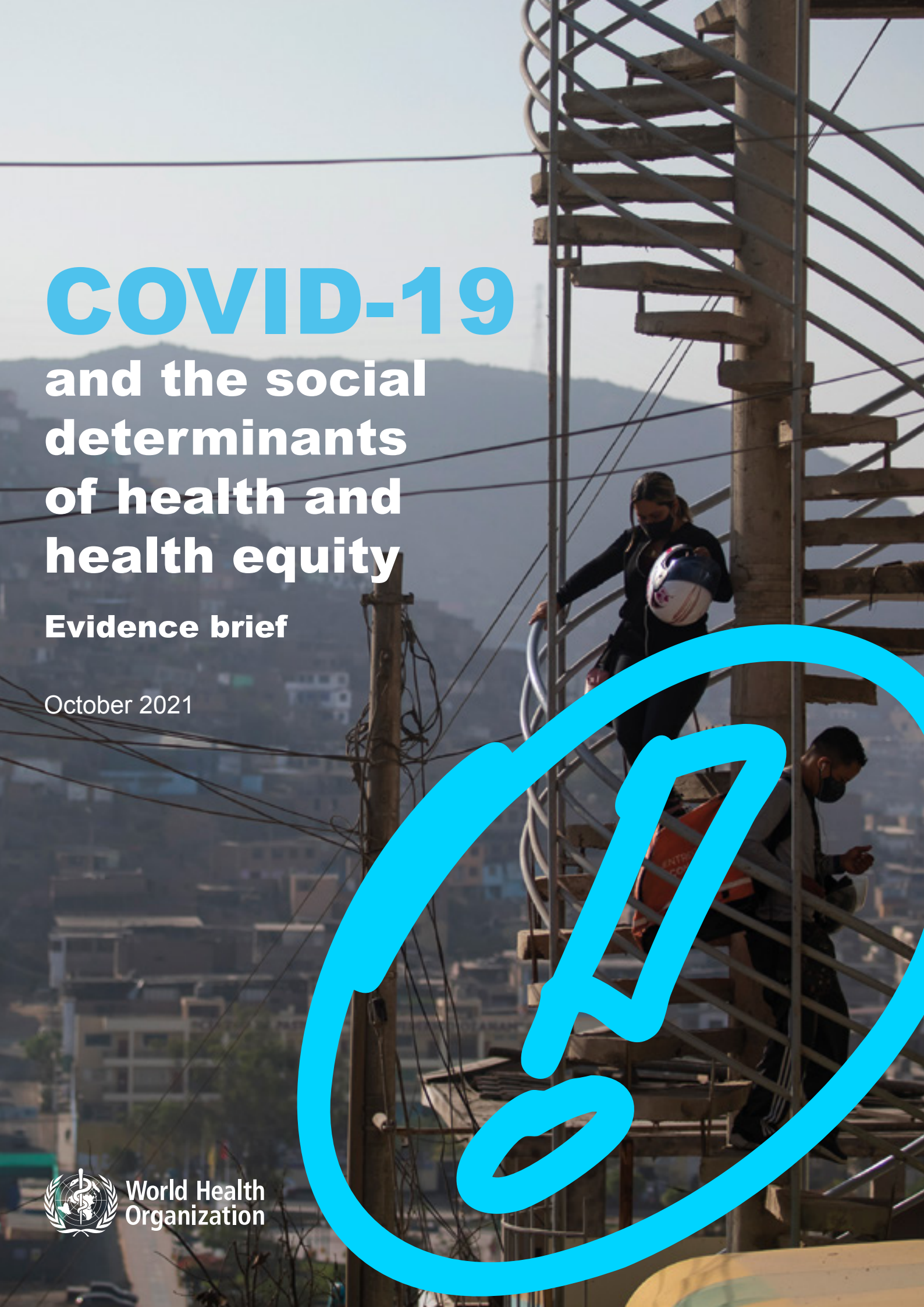

COVID-19
and the social determinants of health and health equity

Evidence brief

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World Health Organization

COVID-19

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Executive summary

The social determinants of health are the conditions in which people are born, grow, work, live, and age and people's access to power, money and resources. The social determinants are the major drivers of health inequities – unfair, avoidable and remediable differences in health between social groups. This evidence brief examines the influence of the social determinants of health on the current COVID-19 pandemic, focusing on the inequities of impact. The findings are drawn from a rapid systematic review of global evidence.

