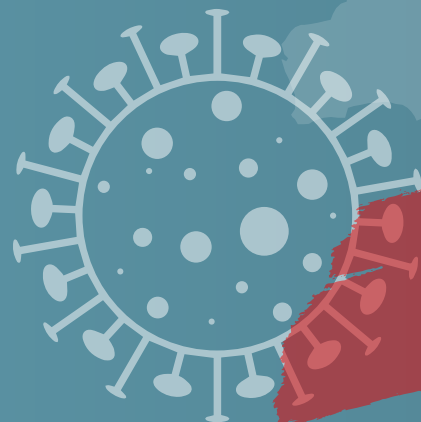


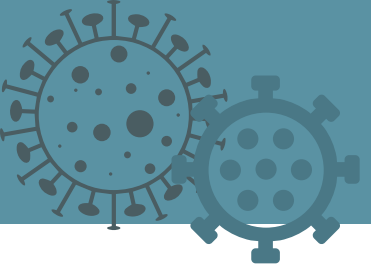
Health inequalities & Covid-19

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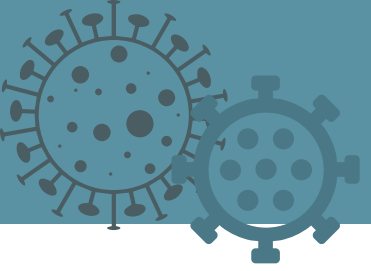
COVID-19



The social epidemiology of Covid19



1. Socially patterned risk of exposure, susceptibilities, mortality & access to care
2. Social patterning of long-term direct & indirect health outcomes
3. Long-term intersecting social, socio-economic, psychosocial consequences of the pandemic crisis over the life course



