

First Statement of the ASPHER COVID-19 Task Group on Health Inequalities and Vulnerable Populations

COVID-19 – How and why is the pandemic exacerbating and amplifying health inequalities and vulnerabilities in Europe?

A grim picture is emerging globally and in Europe but sustained modern public health approaches could in Europe could offer more hope and better outcomes for the most vulnerable groups.

This first ASPHER statement recognises the global phenomenon that many extra health inequalities are arising globally and that vulnerable populations are suffering across the world. The Association of Schools of Public Health in Europe (ASPHER) is committed to identifying whatever COVID-19 related information is being produced for these populations across the European Region.

Across Europe, at this stage in May 2020, the publicly available evidence is patchy, but the emerging evidence indicates that the differential effects, consequences and disruption of COVID-19 are more significant impacting on recognizable vulnerable groups and disadvantaged communities, than on others. This is not unexpected, and we believe this is resulting in **further exacerbation and deepening** of existing health and social inequalities and vulnerabilities.

COVID-19 could be viewed as be adding additional population numbers and more severe impacts from **three significant further epidemics with three causations** that will worsen the position of those already with chronic diseases and pre-existing frailty, those with a variety of physical and mental health problems, and also people with other vulnerabilities to exclusion and deprivation.

The three causations are:

COVID-19 illness itself leaving long-term consequences for many people who survive it, or direct impacts on their families or carers.

Disruption and delay of usual health and social care and also affecting prevention programmes.

Wider determinants from social distancing and long-term economic pandemic impacts

Each of these gives an **epidemic focus** that must be followed up closely over the next five to ten years.

We are also recognising those populations who are particularly vulnerable during this pandemic within each focus. This may be because of suffering COVID-19 disease itself. The COVID-19 illness has hit hard our older people, our adults with underlying health conditions, and our population groups often already disadvantaged such as Black and Ethnic Minorities. Indeed, there is the issue of front-line health and social care system workers themselves are often from vulnerable or disadvantaged groups, that experience

low income, housing difficulties, and are from black and ethnic minorities. Increased incidence of infection frequency and severity is one higher impact, but also their own long-term psychological welfare remains to be estimated.

- **Epidemic focus 1.** There is a need to recognise not only the early illnesses but also the **long-term health and social direct impacts of COVID-19** infection on often already vulnerable patients and their carers, many of whom will **need long-term rehabilitation and support.**
- **Epidemic focus 2.** The **indirect health impacts of the pandemic** on those who are affected by the impacts of physical social distancing and other societal restrictions, and from aggravated socio-economic hardship, racism, stigmatisation and exclusion.
- **Epidemic focus 3.** It has been said to be a likely **parallel epidemic in those people with pre-existing chronic diseases and longer-term physical and mental health conditions**, that can arise from COVID-19 being the chief focus of healthcare. Normal health and social care are unable to continue sufficiently during a pandemic. Those with newly arising conditions also may not or cannot access help in the usual ways. The pandemic causes discontinuity, disruption and delay of usual health and social care. It can also affect public health prevention measures, that were addressing both physical and mental health.

A call for concerted action:

The future picture in Europe could be less grim where public health approaches are adopted to underpin new policies and responses to the Pandemic. There is a need to address the expected multitude of **complex and long-term direct and indirect consequences** of the COVID-19 pandemic. This will require sustained research and enquiry and major societal engagement with these challenges. It will also require full recognition of each inequality and vulnerability, and by being prepared for long-term impacts and inclusive social changes.

Such variations and inequalities have been described as due to differential exposure, differential vulnerability and differential consequences. All three of these mechanisms should be investigated fully.

ASPHERS aspirations and current commitments

We are highlighting the considerable long-term differential impacts that each country needs **to prepare earlier for post-pandemic, and on a permanent basis**, that affect those vulnerable and disadvantaged groups.

We are urging all European Region country governments to commit now to systematic cross-sectoral **Rapid Reviews** of risks and experiences across all disadvantaged populations and vulnerable groups **to prepare much better for the forthcoming second pandemic wave.**

We will continue to promote wider communication and dissemination of public health concepts and evidence. COVID-19 uses existing concepts and new intuitive scientific and

professional language for wider public interest. We will publish tools to promote better understanding of terminology, and to visualise complex and interconnected ideas.

