

CENTERS FOR DISEASE CONTROL AND PREVENTION

# GLOBAL HEALTH EQUITY STRATEGY 2022-2027



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

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## Executive Summary

On April 20, 2021, CDC launched an agency-wide health equity science and intervention strategy to holistically reimagine how the agency approaches health equity. CDC commits to: **Cultivate** comprehensive health equity science, **Optimize** interventions, **Reinforce** and expand robust partnerships, and **Enhance** capacity and workforce engagement (also known as CORE commitments). CDC Director, Dr. Rochelle Walensky, states, “As America’s public health agency and as a leader of public health globally, CDC is reaffirming our commitment to health for all.”

Five pillars guide CDC’s global public health work across the agency: scientific expertise, diverse partnerships, innovation, sustainability, and health equity. CDC works to eliminate health disparities and achieve optimum health through all these pillars, and more specifically by addressing health equity to reach those in greatest need through global programs, research, tools and resources, and leadership.

Under CORE, the agency-wide health equity vision is that CDC is a trusted and proven public health leader in advancing health equity. The aim, according to Dr. Leandris Liburd, Director of CDC’s Office of Minority Health and Health Equity, is to “integrate health equity into the very fabric of all we do as the nation’s leading health agency.”

The **CORE long-term goals** commit CDC to ensure that:

1. Health equity is an integral part of CDC’s scientific portfolio
2. CDC programs and interventions embed health equity into their design, implementation, and evaluation
3. CDC uses scientific and data-driven intervention strategies that address environmental, place-based, occupational, policy and systemic factors that impact health outcomes and shape equitable opportunities for health
4. CDC scientific and intervention work uses partnerships and innovative data and analytic approaches to address multi-level drivers of health disparities

### Framework and Guiding Principles

The Four United Nations Essential Components for Achieving the Right to the Highest Attainable Level of Health framework, endorsed by WHO, are foundational to CDC’s global public health guiding principles, global health equity vision and goals.

#### United Nations Core Components to Achieving the Highest Attainable Level of Health

- **Availability:** sufficient quantity of functioning public health facilities, goods, services, and programs
- **Accessibility:** non-discrimination, physically accessible, affordable, access to information and programs
- **Acceptability:** respectful of medical ethics, culturally appropriate, sensitive to gender issues
- **Quality:** scientific and medically appropriate, good quality public health services

#### Guiding Principles for Implementing *Health Equity* into CDC’s Global Work

- Prioritize the needs of people who are most disadvantaged or disproportionately affected
- Engage affected populations and communities
- Collaborate with external partners, including non-traditional, and local partners
- Confirm that programs uphold principles of human rights
- Implement good and ethical public health practice
- Cultivate ethical and knowledgeable staff

# CDC Global Health Equity

**Vision:** Everyone can achieve the highest attainable level of health, and no one is disadvantaged from achieving this potential because of social position or any other socially, economically, demographically, or geographically defined circumstances or physical condition.

**1 Cross-cutting Goal 1:** By 2027, building on CDC's core strengths in scientific leadership, innovation, surveillance, laboratory, and using data to drive impact, CDC will assess and strengthen our capacity, infrastructure, policies, and partnerships to consistently and deliberately apply global health equity principles and approaches to our global health science, interventions, programs, policy development, and communication

**2 Cross-cutting Goal 2:** By 2027, build the evidence-base to advance health equity in our global health science and interventions

**3 Cross-cutting Goal 3:** By 2027, implement standard health equity measures that will be seamlessly integrated into CDC global data collection efforts (e.g., surveys, surveillance, routine program, supply chain, laboratory) and used to reach epidemic and accelerated disease control, and disease eradication and elimination among known and unknown groups who are marginalized

## Program-specific goals

### Parasitic Diseases and Malaria

**Goal 1:**

Identify the primary social determinants of health that increase the risk for parasitic diseases in underserved US communities (by 2023), and develop/implement a strategy to increase awareness, promote access to disease prevention services, and increase use of prevention practice (by 2026) with a focus on soil-transmitted helminths and malaria.

**Goal 2:**

By end of 2023, increase access to a package of community care\* by 30% in remote areas currently underserved by peripheral health facilities in five high-burden malaria countries where US President's Malaria Initiative operates, as measured by a 30% increase in all cause consults for illness treated by CHWs, to address health services disparities, particularly in rural areas.

### Global Health Protection

**Goal 1:**

By 2025, CDC to work with the broader community of National Public Health Institutes (NPHI) to support defining and accelerating progress towards health equity goals and developing and adopting health equity strategies in support of the global health security goal to enhance essential public health workforce and functions.

**Goal 2:**

By 2026, CDC and partners will address disparities in access to preventive health care by promoting primary health care principles through the global health security framework to integrate infectious diseases and other health threats prevention program planning and delivery, thereby reducing their synergistic impact during public health threats and improving our approach to pandemic preparedness.

### Global HIV & TB

**Goal 1:**

Affirm and advance the role of health equity and equitable workforce representation as a core construct in the work of CDC in HIV and TB prevention and treatment, create an action plan for improvement, and implement by September 30, 2023.

**Goal 2:**

Advance the reduction of stigma and discrimination through the promotion of civil and human rights to improve the health outcomes of persons at risk of, or living with, HIV and/or TB infection in countries where CDC works by September 30, 2023.

### Global Immunization

**Goal 1:**

By December 31, 2026, in all CDC priority countries, underserved populations with immunity gaps\* are identified and reached with vaccination services to achieve measurable reductions in mortality and morbidity from targeted VPDs.

*\*Underserved populations with immunity gaps who have disproportionately high risk for vaccine-preventable diseases. Examples include: zero-dose children, populations affected by conflict, disaster and humanitarian crisis, nomadic populations, populations with gender related barriers to immunization, populations without access to recommended vaccines).*

\*The package of community care includes integrated community case management (ICCM) of pneumonia, diarrhea, and malaria for children under 5 and access to diagnosis and treatment for acute febrile illness for all ages

## Definition of Terms

There are a variety of terms and definitions in health equity literature and communications. While consensus is evolving as more awareness is gained about health equity, subject matter experts have drawn from a range of sources to define terms used in this strategy.

### Health Equity

The state in which everyone has a fair and just opportunity to attain their highest level of health.

### Health Disparities

Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations who have been socially, economically, geographically, and environmentally disadvantaged.

### Health Inequities

Disparities in health that stem from unjust, systemic policies and practices which limit opportunities for good health.

### Health Equity Science

Science that investigates the underlying contributors to health inequities and builds an evidence base that will guide action across the domains of programs, surveillance, policy, communication, and scientific inquiry to move toward eliminating, rather than simply documenting, inequities.



Epidemic intelligence officer conducting an immunization survey in Rajasthan, India for the prevention of diseases like TB and Polio.



Three healthcare workers pose as they wait for training at a regional public health office in Quetzaltenango, Guatemala. CDC supports local and national health departments, which helps Guatemala respond to public health threats to prevent the spread of disease regionally and globally.

## Introduction

### *CDC's Global Public Health Mission*

CDC aspires to create a world where people – in the United States and around the globe – live healthier, safer, and longer lives<sup>[1]</sup>. CDC's global public health mission is to improve and maintain the health, safety, and security of Americans while working 24/7 to reduce morbidity and mortality worldwide and to safeguard communities by addressing global health threats before they affect the United States. The agency does this through its expertise, unique technical skills, scientific knowledge and research, collaborative partnerships, and evidence-based global public health action. CDC executes this global public health mission by focusing on four goal areas:

1. Achieving measurable global public health impact
2. Assuring global health security
3. Providing public health science leadership and expertise
4. Promoting and ensuring health equity as a central tenet across global public health science, program, and policy.

Five pillars undergird and guide CDC's global public health work: **scientific expertise, diverse partnerships, innovation, sustainability, and health equity**<sup>[1]</sup>. CDC works to eliminate health disparities and achieve optimum health through all these core principles and, more specifically, by focusing on initiatives and interventions that reach people in greatest need<sup>[1]</sup>.

## CDC's CORE Health Equity Science and Intervention Strategy

In 2021, CDC launched an agency-wide strategy that aims to integrate health equity into everything we do. CDC commits to **Cultivate** comprehensive health equity science, **Optimize** interventions, **Reinforce** and expand robust partnerships, and **Enhance** capacity and workforce engagement (also known as CORE). This commitment ensures health equity and the elimination of health inequities are central to our work and holistically transforms the agency's approach to public health <sup>[2,3]</sup>. Five themes were identified to help accelerate progress through technical assistance and tools to support programs' needs to achieve this strategy. These five themes include extramural support, data sciences and analytics, standardization of approaches, communication and dissemination, and partnerships. With an emphasis on these themes, the agency aims to support existing health equity work, gain efficiencies, and increase collective impact.

### C.O.R.E. Themes



The CORE strategy challenges CDC to incorporate health equity into our work at all levels. CDC's organizational units submitted health equity action plans that included goals, milestones, indicators, and key partnerships to build a broad, unified agency-wide strategy <sup>[2,4]</sup>. These plans describe how the agency will study the drivers and impacts of social determinants of health, expand the body of evidence of interventions that reduce the inequities that affect health, and invite solution-oriented partners from multiple sectors to collaborate <sup>[2]</sup>. The CORE framework leverages agency priorities to drive health equity, coordinates mechanisms to advance CORE implementation, and transforms efforts to accelerate innovative change <sup>[3]</sup>.

