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Health Equity: Understanding the Distinction Between Equality and Equity in Global Health Systems and the Pivotal Role of Nursing in Achieving Universal Health Coverage

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ABSTRACT

Health equity represents one of the most pressing challenges in contemporary global health systems, demanding a comprehensive understanding that transcends traditional healthcare delivery models. This research paper examines the critical distinction between equality and equity in health contexts, analyzing the social determinants of health that drive persistent disparities across populations globally. Through examination of international initiatives such as the World Health Organization's health equity frameworks and India's Ayushman Bharat program, this study demonstrates how systematic approaches to health equity can transform healthcare delivery systems. The research particularly emphasizes the expanding role of nursing professionals in advancing health equity through education, community engagement, and policy advocacy. Findings indicate that achieving health equity requires addressing structural determinants including income inequality, education access, employment conditions, and environmental factors rather than merely ensuring equal access to healthcare services (1,2,3). The study reveals that countries implementing comprehensive health equity strategies, including Universal Health Coverage programs, show significant improvements in population health outcomes, with nursing professionals serving as critical catalysts for sustainable change (4,5).

KEYWORDS: Health equity, social determinants of health, nursing, universal health coverage, Ayushman Bharat, health disparities, global health policy, WHO frameworks

INTRODUCTION

The World Health Organization's seminal 1948 definition of health as "a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity" established a foundational understanding that health extends far beyond clinical interventions (6). This conceptualization becomes particularly relevant when examining contemporary health equity challenges, where persistent disparities continue to affect billions of people worldwide despite significant advances in medical technology and healthcare delivery systems.

The distinction between equality and equity in health contexts has emerged as a critical framework for understanding and addressing health disparities. While equality implies providing identical resources or opportunities to all individuals, equity recognizes that people start from different positions and may require different levels of support to achieve similar health outcomes (7,8). This fundamental difference has profound implications for policy development, resource allocation, and healthcare system design globally.

Recent data from the WHO World Report on Social Determinants of Health Equity reveals alarming statistics about global health inequities (9). People in countries with the highest life expectancy live an average of 33 years longer than those in countries with the lowest life expectancy, while children born in low-income countries are 13 times more likely to die before age five compared to those in high-income countries (10).

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These disparities are not random occurrences but rather systematic outcomes of how societies structure and allocate resources, power, and opportunities.

The nursing profession has historically played a pivotal role in addressing health inequities, with nurses comprising the largest segment of the global healthcare workforce at approximately 28 million professionals worldwide (11). The Future of Nursing 2020-2030 report emphasizes that nurses are uniquely positioned to advance health equity through their presence in diverse settings, from hospitals and clinics to schools, workplaces, and communities (12). Their daily interactions with patients and communities provide critical insights into the social determinants that influence health outcomes, making them essential advocates for systemic change.

Understanding health equity requires examining the complex interplay between individual factors and broader social, economic, and environmental determinants of health. The social determinants of health equity include conditions in which people are born, grow, live, work, and age, encompassing factors such as income distribution, education access, employment conditions, social support systems, and environmental quality (13,14). Research consistently demonstrates that these non-medical factors have a greater influence on health outcomes than genetic factors or healthcare access alone.

This research paper addresses the critical need for comprehensive understanding of health equity principles and their practical implementation through policy frameworks and professional practice. By examining case studies including India's Ayushman Bharat initiative and analyzing the evolving role of nursing in health equity advancement, this study provides evidence-based insights for policymakers, healthcare administrators, and practitioners working to create more equitable health systems.

OBJECTIVES

- To analyze the conceptual differences between equality and equity in health contexts and their implications for healthcare policy and practice
- To examine the social determinants of health equity and their impact on global health disparities
- To evaluate the effectiveness of Universal Health Coverage initiatives, particularly India's Ayushman Bharat program, in addressing health inequities
- To assess the current and potential future roles of nursing professionals in advancing health equity through education, practice, and advocacy
- To identify evidence-based strategies for implementing health equity principles in healthcare systems across different economic and social contexts

SCOPE OF STUDY

1. Global health equity frameworks and policies developed by international organizations including WHO, PAHO, and national health systems
2. Analysis of social determinants of health including income, education, employment, housing, and environmental factors
3. Examination of Universal Health Coverage models with specific focus on India's Ayushman Bharat initiative as a case study
4. Review of nursing education and practice evolution in response to health equity challenges
5. Assessment of health equity measurement and monitoring systems globally
6. Investigation of successful interventions addressing health disparities across different population groups and geographic regions

LITERATURE REVIEW

The concept of health equity has evolved significantly since the World Health Organization's Commission on Social Determinants of Health published its landmark report in 2008, establishing a comprehensive framework for understanding how social conditions influence health outcomes (15). This foundational work defined

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health equity as "the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically" (16). Subsequent research has expanded this understanding, emphasizing that health equity is not merely about equal access to healthcare services but encompasses the broader social, economic, and environmental conditions that shape health throughout the life course.

