



Brief Report
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The importance of the addressing the needs of groups in conditions of vulnerability in the response to COVID-19

Dr. Gerry Eijkemans

Unit Chief, Health Promotion and Social Determinants

Pan American Health Organization PAHO/WHO

- The COVID-19 pandemic in Latin America and the Caribbean is particularly challenging. The region has a very complex socio-economic context, most of the population lives in cities and pertain to the informal sector, there is a high index of exclusion and violence. This leads to health and social inequities, which have been intensified due to the current international health crisis.
- Under this light the implementation of public health measures is particularly relevant and necessary. Some of the implemented measures include: preventing community transmission by adopting social distancing practices and “flattening the curve”, protecting health workers, preventing saturation of health systems, behavioral changes to improve hygiene and coughing etiquette.
- The approach to vulnerability often relates to biological or individual attributes of the individuals and populations at risk (i.e. women, children, elderly, indigenous populations, NCDs, obesity...). However, the perspective of vulnerable populations needs to be broadened within the scope of the pandemic to make it relevant for the response and should consider the following:
 - Why was the implementation of the non-pharmacological measures not effective ?
 - How was the social-economic-cultural- political context considered in the formulation, implementation and adaptation of the measures and the mitigation of negative consequences of the application of the measures
 - How was the heterogeneity of needs of social groups considered in the implementation of measures?
 - As recommended by PAHO/WHO, countries can implement the analysis based on measures to analyse the possible solutions and actions to be implemented, taking into consideration the population characteristics, the main problem and the barriers to the implementation (see presentation for an example).
 - During the COVID-19 pandemic the pre-existing social, political and economic inequalities have been exacerbated, causing barriers to implement public health measures to contain the crisis (i.e. social distancing due to over crowded slums) and have caused less adherence to the measures (i.e. self quarantine in light of economic instability of those working in the informal sector) and finally leading to a higher risk of contagion, increased mortality and COVID-19 complications.
 - Some examples of populations in situation vulnerability are: 1) Different categories of workers (informal economy, self-employed, those with precarious contracts, without social security or social protection, essential worker, 2) People living in inadequate housing or in crowded spaces, in different kind of institutions (long term care, deprived of liberty etc; 3) Organization of households (single parent/woman head of household, people living alone, those who depend on care of others; 4) Migrants, people living with disability, indigenous populations, afro-descendent populations, homeless; and 5) territories: Informal urban settlements and Remote rural areas.
- Key messages:
 1. Populations have faced barriers to and consequences from the Implementation of public health measures
 2. Not everyone has the same opportunities to implement the measures, and not everyone suffers from the

non-intended consequences in the same way and intensity

3. Local socio-economic and cultural context needs to be taken into account when implementing measures
 - Measures need to be adapted to context
 - It is essential to implement complementary policies, strategies, actions that reduce the barriers to implementation, and to mitigate the negative effects of the implementation, e.g. social security, social protection, support services, food, etc.
 4. Community participation is essential
 5. Role of local governments is key, and a coordination between local and national governments is crucial.
- We should all recognize the window of opportunity that the pandemic is presenting: Firstly, pre-existing inequalities have become more presenting and therefore can be used as an advocacy tool to promote health for all. Secondly, all sectors are interested presenting a context for political change. Thirdly, to strengthen health systems and make them responsive and resilient not only in the context of the pandemic. Lastly, we are facing an opportunity to design and enable a new normal better for all.