## CDC's CORE Commitment to Health Equity

### Cultivate comprehensive health equity science

CDC will embed health equity principles in the design, implementation and evaluation of its research, data surveillance, and intervention strategies.

### Optimize interventions

CDC will use scientific, innovative, and data-driven intervention strategies that address environmental, place-based, occupational, policy, and systemic factors that impact health outcomes and address drivers of health disparities.

### Reinforce and expand robust partnerships

CDC will seek out and strengthen sustainable multi-level, multi-sectoral, and community partnerships to advance health equity.

### Enhance capacity and workforce engagement

CDC will build internal capacity to cultivate a multi-disciplinary workforce and more inclusive climates, policies, and practices for broader public health impact.

## Vision for Health Equity in CDC's Global Work

Building upon CDC's global public health mission and agency-wide principles and goals, health equity (HE) for CDC is realized when everyone has the opportunity **to achieve their highest attainable level of health and no one is disadvantaged from achieving this potential because of social position or any other socially<sup>[6]</sup>, economically, demographically, or geographically defined circumstances or physical condition<sup>[7,8]</sup>.**

Health equity is already embedded in CDC's global work and is a fundamental core principle in CDC's science and interventions strategy. Closely considering individual country and community contexts is critically important for CDC's health equity work, including efforts implemented through CDC's country offices in more than 60 countries, and in countries where CDC does not have a permanent presence. CDC works in close collaboration with many partners and countries to further public health equity goals and leverage the opportunities and synergies between vertical program efforts and broader agency efforts around health equity. CDC's commitment to health equity was reinforced with the release of the Global Public Health Equity Guiding Principles for Communication<sup>[9]</sup>. These principles underpin the language and images CDC uses to communicate global work as being inclusive, respectful, non-stigmatizing, bias-free, and appropriately tailored to diverse audiences. The global health equity strategy advocates for a coordinated approach for global public health equity to bolster and leverage existing programs, identify gaps, and elevate advances in health equity science.

As our awareness and collective understanding of health equity continues to evolve and develop, this strategy should be considered a living document that will transform in step with our common understanding. The strategy described here represents CDC's plan to consistently and deliberately advance health equity principles and approaches within and throughout CDC's global public health science, interventions, partnerships, policies, and infrastructure. This strategy also aims to center the reduction of global health inequities as core to CDC's global public health work. Therefore, defining HE in global work considers "the ethical and human rights principle that motivates people to eliminate disparities in health and in the determinants of health that adversely affect excluded or marginalized groups"<sup>[6]</sup> based on the premise that everyone has a "fair and just opportunity to be as healthy as possible"<sup>[5]</sup>. As a process, we may consider HE as removal of structural patterns or "economic and social obstacles to health" that are the drivers of health disparities<sup>[8]</sup>.



CDC's vision for health equity in the global context is also reflective of the United Nations (UN) recognition of the right of everyone to the highest attainable level of health, first in the UN Charter (1945), which obligates member nations to promote health among other human rights as a way of achieving peace among nations<sup>[10,11]</sup>. The phrase "**achieve the highest attainable level of health**" is captured within the World Health Organization (WHO) Constitution (1946) which states, "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition<sup>[12]</sup>". The UN 2030 Agenda for Sustainable Development adopted 17 sustainable development goals (SDGs) with



169 targets<sup>[13]</sup>. Goal 3 in the UN's 2030 Agenda for Sustainable Development calls for all Member Nations to "Ensure healthy lives and promote well-being for all at all ages", and UN SDG 10 emphasizes the importance of "Reducing inequalities and ensuring no one is left behind"<sup>[13]</sup>. Other goals address poverty, hunger, education, gender equality, water and sanitation, clean and affordable energy, work, and economic growth, among others. These goals and associated targets are considered integrated and indivisible from one another and are linked to health. WHO defines **global public health equity** as, "the absence of unfair and avoidable or remediable differences in health among and between population groups worldwide"<sup>[14]</sup>. Equity is a key goal addressed in WHO's Triple Billion Targets and aligns with the SDGs by measuring within-country inequality<sup>[15]</sup>.

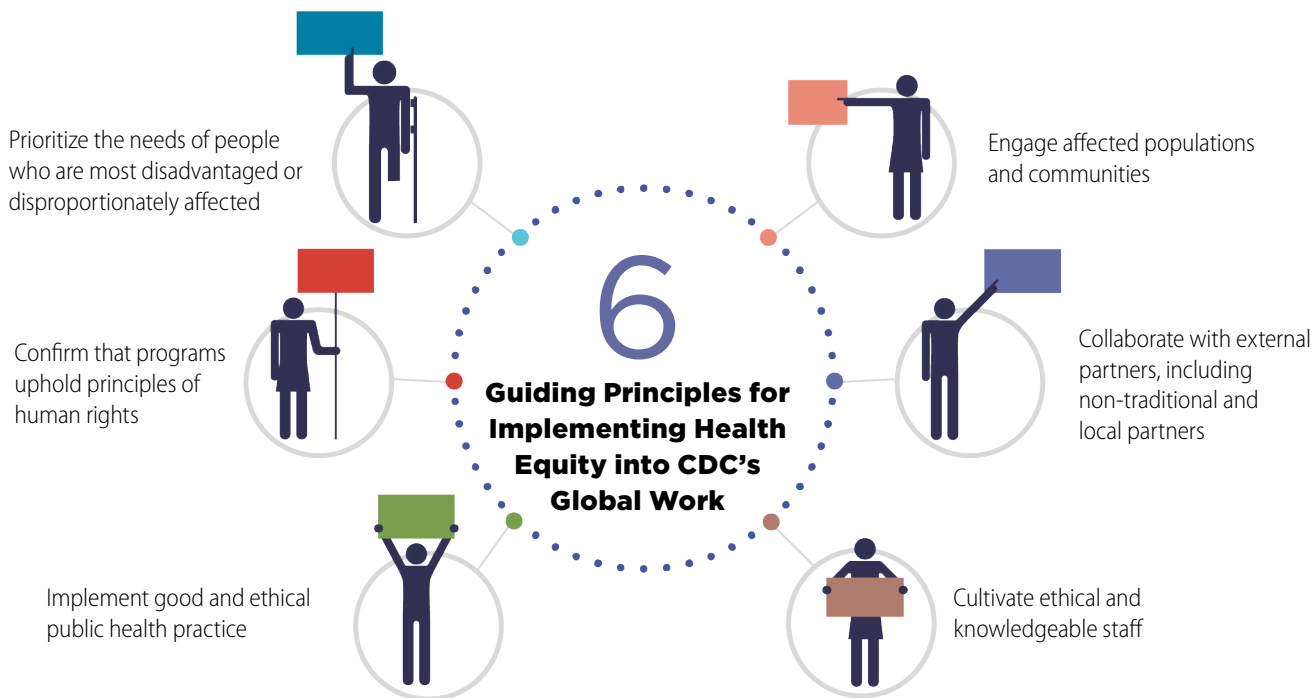
## **Core Components to Achieving the Highest Attainable Level of Health**

Health is recognized as being interdependent and interrelated to other human rights, such as the rights to life, to freedom from discrimination, to be recognized everywhere as person, and to a standard of living adequate for health and well-being<sup>[16]</sup>. WHO promotes this, along with the *Four Essential Components for Achieving the Right to the Highest Attainable Level of Health* as a unifying framework which builds upon existing approaches in gender, equity, and human rights to specifically address availability, accessibility, acceptability, and quality<sup>[17-22]</sup> (see Appendix A).

The *Four Essential Components for Achieving the Right to the Highest Attainable Level of Health* framework was foundational in the development of CDC's global HE goals and commitment to the development, implementation, and monitoring of interventions that address the social and structural determinants of health disparities and inequities in our global work. These four essential components are at the heart of CDC's global public health equity vision, providing the intent behind global health science and programs. This means that we will work to ensure that public health resources, services, and programs needed are **available** to support the progressive realization of the highest attainable level of health. **Accessibility** in our global work means that we must focus our efforts on ensuring that everyone has access to the resources available for health, whereas **acceptability** means that our science and interventions should be acceptable medically, ethically, culturally, and with respect to gender and meet the needs of people who are not equitably served by the current public health system. Lastly, the **quality** of our work must prioritize safety and effectiveness and be people-centered, timely, equitable, integrated, and efficient.



A technician with Haiti's Ministry of Health uses mobile data collection to enroll schoolgirls prior to testing them for lymphatic filariasis (LF) and malaria.



