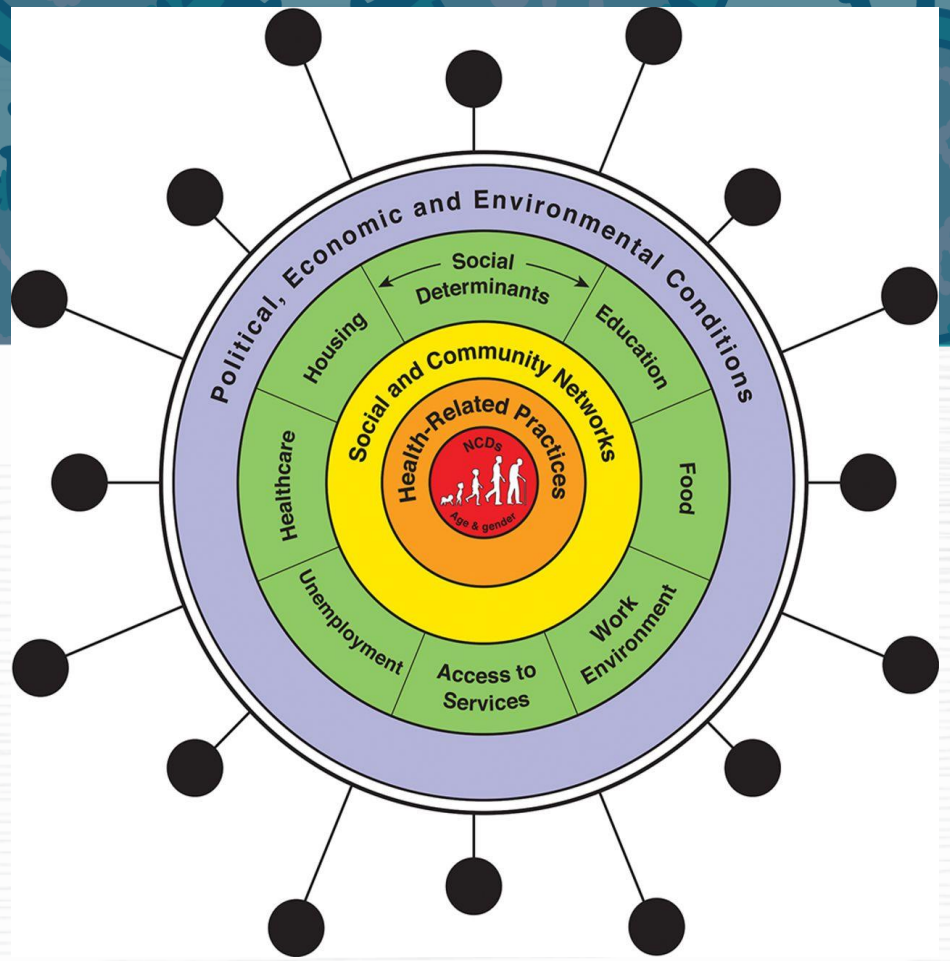
Serie: COVID-19, Metas ODS en Salud y Equidad

Impacto de la pandemia COVID-19 en las desigualdades sociales y la promesa de *no dejar a nadie atrás*



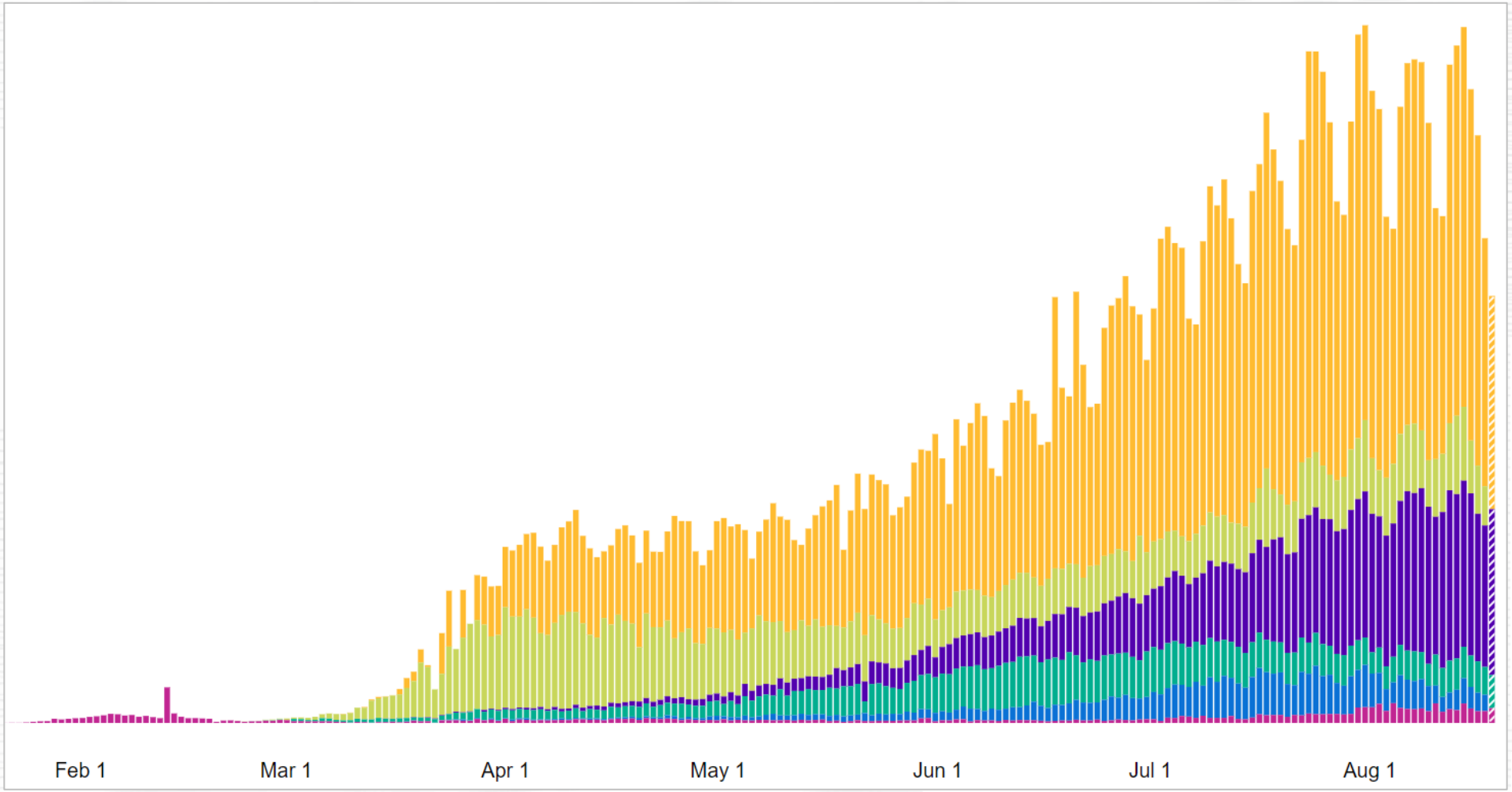
The syndemic of COVID-19, NCDs, and the SDH. Clare Bambra. JECH2020;0:1-5

