



## Health equity in Europe

### A collective responsibility to act

**European Deloitte Health Equity Institute (DHEI)**

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# Foreword

Welcome to Health equity in Europe: A collective responsibility to act, the first cross-European report by Deloitte's Health Equity Institute (DHEI). This report looks at attitudes and actions by leaders of organisations within the life sciences and healthcare ecosystem, as well as our hopes and fears for the future of health and equity.

Despite being recognised as a fundamental human right, it is only in recent years that health equity has become a priority focus and much remains to be done to address inequities. All organisations, particularly those in life sciences and healthcare, have a crucial role in advancing health equity efforts.

The European DHEI team works across public, private, and third sector on health-related topics and conducts research to advance health equity. We recognise the power of collaborative efforts that transcend sector and institutional boundaries to drive more equitable access to care and equal outcomes. It is also crucial for organisations to design and implement health equity strategies where progress can be monitored, reported, and shared. We call for all organisations to embed health equity within their business models; there is a compelling business case to strive for better societal health, as well as economic and commercial benefits.

After conducting interviews with 40 leaders in the health and life sciences sector, it has become evident that while many organisations aspire to do more, they often struggle to identify the right steps. At DHEI Europe, we started by providing training to our teams, involving 600 individuals across Europe last year, with plans to expand this initiative further in the current year. We also created a checklist for our teams to use and understand where they have opportunities to address inequalities within client work (Figure 13). Additionally, we have forged partnerships with organisations possessing diverse expertise and perspectives.

We hope this report will provide both a compelling rationale for taking action and practical tools to integrate health equity more deeply into all facets of your organisation.

**Elizabeth Hampson**

**Life Sciences and Health Innovation Partner at Deloitte Consulting  
and leader of Deloitte's European Health Equity Institute.**

# Executive Summary

This report by the European Deloitte Health Equity Institute (DHEI) is based on 40 interviews conducted with leaders across organisations in the healthcare ecosystem in Europe. It delves into the reality of health equity today and underscores its importance not only from an ethical perspective but also from a business benefit standpoint. It also emphasises the role of all healthcare and life sciences organisations in promoting and advancing health equity.



## Understanding health equity

Health equity is defined as the fair and just opportunity for everyone to achieve their full health potential. It is a multidimensional issue that extends beyond clinical health to include behavioural, social, emotional, physical, and spiritual health. It is influenced by various non-medical social determinants of health (SDH), such as economic, social and environmental factors. Despite health being declared a fundamental human right by the World Health Organization (WHO) in 1948, achieving health equity, including the provision of Universal Health Coverage (UHC) and equitable access to healthcare services, remains a challenge.

We believe that all organisations—beyond the healthcare sector—have a crucial role in advancing health equity efforts. It is not only the right thing to do from an ethical standpoint: it also benefits businesses commercially, by maintaining and improving corporate reputation and revenue, building and retaining customer trust and engagement, and improving staff recruitment and retention. Health equity can also drive improved patient outcomes and access, reduce regulatory compliance risks and grow revenue by unlocking untapped markets, increasing market size or market share. There is a clear business case for organisations to come together to drive change and improve health equity.



## Breaking down the barriers to improving health equity

Based on interviews with 40 leaders in health and life sciences, we have learned that although focus on health equity is increasing, most organisations in this sector lack detailed strategies and implementation plans. The barriers to progress include lack of access to quality data, financial constraints, limited awareness, and education within organisations, difficulty in scaling community engagement, and absence of tracking tools to monitor progress.

Organisations also face challenges in understanding the needs of underserved populations due to a lack of stratified data. Financial considerations, geopolitical instability, and differences between European countries' healthcare landscape also contribute to the widening of health gaps.

There is a clear need for improving health literacy and digital skills addressing misinformation, and ensuring patient inclusion. Working with patients or patient advocates, providing clear and simple information in various languages, and increasing digital skills can help break down these barriers.





### Embedding health equity within every organisation

The COVID-19 pandemic has been a major catalyst in changing attitudes towards health equity, with many organisations now considering it a top priority. Other global events, including the Black Lives Matter movement, have also increased awareness of inequities and the need for social justice. It will be crucial for all organisations in the healthcare and life sciences ecosystem—and beyond—to collaborate in tackling health inequities. Organisations will need to consider the role of data and analytics, digital inclusion, and inclusive-by-design approaches in improving health equity, in line with policy and regulation changes.



### Closing inequity gaps: the need for action

Change is needed at various levels, including proactive data collection, provision of universal health coverage, increased focus on population health, and ensuring access and affordability of products or services. Achieving health equity requires a collaborative effort and it is crucial for organisations to design and implement health equity strategies using key performance indicators (KPIs) to monitor progress. We expect future health equity trends to include more inclusive clinical development, increased health literacy and digital inclusion, and improved data and tech infrastructure. We call for organisations to embed health equity in their business models and address barriers at every touchpoint along the care pathway. Striving for health equity is not only the right thing to do but it is also good for business.



Health equity is defined as the fair and just opportunity for everyone to achieve their full health potential.



# About this report

In recent years, particularly since the COVID-19 pandemic, there has been growing awareness of the health and economic impacts of health inequities. The European Deloitte Health Equity Institute (DHEI), author of this report, is one of five DHEIs that Deloitte has established worldwide to accelerate actions on, and promote organisational awareness of, health equity.<sup>1</sup>

The view of the European DHEI is that health equity is the responsibility of all organisations operating across the care continuum. While there has been much research into the impact of a lack of health equity, this report focuses on the role of key stakeholders in advancing health equity.

The findings of this report are based on 40 interviews with leaders from organisations across the life sciences and healthcare spectrum, including policy makers (5), charities (8), healthcare providers (5), MedTech (5), digital health (5) and pharmaceutical (13) organisations in Europe, conducted from January to September 2023. The interviewees were asked about their current priorities and health equity strategies, the challenges they face in accelerating progress towards more equitable healthcare, and how they can further contribute and collaborate to redesigning systems in a more equitable way.

The findings from the interviews are supplemented by literature reviews and analysis of other Deloitte research into health equity. Our aim is to inspire change and provide resources that can support organisations in identifying solutions and creating partnerships and collaborations to drive improvements in health equity.

While there has been much research into the impact of a lack of health equity, this report focuses on the role of key stakeholders in advancing health equity.



# 1 Understanding health equity

Health equity can be defined as the fair and just opportunity for everyone to fulfil their potential in all aspects of health and wellbeing. However, health inequities are present across the entire life sciences and healthcare continuum and we believe that all organisations need to come together to drive change, although there is a long way to go. Improving health equity is not just the right thing to do from an ethical perspective: it also benefits businesses.

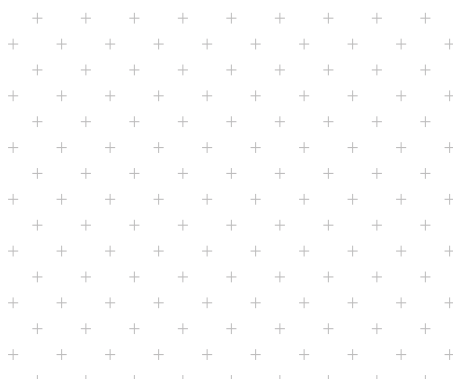




What is health equity?

Health equity means the fair and just opportunity for everyone to fulfil their potential in all aspects of health and wellbeing, as illustrated in Figure 1.<sup>2</sup> It includes not only clinical issues traditionally addressed by the healthcare system, but also individuals’ behavioural, social, emotional, physical, and spiritual health. No one should be disadvantaged on the basis of their social position, race, geography, gender identity, income, age or disability.

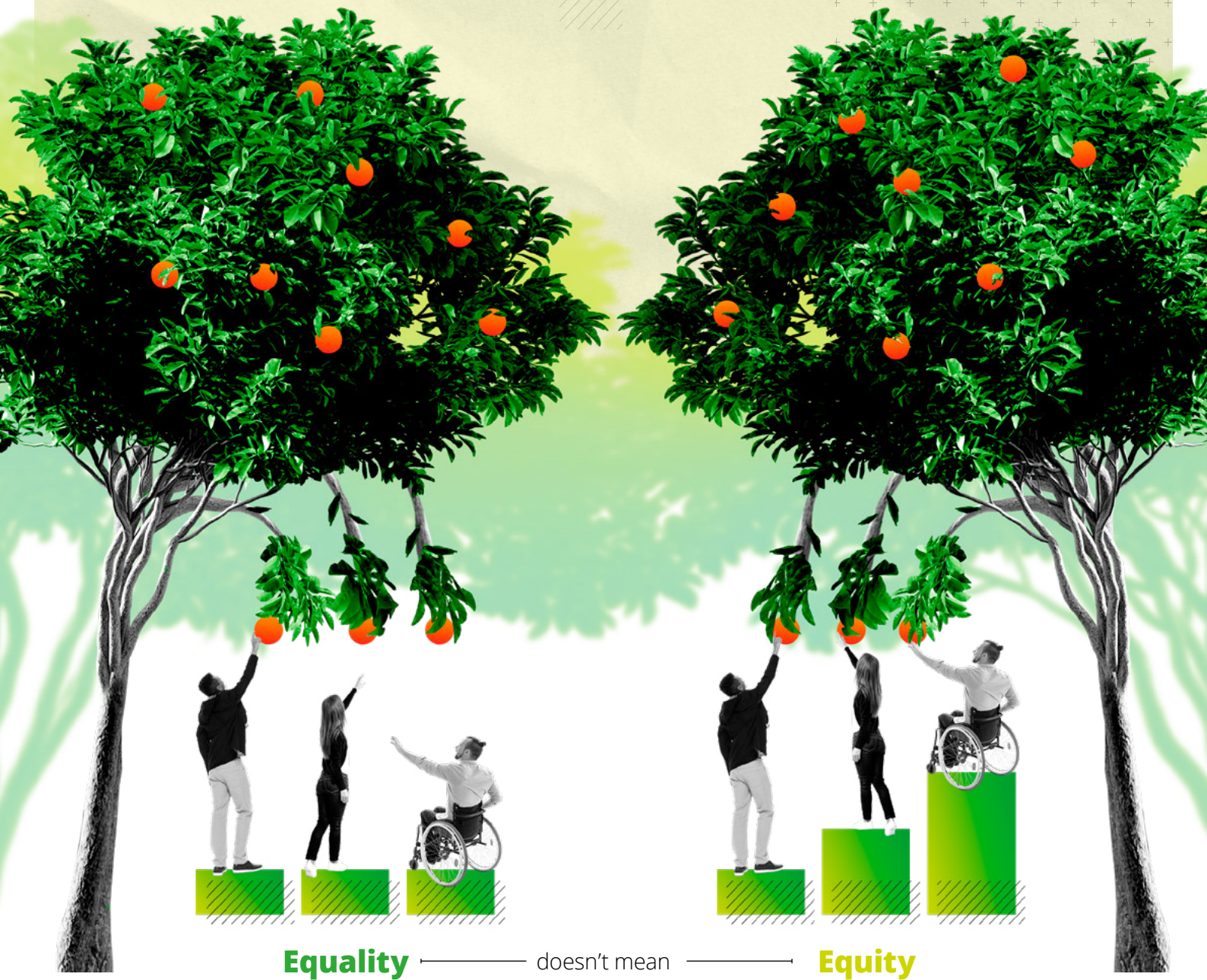
There is still a long way to go to achieve health equity. Health was declared a fundamental human right when the WHO was established in 1948, but achieving this, including providing UHC and equitable access to healthcare services, remains an elusive goal.