## Guiding Principles for Implementing Health Equity into CDC's Global Work

Based on these four Essential Components, CDC collectively established 6 guiding principles to help direct and sustain our focus on HE scientific research, programs/interventions, and policies (see Appendix B). The 6 guiding principles are:

- First, a HE approach requires that we **prioritize populations/groups with the greatest needs first**<sup>1</sup> (most disadvantaged), with the aim towards greater equity, recognizing that achieving greater equity benefits all of society<sup>[8]</sup>. For example the Global Immunization Division's (GID) Strategic Framework Goal 1 is to "Strengthen immunization services to achieve high and equitable coverage." GID's approach to this goal focuses on reaching populations with the highest burden of vaccine-preventable diseases<sup>[23]</sup>. Division of Parasitic Diseases and Malaria programs, which focus on malaria and other parasitic diseases, impact populations who are socio-economically disadvantaged<sup>[24]</sup>.
- Secondly, we need to ensure that we prioritize **engaging affected populations**, such as community members, in the overall decision-making, ownership, program and research design, planning, implementation, and evaluation process. Meaningfully engaging with communities ensures that our global work reflects the lived experiences of groups who have experienced historical and contemporary injustices.
- Third, we believe that **collaborating with partners**, including local partners, is essential to achieving sustainable health equity outcomes and that partners should be considered for their trusted standing with the community, public health and human rights record, have qualified staff, internal policies to protect privacy and confidentiality and other basic human rights, and also network with other community organizations that provide various types of service to the community. For example, global HIV funding through PEPFAR towards health systems strengthening provides nearly one billion USD to over 40 countries. This activity strengthens availability, accessibility, and acceptability of an array of health care and health-related services. CDC supports the transition of HIV services to local partners, with 70% of CDC's PEPFAR funding awarded to local partners by the end of fiscal year 2020<sup>[25]</sup>.
- Our fourth principle recognizes that respect and protection of human rights can help ensure programs' success in achieving great health equity in many ways, including: building trusting relationships between the public and public health practitioners; creating a more effective and conscientious public health workforce; and improving the effectiveness of public health programs. Therefore, we must **confirm that all public health efforts uphold and integrate human rights** into program and policy development, implementation and evaluation.
- Also, we need to recognize that not all public health programs are created equal. As stewards of public funds, we must ensure that our research and programs build the evidence-base and achieve greater health equity with **sound science and ethical principles**.
- Lastly, we must **cultivate ethical and knowledgeable staff** by ensuring that qualified and respected individuals are involved in planning and implementation of interventions. Individuals from the community, with considerations on background and perspective, must also be involved in these processes, and should be considered for recruitment to build a diverse and equitable workforce.

<sup>1</sup>Reflective of WHO mission to serve the most vulnerable.

## CDC Global Program Goals, Indicators, and Milestones

In 2020 CDC's Center for Global Health (CGH) prioritized diversity, equity, inclusion, and accessibility by launching the CGH United initiative. The CGH United Taskforce launched the "21 in 2021" initiative to address health inequities as well as barriers to racial equity and inclusion within our workforce. While CGH United Goals 1-3 address internal diversity, equity, inclusion, and accessibility issues, Goal 4 focused on achieving health equity in our science and programs. In January 2021, the CGH HE Team, represented by members across across CGH global programs, was formed and began a process to develop a HE

strategy to address Goal 4: Strengthen CGH capacity to achieve health equity in science and program <sup>[26]</sup>. At the outset of the CORE process, it was clear that the CORE goals should be linked to existing CIO strategies or science agendas. The initial draft goals developed by the CGH HE Team informed the development of the 3 CORE cross-cutting goals and division CORE goals. Ultimately, these CORE cross-cutting goals, described below, encompass and are inclusive of CDC's global programmatic health equity goals.

### Cross-cutting Goals

The 3 cross-cutting goals align with CDC's health equity pillars: **science, interventions, partnerships, and infrastructure**, and the indicators and milestone address multiple CORE themes. These cross-cutting goals elevate CDC work in advancing evidence-based knowledge and implement standard health equity measures into our global data collection efforts for epidemics and accelerated disease control, eradication, and elimination among groups who have been economically and socially marginalized.



Note: The cross-cutting goal statements have been condensed/rephrased to fit the graphic. The full statements are found in the table on the following page.

**Cross-cutting Goal 1:** By 2027, building on CDC’s core strengths in scientific leadership, innovation, surveillance, laboratory, and using data to drive impact, CDC will assess and strengthen our capacity, infrastructure, policies, and partnerships to consistently and deliberately apply global health equity principles and approaches to our global health science, interventions, programs, policy development, and communication.

### Cross-Cutting Goal 1 Indicators and Milestones

Indicators	Milestones
1.1 Percentage of eligible CDC global science and policy strategies/agendas (new and existing) that integrate health equity goals/objectives/principles [stratified by division, country, program, and overall CDC global programs].	Determine the percentage of eligible CDC global science and policy strategies/agendas (denominator) to incorporate health equity principles and approaches.
1.2 Percentage of CDC global policies and communications that highlight and address health equity issues.	Guidance to intergrate health equity and social determinants of health in all internal and external communications and policies will be developed and implemented
1.3 Number of CDC-supported global laboratory programs include health equity principles in their global laboratory capacity strengthening plan.	Guidance and requirements to integrate health equity principles in all CDC-supported global laboratory capacity strengthening plan will be developed and implemented.
1.4 Number of partners identified and funded to implement activities that address social determinants of health aim to reduce health disparities and improve health equity among historically, socio-economically, and/or geographically disadvantaged/ discriminated populations.	New and/or existing implementing partners will be identified and funded to implement activities to reduce health disparities among disadvantaged populations.  Work with WHO, PAHO, and other global partners, to develop and promote a comprehensive global health equity approach to includes principles, standards, and metrics to address the drivers/root causes of health disparities.
1.5 Number of Notices of Funding Opportunity Announcements (NOFO) that explicitly address health equity and disparities and/or social determinants of health among populations who have been historically, socio-economically, or geographically disadvantaged.	Develop consensus funding opportunity requirements and evaluation criteria and increase the proportion of local indigenous and community-based implementing partners for all new global funding opportunities.



**Cross-cutting Goal 2:** By 2027, build the evidence-based knowledge to advance health equity in our global health science and interventions

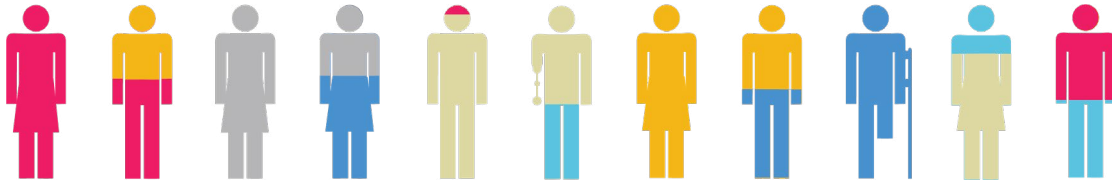
**Cross-cutting Goal 2 Indicators and Milestones**

Indicators	Milestones
2.1 Number of global research and non-research programs that include health equity goals.	By October 2022, integrate HE goals/objectives into global science strategies to prioritize health equity research and evidence-building activities.
2.2 Number of published papers that focus on global health equity, addressing issues beyond US border.	By October 2022, develop an M&E and reporting plan for global health equity strategy. By October 2022, disseminate significant results, reports, and best practices to collaborating and implementing partners.

**Cross-cutting Goal 3:** By 2027, implement standard health equity measures that will be seamlessly integrated into CDC global data collection efforts (surveys, surveillance, routine program, supply chain, laboratory) and used to reach epidemic and accelerated disease control, and disease eradication and elimination among known and unknown marginalized populations.

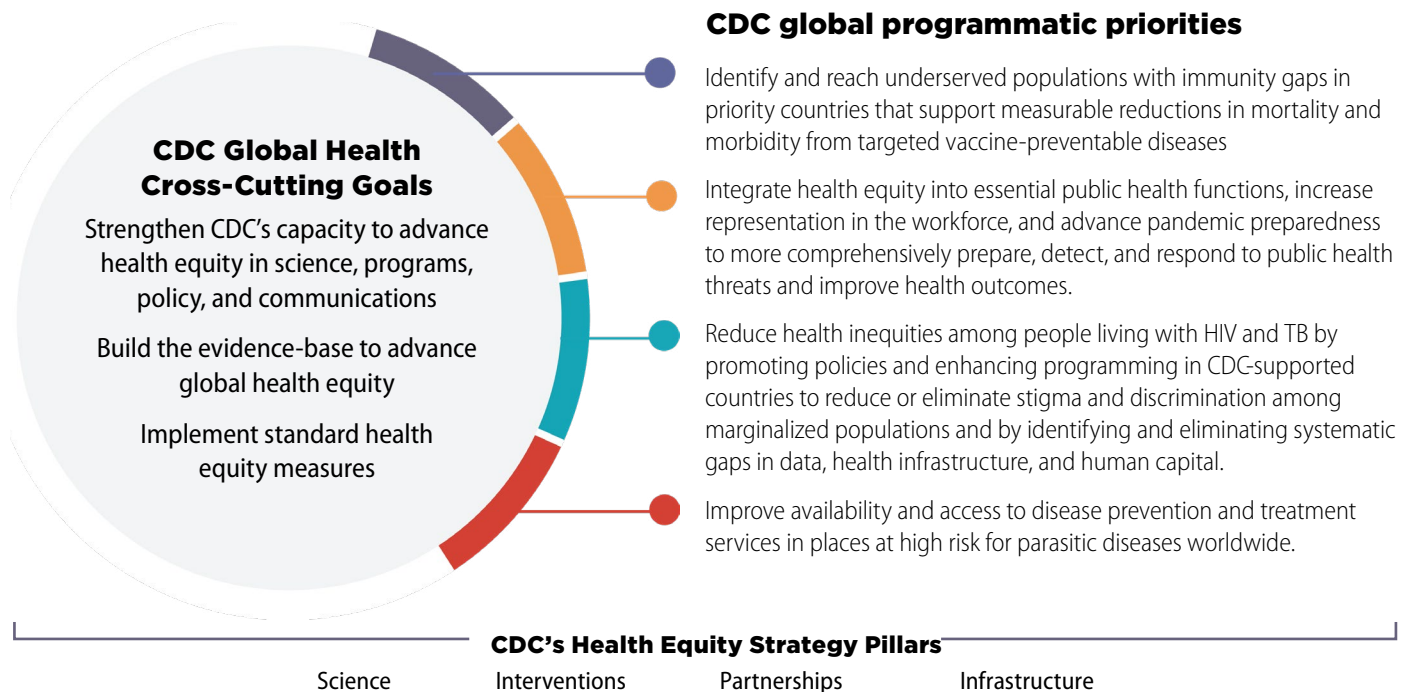
**Cross-cutting Goal 3 Indicators and Milestones**