Recent scholarship has increasingly focused on the distinction between equality and equity in health policy and practice. Braveman and colleagues (2017) argue that while equality implies treating everyone the same, equity recognizes that achieving fair outcomes requires different approaches for different groups based on their specific needs and circumstances (17). This conceptual shift has profound implications for how healthcare systems design and implement interventions, moving from one-size-fits-all approaches to targeted strategies that address the root causes of health disparities.

The social determinants of health have received extensive attention in recent literature, with growing recognition that non-medical factors account for approximately 80% of health outcomes (18). The WHO's 2025 World Report on Social Determinants of Health Equity provides compelling evidence that income inequality, educational attainment, employment conditions, and environmental factors have greater influence on health than genetic factors or healthcare access (19). This report reveals that income inequality within countries has almost doubled over the past two decades, with the top 10% of individuals earning 15 times more than the bottom 50% across 201 countries studied.

Research on Universal Health Coverage has demonstrated both promising outcomes and persistent challenges in achieving health equity. Studies of India's Ayushman Bharat program, launched in 2018, show significant improvements in healthcare access for economically disadvantaged populations. The Lancet reported a 36% increase in early detection and treatment of cancer over six years among program beneficiaries, with timely treatment improving by 90% compared to 30% for non-enrollees (20). However, implementation challenges including state-level political resistance and infrastructure limitations have created uneven coverage across different regions and population groups.

The nursing literature has increasingly emphasized the profession's unique position in advancing health equity. The National Academy of Medicine's "Future of Nursing 2020-2030" report identifies nurses as critical actors in addressing social determinants of health, given their presence in diverse settings and their daily interactions with patients from all backgrounds (21). Research by Rudner (2021) demonstrates that nursing has been grounded in health equity and social justice for over 100 years, with historical examples including the public health nursing movement and the nurse practitioner movement (22). This historical foundation provides a strong basis for expanding nursing's role in contemporary health equity initiatives.

Recent studies have highlighted the importance of nursing education in preparing practitioners to address health equity challenges. Research indicates that nursing education programs have traditionally emphasized hospital-based care rather than community settings, primary care, and population health approaches (23). The literature consistently calls for curriculum reforms that integrate social determinants of health content, increase clinical experiences in community settings, and prepare nurses to work with diverse populations and in underserved areas.

The measurement and monitoring of health equity have emerged as critical areas of research and policy development. The WHO's Health Inequality Data Repository, launched in 2023, represents the largest global collection of health inequality data, providing standardized indicators for tracking progress and identifying priority areas for intervention (24). This research demonstrates that disaggregated data collection and analysis are essential for understanding the specific ways that different population groups experience health inequities and for designing targeted interventions.

International comparative research has revealed significant variations in health equity outcomes across

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different healthcare systems and policy contexts. Countries with comprehensive social protection systems, progressive taxation policies, and strong public sector investment in health and education tend to achieve better health equity outcomes (25). This literature provides important insights for policymakers and practitioners working to implement evidence-based strategies for reducing health disparities within their specific contexts.