Health equity means the fair and just opportunity for everyone to fulfil their potential in all aspects of health and wellbeing...



Figure 1. Difference between equality and equity



**Equality** ————— doesn't mean ————— **Equity**

**Equality** promotes fairness by giving everyone the same thing. But it can only work if everyone starts from the same place.

**Equity** is about designing solutions to give the same opportunity for health outcomes—and these might be different solutions for different people.

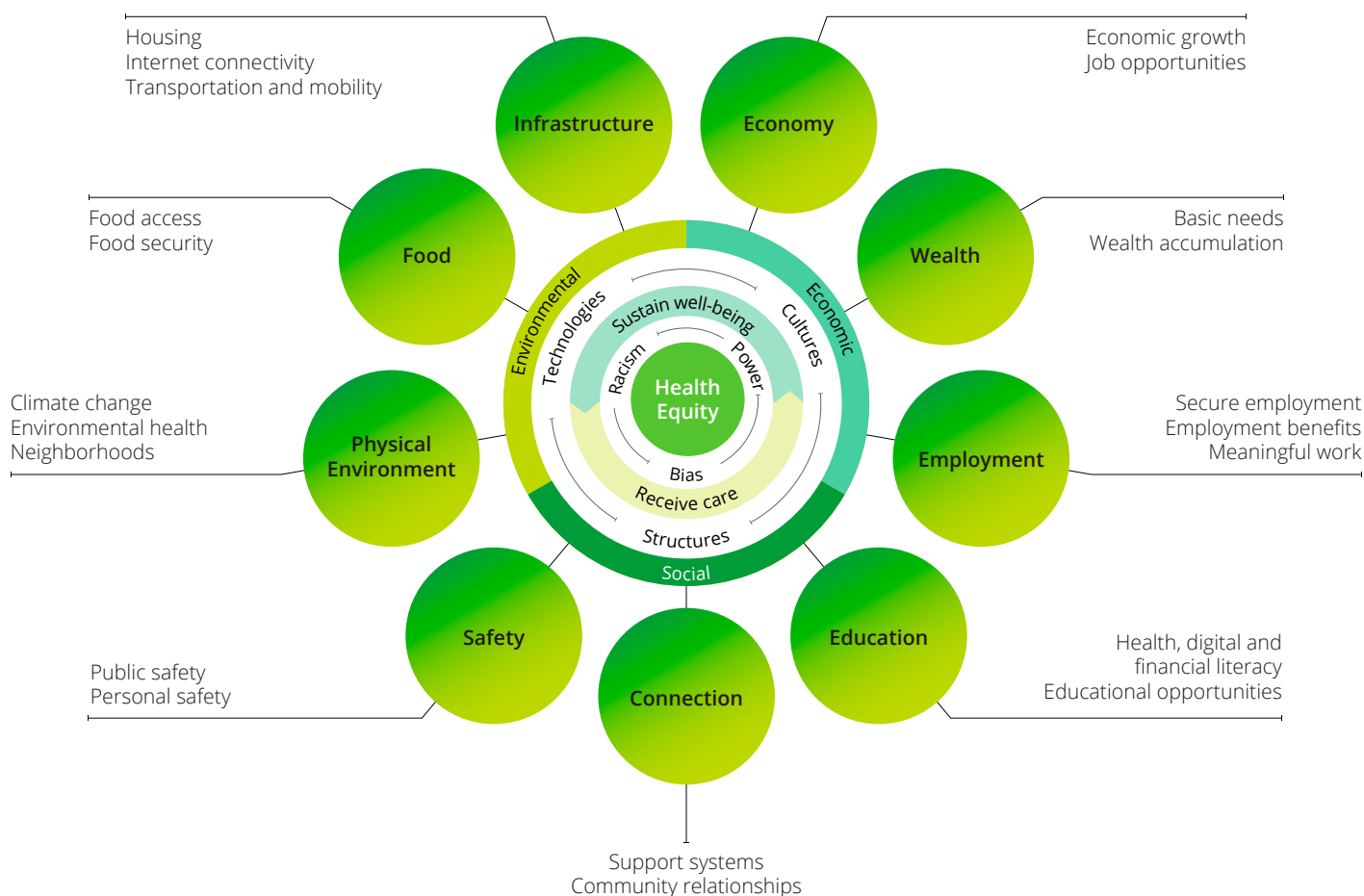
Source: Deloitte analysis.

## Health equity is multidimensional and goes beyond health services

Health equity is affected by multiple non-medical social determinants of health, as well as by individuals' medical and wellbeing needs. Non-healthcare-related factors, known as social determinants of health (SDH), have a substantial impact on healthcare access, experience, and outcomes (see Figure 2). Studies have estimated that SDH can account for up to 80 per cent of population health outcomes.<sup>3</sup> This impact can be due to:

- **Economic factors:** education levels, personal safety, and community relationships; self-efficacy, health literacy and community support.
- **Social factors:** education, personal safety, and community relationships; self-efficacy and community support (e.g. to improve wellbeing/lifestyle and successfully navigate health systems/access care).
- **Environmental factors:** physical environment, including air pollution and infrastructure (e.g. access to safe housing, clean water, and green spaces).

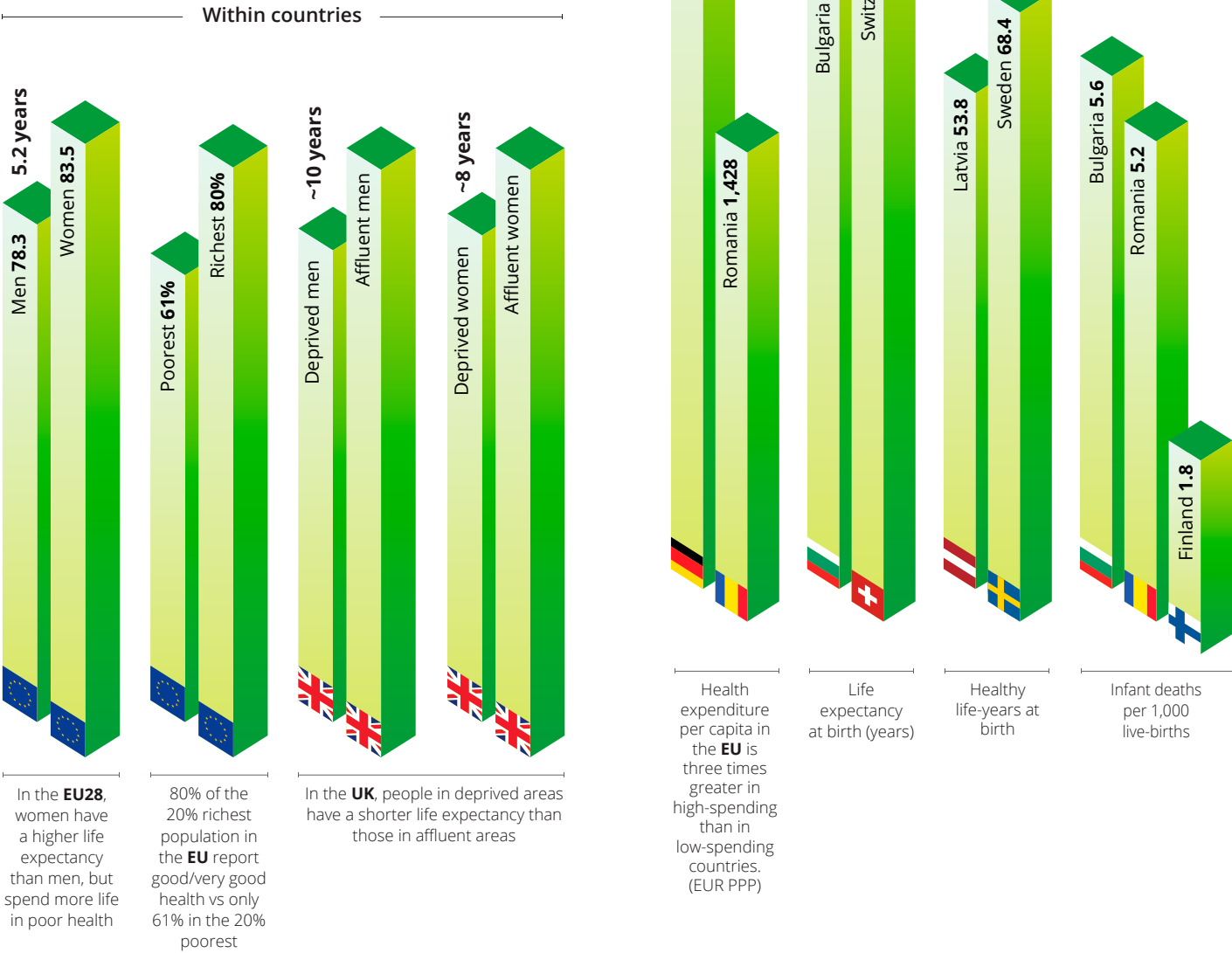
**Figure 2. Environmental, social and economic factors impacting health equity**





There are health inequities not only between countries, but also within countries (see Figure 3). Most countries, even those in Europe with more investment and technologically advanced health systems, are far from achieving health equity.

Figure 3. Health inequities, between and within countries in Europe.



