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

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
Data from France show:

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

<table>
<thead>
<tr>
<th>Employment category</th>
<th>Percentage acquiring infection at work (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager</td>
<td>17</td>
</tr>
<tr>
<td>Mid-level</td>
<td>29</td>
</tr>
<tr>
<td>Employees</td>
<td>34</td>
</tr>
</tbody>
</table>
Populations: ethnic inequities

Clinical outcome

- Infection
- Hospitalisation
- Mortality

Increased risk of negative outcome

- Black
- Hispanic
- Asian
- Mixed

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.
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.
Thank you

Acknowledgements:

Institute of Health Equity, Swiss Agency for Development and Cooperation