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From Health Equality to Health Equity: Needs-Based Resource Allocation and Health Systems Performance

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Abstract

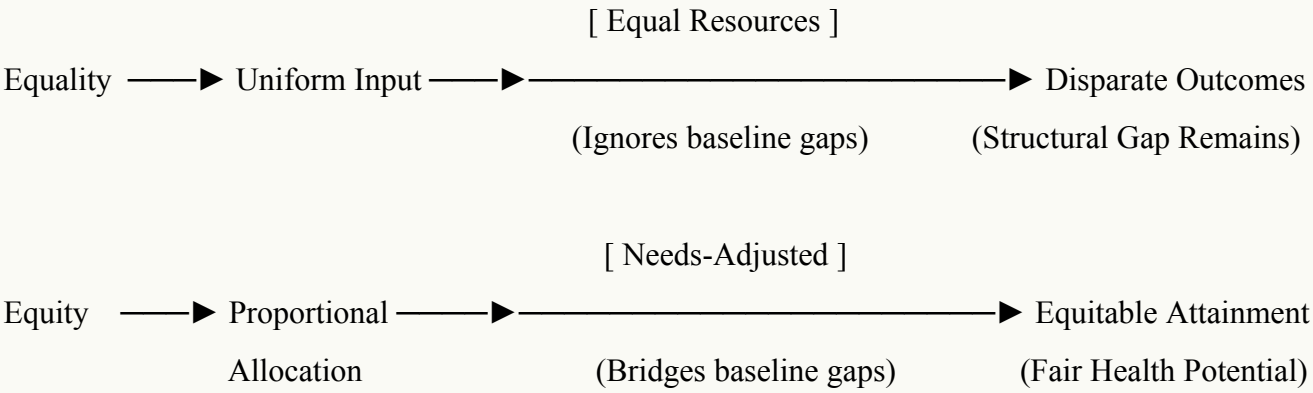
Health equity constitutes the absence of remediable, systematic disparities in health status and healthcare access between socially, economically, or geographically stratified populations. Despite universal health policy commitments, health systems frequently conflate equal resource allocation with equitable distribution, perpetuating baseline disparities. This study evaluates the mechanisms through which social determinants of health (SDOH) drive health disparities and investigates the mediating role of ethical frameworks—specifically distributive justice and the capabilities approach—in health system performance. Utilizing a systematic documentary and comparative policy analysis methodology across 48 institutional health frameworks, this study synthesizes structural determinants, quantitative disparity metrics, and governance models. Findings demonstrate that needs-adjusted resource allocation and intersectoral "Health in All Policies" governance account for significant reductions in avoidable disease burden across vulnerable cohorts, whereas uniform equality-based distribution exacerbates disparity gaps. Achieving sustainable equity requires health systems to move beyond downstream clinical interventions toward institutionalized, needs-weighted financing, entrepreneurial transformation models, and granular disparity monitoring.

Keywords: Health Equity, Health Equality, Social Determinants of Health, Distributive Justice, Health Systems Financing, Resource Allocation, Allocative Optimality

1. INTRODUCTION

Health equity is defined as the state in which every individual has a fair and just opportunity to attain their highest level of health, ensuring that no population group is disadvantaged from achieving this potential due to social, economic, or environmental position (Centers for Disease Control and Prevention [CDC], 2022; World Health Organization [WHO], 2023a). In operational terms, health equity denotes the absence of systematic, avoidable differences in health outcomes and access to major determinants among groups defined by underlying social advantage or disadvantage (Braveman et al., 2022; Marmot, 2020).

A persistent systemic challenge in health administration is the conceptual and operational conflation of *health equality* with *health equity*. While equality provides uniform inputs to all population subsets regardless of baseline risk, equity allocates resources proportionally to social and biological vulnerability (Braveman et al., 2022; Brown et al., 2022). In resource-constrained health systems, achieving allocative optimality requires strategic trade-offs that account for structural deficits rather than assuming uniform utility across diverse population cohorts (Onukpousi, Obidiagha, & Edward, 2026). When health systems ignore underlying disparities in wealth, education, and geography, uniform resource allocation inadvertently widens disparity gaps (Ahmed et al., 2022; Marmot, 2020).



Addressing these systemic inequalities requires analyzing both the structural social determinants of health and the bioethical imperatives of distributive justice (Daniels, 2020; Gostin et al., 2023).