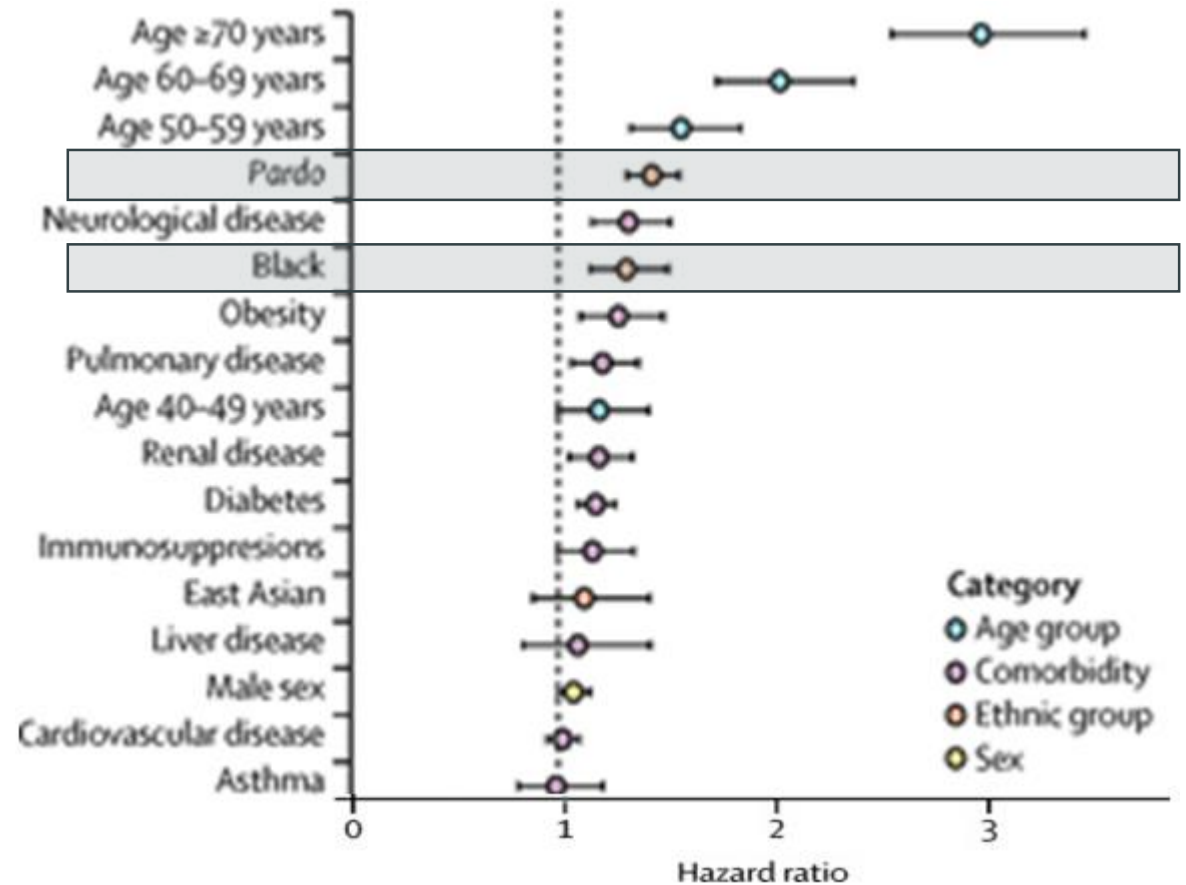
The social epidemiology of Covid19

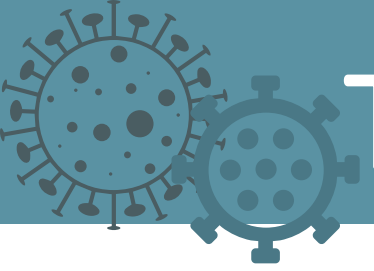
1. Socially patterned risk of exposure, susceptibilities, mortality & access to care

Ethnic and regional variations in hospital mortality from COVID-19 in Brazil: a cross-sectional observational study

From Baqui et al, 2020 Lancet Global health

Risk of mortality for all clinical features (fixed effects) considered in the fitted multivariate mixed-effects Cox model





The social epidemiology of Covid19

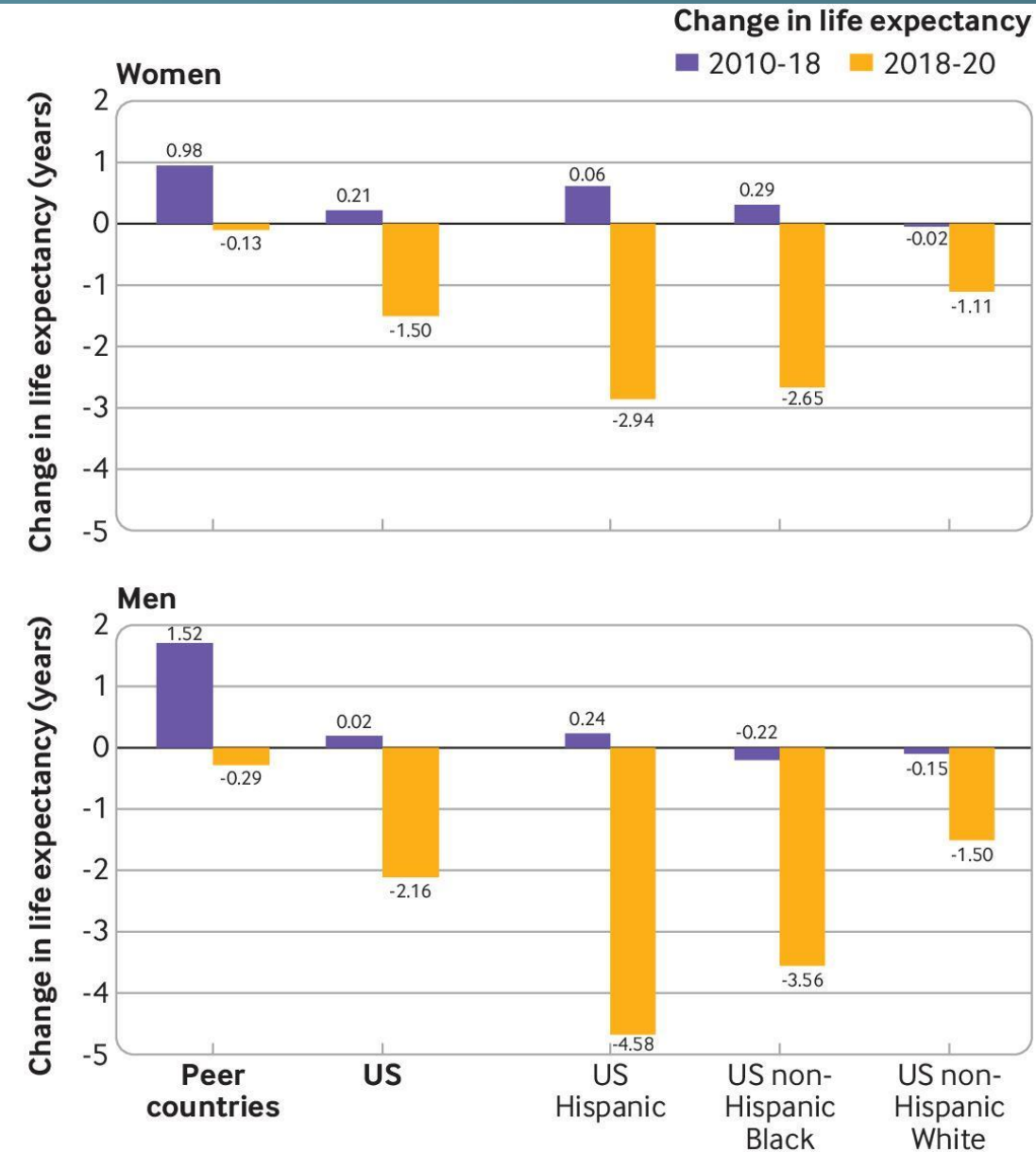
2. Social patterning of long-term direct & indirect health outcomes

