

European Public Health Week

Friday 21 May 2021



Leaving no one behind

Description: The pandemic has had a devastating impact on the most disadvantaged groups, increasing health inequalities. How can public health responses protect the most vulnerable?

Sub-themes: Health inequalities; vulnerable groups e.g. migrants, ethnic minorities, homeless people, low paid and informal workers; social protection; (domestic) violence against women and children; diversity dimensions of health (e.g. culture, gender, religious beliefs, marital status, ethnicity, parental status, age, education, physical and mental ability, income, sexual orientation, occupation, language, geographic location); Universal Health Coverage; World Day for Cultural Diversity for Dialogue and Development; vaccine hesitancy (since the more disadvantaged are often less willing to have vaccines)

KEY MESSAGES

1. **'Build Back Better' has become the mantra. Important, but we need to Build Back Fairer. The levels of social, environmental and economic inequality in society are damaging health and wellbeing.** (Source: [Institute of Health Equity](#))
2. **Ensuring everyone has access to affordable healthcare is a vital part of achieving Universal Health Coverage and Health for All.** (Source: [WHO Europe](#))
3. **The COVID-19 pandemic shows the importance of equity in healthcare. Health emergencies affect the most vulnerable in society – Health for All can't wait.** (Source: [WHO/Europe](#))
4. **With COVID-19, we are reminded about the need to protect the most vulnerable among us: the elderly. Further adaptation of society, health systems and care services are needed for the more long-term demographic change.** (Source: [EUPHA](#))



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5. As we see roll-out of COVID-19 vaccinations we should not forget the key guiding principle: equity. Let's ensure national, European and global solidarity for health. Leaving no country behind! (Source: [WHO](#))
6. The elimination of discrimination in the healthcare sector (e.g. sexism, racism, xenophobia, homo-/biphobia, transphobia) is essential in order to reduce barriers to care for the most vulnerable and to move toward achieving Health for All.
7. Towards better health through universal health coverage! We can still achieve SDG Target 3.8! (Source: [WHO](#))
8. Many refugees and migrants in vulnerable situations tend to live and work in crowded settings; experience inadequate access to water, sanitation, housing and other basic services; and often lack adequate access to health care. Given this context, migrant-sensitive policy is essential to promote the health and well-being of refugees and migrants during the COVID-19 pandemic. (Source: [WHO Europe](#))
9. Healthcare systems must improve the situation of the migrant health and 'care' workforce, especially for those in low-level positions and often at the interface between formal and informal labour, who faced severe additional risks during COVID-19.
10. Intercultural dialogue is essential to ensure healthcare systems that include everyone, including refugees and migrants. (Source: [WHO Europe](#)) *Note: 21 May is World Day for Cultural Diversity for Dialogue and Development.*
11. Prevention of home and leisure-time injuries requires citizens' personal responsibility, increased awareness, and safe housing and living environments, especially for vulnerable people.
12. Palliative care should be there for everyone who needs it: For the entire duration of the disease; for people with cancer and other diseases; for all countries; for both adults and children. Leaving no one behind. (Source: [WHO](#))

FACTS AND FIGURES

1. WHO's Universal Health Coverage Partnership Initiative supports 7 countries in the European Region, in strengthening their health systems to boost COVID-19 response & accelerate progress towards Health For All. (Source: [WHO Europe](#))
2. o health care, financial situation, quality of living, working environment and other factors affect health. The COVID-19 pandemic is exacerbating pre-existing health inequalities and have the heaviest impact on people living in deprivation (Source: [EuroHealthNet/CHAIN](#))
3. The more socially and economically disadvantaged people are more likely to suffer from illnesses such as high blood pressure, diabetes and heart or respiratory disease. (Source: [EJPH](#))



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4. The spread of the virus has highlighted the needs of migrants, asylum seekers, and Roma people who already experience discrimination and health inequalities. They make up just some of the 26% of people in Europe living in overcrowded spaces. In confinement, people are more exposed to interpersonal violence at home – notably women and LGBTI people. (Source: [European Commission](#))
5. 80.4% of the richest 20% of the population in the EU consider themselves to be in good or very good health, compared to 61.2% of the poorest population. (Source: [EuroHealthNet](#))
6. If essential health services and immunization programmes are disrupted, the resurgence of diseases may soon occur in under-immunized population groups, such as refugees and migrants. (Source: [WHO Bulletin](#))
7. Evidence on the health, social, and economic impacts of COVID-19 shows that the pandemic is experienced unequally. While COVID-19 is usually thought of as a pandemic, it is in fact a syndemic pandemic - the severity of the COVID-19 pandemic is magnified by existing inequalities in chronic diseases and the social determinants of health. (Source: [EuroHealthNet](#))
8. We observe unequal risks of infection and severe illness, unequal effects of containment measures and unequal consequences of social-economic impact. (Source: [WHO](#))
9. Structural inequalities contribute to the distribution of the COVID-19 burden, with the most vulnerable people among the most severely affected. (Source: WHO [Healthy Cities Conference](#))
10. Across the WHO/European Region, many countries have ratified the Istanbul Convention, which prevents and combats violence against women. But there are nearly 20 countries which are yet to give their approval (Source: [WHO Europe](#))
11. The WHO Health Equity Status Report indicates that 90% of health inequalities in self-reported health, mental health, and life satisfaction can be explained by these 5 factors: Quality, affordability and access of health care (10%); Financial insecurity (35%); Poor quality housing and neighbourhood environment (29%); Social exclusion (19%); Lack of decent work and poor working conditions (7%). (Source: [WHO](#))
12. The Oslo Medicines Initiative has been created to promote dialogue between policy-makers, pharmaceutical companies and civil society to ensure access to novel medicines that may attract a high price tag. (Source: [WHO Europe](#))
13. Out-of-pocket payments for health can create a financial barrier to access, resulting in unmet need, or lead to financial hardship for people using health services. (Source: [WHO](#))
14. Data from WHO/Europe shows links between gender and noncommunicable diseases (NCDs). For example, higher percentages of men than women in most age groups engage in behavioural risk factors. This includes tobacco smoking, alcohol consumption, insufficient intake of fruits & vegetables, & the frequent consumption of processed foods. The findings contribute to international commitments in accelerating action to beat NCDs and & ensure



