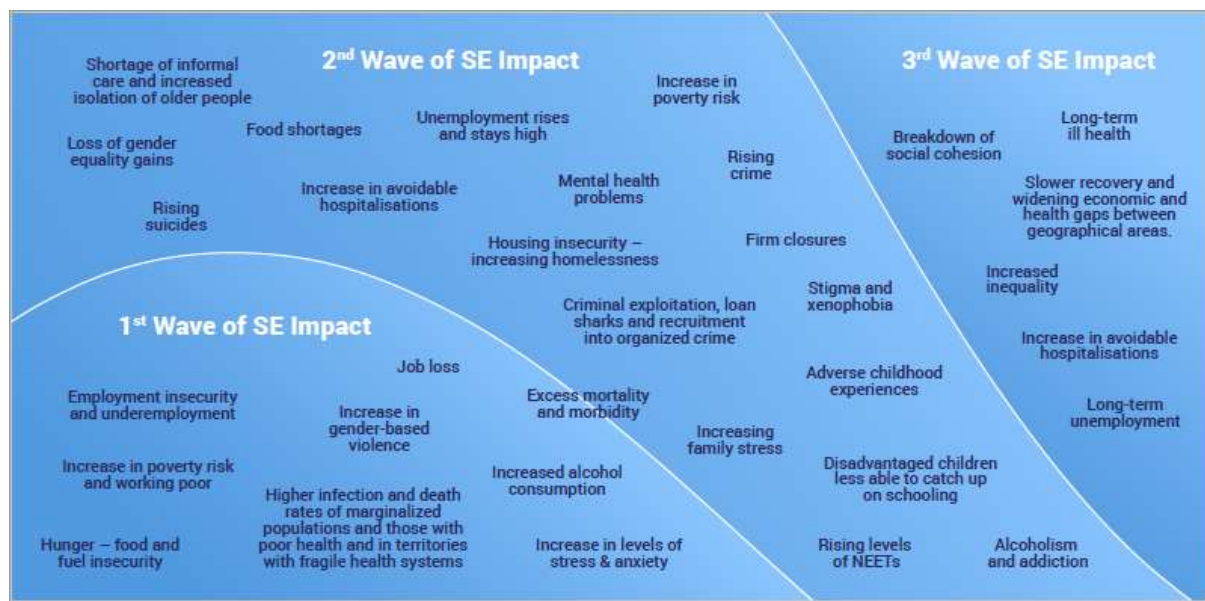


COVID19 – CONSIDERATIONS ON SOCIAL AND ECONOMIC IMPACTS & MITIGATION

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While COVID-19 infects indiscriminately, its health, social and economic impacts are not equally felt by everyone. By 19 April 2020, the WHO European Region has had over 1.1 million confirmed cases of COVID-19 with over 100,000 confirmed deaths (1). Those in vulnerable social and economic situations are both more likely to be exposed to the virus and more likely to suffer the most serious health impacts if infected. This includes, but is not limited to, the self-employed, informal workers, refugees, migrant workers, the elderly, those who are disabled, women and children (2) (3) (4) (5). These groups are also more likely to be disproportionately impacted by containment measures in the short term and, as in previous pandemics, to suffer waves of negative long term socioeconomic inequalities that adversely affect health outcomes over the life course (6) (7) (8) (9) (Figure 1).

Figure 1. Waves of social and economic impact from previous pandemics



Unprecedented fiscal programs have been implemented to provide relief, but they are not reaching those at higher risk, such as those in the informal sector, self-employed, part time and non- contracted jobs. Economic stimulus plans should be health-equity-supporting and will require a combination of targeted and universal measures to ensure social protection and universal health coverage.

To mitigate excess morbidity and mortality and prevent increasing health inequities from COVID-19 (10), recovery efforts and transition measures should focus on the following mutually reinforcing priorities:

- **Reinforcing the social fabric:** A strong social fabric promotes social inclusion and cohesion, leaving no one behind. It supports the health and recovery of individuals and families across the life course by ensuring that health and social care needs are equitably met.
- **Protecting economic well-being:** Economic well-being ensures financial protection for all who need it while promoting medium- and long-term livelihood resilience and sustainability. This supports health and recovery by preventing a rise in poverty rates and the deterioration of both the skills base within labour markets and economic capacity across sectors.
- **Safeguarding peace and stability** enables a strong social fabric and economic health by preventing the establishment of predatory, exploitative, and discriminatory dependencies, with strong implications for vulnerable populations. This supports health and recovery by ensuring physical safety and the promotion and protection of human rights through the duration of COVID-19 recovery and transition.

Focusing on these three mutually reinforcing priorities during immediate relief, recovery, and transition efforts will help to prevent the following unwanted scenarios:

Unwanted scenarios include the following:

Disintegration of Social Fabric

Social Inequities mediated through unequal exposure and consequences of the following:

Social isolation leading to increase in stress, anxiety and harmful use of alcohol and substances, may exacerbate mental health problems

Domestic violence and abuse may increase in frequency and severity during lockdown (11) (12)

Marginalization of groups considered to be at greater risk of COVID-19 (foreigners, migrants, those living in crowded conditions) (13) (14)

Loss of social and health care support due to lockdown, pressures on services, illness or death of family members or other carers (15) (16)

Children locked out of learning and friendship networks due to inadequate access to internet and computers. Trigger for lower health and learning outcomes. Risk for social exclusion, poverty as adults.