3. Long-term intersecting social, socio-economic, psychosocial consequences of the pandemic crisis over the life course

Intersecting inequalities:

Changes in life expectancy at birth in US populations and peer country average, for years 2010-18 and 2018-20

From Woolf et al 2021 BMJ



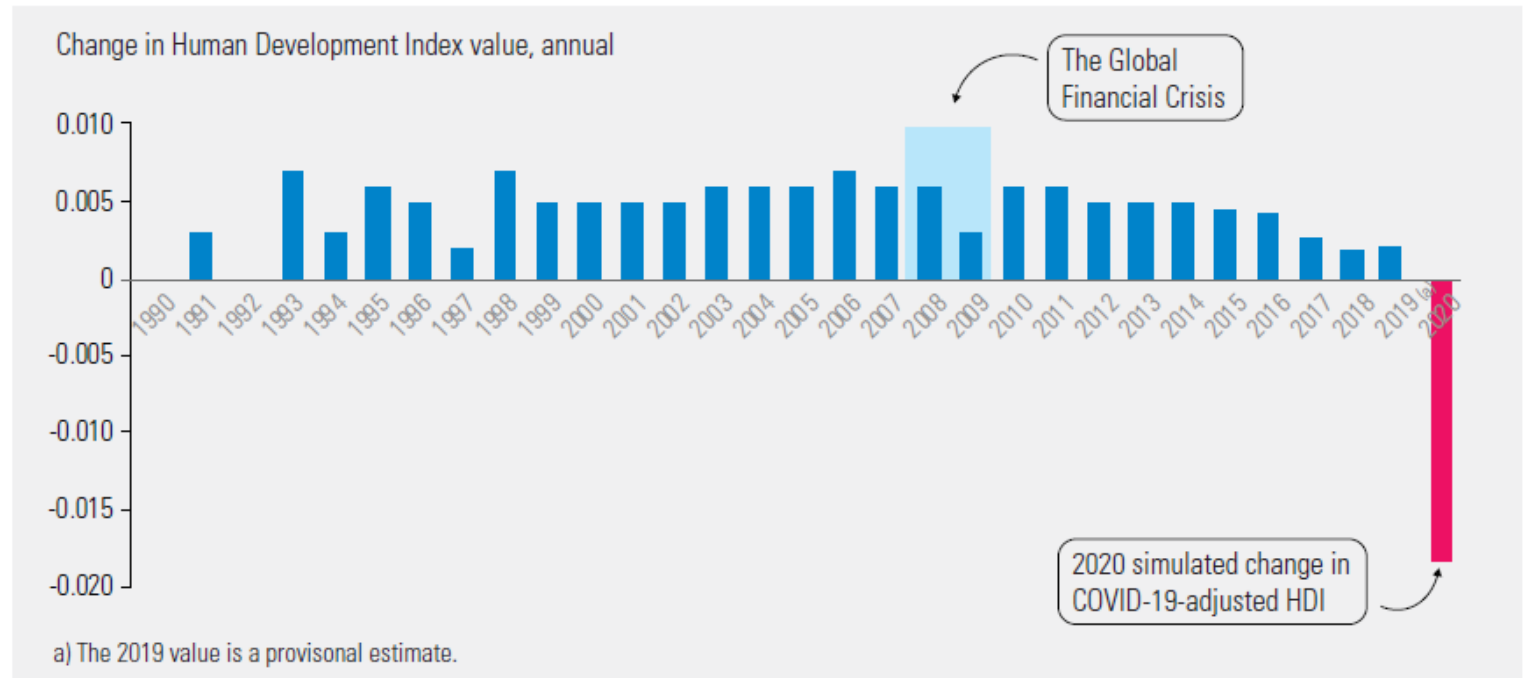
A steep decline in human development in 2020