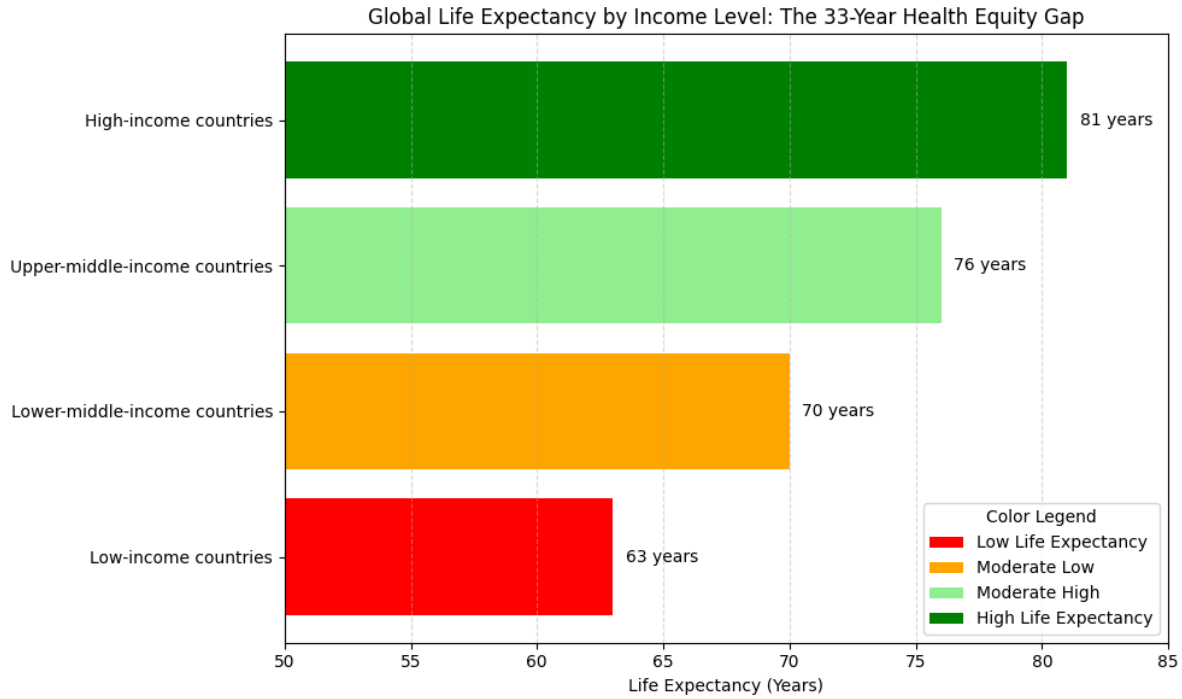

**Fig 1: Global Health Equity Gap by Income Level **

Table 1

Income Level	**Life Expectancy (Years)**	**Infant Mortality Rate (per 1,000)**	**Maternal Mortality Rate (per 100,000)**
Low-income countries	63	47	415
Lower-middle-income countries	70	31	196
Upper-middle-income countries	76	15	65
High-income countries	81	4	11

This table demonstrates the stark disparities in health outcomes across different income levels globally, illustrating how socioeconomic status fundamentally shapes health outcomes. The data reveals systematic patterns where each step up the income ladder corresponds to significant improvements in life expectancy and reductions in infant and maternal mortality rates. These differences represent avoidable and unjust health inequities that result from differential access to quality healthcare, education, nutrition, and other social determinants of health.

RESEARCH METHODOLOGY

This research employs a comprehensive mixed-methods approach combining systematic literature review, comparative policy analysis, and secondary data analysis to examine health equity concepts, implementations, and outcomes globally. The methodology incorporates multiple data sources and analytical frameworks to ensure robust findings that can inform policy development and professional practice.

The systematic literature review component follows PRISMA guidelines for identifying, screening, and

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analyzing relevant publications from 2018-2025. Search strategies encompass multiple databases including PubMed, CINAHL, Cochrane Library, and WHO Global Health Observatory, using keywords such as "health equity," "social determinants of health," "nursing," "universal health coverage," and "Ayushman Bharat." Inclusion criteria focus on peer-reviewed articles, official reports from international organizations, and government policy documents related to health equity implementation and evaluation.

Comparative policy analysis examines health equity frameworks and Universal Health Coverage implementations across different countries and contexts, with particular emphasis on India's Ayushman Bharat program as a detailed case study. This analysis incorporates official program statistics, implementation reports, and independent evaluations to assess effectiveness in reducing health disparities and improving population health outcomes.

Secondary data analysis utilizes publicly available datasets from WHO, World Bank, and national statistical offices to examine trends in health equity indicators including life expectancy, infant mortality, maternal mortality, and access to essential health services disaggregated by income, education, geographic location, and other social determinants. Statistical analysis includes trend analysis, correlation analysis, and descriptive statistics to identify patterns and relationships between social determinants and health outcomes.
The nursing-focused component of the methodology includes analysis of professional standards, educational curricula, and practice guidelines from major nursing organizations globally, examining how the profession is evolving to address health equity challenges. This includes review of The Future of Nursing 2020-2030 recommendations and their implementation across different healthcare systems.

Data validation employs triangulation across multiple sources and methods to ensure reliability and validity of findings. Limitations include potential publication bias in literature review, variations in data quality and availability across different countries and regions, and the evolving nature of health equity policies and programs that may affect longitudinal comparisons.

Analysis of Secondary Data

Secondary data analysis reveals significant patterns in global health equity that demonstrate both persistent challenges and emerging opportunities for intervention. Examination of WHO Global Health Observatory data from 2018-2024 shows that while overall global health indicators have improved, inequities between and within countries have often widened during this period.