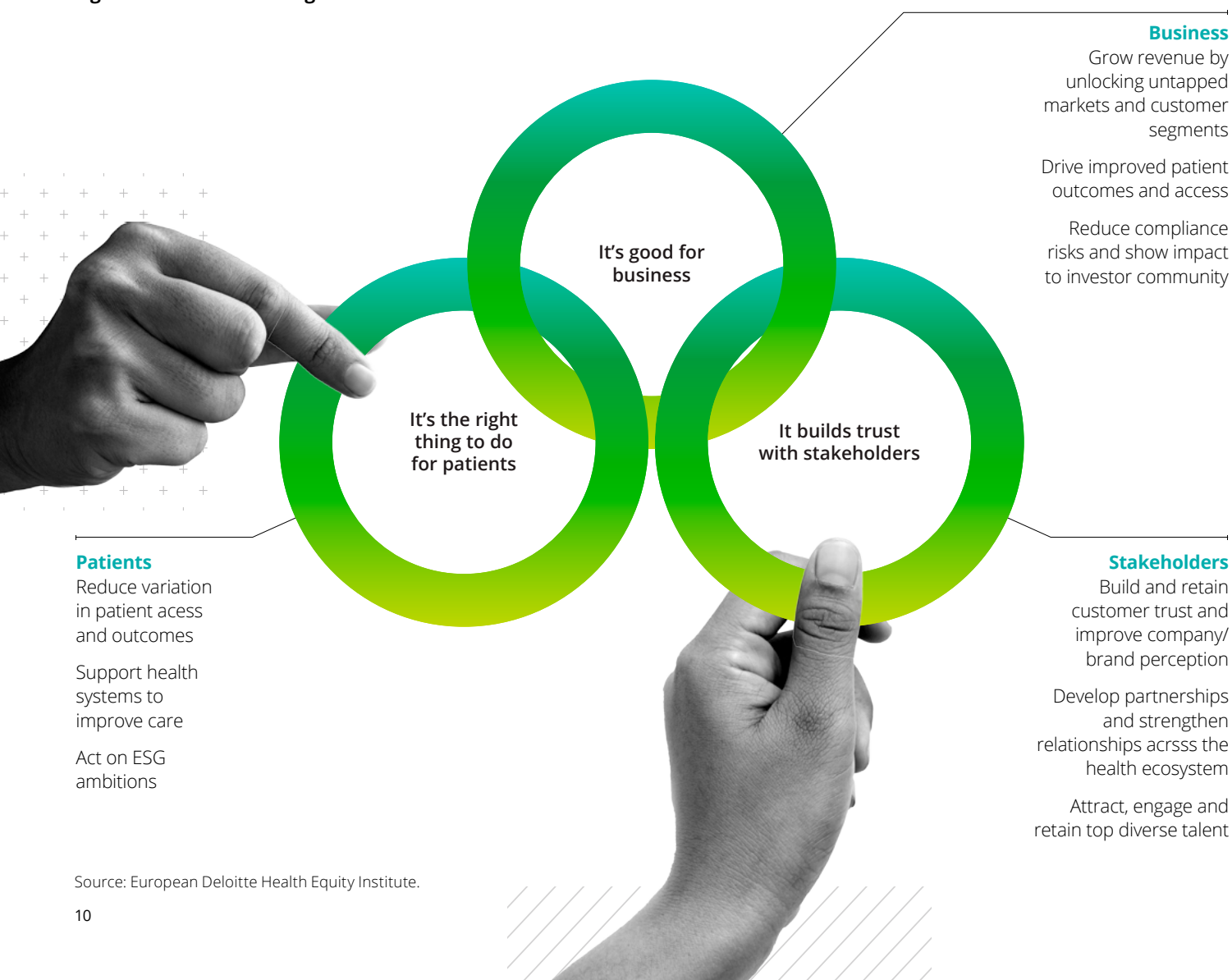
Source: European Deloitte Health Equity Institute.

### Health equity benefits businesses

Improving health equity is not only an ethical ambition: it also benefits businesses in various ways, including commercially. Striving to close inequity gaps can help companies thrive in a competitive market by maintaining and improving corporate reputation, building and retaining customer trust and engagement, as well as improving staff recruitment and retention (see Figure 4).

Improving health equity is not only an ethical ambition: it also benefits businesses in various ways.

Figure 4. Business and organisational cases for action



Source: European Deloitte Health Equity Institute.

Deloitte's 2021 article [Mobilizing toward health equity: Action steps for health care organizations](#), based on a survey of 20 CEOs and interviews with 28 other executives from US health systems, health plans and the pharmaceutical sector, found that many executives said they were helping their organisations and health systems to recognise that health equity can support business goals, such as improving clinical outcomes, improved consumer engagement, and better financial performance, and should be instilled in each part of the business to ensure accountability across the organisation.<sup>5</sup>

In the EU, the business case is similar: EuroHealthNet has estimated that health inequalities cost the EU €980 billion per year, or 9.4 per cent of European Gross Domestic Product (GDP), and that a 50 per cent reduction in life expectancy gaps would provide monetised benefits to countries ranging from 0.3 per cent to 4.3 per cent of their GDP.<sup>6</sup>

A focus on improving health equity can also increase revenue by unlocking untapped markets and customer segments, and improving market size or market share. It can also boost productivity (due to a healthier workforce), demonstrate impact to investors, and uncover new areas for innovation and partnerships.

A hand is shown in the bottom right corner, pointing its index finger towards a large green graphic. The graphic is a large, irregular shape with a green-to-white gradient and a pattern of small white plus signs. The text is written in white on the green background.

A focus on improving health equity can also increase revenue by unlocking untapped markets and customer segments, and improving market size or market share.



## 2 Breaking down the barriers to improving health equity

Through our interviews with 40 leaders across the health and life sciences continuum, we have learned that even though focus on health equity is increasing steadily, most organisations do not have detailed strategies or implementation plans in place. The constraints delaying progress include lack of access to quality data, financial barriers, poor awareness and education within organisations, difficulty in scaling meaningful community engagement, and lack of tracking tools to monitor progress. We have identified key gaps in the health equity agenda of stakeholders and an absence of priority measures for bridging them.

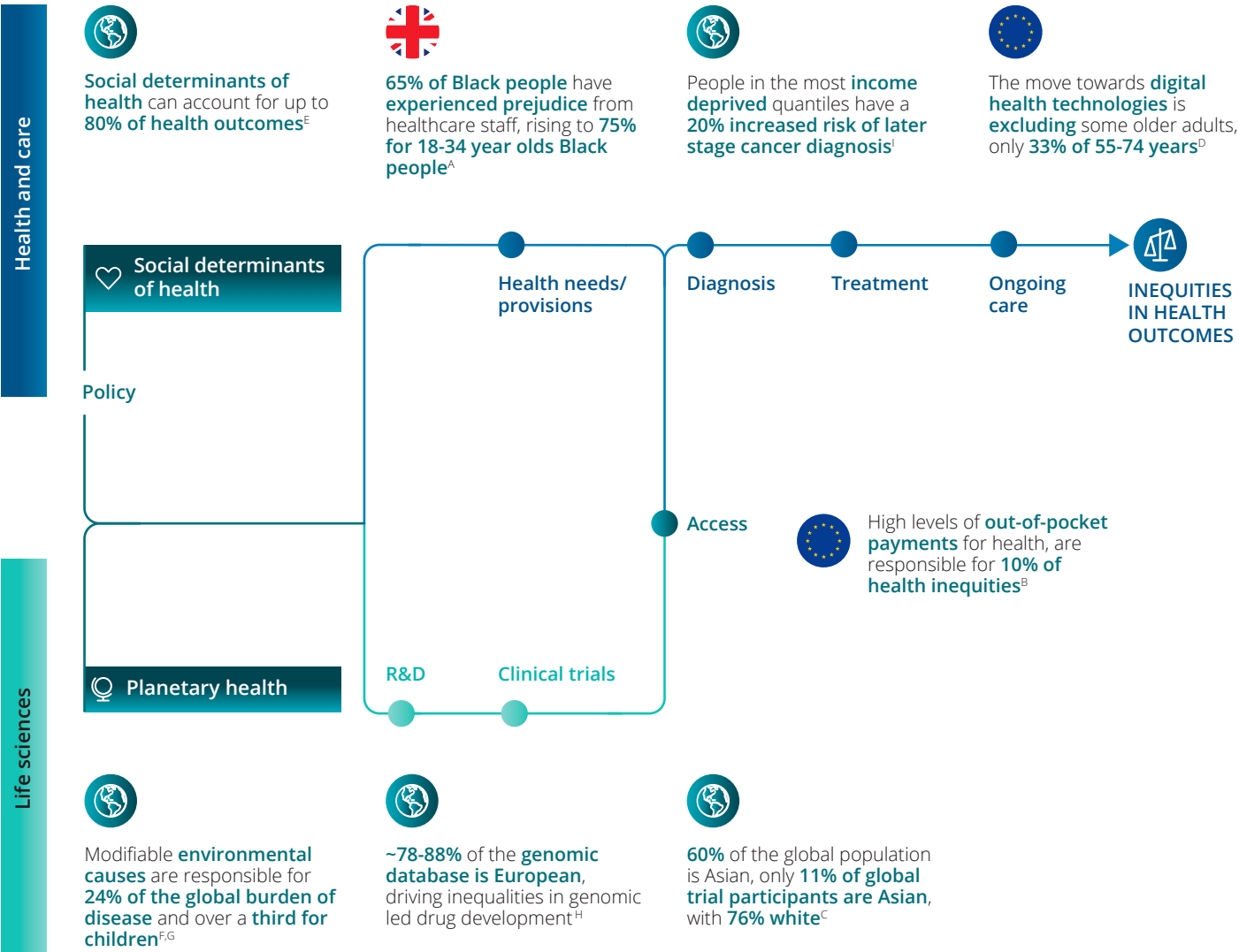


Barriers to improving health equity

Inequities and barriers to improving health equity are present across the healthcare and life sciences continuum (see Figure 5). Individuals may face difficulties in accessing healthcare, with barriers ranging from low health literacy, mistrust, and socioeconomic background.<sup>7</sup>

Although some changes have been made in recent years to improve inclusion across the healthcare continuum, including participation in clinical trials, much still needs to be done to ensure equitable access to healthcare.