Driven by:

- a massive setback in education because of school closures affecting almost 9 in 10 students
- deep recessions in most economies

Figure 3. Human development is facing an unprecedented hit since the concept was introduced in 1990



Source: UNDP COVID-19 AND HUMAN DEVELOPMENT

- **UNDP Simulations point to an unprecedented shock in capabilities since the concept of human development was introduced in 1990**

A global development regression with projected long term impact on health inequalities

Source: UNDP COVID-19 AND HUMAN DEVELOPMENT

Digital divide in 2020: Lack of reliable broadband internet worldwide limited ability to work, continue education, or socialize



In 2020 86% of primary school-age children in low human development countries did not get an education, compared to 20% in countries with very high human development

Women on the frontline

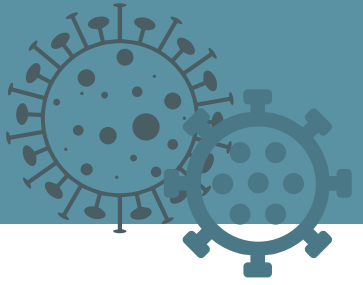
- Women made up 70% + of healthcare responders
- When working from home, they shouldered a greater burden of housework & childcare
- evidence suggests domestic violence surged worldwide as a result of lockdowns



A stylized world map in shades of blue, overlaid with a network of white dots and lines. The text "COVID-19" is written in large, bold, red letters across the center of the map. The letter "O" is replaced by a red icon of a coronavirus particle, featuring a circular body with dots and a spiky outer edge.

COVID-19

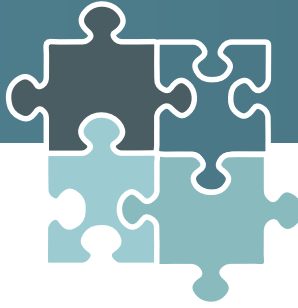
Actionable change:
Two missing links



Two missing links

1. Data collection & infrastructures to monitor health inequalities
2. Lack of understanding of how health inequalities are formed

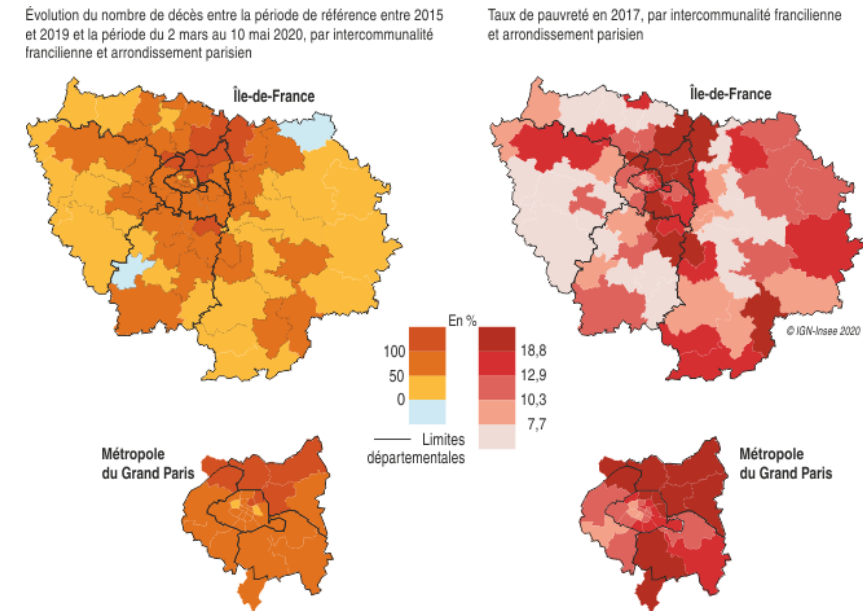
Problem: An incomplete view of the situation



