Book Review

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**Book information**

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Health Inequity: A Crucial Issue Worldwide

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Lack of income, inappropriate housing, unsafe workplaces and lack of access to healthcare systems are some of the social determinants of health leading to inequities. Specifically, this book gives an illustration of health inequity in different domains and its link with social determinants of health like a patient’s area of residence, education level, wealth, and ethnicity.

During the last quarter of a century, health equity has become a central issue in many countries around the world though, because it is a multi-dimensional problem, it is difficult to define and to measure. Enabling citizens to enjoy quality healthcare is not limited to the provision of services, it also requires healthcare authorities to be able to hire qualified personnel to convert the possibilities offered into healthcare achievements. Citizens must be able to lead the kind of life they desire and governments must enable this. Thus, it follows that health equity is not necessarily confined to the differences between rich and poor countries.

The authors note that the Commission on the Social Determinants of Health (CSDH) of the WHO stressed that ‘Where systematic differences in health are judged to be avoidable by reasonable action they are, quite simply, unfair’. This is health inequity. The authors emphasize that putting right these inequities—the huge and remediable differences in health between and within countries—is a matter of social justice. Reducing health inequities is, for the CSDH, an ethical imperative.

In fact, health inequities are seen in terms of gender, social environment, education level, wealth groups, and ethnicity groups. The authors note that health equity is linked with each Social Determinant of Health (SDH), which indicate the conditions in which an individual is born, grows, works, and ages. Thus, acting efficiently on social determinants of health becomes the best pragmatic strategy to reduce health inequities as much as possible.

Chapter 1 is devoted to health inequities and social determinants of health in countries of the WHO Eastern Mediterranean Region. It gives examples of inequities between countries in terms of vital indicators such as life expectancy, maternal mortality and infant mortality. The author of this chapter also gives a number of inequity issues within countries, based on the effects of SDHs like place of residence (urban or rural), literacy and education level, income and ethnicity.

In the second chapter, the author considers specific inequalities in diabetes, reporting unacceptable inequalities in the diagnosis, treatment and monitoring of diabetes between different ethnic groups mainly in the USA and the UK. The effect of education, wealth, social environment and region of residence on diabetes prevalence in some regions and countries is also considered. This chapter is linked with the first chapter since the Eastern Mediterranean Region is one of the regions with the highest prevalence of diabetes.

Chapter 3 deals with the deepening of inequalities by the COVID–19 pandemic, showing that this infectious disease not only affected vulnerable people in terms of health conditions (and death) but also economically- and socially-burdened individuals and families with low or no income. The authors of this chapter emphasize the necessity of building health systems in such countries.
The fourth chapter complements Chapter 3 by concentrating on the ways to improve access to family planning services in Morocco in the context of the COVID–19 pandemic. Practical and adapted recommendations are given in this chapter.

Chapter 5 reviews and analyses the role of public health programmes in achieving health equity in Morocco. The author of this chapter indicates that Morocco was one of the first countries to implement public health programmes aimed at reducing health inequalities by acting on SDHs. There is, however, still a lack of health equity marked by a disparity in both health indicators and the supply of care between settings and regions.

The sixth chapter applies to persons aged 60 or more years and living in Morocco, and with inequity in the conditions of life. The authors show that, among older people, the most vulnerable persons cumulate disadvantages which are emphasized by socio-economic inequalities, territorial disparities and health inequities. In order to overcome this unacceptable situation, the authors suggest that health-policy makers in Morocco should act urgently and efficiently on social determinants of health to ensure healthy lives and promote well-being for people of all ages.

Finally, the book ends with Chapter 7 which reviews inequalities and disparities in human development globally and in Morocco particularly. This is an important chapter, completing the other chapters and somehow summarizing the pathways for optimal and efficient strategies aiming to act on the main social determinants like area of residence (urban or rural environment), levels of education, wealth, and territoriality in order to reduce all kinds of inequalities, especially those blocking sustainable development. The author notes that the analysis referred to in this chapter is based mainly on data provided by human development reports released regularly since 1990 by the United Nations Development Programme.

The ideas and material outlined by the team of authors of the book are applicable to many other areas of the world not mentioned in the book, such as South America, central Africa, South Asia, South-East Asia, and countries in the Pacific Ocean. International teamwork could lead to the successful application of the authors’ ideas in these areas.

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