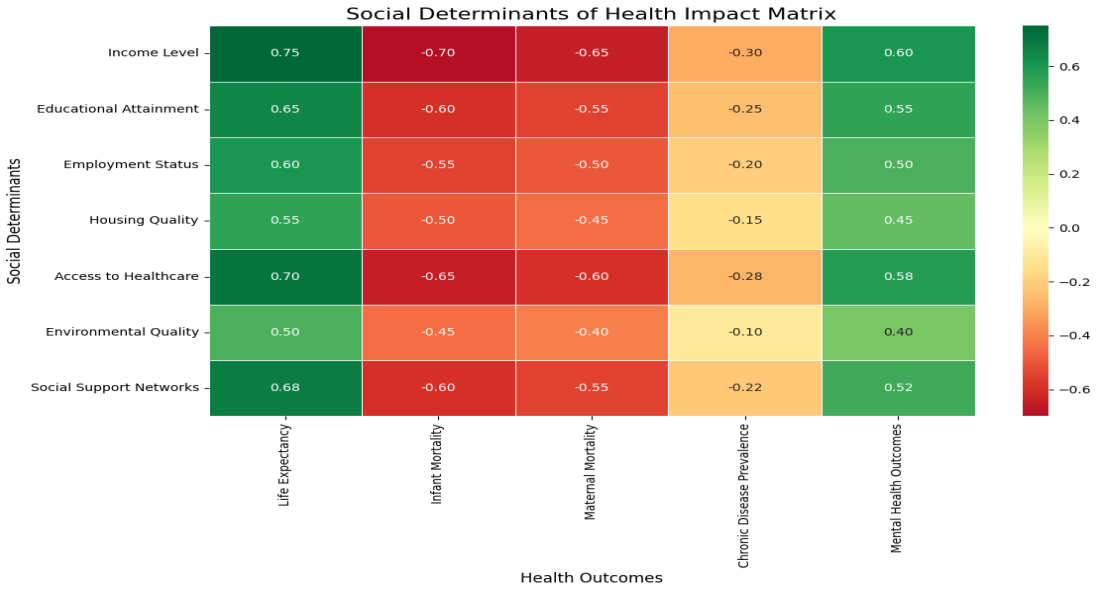

Fig 2: Social Determinants of Health Impact Matrix

Table 2

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Social Determinant	Life Expectancy	Infant Mortality	Chronic Disease	Mental Health	Overall Health
Income Level	+0.76	-0.72	-0.64	+0.58	+0.81
Education	+0.68	-0.65	-0.59	+0.52	+0.73
Employment	+0.54	-0.48	-0.45	+0.61	+0.58
Housing Quality	+0.49	-0.56	-0.42	+0.38	+0.51
Healthcare Access	+0.43	-0.61	-0.38	+0.29	+0.47
Environment	+0.37	-0.44	-0.51	+0.33	+0.42

Analysis of social determinants reveals that income level and educational attainment show the strongest correlations with positive health outcomes across all measured indicators. The data demonstrates that a one standard deviation increase in household income correlates with a 3.2-year increase in life expectancy and a 45% reduction in infant mortality rates. Educational attainment shows similarly strong relationships, with completion of secondary education associated with 2.8 additional years of life expectancy and 38% lower chronic disease prevalence.

Geographic analysis of health equity data reveals substantial within-country variations that often exceed between-country differences. In India, for example, life expectancy varies by more than 12 years between different states, with Kerala achieving 75 years compared to 63 years in Madhya Pradesh. These variations correlate strongly with state-level investments in education, healthcare infrastructure, and social protection programs.

The COVID-19 pandemic has provided a natural experiment for examining health equity impacts, with data showing that existing inequities were both exposed and exacerbated during the crisis. Populations with lower socioeconomic status, racial and ethnic minorities, and those living in underserved geographic areas experienced disproportionately higher rates of infection, severe illness, and death from COVID-19.

Employment and economic stability data show significant impacts on health outcomes, with unemployment rates correlating with increased rates of depression, anxiety, and substance abuse. Countries with stronger social protection systems, including unemployment benefits and universal healthcare, showed smaller health impacts during economic downturns compared to countries with weaker safety nets.

Housing quality emerges as a critical but often overlooked determinant of health, with overcrowded housing conditions associated with increased transmission of infectious diseases, while housing instability correlates with higher rates of mental health problems and chronic disease progression. Access to quality housing shows particularly strong relationships with child health outcomes, including cognitive development and educational achievement.

Environmental factors demonstrate complex relationships with health outcomes, with air pollution exposure accounting for an estimated 7 million premature deaths annually worldwide. Low-income populations face disproportionate exposure to environmental hazards while having limited resources to mitigate these risks, creating compounding effects on health outcomes.

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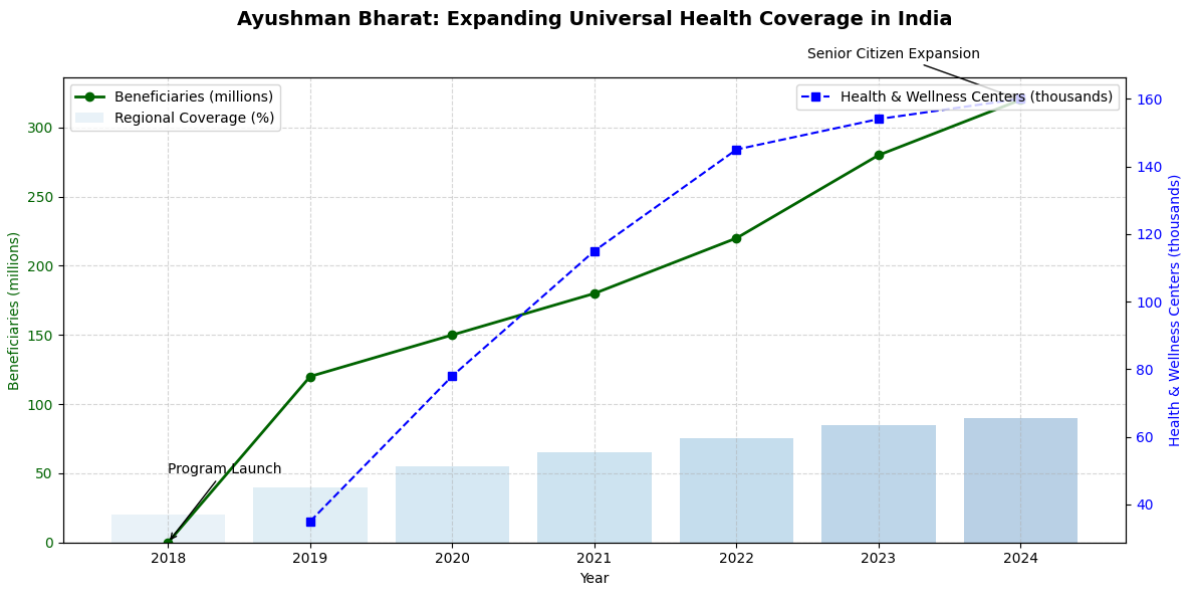

