

# Extent, scope and impacts of COVID-19 on health inequities: the evidence



# A review of the evidence

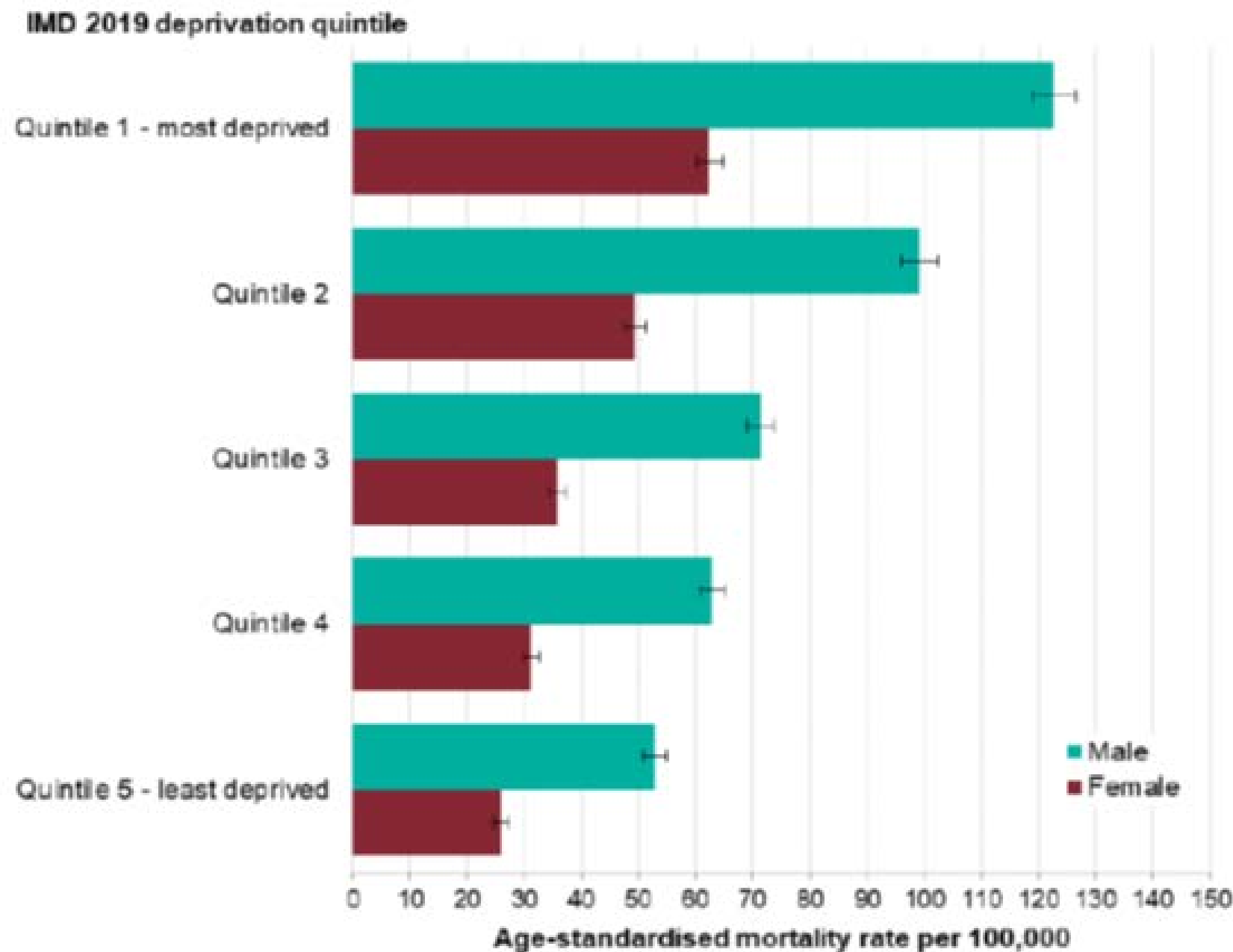
- Which social determinants of health (SDH) are impacting inequities in infection, severity and mortality?
- Which population groups are at higher risk?
- How is the COVID-19 pandemic affecting other health outcomes through the SDH?

# Inequities in infection and mortality attributed to social determinants

- 46 studies, most ecological studies, majority North America, Western Europe
- 44 show that disadvantaged groups are more negatively impacted through:
  - higher COVID-19 infection rates,
  - worse COVID-19 severity,
  - lack of access to treatment and
  - higher COVID-19 mortality rates.