El escenario post-COVID para el alcance de las metas ODS en salud

Oscar J Mujica MD

Agosto 19, 2020

La pandemia COVID-19: frecuencia diaria de casos confirmados

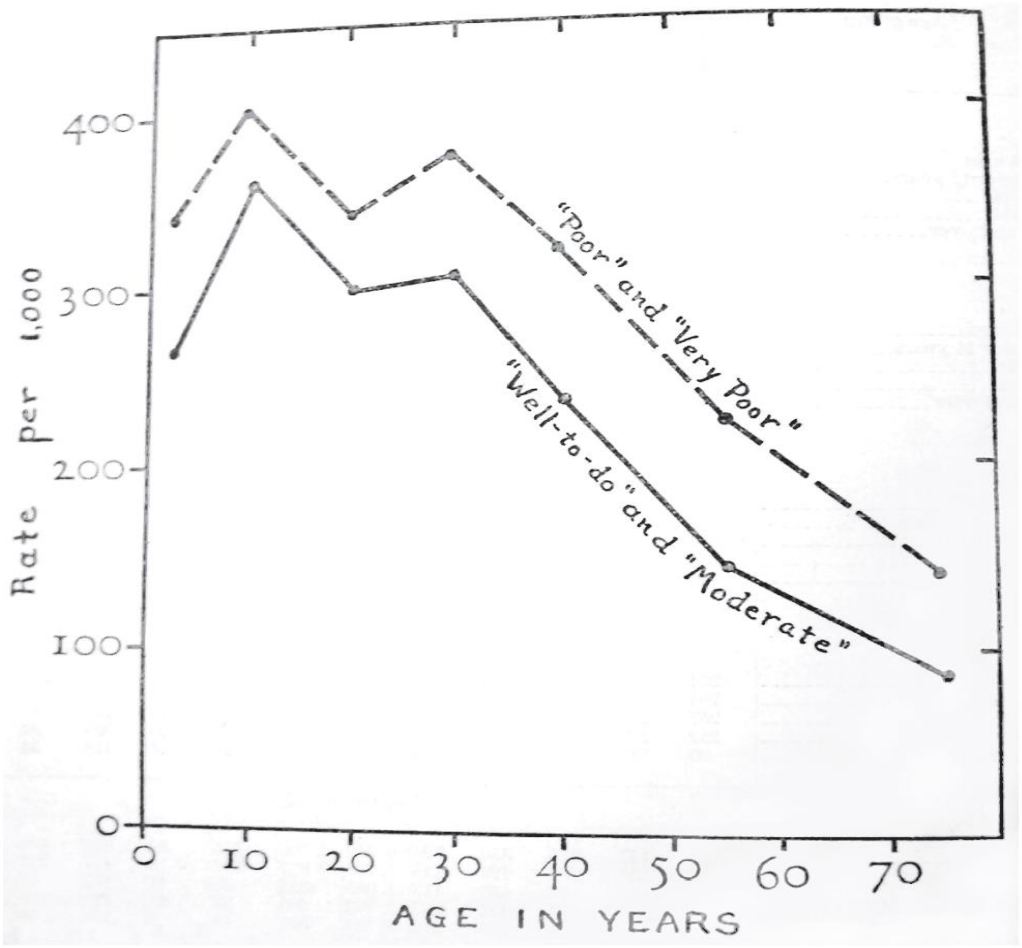


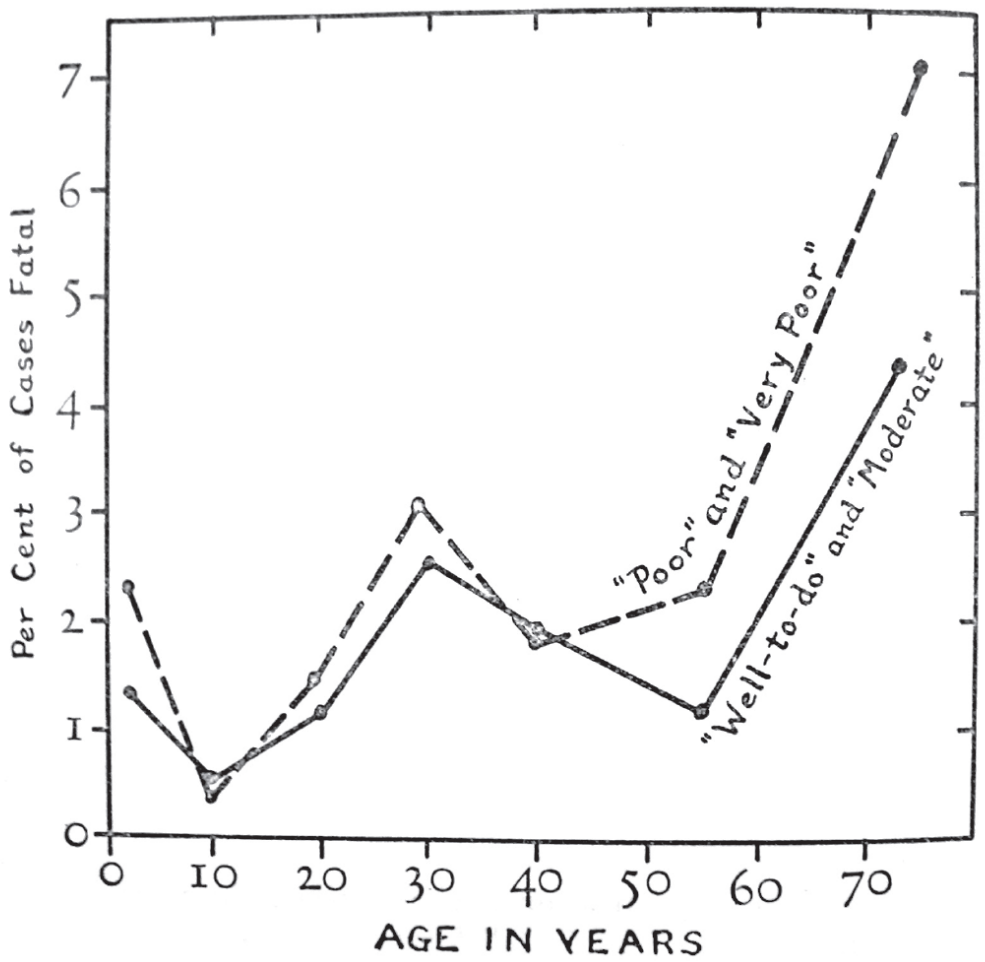
Americas	11,758,006 confirmed
Europe	3,796,590 confirmed
South-East Asia	3,233,831 confirmed
Eastern Mediterranean	1,762,998 confirmed
Africa	960,055 confirmed
Western Pacific	425,986 confirmed

Data may be incomplete for the current day or week.

World Health Organization Coronavirus Disease (COVID-19) Dashboard [https://www.covid19.who.int] Data last updated: 2020/08/19, 10:38am CEST

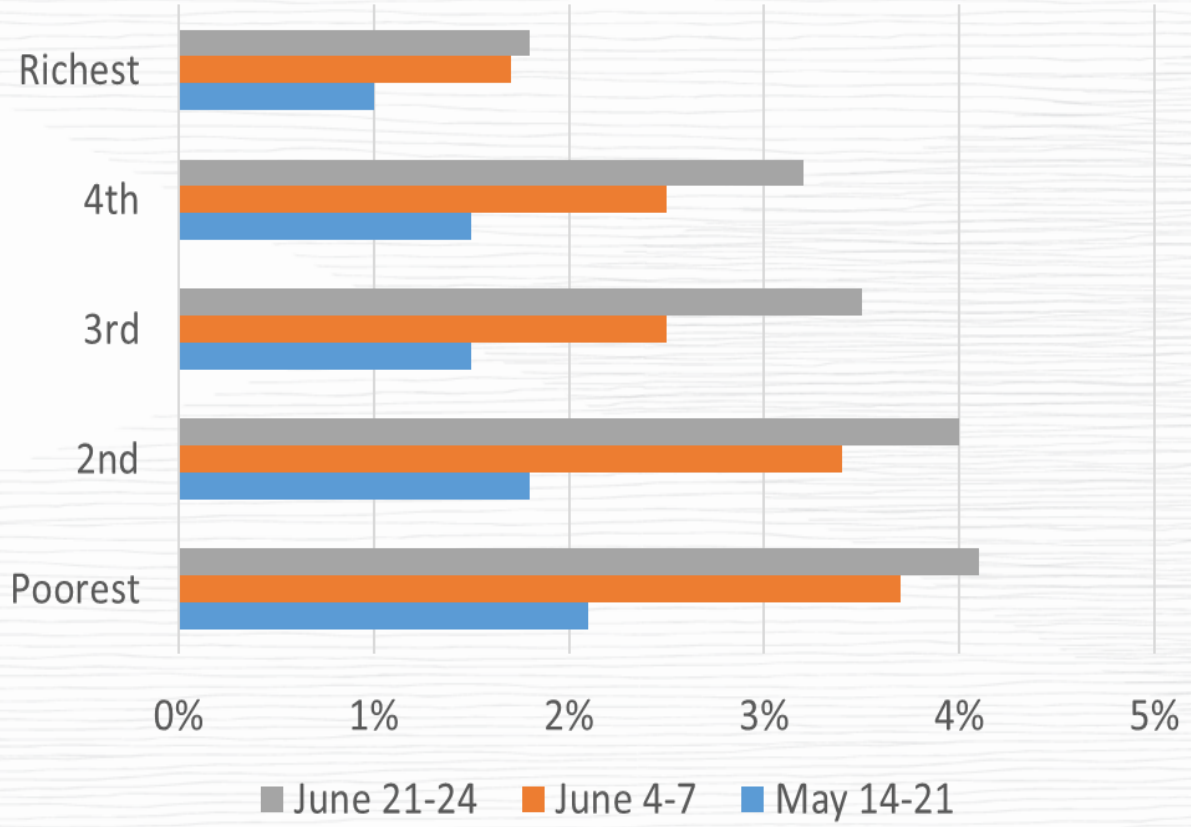
Las pandemias no son eventos socialmente neutrales