ASPHER will encourage our schools of public health to translate our COVID-19 materials into other languages and to promote wisely to accessible media wherever possible.

ASPHER is collaborating urgently with other equivalent academic, public health associations across the world and emphasising health inequalities and vulnerable populations for any global efforts.

Pandemic has led us to adopt new technologies and methods of education, communication and research. **ASPHER will look to adopt more sustainable practices** and support to combat climate change.

ASPHERS's wider efforts:

ASPHER will continue to work in collaboration with international partners to promote best practice. We believe that ASPHER can offer added value and make some useful, realistic and valid contributions to the wider European COVID-19 responses and follow-on recovery period.

Public health academics, specialists and practitioners already know the pre-pandemic evidence on inequalities and vulnerabilities. Their skills, tools and advice also offer good ways to help others devise practical solutions to the major extra problems caused by the pandemic.

ASPHER's academic networking is helping to **develop new modular educational tools** for post-pandemic use in teaching public health to our workforces and for others.

We are **digging deeper into some areas**, promoting public health investigations particularly for underestimated problems like mental health, with help from our Young Researchers team in coming months. We will encourage all our young public health professionals to engage early with these problems given they will be the public health leaders of the future.

ASPHER is maintaining its **supportive role** wherever possible to professional partners, public health bodies and communities. This would involve greater understanding of linkages with WHO Europe, the European Observatory on health systems and policies, ECDC, and European Commission and EU programmes.

ASPHER may play a unique role as an independent advocate for public health investigations in Europe, with strong educational, research and analytical expertise. ASPHER could offer to facilitate and coordinate relevant networked research and development across Europe for international bodies.

We are encouraging our membership to **advocate for and with** those communities, groups and populations suffering inequalities and vulnerabilities.

ASPHER is **exhorting addressing the expected multitude of complex and long-term direct or indirect consequences of the COVID-19 pandemic** that will need sustained research and enquiry translated into societal change.

ASPHER's **networking could offer a collaborative research platform** for shared understanding and research into key aspects of public health policy and addressing wider determinants.

ASPHER calls for a collaborative and consensus-building action programme to support the implementation of the above stated aspirations.

The Association of Schools of Public Health in the European Region (ASPHER) is the key independent European organisation dedicated to strengthening the role of public health by improving education and training of public health professionals for both practice and research. ASPHER is a membership organisation of institutions, spread across EU and wider across WHO European Region, which are collectively concerned with the education and training, and professionalism, of those entering and working within the public health workforce. Founded in 1966, ASPHER currently has over 110 members in 43 countries in Europe. <http://www.aspher.org>

Rapid Reviews, research programmes and future public health strategies should systematically address the full impacts on each population group and setting below

Which populations or groups are of major interest in addressing vulnerability and inequality:

Ethnic minority communities
Migrant people
Asylum seeking and refugee people
Homeless or housing exclusion (including new homeless)
Gypsies, Roma and Travellers
Rural isolation
Workplace and occupational vulnerability
Health and social and care workers
People in other high-risk occupations
People in Sex work
Unemployed People including those who have lost employment or source of income as a result of the pandemic

Vulnerable adults with prior conditions
People with long term conditions and chronic diseases such as COPD, diabetes and circulatory disorders
People with Disability
Older and frail people
People with Mental illness, particularly those affected deeply by social distancing or loss of care during the pandemic
People who use Drugs/substances
Children and families
Those affected by domestic violence issues
Children with underlying severe health problems
Young Carers
Gender variations
Modern slavery victims
All other people affected by exclusion or stigmatising conditions

Vulnerable settings

- * People living in known deprived areas or communities or newly arising ones
- * Cared for the elderly (including those in care homes and supported in their own homes)
- * Cared for younger adults
- * Cared for children and adolescents
- * Prisons and offender accommodation
- * Long term healthcare facilities, including some mental health facilities
- * Other at-risk group accommodation

- * Immigrant and asylum seeker formal and informal facilities (including detention centres)
- * Migrant worker or seasonal worker group accommodation
- * Homeless shelters and emergency centres
- * International student group accommodation
- * Modern slavery captive victims
- * 'Cuckoo' residences in illicit drug distribution networks (UK County Lines)
- * Military encampments