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Editorial

Closing the gaps: Why the world needs better research on health inequities during crises

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The COVID-19 pandemic has made it clear that racial, ethnic, and socioeconomic disparities in health and healthcare exist everywhere and become even more profound during crises. These inequities are not new, nor are they confined to any one part of the world—they are systemic, pervasive, and magnified in times of crisis. Yet, despite the global nature of the pandemic, the body of research on health disparities remains largely concentrated in high-income countries (HICs), leaving low- and middle-income countries (LMICs) underrepresented in both data and discourse.[1]

A large body of evidence revealed a significant paucity of studies on racial, ethnic, and socioeconomic status (SES) disparities from LMICs during the COVID-19 pandemic.[1] The vast majority of existing literature originates from countries like the United States and the United Kingdom, where heightened awareness of disparities has driven both public and academic interest. [1,2] These countries also benefit from longstanding systems of detailed data collection and robust analytical research infrastructure, enabling high-quality investigations into the structural determinants of health inequities.[3] In contrast, LMICs often lack the necessary infrastructure and research prioritization to generate comparable evidence, despite having highly diverse populations and facing profound inequality.[4]

This global imbalance in disparity research poses a serious risk. Without accurate and comprehensive data on race, ethnicity, SES, and their association with health outcomes, our understanding of health disparities remains fragmented. Worse, we risk drawing misleading conclusions, particularly when attempting to identify cause-specific mortality or morbidity in underrepresented populations.[4] In many LMICs, challenges such as fragmented data systems, limited funding, and insufficient prioritization of equity-focused research continue to hinder progress.[5] The reluctance to invest in disparity research may also reflect a broader discomfort with exposing systemic governance failures that have long contributed to inequities—failures that are often laid bare during pandemics and other public health emergencies.

Even in settings where data on race, ethnicity, and SES are available, researchers face persistent challenges. Data may be incomplete, self-reported, or inconsistently collected, complicating efforts to track disparities over time or conduct cross-national comparisons.[1,4,5] Such limitations contribute to the high heterogeneity observed across studies and significantly weaken the evidence base needed for effective policy-making. To address these issues, there is an urgent need for standardized guidelines to support the design, conduct, and reporting of disparity-focused research, particularly during public health crises.

As we reflect on the lessons of the COVID-19 pandemic, it is clear that disparities research must become a global priority. The health and socioeconomic status of individuals in one part of the world can—and do—affect populations globally. Failing to invest in a comprehensive understanding of health inequities in all contexts prolongs systemic blindness and weakens our collective resilience in the face of future health emergencies.

National governments, research councils, international agencies, and academic institutions must step forward to fund, support, and institutionalize the study of health disparities, especially in LMICs. Building the infrastructure and capacity to collect reliable data on race, ethnicity, and SES, and linking these to health records, is a foundational step toward equity. Only then can we move beyond rhetoric and toward evidence-based, inclusive, and just health systems for all.

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