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Equity in decline: fair distribution in a worse-off world

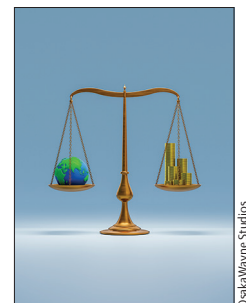
In 1948, with the adoption of the Universal Declaration of Human Rights (UDHR), equity was globally recognised as integral to human wellbeing.¹ In the decades that have followed, advances were made worldwide in health and wellbeing with substantial reductions in extreme poverty² and improvements in life expectancy³ and other health and social outcomes.⁴ Unfortunately, this progress coexists with persistent socioeconomic disparities within and between countries.⁵ In 2015, all the member states of the UN pledged to “leave no one behind” with the Sustainable Development Goals, furthering their commitments to a fairer world,⁶ and ensuring that as socioeconomic advantages of development accrue, those who are poor and marginalised could receive a greater share of the benefits of growth. Yet worsening and often intersecting global crises during the 21st century, including global warming, ecological crisis, conflict, violence, and shortages of essentials such as food and water, presage a potential sustained decline in human health and wellbeing.⁷ These threats, combined with social and political fragmentation in some settings, and increasing inequalities globally and within countries, could render obsolete conventional strategies towards an equitable world.⁸

Creating a fair world under stable or improving socioeconomic conditions has proved challenging. There has been no collective, transnational agreement on an equitable distribution of the socioeconomic gains of the past century. In the past 10 years, the world’s richest 1% accrued almost 50% of all newly created wealth.⁹ Indeed, the continuing economic crises and the impacts of the COVID-19 pandemic underlined how badly equity is managed in times of global distress,² with women, people living in poverty, and other marginalised groups disproportionately affected.^{10,11} Furthermore, following the development of COVID-19 vaccines, governments

prioritised nationalism over global solidarity. High-income countries were reluctant to share vaccines, providing further evidence of inequitable tendencies when faced with resource constraints.¹² These examples underscore the challenges humanity could face in a world of sustained economic, environmental, and resource decline. In such a scenario, declines in health and wellbeing would be expected, with a risk that health and socioeconomic disparities increase, pushing marginalised groups even further behind.

The science and the data of climate change and environmental crisis are unfolding and indicate risks for future health and wellbeing,¹³ so too is the evidence of the disproportionate negative health impacts on the most marginalised populations.¹⁴ In a future world in sustained decline, the conventional understanding of equity will be inadequate. Theoretical and practical approaches to equity were developed in the second half of the 20th century within the context of a world where many health and wellbeing indicators were improving.^{15,16} Although there are examples of communities managing decline and scarcity, such as an economically isolated Cuba in the 1990s or Indigenous communities facing resource crises,^{17,18} they do not generally address long-term, sustained global decline. There is no framework for translating these 20th-century approaches to equity in a world in decline.

In a declining world, the resources typically distributed to support health and wellbeing must extend beyond goods (eg, food, water, and shelter) and services (eg, health, education, and security) to include community-held resources such as territory (when islands disappear or fertile land turns to desert) and political power (the power to determine who is entitled to membership in the resource-sharing community itself).¹⁹ Equity pivots on resource distribution, because



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in a declining world it will be access to diminishing resources that protects human capabilities, health, and wellbeing.²⁰ A global conversation is needed with broad national and community representation about fair resource distribution, reflecting our shared planet and its potentially declining capacity for human habitation. The dialogue needs to involve all stakeholders, especially those who are marginalised and at greatest risk of being left behind. Resistance to measures that promote and protect equity will exacerbate resource competition, global exploitation, and suffering. There is already some evidence of these challenges. At the country level, it is in the arguments for low-income and middle-income countries to be exempt from carbon emissions controls so that they can grow economically rather than for high-income countries to share resources more equitably.²¹ At an individual level, it is reflected in the super-rich accumulating wealth and contributing to climate change while securing climate-safe havens, shielding themselves from the consequences of a world in decline.²² Hardin's tragedy of the commons could become a reality, whereby each group hopes to protect or improve its position at the expense of others, by exploiting and hoarding diminishing resources fastest.²³ Resistance to policies and interventions that promote equity in a worse-off world will jeopardise human rights and health. The right to health, for instance, is subject to progressive realisation, and awaits sufficient government resources and interest to prioritise its realisation.²⁴ However, in a world of declining resources in which equity is abjured, sufficient resources will never become available for the realisation of the right as currently understood.

