Addressing health equity and its major challenges

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Three major challenges confront public health: inequality, the climate crisis, and political instability. Four domains of recommendations, formulated to respond to the inequality–pandemic cycle, form the basis of what is needed to improve health and health equity. First, address the gross inequalities in the global, and national, economic architecture. Second, take action on the social determinants of health—the eight Marmot Principles provide an evidence-based guide to action. Third, ensure an equitable distribution of health-enhancing technology. Finally, enable community development. Marmot Places, which have been developed in England, Scotland, Wales, and the Republic of Ireland, are a way to combine domains two and four: taking action on social determinants of health at the local level. However, national action is required too, particularly on unfair economic arrangements.

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Three major challenges to health and health equity

Inequality makes pandemics worse. Pandemics make inequality worse. That there is an inequality–pandemic cycle was the conclusion of the High-Level Council on Inequality, AIDS and Pandemics, set up by UNAIDS.[1] The four domains of recommendations that we made are relevant not just to pandemics but to public health more generally.

Inequality is the first of the major challenges to public health both within and between countries. The second is the climate crisis. Both of these challenges, inequality and the climate crisis, are important to public health because of their profound impact on the nature of society and, as a result, on the social determinants of health.

A third challenge is political instability. In the UK, there have been seven prime ministers in ten years; in the USA, a President who makes a virtue of instability.[2] In 2021, a Commission on Social Determinants of Health by the WHO Regional Office for the Eastern Mediterranean had to grapple with the fact that half of the 22 countries and territories had recent or current involvement in violent conflict.[3] Such instability is a threat to the long-term planning necessary to improve social conditions for equity of health and wellbeing.

Addressing global financial architecture

The four domains of recommendations made by the High-Level Council on Inequality, AIDS and Pandemics deal to greater or lesser extent with these three challenges. The first domain is to address the global financial architecture, which should be broadened to address economic inequalities within countries.

In the first year and a half of the Covid pandemic, the world's billionaires—most of which, but not all, are American—increased their combined wealth by US$5 trillion, taking their cumulative wealth from $8·6 trillion to $13·8 trillion.[4] At the same time, about 2·5 billion people in the world had a level of food insecurity such that they could not afford a healthy diet.[5] There is a great deal of money in the world: it is just maldistributed.

More generally, there are great inequalities of income across the world, even more so of wealth. Globally, the top 10% have 53% of the total income and 75% of the total wealth.[6] By contrast, the bottom 50% have 8% of global income and 2% of global wealth. These economic inequalities go along with inequalities in education, social protection, health-care spending, and general social infrastructure—each of which is related to inequalities in health.

These economic inequalities also relate to the climate crisis. The poorest half of the global population account for 3% of total greenhouse gas emissions associated with private capital ownership: the wealthiest 1% account for 41%.[6]

When we survey these economic inequalities globally and the great economic inequalities that disfigure many countries, the word that comes to mind is neoliberalism. What has been termed the neoliberal order is based on the primacy of markets and a downplaying of public sector action to promote public goods.[7] In the USA and UK, the neoliberal order was launched with the leadership of Ronald Reagan and Margaret Thatcher. Austerity fitted into this way of thinking: governments cutting back on public expenditure despite the damage the cuts did to conditions for good health.[8]

The apostles for neoliberalism recognise its limitations. Reviewing Adam Tooze's book, *Shutdown: how Covid shook the world's economy*,[9] for *The Lancet*, I wrote that "on March 9, 2020 neoliberalism hit the buffers. Put simply, the idea that small states and unbridled markets delivered the best societies was tested to destruction."[10] Tooze documents the massive government interventions made in high-income countries (HICs) to address the financial rollercoaster unleashed by the pandemic. In non-pandemic times, a better description might be crony capitalism. Either way, what is needed is a different economic order, such as that laid out by Stiglitz.[11] He proposes six ways forward: creating a learning society; a rich ecology of institutions, public and private; rebalancing power relations; dealing with inequalities and social injustice; recognising the important role of the state; and economics as if people mattered.

Such changes would not just be nice to have, they are essential for public health. Ranking healthy life expectancy among 21 HICs, the countries that most embraced the neoliberal order, the USA and the UK, rank last and second last.[12]

Action on social determinants of health

The second domain of recommendations was to implement policies on the social determinants of health, and followed the Marmot principles as laid out in the 2010 Marmot Review, Fair Society Healthy Lives.[13] These recommendations embraced early life, education, work, cost of living, housing and environment, and health behaviours. Later, we added tackling racism and discrimination, and pursuing sustainability and health equity together. A more independent endorsement comes from the UK Royal Society of Public Health, which ranked the top ten public health achievements of the 21st century so far. First was pre-exposure prophylaxis for HIV, second was new vaccines, and third was the Marmot Review into Health Inequalities.[14]

Turning to the UK, there are marked regional inequalities in health and an intersection between markers of deprivation, geography, and health. Wales, Northern Ireland, and Scotland have shorter life expectancies than England. In every region of England, we see a social gradient: the greater the deprivation of a locality, the shorter the life expectancy and healthy life expectancy. The gradient is steeper in northeast England and northwest England than it is in London. This steeper gradient implies that, for a given level of deprivation on a national index, the consequences for health are greater in the north of England than they are in the south. To deal with this problem, action at both national and local levels is needed.