Figure 5. Health inequities across the healthcare and life sciences continuum



Source: European Deloitte Health Equity Institute.<sup>8</sup>

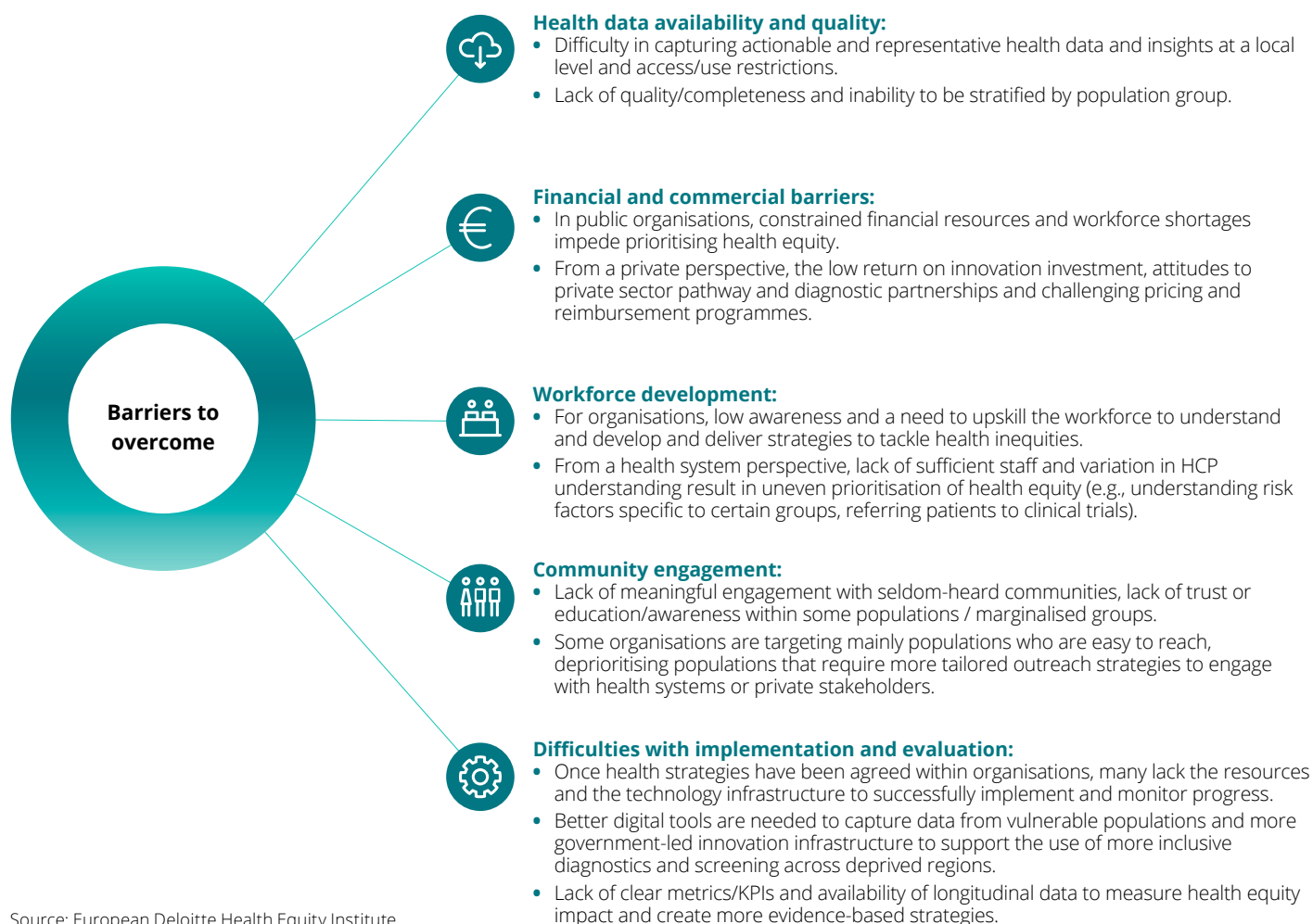
From our interviews, we obtained important insights into the main barriers currently faced by organisations in advancing their health equity goals (see Figure 6). Many interviewees mentioned tech and data infrastructure and analytics as a current priority. However, a lack of healthcare access and outcomes data stratified by patient group at a local level, was cited as a major constraint in understanding the needs of underserved populations and developing evidence-based strategies to progress health equity.

Financial considerations were mentioned by several interviewees, not just a lack of funding and investment, but also in terms of implementing sustainable business models that prioritise health equity. For example, many organisations still prioritise investment into population and market segments that are well understood, rather than focusing on new opportunities in areas of higher unmet need. From a health system perspective, the current economic climate across Europe and geopolitical instability pose risks to health budgets, and can further widen the inequality gaps.

**“We need equitable access within and between countries.”**

**Policy Maker**

**Figure 6. Constraints most frequently cited by interviewees**



Source: European Deloitte Health Equity Institute.



Raising awareness of health equity is a major concern within organisations. Accountability is yet to be well established, with many organisations pointing out lack of governance, clear metrics to monitor progress and a lack of roles in the organisation with long-term responsibility for health equity.

Healthcare landscape differences between European countries, even within the EU, are also constraints for companies that struggle to design strategies that can be implemented across different geographies. For companies, navigating different regulatory environments and reimbursement and pricing policies are further constraints on providing equitable access between markets. Many interviewees expressed concern that a lack of political prioritisation for levelling-up agendas between regions can further compromise measures to tackle SDH and improve access to health products and services.

"Availability of good-quality data is our main challenge. Stratify for gender and race triggers an extra level of complexity."

**Pharmaceutical Leader**



"It is hard to tackle health equity globally due to differences in healthcare systems, government, infrastructure, and regulations."

**Pharmaceutical Leader**



**Closing inequity gaps: improving health literacy and inclusion, addressing misinformation, and avoiding token engagement**

We are currently seeing a transition towards greater consumerisation of healthcare and we expect patients to be much more involved in the future in deciding their own care needs. However, there is a risk that the health literacy and digital capability gaps, in most cases caused by low levels of education, language barriers, low socioeconomic status, and age, will increase inequities. There is also a risk that misinformation will have a big impact on patients' decisions as they turn more to online sources to access information. The pandemic, for example, showed how misinformation spread via social media led to vaccine hesitancy and poorer health outcomes among those with low health literacy and in disadvantaged communities.<sup>9</sup> Another risk is that as novel therapeutic techniques mature (e.g. gene therapy), mistrust may arise due to unclear information about the personalised and complex nature of these therapies.

To prevent (or at least mitigate) these risks, it is crucial for organisations to work with patients and patient advocates to develop strategies that support them in accessing the materials they need to manage their health and obtain appropriate care when needed. Although tighter regulations are needed around the spread of misinformation, health literacy is important so that people know how to navigate the health system, where to access information, and how to identify misinformation. Healthcare providers and life sciences companies need to ensure that all their products and services provide clear and simple information in different languages or market-specific language. Healthcare communications that are specific to each region and tailored to different population needs can also help engagement with local communities.

An increase in digital skills has been a priority for many governments.<sup>10</sup> Digital upskilling will be needed to enable access by individuals to public services, including health and their electronic health records, to avoid the risk that they might be left behind.

"As treatments become more personalised and complex, there are huge risks for mistrust amongst vulnerable communities, especially with the democratisation of healthcare platforms."

**Digital Health Leader**

"We need to understand challenges of each community—each community is different and wants to be engaged differently in order to access treatment."

**Pharmaceutical Leader**



# 3 Embedding health equity within every organisation

At Deloitte's European Health Equity Institute, we believe that organisations across the entire healthcare and life sciences ecosystem—and beyond—need to work collaboratively to address and reduce inequities. When asked how their attitudes towards health equity are changing and which health equity strategies their companies were employing, our interviewees mentioned increased access to innovation, inclusive R&D, and improving data, analytics and the technology infrastructure.





### Following COVID-19, health equity became a high priority

All our interviewees believe that their organisations have changed their attitude towards health equity in recent years, with many now considering it as a top 10 priority (see Figure 7). Over 65 per cent of interviewees mentioned COVID-19 as the main factor for the change in attitude, due to the greater awareness of health inequities that were exacerbated and fully exposed during the pandemic, and which subsequently galvanised the healthcare and life sciences ecosystem into action.

Interviewees acknowledged that whereas previously they had viewed health inequities as an issue primarily in low- and middle-income countries (LMICs), the pandemic revealed that health inequities were also present in high-income countries. For example in the UK vaccination rates were much lower in ethnic minority groups (particularly Black people) and in more deprived areas than among their White and wealthier counterparts.<sup>11</sup> Some ethnic minorities (e.g. people from Black and Asian communities) were also more likely to test positive for COVID-19, and had higher rates of hospitalisation, intensive care unit admission, and deaths due to COVID-19.<sup>12</sup>



“The pandemic exposed big gaps. Health equity had been on people’s minds but they didn’t know what was the next action to take.”

**Digital Health Leader**

“Health equity is becoming more important due to increased awareness of and push for social justice and its economic impact. It became a public health imperative (being a critical component in conversations with Ministries of Health) and also a commercial driver as it can be a differentiator.”

**MedTech Leader**




Figure 7. Shifts in health and life science organisations' attitudes towards health equity



Source: European Deloitte Health Equity Institute analysis of 40 interviews with European healthcare and life sciences stakeholders. Question: Have you seen a change in attitudes towards health equity within your organisation/industry since 2018, if so, what factors contributed to the change? Note: Because this was an open question, percentages do not represent the full list of reasons for a change in attitude towards health equity within the organisation, but instead interviewees mentioned the main reasons at the forefront of their mind.

It was not only the COVID-19 pandemic that highlighted health inequities. Other global events, such as the Black Lives Matter movement, the Russian invasion of Ukraine in February 2022, and the overall worsening of the climate crisis, have also increased public awareness of inequities, highlighted the needs of displaced people, and re-ignited the debate around social justice. Importantly, the need to tackle SDH and address health equity is now seen within society as a moral imperative. Twenty-five per cent of interviewees said their company is now updating their commercial strategies to meet consumer expectations. Businesses are also looking to increase brand loyalty and create a positive reputation and image, so investing in health equity is not only the right thing to do, it is also commercially sound.

Alongside external pressures, there are also internal pressures from employees and investors to integrate diversity, equality and inclusion (DEI) commitments and climate change mitigation into business strategies and investment decisions. For example, there is a clear role for employers to improve the health of their employees.<sup>13</sup>



“Within our organisation, there has been a big shift—a big internal conversation at board level following COVID-19 and Black Lives Matter—which galvanised the board to ask *“What are we doing here? Can we do more?”*”

**Health Charity Leader**

“Commercial drivers were the factor that contributed the most, with ambitious targets to get medicines to patients quicker. Also public accountability.”