Indicators	Milestones
3.1 Data collection activities has <10% of existing health equity measures missing	Develop core and expanded list of standard health equity measures with the flexibility to be tailored to the cultural and political context of each individual country  Provide training on data collection and sharing of health equity data from/with X number of diverse stakeholders  Provide informatics support to increase access to data including broadband, connectivity and integrated platform
3.2 CDC-funded data collection with new, data-driven health equity indicators systematically reported to CDC.	Identify X number of new health related variables, including multilevel and contextual variables, to aid in identifying populations that are marginalized  Support policy and data collection optimization within CDC-supported programs
3.3 Percent of CDC-supported programs that use health equity measures and indicators to develop and improve global programming	Develop and support standard analyses of newly developed health equity measures to inform the epidemiology and programmatic efforts of CDC programs  Ensure access, sharing, translation, and use of results of health equity analyses to improve program implementation and planning for marginalized populations



## CDC's Global Program Goals, Indicators, and Milestones

The CORE initiative charged each CDC division to develop 1-2 high impact transformative goal(s) related to their programmatic responsibilities <sup>[2,3]</sup>. As mentioned, the division goals must be linked to CDC health equity goals. They must address the four pillars: science, interventions, partnerships, and infrastructure. As a program, CDC's global work concentrates on global public health impact, protecting people from global health threats and advancing science for global disease eradication, elimination, and control. CDC's global work focuses on countries and populations who have been historically, socially, and economically disadvantaged. Many of our CDC colleagues live in, hail from, represent, and advance the perspectives of people living in low- and middle-income countries. Our staff strive to bring cultural humility, lived experiences, and cultural understanding of the social determinants of health that are critical to equitably improving health outcomes for the entire population. CDC's global programs have maximized their global public health impact by closely focusing on outcomes in communities who are undeserved and groups who have been socially, economically, and geographically displaced, including refugee, migrant, and immigrant populations, which differ according to country context. The CORE HE goals will help divisions systematically develop and implement activities to address health disparities and promote health equity. These goals, indicators, and milestones reflect program priorities and scientific evidence and may be subject to revisions as our understanding of health equity continues to evolve and develop. CDC's global programs also developed health equity commitment statements based on their goals. Other CIOs may conduct additional global activities that reduce health disparities, which will also support the goals of CDC's Global Health Equity Strategy and can be embedded in this strategy.



Note: The cross-cutting goal statements have been condensed and rephrased to fit the graphic. The full statements are found in the table above.



A young girl receiving oral polio drops on National Immunization Day in Northern Nigeria.

## Global Immunization Division (GID)

**Health Equity Statement:** Implement a health equity approach to identify and reach underserved populations with immunity gaps in all GID priority countries that supports measurable reductions in mortality and morbidity from targeted vaccine-preventable diseases (VPD).

**GID Goal:** By December 31, 2026, in all GID priority countries, underserved populations with immunity gaps<sup>2</sup> are identified and reached with vaccination services to achieve measurable reductions in mortality and morbidity from targeted VPDs.

### GID Goal Indicators and Milestones

Indicators	Milestones
1.1 Number of large or disruptive vaccine-preventable disease outbreaks.	Identify at least one existing or develop one new method that aligns priorities of the disease-specific groups and immunization program strengthening initiatives in order to identify underserved populations with immunity gaps at the lowest administrative level and make results available showing that these methods work in CDC priority countries for the following VPDs with targets for eradication or elimination of transmission: <ul style="list-style-type: none"> <li>Milestone 1: polio</li> <li>Milestone 2: measles</li> <li>Milestone 3: rubella</li> </ul>
1.2 Number of zero dose children. Zero-dose children are defined as those that lack access to or are never reached by routine immunization services. They are operationally measured as those who lack a first dose of a DTP-containing vaccine. <p>Indicators to be considered for additional monitoring of progress</p> <ul style="list-style-type: none"> <li>a. Number of future deaths averted through immunization (if available at country level)</li> <li>b. Number and proportion of countries that have achieved regional or global VPD control, elimination, and eradication targets</li> <li>c. Introduction of new or under-utilized vaccines in low- and middle-income countries</li> <li>d. Vaccination coverage across the life course</li> </ul>	

<sup>2</sup>Underserved populations with immunity gaps who have disproportionately high risk for vaccine-preventable diseases (e.g., zero-dose children, populations affected by conflict, disaster and humanitarian crisis, nomadic populations, populations with gender related barriers to immunization, populations without access to recommended vaccines).

## Division of Global Health Protection (DGHP)

**Health Equity Statement:** Integrate health equity into essential public health functions, increase representation in the workforce, and advance pandemic preparedness to more comprehensively prepare, detect, and respond to public health threats and improve health outcomes.

**DGHP Goal 1:** By 2025, CDC to work with the broader community of National Public Health Institutes (NPHI) to support defining and accelerating progress towards health equity goals and developing and adopting health equity strategies in support of the global health security to enhance essential public health workforce and functions.

### DGHP Goal 1 Indicators and Milestones

Indicators	Milestones
<p>1.1 Number of DGHP-supported countries whose NPHIs have a clear health equity statement with defined HE goal(s), objectives and strategies and collect data necessary to understand and monitor potential health inequities</p>	<p>Foster global partnerships: Work with IANPHI President and Executive board, TEPHINET leadership, and other global partners and coalitions to foster this discussion about and partnership on HE goals and objectives. Engage with global and multilateral partners to accelerate the application of WHO's health equity approach to global health security and to institutionalize health equity lessons learned from the COVID-19 pandemic under GHSA and within institutional capacity building frameworks that support NPHI development. By December 31, 2022, have an agreed upon approach for working with IANPHI members and TEPHINET affiliated programs to develop HE goals and strategies and short list of IANPHI members for partnership.</p>
<p>1.2 Number of DGHP-supported countries with at least one functional structure (e.g., HE coalition group) addressing an identified HE issue with a multisectoral intervention/approach</p>	
<p>1.3 Number of DGHP-supported workforce development programs that have included health equity within existing core competencies</p>	
<p>1.4 Number of DGHP-supported workforce development trainees who have included relevant health equity components in their work products</p>	<p>Conduct an environmental scan with CGH leading coordination across divisions to understand the global context of health equity and determine which DGHP-supported countries already have a foundation for a HE discussion, and gather data with IANPHI and TEPHINET on the global health equity activities of their membership to align and synergize activities, and to collaborate with partners to develop goal(s) and implementation plans and to catalyze utilization of available data to improve population health. By December 31, 2022, complete a landscape analysis that informs HE planning across CGH and helps identify countries for partnership.</p> <p>Collaborate with countries and key DGHP public health workforce partners to identify global health equity examples and potential ways to assess progress in health equities (HE), develop and propose HE competencies in training curricula and establishment of a Workforce Development Health Equity framework to inform broad implementation across DGHP workforce training programs</p>



**DGHP Goal 2:** By 2026, CDC and partners will address disparities in access to preventive health care by promoting primary health care principles through the global health security framework to integrate infectious diseases and other health threats prevention program planning and delivery, thereby reducing their synergistic impact during public health threats, and improving our approach to pandemic preparedness.

### DGHP Goal 2 Indicators and Milestones

Indicators	Milestones
<p>2.1 Completion of a multi-lateral process to identify and synthesize existing guidelines for adopting health system policies and practices that strengthen primary health care (PHC) systems based on evidence-based best practices that promote system focus and change to foster integrated care delivery at the PHC level to address the intersection of infectious diseases (ID) and other health threats</p>	<p>Conduct an environmental scan with CGH leading coordination across divisions to understand the global context of health disparities related to health care access and quality of care for essential services in LMICs, identify areas where health disparities addressable at the PHC level have already been acknowledged and included in data, policies, systems, and conduct interviews to identify candidate countries interested in this initiative to integrate health agendas for infectious and other health threats through PHC strengthening.</p>
<p>2.2 Creation of a training module developed with multilateral partners that educates key decision makers on evidence for effective integration of PHC policies and establishes provider competence in PHC systems in LMICs</p>	<p>Identify opportunities for health system PHC strengthening within the Global Health Security Agenda (SPAR and JEE) that include primary care planning and development.</p>
<p>2.3 Indicators, such as WHO’s Noncommunicable Diseases Global Monitoring Framework and Global action plan for the control of NCDs 2013–2020, identified for routine assessment of integrated surveillance of health system based and PHC-derived outcomes related to access to care, and use of care, and quality of care.</p>	<p>Incorporate access to/utilization of essential public health services into foundational assessments like the Joint External Evaluation and States Parties Annual Report</p>
<p>2.4 Identify surveillance systems with enough granularity to identify and monitor disparities and disease burden among social disadvantaged groups and disparities in health care as appropriate for country specific situations (e.g., geographic, SES, etc.)</p>	<p>Identify key partners and stakeholders (e.g., ministries of health, CoAg recipients, other partners) for collaboration and support in achieving the goal by inviting their participation and input in the process at planning and inception, so they feel included and understand the significance of the interplay between social determinates of health, health disparities and health security throughout the process.</p>
<p>2.5 Assessment of access/utilization of health services like those relevant for NCDs, and health service resiliency are included in the foundational global health security assessments like the Joint External Evaluation and States Parties Annual Report.</p>	<p>Work with CGH and CDC OD on planning and scheduling high level engagements by CGH and CDC leadership to advance the goal globally through key partnerships such as GHSA, G7, G20.</p>

## Division of Global HIV & TB (DGHT)

**Health Equity Statement:** Reduce health inequities among people living with HIV and TB by promoting policies and enhancing programming in CDC-supported countries to reduce or eliminate stigma and discrimination among marginalized populations and by identifying and eliminating systematic gaps in data, health infrastructure, and human capital that inhibit DGHT’s ability to fulfill its mission.