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healthy lives at all ages and as well as gender equality, leaving no one behind. (Source: [WHO Europe](#))

15. At a time of lockdowns and isolation at home, children are at a greater risk of experiencing violence and exploitation. Governments need to ensure that adequately staffed and equipped child protection services and law enforcement are available and accessible to all children.
16. The health and well-being of the health and care workforce have always been important but are now even more vital. As societies grapple with the consequences of prolonged stress and pressure on health and care workers, it is important that Member States take concrete steps to address their needs. (Source: [YHCW](#))

RESOURCES

- Are we standing up for the vulnerable? - Ensuring solidarity and health for all (EUPHA video): https://www.youtube.com/watch?v=fjo718ji2bg&list=PLv5eq4ZCoNWsrBGcdo9XAMqi_1Fh hv6CG&index=8
- An analysis of the European Semester process 2020 highlighted the potentially severe impacts of the COVID-19 pandemic on health inequalities. It also identifies several actions that will put the European economies on track for a healthy economic recovery which takes wellbeing into account. <https://health-inequalities.eu/blog/jwddb/recovering-from-the-covid-19-pandemic-and-ensuring-health-equity-through-the-european-semester/>
- The “Falling through the cracks” report sheds light on the impact of rising inequalities on people and planet. It maps the reality of various forms of inequality, both nationally and at the European level. It consists of 15 national reports and 11 thematic reports exploring key dimensions of inequality, including gender, age, disability, ethnicity and homelessness. <https://www.sdgwatcheurope.org/wp-content/uploads/2019/06/FALLING-THROUGH-THE-CRACKS-JUNE-2019.pdf>
- An urgent need for primary care to engage with social and structural determinants of health (The Lancet): <https://www.thelancet.com/action/showPdf?pii=S2468-2667%2821%2900004-9>
- The VulnerABLE project aimed to explore ways to improve the health of people who are living in vulnerable and isolated situations across Europe. Its focus was on 9 specific populations, namely children and families from disadvantaged backgrounds, those living in rural/isolated areas, with physical disabilities or poor mental health, the long-term unemployed, the inactive, those from lower income brackets, the elderly, victims of domestic violence and intimate partner violence, the homeless, and prisoners. https://ec.europa.eu/health/social_determinants/projects/ep_funded_projects_en#fragment0



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- Protecting children is crucial to our efforts to end violence. The INSPIRE strategy explains various ways that we can help end violence against children.
https://twitter.com/WHO_Europe/status/1202516232907509761?s=20
- Can people afford to pay for health care? <https://www.euro.who.int/en/health-topics/Health-systems/health-systems-financing/publications/2019/can-people-afford-to-pay-for-health-care-new-evidence-on-financial-protection-in-europe-2019>
- Educational inequalities in mortality amenable to healthcare. A comparison of European healthcare systems (PLOS ONE). The study found that inequalities in mortality amenable to medical care were present in all healthcare systems, although with important variations, suggesting that factors located within healthcare systems are relevant for health equity.
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0234135>
- The “Roma women in nine EU Member States” reports highlights the position of Roma women in education, employment and health, as well as the extent to which they experience hate-motivated discrimination, harassment and physical violence.
<https://fra.europa.eu/en/publication/2019/roma-women-nine-eu-member-states>
- Research on the COVID-19 pandemic and health inequalities shows: We are not all in it together (factsheet by CHAIN/EuroHealthNet):
https://eurohealthnet.eu/sites/eurohealthnet.eu/files/CHAIN_infographic%20_covid19_and_inequalities_final.pdf
- Health Inequalities portal (EuroHealthNet): www.health-inequalities.eu
- Migration and health track report 2019 (EUPHA):
https://eupha.org/repository/advocacy/Migration_and_health_in_2019.pdf
- Statement by the EUPHA Migrant and ethnic minority health section on COVID-19:
https://eupha.org/repository/advocacy/MIG_statement_on_COVID19.pdf
- Fair Society Healthy Lives (The Marmot Review):
<http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>
- How Does Family Income Affect Child Brain Development? WAMU:
<https://wamu.org/story/21/03/08/kimberly-noble-how-does-family-income-affect-child-brain-development/>



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