**Pharmaceutical Company Leader**



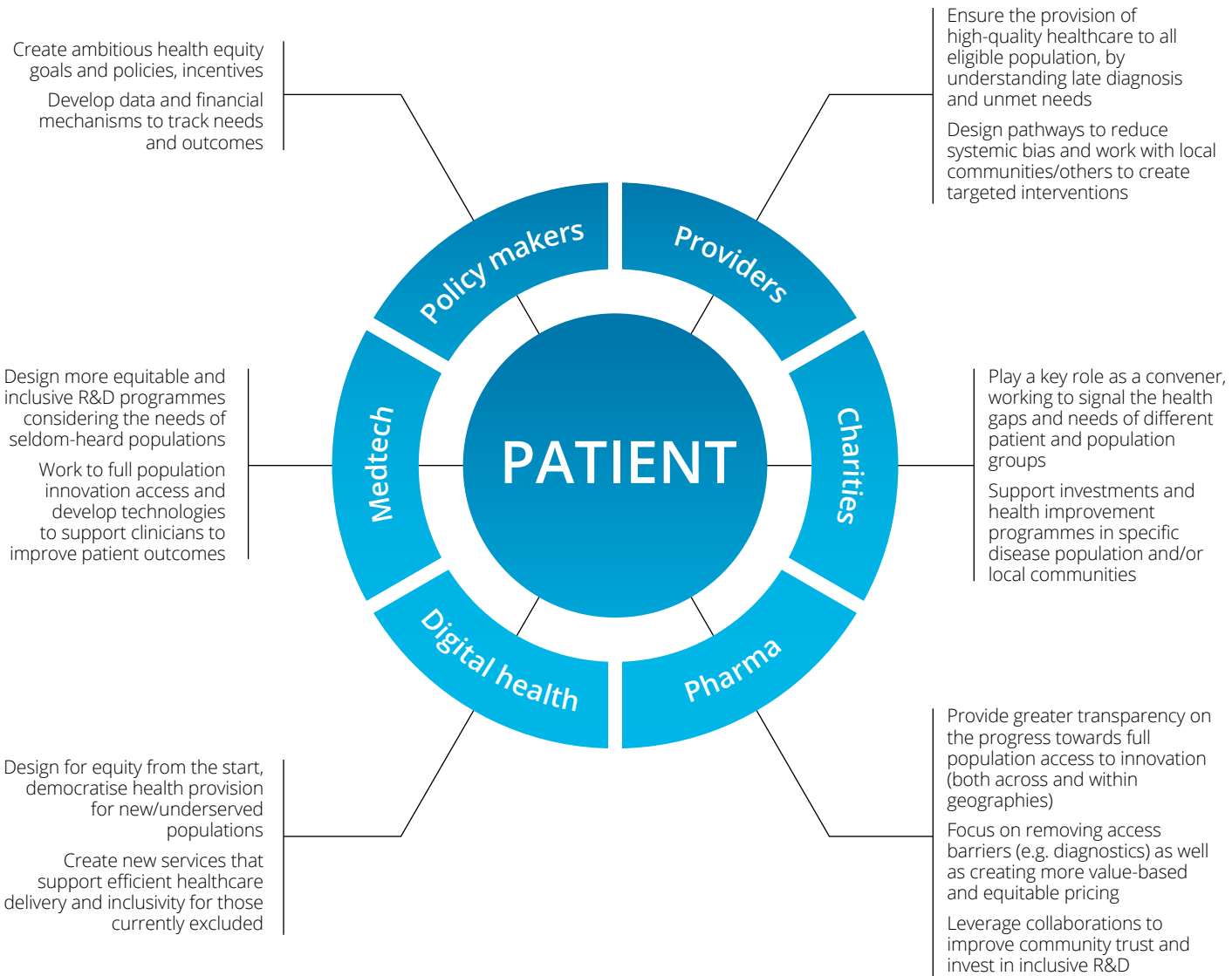


**Each organisation has a role to play in advancing health equity**

All stakeholders have a crucial role to play in building resilient and sustainable strategies for embedding health equity across the ecosystem, which is becoming increasingly connected (see Figure 8).

Organisations across the health ecosystem, both in the public sector (policy makers and providers), the private sector (pharmaceutical, MedTech and digital health companies) and third sector organisations (charities) are helping to tackle health equity, but they need to take further action.

**Figure 8. A fully connected ecosystem for driving progress in health equity**



Source: European Deloitte Health Equity Institute.

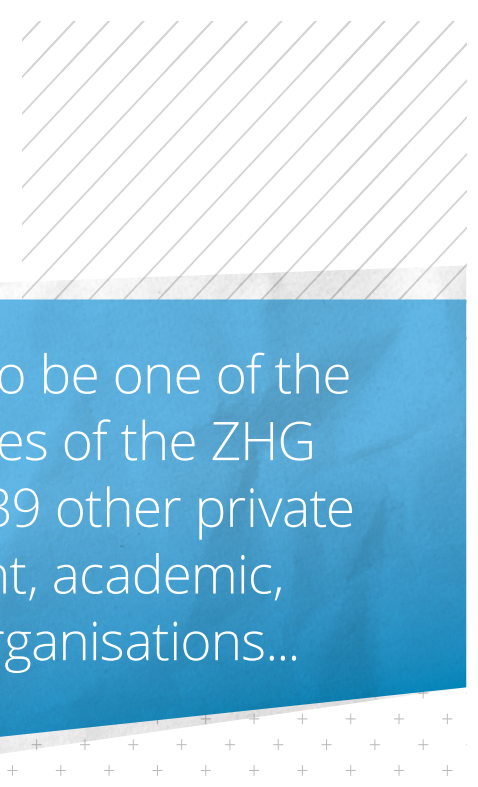
Healthcare and life sciences companies have a more obvious role in leading the way addressing health inequities, by improving quality and access to care and medicines for all populations via equitable pricing models, innovative care and delivery solutions, as well as more inclusive and representative clinical development. However, particularly in view of the impact of non-medical factors on health equity, it is our belief that every company is a healthcare company, and those outside the healthcare and life sciences sectors can play a significant role in advancing health equity efforts.

With that in mind—that each and every organisation has a shared responsibility to address health disparities—the World Economic Forum launched an initiative in 2023, the Zero Health Gaps (ZHG) Pledge. This pledge calls for CEOs across industries to make a public commitment that their organisation will play an active role eliminating health disparities by embedding health equity in their core strategies, operations and investments.<sup>14</sup> Deloitte is proud to be one of the founding signatories of the ZHG Pledge alongside 39 other private sector, government, academic, and civil society organisations, and which now has more than 110 signatories.

### Revamping organisational strategies to drive health equity forward

We asked our interviewees about their top health equity strategies. Figure 9 presents a summarised view of the responses, and the three most commonly mentioned focus areas were:

- **Adoption of strategies to increase access to innovative products and healthcare** for LMICs and underserved populations in high-income countries, mainly via increased investment in affordability and accessibility of their programmes (mentioned by about 50 per cent of interviewees).
- **Investment in inclusive R&D strategies** by increasing patient diversity in clinical trials and adopting equity-by-design approaches in product design (mentioned by about 45 per cent of interviewees).
- **Improving data and analytics infrastructure** to ensure that the right data are collected in local settings with patient stratification to track progress and enable data-driven decision making (mentioned by about 40 per cent of interviewees).



Deloitte is proud to be one of the founding signatories of the ZHG Pledge alongside 39 other private sector, government, academic, and civil society organisations...

**Figure 9. Health equity strategies cited by interviewees**

Sample size (N=40), Groups: Charities (N=8), Digital Health (N=5), MedTech (N=5), Pharma (N=13), Policy Maker (N=4), Providers (N=5).

Source: European Deloitte Health Equity Institute analysis of 40 interviews with European healthcare and life sciences stakeholders

Question: Which area of health equity is most important to you as an organisation? Gender, race, inclusive R&D, digital inclusion, etc.

Note: Because this was an open question, percentages do not represent the proportion of interviewees who said their company was implementing each strategy, but instead which strategies were at the forefront of the interviewee's mind. Each interviewee might have mentioned more than one strategy.



There is no 'one-size-fits-all' solution to embedding health equity in the core strategic and operational activities of every company, but all stakeholders can make a significant impact through a range of actions, including prioritising initiatives and setting goals to address unmet needs, optimising investments to align with such goals, and monitoring progress.

"We want priority and equity of access built into our commercial model."

**Pharmaceutical Leader**

"We are building consortia to ensure wider access to diagnostics to improve SDH—detect earlier, diagnose earlier, treat more effectively."

**MedTech Leader**

### Paving the road to health equity through policy and regulation

A quarter of our interviewees acknowledged that government-driven initiatives and regulation have influenced their internal health equity strategies. One example is the 'Levelling Up the UK' agenda that aims to narrow the health life expectancy gap between the lowest and highest level regions by 2030.<sup>15</sup>

Additionally, the EuroHealthNet has published its priorities for its 2024-2029 health equity policy, including an overarching vision to achieve a 'Wellbeing Economy', defined as 'an alternative economic model which revolves around investing in all people, reducing inequities, and aligning production and consumption with planetary boundaries.' There is a focus on the right to timely access to affordable good quality healthcare, with a push to shift from hospital-centric to primary care-based preventative health systems in order to achieve UHC, healthy early years and healthy ageing, and inclusive digital health.<sup>16</sup>

The European Commission (EC) aims to level up countries in terms of access to innovation, with regulations introduced recently for new medicines and medical devices.<sup>17</sup> For example, the new health technology assessment regulation that entered into force in 2022 calls for cooperation between Member States on joint clinical assessments to accelerate the approval of new medicines and medical devices. In addition, a new proposal for pharma regulation adopted in 2023 incentivises companies to provide access to their medicines in all Member States by awarding two extra years of data protection, and aims for more equitable and earlier access to medicines for an additional 67 million patients (a 15 per cent increase compared to today).<sup>18</sup>

In November 2022, the Commission also launched a new EU Global Health Strategy, which recognises that securing equitable health for European citizens is of paramount importance.<sup>19</sup>

Regulatory bodies have also stepped up their support for health equity. The European Medicines Agency (EMA) and the US Food and Drug Administration (FDA) have established guidelines and standards to promote inclusivity and equal opportunities in the drug development process, such as incentivised participant diversity in clinical trials, so that approved therapies benefit the patients they are designed for.<sup>20,21</sup> In the UK, the Health Research Authority (HRA) and Medicines and Healthcare products Regulatory Agency (MHRA) are working on an Inclusion and Diversity Plan to improve the design of clinical trials and clinical investigations to ensure people currently underserved by research are included.<sup>22</sup> This will be ever more important as we move towards 5P medicine (predictive, preventative, participatory, personalised and precise) and value-based healthcare models.<sup>23</sup>

"R&D is one of the functions that has increasing priority on Health Equity with a goal to improve access to medicines."