**DGHT Goal 1:** Affirm and advance the role of health equity and equitable workforce representation as a core construct in the work of DGHT in HIV and TB prevention and treatment, create an action plan for improvement, and implement by September 30, 2023.

### DGHT Goal 1 Indicators and Milestones

Indicators	Milestones
<p>1.1 Percent of DGHT-supported programs that have completed a health equity assessment and created a performance scorecard that identifies areas of success and improvement in health equity (target: 80%)</p>	<p>Identify select WHO social determinants of health and World Bank equity measures that can impact prevention and treatment of HIV &amp; TB and create a performance matrix/scorecard with quantitative measures by May 31, 2022</p>
<p>1.2 Percent of DGHT-supported programs that have conducted a landscape analysis using WHO social determinants of health and World Bank equity measures (target: 80%)</p>	<p>Conduct a HIV &amp; TB landscape analysis using select WHO social determinants of health and World Bank equity measures to determine health equity status of DGHT PEPFAR countries by July 31, 2022</p>
<p>1.3 Percent of DGHT-supported programs with low health equity performance scores that have developed and are implementing remediation plans (target: 100%)</p>	<p>Identify countries with a low score on health equity performance matrix/scorecard and develop remediation plans based upon highly effective, evidence-based practices with CDC country office and the host country by November 30, 2022</p>
<p>1.4 Standards for a diverse, equitable, and inclusive workforce within DGHT HQ and country offices established by DGHT and the DGHT Senior Advisor to Workforce Equity</p>	<p>Identify leadership and other workforce opportunities that support the mission of health equity with the DGHT Senior Advisor to Workforce Equity by December 31, 2021</p> <p>Review and revise DGHT operating documentation and communication policies to reflect the commitment to global health equity by December 31, 2021</p> <p>Extend the reach of HIV &amp; TB global platforms to other CDC programs to integrate and promote health equity by September 30, 2023</p>

**DGHT Goal 2:** Advance the reduction of stigma and discrimination (S&D) through the promotion of civil and human rights to improve the health outcomes of persons at risk of, or living with, HIV and/or TB infection in countries where DGHT works by September 30, 2023.

**DGHT Goal 2 Indicators and Milestones**

Indicators	Milestones
2.1 A dashboard that tracks stigma and discrimination laws and policies in all CDC-supported countries	Expand resource support to the DGHT Stigma and Discrimination Workgroup by December 31, 2022
2.2 A DGHT PEPFAR COP/ROP 2022 After-Action survey to provide input and suggestions on how to strengthen future community/ civil society engagement	Conduct an internal DGHT PEPFAR COP/ROP 2022 After-Action survey to provide input and suggestions on how to strengthen future community/ civil society engagement by June 30, 2022
2.3 S&D toolkit of science, training, implementation, monitoring and evaluation, and other practical tools	Broaden and diversify trainings that address HIV-related stigma and discrimination by December 31, 2021
2.4 New, stigma and discrimination indicators identified through site improvement through monitoring systems (SIMS) tool reported to CDC and PEPFAR	Explore inclusion of minimum human rights/S&D standards in all DGHT Funding Opportunity Announcements and Cooperative Agreements by December 31, 2022
2.5 An established minimum human rights/S&D standards in all DGHT Funding Opportunity Announcements and Cooperative Agreements	Support DGHT HQ mechanisms to provide centralized technical assistance to complement and support country level efforts by February 28, 2022
3.6 Increase the number of stakeholders that DGHT partners with to reduce discriminatory laws and policies towards key populations.	Track and support the implementation of supportive policies and regulations related to HIV prevention, testing, and treatment September 30, 2023



A newborn in Kampala, Uganda receiving an antiviral drug to prevent the mother-to-child transmission of HIV.

## Division of Parasitic Diseases and Malaria (DPDM)

**Health Equity Statement:** Improve availability and access to disease prevention and treatment services in places at high risk for parasitic diseases worldwide – focus on soil transmitted helminths and malaria.

**DPDM Goal 1:** Identify the primary social determinants of health that increase the risk for parasitic diseases in underserved US communities (by 2023), and develop/implement a strategy to increase awareness, promote access to disease prevention services, and increase use of prevention practices (by 2026) – focus on soil transmitted helminths (STH) and malaria

### DPDM Goal 1 Indicators and Milestones: *STH Indicators (program reporting; continuous assessment surveys)*

Indicators:	Milestones:
1.1 Number of states that add STH to reportable diseases (decision to use this indicator will be based on pending data)	Identify the primary drivers for the increased risk of infections by incorporating socio-behavioral science to generate locally relevant evidence to address individual and community-level actions
1.2 Number of trainings in diagnostic and public health labs across the Black Belt region of the Southeastern US to improve capacity for STH diagnosis	STH: Develop STH risk factor assessment across the Black Belt region in the Southeastern US; Develop workplan to implement STH risk factor assessment.
1.3 Number of physicians participating in the STH training	Malaria: Complete malaria prevention knowledge, attitudes, and practices survey of immigrant population presenting to a network of primary care clinics in NYC to identify barriers to malaria prevention in this population
1.4 Number of referrals made to funding opportunities related to STH [this is intended to reflect the number of referrals made by social workers of community members to resources (e.g. grants) from USDA or similar for people to be able to improve their sanitation systems]	Identify the external resources (e.g. sanitation infrastructure, accessible prevention clinic, health insurance for preventive screening and care) that are needed; these might be components that will require broad partnerships with new types of partners
1.5 Percent of target population living with acceptable sanitation services (standard to be defined)	STH: Identify and partner with EPA, CDC's Division of Foodborne Waterborne and Environmental Diseases (DFWED) Domestic Water group and National Center for Environmental Health (NCEH), and state and county environmental and public health officials in the Black Belt to formally assess gaps in sanitation infrastructure. Organize network of STH-knowledgeable health care providers to discuss/address/advocate for STH issues across the Black Belt. Identify grants (e.g., USDA's Rural Utilities Service Water and Environmental Programs) or other resources that could be leveraged by residents to improve their home sanitation systems
1.6 Percent of target population that has access to a local advocacy partner ("local advocacy partner" could be a local council person, NGO advocate, etc.; to be defined broadly to promote the communities' ability to raise awareness and advocate for essential health services)	

**DPDM Goal 1 Indicators and Milestones:** *Malaria indicators (U.S. National Malaria Surveillance System; continuous assessment surveys)*

Indicators:	Milestones:
1.1 Total number of imported US malaria cases each year	<p>Malaria: Identify and partner with providers and clinics that serve the immigrant populations in NYC and MN to assess what these providers need to promote malaria prevention in their patients when they travel.</p>
1.2 Number of imported malaria cases in returning VFR travelers	
1.3 Percent of all imported malaria affecting VFR travelers [numerator #2]/[denominator #1]	
1.4 Percent of population of focus with access to preventive services (pre-travel consultation and medications). (This indicator will be further defined based on the intervention being done in the local population and measured pre/post intervention.)	<p>Identify policies/systems, provide public health data to local/state government officials, and develop indicators that need to be in place to correct the existing disparity</p>
1.5 Percent of the 15 high burden jurisdictions with established, sustainable connections with populations of focus (ex: Community Advisory Boards for public health initiatives). (Measured pre/post intervention.)	<p>STH: Number of STH risk factor assessments completed across the Black Belt; number of residents referred to opportunities to improve home sanitation systems; number of improved sanitation systems successfully installed; work with state governments to identify and change policies that target and unfairly penalize residents with inadequate sanitation systems (which creates a system where people cannot seek help without fear of reprisal)</p> <p>Identify and engage new (non-traditional) partners and stakeholders (e.g., within CDC, USG, other) to increase awareness of the issue and to resolve it</p> <p>STH: Identify and partner with community advocacy groups in the area already working on sanitation improvement. Engage with CDC DFWE Domestic Water group and NCEH, USDA's Rural Development program, National Rural Health Center, EPA, to identify areas of opportunity for collaboration on improving sanitation in the Black Belt.</p> <p>Malaria: Engage community groups and existing community advisory boards (CABs) (or develop CABs) in high burden jurisdictions to identify opportunities for intervention. A previously identified barrier is perception of risk, and for the first year the work will focus on working with CABs to develop and disseminate malaria prevention messages in their communities.</p> <p>Implement continuous quality improvement assessments to monitor progress and inform next mitigation steps; results shared with community leaders and advocacy groups who work at local, state and federal levels.</p>

**DPDM Goal 2:** By end of 2023, increase access to a package of community care <sup>[3]</sup> by 30% in remote areas currently underserved by peripheral health facilities in five high-burden malaria countries where US President’s Malaria Initiative operates, as measured by a 30% increase in all cause consults for illness treated by CHWs, to address health services disparities, particularly in rural areas.