# The extent of inequities in infection and mortality attributed to social determinants of health

## Death rates in COVID-19 cases by deprivation quintile and sex



- Death rates in the most deprived area quintile are roughly double the rates in the least deprived area quintile for both males and females

Source: Public Health England. (2020) Disparities in the risk and outcomes of COVID-19

# Social determinants exacerbating inequities

- Poverty and reliance on daily wages, or the informal economy
- Weak social assistance programmes
- Deprived housing, deprived public areas and poor services
  - Housing and public area crowding
  - Poor sanitation and lack of hygiene facilities
- Poor health coverage and poor access to health care
- Poorly paid and poorly supported working conditions
- Poor/inappropriate information
- Living and working conditions requiring public transport/ higher mobility

# At-risk populations and settings

- Essential workers
- Public facing occupations
- Health-care and social sector workforce
- Ethnic minorities
- Institutional settings
- Homeless populations
- Migrants, refugees and internally displaced people
- Populations with pre-existing noncommunicable diseases and other health conditions

# Occupational groups– gender and status

Data from France show:

- infection is gender-related – higher for women
- higher infection rates for employees than managers

## Employment category

## Percentage acquiring infection at work (%)

Manager

17

Mid-level

29

Employees

34

Source: EPIDEMIC Interdisciplinary Programme: -  
IFERISS FED4142, Toulouse (2020) COVID-19  
Infection and socio-economic characteristics

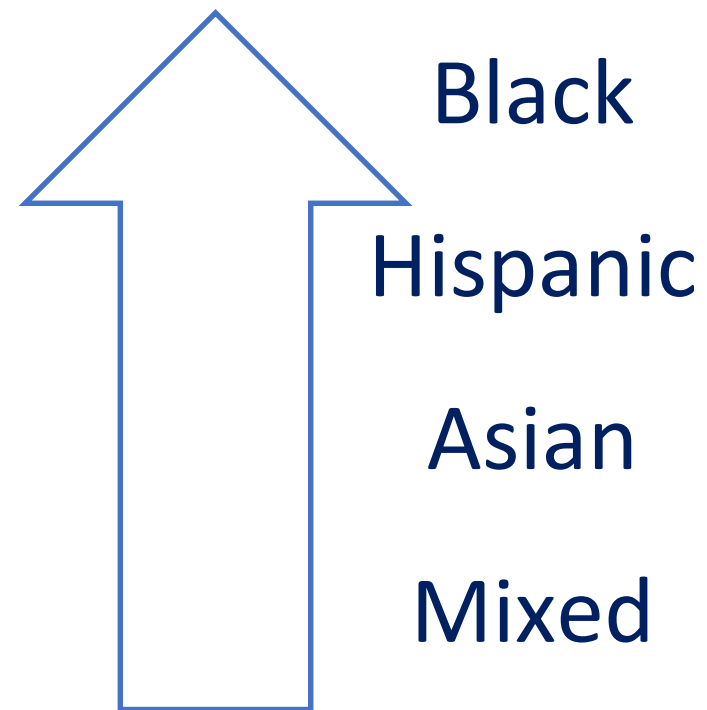


# Populations: ethnic inequities

## Clinical outcome

- Infection
- Hospitalisation
- Mortality

## Increased risk of negative outcome



Source: Pan, D. et al. The impact of ethnicity on clinical outcomes in COVID-19: A systematic review. EClinicalMedicine



# Negative impacts on other health outcomes through social determinants

## Income, social protection, basic services

- 153/200 countries have needed to offer cash transfers; 94/200 financial obligation support.
- Health: increase stress and deteriorated mental health, increase in violence and substance abuse, deferral of healthcare.
- COVID-19 infections rising, outpacing social protection needs.

## Education, child development

- Educational facilities closed in over 200 countries, affecting 86% of children in primary education in countries with low development.
- Health: worsening of nutrition, increased violence against children at home, increase teenage pregnancies.

Photos: Instituto de Vivienda  
Gobierno de la Ciudad de Buenos Aires

# Negative impacts on other health outcomes through social determinants

## Employment and working conditions



- Across 17 developing countries 70% of lowest income households had 1 member lose work.
- Health: marginalized workers and unemployed (e.g., women, migrants, people facing financial hardships) report lower well-being scores, high levels of distress.
- Fears are that COVID-19 pressures will further undermine employment conditions.

## Food security

- Studies across the globe are reporting nutrition concerns:
  - rises in food prices,
  - increases in food insecurity,
  - decreases in fruit and veg consumption,
  - increases in hunger and uptake of nutrition supplementation programmes.
- COVID-19 is predicted to double the number of people at the brink of starvation

# Negative impacts on other health outcomes through social determinants

## Gender equity

- Women are experiencing increasing levels of violence and exploitation.
- Decrease in use of sexual and reproductive health services.
- COVID-19 may reverse gains in gender equality.

## Social inclusion

- Attacks against refugees and migrants.
- Increase in use of some health services to homeless populations, migrants.
- COVID-19 may entrench restrictions on international and internal movement of people, fuel racism and related social inequities.



# Conclusions

The COVID-19 pandemic:

- highlights the importance of the social determinants of health
- impacts more heavily already socially disadvantaged groups and exacerbates health inequities.

As countries respond to and emerge from the pandemic, it is vital:

- to review policies for their impacts on health inequity at the heart of the immediate response,
- to implement mitigation measures to address the inequitable impacts as part of longer-term approaches to recovery.



Photo: Nantes Entraide

# Thank you

Acknowledgements:

**Institute of Health Equity, Swiss Agency for Development and Cooperation**