In most countries we lack quality data & infrastructures to allow us to quickly examine the social epidemiology of a new disease like Covid19

Khalatbari-Soltani, S.... Kelly-Irving, M. (2020). Importance of collecting data on socioeconomic determinants from the early stage of the COVID-19 outbreak onwards. J Epidemiol Community Health. doi:10.1136/jech-2020-214297

The disproportionately high mortality rate in the poorest department of mainland France, Seine-St-Denis, became headline news from April 2020

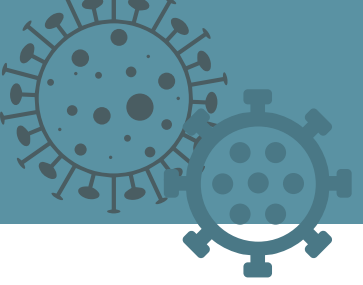


Solution: a health inequalities surveillance dashboards

Data



- **Collect social data alongside health indicators as standard** across the population and within the healthcare system & **create interoperable systems** of data linkage
- Guarantee ethical collection, storage & use of data
- This will allow us to **understand the situation & respond faster** through targeted research and/or policies: decision-making



Data governance & health inequalities unlocking the barriers in France

In Public health we need:

- To prioritise the collection of social data
- Ethically-safe linkage
- Interoperable identifiers
- AI methods

Social Data:

- Census etc
- Work & retirement
- education



Health Data:

- Routine collection
- Hospital
- General Medicine



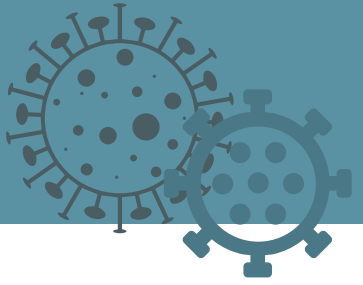
Data collection: the elephant in the room: race, ethnicity & minority status



Queues outside a foodbank in Seine-St-Denis in April 2020 (Le Parisien)



"there is nothing 'distal' about structural discrimination because it is intimately encountered and embodied, day in and day out" N. Krieger AJPH 2016