**DPDM Goal 2 Indicators and Milestones**

Indicators	Milestones
2.1 Proportion of children with fever taken for care, overall and by source of care seeking (community health worker vs. health facility vs not taken for care), stratified by rural vs urban areas, and by SES. We will specifically look at changes in care seeking over time among the two lowest SES quintiles, as these groups have historically low care-seeking.	By October 1, 2021, develop and implement plan to identify current policies and practices with respect to CHW compensation.
2.2 Proportion of febrile children tested for malaria	By March 31, 2022, have developed a science agenda, including a summary of implementation research demonstrating innovative strategies to expand and strengthen CHW services currently underway within Malaria Branch; and an interagency PMI plan (road map) to expand and compensate CHWs, with key input, output, outcome, and impact indicators described.
2.3 Proportion of children reported to have had fever in the 2 weeks prior to the survey who were tested for malaria	
2.4 Proportion of children who tested positive for malaria and were treated with an ACT	
2.5 Country has a policy that is permissive with respect to payment of community health workers. This will be tracked through communication with governmental partners.	By June 30, 2022, release Notice of Funding Opportunity to conduct equity-focused research to generate necessary evidence to further influence policy to further scale up and improve compensation and utilization of CHWs.



A mosquito drawing blood during human contact.

<sup>3</sup>The package of community care includes integrated community case management (iCCM) of pneumonia, diarrhea, and malaria for children under 5 and access to diagnosis and treatment for acute febrile illness for all ages..





## Implementing CDC's Global Health Equity Strategy

The CDC global health equity implementation plan details an approach to identify resources, operationalize, and measure progress towards achieving health equity goals in our global work. It formalizes collaborations and decision-making towards health equity in CDC's global work to accelerate progress and make reaching our global health equity goals deliberate and purposeful in our science, interventions, partnerships, and infrastructure. The process of global health equity implementation will involve, but is not limited, to the following:

1. Measuring progress and investments towards CDC's global health goals and the impact of CDC's global support to those who need it most
2. Identifying, integrating, and/or advancing existing and cross-cutting objectives, activities and other investments in global work that contribute to achieving our global health equity goals
3. Institutionalizing cross-CIO collaborative processes so that CDC's contributions to health equity are clearly identified and measurable

To achieve the global health equity goals outlined in this strategy, the implementation plan proposes a structure that engages and is inclusive of all programs doing global work across the agency and within country offices<sup>2</sup>. Grounded in CDC's CORE themes, a steering committee will provide high-level decision making and direction for CDC's global health equity implementation plan. The steering committee is composed of senior-level leadership able to make decisions to guide four workstreams that reflect the operational structure of CDC science, programs, and policy. The workstreams align with CDC's CORE commitment to health equity and the overarching themes associated with these CORE goals. The workstreams are intended to maintain and formalize consistent cross-center coordination to assure common objectives and support for implementation in order to build upon and advance CDC's vision for global health equity. Implementation activities will also apply and reinforce the *Essential Components to Achieving the Highest Attainable Level of Health* and our six guiding principles that help direct and sustain focus on the implementation of health equity into global activities.

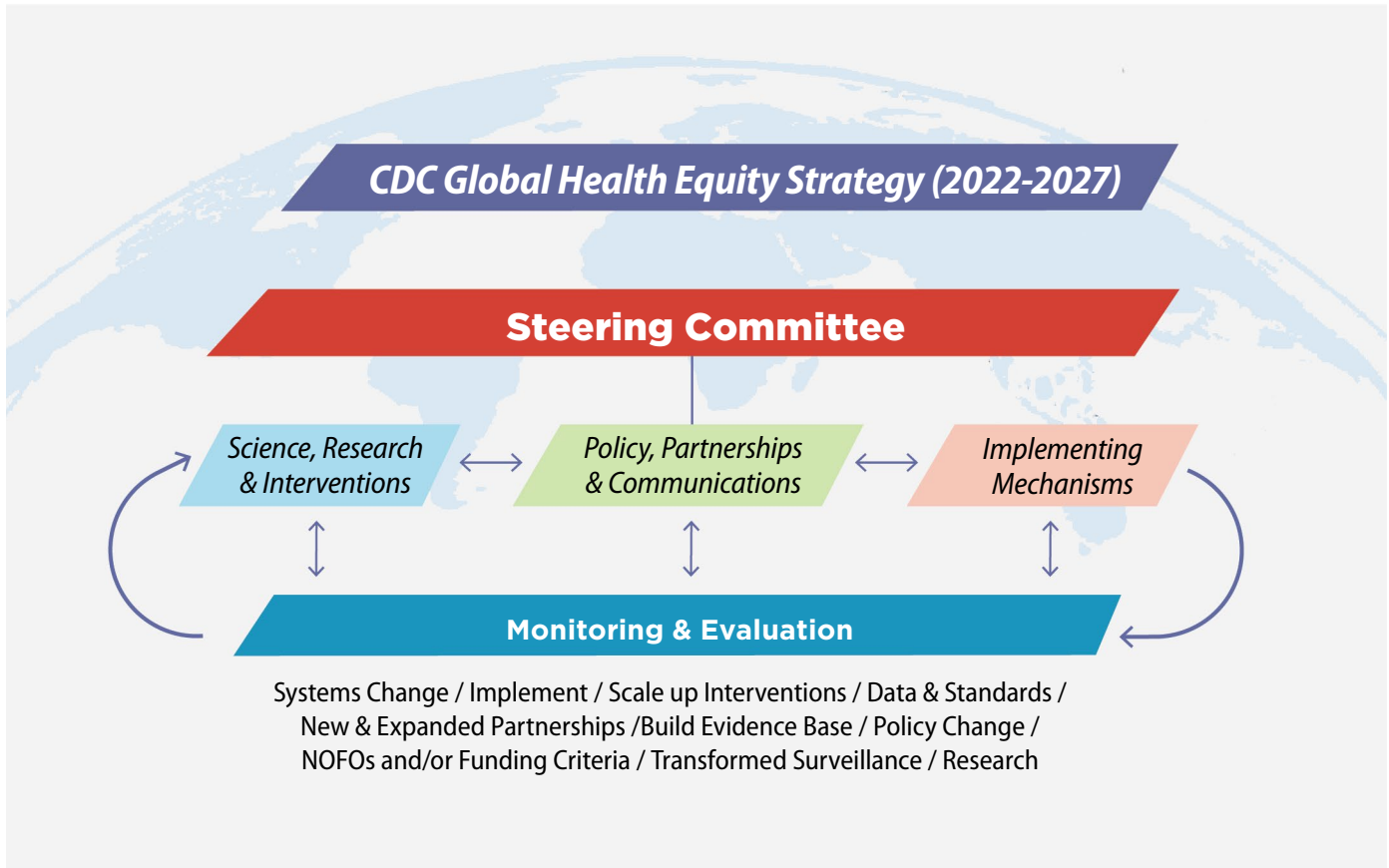
The following describes the four implementation workstreams and purpose:

1. Monitoring & Evaluation - Track and monitor progress, performance, and success of health equity in our global work, evaluate the effectiveness and impact of CDC's global programs for those who need it the most, and identify existing or needed data that will monitor and inform our ongoing health equity strategies
2. Science, Research & Interventions - Ensure CDC's Health Equity Science Principles are integrated into all global science/research agendas, methodologies, and implementation, use scientific findings, innovative approaches, and data-driven strategies to develop and/or build upon interventions that address the drivers of health disparities
3. Partnerships, Policy & Communications - Coordinate and align shared priorities and potential collaborations for impactful implementation, integrate and/or highlight health equity principles in policy recommendations and guidance, and incorporate and advance health equity through respectful and thoughtful communication
4. Implementing Mechanisms - Implement global health equity strategies through internal/external fiscal mechanisms to ensure effective, efficient and coordination allocation of resources

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<sup>2</sup>Other CIOs may conduct additional global activities aimed at reducing health disparities that will also support the goals of CDC's Global Health Equity Strategy

## Proposed Global Health Equity Implementation Structure



## Acknowledgements

The CDC Global Health Equity Strategy was developed by the CGH Health Equity Team, comprised of a diverse group of representatives from CGH OD and four divisions. Input and feedback were also sought from the Overseas Advisory Group, (representing CDC Country Offices), Locally Employed (LE) Staff Advisory Group, (representing LE staff), the CDC Global Health Coordinating Unit, CDC Office of Science, CDC Office of Minority Health and Health Equity, Center for Preparedness and Response, National Center for Immunization and Respiratory Diseases, National Center for Emerging and Zoonotic Infectious Diseases, National Center for Chronic Disease Prevention and Health Promotion, National Center for Injury Prevention and Control, and the National Center for HIV, Viral Hepatitis, STD, and TB Prevention. We appreciate all of the thoughtful comments and input we received, which have been carefully considered and integrated into the final strategy.



