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Topic title: Social determinants of health such as inequalities, escalating economic disparities, and anti-democratic political processes and institutions have been affected by the covid-19 epidemic.

Issue / Purpose and Background:

Covid-19 epidemic affecting social determinants of health such as inequalities, escalating economic disparities, and anti-democratic political processes and institutions. Long-standing structural causes of health inequities, such as insecure and bad working circumstances, expanding economic inequality, and anti-democratic political processes and institutions, have been highlighted by the covid-19 epidemic. During Covid-19, these major health variables interacted with class, ethnicity, gender, education level, and other factors to worsen existing socio-economic vulnerabilities.

Over the last few decades, numerous warnings about the perils of injustice have surfaced. The Alma Ata Declaration eloquently stated that only a New International Economic Order and people's participation in choices affecting their community's health could accomplish "health for all"(Cherry, 2021). These concepts were reaffirmed in the 2008 World Health Report and the Commission on the Social Determinants of Health report ("World Health Organization. Primary health care (now more than ever).", 2008). The panel recommended "addressing the inequitable allocation of power, money, and resources" that contribute to systemic inequities in health outcomes, as well as improving everyday living conditions, particularly for those who are vulnerable("Closing the gap in a generation: health equity through action on the social determinants of health: final report of the commission on social determinants of health", 2021). Academics and activists have argued for the social determinants of health approach to covid-19, and the social determinants of health theme have been significant in the past in identifying and decreasing inequities("Africa Health Strategy 2016 – 2030 | African Union", 2019).

Global economic trends, in terms of social determinants of health, present long-term health risks. The ballooning debt burden of low and middle-income countries (LMICs), interpretations of the Trade-Related Intellectual Property Rights (TRIPS) agreement that undermine equitable access to medical technologies, and IMF pressure on borrowers to implement austerity policies are all examples of these trends. These dynamics solidify the commercialization of healthcare and impede the implementation of programs aimed at reducing inequities between and within nations. Furthermore, health continues to be harmed by the marginalization of particular groups due to ethnicity, color, caste, migrant status, gender, class, or the nature and circumstances of labor, for example.

Beyond the immediate causes of the current crisis, understanding what a post-covid world would look like involves a study of fundamental systemic variables that have led to the disproportionate consequences of the covid-19 epidemic on marginalized and other populations. Interventions to address systematically replicated vulnerabilities would help to make the world a fairer and more sustainable place. As a result, on behalf of UNICEF, we

urge every nation and its government to take steps to create a fairer and more sustainable post-covid future.

The current situation:

1. Policies and Regulation to Combat Precarious Employment. Ilo.org. (2011). Retrieved 1 December 2021, from https://www.ilo.org/actrav/info/WCMS_164286/lang--en/index.htm.

Along with evidence, underlines the precarious employment and exploitative and bad working circumstances interplay with various characteristics, including ethnicity, migrant status, class, and gender, to impact which demographic groups are most vulnerable to covid-19 infection, as the covid-19 pandemic has been demonstrated. People who work in insecure jobs have limited access to sick leave and healthcare, and their typically poor pay prevents them from affording adequate food, water, and sanitation, as well as housing. For example, when they have covid-19, they may be hesitant to quarantine since they cannot afford to lose money and are unable to work from home. Economic crises and market turmoil have caused widespread fear among employees in recent years. The quality of working and living situations is deteriorating as unemployment rates and insecure job arrangements rise. From Egypt to Northern Africa and the Middle East, in town squares from Madrid to Athens, and most recently in London, Jerusalem, and Tel Aviv, social discontent has swept around the world. While each location has its own set of instigators, the message is clear: the existing working and living standards are unsustainable. The mainstream of insecure labor is already having serious societal consequences. In general, it puts employees and communities in an unstable and insecure position, causing them to lose control over their lives. More precarious employees, in particular, have a greater risk of mental illness. Precarious employees, in particular, are reported to have a greater risk of occupational safety and health hazards. Such effects exacerbate gender divides and exacerbate migrant workers' already precarious conditions. Economic uncertainty has been linked to poor mental health. Precarious work with fixed-term contracts and low pay adds to the economic burden, which has an impact on mental health-related quality of life and the likelihood of depression or dysthymia symptoms("Background Paper: Policies and Regulation to Combat Precarious Employment", 2011).