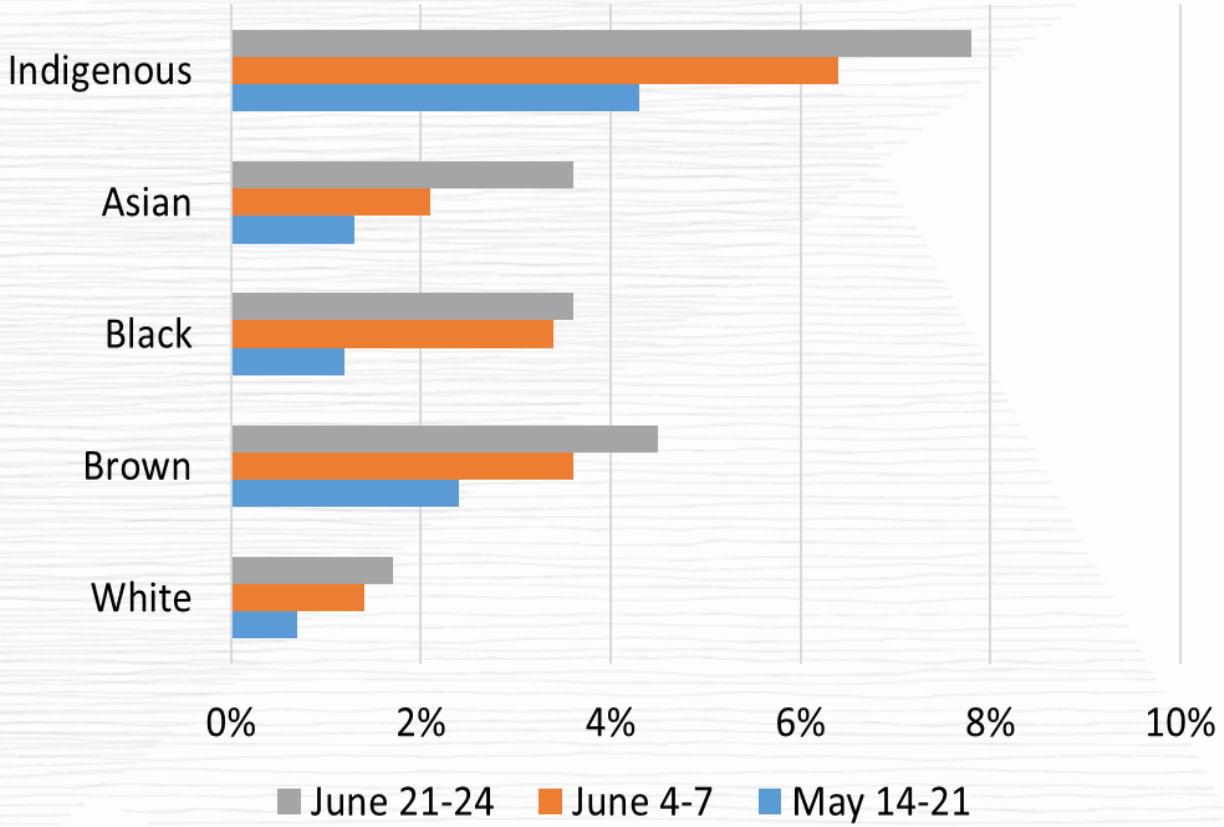




Sydenstricker E. The incidence of influenza among persons of different socioeconomic status during the epidemic of 1918. *Public Health Reports* 1931;46(4):154-170

Las pandemias no son eventos socialmente neutrales





Victora C. Epidemiology and Inequalities in Brazil: the EpiCOVID19 Study. PAHO Webinar 1 on COVID-19, Health-related SDGs and Equity. July 20, 2020.

EPICOVID19 do Oiapoque a Pelotas

COVID-19 y desigualdades en salud: impactos recíprocos

la pandemia sindémica: COVID-19, patologías crónicas y determinantes sociales de la salud

La progagación pandémica del SARS-CoV-2 desnuda y exacerba las desigualdades sociales:

- ni la exposición ni la susceptibilidad al agente infeccioso se distribuye homogéneamente en la población; se concentra en las poblaciones en situación de vulnerabilidad y exclusión sociales

Las desigualdades sociales subyacentes aceleran la propagación pandémica del SARS-CoV-2:

- la falta de acceso a servicios de salud y a la buena información de las poblaciones socialmente más desaventajadas las deja más expuestas y/o susceptibles al agente infeccioso durante las crisis

Las consecuencias a corto, mediano y largo plazo de la sindemia COVID-19 y desigualdad social sobre la salud poblacional son estructurales, multidimensionales e interseccionales: inmunizaciones, mortalidad infantil y materna, nutrición, fecundidad, violencia intrafamiliar, salud mental, condiciones crónicas, discriminación, alienación, etc….

Sin dejar a nadie atrás: la Agenda 2030, los ODS y sus metas de salud

1. pobreza §
2. hambre §
3. salud y bienestar *
4. educación *
5. género (igualdad)
6. agua y saneamiento *
7. energía *
8. crecimiento económico *
9. infraestructura
10. desigualdad (reducción)
11. asentamientos (humanos, urbanos)
12. consumo & producción
13. cambio climático
14. ecosistemas marinos
15. ecosistemas terrestres
16. paz
17. parcería global

13 metas
27 indicadores

3.1 mortalidad materna (<70)
3.2 mortalidad prevenible en la niñez §
3.3 enfermedades transmisibles §
3.4 mortalidad por ENT (1/3)
3.5 abuso de substancias
3.6 accidentes de tránsito (1/2)
3.7 salud sexual & reproductiva
3.8 cobertura universal de salud
3.9 polución & contaminación
3.a control de tabaco (CM)
3.b vacunas & medicinas (I&D)
3.c recursos humanos (F&E)
3.d alerta temprana (CN-RSI)

§ *"fin"*
* *"para todos"*

PAHO/EIH/HA/ojm.2019

Sin dejar a nadie atrás… *¿sin dejar a nadie atrás…?*

FP news | analysis | podcasts | the magaz
FP INSIDER ACCESS: POWER MAPS | CONFERENCE CALLS | S

ARGUMENT

The SDGs Should St Senseless, Dreamy,

Play sports! Be in harmony with nature! And end U.N. could have come up with a document so wor

BY WILLIAM EASTERLY | SEPTEMBER 28, 2015, 7:22 PM

Nothing better reflects the decline and fall of ho United Nations Sustainable Development Goa summit this past weekend. The SDG manifest document of the United Nations summit for the adopti agenda." This not-quite-soaring rhetoric continues for phrases like: "Thematic reviews of progress," "Implem Programmes," and "Accelerated Modalities of Action." a list that has both too many items and too little conter "By 2030, ensure that people everywhere have the relev sustainable development and lifestyles in harmony wit

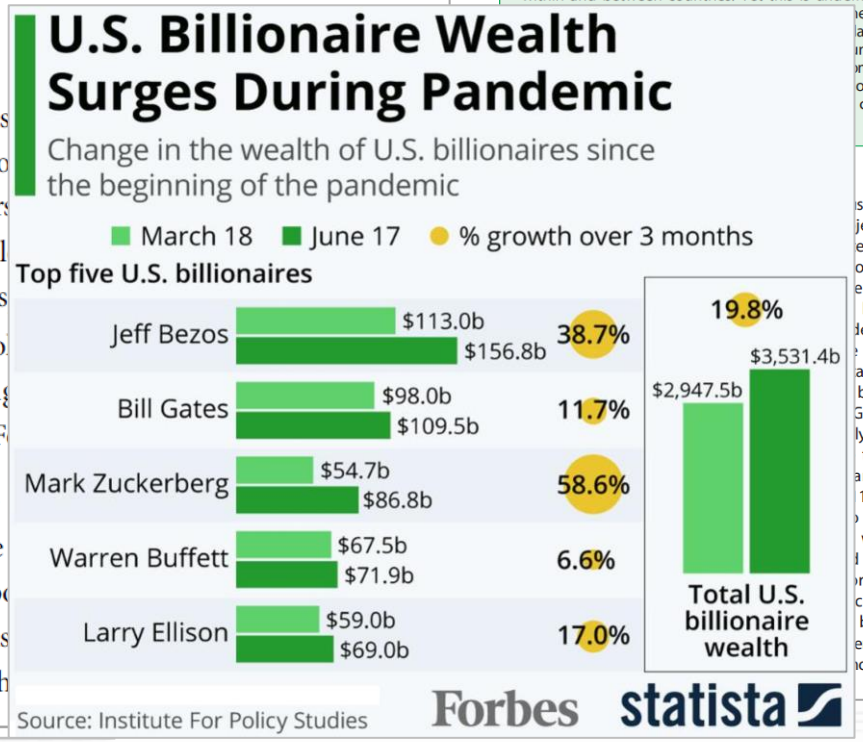
Ethics & International Affairs, 28, no. 1 (2014), pp. 5–13.
© 2014 Carnegie Council for Ethics in International Affairs