The bodies and enabling governance architecture capable of bringing together the diversity of stakeholders necessary to ensure that equity is not resisted, diminished, or lost in a declining world partly lie in the UN system: the UN General Assembly, the UN Economic and Social Council, and the World Health Assembly. Relevant opportunities to explicitly address equity include the UN High Level Meeting on universal health coverage in September, 2023, the UN Climate Change Conference in November, 2023, and the ongoing work of the Intergovernmental Negotiating Body for pandemic prevention, preparedness, and response. These bodies could facilitate a dialogue and framework that draws on equity, human rights, and justice to make collective, intentional decisions about managing the harms arising

from a world facing decline, and the protection of health and wellbeing.

By planning ahead, and with the support of a broad-based coalition of supranational and subnational stakeholders, the processes needed to limit inequity can be put in place by governments to reduce the potential burdens of a declining world. For example, investments through national and global financing mechanisms, ahead of decline, could strengthen infrastructure; health, education, and social services; and community resilience. Such investment could also promote political discourse²⁵ to address crucial challenges, with the goal to improve the social determinants of health and the disparities in those social determinants. Independent monitoring of changes in inequity will be essential to track progress and address disparities effectively. Strong monitoring also entails accountability mechanisms to ensure there is trust in the process. Managing equity in a declining world is new territory and, beyond the traditional measures of socioeconomic and geographical disparities, monitoring mechanisms will be a developing area.

Existing human rights frameworks, such as the UDHR and supporting covenants and declarations, might be inadequate for the task of reducing inequity in a world in sustained decline, because of the way rights are currently envisaged for a world that is static or improving.²⁴ This inadequacy could necessitate a re-orientation. The roles of nation states in global governance systems will probably also need rethinking. The need arises because current practice is that a nation state's obligations to human wellbeing end at its borders, and the idea that rights transcend borders is being challenged.²⁶ Effective participation of marginalised groups in the equity conversation, and frank discussions about global power dynamics will be imperative.²⁷

To confront the real possibility of a declining world and maintain global commitments to protect human health and wellbeing, the global community and governments and other national stakeholders will need to address the equitable distribution of inevitable harms. People will be worse off in a world of declining resources. Global discourse on equity in decline is essential to safeguard fairness and ensure health and wellbeing are protected to minimise future health disparities.

We declare no competing interests.

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Drug evidence watch: a process to the benefit of public health



Medicine regulators, such as the UK's Medicines and Healthcare products Regulatory Agency (MHRA) and the European Medicines Agency (EMA), have statutory duties to ensure the safety, quality, and efficacy of medicines, medical devices, and blood products. To ensure these duties are met, and to safeguard the health of the population, drug regulators are alerted to safety signals for licensed medicines. Pharmacovigilance systems monitor and act on emerging data, regardless of provenance (ie, whether the data come from company-sponsored studies or from non-company sources).¹ However, this effective monitoring process does not capture data showing the efficacy of new medical uses for existing medicines. We propose that regulators institute a drug evidence watch process to track emerging data showing the efficacy of drugs in new indications. Given

that pharmacovigilance can lead to label changes, we suggest that this drug evidence watch includes a form of efficacy vigilance that could lead to label extension.

Currently, the monitoring of efficacy data for new indications of a licensed drug is fully dependent on drug companies. This situation creates two major issues when data supporting a new indication are developed by other actors. First, because only a marketing authorisation holder can file for label extension (a form of type II variation), this process requires the transfer of data from non-company studies to companies (eg, adult pemphigus vulgaris was added to the label for rituximab after the transfer of clinical trial data from the academic sponsor to the marketing authorisation holder).² Although companies might not have been involved in how these data were generated, they must take full responsibility



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