**Policy Maker**

### Trust and education as cornerstones of progress in health equity

Our interviewees recognise the importance of public trust and education of citizens, HCPs and governments, and mentioned several strategies to address this issue as part of their health equity agenda. Some interviewees said that they are actively campaigning to reduce mistrust and improve uptake of their products, or are influencing governments to recognise the commercial benefit of providing access to care in LMICs. Some are engaging with communities to improve trust and mutual respect in underserved communities, and to identify unforeseen barriers to health and enhance the effectiveness of programmes and policies. This is exemplified by pharma and charities working together targeting communities disproportionately affected by specific diseases to increase their participation in clinical research and access to medicines (e.g. Novo Nordisk's Cities for Better Health, a global public private partnership committed to driving health promotion and prevention through city-based initiatives that facilitate healthy living).<sup>24</sup>

There has also been a focus on upskilling the workforce in relation to cultural competency, with some interviewees referring to work on improving the capacity and capability of the workforce, including specific training programmes on health equity (e.g. understanding SDH, inequities across the care continuum, and how to reach underserved populations). Some interviewees who work in charities and digital health organisations mentioned diversifying their own workforce and build new ways of measuring impact to ensure that diverse perspectives are incorporated into their organisations and everyday work.

Some stakeholders are investing in health literacy strategies to enable people to make informed decisions about their health (see case study), as illiteracy about health can be an important source of inequity. A 2019 report from the Health Literacy in Europe consortium estimated that some 47 per cent of the European population had limited health literacy skills, with some countries having as little as 12 per cent.<sup>25</sup> Improving health literacy, for example by communicating in plain language and developing tailored materials and services that consider an individual's education, beliefs, and values and traditions.

"We are helping employers understand what their roles are in health equity and what actions to take; we are providing thought leadership and sharing best practices to bring those forward."

Industry Group Leader

# Case study:

## Infopool— Empowering Patients with Prostate Cancer

### Context

In 2020, prostate cancer became the most commonly diagnosed cancer in England, affecting 1 in 8 men in the UK, and disproportionately impacting Black men, with 1 in 4 developing prostate cancer in their lifetime.

### Approach

Many prostate cancer patients struggle with complex medical information, which can have a significant impact on quality of life and often results in treatment regret. To tackle this, in April 2023 Prostate Cancer Research launched the infopool, an accessible website that bridges the information gap for people affected by prostate cancer. Co-designed with patient and healthcare professional input, the infopool provides:

- **Clear, culturally representative information:** Makes use of animations, infographics, cartoons and videos to assist patients in their understanding of tests, treatments, side effects, clinical trials, and more, across all stages of the cancer journey.
- **Patient stories:** Hundreds of real-life experiences from patients facing similar situations.
- **Interactive tools:** A treatment decision tool and infographics that dynamically update based on real world data and diverse patient experiences, aiding informed decision making.
- **Multiple formats:** Accessible through a website, printed booklet, and QR codes, increasing accessibility for various learning styles and literacy levels.

### Impact

Since its launch, over **150,000** people have visited the infopool and more than **9 in 10** (93%) are likely or extremely likely to recommend it to a friend or colleague. The infopool has demonstrably improved the lives of people living with prostate cancer, and is supporting healthcare professionals too:

- After visiting the infopool, **2 times** as many visitors with low health literacy indicated feeling significantly more informed about their prostate cancer.
- **7 times** as many visitors indicated significant increase in confidence in discussing their treatment options with healthcare teams, and 3.5 times as many visitors with low health literacy indicated feeling significantly more confident.
- **73 times** as many visitors with low health literacy indicated they are more able to manage the emotional and physical challenges of prostate cancer.
- **35 times** as many visitors felt represented in the patient stories, highlighting the infopool's success in reaching underserved communities.
- More than **9 in 10** (98%) healthcare professionals would recommend it to colleagues, and surveys show the infopool saves healthcare professionals **3.5 hours** per month searching for information, translating into significant cost savings for the NHS of £2,694 for every nurse who uses the infopool each year.

This tool is a great example of what the third sector can do to advance health equity, helping to bridge healthcare gaps and ensuring everyone has the resources they need to navigate complex medical journeys.<sup>26</sup>

35 times as many visitors felt represented in the patient stories, highlighting the infopool's success in reaching underserved communities.

"It speeds up my time with the patients and I can see more within my clinics. They are more informed of the pathway and treatment options, so clinic appointment can be quicker depending on the patient's absorption of the information. And it has been a very positive year with Infopool's support"

CNS in Wales



### The power of data and inclusive-by-design approaches

The growing awareness of health inequities has been driven by the explosion in available health data, as well as by the intensive media coverage and public debate generated during the pandemic. As governments collected and reported data on the number of cases and mortality rates, the importance of health data for decision making became increasingly evident. To help curb the spread of COVID-19, healthcare organisations invested in technology infrastructure and collected extensive public health data, introduced improvements in data sharing and interoperability and use of advanced analytical techniques.<sup>27</sup> This pool of shared data and digital infrastructure was crucial for improving the speed of development of the vaccines needed to treat the virus, the first of which was conditionally approved in under one year of development time.<sup>28,29</sup> We expect these positive developments to be built on further to improve the understanding of health inequities, connecting health data with data from other sources that track and measure SDH, in order to design more targeted strategies across organisations in the life sciences and healthcare value chain.

Tracking health inequities has become a supranational goal. In April 2023, the WHO launched the Health Inequality Data Repository, which includes 59 datasets from more than 15 sources, to monitor health inequalities across different groups and over time across 22 dimensions of inequality, including demographic, socioeconomic and geographical factors.<sup>30</sup> As part of Europe's Beating Cancer Plan, one of the pillars of a strong European Health Union, the EC launched the European Cancer Inequalities Registry to provide high-quality data to identify trends, disparities and inequalities between Member States.<sup>31</sup>

Many interviewees mentioned improving their data and analytics capabilities as part of their health equity approach. The importance of a robust data infrastructure and data sharing and interoperability has been discussed for many years, but these issues became even more pronounced during the pandemic, as prevention, screening, tracking, treating, reporting, monitoring, and developing vaccines, all had to be substantially accelerated, with knowledge sharing between countries.

More and better data and analytics will be crucial for improving health equity. At a system level this will involve analysing patient stratified data, improving health access and outcomes and other determinants of health: for example, digital health stakeholders are providing general practitioners in rural areas with 5G connectivity to build their digital capacity and infrastructure. At an individual level there is a need to understand how patients with different backgrounds feel about certain treatments and to develop more personalised plans.

The importance of digital inclusion will increase as health systems become more digitalised. Examples of efforts to improve digital inclusion, mentioned by some interviewees, are providing equitable access to digital infrastructure through partnerships with telecoms companies to roll out 5G access in rural/disadvantaged communities, and improving the user experience (UX) with digital technology by developing apps with a user-friendly interface and intuitive design.

"It is of the utmost importance that data integrity and governance is protected at all cost so public trust remains high."


Pharmaceutical Leader



### Collaborations are key to driving health equity strategies

Coordinated efforts are key to achieving health equity, and our interviewees recognise that cross-industry collaborations are one of the best ways to tackle health inequities. Collaborations enable the exchange between organisations of insights, best practice, capabilities, resources and skills. For life sciences companies, at a local level, engaging, hiring, or collaborating with local and diverse vendors can also boost economies in underinvested communities, create jobs and enhance diversity. At a macro level, creating partnerships between providers, policy makers, regulators, patient advocates and other stakeholders informs proposals for structural changes and policies around access and coverage, payment reforms, and price transparency.<sup>32</sup>

Some interviewees mentioned relying on cross-functional partnerships to implement their health equity strategies successfully. Charities and healthcare providers play an important role in raising disease awareness among hard-to-reach patient groups and local communities, encouraging early screening and diagnosis, as well as facilitating better treatment coverage in underserved patient populations. Collaborations by these stakeholders with local communities are crucial to understand local needs and build trust among their populations. Interviewees from pharma companies, for example, said that they rely on local health authorities and charities to identify patients and draw insights from local demographics to improve treatment coverage.

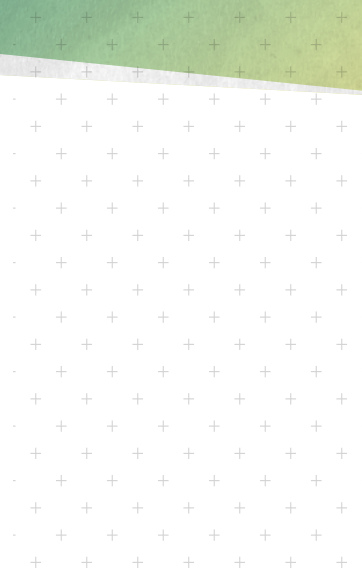
A hand is shown holding a blue card that has a white border and a white diagonal line. The card is held against a background of a white grid of plus signs. The text on the card is white and reads: "At a macro level, creating partnerships between providers, policy makers, regulators, patient advocates, and other stakeholders informs proposals for structural changes and policies around access and coverage, payment reforms, and price transparency."

At a macro level, creating partnerships between providers, policy makers, regulators, patient advocates, and other stakeholders informs proposals for structural changes and policies around access and coverage, payment reforms, and price transparency.



# 4 Closing inequity gaps: the need for action

The imperative for change is evident at all levels of the healthcare ecosystem, from individual engagement to organisational strategies and systemic reforms. The insights gathered from our interviewees with 40 health and life sciences leaders underscore the growing momentum towards achieving health equity. As we look to the future, it is clear that organisations must embed health equity in their business, not only to differentiate themselves in a competitive market but also to contribute to a more equitable society.



### Changes are needed at various levels across health systems, organisations and individuals

Studies on health disparities have shown consistently that these are a result of deep-rooted systemic inequities across society. We believe the following changes are needed at all levels to ensure that the progress towards health equity produces the desired outcomes.

#### Health systems

- Proactively collect and report data on health equity and work with other partners and governments to tackle SDH.
- Provide UHC with equivalent accessibility and quality as those who can afford private health insurance.
- Increase the focus on population health (including prevention and primary care services); upskill the workforce.
- Work with organisations (pharma, MedTech, etc.) to ensure streamlined and fair reimbursement and pricing processes.

#### Organisations

- Embed health equity in the business fabric, with a long-term strategy, clearly defined focus and KPIs.
- Agree cross-sectoral metrics between organisations to measure health equity progress and ensure the necessary data are collected.
- Link financial rewards (either within the organisation or to incentives to partners/supply chain) to health equity outcomes.
- Commit to working with health systems to ensure affordability of products or services.
- Find collaborations/partnerships that enable health equity targets to be met.
- Support underserved communities to reverse connectivity and device poverty.
- Support health equity within their workforce.

#### Individuals

- Actively engage with the health system and healthcare organisations.
- Co-create solutions to improve digital and health literacy.
- Understand drivers of unhealthy behaviours and work, with support from the community, including peers, to modify them.
- Help co-design equity strategies such as language simplification and translation of health information.

