

# Pandemic's effects on health inequity revealed in new report

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By definition, a global pandemic appears to affect everyone similarly. But upon further reflection, that's not quite true.

"It's a profoundly unequal crisis," said Amanda Shriwise, a visiting professor of sociology at the University of Kansas.

"If you were a vulnerable subset of the population prior to the pandemic, you're at even greater risk of suffering some of the worst health and socioeconomic effects together. And that's part of why COVID-19 is widely recognized as one of the most inequitable crises we've seen in modern times."

Shriwise is an author of "Health inequity and the effects of COVID-19: Assessing, responding to and mitigating the socioeconomic impact on health to build a better future," a report published by the World Health Organization (WHO) Regional Office for Europe.

One of the report's key findings is this socioeconomic impact happens through multiple mechanisms. A combination of factors usually leads people into high-risk scenarios and ultimately results in them enduring the worst health consequences from the pandemic.

"The main part of the report that resonated across a lot of work on COVID-19 in Europe has been the conceptual framework we laid out," said Shriwise, who co-wrote the report with Peter Goldblatt, University College London, and Lin Yang and Chris Brown with WHO.

The first of three mechanisms she identified that influences health equity is the nature of the disease itself.

"There are some who are genetically or biologically predisposed to suffering more severe health consequences from COVID-19, some who have underlying risk factors, such as chronic diseases of some kind, and some who may receive better health treatments and interventions than others" she said.

The second is containment measures. Steps taken to suppress and limit the pandemic have affected people negatively in varied ways.

"For instance, many people are losing employment or struggling with safe housing and making sure they have safe transport to get to work, and this can increase stress, fear, anxiety and other mental health conditions," she explained.

"The third mechanism is a negatively reinforcing cycle between the pandemic's unequal socioeconomic impacts and its non-COVID-19 health effects. We know that a number of social determinants of health were affecting health equity before COVID-19, and equally, that some had more financial protection and better access to quality health services than others going into the pandemic."

Shriwise cites [health systems](#) that have buckled under the pressure. Often essential services are delayed or canceled until the pandemic has alleviated pressure on these systems.

"Even if it's not directly having to do with COVID-19, there's an interaction involving the non-COVID-19 health impact and the socioeconomic side, often with severe and long-term consequences for those most vulnerable," she said.

Crucial to interpreting her report is the distinction WHO makes between the terms inequality and inequity. She said that health inequities are things which are normatively unfair in some way—they're not just "not the same." There's an unfairness within the system due to no fault of a particular individual who is more likely or not to suffer some of the worst effects of COVID-19.

She gives age as an example of the distinction between these terms.

"A lot of burden of disease sits with older people. This may not be unjust if it is simply a reflection of the genetic or biological aging process. But we also know that some people have a better quality of life and better access to health and social care than others as they age. And much of that has to do with sociopolitical and socioeconomic factors—and that's where the injustice aspect comes in," she said.

A Kansas native who earned her bachelor's degree in dance at KU, Shriwise developed a long-standing interest in addressing health determinants. A landmark 2008 WHO report from the Commission on the Social Determinants of Health prompted her to pursue her doctorate in social policy at the University of Oxford. She is currently based in Germany, where she works as a researcher at the SOCIUM Research Center on Inequality and Social Policy at the University of Bremen.

Shriwise said she is most intrigued by the newly [vulnerable groups](#) that COVID-19 has exposed.

"When you have a transformative crisis like this that is unforeseen and existential, it often results in people experiencing vulnerability who didn't know and could not have imagined they were vulnerable before," said Shriwise, who began her role as a visiting professor at KU in 2019.

"There were groups of people that before COVID-19 had enough security to have an equal shot at good [health](#) outcomes and a better socioeconomic future, both for themselves and their children. But there are segments of populations across countries for whom COVID-19 has truly eroded that outlook. These groups are now at much greater risk of not having that kind of equal opportunity moving forward."

Ultimately, as devastating as the pandemic is, Shriwise sees the prospects it presents to improve the lives of others.

"On the one hand, you want to mitigate any major negative impacts and suffering as swiftly as possible," she said. "On the other hand, it's an opportunity to transform and improve systems which used to be in place that have been disrupted by the crisis. We need to make sure this opportunity is used to create a more equitable future."

**More information:** Health inequity and the effects of COVID-19 (2020). [www.euro.who.int/en/health-topics ... ects-of-covid19-2020](https://www.euro.who.int/en/health-topics/diseases-and-conditions/coronavirus/health-inequity-effects-of-covid19-2020)

Provided by University of Kansas

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