

THE GLOBAL IDEAS INSTITUTE

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# ADVANCING HEALTH EQUITY DURING THE COVID-19 PANDEMIC & BEYOND

2021-22 CHALLENGE  
BRIEFING BOOKLET

GLOBAL IDEAS  
INSTITUTE (GII)

**munk school**  
OF GLOBAL AFFAIRS & PUBLIC POLICY



UNIVERSITY OF  
TORONTO

# CHALLENGE STATEMENT

Socioeconomic status is a significant determinant of the health and wellbeing of populations worldwide. In particular, marginalized (e.g. low-income, racialized, Indigenous, and newcomer) communities face systemic and unjust barriers to accessing opportunities, supports, health and social services needed to be healthy. Environmental, political and socio-economic conditions of the COVID-19 pandemic have exacerbated these barriers and deepened health inequities.

**How can we advance health equity for marginalized communities during the COVID-19 pandemic, and as we build back better from the pandemic?**

# MEET OUR CHALLENGE EXPERT

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Professor Di Ruggiero is a global public health expert and opinion leader whose research focuses on evaluating the health and health equity impacts of different policy and program interventions on marginalized groups (e.g. labour policies; interventions that aim to reduce food insecurity). She is also interested in how different types of evidence shape global policy agendas and influence global governance in the context of the Sustainable Development Goals.



# WHAT ARE HEALTH INEQUITIES?

The World Health Organization (WHO) **defines health inequities** as "differences in the health status or the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age."<sup>1</sup> It is important to note that these **differences in health status are unjust, unfair and unavoidable** (further details available on pg. 4).

**Health inequities exist within and between nations.** In other words, while there are disparities in the health status of population groups within any given country, there are also significant disparities between overall populations in high, middle, and low-income nations. This is because **environmental, political, and socioeconomic conditions can trigger the development of structures and systems which affect health resources** — such as healthcare facilities and equipment, individuals' awareness of these facilities and availability of funds for care — locally, nationally, and internationally.

To achieve the United Nation's 2030 Sustainable Development Goals (SDGs), it is essential to **leave no one behind**. 193 United Nations' member countries ratified the SDGs and have made a commitment to ensuring other nations are able to achieve the SDGs, including **SDG#3 - Good Health & Well-Being**.



# HEALTH INEQUITY OR HEALTH INEQUALITY?

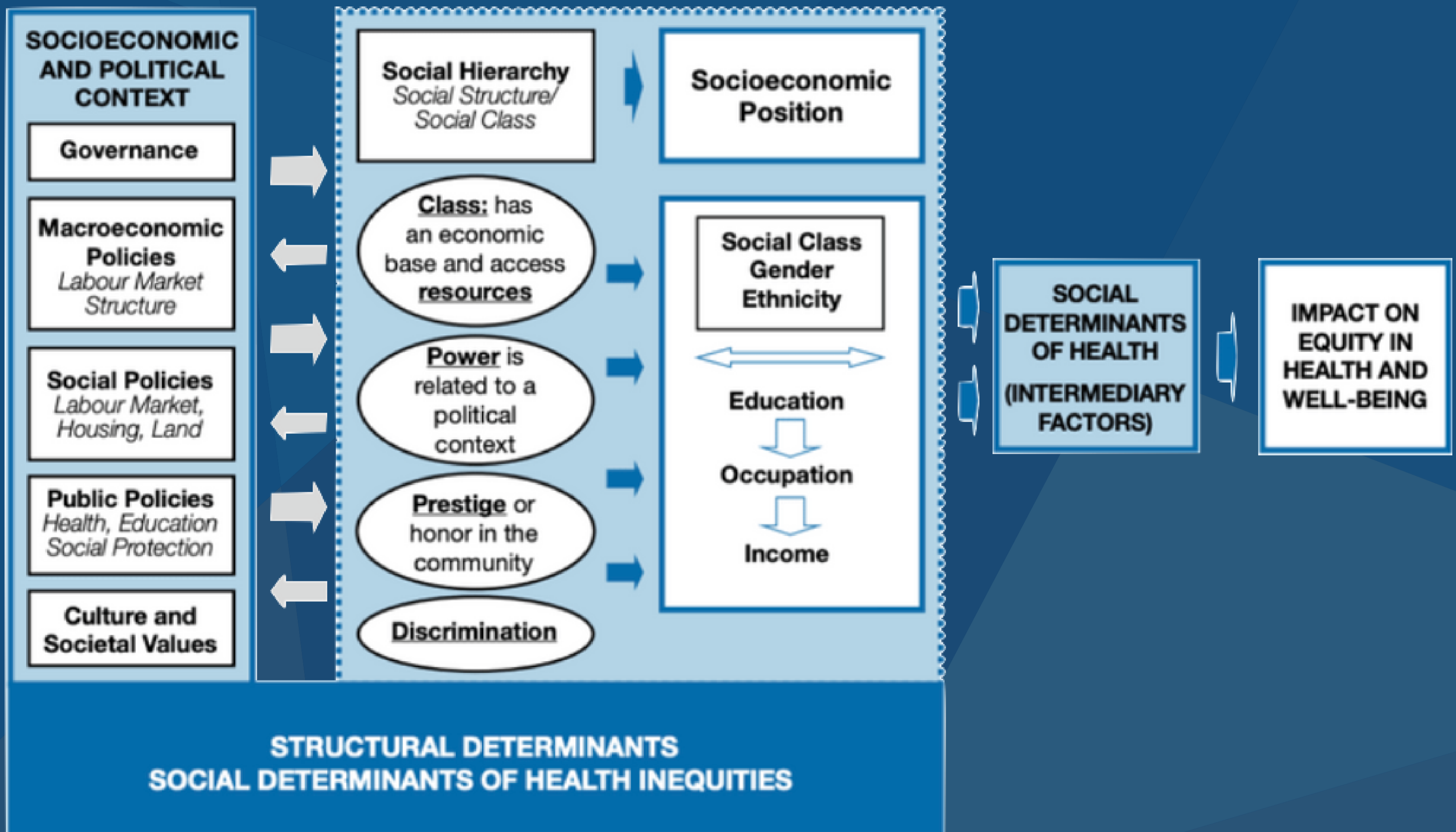
In determining whether to label the differences in health between population groups as a health *inequity* or health *inequality*, a key question to consider is: **Could these differences have been avoided by reasonable means?**