Equity and COVID-19

Dr. Ronald Labonté

Distinguished Research Chair in Globalization and Health Equity

University of Ottawa, Canada

- Some COVID-19 vulnerabilities are: racialized communities, disadvantaged socioeconomic positions, homelessness, informal settlements, patients with pre-existing conditions, serious mental illness, healthcare workers, undocumented migrants and refugees, women, older adults, indigenous communities, socially marginalized groups, drug users and sex workers.
- Peer reviewed studies emphasise five groups for the assessment of the social determinants of COVID-19 vulnerabilities: 1) Race, ethnicity and systemic bias; 2) Socioeconomic status, occupation and poverty; 3) Physical and environmental conditions; 4) Pre-existing chronic health conditions and poor health behaviours; 5) Inequitable health care. To the date, Racialized inequities of the pandemic is the most cited and most striking.
- As one example, mapped against Chicago neighbourhoods, there are far higher rates of COVID-19 deaths in areas with a high black population. In the US overall, this is borne out in the number of cases/10,000 comparing the Hispanic and Black populations with the White population. A similar profile is followed in the UK.
- Canada also shows the interrelationship between COVID-19 cases and three conditions of vulnerability (high black population, low household income, and household crowding).
- Xenophobia and prejudice have also played a role during the pandemic. In some areas in Europe Romans have been discriminated and forced to stay in their settlements, which are now under police surveillance. Similar conditions face the hundreds of thousands of African and Asian female migrant domestic workers working in the Middle East, where COVID-19 causes some to lose their jobs with nowhere to go or means to return home, or are forcibly detained indoors by their labour agencies, or are compelled to remain and work 24/7 indoors with employers with increased reports of more physical and sexual abuse. Overall, 70-80% of all new COVID-19 cases in the Gulf states are in migrant workers.
- In some countries the pandemic has been used as an excuse to remove vulnerable populations from their rights.
- Regarding socioeconomic status, occupation and poverty: Poverty will increase as a consequence from the economic collapse, partially caused by the lock-down and pause in the economy, this will lead to increased hunger and associated health problems.
- Forecasts predict that the economic crisis will hit hardest the Region of Latin America and the Caribbean.
- The world faces a hard question, public health lock downs or economic recession? The expected deaths caused by the economic lockdown resemble a pandemic.
- In some countries staying home or social distancing is physically impossible. In slums there is no space for social distancing. Staying home in countries in Africa will cause the loss of billions of dollars.
- The most affected essential workers have been health care and other social services staff; but also workers in food stores, pharmacies, transportation, and many others. Many of these are staffed by underpaid and often new immigrant workers. The conditions for immigrants workers are often insufficient to guarantee safety, however not enough controls have been implemented to prevent and audit it.
- There's wide acceptance that COVID-19 is increasing intra-country inequalities, and likely inequalities worldwide.
- Regarding physical and environmental conditions: these play a role on risk of becoming ill. In India air pollution combines with high rates of poverty, malnutrition, and respiratory disease to cause surprisingly high rates of COVID-19 mortality in infants, young children, and youth.
- Regarding: pre-existing chronic health conditions and poor health behaviours: the disease caused by COVID-19 has been associated with pre-existing conditions such as heart disease, DM, COPD, HT, Cancer and obesity. These conditions are also known to be more prevalent in the poor.

- Age is an also crucial factor, those aged over 65 are more likely to die, the pandemic has shown the unreadiness of health systems to respond to long-term care need. The lack of response is in part due to processes of health privatization and lack of health resources for the elderly.
- The pandemic has also raised questions to the way health systems are being financed. Huge differences appear between private and publicly insured. Often very different prices for the same test appear. As an example, in Florida COVID-19 bill for 4 weeks insured treatment rises to 1 Million. This raises the question: who is making the money?
- In event of a vaccine, the world needs to address how it is going to be distributed and who is going to be able to access it. At the moment rich countries have the advantage, while poor ones are left waiting on the line. The WHO wants to raise funds for vaccine access worldwide.
- Peer review outlines some policy recommendations to address inequalities: 1) Data on SES, race, ethnicity, and sex and COVID-19 outcomes needs to be routinely collected; 2) Multifaceted interventions should be adopted for strengthening social care and health systems; 3) Governments should engage with migrants, women, and marginalized groups in the implementation of policies; 4) Resources should be targeted to different racial and socioeconomic groups to improve engagement; 5) Guidelines need to recognize the collective contribution of the social determinants of health.