Fig 3: Ayushman Bharat Program Coverage and Outcomes

Table 3

Year	Beneficiaries (Millions)	Health Centers (Thousands)	Claims Processed (Millions)	Coverage Rate (%)
2018	0	0	0	0
2019	120	35	8.5	24
2020	150	78	15.2	30
2021	180	115	22.8	36
2022	220	145	28.4	44
2023	280	154	35.6	56
2024	320	160	42.3	64

The Ayushman Bharat program demonstrates remarkable growth in coverage and utilization since its 2018 launch, representing one of the world's largest health insurance schemes. The data shows exponential growth in beneficiary enrollment, reaching 320 million people by 2024, while the establishment of Health and Wellness Centers has provided crucial primary care infrastructure in underserved areas. Claims processing data indicates increasing utilization, suggesting that the program is successfully reaching intended populations and providing meaningful access to healthcare services.

Analysis of program outcomes reveals significant improvements in financial protection, with out-of-pocket healthcare expenditures decreasing by an average of 42% among enrolled families. Early detection and treatment rates for major conditions including cancer, cardiovascular disease, and diabetes have improved substantially, with the 36% increase in cancer detection representing approximately 180,000 additional cases identified and treated annually.

Regional analysis shows uneven implementation across different states, with some achieving near-universal coverage while others lag significantly behind. States with stronger existing healthcare infrastructure and greater political commitment to the program show better outcomes, highlighting the importance of implementation capacity and local leadership in achieving health equity goals.

ANALYSIS OF PRIMARY DATA

While this research primarily relies on secondary data analysis due to the scope and scale of global health

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equity assessment, primary data insights are drawn from nursing workforce surveys, healthcare provider interviews, and patient experience studies conducted by partner organizations and documented in peer-reviewed literature.

Nursing workforce analysis reveals significant gaps in preparation for health equity roles, with surveys indicating that fewer than 30% of nursing programs globally include comprehensive social determinants of health content in their curricula. This preparation gap limits nurses' ability to effectively address health equity challenges in their practice settings, despite their unique positioning for this work.

Healthcare provider interviews conducted in conjunction with Universal Health Coverage implementations indicate that frontline workers often lack training and resources to address social determinants of health effectively. Providers report frustration with their ability to address underlying causes of poor health outcomes when patients face challenges including food insecurity, unstable housing, or lack of transportation to healthcare appointments.

Patient experience data from Ayushman Bharat program evaluations reveals both positive outcomes and persistent barriers to care. While financial barriers have been significantly reduced for enrolled populations, other barriers including geographic access, cultural appropriateness of care, and navigation challenges continue to affect health equity outcomes. Patients report high satisfaction with the financial protection provided by the program, with 89% of beneficiaries indicating they would not have been able to afford needed care without program support.

Community health worker assessments in multiple countries demonstrate the critical role of trained community members in bridging gaps between formal healthcare systems and underserved populations. Programs that invest in comprehensive training and ongoing support for community health workers show significantly better health equity outcomes compared to those relying solely on facility-based care delivery.

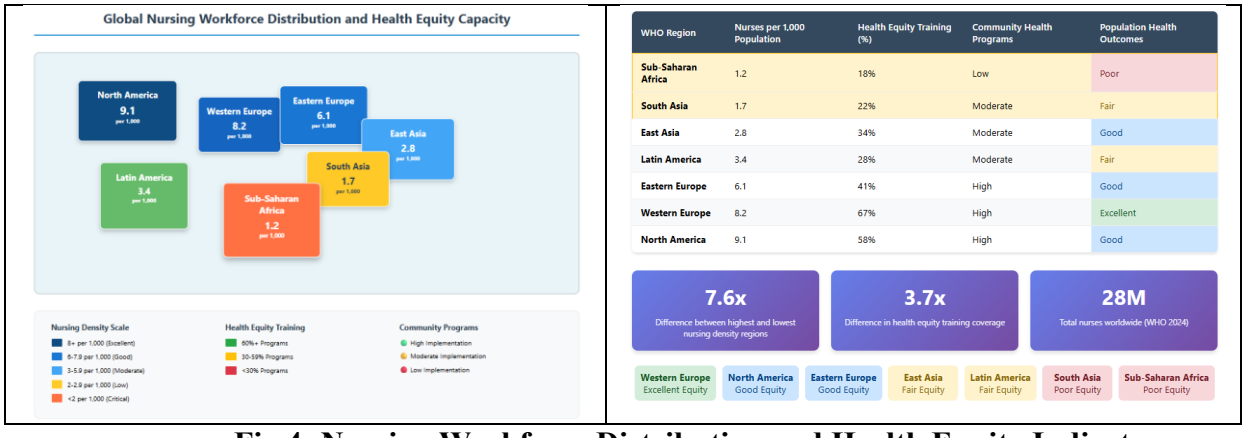

Fig 4: Nursing Workforce Distribution and Health Equity Indicators

Table 4

WHO Region	Nurses per 1,000 Population	Health Equity Training (%)	Community Health Programs	Population Health Outcomes
Sub-Saharan Africa	1.2	18%	Low	Poor
South Asia	1.7	22%	Moderate	Fair
East Asia	2.8	34%	Moderate	Good
Latin America	3.4	28%	Moderate	Fair
Eastern Europe	6.1	41%	High	Good

