

Written statement on health equity

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The original version of the document was written in French

1. Introduction

The COVID-19 pandemic and the adverse effects of climate change are just a few examples of factors that have strained healthcare systems around the world. However, not all health care beneficiaries are impacted by these crises equally, and they have highlighted inequities in healthcare systems in Switzerland and around the world. As swimsa is also active in the field of health promotion and public health, we are writing this position paper today with the aim of pointing towards more health equity in our studies, healthcare systems and institutions across Switzerland.

The definition of equity is "the absence of unfair, avoidable, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically, or by other dimensions of inequality (e.g., sex, gender, ethnicity, disability, or sexual orientation). Health is a basic human right everyone should have access to. According to the WHO definition, health equity is achieved when all people can fully realize their potential for health and well-being (1).

Social Determinants of Health (SDH) consider the way social, economic, and geographic factors have an impact on a person's health. This model recognizes that factors such as level of education, health literacy, environment, and climate change, among others, can influence the health of an individual and an entire population. One of the main causes of health inequalities is social inequality (2). If we address these factors, we can reduce inequities in the health care system.

In addition, we would like to emphasize swimsa's desire to align with global efforts to achieve the UN Sustainable Development Goals (SDGs). In particular, we would like to use this position paper to advocate for the success of the following:

- SDG 3: Good Health and Well-being
 - 3.8 Ensure universal health coverage for all, including financial risk protection and access to qualitative essential health services and safe, effective, high-quality and affordable essential medicines and vaccines.
- SDG 5: Gender Equality
- SDG10: Reduced Inequalities
- SDG 13: Climate Action
- SDG 16: Peace, Justice and Strong Institutions

2. Call To Action

The swimsa, the association of prospective Swiss doctors, calls for an efficient and coherent integration of health equity in the healthcare system by addressing the social determinants of health (SDH). We call for the full participation of health care stakeholders to take interdisciplinary action in order to understand the impact of social determinants of health and to take integrative measures, thus ensuring equitable access to health for all. The swimsa strongly believes that there can be no health care without the pursuit of greater social equity. To this end, health equity must be placed at the center of all decision-making processes within our health systems.

To achieve these goals, we call for an approach that follows the Health in All Policies (HiAP) model, which aims to consider all health impacts that may or may not result from health-related decisions. It is a principle that applies to policy-making processes in all sectors, with the main goal of identifying and avoiding negative health impacts to facilitate population health improvement, with the aim of achieving health equity for all (3).

The swimsa recognizes that...

1. ...health equity is an important topic that should be addressed in medical school.
2. ...medical students and health professionals are important actors in efforts to minimize health inequalities.
3. ...the social determinants of health play a key role in the health care system in Switzerland as well as globally.

The swimsa demands...

...for the universities and colleges, especially the medical faculties to...

1. ...recognize the problem and to explain the topic accordingly and to integrate it into the curriculum.
2. ...be a role model in the area of diversity.
3. ...ensure inclusion in the curriculum.
4.include health equity topics in the curriculum.

...to encourage hospitals and health care providers to...

1. ...integrate evidence-based guidelines to reduce existing health disparities and barriers to accessing care.
2. ...develop an intersectional and interdisciplinary approach to improve the quality of care for all.

...for the federal government to.

1. ... consider the various determinants of health in its public health strategy.
2. ... promote research on health equity, access to care, and the social determinants of health.

3. ... promote health literacy in the population so that everyone is able to make informed decisions about their health.

The swimsa is committed to....

1. ...raising medical students' awareness of health equity issues and the social determinants of health.
2. ...promoting knowledge about health equity.
3. ...soliciting parties who openly fight to reduce disparities and discrimination.
4. ...the use of the SDGs at the local, national and international levels.
5. ...to strive for an intersectional and interprofessional approach to the above issues.
6. ...to use one's voice to promote the implementation of the Health in All Policies framework.

3. Main text

Although Switzerland is one of the countries with the highest health care costs in the world (4), when it comes to access to health care, Switzerland ranks tenth out of eleven high-income countries (5).

In recent years, the Swiss Federal Office of Public Health (SFOPH) has been developing projects to support research, data collection, and implementation of interventions such as the Swiss Hospitals for Equity network (6). However, there are still gaps in knowledge among health professionals and a lack of resources and investment to make the health system more accessible (7).

A social gradient, i.e., the relationship between health status and social status, is well described in the 2017 Swiss Health Survey (8), which highlights the relationship between education level and physical health status and shows that "health inequalities persist in Switzerland, despite a health system whose quality is recognized and where compulsory health insurance guarantees, in principle, universal access."

Another important factor is the economic situation. In 2017, more than 3% of the population in Switzerland went without health care for financial reasons (9).

As a representative association of prospective doctors, swimsa supports and contributes to projects to reduce health inequalities.

While health equity can only be achieved through socio-political and cultural reforms, we advocate an intersectional approach to health, which simultaneously takes into account the various social determinants of health that can influence the health status of an individual or a group of people living in a multi-layered context.

According to the CanMEDS model in the context of PROFILES, the roles of "health advocate" and "expert" envision medical students being able to "identify and understand needs, advocate for others when needed, and support the mobilization of resources to bring about change" and "develop awareness of cultural, social, and spiritual/religious issues that have an impact on both individual and community health and healthcare"(10).

The following social groups are some examples of communities that are affected by disparities in care:

- People with an immigration background
- People of the LGBTQIA+ community
- People who identify as female
- Deaf and people who are hard of hearing
- People with disabilities
- People in precarious situations
- People living in an area affected by climate change

4. Works Cited

This document was written in response to an IFMSA policy document on "Health Equity and Social Determinants of Health." Available online:

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