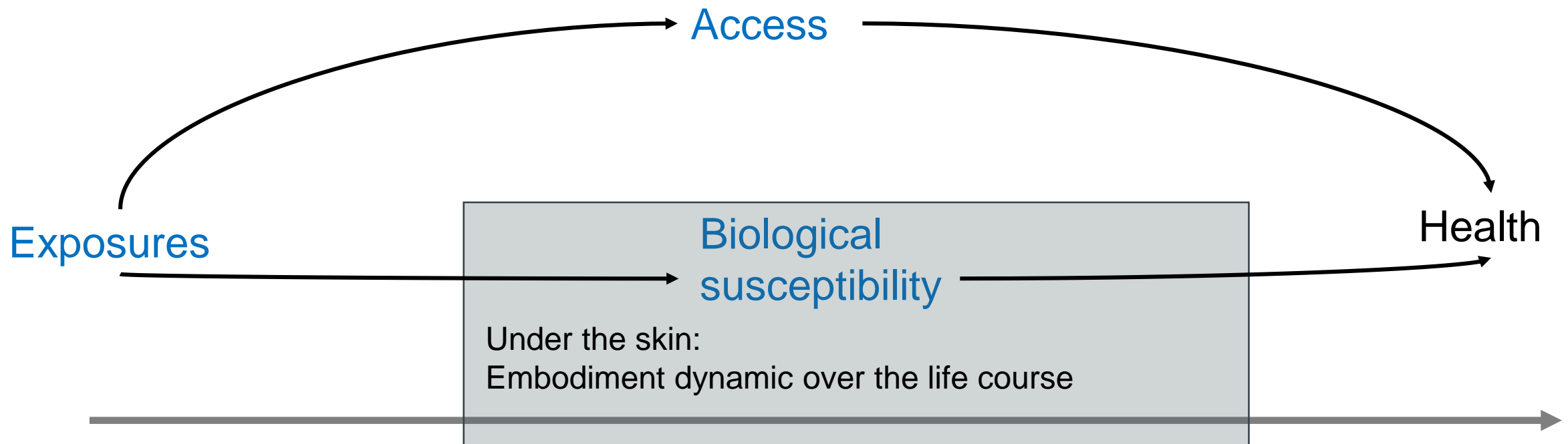


Two missing links

1. Data collection & infrastructures to monitor health inequalities
2. Lack of understanding of how health inequalities are formed

Embodiment of structural inequalities

- Regarding health inequalities, the health system is often the first source of blame
- But health & disease form over the life course, partly through social-to-biological processes: embodiment (Kelly-Irving & Delpierre, JECH, 2021)



Where there's a will there's a way

To redress health inequalities in an emerging disease, **primordial prevention policies** must be central to all policies & set up in the long term:

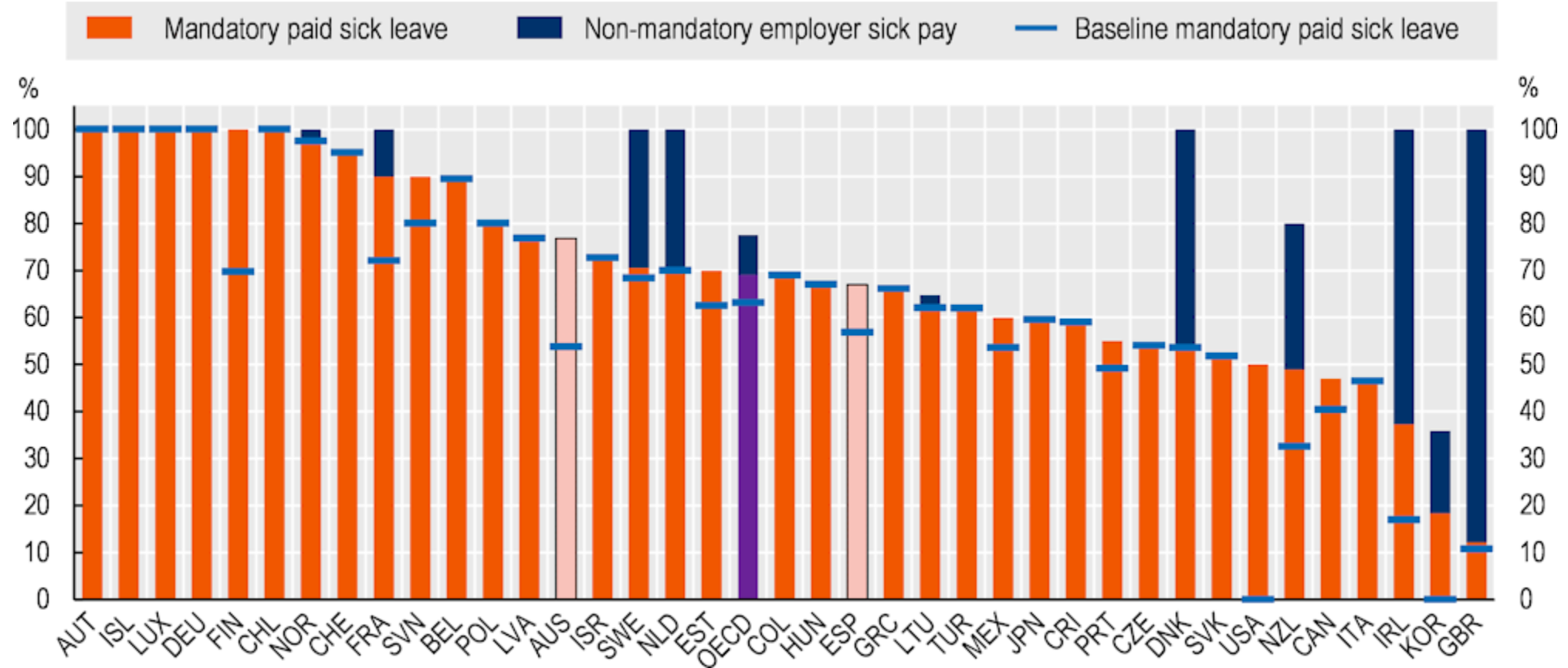
→ Universal access to health care, paid sick leave, subsidised child care & public transport, quality housing etc