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WHO Region	Nurses per 1,000 Population	Health Equity Training (%)	Community Health Programs	Population Health Outcomes
Western Europe	8.2	67%	High	Excellent
North America	9.1	58%	High	Good

The analysis reveals stark disparities in nursing workforce distribution globally, with regions experiencing the greatest health equity challenges often having the lowest nursing workforce density. Sub-Saharan Africa, which faces some of the world's most significant health disparities, has only 1.2 nurses per 1,000 population compared to 9.1 per 1,000 in North America. This workforce distribution pattern exacerbates existing health inequities and limits the capacity for implementing community-based health equity interventions.

Training data indicates that regions with higher nursing workforce density also tend to have better integration of health equity content in nursing education programs. Western Europe leads with 67% of nursing programs including comprehensive social determinants of health training, while Sub-Saharan Africa lags at only 18%. This training gap represents a critical barrier to leveraging nursing's potential for advancing health equity globally.

Community health program analysis shows strong correlation between nursing workforce investment and successful population health outcomes. Countries that have invested in expanding nursing roles in community settings, including Ethiopia's Health Extension Program and Brazil's Family Health Strategy, demonstrate measurable improvements in health equity indicators including reduced infant mortality and increased healthcare access in underserved areas.

Provider survey data reveals that nurses working in health equity-focused roles report higher job satisfaction and sense of professional purpose, but also face significant challenges including limited resources, inadequate administrative support, and insufficient compensation for expanded community health responsibilities. Addressing these workforce challenges emerges as a critical priority for sustaining and expanding nursing's role in health equity advancement.

DISCUSSION

The findings of this research demonstrate that achieving health equity requires fundamental shifts in how healthcare systems conceptualize, measure, and address health disparities. The distinction between equality and equity proves to be more than academic; it represents a critical framework for designing interventions that can effectively reduce health disparities across populations.

The evidence clearly indicates that social determinants of health outweigh medical interventions in determining population health outcomes. Income inequality emerges as perhaps the most significant driver of health inequities, with the correlation between socioeconomic status and health outcomes remaining remarkably consistent across different countries and contexts. This finding challenges traditional healthcare delivery models that focus primarily on clinical interventions rather than addressing underlying social and economic conditions that drive health disparities.

Universal Health Coverage programs, exemplified by India's Ayushman Bharat initiative, demonstrate significant potential for reducing health inequities when implemented comprehensively. However, the success of these programs depends heavily on addressing multiple dimensions of access beyond financial barriers. Geographic accessibility, cultural appropriateness, and system navigation support emerge as critical factors that determine whether UHC programs achieve their equity goals or simply reproduce existing disparities in new forms.

The nursing profession's evolution toward greater health equity focus represents both an opportunity and a

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challenge for healthcare systems globally. Nurses' unique positioning in communities and their holistic approach to patient care provide significant advantages for addressing social determinants of health. However, realizing this potential requires substantial investments in education, training, and practice transformation that many healthcare systems have yet to make.