Eliminating Extreme Inequ A Sustainable Developmen 2015–2030

Michael W. Doyle and Joseph E. Stigl*

At the United member states at the center o assembled world leaders on peace through devel of the vulnerable, the s We propose that the fo and updates of the orig *level in every country.* F

- By 2030, reduce post-tax income income of the b
- By 2020, establis and report on th



Global Policy Volume 10 . Supplement 1 . January 2019

Keeping Out Extreme Inequality from the SDG Agenda – The Politics of Indicators

Sakiko Fukuda-Parr
The New School

Special Issue Article

Abstract
The SDGs are important because they set consensus norms. At face value, Goal 10 sets a strong norm on reducing inequality within and between countries. Yet this is undermined and distorted by the targets and indicators which are weak and set an equalities. This paper explains this paradox as a result of an intense contesta- a as inclusion, focusing on the poor and excluded, rather than on extreme nt of the negotiations and argues that the insertion of the shared prosperity mic inequality (rather than distribution measures such as Gini or Palma ratio) oice over the meaning of a norm is made on what is said to be a technical cannot be disentangled and greater transparency on the policy strengths and

se they cre- jectives and e and influ- ough global enforcement by creating development value, the ain a strong behind' is a G framework ly to 'reduce targets and anced; many 1 indicators, reduce the within and l Saez, 2017; rs focus on cioeconomic but neglect entration of d indicators

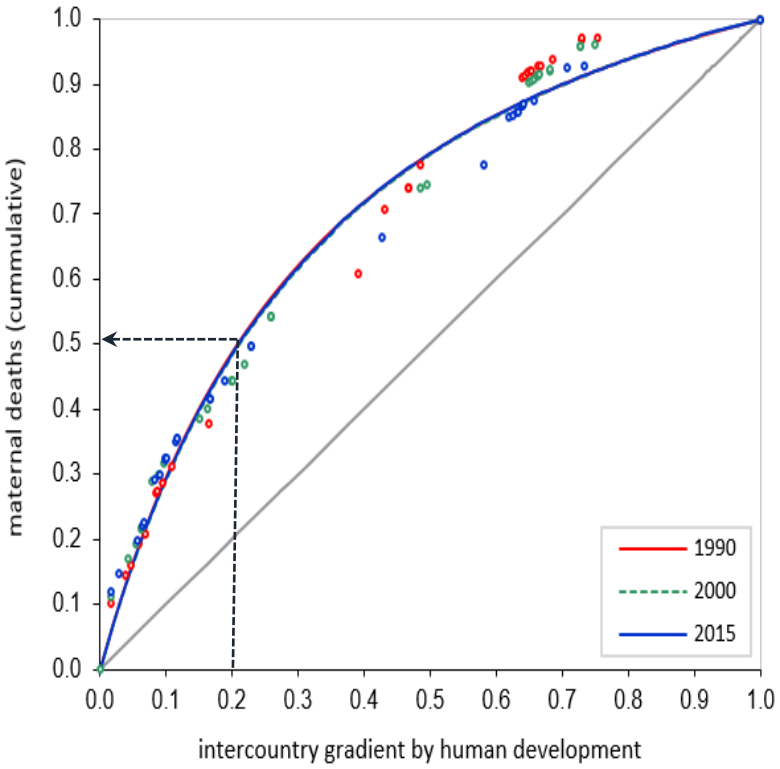
narrative and frame a discourse; the reductionist and distorting effects of quantification on norms; hegemonic effects of framing policy agendas, focusing attention on selected priorities and keep out inconvenient issues off the agenda, and silence radical views. The paper explores these processes by analyzing the case of the inequality goal, focusing particularly on the measurement of vertical economic inequality. The paper provides a detailed account of the negotiations: the origins of the inequality norm, its ideational trajectory, and the controversies that emerged. I argue that the indicator reinterprets the inequality norm as inclusive growth, framing the policy agenda to focus on poverty, and keeping out issues of extreme inequality and the concentration of wealth and income out of global debates. The exercise of hegemonic power in this process is obscured behind the seemingly technical debate about choice of measurement method.

Research for this paper included documentary reviews as well as observation of consultation meetings and events, and interviews with some 40 stakeholders (members of national delegations, UN technical support teams, advocacy NGOs, UN Statistical Commission, among others) who had been involved in the process of formulating the SDG framework.

Antecedentes *protopandémicos* del ODS-3 en las Américas

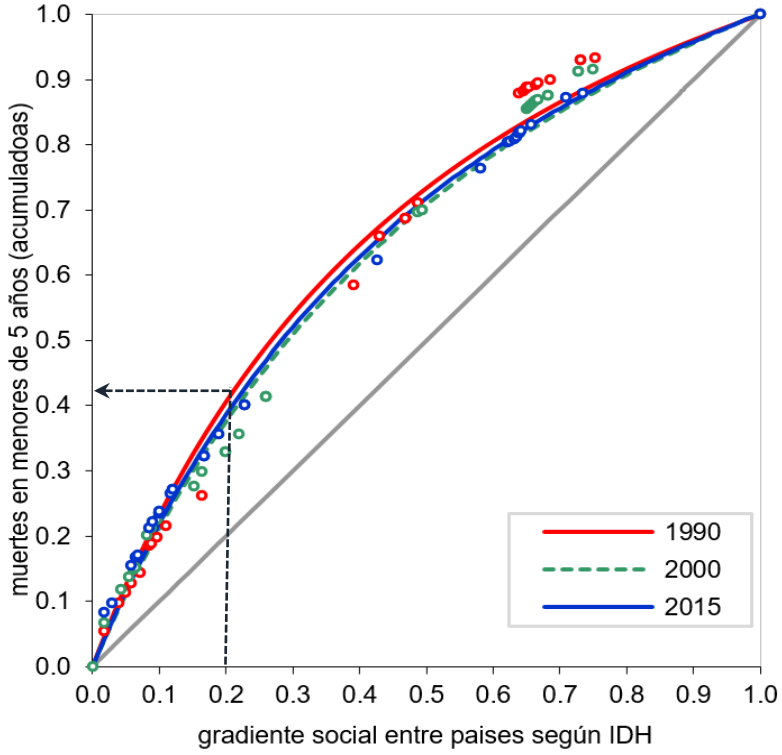
mortalidad materna (ODM 5)

meta: reducir 3/4 entre 1990 y 2015
resultado: 101.8 (1990); 51.7 (2015)



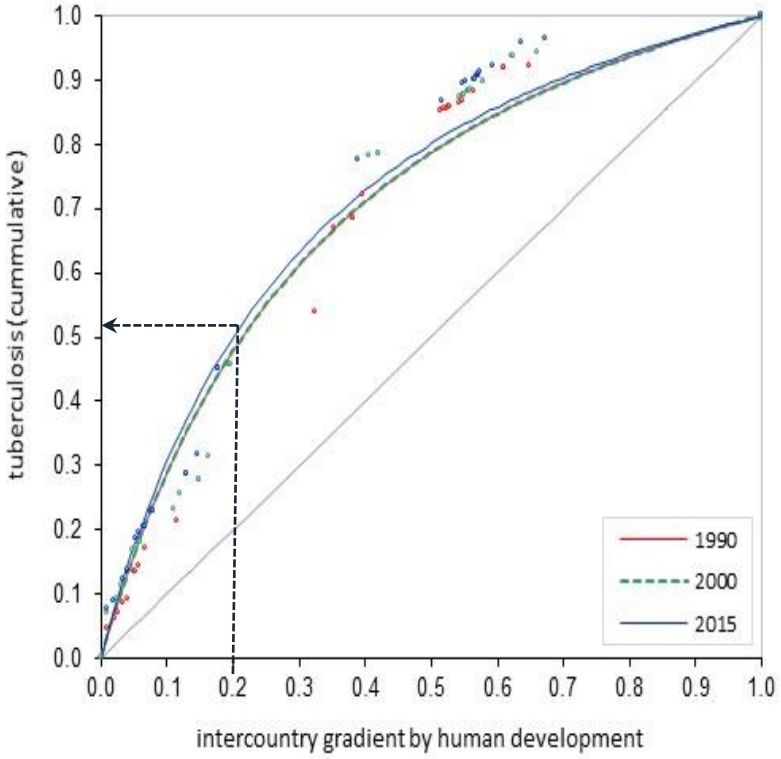
mortalidad en la niñez (ODM 4)

meta: reducir 2/3 entre 1990 y 2015
resultado: 42.6 (1990); 14.6 (2015)