Recommended action:

It's essential to get therapy if they're experiencing dysthymia symptoms. Getting a physical examination from a primary care physician to rule out any potential medical explanations of their symptoms is a good starting step. Keep a diary of the symptoms for a few weeks to assist one‟s doctor in better understanding how the symptoms affect their day-to-day life. Medication and psychotherapy are the two basic therapies for dysthymia, although their treatment strategy will be determined by factors such as the severity of their symptoms, their preferences, their capacity to handle drugs, and past mental health treatment. Psychotherapy

is the initial treatment option for children and adolescents("Persistent depressive disorder (dysthymia) - Diagnosis and treatment - Mayo Clinic", 2021).

In general, policy options concerning employer practices recommend providing supports or incentives for employers to improve their practices, supporting work/ life balance, improving training and professional development, supporting career progression, and improving termination practices. Some options are specific to the needs of workers in the community sector. Many of these focus on the broader funding environment of the sector, which influences employment experiences. These include: Increasing the level, stability, and duration of funding, specifically to ensure staff benefits and permanent positions. Supporting consultation and collaboration among agencies, unions, and funders to improve human resource strategies in a "without prejudice" environment. Upgrading low-paid and precarious jobs in healthcare, eldercare, and childcare. Some recommendations are specific to the experiences of workers in retail or service environments. These recommendations come from recent research that suggests that the following package of activities, implemented together, can better support workers, businesses, customers, and investors. The recommendations include: Standardizing work to support efficiency but empowering workers to make decisions to improve the work and customer satisfaction. Cross-training workers, so that variability in customer traffic can be addressed by changing worker tasks rather than reducing the number of workers. Investing in staff, through actions such as better pay and benefits, training, permanent positions, and opportunities for advancement. Some policy options are specific to the needs of workers in precarious jobs. These are related to hiring practices, support for permanent employment, workplace culture, and human resources and benefits. A few recommendations were related to hiring practices, including: Changing hiring practices to move away from precarious or part-time work, including more internal business planning to determine if more secure work would be more appropriate. Another recommendation suggested organizations could work together to share workers through agreements that provide more consistency and certainty for workers. Some recommendations focused on improving the home and workplace experience of workers in precarious jobs, including Improving workplace culture by treating people in precarious jobs with more respect and including people in precarious jobs in company social events. These recommendations help to ameliorate some of the challenges associated with precarious employment (Cook, 2013).

The current situation:

2. Inequality and Health - Inequality.org. Inequality.org. (2021). Retrieved 1 December 2021, from https://inequality.org/facts/inequality-and-health/.

Illustrates how the epidemic is widening income and wealth disparities throughout the world and provides examples for it. Between March and September 2020, the world's top five billionaires saw a 59 percent gain in their total wealth, despite greater worldwide unemployment, poverty, and debt levels. In 2021, over 435 million women and girls will be living on less than $1.90 (£1.40; €1.60) per day, with 47 million living in poverty due to covid-19. Weak regulatory supervision in financial and commercial markets, illegal financial

flows, regressive taxation policies, and the growing power of multinational businesses in molding national economies are all contributing to rising economic inequality.

These rises in private wealth have been accompanied by falls in social wages (the goods, services, and payments that the state provides to all residents as a basic right). Austerity policies that have weakened social protection measures have had a disastrous effect on disadvantaged populations and, during the pandemic, increasingly on the middle class, when combined with the commercialization of food, land, seeds, and basic services. Tax relief, cash transfers, unemployment benefits, and food and nutrition assistance were all introduced during the pandemic, but they were mostly ineffective because they excluded or were inaccessible to those who needed them the most, such as informal workers, migrants, young people, and displaced and indigenous populations.

The pandemic is estimated to result in an 82 percent rise in hunger levels, with the number of people experiencing severe food insecurity expected to quadruple, particularly in nations afflicted by conflict, climate change, and economic instability.

