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COVID-19:
Blending social determinants of health and intensifying existing health inequities

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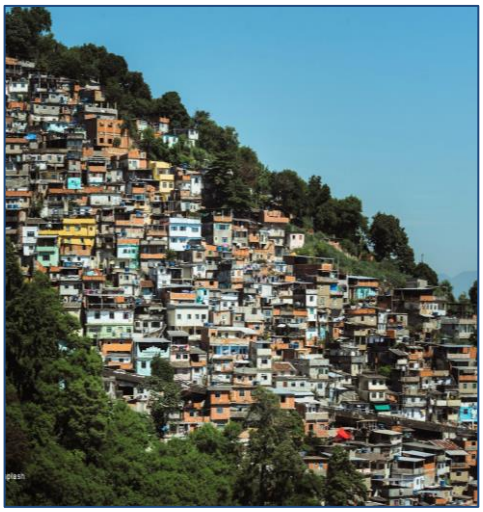
Social and economic conditions determine health and wellbeing of individuals and populations. The evidence shows that being unemployed, living in inadequate and unaffordable housing, suffering with a disability, undergoing a humanitarian crisis, having low income and low education, and many such well-established social determinants, negatively impact people's mental and physical health. **COVID-19 has caused huge disruption internationally and both its determinants and consequences are driven socially, politically and economically.**

We argue that the current COVID-19 crisis will aggravate social inequalities in health outcomes in both the immediate and long-term, and within and between countries, unless responses across all levels of decision-making consider its social and economic origins and consequences. **It is naïve to imagine that COVID-19 impacts equally across levels of social disadvantage – be it individuals or populations.**

Since its first outbreak, the COVID-19 pandemic has shut down borders, led to country-wide lockdowns, challenged health systems universally, and frozen many economies. The number of cases has crossed over a million and deaths are still on the rise with few nations spared. After paralysing multiple countries in Europe, North America, Australia and Asia, this pandemic is yet to unfold to its full extent in many other countries, in particular low and middle-income countries.

Social inequalities in the presence and severity of non-communicable diseases (NCDs) including diabetes, cardiovascular diseases, cancers and their risk factors are well-established. For example, past experience shows that socially and economically disadvantaged individuals and populations are more likely to suffer with NCDs. Emerging epidemiological evidence on COVID-19 shows that those with pre-existing health conditions and disabilities are at an increased risk of dire consequences, if infected. Indigenous and aboriginal sub-populations, and ethnic and racial minorities are also at a higher risk of experiencing the negative impacts of COVID-19 as a consequence of their history of limited access to health-promoting resources and increased exposure to health risks.



Unemployment and underemployment, poor housing and unhealthy living conditions, and low social support and social cohesion are shown by studies to have both short- and long-term detrimental impacts on the mental and physical health of individuals. **Blanket public health measures such as lockdowns and work restrictions without adequate welfare support and social safety nets risk resistance and/or low compliance, causing those who are at social disadvantage to take riskier jobs and make decisions for sustenance.**

Closing borders, while an excellent public health measure to prevent community spread of infection, has also led to disruption and alienated a globally mobile population. The mass exodus of migrants within India was one example of this phenomenon. Another example is that of individuals on student or temporary visas (visitor or work) who are often in a double bind -- being ineligible to access welfare and health services from either their home countries or their country of residence. This is one of the many faces of this pandemic that entrenches a new form of health inequality unless national governments take full responsibility for temporary migrants. On a positive note, Portugal has been proactive in identifying this problem and accordingly it revoked its eligibility criteria for accessing welfare and healthcare services. Undocumented workers, asylum seekers and those suffering humanitarian crises are overlooked population groups that are devoid of welfare and healthcare services and less likely to demand or access these services for fear of deportation or risk of displacement.

Health workers are known to be at a high risk of infections, which could lead to a scarcity of health personnel who are available to help respond to the pandemic. Elderly and disabled people rely on caregivers who will be greatly affected by physical distancing rules.

Being focussed on dealing with the COVID-19 crisis domestically also means high income nations may not extend resources and support to low and middle-income countries (LMICs) where the pandemic is yet to unfold. It is critical that global organisations and partnerships channel resources to LMICs to enable them to reduce or mitigate the consequences of COVID-19. Lockdowns may cripple already stretched economies because LMICs lack the resources to afford a shutdown-restart process. Many LMICs still face the dual burden of infectious and non-communicable diseases due to poor housing and sanitation conditions, a petri dish for the uncontrolled growth of the coronavirus due to poor hygiene.

Millions of people have already been pushed into, or are on the brink of, unemployment. Health systems are stretched, if not collapsed. Good hygiene and physical distancing are the only known preventive remedies right now. Any development of a vaccine and its public availability is still far from sight. The increased reliance of people on governments, and public welfare and health systems is extraordinary. **In this situation, adequate and generous welfare support and universal access to health services should not be considered any less than a powerful infection control intervention, or a medicine.** This is particularly true for those suffering from social and economic disadvantages and discrimination.

However, there is also a silver lining. The COVID-19 crisis is redefining societies. People who work in supermarkets, delivery people who maintain supply chains from farm and factories to end users, and those involved in cleaning are among the few whose work is deemed essential across nations. Their contribution is unparalleled. Often, these workers suffer low income and are in insecure jobs, placing them at a high risk of poor mental and physical health outcomes.

On the other side of the COVID-19 crisis such unfair social arrangements must be challenged. Additionally, despite its challenges, COVID-19 provides a unique opportunity to restructure our societies in a manner that reduces social inequalities within countries. While people are being forced to be technology dependent, new ways of enhancing social engagement and unifying opportunities for remote areas and within cities using online platforms are being created that may reduce social and economic inequalities. Finally, the coronavirus has put ethical and human considerations at the core in national and global economic deliberations.

Coronavirus does not discriminate between the rich and the poor. But, the capacity to which individuals, communities and countries can deal with the pandemic and its effects differs according to their social and economic positions. To avoid aggravating inequalities, we suggest the following:

- First, in the short-term, high-quality healthcare must be secured for all regardless of their social and economic condition.
- Second, generous welfare provisions must ensure a minimal standard of income, housing and food security for those suffering the immediate impact of the outbreak, with a roadmap to recovery for long-term security.
- Third, while all countries are at risk, the losses faced by LMICs will be greater due to existing pressures on their health and economic systems. High-income nations must facilitate and deploy resources to minimise catastrophic losses within LMICs.
- Forth, collaboration and coordination are essential among disease-control experts to produce the best guidance possible, that should be continually revised as new lessons are learned about this unique virus. Global leadership will be key to achieve this, with special focus on hard-to-reach and disadvantaged populations.
- Fifth, common health promotion and disease prevention messages should be developed and disseminated using the widest reaching and most appropriate avenues and based upon the most current knowledge of disease transmission, prevention and recovery conditions.
- Finally, the impact of existing social, economic and health inequalities must be considered in any global, national or local response to the COVID-19.

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