Written Statement by EuroHealthNet for the 70th Session of the WHO Regional Committee for Europe, Provisional Agenda item: The state of health in the WHO European Region, including lessons learned from the COVID-19 pandemic.

COVID-19 and health inequalities

The COVID-19 pandemic has painfully exposed health and social inequalities across Europe. EuroHealthNet partners responsible for public health have been at the front line for protection, advice, and delivering timely information since the beginning of the pandemic. We take this opportunity to express gratitude to all colleagues for their tireless efforts. We stand together with WHO Europe and its partners, ready to support a recovery which results not only in stronger health systems, but also in fairer and more resilient societies.

For many people there is no so-called “new normal” of personal adjustments to which they wish to return. By simply rebuilding we risk preserving the problems of the past. Instead, it is time to create systems and structures which work for everyone, not only the fortunate few. They should effectively face the challenges of tomorrow, whether these are new pandemics or the more ‘chronic emergencies’ like non-communicable diseases, mental ill-health and climate change.

Growing evidence from the COVID-19 pandemic shows how it has exacerbated and highlighted pre-existing health inequalities¹.

- Low skilled men have the highest death rate among working age adults².
- Black people are more likely to die from COVID-19 than white counterparts³.
- Most fatalities are amongst those with underlying illnesses such as high blood pressure or diabetes⁴; while more socially and economically disadvantaged people suffer more from these largely-preventable diseases⁵.

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² Wise, J. (2020). Low skilled men have highest death rate of working age adults. BMJ. [online] 369:1906. Available at: https://www.bmj.com/content/369/bmj.m1906
- Migrants, asylum seekers, and Roma people who already experience health inequalities are among the 26% of people in Europe living in overcrowded spaces⁶. In confinement, women and LGBTI people are more exposed to interpersonal violence.

- Economic factors such as poverty and unemployment, especially in the context of an austerity policies⁷ are linked to depression, anxiety and suicide⁸. People who are unemployed or face financial hardship, families with children, and those with pre-existing mental health problems are all more likely to be vulnerable to these mental health impacts of economic recessions⁹.

The pressures on social protection systems and on health outcomes will be interrelated and complex but vital to address¹⁰. They will be felt most strongly by people in insecure or low skilled jobs, and by people from disadvantaged communities experiencing worse housing and living conditions and environmental inequalities¹¹. Young people will be most affected by school closures and face subsequent challenges in seeking employment.

So, we all need to act. Protecting health is the responsibility of all. Good health starts in communities. We must critically look at how our health systems are structured, their sustainability, and their ability to prevent diseases and protect all, regardless of social status. We all need to act to make recovery fair and health-promoting, leading to a global ‘economy of wellbeing’ and achievement of the Sustainable Development Goals.

As Member States and International Organisations including WHO Europe seek to balance mitigating the pandemic and ensuring an healthy recovery, we call on all partners to pool knowledge and experience for progress, not return to old ways which failed too many people.

We know what can work, thanks to numerous resources and evidence from individual countries, as well as WHO Europe work on health equity¹². The new evidence from the pandemic has highlighted those needs and solutions, as well as identifying new problems and hopes. It is up to us all to apply that learning for good.

EuroHealthNet, Brussels, 04 September 2020

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