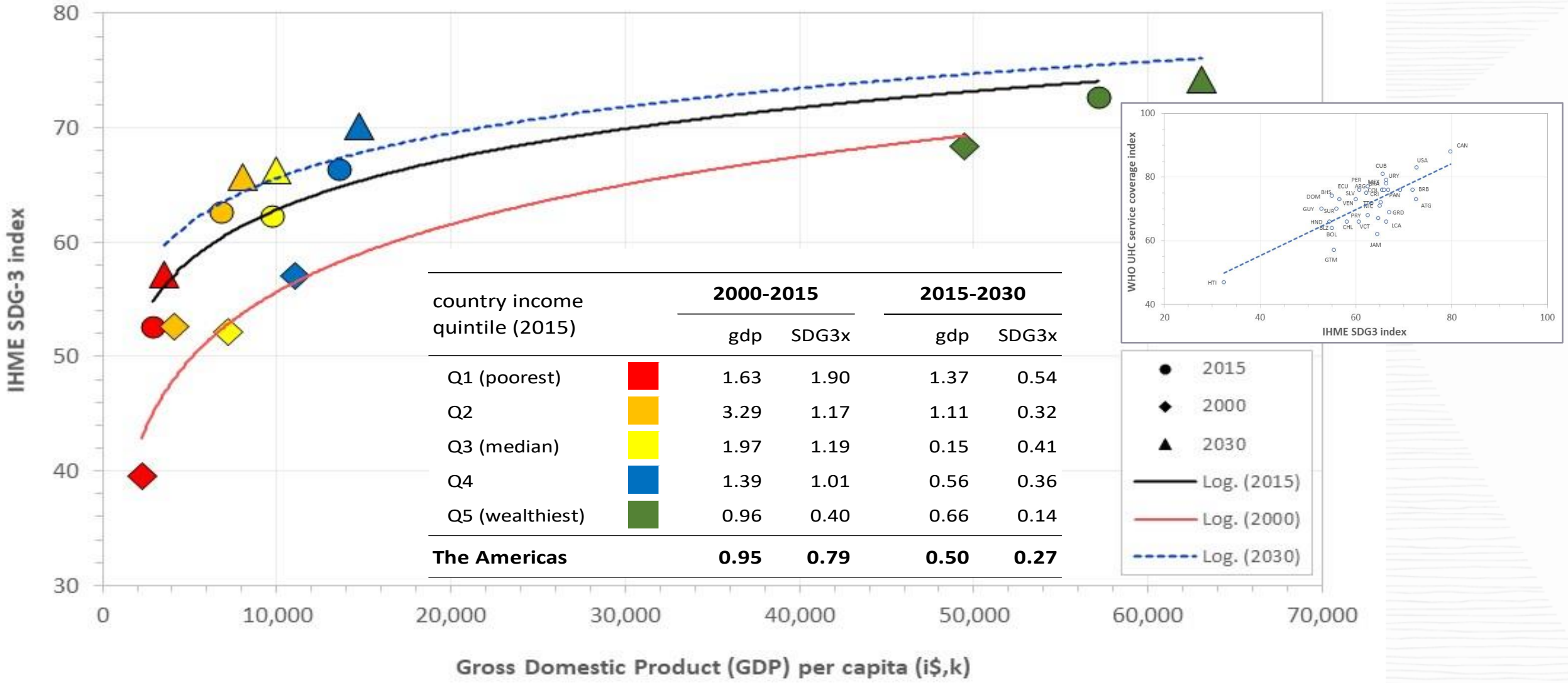
incidencia de tuberculosis (ODM 6)

meta: revertir la incidencia
resultado: 55.7 (1990); 28.4 (2015)



Organización Panamericana de la Salud. *Salud en las Américas+*, edición del 2017. OPS: Washington DC, 2017.

Proyecciones *prepandémicas* del ODS-3 en las Américas



country income quintile (2015)		2000-2015		2015-2030	
		gdp	SDG3x	gdp	SDG3x
Q1 (poorest)		1.63	1.90	1.37	0.54
Q2		3.29	1.17	1.11	0.32
Q3 (median)		1.97	1.19	0.15	0.41
Q4		1.39	1.01	0.56	0.36
Q5 (wealthiest)		0.96	0.40	0.66	0.14
The Americas		**0.95**	**0.79**	**0.50**	**0.27**

PAHO/EIH/HA/ojm; based on: Murray CJL et al. *Lancet* 2018;392:2091-2138.

Sin dejar a nadie atrás: la Agenda 2030, los ODS y sus metas de salud

Commentary

COVID-19: exposing and amplifying inequalities

Michael Marmot, Jessica Allen

Exponential growth is difficult for people to grasp. But that is what has happened to sales of Albert Camus's *The Plague*, first published in 1947. According to Jacqueline Rose, it is 'an upsurge strangely in line with the graphs that daily chart the toll of the sick and the dead'. She reports that, from the start of the COVID-19 pandemic, sales had grown 1000%.[1] It may not be worth dwelling on those statistics. More interesting for Rose, and for us, is that a key theme of Camus is that 'the pestilence is at once blight and revelation. It brings the hidden truth of a corrupt world to the surface'. In the same way, the pandemic of COVID-19 exposes and amplifies inequalities in society. The myth of the pandemic as the great leveller was given air when early cases included elites: a prince, a prime minister, a Premier League football manager and the actor Tom Hanks. It was, and is, most likely that as the pandemic took hold and society responded we would see familiar inequalities, of two sorts: inequalities in COVID-19 and inequalities in the social conditions that lead to inequalities in health more generally.

It was not always thus with epidemics. The plague came to Northern Italy in 1630, killing 35% of the population, including 38% in Bergamo, and an astonishing 59% in Padua. One effect of killing COVID-19 on inequality is likely to be adverse and severe.

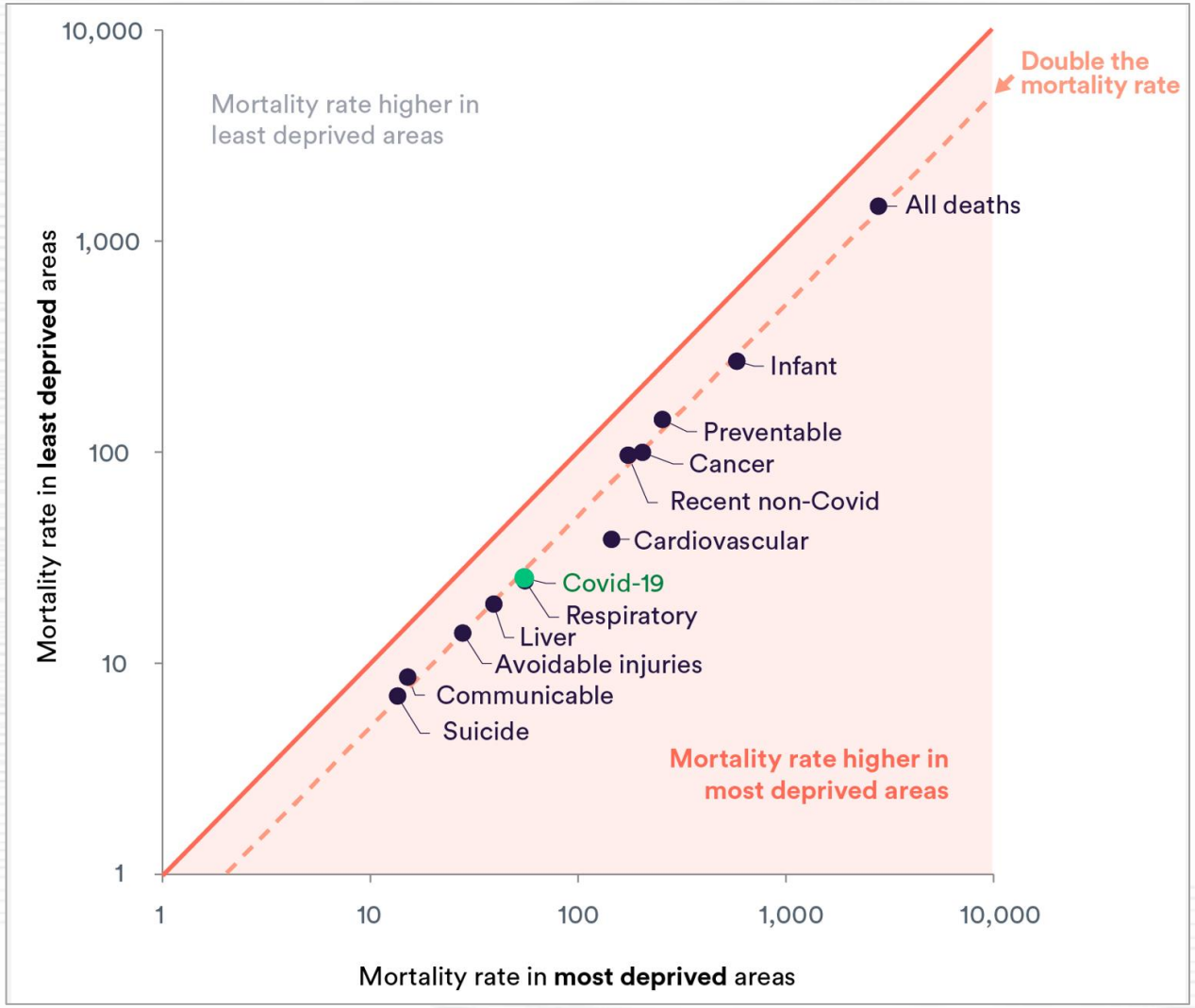
Loosely following Camus, we suggest that COVID-19 exposes the fault lines in society and amplifies inequalities. In the UK, the myth of the great equaliser has been dispelled by the publication by the Office for National Statistics (ONS) of COVID-19 mortality rates according to level of deprivation.[3] It shows a clear social gradient: the more deprived the area the higher the mortality. The gradient suggests that the 'fault line' is not quite accurate. It is not 'them' at high risk and the rest of 'us' at acceptable risk, but a gradient of disadvantage. The argument that we are seeing COVID-19 imposed on pre-existing health inequalities is supported by the ONS figures showing that the gradient, by area deprivation, for all-cause mortality is similar to that for COVID-19.