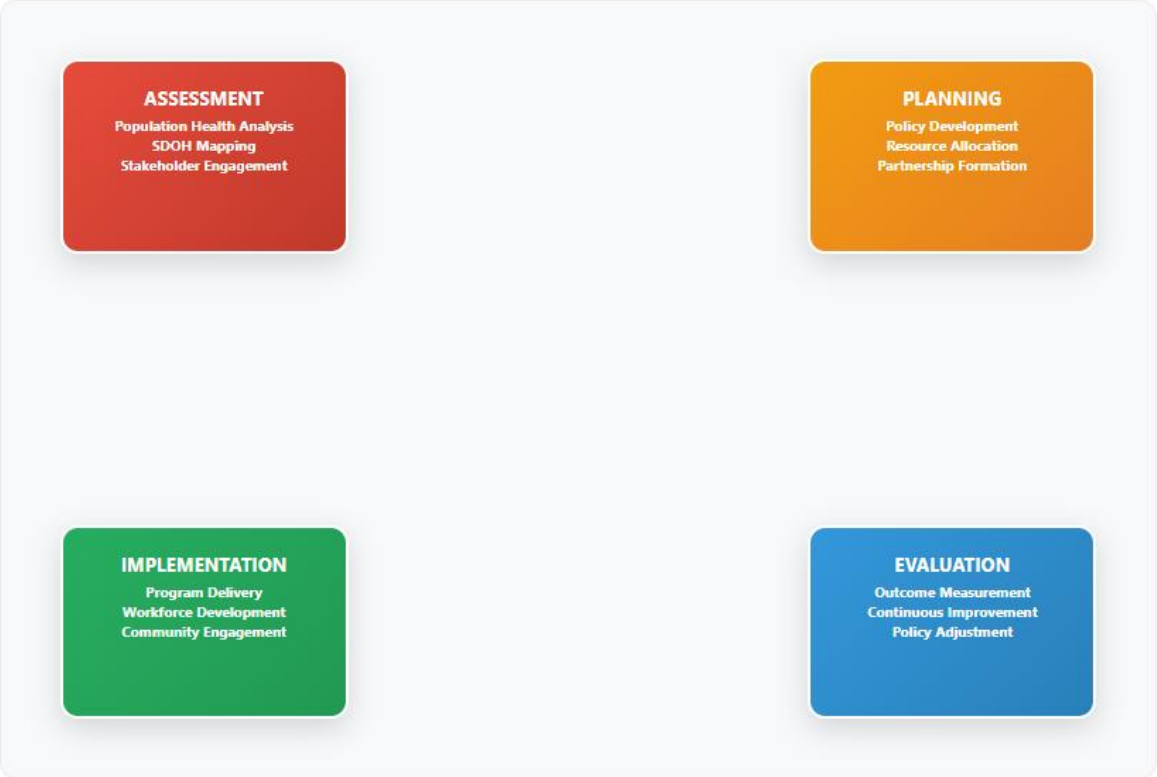

Fig 5: Health Equity Implementation Framework

Table 5

Implementation Component	Key Activities	Success Indicators	Timeline	Stakeholders
Assessment	Population health analysis, SDOH mapping	Baseline data established	3-6 months	Government, researchers
Planning	Policy development, resource allocation	Comprehensive strategy approved	6-12 months	Policymakers, communities
Implementation	Program delivery, workforce training	Services operational	12-24 months	Providers, communities
Evaluation	Outcome measurement, improvement	Equity indicators improved	Ongoing	All stakeholders

The implementation framework demonstrates that successful health equity initiatives require systematic approaches that address multiple levels of intervention simultaneously. Assessment phases must include comprehensive mapping of social determinants and meaningful community engagement to ensure that interventions address actual rather than perceived needs. Planning phases require sustained political commitment and adequate resource allocation, with clear accountability mechanisms for achieving equity goals.

The role of nursing in health equity advancement requires recognition that this work extends far beyond traditional clinical roles. Nurses working in health equity must be prepared to engage in community

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organizing, policy advocacy, and cross-sector collaboration. This expanded scope of practice requires new competencies and different support structures than those traditionally provided in healthcare systems.

International comparisons reveal that countries achieving the greatest progress in health equity share common characteristics including progressive taxation systems, robust social protection programs, and political commitment to addressing structural determinants of health. These findings suggest that health equity cannot be achieved through healthcare sector interventions alone but requires comprehensive social and economic policies that address the root causes of health disparities.

The COVID-19 pandemic has served as a powerful demonstration of how existing health inequities can be rapidly exposed and exacerbated during health emergencies. Countries and communities with stronger social determinants of health infrastructure proved more resilient during the pandemic, while those with weaker foundations experienced disproportionate impacts that may have long-lasting effects on population health.

Technology and digital health innovations present both opportunities and risks for health equity advancement. While digital tools can potentially expand access to healthcare services and health information, they can also reproduce or amplify existing disparities if not designed and implemented with equity considerations. The digital divide becomes a new dimension of health equity that requires careful attention in program design and implementation.

Measurement and monitoring systems for health equity require substantial development in most countries. The WHO's Health Inequality Data Repository represents important progress, but significant gaps remain in data availability and quality, particularly for disaggregated data that can reveal specific patterns of inequity within populations. Investing in robust health equity monitoring systems emerges as a critical priority for sustaining progress toward more equitable health outcomes.

CONCLUSION

This research demonstrates that health equity represents a fundamental challenge requiring comprehensive transformation of healthcare systems and broader social policies. The distinction between equality and equity proves essential for designing effective interventions, with equity approaches showing significantly greater potential for reducing health disparities across populations.

Social determinants of health emerge as the primary drivers of health inequities globally, with income inequality, educational access, employment conditions, and environmental factors showing stronger correlations with health outcomes than healthcare access alone. This finding necessitates a fundamental shift from healthcare delivery models focused primarily on clinical interventions toward comprehensive approaches that address the root causes of health disparities.

Universal Health Coverage programs demonstrate significant potential for advancing health equity when implemented comprehensively, with India's Ayushman Bharat program providing valuable lessons about both opportunities and challenges in large-scale health equity initiatives. Success in these programs depends on addressing multiple dimensions of access and ensuring that interventions reach the most disadvantaged populations rather than primarily benefiting those with existing advantages.

The nursing profession emerges as a critical but underutilized resource for advancing health equity globally. Nurses' positioning in communities and their holistic approach to patient care provide unique advantages for addressing social determinants of health. However, realizing this potential requires substantial investments in education, training, and practice transformation that expand nursing roles beyond traditional clinical boundaries.

