practice priorities emphasize that global health equity cannot be achieved through healthcare interventions alone. Rather, addressing health disparities requires coordinated efforts that target the broader social, economic, and political determinants of health. As illustrated in Figure 1, these factors are interconnected and collectively influence health outcomes, highlighting the need for collaborative action among governments, healthcare organizations, international agencies, and communities to promote equitable health opportunities worldwide.

Conclusion

Global health equity remains one of the most pressing challenges in an increasingly interconnected world. Although globalization has contributed to economic growth, technological innovation, and advances in healthcare, substantial disparities in health outcomes persist both within and between developed and developing countries. This integrative review demonstrated that poverty, inadequate healthcare infrastructure, educational inequalities, gender disparities, and uneven economic development continue to shape global patterns of health and well-being. The findings further underscore that health inequities are rooted in complex social, economic, and political determinants that extend beyond healthcare delivery alone. Achieving meaningful and sustainable improvements in global health requires comprehensive, multisectoral approaches that address the underlying causes of inequity. Efforts to reduce poverty, expand educational opportunities, strengthen healthcare systems, promote gender equity, and foster international collaboration are essential for improving population health outcomes and reducing disparities. Ultimately, advancing global health equity will require sustained commitment from governments, healthcare organizations, international agencies, and communities to implement policies and interventions that promote equitable opportunities for health and well-being. Through coordinated global action, progress can be made toward a future in which all individuals have the opportunity to attain the highest possible standard of health.

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