The case that we are seeing a general phenomenon of health inequalities is shown further by a graph (figure 1) produced by the Nuffield Trust (https://www.nuffieldtrust.org.uk/resource/chart-of-the-week-covid-19-kills-the-most-deprived-at-double-the-rate-of-affluent-people-like-other-conditions). For shorthand, rather than the gradient, it shows mortality in the most deprived 10% and that in the least deprived 10% of areas. Remarkably, the twofold increase is consistent across a range of causes of death, including COVID-19. In the past, observing this general phenomenon, one of us (MM) speculated about general susceptibility to illness following the social gradient, perhaps linked to psychosocial processes.[4] There may be elements of that. But the susceptibility may also be happening at the social level, being relatively disadvantaged puts you at higher risk of a range of specific causes of illness—the causes of the causes.

The inequalities that the pandemic exposed had been building in the UK for at least a decade. *Health Equity in England: The Marmot Review 10 Years On* documented three worrying trends, since 2010: a slowdown in increase in life expectancy, a continuing increase in inequalities in life expectancy between more and less deprived areas and increased regional differences, and a decline in life expectancy in women in the most deprived areas outside London.[5] The recent report examined five of the six domains that had formed the basis of the 2010 Marmot Review[6]: early child development, education, employment and working conditions, having at least the minimum income necessary for a healthy life, and healthy and sustainable places to live and work.

Our conclusion was that it was highly likely that policies of austerity had contributed to the grim and unequal health picture. To take just one example, highly relevant to what is happening during the COVID-19 pandemic, the crisis of adult social care. Spending on adult social care was reduced by about 7% from 2010, but in a highly regressive way. In the least deprived 20% of local authorities, the

J Epidemiol Community Health: first published as 10.1136/jech-2020-214720 on 15 July 2020.



Marmot M, Allen J. *J Epidemiol Community Health* 2020;74(9):681-682

https://www.nuffieldtrust.org.uk/resource/chart-of-the-week-covid-19-kills-the-most-deprived-at-double-the-rate-of-affluent-people-like-other-conditions

Evaluación de los impactos de la COVID-19 sobre el ODS-3

Comment Nature | Vol 583 | 9 July 2020

Sustainable Development Goals: pandemic reset

Robin Naidoo & Brendan Fisher

COVID-19 is exposing the fragility of the goals adopted by the United Nations — two-thirds are now unlikely to be met.

As COVID-19 batters the world and its economy, it's time to rethink sustainable pathways for our planet. Rosy hopes that globalization and economic growth would bankroll waves of green investment and development are no longer realistic. It's unlikely there will be enough money or attention to banish poverty and inequality, expand health care and overturn biodiversity loss and climate change, all by 2030.

The SARS-CoV-2 virus has already killed more than 512,000 people, disrupted the livelihoods of billions and cost trillions of dollars. A global depression looms. The United States and other nations are gripped by protests against structural inequality and racism. And geopolitical tensions between superpowers and nuclear states are at levels not seen for decades.

Things were different back in 2015, when the United Nations adopted 17 Sustainable Development Goals (SDGs) to improve people's lives and the natural world by 2030. It was arguably one of humanity's finest moments

Overseas development aid could drop by US$25 billion in 2021. The United States has announced its withdrawal from the World Health Organization. Increasing the scale of human activity on the planet looks foolish when it could open wells of new diseases once hidden in the wild, similar to COVID-19.

Governments have basic worries. Food security is under threat, because farm workers are unable to travel to harvest crops; prices of rice, maize (corn) and wheat are rising. The UN World Food Programme has just doubled its estimate of the number of people who are likely to face acute food shortages this year, to 265 million. Demand for cash crops, such as Kenya's flower exports, has stalled. Ecotourism has collapsed. Even oil-rich developing countries such as Nigeria, Africa's most populous nation, cannot sell their resources profitably in the global slowdown.

And the world will face further stressors in the next decade. More pandemics, yes, but also extinctions and the continued degradation of the ecosystems on which all life depends. Storms, wildfires, droughts and floods will become more frequent owing to climate change. Geopolitical unrest might follow. Mounting costs to address these will divert yet more funding from existing SDG targets. Last year alone, the United States experienced 14 separate billion-dollar disasters related to climate change.

COVID-19 is demonstrating that the SDGs as currently conceived are not resilient to such global stressors. As the UN's High-level

What to do? / Qué hacer?

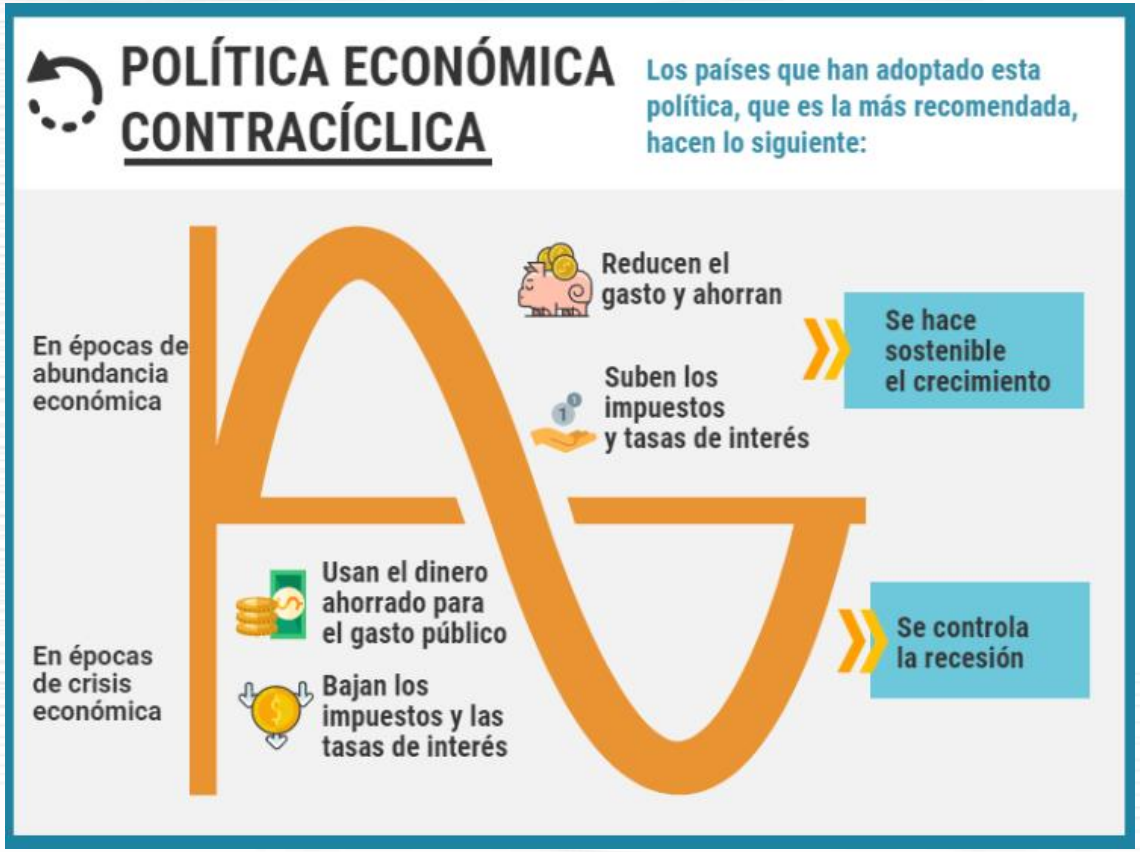
Prioritize win-wins / Priorizar las ganancias mutuamente ventajosas
Decouple development & growth / Desvincular desarrollo & crecimiento
Overhaul funding / Replantear el financiamiento