The term health *inequity* can be applied to preventable differences in the health status of individuals or groups. These differences are the result of unfair systems affecting the availability, access, and quality of resources that promote optimal health outcomes. <sup>2</sup> On the other hand, health *inequality* refers simply to the presence of different health outcomes between individuals or groups.

For instance, in 2020 Toronto Public Health highlighted that racialized, lower income residents have a higher COVID-19 mortality rate.<sup>3</sup> This is a case of health *inequity* because low-income groups are not only more likely to live and work in crowded conditions that increase risk of death from COVID-19. Additionally, low-income groups are susceptible to avoidable diseases of poverty (e.g. hypertension, obesity, diabetes) that increase the risk of health complications if exposed to the virus. <sup>4</sup>

Meanwhile, the difference in COVID-19 mortality rates between younger and older populations in general is an example of health *inequality* because age itself is an unavoidable difference that inevitably impacts health outcomes.

# STRUCTURAL AND SOCIAL DETERMINANTS OF HEALTH INEQUITIES



This diagram, created by the WHO (2010), demonstrates how structural and social determinants facilitate health inequities.

# STRUCTURAL AND SOCIAL DETERMINANTS OF HEALTH INEQUITIES

In working to reduce health inequities and advance health equity, it is useful to understand the main determinants which shape health outcomes. Structural determinants include governance, economic systems, policies and social hierarchies. Typically, **structural determinants are considered to be the root cause of health inequities** or the **causes of the social determinants of health**.

Researchers have identified the following **14 social determinants of health**: income, education, unemployment/job security, working conditions, early childhood development, food insecurity, housing, social exclusion, social safety networks, health services, Aboriginal status, gender, race, and disability.<sup>5</sup> In this way, **members of marginalized socioeconomic groups are at risk of experiencing worse health outcomes** than their socially and/or economically-privileged counterparts.