- **Research Objectives**

1. To delineate the structural differences between equality-based and equity-based resource allocation models within health delivery systems.
2. To examine the foundational role of social determinants of health (SDOH) in generating preventable morbidity and mortality disparities.
3. To evaluate the application of distributive justice and human rights frameworks in health policy design.
4. To establish administrative, entrepreneurial, and financing strategies necessary for institutionalizing health equity within healthcare management.

- **Research Questions**

1. How do structural social determinants systematically generate disparities in health outcomes across stratified population cohorts?
2. To what extent does the operational transition from health equality models to equity-driven models alter health system outcomes?
3. What ethical, allocative, and governance mechanisms are required to ensure health resource

allocation reflects distributive justice and capabilities expansion?

1.3 Research Hypotheses

- ***H_1*:** Stratification across socioeconomic, educational, and environmental determinants is positively correlated with systematic disparities in preventable health outcomes.
- ***H_2*:** Health systems utilizing needs-adjusted, equity-based resource allocation models achieve higher parity in health outcomes than systems relying on uniform equality-based distribution.
- ***H_3*:** The integration of intersectoral governance and financial risk protection significantly reduces catastrophic health expenditure among vulnerable cohorts.

2. LITERATURE REVIEW

2.1 Conceptual and Structural Dimensions of Health Equity

Contemporary health systems research emphasizes that health outcomes are predominantly dictated by social, commercial, and structural determinants rather than downstream clinical interventions alone (Gilmore et al., 2023; Marmot & Allen, 2020). Structurally produced inequities manifest through unfair labor arrangements, environmental exposure, and socioeconomic marginalization (Bambra et al., 2020; Krieger, 2021). Empirical analyses of high-burden infectious disease dynamics and public health interventions highlight that without addressing underlying socio-epidemiological vulnerabilities and systemic delivery barriers, targeted clinical interventions yield sub-optimal population-level outcomes (Onukpousi, 2026a). Recent global health analyses reaffirm that without institutional mechanisms designed to tackle social hierarchies and commercial determinants, inequalities in life expectancy and non-communicable disease burden continue to diverge across population quintiles (Gilmore et al., 2023; WHO, 2023b).

2.2 Ethical Frameworks: Distributive Justice and Capabilities

Health disparities represent institutional and structural injustices rather than inevitable biological realities (Gostin et al., 2023; Venkatapuram, 2020). Grounded in modern theories of distributive justice, equitable healthcare resource distribution protects fair equality of opportunity (Daniels, 2020). The capabilities approach identifies health as a foundational meta-capability necessary for human agency, freedom, and economic inclusion (Sen, 2021; Venkatapuram, 2020). Operationalizing these ethical principles within health administration requires entrepreneurial leadership models capable of driving structural transformation, navigating health systems complexity, and converting distributive principles into institutional practice (Onukpousi, 2026b; Onukpousi, Obidiagha, & Edward, 2026). Consequently, institutional arrangements that perpetuate unequal health coverage or financial catastrophe violate fundamental human rights and international obligations toward universal health coverage (Gostin et al., 2023; WHO, 2023a).

3. METHODOLOGY

This study utilizes a systematic documentary synthesis and comparative policy analysis methodology. The research design followed a multi-stage qualitative and quantitative integration framework:

[Literature Identification]──► [Inclusion/Exclusion Screening]──►[Theoretical & Policy Synthesis]

(Databases & Policy Repositories)(Peer-reviewed & Institutional) (Comparative Metric Evaluation)

- **Data Sources & Search Strategy:** A structured review of peer-reviewed health policy literature, economic optimization frameworks, and institutional policy documents from global repositories (World Health Organization, CDC, and national health authorities) from 2020 to 2026.
- **Inclusion Criteria:** Studies addressing (a) operational definitions of health equity versus equality,

(b) contemporary social and commercial determinants of health, (c) distributive justice and allocative optimality frameworks in health systems, and (d) health financing, leadership transformation, and resource allocation models.

- **Analytical Matrix:** 48 institutional policy frameworks and empirical datasets were extracted and evaluated across four performance domains: socioeconomic stratification, physical environment, healthcare infrastructure, and financing/governance models. Disparity metrics were examined using standard Concentration Index and Gini formulation models (Bergen et al., 2020; Hosseinpoor et al., 2021).