SDG-3 Targets		COVID-19 threatens target	Target achieved would have mitigated the impacts of COVID-19	Target achieved would have worsened the impacts of COVID-19
3.1	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	0	0	0
3.2	By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	1	0	0
3.3	By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	1	0	0
3.4	By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	1	1	0
3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	0	0	0
3.6	By 2020, halve the number of global deaths and injuries from road traffic accidents	0	0	0
3.7	By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	0	0	0
3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	1	1	0
3.9	By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	0	1	0
3.a	Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	0	0	0
3.b	Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	1	1	0
3.c	Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	0	1	0
3.d	Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	0	1	0

Naidoo R, Fisher B. *Nature* 2020;583:198-201

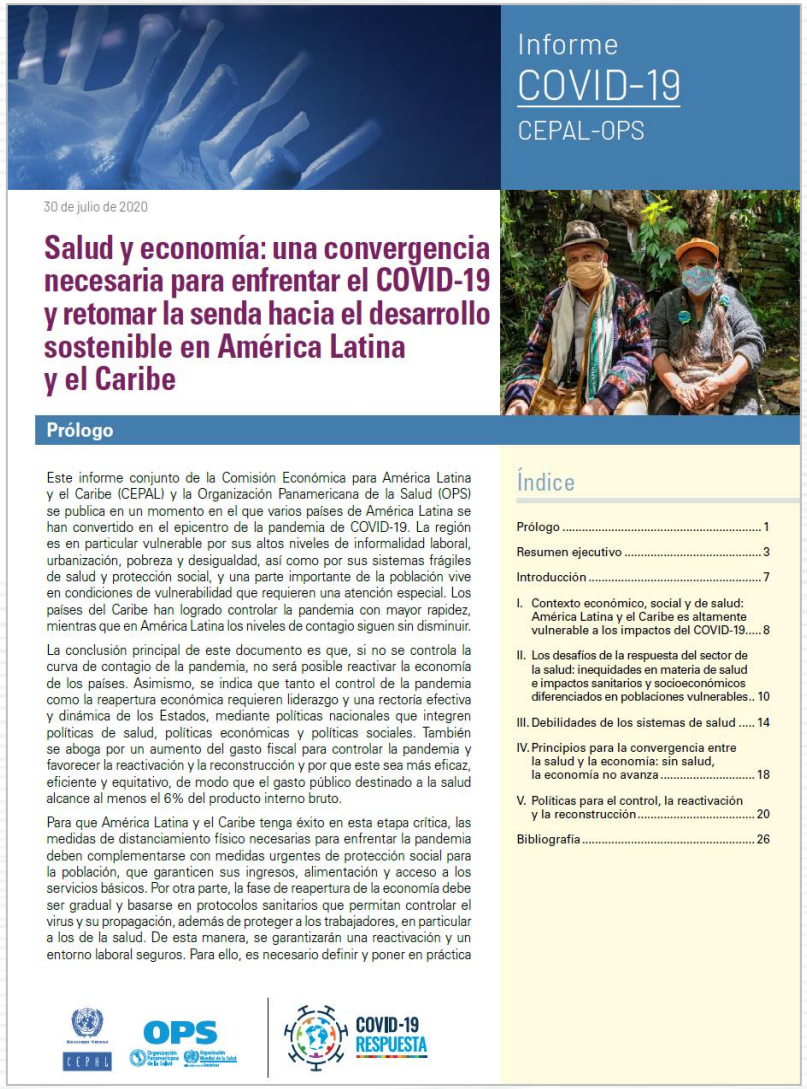
Perspectiva *pospandémica* de alcance del ODS-3 en las Américas

su gran *determinante*: la política económica pospandémica a adoptar…



https://www.bancomundial.org/es/news/infographic/2017/10/12/politicas-prociclicas-politicas-contracicicias

Las cinco propuestas de la CEPAL para la pospandemia



Informe
COVID-19
CEPAL-OPS

30 de julio de 2020

Salud y economía: una convergencia necesaria para enfrentar el COVID-19 y retomar la senda hacia el desarrollo sostenible en América Latina y el Caribe

Prólogo

Este informe conjunto de la Comisión Económica para América Latina y el Caribe (CEPAL) y la Organización Panamericana de la Salud (OPS) se publica en un momento en el que varios países de América Latina se han convertido en el epicentro de la pandemia de COVID-19. La región es en particular vulnerable por sus altos niveles de informalidad laboral, urbanización, pobreza y desigualdad, así como por sus sistemas frágiles de salud y protección social, y una parte importante de la población vive en condiciones de vulnerabilidad que requieren una atención especial. Los países del Caribe han logrado controlar la pandemia con mayor rapidez, mientras que en América Latina los niveles de contagio siguen sin disminuir.

La conclusión principal de este documento es que, si no se controla la curva de contagio de la pandemia, no será posible reactivar la economía de los países. Asimismo, se indica que tanto el control de la pandemia como la reapertura económica requieren liderazgo y una rectoría efectiva y dinámica de los Estados, mediante políticas nacionales que integren políticas de salud, políticas económicas y políticas sociales. También se aboga por un aumento del gasto fiscal para controlar la pandemia y favorecer la reactivación y la reconstrucción y por que este sea más eficaz, eficiente y equitativo, de modo que el gasto público destinado a la salud alcance al menos el 6% del producto interno bruto.

Para que América Latina y el Caribe tenga éxito en esta etapa crítica, las medidas de distanciamiento físico necesarias para enfrentar la pandemia deben complementarse con medidas urgentes de protección social para la población, que garanticen sus ingresos, alimentación y acceso a los servicios básicos. Por otra parte, la fase de reapertura de la economía debe ser gradual y basarse en protocolos sanitarios que permitan controlar el virus y su propagación, además de proteger a los trabajadores, en particular a los de la salud. De esta manera, se garantizarán una reactivación y un entorno laboral seguros. Para ello, es necesario definir y poner en práctica

Índice

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III. Debilidades de los sistemas de salud 14
IV. Principios para la convergencia entre la salud y la economía: sin salud, la economía no avanza 18
V. Políticas para el control, la reactivación y la reconstrucción 20
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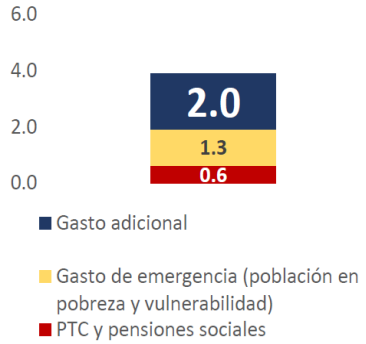
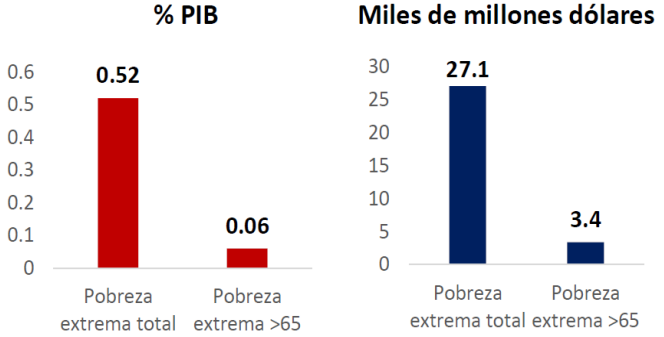
Cinco propuestas

1. **Ingreso básico de emergencia por 6 meses a toda la población en pobreza (1 línea de pobreza) complementado con un bono contra el hambre a toda la población en extrema pobreza (70% línea de pobreza extrema).**
2. **Políticas sociales universales, progresivas y distributivas.**
3. **Ampliación de plazos y períodos de gracia en los créditos a Mipymes, especialmente las que producen alimentos, cofinanciamiento parcial de la nómina salarial.**
4. **Políticas fiscales y monetarias expansivas que sostengan un periodo más largo de gasto (que será estructural) con instrumentos no convencionales.**
5. **Acceso a financiamiento en condiciones favorables para países de renta media.**

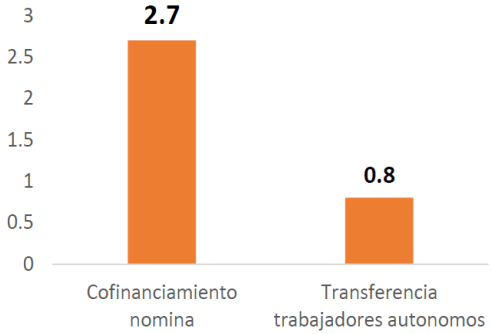
IBE por 6 meses % PIB



Bono contra el hambre



Medidas empresas % PIB



Salud y economía: una convergencia necesaria para enfrentar el COVID-19 y retomar la senda hacia el desarrollo sostenible en América Latina y el Caribe

Bárcena A, Etienne C. Salud y Economía: una convergencia necesaria para enfrentar el COVID-19; Santiago & Washington DC; julio 30, 2020.