→ Challenge economic models: corporate powers, corruption & financialization

International solidarity & political will

Paid sick leave replaces large parts of an eligible employee's wage suffering from COVID-19, OECD countries

Cumulated gross sick-leave payments in the first four weeks of sick leave due to COVID-19 as a percentage of previous earnings, rules valid in early June 2020



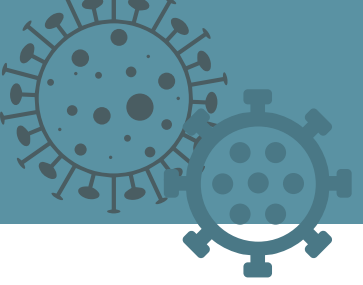
Preventing health inequalities: A health in all policies approach

Primordial prevention			
Universal health & social care	Health care for all, including dental & eye health	Affordable adapted care facilities for elderly & disabled	Equitable primary health care outreach programmes for underserved populations
Social security & workers' rights	Employment protection	Paid sick leave, maternity/ paternity leave	Financial support for self-isolation
Investment in infrastructures	Transparent data governance linking data social factors & health	Subsidised public transport networks	Accessible language & literacy communication on public health measures
Equitable neighbourhoods	Affordable quality housing	Access to green spaces	Internet provision & equipment
Free education	Subsidised school meals & child care	Financial support for students	Investment in healthy schools & universities (ventilation, overcrowding)



COVID-19

THANK YOU



Resources & references

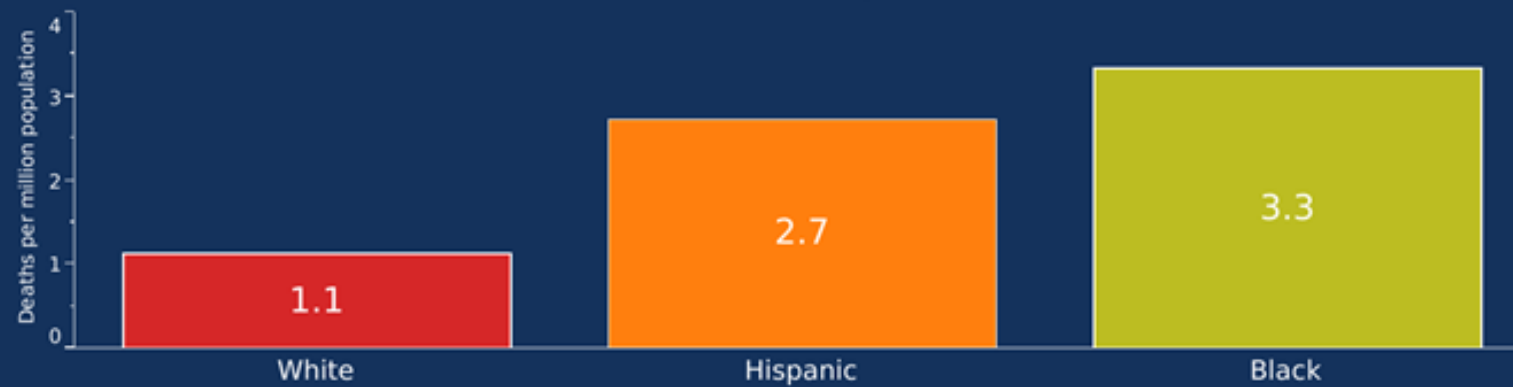
<https://www.bmj.com/content/373/bmj.n1343>

