Level 1 of influence

- Inadequate understanding about equity
- Vertical planning and resourcing

Level 2 of influence

- Global health movements
- Limited capacities of local bodies and civil society organizations

Non-comprehensive and uncoordinated health equity policy processes and approach

- Fragmentation of allied sectors including health
- Limited availability of evidences and attempts to bring them in
- Limited participatory approach and decentralization

- Neglect of ‘health as a right’
- Less focus on health equity-social development nexus
- Ineffective strategies and implementation plans

- Exclusion of crucial social determinants and their inappropriate blend with medical determinants
- Ill-defined roles of local bodies and civil society organizations
- Limited use of advocacy and evidences

- Sub-optimal utilization of existing and potential resources for health improvements
- Limited use of advocacy and evidences