OPS: acciones transformadoras pospandémicas regionales

Commentary

BMJ Global Health

COVID-19: transformative actions for more equitable, resilient, sustainable societies and health systems in the Americas

Carissa F Etienne,[1] James Fitzgerald,[2] Gisele Almeida ,[2] Maureen E Birmingham,[3] Monica Brana,[1] Ernesto Bascolo,[2] Camilo Cid,[2] Claudia Pescetto[2]

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[1]Office of the Director, Pan American Health Organization,

INTRODUCTION

The COVID-19 pandemic has resulted in terrible loss of life, disproportionately impacting the poor and those with underlying health conditions, devastating lives and livelihoods as a consequence of its effect on economic activity. Weak health system responses, chronic and longstanding underinvestment, and inadequate policies to tackle the root causes of inequity that most affect those living in conditions of vulnerability to access needed health and social services have exacerbated the problem. In addition, this pandemic has confirmed the precarious relationship and interdependence of health and the economy in the context of a disease outbreak.[1 2] The impact on economies and sustainable development is evident, with COVID-19 uncovering the structural deficiencies and inequities in access to health services and social protection. The region of the Americas, similar to the rest of the world, is already experiencing a deepening economic crisis caused by the COVID-19 pandemic and the necessary measures for its mitigation. The most recent forecast[3] suggests a global

Summary box

- COVID-19 has exposed structural deficiencies in health, social and economic policies and sectors in the Americas impacting the resilience of health systems and societies.
- Due to the pandemic, the region of the Americas is facing unprecedented challenges in the health, economic and social sectors, intensifying inequalities already present in the region.
- Strategic areas for priority action moving forward include (1) realignment of core values in favour of health and social development with economic development; (2) prioritisation of and investment in health, social cohesiveness, social development and protection, and (3) transformation of health systems based on primary health care.
- Key actions that promote needed change comprise (1) elevating health as a priority, essential for human security, as a driver for economic and social development; (2) prioritising integrated policy development and planning; (3) transforming health systems to achieve universal health and human security; (4) investing in science, technology and innovation to ensure equitable access to medicines and other health technologies; (5) strengthening the essential public health functions and risk reduction and mitigation.

BMJ Glob Health: first published as 10.1136/bmjgh-2020-003509 on 13 August 2020.

Tres áreas estratégicas de acción prioritaria:

1. realineamiento de los valores centrales en favor de la salud y el desarrollo social con desarrollo económico
2. priorización de la salud y la inversión en salud, la cohesión social, el desarrollo social y la protección social
3. transformación de los sistemas de salud basada en la atención primaria

Cinco acciones clave para promover el cambio:

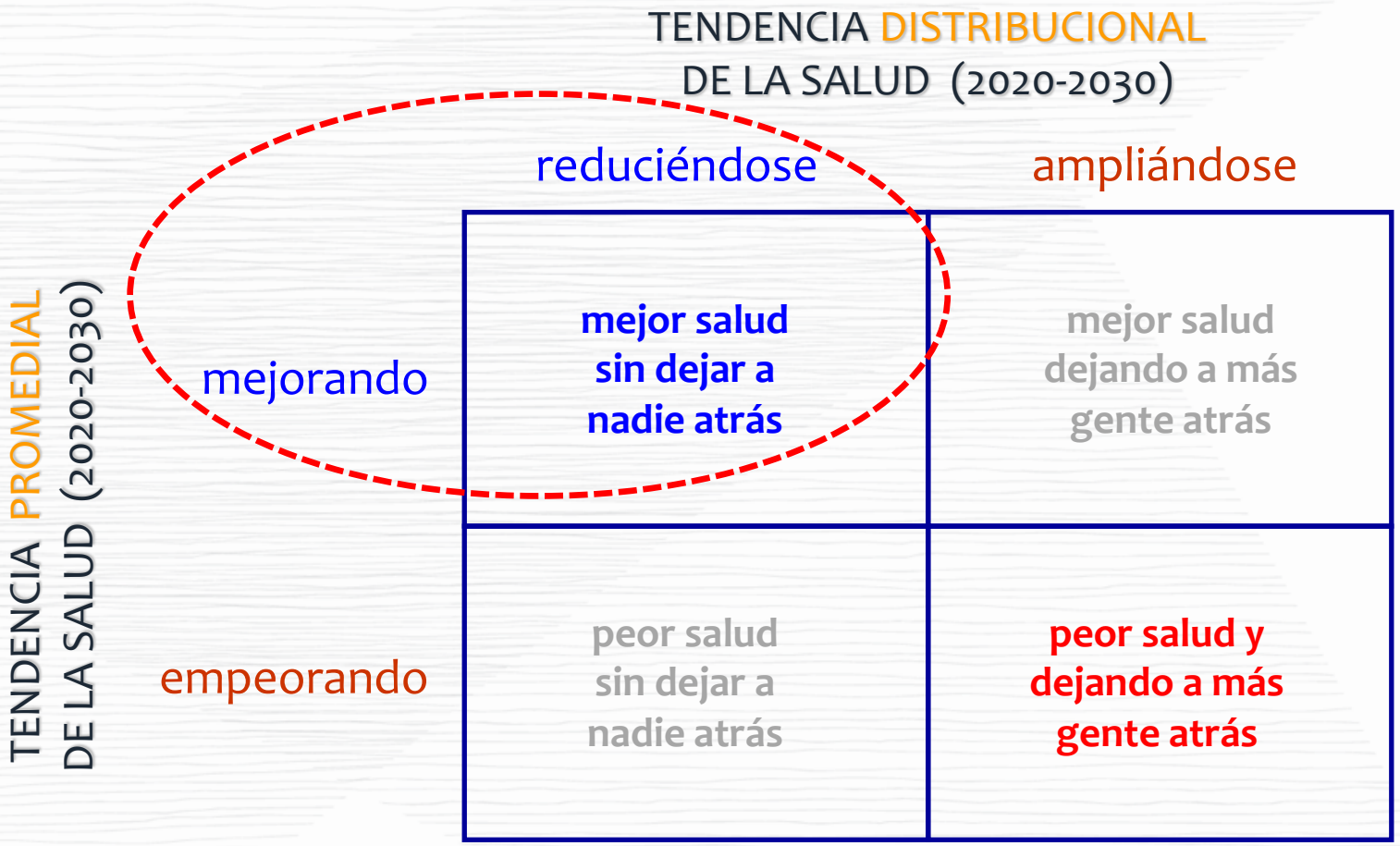
1. elevar la salud como prioridad, esencial para la seguridad humana, y como impulsor del desarrollo social y económico
2. priorizar la planificación y desarrollo de políticas integradas
3. transformar los sistemas de salud para alcanzar la salud universal y la seguridad humana
4. invertir en ciencia, tecnología e innovación para asegurar acceso equitativo a medicinas y otras tecnologías sanitarias
5. fortalecer las funciones esenciales de salud pública y la reducción y mitigación de riesgos

Tres propuestas concretas y accionables en la pospandemia para el ODS3

1. formular metas cuantitativas explícitas de reducción de desigualdad para el ODS3

2. monitorear desigualdades en las metas del ODS3

3. actuar con base en los resultados del monitoreo



PAHO/EIH/HA/ojm, 2017; modificado de: Minujin & Delamónica. Mind the Gap! *J Human Development* 2003;4(3):397-418.

A manera de epílogo: *el camino al 2030 es ahora un camino pospandémico…*

- ✓ El sentido de urgencia para enfrentar y eliminar las desigualdades injustas en las oportunidades para la salud y el bienestar en el camino hacia la salud universal y el desarrollo sostenible que ha sido mundialmente acordado en la Agenda 2030 se ha visto súbita y dramáticamente avivado por la irrupción de la pandemia del nuevo coronavirus SARS-CoV-2 y la COVID-19, que ha expuesto y amplificado las desigualdades sociales y, sobre todo, las desigualdades en salud.

- ✓ El camino hacia el 2030 es ahora un camino post-pandémico y, en consecuencia, la sociedad en su conjunto ha de revisar y replantear sus prioridades y, en ese proceso, reconocer la primacía del principio de equidad en salud para el alcance del ODS3 —si se reafirma colectivamente en su promesa solidaria, democrática y universal de *no dejar a nadie atrás*.

- ✓ En este escenario post-pandémico, las decisiones y acciones en pro del ODS3 se verán mejor informadas si se guían por metas explícitas de reducción de desigualdades en salud.

Sanhueza A, Espinosa I, Mújica OJ, Barbosa J. *Sin dejar a nadie atrás*: una metodología para establecer metas de reducción de desigualdad en salud del ODS3. [*forthcoming*]

OPS/OMS

¡Gracias!

OPS Organización Panamericana de la Salud

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Conócelo. Prepárate. Actúa.

www.paho.org/coronavirus