# THE ROLE OF GLOBALIZATION

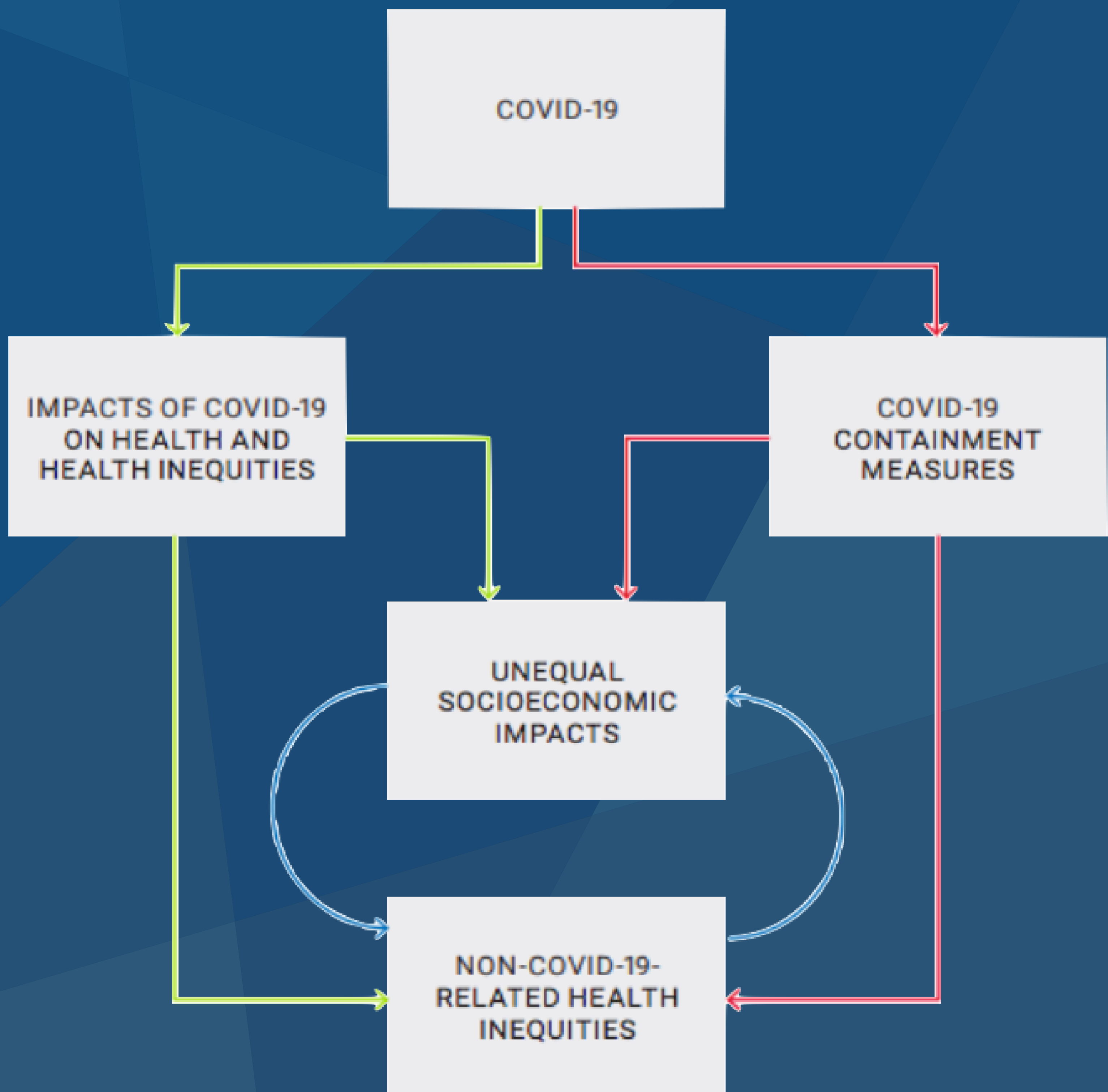
Globalization refers to the increasing interconnectedness and interdependence of populations, and cultures, as well as political, social and economic domains across the world. Globalization is considered an ongoing process because people, capital, goods and services are continuously flowing from one nation to another. In the context of global health, **globalization has been criticized as a driver of health inequities.**

Some experts argue that the policies and processes which facilitate globalization and associated economic prosperity can also facilitate health inequities by increasing unequal flows of financial capital, creating poorer working conditions and affecting the availability of health resources (including quality health professionals) across high, middle, and low-income nations.<sup>6,7,8</sup>

However, **there are also arguments for positive benefits of globalization on health outcomes.** Technology has facilitated greater connection between researchers and civil society actors, resulting in increased public engagement around health as a human right, partnerships to improve access to healthcare and prevent disease, as well as broader socioeconomic improvements that improve the social determinants of health for marginalized groups.<sup>9,10,11</sup>



# HOW DOES COVID-19 DEEPEN EXISTING HEALTH INEQUITIES?



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This year, GII challenges you to take action towards advancing health equity in the context of the ongoing COVID-19 pandemic. The pandemic brings an additional layer of complexity to the challenge of reducing health inequities. While it is true that the virus itself does not discriminate (i.e. select a host based on their socioeconomic status), **claims of COVID-19 as the “great equalizer” must be carefully assessed.**<sup>12</sup>