### The future of health equity is dependent on successfully tackling the drivers of inequity

From our interviews, we gathered valuable insights into expected trends for health equity (see Figure 10). Particularly in Europe, cross-border collaboration has the potential to elevate the health and wellbeing of all its citizens. Some of the health equity trends our interviewees can foresee for the coming years include:

- Continued efforts for more inclusive clinical development of new medicines. Organisations in life sciences will need to work collaboratively to understand the needs of the communities they are trying to reach, and design inclusive products or services, including the use of more diverse datasets and data that is representative of patient groups, to meet their needs and reduce bias.
- Increased digital inclusion and health literacy with efforts to improve technology literacy and address device and connectivity poverty.
- Improved data (including increased availability of disaggregated data) and tech infrastructure, with products and services designed in an inclusive way, that can also be used to monitor progress against health equity goals.

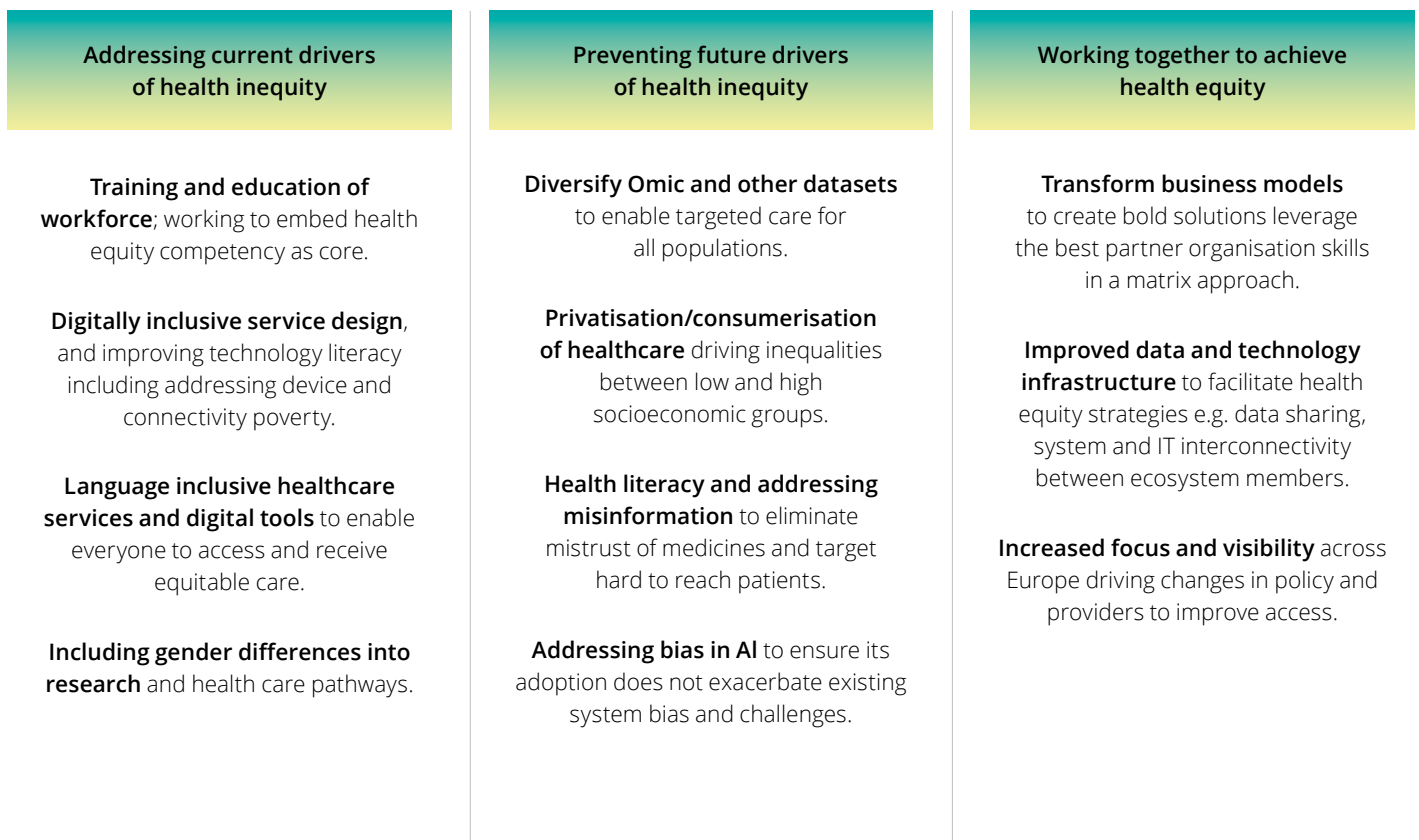


With the ongoing movement of people between countries, including those displaced by conflict, and our understanding of the barriers underserved communities face in accessing care, it is crucial that health equity should be embedded in all state-of-the-art scientific and technological developments, particularly in genomics and AI, so that populations will benefit from new prevention, diagnostic, and treatment tools.

“We need to strike a balance between the burden of disease and the commercial benefit of health equity and to develop a business case for health equity. People would love to do more but resources, funding and investors can limit progress.”

Pharmaceutical Leader

Figure 10. Key action areas to address health equity






### Priority areas by stakeholder type

Although we find that all stakeholders have placed greater priority on health equity in recent years, they have different levels of engagement and understanding of the needs of local communities, strategies within the organisation, and data and infrastructure to implement health equity programmes. Based on the insights gathered from our interviews, we have analysed key gaps in stakeholders' strategies and developed recommendations to improve their health equity agendas.

The public sector and third sector organisations covered by our interviews tend to have a good level of engagement with local communities and are starting to understand, concurrently with research on SDH, the needs of local populations. However, more work is needed to develop interventions to reach those groups that currently do not engage with the health system, alongside a relentless focus on population health and health promotion and prevention (e.g. screening).

Policy makers could be bolder in their incentives and track inclusive and timely access to innovation for all. Importantly, consistent collection of data, stratified by patient group, will be crucial to removing barriers to access, making evidence-based decisions about where to invest and which initiatives and innovations result in better health outcomes across different patient groups (see Figure 11).

**Figure 11. Key health equity gaps and recommendations for public sector stakeholders**




|  |  <b>NGOs/charities</b>  |  <b>Policy makers</b>   |  <b>Providers</b>   |
|--|--|--|--|
| <b>Stated priority for Health Equity</b> | <b>Very high</b>   | <b>High</b>  | <b>Med-high</b>  |
| <b>Typical areas of progress to date</b> | <ul style="list-style-type: none"> <li>Raising awareness with governments and influencing policy to improve access.</li> <li>Local community engagement (e.g. prevention, mental health, improving mistrust).</li> <li>Research and engagement to understand and develop tools to address SDH.</li> </ul>  | <ul style="list-style-type: none"> <li>Mandating organisations to adopt timely equitable access to care and innovations.</li> <li>Promoting inclusion and diversity in R&amp;D, including genomic studies.</li> <li>Starting actions to capture the right data and tailoring interventions to specific vulnerable populations.</li> </ul>  | <ul style="list-style-type: none"> <li>Expanding geographic access, with digital and remote care innovations.</li> <li>Understanding access barriers and some success in raising levels of health literacy and trust (supporting prevention and screening services).</li> <li>Supporting initiatives to improve diversity in provider-led research.</li> </ul>                                       |
| <b>Key gaps identified in interviews</b> | <b>Representation across all patient groups, beyond those historically more engaged with the charity or healthcare system.</b>   | <b>More data and transparency on key areas of need; need for greater ambition and incentivisation of change.</b>   | <b>Understanding the pathways effects of inequalities, the needs of local under-served populations, and co-creating interventions that work.</b>   |
| <b>Recommendations</b>                   | <ul style="list-style-type: none"> <li>Understand the needs of all patient groups and the barriers to improving health outcomes for underserved today.</li> <li>Convene stakeholders to influence policy, advance health equity strategies, and encourage investment.</li> <li>Highlight data and stories of success to inspire action in the health ecosystem.</li> </ul> | <ul style="list-style-type: none"> <li>Incentivise organisations to implement policies that benefit everyone.</li> <li>Invest in better data (ideally longitudinal and close to real time) and infrastructure to enable organisations to measure progress and long-term impact.</li> <li>Focus on articulating priority areas, resourcing and investing for long-term benefits.</li> </ul> | <ul style="list-style-type: none"> <li>Invest in better data management (e.g. capturing ethnicity data) to fully realise benefits of targeted equity strategies.</li> <li>Invest in building capability and workforce capacity to embed health equity in day-to-day activities (e.g. care navigators).</li> <li>Providing evidence to policy makers to signal demand for new innovations.</li> </ul> |

Source: European Deloitte Health Equity Institute analysis of 40 interviews with European healthcare and life sciences stakeholders.

Although organisations in the private sector, including pharma, MedTech, and digital health companies, may include health equity as a priority, they have yet to fully establish the business case for it and embed it throughout their business functions.<sup>33,34</sup> They usually have strategies for improving accessibility through local capacity building and partnerships/collaborations.

However, there are still significant gaps in terms of understanding the needs of local underserved populations. More inclusive R&D and solutions to improve the affordability of services and products will be crucial enablers to widen access to some patient groups and geographies and advance their health equity agendas (see Figure 12).