Inequalities in the social determinants of health have been unmasked by the COVID-19 pandemic, and have led to glaring inequities in COVID-19 health outcomes between population groups, partly mediated through differences in capacity to adhere to public health and social measures that reduce viral transmission (such as handwashing, use of face-masks, physical distancing, and closure of workplace, schools and public events). In turn, the broader impacts of the COVID-19 pandemic have unequally impacted on the social determinants of health themselves, further exacerbating health inequities. These unacceptable and unjust outcomes highlight the need to take greater account of social determinants of health in pandemic preparedness and response efforts, including for the rest of the current COVID-19 pandemic.

COVID-19 infection, hospitalization and mortality have been grossly unequal between population groups – driven by inequalities in the social determinants of health.

Older people, men, people with chronic non-communicable diseases, and people with disabilities appear to have greater biological susceptibility to to SARS-CoV-2 infection, and, or, propensity to develop harmful pulmonary inflammation from COVID-19. However, the wide inequities seen in infection, hospitalization and mortality rates between population groups are mostly driven by social factors overlaid on these biological risks.

Groups that have experienced increased rates of COVID-19 morbidity and mortality include:

- Poorer people
- Marginalised ethnic minorities, including Indigenous Peoples
- Low-paid essential workers
- Migrants
- Populations affected by emergencies, including conflicts
- Incarcerated populations
- Homeless people.

There are multiple mechanisms to explain the inequities for these groups, but in summary unfavourable social determinants of health for these groups have meant higher rates of chronic disease that increase their risk of poor outcomes from COVID-19, greater exposure to the COVID-19 virus, lesser capacity to adhere to public health and social measures, and poorer access to health services for treatment and vaccination. The specific social determinants that have driven these inequities include:

- Poverty and deprivation
- Imposed mobility of low-paid workers in precarious employment
- Lack of social protection
- Crowded housing
- Poor protection at work and low occupational health standards
- Unequal legal or residential status
- Stigmatization
- Unequal access to acceptable public health information
- Inequitable access to affordable treatment, prevention and vaccination.

Underlying these unfavourable social determinants are discrimination, such as racism and sexism, and classism, leading to inequitable access to resources and lack of legal protections. Many people suffer from multiple unfavourable social determinants: subject to institutional discrimination, being in poor health, low income, in insecure work and living in crowded conditions for instance, leading to being at much higher risk.

The COVID-19 pandemic has unequally itself led to deterioration of social determinants of health, worsening broader health inequities.

Public health and social measures that have been necessary to reduce exposure to and transmission from the virus and mortality (such as physical distancing, targeted closures and stay at home orders, avoiding gatherings, and reducing mobility) have led to significant and unequal health, social and economic damage. This damage has impacted more negatively on already disadvantaged populations. These impacts include:

- COVID-19 has driven millions of people into poverty
- Job losses have been borne disproportionately by women and by workers who have less education and lower socio-economic position
- Social protection systems have been insufficient and most lacking for those already worst off
- COVID-19 has disrupted education, with broad social impacts for young people, and these impacts have been much greater for poorer children
- Food security has been compromised for the most marginalized communities
- COVID-19 has exacerbated gender inequality throughout society
- Discrimination and stigmatization, including ageism, have increased
- Public health and social measures have impacted mental health of already disadvantaged groups more acutely
- Health systems have been overwhelmed and have reduced services, leading to greater morbidity in non-COVID-19 conditions.

These impacts on the social determinants of health risk having generational effects, and increasing health inequities not only in the current pandemic but also many years into the future.

A social determinants approach should be integrated into pandemic prevention, preparedness, response and recovery – to manage COVID-19, to build back fairer and to prepare for future outbreaks.

The disturbing evidence in this brief on inequities in SARS-CoV-2 infection, hospitalization and mortality between population groups, and of the large and unequal social and economic impacts of the pandemic, make the case for integrating a social determinants approach into pandemic prevention, preparedness and response efforts. Where people have had better living and working conditions, better education, more social capital, and better access to health services, they have been less susceptible to COVID-19 infection and better able to implement public health and social measures to reduce their exposure. But this has not been the case in most settings and instead COVID-19 has unmasked stark weaknesses in societies across the globe.

As countries continue to address the pandemic, and as they emerge from it, it is vital to protect those most disadvantaged. There is a strong moral imperative for prioritizing equity in pandemic efforts, but there are also compelling practical reasons. COVID-19 has shown the simple truth that no one is protected unless everyone is protected. Concentration of infections in disadvantaged populations, combined with their inability to adhere to public health and social measures and their inequitable access to vaccines, means that the pandemic will continue for longer, with greater chances of the emergence of new viral variants.

A sustained, collaborative approach is needed that reaches across health, social and economic actors, across communities and countries, with health and social justice at its core, to manage the current pandemic and build back fairer for the future to ensure future outbreaks do not exact such a heavy and unequal toll on health, wellbeing and economic stability.