Decline of Economic Well-being

Economic Inequities mediated through unequal impact and consequences of the following:

Loss of employment and work opportunities due to lockdown or business failures – affects informal workers and those in insecure work most (17).

Loss of income affects those in poverty or already close to the poverty line most (18) (19).

Inability to afford essential health goods and resources, specifically, safe and quality shelter, food and fuel. Increases the risk of homelessness, hunger, premature mortality, and higher NCDs, including mental health, asthma, angina.

Reduction in life chances due to closure of early years facilities and schools, reduced future employment – affects both women and their children in disadvantaged circumstances most (20).

Deterioration of Peace and Stability

Reduction in human rights as result of greater stigma and discrimination, ethnic violence, excessive, discriminatory use of social control measures by enforcement agencies (21) (22).

Criminal exploitation of adversity created by the crisis, such as internet fraud

Financial exploitation and price gouging by loan sharks and some financial institutions or organized crime (23) (24).

Fake news rumors, false stories and incitation of distrust in government measures and transition plans (25)

Stigma and xenophobia of groups considered to pose a greater risk of COVID 19 (26).

The total burden of ill health and mortality resulting from the direct and indirect impact of the crisis will be made up of three types of outcome, each with a different social and economic profile (27):

- Severe illness and death of those tested positive for the virus – age, ethnicity and pre-existing morbidity affect these risks. Socially disadvantaged individuals develop multi-morbidity and serious health conditions such as heart disease and diabetes at a younger ages than the most advantaged (28) (29).
- Patients with equally adverse outcomes of COVID 19 but who do not test positive either because they arrive at health care facilities at a late stage or suffer these outcomes in a community setting in which they are not tested. Groups who fear catastrophic out of pocket payments or are socially excluded are at higher risk - Roma, Homeless, Care Homes elderly isolated, Migrants, Undocumented workers those without coverage or identification (13).
- People not infected by COVID 19 but who are at risk of other adverse health and social outcomes due to containment measures -social isolation, domestic violence, loss of employment or informal work opportunities, increased poverty, reductions in education. These socially differentiated risks exist both during each wave of the epidemic during transition out of the emergency and in the years that follow (17) (18) (20) (30) (31) (32).

The unwanted scenarios present a major risk of growing health, social and economic inequities. However, this is not inevitable. Measures taken now can mitigate the immediate social and economic impacts on health and on the fabric and security of society and the economy.

Mitigation measures informed by evidence include the following:

Reinforce the Social Fabric

Maintain volunteering programs at local level for older people and homeless by prioritising financial support to CBOs and NGOs and strengthen community resilience.

Make internet access available to those who do not have it to use virtual means of staying connected, accessing support for essential goods and services, including learning.

Ensure and improve access to safe homes and helplines for those exposed to domestic abuse, and including financial support to providers.

Actively protect children and young people at risk of ACEs and abuse which are exacerbated by COVID-19 lockdown

Adapt early years programmes to prevent children from missing developmental milestones, particularly children from deprived families.

Expand models of PHC as settings for social prescribing, including, debt and health counselling (33)

Scaling up mental health and community supporting interventions, using outreach and peer support mechanisms.

Improve occupational safety and health measures to protect workers in the workplace to minimize direct effects of the COVID-19 (34)

Protect Economic Well-being

Expand and sustain the scope of social protection programmes by covering those falling through gaps and ensuring access to essential health goods, including food, fuel, and shelter (35) (36) (37) (38) (39).

Suspend benefit conditionalities that are incompatible with physical distancing measures and other measures taken to contain COVID-19.

Increase the adequacy of income guarantee and support successive waves and transitions.

Support labor market recovery, adjustment, and re-entry by preserving existing employment and access to work and ensure that these are gender-sensitive (40) (41).

Safeguard Peace and Stability

Promote an inclusive, rights-based approach when enforcing necessary social control measures in partnership with civil society (42).

Monitor incorrect information rigorously and illegal activity on websites and social media.

Restrict unfair interest rates and price hikes

Prevent predatory lending and illicit financial flows to protect healthy lives for individuals, children and families, including halting housing and rent payments, enforcing existing tenants rights and providing debt relief.

Building confidence and trust through social dialogue to build the commitment of employers and works in joint action with governments with local communities on recovery.

Annex 1. Social and Economic Impact Monitoring Indicators (disaggregated by age, sex, and socioeconomic status or level of regional development)

In order to target mitigation measures appropriately to reach those most affected by each of these hazards, it is important to ensure that monitoring systems are in place that disaggregate data by age, sex, social position and key dimensions of additional vulnerability (5). Within these disaggregated systems, the excess levels of adverse health outcomes need to be identified both during and following each wave of the epidemic in order to target the response proportionate to the level of increased risk and vulnerability experienced by each group in the population.