**Figure 12. Key gaps and recommendations for private sector stakeholders**

|  |  <b>Pharma</b>  |  <b>MedTech</b>  |  <b>Digital Health</b>   |
|--|--|---|---|
| <b>Stated priority for Health Equity</b> | <b>Med-high</b>  | <b>Medium</b>   | <b>Medium</b>   |
| <b>Typical areas of progress to date</b> | <ul style="list-style-type: none"> <li>Improving penetration in LMICs through workforce capacity and affordability.</li> <li>Starting to reach vulnerable populations in developed countries, aiming to build trust.</li> <li>More DEI product development and more inclusive clinical trial designs.</li> <li>Investing in population analytics, to understand social determinants of health.</li> </ul>                | <ul style="list-style-type: none"> <li>Investing in value-based healthcare solutions to improve accessibility.</li> <li>Starting to support clinicians in addressing barriers to access (e.g. educational booklets, addressing language barriers).</li> <li>Building consortia to ensure wider access to diagnostics (e.g. local equipment).</li> </ul>   | <ul style="list-style-type: none"> <li>Increasing accessibility of digital tools (e.g. those with disabilities, older groups).</li> <li>Using new sources of data to create services and improve resource allocation.</li> <li>Supporting healthcare organisations with connectivity and programmes to increase digital transformation.</li> </ul>                              |
| <b>Key gaps identified in interviews</b> | <b>A clearly understood business case for health equity and a delivery priority across functions (e.g. Med Affairs, R&amp;D etc.).</b>   | <b>Availability of high-quality data; barriers remain to achieve consistent access across health systems, further reducing accessibility for some patient groups.</b>   | <b>Use of digital tools limited in some key digitally-excluded populations; availability of high-quality data.</b>  |
| <b>Recommendations</b>                   | <ul style="list-style-type: none"> <li>Gather and analyse data on unmet need by disease area, and develop an internal/ external plan to address gaps.</li> <li>Increase efforts in more inclusive R&amp;D by bring together different and inclusive datasets (e.g. genomics, behavioural).</li> <li>Improve engagement with local communities to improve trust and increase participation in clinical trials.</li> </ul> | <ul style="list-style-type: none"> <li>Create a vision for health equity across the organisation with underpinning actions.</li> <li>Inclusive R&amp;D representing both current and future population demographics.</li> <li>Work with charities and policy makers to better understand the needs of different and underserved populations to create new or improved products/services.</li> </ul> | <ul style="list-style-type: none"> <li>Create digital health tools with inclusive data and reducing existing biases.</li> <li>Work with charities and policy makers to better understand the needs of different and underserved populations to create new or improved products/services. Embed health equity goals within the business (e.g. during transformation).</li> </ul> |







Source: European Deloitte Health Equity Institute analysis of 40 interviews with European healthcare and life sciences stakeholders.

## Designing and implementing health equity strategies with the right KPIs

Given the multidimensional nature of health equity and the role that stakeholders will play in a sustainable health equity model, we have developed a checklist that all organisations/businesses can use, across the care pathway, when designing and implementing health equity strategies (see Figure 13).

This is meant to be an easy-to-use framework that supports the assessment of whether the products/services being developed are contributing to health equity or are instead exacerbating inequities.

**Figure 13. Checklist for designing and implementing health equity strategies**

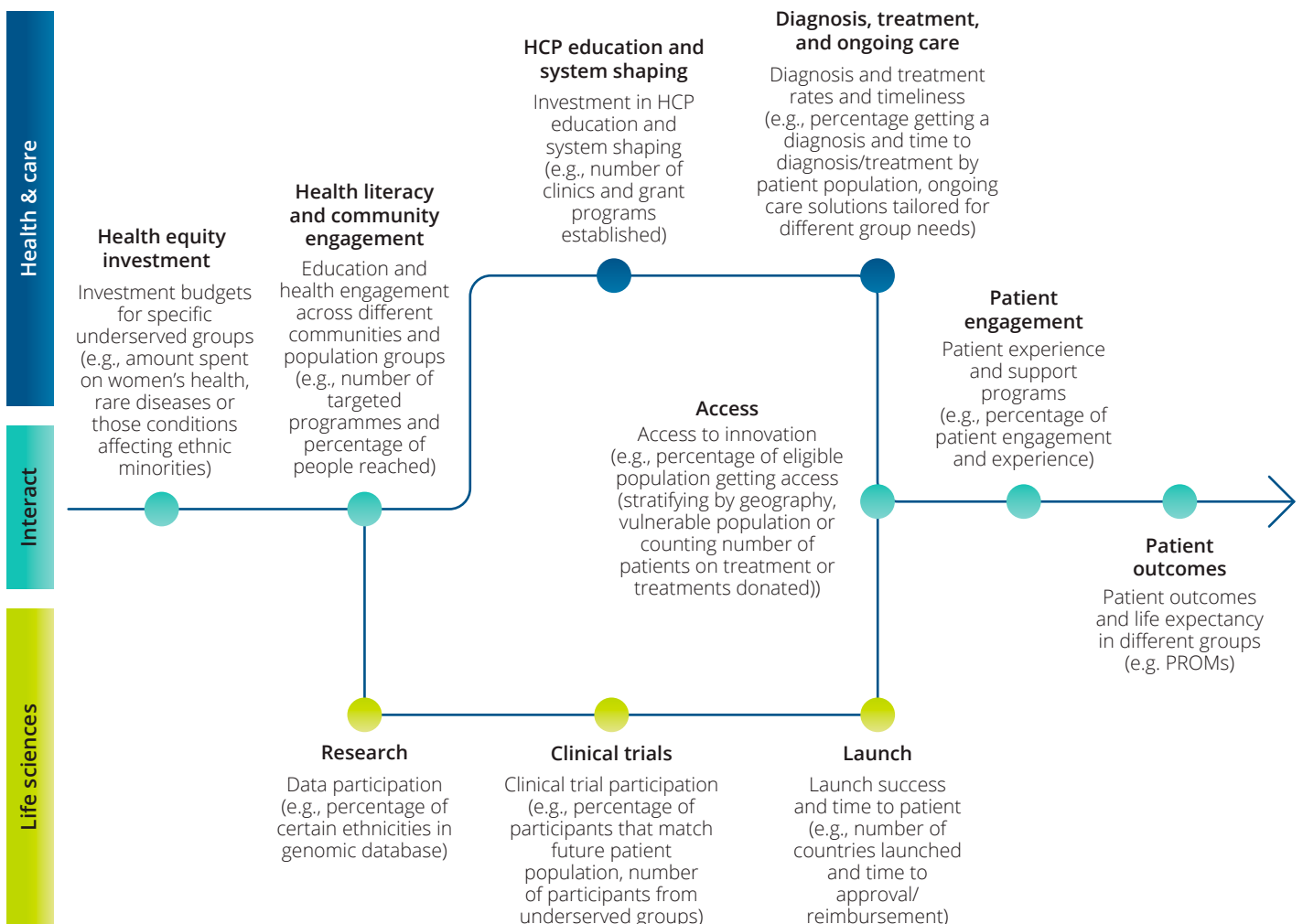
|   |                                     |  |
|---|-------------------------------------|--|
| <b>Patients</b><br>       | <input checked="" type="checkbox"/> | Do we consider the needs of all patients, regardless of their socioeconomic status, sex, ethnicity, ethnicity or other factors?                                  |
|   | <input checked="" type="checkbox"/> | Will all patients have access to the service, e.g. do we take into account digital exclusion or forms of exclusion, transportation?                              |
|   | <input checked="" type="checkbox"/> | Do we provide clear and concise information, in a language or format that patients can understand?   |
| <b>Data</b><br>           | <input checked="" type="checkbox"/> | Are we successfully collecting data that will represent a range of patients?   |
|   | <input checked="" type="checkbox"/> | Do we use data and KPIs to identify disparities in health outcomes?  |
|   | <input checked="" type="checkbox"/> | Are we creating algorithmic decision making or using AI have we ensured that bias is being mitigated or trained out?   |
| <b>Community</b><br>      | <input checked="" type="checkbox"/> | Are we engaging with communities to understand their needs and concerns?   |
|   | <input checked="" type="checkbox"/> | Should we work with specific communities to develop tailored content (e.g. to increase screening attendance)?  |
|   | <input checked="" type="checkbox"/> | Are we promoting community education and prevention?   |
| <b>SDH</b><br>            | <input checked="" type="checkbox"/> | Are we influencing or shaping housing, skills, employment, infrastructure, physical environment or other factors that influence health?                          |
|   | <input checked="" type="checkbox"/> | Are we working with other organisations to address the social determinants of health?  |
| <b>Health Systems</b><br> | <input checked="" type="checkbox"/> | Are we addressing or worsening the social determinants of health that contribute to health inequities, e.g. check pathways/ services work for all patient types? |
|   | <input checked="" type="checkbox"/> | Are health system processes equitable and not disproportionately impacting marginalised groups?  |
|   | <input checked="" type="checkbox"/> | Is patient or consumer trust in the system required for patient engagement or adherence?   |
| <b>HCP</b><br>            | <input checked="" type="checkbox"/> | Do HCPs have the right information and education to not exacerbate health inequities for this patient group?   |
|   | <input checked="" type="checkbox"/> | Are we supporting HCPs to ensure that they are providing equitable care?   |
|   | <input checked="" type="checkbox"/> | Are we flagging to HCPs areas of inequity they need to be aware of for this disease area or service?   |



We have also gathered important insights on how to measure progress and have developed a set of KPIs that can be adapted and used by organisations to ensure that health equity is considered throughout the entire care pathway (see Figure 14). By reporting the progress against set KPIs, organisations can increase public trust and respond to the increasing demand for more equitable care and social justice.

By reporting the progress against set KPIs, organisations can increase public trust and respond to the increasing demand for more equitable care and social justice.

**Figure 14. KPIs to measure the success of health equity programmes**



# Final remarks: From Awareness to Action

The COVID-19 pandemic was a catalyst that increased awareness of the impact of systematic inequity on health outcomes and on a country's economy. It also left a data infrastructure legacy that should be leveraged to monitor the factors that interact to shape our health and provide insights for improving outcomes. More health and life sciences organisations are now aware of and prioritising health equity.

In our interviews with health and life sciences leaders, we observed that many have been adopting strategies to include health equity in their businesses and across roles, focusing on increased access to innovation and healthcare, inclusive R&D, and improving their data infrastructure and analytic capabilities. These strategies include changes at an individual level (e.g. improving community engagement, health literacy, and digital inclusion), at an organisation level (e.g. building workforce capability, creating financial rewards to improve health outcomes, inclusive-by-design products and services), and at a systemic level (e.g. addressing SDH).

Looking to the future, it is our view that organisations cannot rely solely on a few strategies that target only parts of the care pathway. Instead, they need to address barriers at every touchpoint, and create integrated strategies to design out inequity. Communities need to see action, not just words, to increase their trust in the system. This will require a transformation of business models, embedding health equity at every level, and new tailored products and services for communities. Health equity has the potential to be an important commercial driver, and we believe we will all gain as a society.

Communities need to see action, not just words, to increase their trust in the system. This will require a transformation of business models, embedding health equity at every level, and new tailored products and services for communities.



# Glossary

**DEI** – Diversity, equality and inclusion

**DHEI** – Deloitte Health Equity Institute

**EC** – European Commission

**EMA** – European Medicines Agency

**EU** – European Union

**FDA** – US Food and Drug Administration

**GDP** – Gross Domestic Product

**HCP** – Healthcare Professionals

**HRA** – Health Research Authority

**KPI** – Key performance Indicator

**LMIC** – Low – and medium-income country

**MHRA** – Medicines and Healthcare products Regulatory Agency

**PROMs** – Patient Reported Outcome Measures

**R&D** – Research and development

**SDH** – Social determinant of health

**UHC** – Universal health coverage

**UX** – User experience

**WHO** – World Health Organization

**ZHG** – Zero Health Gaps



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