“The combination of poor strategic choices, unwillingness to tackle inequalities, and an uncoordinated system created a toxic cocktail which allowed the pandemic to turn into a catastrophic human crisis”

(Science, May 2021)

COVID-19 Mortality Among Children 1-14 Years in the United States
January 1, 2020 to March 6, 2021

COVID-19 Mortality Rate



Social conditions & lockdown



Baromètre Covid study during lockdown wave 4
N= 5000



21% Of participants were "never or rarely" able to isolate an unwell person in a separate room to avoid infection



This increased to 30% among participants with no educational qualifications

30%

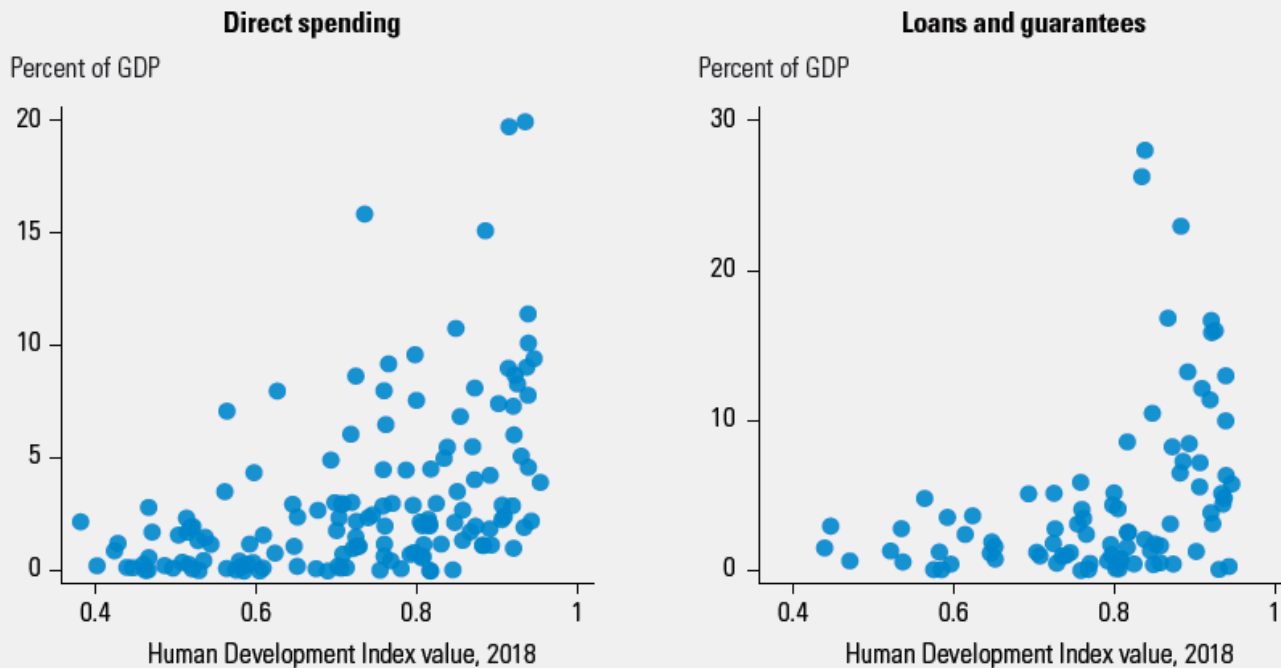
11% vs 5%



11% of people with no educational qualifications "always, almost or most often" needed help understanding medical prescriptions compared to 5% of participants in the other education categories

Economic development: a vicious circle

Figure 7. The scale of fiscal measures related to COVID-19 depends on a country's level of human development



The average fiscal package based on direct programmes accounts for 4.9% of GDP in very high human development countries but 1% of GDP in low and medium human development countries

The immense financial cost of these measures during a time of recession and depressed fiscal revenues will result in higher fiscal deficits and public debts, bringing short-term financial restrictions to deal with liquidity needs and long-term financial vulnerability

The long-term global health consequences of this economic crisis will be massive and sustained