Abstract: Unlabelled: POLICY POINTS: Many barriers hamper advocacy for health equity, including contemporary economic zeitgeist, the biomedical health perspective, and difficulties across policy sectors on the issue. Effective advocacy should include persistent efforts, awareness, and understanding of the social determinants of health. Education on the determinants as part of medical training should be encouraged, including profession within disadvantaged communities. Advocacy organizations have a central role in achieving health equity given the challenges bridging the worlds of civil society, research, and advocacy.

Context: Health inequalities are systematic differences in health among social groups caused by unequal exposure to-and-distributions of-the social determinants of health are persistent between and within countries despite action to reduce them. Advocacy of promoting policies that improve health equity, but the literature on how to do so is dispersed. The aim of this review is to synthesize the evidence in the academic and literature and to provide a body of knowledge for advocates to draw on to inform the practice.

Methods: This article is a systematic review of the academic literature and a fixed-effects systematic search of the gray literature. After applying our inclusion criteria, we analyzed the findings according to our predefined dimensions of advocacy for health equity. Last, we synthesized our findings and made a critical appraisal of the literature.

Findings: The policy world is complex, and scientific evidence is unlikely to be conclusive in making decisions. Timely qualitative, interdisciplinary, and mixed-methods research is valuable in advocacy efforts. The potential impact of evidence can be increased by "speeding up" knowledge transfer and translation. Increased contact between researchers and policymakers could improve the uptake of research in policy processes. Researcher and advocate role in advocacy efforts, although health professionals and disadvantaged people, who have direct contact with or experience of hardship, can be particularly persuasive in advocacy. Different types of advocacy messages can accompany evidence, but messages should be tailored to advocacy target. Several barriers hamper advocacy efforts. The most frequent in the academic literature are the current political and economic zeitgeist and related opinion, which tend to blame disadvantaged people for their ill health, even though these approaches to health and political short-termism also act as barriers. These barriers can be tackled through long-term actions to raise public awareness and understanding of through training of health professionals in advocacy. Advocates need to take advantage of "windows of opportunity," which open and close quickly, and demonstrate expertise.

Conclusions: This article brings together for the first time evidence from the academic and gray literature and provides a building block for efforts to advocate for health equity. Regarding many of the dimensions is scant, and additional research is merited, particularly concerning the applicability of findings outside the English-speaking world. Advocacy organizations have a central role in advocating for health equity, given the challenge worlds of civil society, research, and policy.

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including the cooperating efforts to raise social training advocating for policy. Those that are social determinants of health (SDH). They are a means effectively is yzed our efforts. They have been frequently cited public biomedical evidence. Particularly, they are bridging the

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