Researchers have found that the pandemic has significantly widened the gap in pre-existing health inequities because **groups that have faced discrimination or historical social injustices are at the greatest risk of contracting the virus** (e.g. poor working and living conditions that limit opportunities for physical distancing, limited access to water for hygiene and sanitation, etc.).<sup>13,14,15,16</sup> The WHO cautions that **the socioeconomic impacts of the pandemic can not only worsen existing vulnerabilities but create new ones**, with effects on long-term health outcomes of populations within and between nations.<sup>17</sup>



# HOW DOES COVID-19 DEEPEN EXISTING HEALTH INEQUITIES?

## Example 1 - Vaccine Inequity

According to WHO Director-General, Dr. Tedros Adhanom Ghebreyesus, **“Vaccine inequity is the world’s biggest obstacle to ending this pandemic and recovering from COVID-19”**.<sup>18</sup> The issue of vaccine procurement has been a challenge for both developed and developing nations. These procurement challenges reflect unequal global supply chains. While several high-income nations were able to procure vaccines successfully, the distribution of the vaccines in these countries has been unequal.

The UNDP’s Global Dashboard for Vaccine Equity highlights that **only 1 in every 27 people in low-income nations is vaccinated**, compared to 1 in every 2 people in high-income nations. In countries such as the Democratic Republic of the Congo and Haiti, limited government funds for vaccines have resulted in less than 1% of the total population being fully vaccinated against COVID-19 as of October 2021.<sup>19</sup> Contrast this data to populations in high-income nations who may potentially be receiving a third shot to boost protection against the virus. **Delayed vaccine rollouts in low-income countries are accompanied by increased risks of infection and slower recovery rates for individuals, groups, societies, and economies**. As long as there is community transmission, the COVID-19 virus and its variants will continue to circulate and undermine opportunities to achieve the SDGs by 2030.

# HOW DOES COVID-19 DEEPEN EXISTING HEALTH INEQUITIES?

## Example 2 - Food Insecurity and Housing Instability

Access to healthy food and secure and affordable housing are two examples of social determinants of health. During the pandemic, the global economic downturn resulted in high levels of unemployment which made it difficult for many individuals and families to spend on food and/or housing costs. For low-income groups, **the economic consequences of the pandemic further exacerbated vulnerabilities to food insecurity and housing instability.**

Food insecurity refers to the inability of individuals to reliably afford their need.<sup>20</sup> The World Bank reports that approximately **118 million more people faced chronic hunger in 2020 than in 2019.**<sup>21</sup> The pandemic has contributed to food security risks as a result of **inflated food prices, supply disruptions, and currency devaluations.** Consequently, individuals in low and middle-income countries are spending a larger share of their income on food. Some individuals have begun to run out of food or reduce their consumption.

Those experiencing food insecurity are likely to face challenges covering the cost of housing. In the United States alone, there was **a 250% increase (i.e. roughly 2 million households) in those who have fallen behind on their mortgage** in 2020.<sup>22</sup> **Communities of colour**, which have suffered disproportionate health and economic effects of the pandemic, **were more than twice as likely to be behind on housing payments.**<sup>23</sup>

The stress of experiencing food or housing insecurity, regardless of nation, compounded with physical and social isolation, health risks, and financial challenges associated with the COVID-19 pandemic can also have **detrimental mental health impacts.**

# HOW DOES COVID-19 DEEPEN EXISTING HEALTH INEQUITIES?

## Example 3 - The Future of Work

Like access to food and housing, working conditions are another social determinant of health. At the onset of the pandemic, we know that millions worldwide lost their jobs or were temporarily laid off. The remainder of workers either began performing tasks remotely or continued on in-person as essential workers. A study conducted by McKinsey & Company determined that **jobs with higher levels of physical interaction are more likely to experience greater transformations post-pandemic.**<sup>24</sup> These transformations will involve **a reduction in labour demand due to increased automation and more remote work options for only the most highly-trained workers.**<sup>25</sup>

Up to **25% more workers may need to switch occupations** in the coming years.<sup>26</sup> If workers lack access to secure job opportunities with comprehensive COVID-19 protocols to protect their safety, they are at an increased risk of contracting the virus but are also at risk of the spillover effects of job instability that impact health and wellbeing over the long term.

# LET'S GET STARTED..

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The GII challenges participants to develop innovative approaches to address the issue of health inequities. GII participants are encouraged to look at what **governments, businesses, non-governmental organizations, communities and researchers can achieve to enable marginalized communities to experience better health outcomes during the COVID-19 pandemic.** Students are encouraged to develop innovative technical, policy, education and socioeconomic interventions to tackle health inequities. A range of experts, world-leading research, and detailed case studies will inform participants about this topic throughout the GII program year.

**We are so excited to have you on board. Good luck!**

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