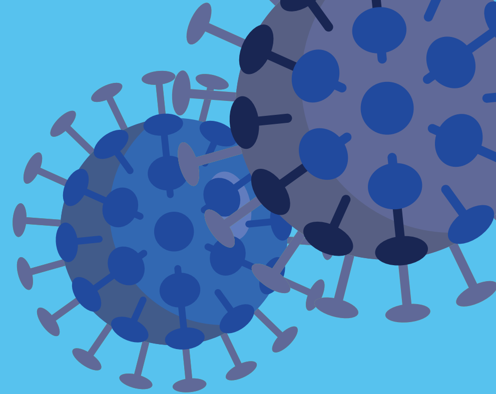


Health Equity and COVID-19

Analysis and proposals to tackle epidemiological vulnerability related to social inequities.

Visual summary of the document:
Health Equity and COVID-19. Analysis and proposals to tackle epidemiological vulnerability related to social inequities
Ministry of Health. 29/10/2020

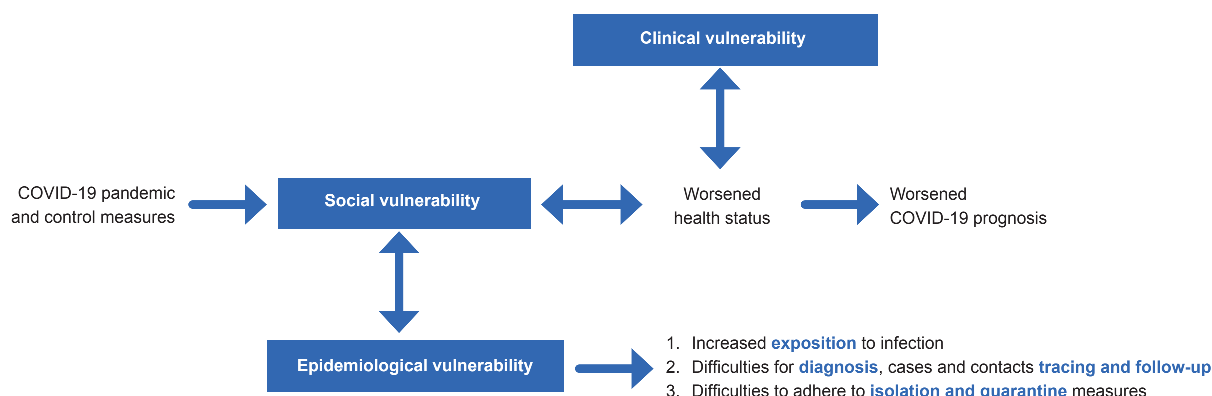
Consult official sources for information:
www.mscbs.gob.es @sanidadgob

The COVID-19 crisis is having an unprecedented impact worldwide. However, it is not affecting everyone in an equal way. Three different, but interconnected, kinds of vulnerability can be identified: **clinical vulnerability, social vulnerability and epidemiological vulnerability.**

It has become clear that certain individual characteristics (age, chronic health conditions, etc.) entail an increased **clinical vulnerability** and worse progression of COVID-19 disease.

Social vulnerability relates to insecurity and powerlessness experienced by certain communities and families with regard to their living conditions and their capacity to manage resources and to mobilise coping strategies. On account of their worse baseline health status, they have also a worse prognosis of the disease. The pandemic of COVID-19 and the measures adopted for its control have had an uneven socioeconomic impact on the population, which has led to escalation or generation of new social vulnerability contexts. Furthermore, the COVID-19 health crisis has highlighted the significance of social determinants of health, namely, the circumstances in which people are born, live, work and age, including the health system. These determinants are unevenly distributed among the population, causing social inequities in health.

Additionally, people in social vulnerability positions often bear increased **epidemiological vulnerability** as well, understood as a higher epidemiological risk on account of increased exposition to infection, delays in diagnosis and contact tracing, or bigger difficulties to comply with isolation and quarantine measures.



It is necessary to analyse the impact of social inequalities on epidemiological vulnerability and to address them, by developing recommendations targeted to both decision makers and professionals involved in the response to the COVID-19 pandemic.

Social Determinants impacting on epidemiological vulnerability to COVID-19

Employment that requires on-site presence, resulting in increased exposition and difficulties for adhering to preventive measures in settings under precarious working conditions.

Clustered **housing** under overcrowded conditions, homelessness and lack of rooming alternatives, as well as poor housing conditions, hampering physical distance and isolation.

Precarious **economic conditions**, impeding access to hygienic and preventive material and online tools, as well as dherence to certain measures by fear of losing scarce income sources.

COVID-19 incidence is higher in disadvantaged **residential areas**, whose inhabitants are mainly essential but precarious workers, with lower socioeconomic status, fewer service provision and support networks, poor housing conditions, etc.

Certain characteristics of the **health and socio-sanitary systems** entail a higher risk of outbreaks in presence of a COVID-19 case.

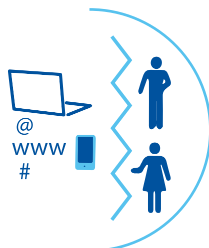
As a consequence of shifting to online care, access barriers to both systems have been identified, as well as lack of effective universal care coverage, especially for people with temporary stay, irregular administrative situation and other migrant-status related situations.