Community engagement and local action

Coventry, UK, was the first to declare itself a Marmot city. Given that the national Government in the UK embarked on a programme of austerity after 2010, Coventry took the decision to implement Marmot Principles at the city level. Coventry embodied both the second and fourth domains of the High-Level Council on Inequality, AIDS and Pandemics' recommendations. The fourth was community empowerment and action. Engagement of the community, city government, public services, and the voluntary and community sector are all key, as is local business. Although we have emphasised that the key determinants of health inequalities lie outside the health sector, engagement of health services is important. Health services must, of course, ensure equity of access to care. More than that, health services can, working in partnership, address social determinants of health.

There are now nearly 70 places in England, Wales, and Scotland that have declared themselves Marmot Places. Although such local action is important, this action must take place in the context of national social and economic arrangements—following those guidelines set out under domain one—that are conducive to equity of health and wellbeing. For example, local places can address the harmful effects of child poverty on children's growth, development, and health. However, there also needs to be a national strategy to reduce child poverty. The same strategic approach applies to all of the eight Marmot Principles. To that end, the Institute of Health Equity at UCL, London, UK, has teamed up with Public Health Scotland to form the Collaboration for Health Equity in Scotland.[15] We have been working with three Scottish Marmot Places and are developing a strategic approach for national government.

Of the Council's four domains of recommendations, the third was sharing of technology globally. This recommendation had particular relevance to the COVID-19 pandemic. Vaccines were developed and produced en masse in HICs, but there was a reluctance to share with low-income and middle-income countries. More generally, we need to ensure that the benefits of new technology are shared equitably within and between countries.

Social justice and health equity

Underpinning these four domains of recommendations, there has to be a recognition that social justice is fundamental for health of the population and health equity. A fair distribution of the conditions for good health, a recognition of the importance of the public good, is a marker of the good society. Fair distribution is also fundamental to health equity. Our experience of social determinants over the last two decades[16] suggests practical ways to put this insight into practice.

Declaration of interests

MM co-chaired the High-Level Council on Inequality, AIDS and Pandemics.

References

1 Kavanagh MM, Stiglitz JE, Geingos M, Byanyima W, Marmot MG, and the Global Council on Inequality, AIDS, and Pandemics. The inequality-pandemic cycle - rethinking preparedness. *N Engl J Med* 2026; **395:** 521–24.

2 Edsall TB. Easily the worst president in US history. New York Times, 2026. https://www.nytimes.com/2026/04/21/opinion/trump-legacy-history-presidents.html (acccessed Sept 11, 2026).

3 Commission on the Social Determinants of Health in the Eastern Mediterranean Region. Build back fairer: achieving health equity in the Eastern Mediterranean region. WHO Regional Office for the Eastern Mediterranean, 2021. https://www.emro.who.int/media/news/report-of-the-commission-on-social-determinants-of-health-in-the-eastern-mediterranean-region.html (accessed Sept 11, 2026).

4 Ahmed N, Marriott A, Dabi N, Lowthers M, Lawson M, Mugehera L. Inequality kills. The unparalleled action needed to combat unprecedented inequality in the wake of COVID-19. Oxfam, 2022. https://www.oxfam.org/en/research/inequality-kills (accessed Sept 11, 2026).

5 Oxfam. The hunger virus multiplies: deadly recipe of conflict, Covid-19 and climate accelerate world hunger. 2021. https://www.oxfam.org/en/research/hunger-virus-multiplies-deadly-recipe-conflict-covid-19-and-climate-accelerate-world (accessed Sept 11, 2026).

6 Chancel L, Gómez-Carrera R, Moshrif R, et al. World inequality report 2026. World Inequality Lab, 2026. https://wir2026.wid.world/www-site/uploads/2026/04/World_Inequality_Report_2026.pdf (accessed Sept 11, 2026).

7 Gerstle G. The rise and fall of the neoliberal order: America and the world in the free market era. Oxford University Press, 2022.

8 Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. Health equity in England: the Marmot Review 10 years on. Institute of Health Equity, 2020. https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/the-marmot-review-10-years-on-full-report.pdf (accessed Sept 11, 2026).
9 Tooze A. Shutdown: how covid shook the world's economy. Allen Lane, 2021.
10 Marmot M. Shutdown and after. *Lancet* 2022; **399:** 351–52.
11 Stiglitz J. The road to freedom: economics and the good society. Allen Lane, 2024.
12 Mooney A, Alarilla A, Cavallaro F. Healthy life expectancy trends in the UK: a watershed moment. The Health Foundation, 2026. https://www.health.org.uk/reports-and-analysis/analysis/healthy-life-expectancy-trends-in-the-uk-a-watershed-moment (accessed Sept 11, 2026).
13 Marmot M, Goldblatt P, Allen J, et al. Fair society, healthy lives: the Marmot review; strategic review of health inequalities in England post-2010. The Institue of Health Equity, 2010. https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf (accessed Sept 11, 2026).
14 Royal Society for Public Health. The top 10 public health achievements of the 21st century. 2025. https://www.rsph.org.uk/insights/the-top-10-public-health-achievements-of-the-21st-century/ (accessed Sept 11, 2026).
15 Institute of Health Equity. An overview of the social determinants of health in Scotland: the Collaboration for Health Equity in Scotland. 2026. https://www.instituteofhealthequity.org/resources-reports/scotland---collaboration-for-health-equity-ches/the-social-determinants-of-health-in-scotland-second-report (accessed Sept 11, 2026).
16 Marmot M, Friel S, Bell R, Houweling TAJ, Taylor S, and the Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. *Lancet* 2008; **372:** 1661–69.

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