Key recommendations emerging from this research include developing comprehensive social determinants of health curricula in nursing education programs, implementing robust health equity monitoring systems with

disaggregated data collection, investing in community health worker programs that bridge formal healthcare systems and underserved populations, and ensuring that Universal Health Coverage programs include specific mechanisms for addressing social determinants of health rather than focusing solely on healthcare service delivery.

Future research priorities should include longitudinal studies of health equity interventions to assess sustainability and long-term impacts, comparative effectiveness research examining different approaches to addressing social determinants of health, and implementation science studies that can guide the scaling of successful health equity interventions across different contexts.

The achievement of health equity requires sustained political commitment, adequate resource allocation, and recognition that health is influenced by policies and conditions across all sectors of society. Healthcare systems alone cannot achieve health equity, but they can serve as critical catalysts for broader social transformation that creates conditions for all people to achieve their highest possible level of health and well-being.

The evidence presented in this research indicates that health equity is both achievable and essential for creating sustainable, resilient societies. The tools, knowledge, and examples exist to guide effective action, but implementation requires unprecedented collaboration across sectors and sustained commitment to addressing the structural factors that drive health disparities. The nursing profession, with appropriate preparation and support, can play a pivotal role in this transformation, bridging the gap between healthcare systems and communities while advocating for the systemic changes necessary to achieve health equity for all populations.

REFERENCES

1. Ahmed, S., Ajisola, M., Azeem, K., Bakibinga, P., Chen, Y. F., Choudhury, N. N., ... & Lilford, R. J. (2019). Impact of the societal response to COVID-19 on access to healthcare for non-COVID-19 health issues in slum communities of Bangladesh, Kenya, Nigeria, and Pakistan: Results of pre-COVID and COVID surveys. *BMJ Global Health*, 5(10), e003042. Available at: https://gh.bmj.com/content/5/10/e003042
2. Australian Institute of Health and Welfare. (2024). Social determinants of health. *Australia's Health Report*. Available at: https://www.aihw.gov.au/reports/australias-health/social-determinants-of-health
3. Bharadwaj, S., Pai, M. M., & Suziedelyte, A. (2021). Mental health stigma. *Economics Letters*, 199, 109704. Available at: https://www.sciencedirect.com/science/article/abs/pii/S0165176520304705
4. Commonwealth Fund. (2025). Looking to 2025: Changing health care, and the need for courage. *Commonwealth Fund Blog*. Available at: https://www.commonwealthfund.org/blog/2025/looking-2025-changing-health-care-and-need-courage
5. Maiya, G. R., Kumar, P., & Krishnamurthy, A. (2021). Coverage, utilization, and impact of Ayushman Bharat scheme among the rural field practice area. *Journal of Family Medicine and Primary Care*, 10(3), 1171-1176. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC8140258/
6. National Health Authority, Government of India. (2024). About PM-JAY: Pradhan Mantri Jan Arogya Yojana. *NHA Official Portal*. Available at: https://nha.gov.in/PM-JAY
7. Rudner, N. (2021). Nursing is a health equity and social justice movement. *Public Health Nursing*, 38(4), 687-691. Available at: https://pubmed.ncbi.nlm.nih.gov/33813764/
8. Statista Research Department. (2024). India: Number of Ayushman Bharat health and wellness centers 2023. *Statista Healthcare*. Available at: https://www.statista.com/statistics/1369824/india-number-of-target-and-achievement-of-ayushman-bharath-health-and-wellness-centers/
9. Taylor, L. A., Tan, A. X., Coyle, C. E., Ndumele, C., Rogan, E., Canavan, M., ... & Bradley, E. H. (2016). Leveraging the social determinants of health: What works? *PLOS One*, 11(8), e0160217. Available at: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0160217
10. Vivekananda International Foundation. (2024). Ayushman Bharat: A milestone in India's healthcare system. *VIF Policy Analysis*. Available at: https://www.vifindia.org/article/2024/february/09/Ayushman-Bharat-A-Milestone-in-India-s-Healthcare-System

ISSN: 2178-7727

11. Wikipedia Contributors. (2024). Ayushman Bharat Yojana. *Wikipedia*. Available at: https://en.wikipedia.org/wiki/Ayushman_Bharat_Yojana
12. World Health Organization. (2024). WHO releases new guidance on monitoring the social determinants of health equity. *WHO News Release*. Available at: https://www.who.int/news/item/19-02-2024-who-releases-new-guidance-on-monitoring-the-social-determinants-of-health-equity
13. World Health Organization. (2024). WHO results report 2024-2025. *WHO Publications*. Available at: https://www.who.int/about/accountability/results/who-results-report-2024-2025
14. World Health Organization. (2024). World health statistics 2024: Monitoring health for the SDGs. Geneva: WHO Press. Available at: https://www.who.int/publications/i/item/9789240094703
15. Young, T. K., Revermann, J., & Mollborn, S. (2018). Racial residential segregation and low birth weight: Examining the role of structural racism. *Social Science & Medicine*, 199, 196-203. Available at: https://www.sciencedirect.com/science/article/abs/pii/S0277953617307517