The epidemic is also being used to bolster extractivist economic development strategies. For example, in India, covid-19 was used as an excuse to shorten public consultation periods in order to push through weak environmental protection legislation, and in the United States, the extractive industry is taking advantage of the pandemic by lobbying the government to suspend fuel efficiency standards and environmental regulations.

Many health outcomes, from life expectancy to infant mortality and obesity, can be related to the extent of economic disparity within a community, according to growing data from experts throughout the world. Economic inequity appears to be linked to poorer health outcomes.

Epidemiologists – experts who study population health — don't merely mean poverty when they say increased inequality. Poverty and poor health are inextricably linked. However, epidemiological research reveals that high levels of inequality have a deleterious impact on the health of even the wealthy, mostly because inequality decreases social cohesiveness, a dynamic that leads to increased stress, worry, and insecurity for everyone.

The vaccination rollout has been riddled with inequity across the world. According to Agence France-Presse research, high-income countries — such as the United States and European Union members — have been receiving far more vaccination doses than they need. Despite accounting for only 16% of the global population, high-income countries have received 47% of all vaccination doses. People in low-income countries, on the other hand, have only received 0.2 percent of all vaccination doses although accounting for 9% of the global population.

The higher the level of wealth disparity, the higher the likelihood of cardiovascular-related fatalities and hospitalizations, according to a study published in the Journal of the American College of Cardiology in 2019. According to surveys conducted between 2009 and 2015, the

nations with the lowest levels of wealth disparity (Central Europe and Scandinavia) had the lowest heart failure rate, at 10.9 per 100 person-years. Heart failure rates were 11.7 per 100 person-years in countries with moderate levels of income disparity (North America, Australia, and India), and 13.7 per 100 person-years in countries with the greatest levels of inequality("Inequality and Health - Inequality.org", 2021)

Recommended action:

The terms of health-care disparities are specified, and the consolidated scientific acquisitions are remembered. Three priority areas of action are identified and discussed, with Prevention Departments being encouraged to activate them through targeted initiatives in order to minimize particular inequities. The first area of action consists of three types of critical interventions: vaccines, TB infection contrast, and oncological screening, all of which must be provided to disadvantaged populations such as Roma communities, immigrant women, convicts, and mental patients. Second, actions on focused urban planning aimed at improving the conditions of social housing (with a special focus on thermal insulation and maintaining minimal distances from high-traffic streets), increasing the number of urban green spaces enjoyed by the population and contrasting housing degradation (with particular attention to poisoning by carbon monoxide)(Barron et al., 2021).

Since the 1970s, income inequality has progressively risen to levels comparable to those observed before the Great Depression. Technological developments, stagnant educational attainment, globalization, less fair taxes, and the collapse of labor unions are all factors that contribute to economic disparity. Income disparity has a negative impact on health by increasing the prevalence of poverty, causing chronic stress as a result of heightened social comparisons, undermining community cohesiveness, and disrupting health-protecting institutions. To mitigate the negative effects of income inequality on health, the government, academia, employers, non-governmental organizations, and the media must work together to reduce inequality by increasing employment and wages while improving working conditions, expanding access to education from early childhood to higher education, investing in social programs that protect the vulnerable, and informing the public about ways in which inequality undermines health("Reducing Income Inequality to Advance Health", 2017).

The current situation:

3. Cousins S. COVID-19 has “devastating” effect on women and girls. Lancet 2020;396:301-2.doi:10.1016/S0140-6736(20)31679-2 pmid:32738942

Demonstrate with evidence regarding how women and girls have been disproportionately affected by pandemic control efforts.

Governments all across the world are battling the COVID-19 outbreak. While some voices have raised concerns about the effects on women, gender considerations have failed to

influence the decisions made by primarily male authorities. At the same time, many of COVID-19's effects are disproportionately affecting women. This is why:

First, while the economic and social consequences are harsh for all, they are more so for women. Many of the formal sector businesses immediately impacted by quarantines and lockdowns, such as travel, tourism, restaurants, and food processing, have a high female labor force participation rate. Women also make up a major portion of the world's informal economy, particularly in agriculture and informal markets. Many informal sector jobs—domestic workers, caregivers—are largely performed by women in both developed and developing economies, who generally lack health insurance and have no social safety net to fall back on.