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## References

1. CDC Global Health Strategy 2019-2021: [https://www.cdc.gov/globalhealth/strategy/pdf/CDC-Global-Strategy\\_01.pdf](https://www.cdc.gov/globalhealth/strategy/pdf/CDC-Global-Strategy_01.pdf).
2. CDC Connects article: CDC Announces Agency-wide Health Equity Science and Intervention Strategy <https://intranet.cdc.gov/connects/articles/2021/04/agency-wide-strategy.html> (April 27, 2021)
3. CORE: CDC's Transformative Commitment to Health Equity. Internal Agency Summary of CORE Goals, Fall 2021.
4. Office of Disease Prevention and Health Promotion. (2021, August 11). Healthy People 2020: Disparities. U.S. Department of Health and Human Services. Retrieved August 13, 2021, from <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>
5. Office of Minority Health & Health Equity (OMHHE) Health Equity Glossary: <https://intranet.cdc.gov/omhhe/healthequity/glossary/index.html> (February 17, 2022)
6. CDC Health Equity Science and Intervention Strategy, Office of Science/Office Minority Health and Health Equity All-hands with CDC Division Directors (4/20/2021)
7. National Academies of Sciences, Engineering, and Medicine. 2017. *Communities in action: Pathways to health equity*. Washington, DC: The National Academies Press.
8. Braveman, P., Arkin, E., Orleans, T., Proctor, D., Acker, J., & Plough, A. (2018). What is health equity? *Behavioral Science & Policy*, 4(1), 1–14.
9. Center for Global Health Office of Communication *Global Public Health Equity Guiding Principles for Communication* <https://cdc.sharepoint.com/sites/CGH-OfficeOfCommunications/SitePages/Global-Public-Health-Equity-Guiding-Principles-for-Communication.aspx> (Accessed on April 26, 2022)
10. UN Charter (1945) <https://www.un.org/en/about-us/un-charter> (Accessed on June 1, 2021)
11. UN Universal Declaration of Human Rights <https://archives.un.org/ar/content/universal-declaration-human-rights> (Accessed on June 1, 2021)
12. WHO constitution (1946) <https://www.who.int/about/governance/constitution#:~:text=The%20Constitution%20was%20adopted%20by,are%20incorporated%20into%20this%20text>
13. UN Transforming the World: the 2030 Agenda for Sustainable Development, <https://sdgs.un.org/2030agenda>.
14. World Health Organization (2010). *A conceptual framework for action on the social determinants of health*. Retrieved July 28, 2021, from <https://www.who.int/publications/i/item/9789241500852>
15. WHO. The Triple Billion targets: Methods to deliver impact. <https://www.who.int/data/stories/the-triple-billion-targets-a-visual-summary-of-methods-to-deliver-impact> (Accessed April 23, 2022)
16. WHO 25 Questions & Answers on Health & Human Rights. Health & Human Rights Publication Series, Issue No. 1, July 2002 - <https://apps.who.int/iris/handle/10665/42526> (Accessed on April 18, 2022)
17. WHO Human Rights and Health - <https://www.who.int/en/news-room/fact-sheets/detail/human-rights-and-health> (Accessed on June 2, 2021)
18. CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12) - <https://www.refworld.org/pdfid/4538838d0.pdf> (Accessed on June 2, 2021)

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19. *The International Covenant on Economic, Social, and Cultural rights*- <https://www.who.int/about/governance/constitution#:~:text=The%20Constitution%20was%20adopted%20by,are%20incorporated%20into%20this%20text> (Accessed on June 4, 2021)
  20. Convention on the Rights of the Child <https://www.unicef.org/child-rights-convention> (Accessed on June 1, 2021)
  21. International Convention on the Elimination of All Forms of Racial Discrimination <https://ohchr.org/EN/ProfessionalInterest/Pages/CERD.aspx> (Accessed on June 1, 2021)
  22. Convention on the Elimination of All Forms of Discrimination against Women <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx> (Accessed on June 1, 2021)
  23. CDC Global Immunization Strategic Framework <https://www.cdc.gov/globalhealth/immunization/framework/>
  24. Division of Parasitic Diseases and Malaria <https://www.cdc.gov/parasites/>
  25. Supporting the Transition of HIV Services to Local Partner - <https://www.cdc.gov/globalhivtb/images/Supporting-the-Transition-of-HIV-Services-to-Local-Partners-Policy-Brief.pdf> (Access on June 3, 2021)
  26. CGH United 21 in 21 Goals [CGH Diversity & Inclusion - Home \(sharepoint.com\)](https://sharepoint.com) (Accessed on February 1, 2022)
  27. PEPFAR Overview 2021 - [https://www.state.gov/wp-content/uploads/2021/02/PEPFAR-Overall-Fact-Sheet\\_2021.pdf](https://www.state.gov/wp-content/uploads/2021/02/PEPFAR-Overall-Fact-Sheet_2021.pdf) (Accessed on June 2, 2021)
  28. CDC Division of Global Health Protection Field Epidemiology Training Program <https://www.cdc.gov/globalhealth/healthprotection/fetp/index.htm> (Accessed April 26, 2022)
  29. Erondu, N.A., Aniebo, I., Kyobutungi, C. *et al.* Open letter to international funders of science and development in Africa. *Nat Med* 27, 742–744 (2021). <https://doi.org/10.1038/s41591-021-01307-8>
  30. Mann, J, *Medicine and Public Health, Ethics and Human Rights.* The Hastings Center Report 27, No. 3 (1997): 6-13.
  31. APHA Proposed Public Health Code of Ethics- [https://www.apha.org/-/media/files/pdf/membergroups/ethics/code\\_of\\_ethics.ashx](https://www.apha.org/-/media/files/pdf/membergroups/ethics/code_of_ethics.ashx) (Accessed on June 2, 2021)



Two disease detectives from the country of Georgia investigating a case of novel Orthopoxvirus while wearing personal protective equipment (PPE).

## Appendix A: Core Components to Achieving the Highest Attainable Level of Health

The General Comment <sup>[14]</sup>, developed by a committee of independent experts on Economic, Social and Cultural Rights (ESCR), identifies four core components essential to the progressive realization of the right to health. According to Article 1, “The realization of the right to health may be pursued through numerous, complementary approaches, such as the formulation of health policies, or the implementation of health programmes developed by the World Health Organization (WHO), or the adoption of specific legal instruments” <sup>[17]</sup>. According to WHO, “No matter what level of resources they have at their disposal, progressive realisation requires that governments take immediate steps within their means towards the fulfilment of these rights” <sup>[18]</sup>.

**Availability** – speaks to resources, such as functioning health infrastructure, facilities, goods and services, and programs that are available to support the progressive realization of the highest attainable level of health. Availability also includes the underlying determinants of health, such as adequate potable water, sanitation, hospitals, clinics, qualified healthcare professionals. CDC activities should strive to help ensure availability of programs and infrastructure to support long-term sustainability to address health equity.

**Accessibility** – means that everyone has access to the resources available for health. To ensure that everyone has access, four dimensions are necessary.

1. Non-discrimination – everyone should have access regardless of race, color, sex, language, religion, political or other opinion, national or social origin, birth, mental or physical disability, health status, sexual orientation, and other grounds described in paragraph 18 and 19 of the General Comment <sup>[14],[16]</sup>.
2. Physical accessibility – Everyone can access facilities, good and services, in terms of safe physical reach and regardless of disability or being in disadvantaged groups.
3. Economic accessibility (affordability) – Ensure that facilities, goods and services are affordable, and fee/payment is based on equity.
4. Information – The right to have access to information, including personal health information is critical.

**Acceptability** – medically, ethically, culturally, and with respect to gender and other needs of individuals and groups.

**Quality** – according to WHO, “Quality is a key component of Universal Health Coverage and includes the experience and the perception of health care.” Quality includes safety, effectiveness, people-centered, timeliness, equitable, integrated, and efficient <sup>[16]</sup>.