There are communication barriers related to lack of adaptation of messages for people with disabilities, as well barriers related to language and dissemination channels for other certain population groups.

Difficulties to delegate **care activities**, especially for single-mother families, may lead to delays in diagnosis and treatment and impossibility for an effective isolation and quarantine.

Stigma and discrimination based on gender identity, sexual orientation, geographical origin, social level, ethnic origin, illicit drug dependence, or comorbidities have a negative impact on demand for health services and healthcare process.

The digital gap hampers teleworking, online education and limits access to information and services.

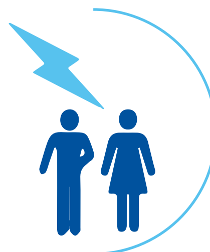


People in **irregular administrative situations** are afraid of using health services for fear of a procedure of expulsion, thus impeding early diagnosis and treatment.

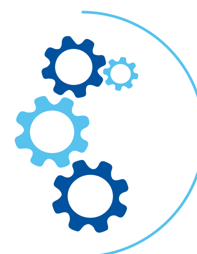
Proposals to tackle epidemiological vulnerability related to social inequities

1. General recommendations

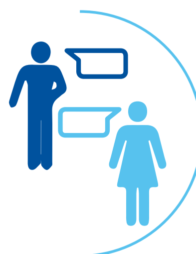
Identifying and analysing situations of socialand epidemiological vulnerability, with an equity and social determinants of health approach.



Establishing and/or reinforcing effective cross-sectional and socio-sanitary **coordination structures and mechanisms** for each territory and securing civil society participation.



Considering universal access, bi-directionality, participation and interculturalism in **communication** strategies and taking digital gap into account.



Guaranteeing sufficient capacity of human and material resources **for healthcare, public health and social welfare services.**

Favouring a **local response**, with an equity focus, collaborating with public health services, community networks, healthcare professionals and local authorities.

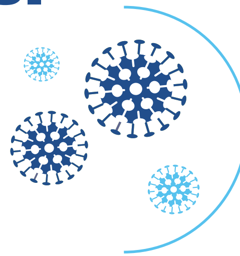
Guaranteeing the effectiveness of the right to health protection through **universal access to the National Health System.**

Evaluating effectiveness and equity of the measures put in place as a response to the pandemic.

Allocating funds and human resources for **research** on health equity, with view to better understand its role during health crisis.

2. Specific recommendations on prevention, detection and control measures.

Regarding increased exposition to infection



- Guaranteeing **safe working conditions and safe transportation to and from work.**
- Guaranteeing access to, and correct use of **preventive materials as well as adequate health information and resources** in clustered and other collective houses.
- Guaranteeing **rooming and housing solutions** with adequate and safe conditions for people who are not able to comply with lockdown and other preventive measures.
- **Increasing** frequency, geographical coverage and quantity of **public transportation**, and facilitating preventive and hygienic measures during the journey
- **Reorganizing public space** in favour of space for pedestrians and cyclists, facilitating compliance of physical distance.
- **Guaranteeing access to adequate masks** for people in any situation of social vulnerability.
- Favouring dissemination of **information on available health and social resources.**
- Establishing mechanisms for **specific and safe care**, both on-site and telematics, **for vulnerable patients during lockdown** or restricted mobility periods.
- Establishing appropriate measures for **virtual dispensing of medicines.**
- **Mitigating the effect that lockdown** might have for **people deprived of liberty.**

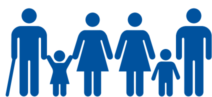
Regarding diagnosis, cases and contacts tracing

- Guaranteeing **diagnosis and adequate contact tracing in collective housing.**
- **Bringing** infection diagnosis and monitoring **closer** to settings with limited access to health services
- Boosting large-scale and equity-centred **communication activities** for prevention and control.
- Whenever the diagnosis strategy envisages prioritizing specific groups or sectors, always consider **including essential workers in precarious sectors.**
- Training and informing small and medium-sized entrepreneurs about the importance of identifying close contacts in the workplace and fulfilment of quarantines.
- **Protecting precarious workers** during contact tracing and collaborating with occupational risk prevention services for clear and non-blaming communication at workplace.
- Speeding and integrating regional and local **socio-sanitary and epidemiological surveillance systems.**

Regarding compliance with isolation and quarantine measures

- Guaranteeing **rooming and housing solutions** for people who are not able to comply with isolation and quarantine.
- Ensuring **temporary incapacitation benefits** to isolated and quarantined cases of COVID-19, and extending it or offering other monetary alternatives to people who are not accessing these benefits.
- Offering **tailored support for isolation** to people in vulnerable situation, people who live alone, and households where all the cohabitating members are isolated.
- Making **adequate facilities available for isolation and quarantine within penitentiary centres.**

3. Cross-sectional recommendations for structural measures to improve social conditions.



- Advancing in the prevention of poverty and social exclusion

- Improving working conditions

- Improving housing conditions

- Organizing socio-sanitary resources and economic activity so that care is enabled.

- Protecting migrants in situation of social vulnerability

- Healthy urban planning

- Preventing and eradicating stigma