Women, on the other hand, often bear a higher responsibility of caring. Even before COVID-19, women did three times as much unpaid domestic labour as males. Work (if they still have it), childcare, homeschooling, elder care, and housework are now balancing one or more of the following: formal sector female employees with children. Households with a female head of home are more vulnerable.

Second, the problem is affecting the health and safety of women. Apart from the disease's direct effects, women may find it difficult to obtain much-needed maternal health treatments, since all resources are focused on critical medical requirements. The availability of contraception and other services may be jeopardized. Women's personal security is also under jeopardy. Isolation, social distance, and limits on freedom of movement—all of which are necessary to combat the disease—are, ironically, the precise conditions that play into the hands of abusers, who now have state-sanctioned settings that are tailor-made for perpetrating abuse.

Third, because the majority of frontline health professionals are women, particularly nurses, their infection risk is higher. (Women make up 67 percent of the worldwide health workforce, according to some estimates.) While all caregivers need to be safe, female nurses and carers require special attention—not only in terms of access to personal protective equipment like masks, but also in terms of other needs like menstrual hygiene products—that can be easily and inadvertently overlooked but are critical to their ability to function well.

Finally, many of the major decision-makers involved in the planning and execution of the pandemic response are men. When any of us turns on the television, we see a sea of guys from all over the world. This is unsurprising considering that women continue to be underrepresented in important decision-making organizations such as governments, parliaments, cabinets, and companies. Women make up just 25% of legislators globally, and less than 10% of heads of state and government are female. Women are conspicuously absent from decision-making fora in this epidemic, notwithstanding a few shining examples of female heads of state or government(Cousins, 2021).

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Recommended action:

The following are five steps that governments may do right now to solve these issues:

First, make sure that female nurses' and physicians' needs are considered in every element of the response effort. At the very least, this involves ensuring that period hygiene supplies like sanitary pads and tampons are available as part of personal protection equipment for female caregivers and first responders. This will prevent them from experiencing unnecessary agony in already difficult conditions. But, most importantly, communicate with the caregivers, listen to their needs, and respond accordingly. They deserve all of the help we can provide them right now, especially in terms of critically needed medical equipment.

Second, make sure that all hotlines and services for victims of domestic violence are designated "vital services" and that they are maintained available, as well as that law enforcement, is aware of the need of responding to victim calls. Follow Quebec and Ontario's lead, which have added women's survivor shelters on their list of essential services. Given the high frequency of violent deaths of women perpetrated by intimate partners, this will guarantee that the pandemic does not unwittingly cause more trauma, damage, and fatalities during the quarantine period.

Third, rescue and stimulus packages must contain social safety measures that reflect an awareness of the care economy and a recognition of women's unique circumstances. This entails securing health insurance benefits for those who are most in need, as well as paid and/or sick leave for individuals who are unable to work due to caring for children or elderly relatives at home.

Special efforts should be taken to offer compensation payments to informal sector employees, who make up the great bulk of the female labor force in emerging nations. Identifying people in the informal sector will be difficult and will need consideration of a country's unique conditions, but it will be worth the effort to achieve greater fairness in outcomes.

Fourth, authorities must find a method to incorporate women in decision-making about response and rehabilitation. Including the voices of women in decision-making, whether at the local, municipal, or national level, will result in better outcomes; we know from many situations that a variety of viewpoints will improve a final conclusion. Policymakers should also take advantage of the capabilities of women's groups. Reaching out to women's organizations can assure a more strong community reaction since their vast networks may be used to spread and amplify social distancing messaging. Women's groups were instrumental in the Ebola response, so why not here?

Finally, policymakers must pay attention to what is going on in people's homes and encourage equitable distribution of care burdens between men and women. In many regions of the globe, there is a significant chance to "unstereotype" the gender roles that are played out in families. Joining our campaign, HeForShe, and staying tuned for more information

about "HeforShe@home," where we enlist men and boys to ensure that they are doing their fair share at home and alleviating some of the care burdens that fall disproportionately on women, is one concrete action for governments, particularly for male leaders.

These activities, as well as others, are critical. Women's needs may be addressed, giving us an opportunity to "build back better."("Women at the core of the fight against COVID-19 crisis", 2020).

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