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## Appendix B: Guiding Principles for Implementing Health Equity into CDC’s Global Work

A health equity strategy requires clear principles to guide scientific research, programs/interventions, and policies to not lose its focus. CDC is committed to the following principles:

- **Prioritize the needs of people who are most disadvantaged** – A HE approach requires that we prioritize populations/groups with the greatest needs first, with the aim towards greater equity recognizing that achieving greater equity benefits all of society<sup>[8]</sup>. For example, GID’s Global Immunization Strategic Framework Goal 1 is to “Strengthen immunization services to achieve high and equitable coverage”. GID’s approach focuses on populations with the highest burdens of vaccine-preventable diseases<sup>[23]</sup>. DGHT, through PEPFAR, supports countries that have been disproportionately impacted by HIV and TB and focuses on populations who are disproportionately impacted, including, that include, but not limited to, women, girls, orphans, men who have sex with men (MS), sex workers, people who inject drugs, transgender people, and people in prison settings<sup>[26]</sup>. DPDM programs focus on malaria and other parasitic diseases among populations who are socio-economically disadvantaged<sup>[24]</sup>. Since 1980, DGHP’s Field Epidemiology Training Program helped train over 18,000 disease detectives and develop capacities and capabilities in over 80 countries, many of which have among the poorest health indicators<sup>[28]</sup>.
- **Engage affected populations** – It is very important that community members and relevant stakeholders are involved in the overall decision-making, ownership, and programs and research design, planning, implementation, and evaluation process. This will ensure community acceptance of the program and help identify community resources that could potentially benefit the populations. Informed consent from every community member is impractical for some public health programs, such as water fluoridation. An alternative to obtaining informed consent would be to obtain the community’s consent. This can be done by engaging with representatives of the community through a town hall meeting or other forum where representatives of the community can participate in the public health decision-making. Formative research can be conducted before developing an intervention. This may include a literature review, community engagement, rapid ethnographic assessment, or focus group sessions, with the aim to clearly identify the health problem, develop clear goals and objectives, identify the appropriate target population, and the most effective strategy in dealing with the problem. Meaningfully engaging with communities ensures that our global work reflects the live experiences of groups who have experienced historical and contemporary injustices. Maintaining community ownership, involvement, and participation throughout the life of the project is essential to program success.
- **Collaboration with partners, including non-traditional and local partners, is essential to achieving sustainable health equity.** An open letter from a group of African scientists, policy analysts, public health practitioners, and academics published in *Nature Medicine* criticizes a recent announcement of a \$30 million grant awarded by the President’s Malaria Initiative (PMI) to fund activities related to improved use of data for decision-making to control and eliminate malaria in Africa<sup>[29]</sup>. Seven institutions from the US, UK, and Australia were funded as part of a consortium, but none were from Africa. The authors called for more equality and inclusion and advocate that such partnership should be led by an African institution by African scientists. The principle of engaging affected populations is critical to the success and sustainability of programs. As noted by the authors of the open letter, engaging local partners benefits the programs because programs would be informed by their lived experiences and accumulated knowledge. Individuals living in a community have insights about their community that outsiders normally do not. The American Public Health Association (APHPA) Public Health Code of Ethics emphasizes the importance of the “community” and the interdependence of people<sup>[31]</sup>. An example of CDC’s global program that directly engaged local partners is DGHT global HIV funding through PEPFAR to health systems strengthening, providing nearly one billion US\$ to over 40 countries<sup>[25]</sup>. This activity strengthens availability, accessibility, and acceptability of an array of health care and health-related services. CDC supports the transition of HIV services to local partners, with 70% of PEPFAR funding going to local partners by the end of 2020<sup>[25]</sup>. Partners should be considered for their good standing with the community, good public health and human rights record, have qualified staff, good internal policies to protect privacy and confidentiality and other basic human rights, and network with other community organizations that provide various types of service to the community.

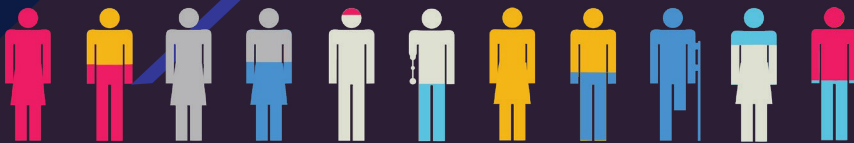
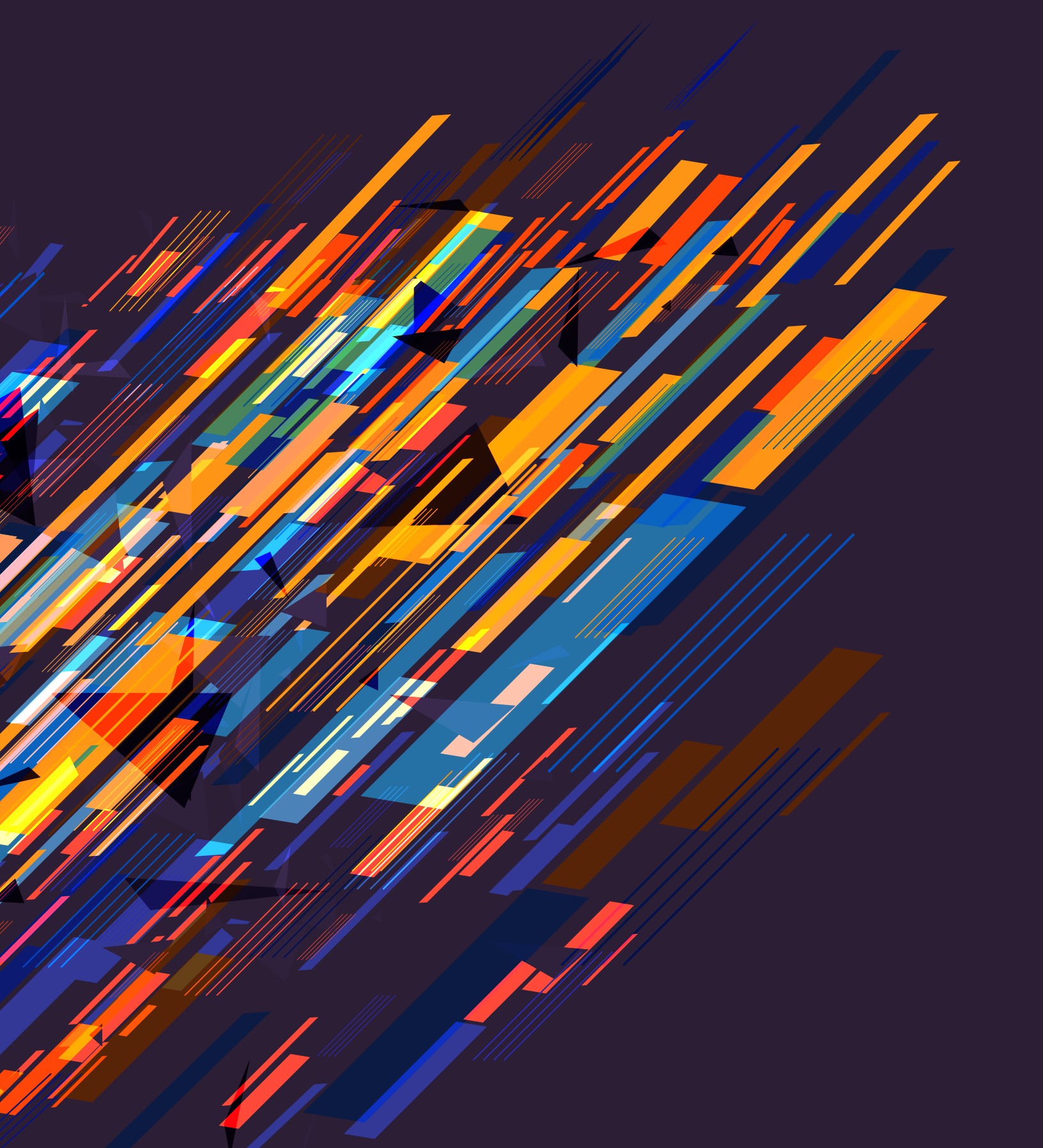
- Ensure programs do not heavily burden human rights – The late Jonathan Mann believed that “Public health practice is heavily burdened by the problem of inadvertent discrimination [ . . . ] Indeed, inadvertent discrimination is so prevalent that all public health policies and programs should be considered discriminatory until proven otherwise, placing the burden on public health to affirm and ensure its respect for human rights.” Furthermore, Mann believed that “Public health has lacked a conceptual framework for identifying and analyzing the essential societal factors that represent the conditions in which people can be healthy” [30]. These beliefs inspired Mann to lead the global Health and Human Rights movement in the late 1980s to the 1990s. Particularly, Mann advocated incorporating international human rights language as a guiding framework for public health as it tries to address social determinants of health. According to Mann, “Modern human rights, . . . seek to articulate the societal preconditions for human well-being, seem a far more useful framework, vocabulary, and form of guidance for public health efforts to analyze and respond directly to the societal determinants of health than any inherited from the past biomedical or public health tradition” [30]. Public health professionals often lack the knowledge and skills necessary to incorporate human rights into their work. They risk backlash if their programs and policies are implemented without given serious consideration of human rights. For example, a public health program that is unnecessarily too restrictive of human rights runs the risk of harming people, who in turn may become uncooperative and ultimately may lead to the program failure. Human rights respect and protection can help ensure programs’ success in many ways including: building a trusting relationship between the public and the public health practitioners; creating a more effective and conscientious public health workforce; and improving the effectiveness of public health programs.
- Ensure good and ethical public health practice – Not all public health programs are created equal. As steward of the public funds, we must ensure that our research and programs build the evidence base and achieve greater health equity that is based on sound science and ethical principles [31]. We need to assess the program effectiveness in a given population, the cost and feasibility of implementation, the appropriateness and acceptability of the intervention in a given population, and whether the proposed strategies are culturally and ethically appropriate. The program must also take into consideration community-defined evidence, available community resources, other locally prioritized disease burdens, including social conditions affecting the community, and assess whether incorporating equity measures into existing program activities is feasible.
- Ensure ethical and knowledgeable staff – It is considered unethical for an unqualified/untrained person to practice medicine. Likewise, it is considered unethical to conduct public health program and research if one lacks the skills and expertise to do so without guidance from a more experienced senior professional. We must ensure that knowledgeable, qualified, and respected individuals are involved in planning and implementation of programs. Individuals from the community, with considerations on background and perspective, must also be involved in these processes and should be considered for recruitment to build a diverse and equitable workforce.



A CDC health worker (left) trains local healthcare workers in the Democratic Republic of Congo.







**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention