

Combating the dual challenges of COVID-19 and health inequalities

This briefing has been drafted to introduce the main issues to be discussed during the World Leadership Dialogue, “*Combating the dual challenges of COVID-19 and health inequalities*” to be held on Friday 16 October 2020 within the framework of the World Public Health Conference 2020.¹ This event is organised by the Joint Action on Health Equity Europe and aims at facilitating an exchange of experiences, expectations and concerns from various regions of the world and discuss potential synergies to overcome the challenge of limiting the adverse effects of the COVID-19 crisis on systems and populations, and integrating health equity in national preparedness/recovery policy frameworks developed in response to the crisis. Prominent high-level speakers have been invited to bring their perspectives from the European, African and South American regions.

Combating the dual challenges of COVID-19 and health inequalities

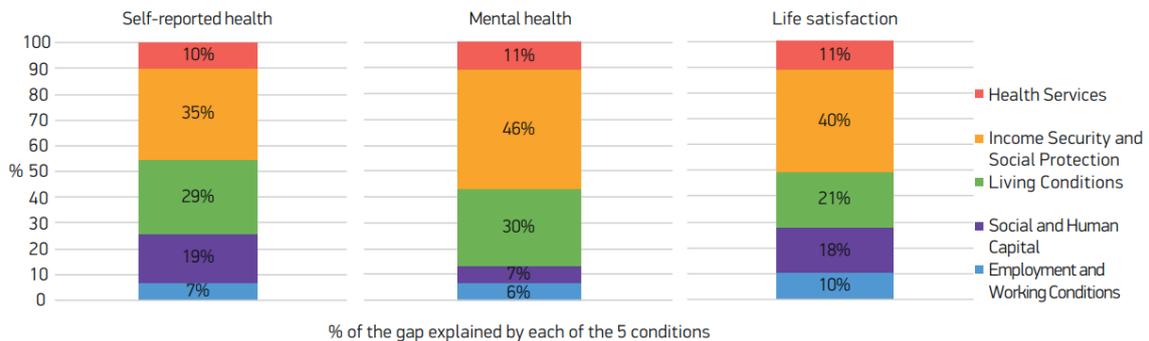
Good health and wellbeing constitute the building blocks of a productive and resilient society. Health is an enabler of social, civic and economic participation, the ‘motor’ behind our economies, and a key determinant of a person’s wellbeing, happiness and life satisfaction. Despite great progress on key health indicators in the last decennia, life expectancy notably, how long people live and how many of those years they live in good health varies greatly across regions, between and within societies, and is very closely correlated to their socio-economic status², leading to a ‘social gradient’ in health.ⁱ

Health inequalities represent a major challenge for policy makers across the world. Up to 90% of health inequalities can be explained by causes outside of healthcare systems, such as financial insecurity, poor quality housing and neighbourhood environment, social exclusion, lack of decent work and poor working conditions.³ Despite wealth of evidence and practical solutions being put forward, policy responses from countries across the globe have been insufficient to date to “close the gap”.

ⁱ This concept is frequently described with a socioeconomic ladder, whose rungs represent the resources needed to live a good and healthy life. For every step down the ladder, people live less health and prosperous lives and in reaching for health, every step up makes a difference.

https://macses.ucsf.edu/downloads/Reaching_for_a_Healthier_Life.pdf

The five conditions' contributions to inequities in self-reported health, mental health and life satisfaction (EU countries)



Source: World Health Organisation, 2019, Healthy, prosperous lives for all: the European Health Equity Status Report <https://www.euro.who.int/en/publications/abstracts/health-equity-status-report-2019>

In this context, **the outbreak of the COVID-19 pandemic further highlighted the unsustainable cost of health and social inequalities to our societies**. COVID-19 hit the hardest on people in poor health, people who live in conditions that expose them to the virus and those that cannot access adequate social and health care to help them prevent and tackle the disease. Inequalities have been both exacerbated and created by the pandemic⁴, leading to new kinds of social and health vulnerabilities, across the socio-economic gradient. This also has led to an emerging understanding of the COVID-19 crisis as a *syndemic*, rather than just a pandemic. The syndemic nature of the health crisis we face means that a “*more nuanced approach will be needed if we are to protect the health of our communities*”.⁵

The exposure to the virus and its severe symptoms is higher among disadvantaged groups and groups with lower socio-economic background.⁶ These are indeed statistically more susceptible to various risk factors, including suffering from underlying chronic conditions, living in deprived areas or in overcrowded housing⁷. In addition, it is not only the immediate and direct impact of the virus that unfairly impacts disadvantaged groups and communities. The social and economic impact, and related health consequences, of the responses to the pandemic, have also been unequally distributed. People lacking the resources to withstand the economic downturn or the skills to keep carrying out their jobs remotely are already put in a critical situation with detrimental repercussions on their lives and the those of their families for the years to come. A wealth of evidence is emerging highlighting the highly detrimental impact on health and well-being on people across the world through a wide range of social determinants of health. These include unemployment, in-work poverty, precarious working conditions, increase in poverty and social exclusion⁸, deprivation of education⁹, inadequate housing, mental health problems¹⁰, exposure to violence (especially against women¹¹ and children¹²) and many more.

The aftermath of the pandemic will also be to render more vulnerable certain groups across the socio-economic gradient, such as women, children in lower income families with less

access to digital technologies¹³, young people, who will find it increasingly difficult to get into employment¹⁴, migrants and ethnic minorities, as well as older people¹⁵, who at high risk, must be more vigilant and are therefore also at risk of loneliness and isolation.

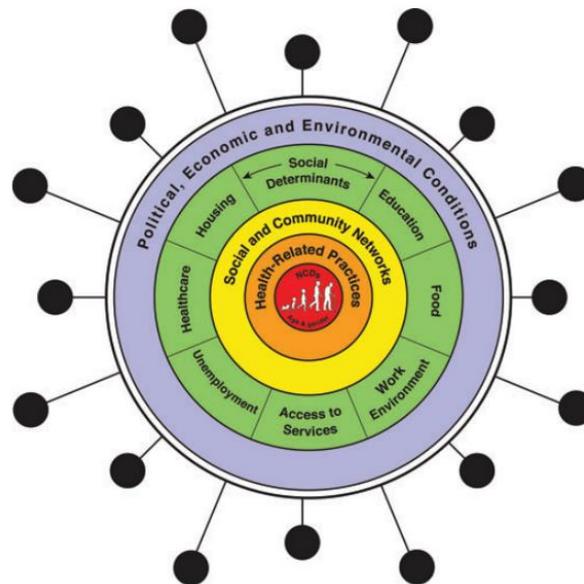
These trends can be observed across the world and represent a serious challenge in both less developed countries as well as in more advanced economies. However, **their magnitude and the capacity to respond to them differs due to the specific characteristics of the various regions of the world**, showing inequalities not only within but also between countries.

Difficulties are encountered in regions characterised by pre-existing high levels of health inequalities and poor health conditions¹⁶, lack of basic of infrastructures (such as handwashing facilities¹⁷), low accessibility to and coverage of health and social protection systems¹⁸ or with low resources to face the economic impact of the pandemic. While this is often the case for poorer regions of the world, more advanced economies are also struggling in withstanding the pandemic, especially when providing limited access to health or social services.¹⁹

This health emergency demonstrates that health and social inequalities represent a serious weakness in our systems and undermines the ability of countries, regions and communities to face crises.

However, **this challenge also offers the opportunity to take serious actions to put health equity at the core of the post-pandemic recovery process in order to reform our health and social systems**, making them more resilient to shocks and avoiding dramatic long-term consequences of the pandemic.

Ten years after the WHO Commission on Social Determinants of Health's major report launch²⁰, and in light of the COVID-19 developments, it is essential to revisit what policy actions and responses the evidence triggered, and what more needs to be done to enhance health equity in all countries – including in terms of leadership and governance for health.



The syndemic of COVID-19, non-communicable diseases (NCDs) and the social determinants of health
Source: Bambra C, et al, 2020, The COVID-19 pandemic and health inequalities

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