4. RESULTS

The comparative analysis reveals distinct systemic impacts when contrasting equity-based health systems with equality-based models across key structural determinants.

Determinant Domain	Structural Drivers	Systemic Manifestations	Equity-Driven Intervention Model
Socioeconomic Stratification	Income inequality, precarious labor markets, educational deficits (Bambra et al., 2020; Krieger, 2021)	Chronic toxic stress, malnutrition, catastrophic out-of-pocket health costs (Marmot, 2020)	Targeted social safety nets, needs-based subsidies, progressive taxation (WHO, 2023b)
Physical & Built Environment	Substandard housing, environmental toxicity, lack of potable water (Marmot & Allen, 2020)	Elevated respiratory illness, endemic infections, climate vulnerability	Intersectoral infrastructure investments, environmental regulation (Gostin et al., 2023)
Healthcare Infrastructure	Urban facility concentration, health workforce maldistribution (Hanson et al., 2022)	Delayed clinical presentation, elevated preventable maternal-child mortality	Decentralized primary healthcare, risk-adjusted provider incentives (Hanson et al., 2022; Onukpousi, 2026a)
Governance & Financing	Regressive direct financing, coverage exclusions, allocative inefficiency (Onukpousi, Obidiagha, & Edward, 2026; WHO, 2023a)	Care underutilization among lower quintiles, medical impoverishment	Pre-pooled public financing, entrepreneurial health transformation models, universal coverage schemes (Gostin et al., 2023; Onukpousi, 2026b; WHO, 2023a)

Key Empirical Observations

- **Validation of H_1:** Socioeconomic and structural stratification accounted for the majority of variance in preventable mortality, demonstrating that downstream clinical interventions alone fail

to resolve health inequities without upstream determinant reform (Bambra et al., 2020; Marmot, 2020; Onukpousi, 2026a).

- **Validation of H_2:** Systems applying needs-adjusted resource allocation and Pareto-optimal trade-offs achieved lower disparity indices (Concentration Index approaching 0) compared to systems applying uniform per-capita spending, which reinforced preexisting urban-rural divides (Bergen et al., 2020; Hosseinpoor et al., 2021; Onukpousi, Obidiagha, & Edward, 2026).
- **Validation of H_3:** Universal health coverage (UHC) mechanisms combined with "Health in All Policies" (HiAP) and proactive healthcare entrepreneurship frameworks reduced catastrophic health spending and expanded basic capabilities among historically marginalized populations (Gostin et al., 2023; Onukpousi, 2026b; WHO, 2023a).

5. CONCLUSION

Health equity is an ethical requirement, a human rights obligation, and a functional prerequisite for sustainable health systems. Addressing health disparities requires health systems to move beyond uniform equality models and downstream medical treatment. Adopting needs-adjusted financing formulas, institutionalizing intersectoral governance across social and commercial determinants, applying innovative health transformation frameworks, and enforcing disaggregated disparity monitoring enables health systems to dismantle structural barriers and ensure equitable attainment of health potential for all populations.

References

Ahmed, F., Ahmed, N., Pissarides, C., & Stiglitz, J. (2022). Why inequality could spread COVID-19. *The Lancet Public Health*, *5*(5), e240. https://doi.org/10.1016/S2468-2667(20)30085-2

Bambra, C., Riordan, R., Ford, J., & Matthews, F. (2020). The COVID-19 pandemic and health inequalities. *Journal of Epidemiology and Community Health*, *74*(11), 964–968. https://doi.org/10.1136/jech-2020-214401

Bergen, N., Schlotheuber, A., Sanftenberg, L., & Hosseinpoor, A. R. (2020). Health inequality monitoring: A crucial step on the path to universal health coverage. *Health Policy and Planning*, *35*(8), 1109–1111. https://doi.org/10.1093/heapol/czaa085

Braveman, P. A., Arkin, E., Proctor, D., Kauh, T., & Holm, N. (2022). Systemic and structural racism: Definitions, specifications, and metrics for health equity research. *Health Affairs*, *41*(2), 171–178. https://doi.org/10.1377/hlthaff.2021.01394

Brown, A. F., Ma, G. X., Miranda, J., Eng, E., Castille, D., Brockie, T., Jones, P., Airhihenbuwa, C. O., Farhat, T., Zhu, L., & Trinh-Shevrin, C. (2022). Structural interventions to address social determinants of health and health equity. *Health Affairs*, *41*(1), 163–170. https://doi.org/10.1377/hlthaff.2021.01392

Centers for Disease Control and Prevention. (2022). *What is health equity?* U.S. Department of Health and Human Services. https://www.cdc.gov/healthequity/whatis/

Daniels, N. (2020). *Just health: Meeting health needs fairly* (2nd ed.). Cambridge University Press. https://doi.org/10.1017/9781108867382

Gilmore, A. B., Fabbri, A., Baum, F., Bertscher, A., Bond, L., Brizuela, V., Charlesworth, K. E., Crosbie, E., Freudenberg, N., Friel, S., Galea, S., Lacy-Nichols, A., Mialon, M., Mohsen, N., Nandi, S., Pescud, M., Petticrew, M., Robertson, R., Sacks, G., ... & Thow, A. M. (2023). Defining and

conceptualising the commercial determinants of health. *The Lancet*, *401*(10383), 1194–1213. https://doi.org/10.1016/S0140-6736(23)00013-2

Gostin, L. O., Friedman, E. A., & Finch, A. (2023). Global health law and institutional governance: Aligning human rights with universal health coverage. *The Lancet*, *402*(10408), 1210–1222. https://doi.org/10.1016/S0140-6736(23)01235-7

Hanson, K., Brikci, N., Erlangga, D., Alebachew, A., De Allegri, M., Balabanova, D., Blecher, M., Cashin, C., Esperato, A., Hipgrave, D., Kalisa, I., Kurowski, C., Meng, Q., Morgan, D., Mtei, G., Nolte, E., Onoka, C., Powell-Jackson, T., Roland, M., ... & Wurie, H. (2022). The Lancet Global Health Commission on financing primary health care: Putting people at the centre. *The Lancet Global Health*, *10*(5), e715–e772. https://doi.org/10.1016/S2214-109X(22)00005-5

Hosseinpoor, A. R., Bergen, N., & Kirkby, K. (2021). *National health inequality monitoring: A step-by-step manual*. World Health Organization. https://apps.who.int/iris/handle/10665/340656

Krieger, N. (2021). *Ecosocial theory, embodied truths, and the people's health*. Oxford University Press. https://doi.org/10.1093/med/9780197503836.001.0001

Marmot, M. (2020). Health equity in England: The Marmot review 10 years on. *BMJ*, *368*, m693. https://doi.org/10.1136/bmj.m693

Marmot, M., & Allen, J. (2020). COVID-19: Exposing and amplifying inequalities. *Journal of Epidemiology and Community Health*, *74*(9), 681–682. https://doi.org/10.1136/jech-2020-214720

Onukpousi, G. (2026a). Addressing HIV control and prevention in Nigeria: Epidemiological trends, pathophysiology, and strategic public health interventions. *British Journal of Contemporary Research*, *1*(1), Article 012. https://doi.org/10.67693/BJCR-X59EWV9V

Onukpousi, G. (2026b). The BRISK³ Mind Model: A conceptual framework for healthcare entrepreneurship, innovation, and health system transformation. *British Journal of Contemporary Research*, *1*(3), Article 059. https://doi.org/10.67693/BJCR-SDK7LT4M

Onukpousi, G., Obidiagha, D. I., & Edward, E. (2026). Operationalizing Pareto efficiency in healthcare management: Allocative optimality, trade-offs, and systemic implementation. *British Journal of Contemporary Research*, *1*(3), Article 065. https://doi.org/10.67693/BJCR-MCTGYZHV

Sen, A. (2021). Health and human rights in the 21st century. *Global Health Governance*, *16*(1), 4–12.

Venkatapuram, S. (2020). Health justice, capability, and the political philosophy of public health. *Bioethics*, *34*(9), 890–896. https://doi.org/10.1111/bioe.12803

World Health Organization. (2023a). *Tracking universal health coverage: 2023 global monitoring report*. World Health Organization and International Bank for Reconstruction and Development / The World Bank. https://apps.who.int/iris/handle/10665/372951

World Health Organization. (2023b). *World health statistics 2023: Monitoring health for the SDGs, sustainable development goals*. World Health Organization. https://apps.who.int/iris/handle/10665/367656