Indicator	Rationale and value of monitoring	Original data sources for baseline data
Social and economic stratifiers		
Age, sex, education level, economic status/income level, level of regional development, urban/rural, migrant status	Allows monitoring of inequitable outcomes in all indicators given below, among vulnerable groups and between population groups by SES	As per data sources listed for each indicator below
Health Indicators		
Excess mortality	Allows separation of mortality due to COVID-19 and other diseases	National Statistics Offices
Self-reported health	Allows assessment of general status of health and well-being	EU-SILC, European Social Survey, World Values Survey, HBSC, HED*
Healthy life expectancy	Allows assessment of premature mortality and morbidity	WHO Global Health Observatory (by sex)
NCD risk factors (smoking, alcohol consumption, obesity/overweight)	Allows monitoring of risky health behaviours arising from social isolation and economic stress that may result in premature mortality and morbidity	European Health Interview Survey, STEPS, HED*
Rate of NCDs (CVD, chronic respiratory diseases, cancer, diabetes)	Allows assessment of morbidity, in part due to risky health behaviours	European Health Interview Survey, STEPS, HED*
Social Fabric		
Feeling unsafe from crime or violence in the home	Allows monitoring of implications of COVID-19 restrictions on gender-based and domestic violence	European Quality of Life Survey, World Values Survey, HED*
Mental health (WHO 5-point scale)	Allows understanding of mental health implications of social and economic impacts from COVID-19 restrictions	European Quality of Life Survey
Suicide	Allows understanding of	WHO Global Burden of

Indicator	Rationale and value of monitoring	Original data sources for baseline data
	extreme mental health implications	Disease Database (by age and sex)
Early years outcomes	Allows monitoring of children who miss out on early learning and healthy development due to closures	National Statistics Offices
Educational performance	Allows monitoring of children and young people who are locked out of learning and friendship networks due to poor/no access to internet and computers	PISA, HED*
Youth not in education, employment or training (NEETs)	Allows monitoring of educational and economic impact of closures on young people with future implications for health and well-being	ILO, HED*
Volunteering	Allows monitoring of opportunities for fostering social inclusion and well-being, especially at the local level for vulnerable groups such as older people	EU-SILC, HED*
Trust in others	Allows monitoring of trust and social cohesion, necessary for widespread acceptance and adherence to possible future waves of restrictions	European Quality of Life Survey, European Social Survey, World Values Survey, HED*
Having someone to ask for help	Allows monitoring of social isolation and implication for mental health and well-being	EU-SILC, HED*
Human Development Index by region	Allows monitoring of geographical polarisation and social instability	Global Data Lab, HED*
Economic Health		
Unemployment rate	Allows monitoring of the labour market and economic impact of closures and consequent implications for mental health and premature morbidity	ILO, HED*
Number of informal and part time workers	Allows monitoring of those most at risk of loss of employment due to lockdown or business failures without sickness or health care benefits	Eurostat, HED*

Indicator	Rationale and value of monitoring	Original data sources for baseline data
Poverty rate and in-work poverty rate	Allows monitoring of loss of income and its effect on pushing households into poverty	EU-SILC, HED*
Household debt	Allows assessment of financial stress generated by income and employment loss, generating anxiety and depression	OECD (not disaggregated), National survey data
Housing deprivation	Allows assessment of impact of loss of employment and income on housing quality, affecting respiratory illnesses and poor mental health	EU-SILC, HED*
Food insecurity	Allows assessment of impact of loss of employment and income as well as restrictions and closures on ability to access sufficient and good quality nutritional intake, especially for older people and school meals for children	EU-SILC, European Quality of Life Survey, World Values Survey, HED*
Fuel poverty	Allows assessment of impact of loss of employment and income on ability to afford basic utilities, affecting mental and respiratory health	EU-SILC, HED*
Take-up of Active Labour Market Policies	Allows assessment of livelihood activation programmes in helping those most at-risk of poverty maintain employment and associated health and well-being	Eurostat, HED*
Adequate water and sanitation facilities	Allows assessment of ability of households to follow hygiene related guidance to stop the spread of COVID-19	WHO-UNICEF Joint Monitoring Programme, HED*
Income before and after social transfers	Allows assessment of the extent to which social assistance reduces financial insecurity among those most at greatest economic risk, and ability to access resources needed to live a healthy life	Eurostat
Incidence, coverage and adequacy of social assistance programmes	Allows assessment of the extent to which social assistance reduces financial insecurity among those most at greatest economic risk, and ability to	World Bank Atlas of Social Protection

Indicator	Rationale and value of monitoring	Original data sources for baseline data
	access resources needed to live a healthy life	
Pension coverage and adequacy	Allows monitoring of financial insecurity and access to health-enabling resources among older people, who are particularly vulnerable to COVID-19	ILO, OECD, HED*
Resource allocation formulae	Enables monitoring and support for health system capacity in disadvantaged subnational areas	Countries are looking into defining and collecting data for this
Peace and Stability		
Rates of internet crime	Allows monitoring of criminal exploitation of adversity created by the crisis, with risk of falling victim to internet fraud and other crimes highest among groups with social and mental health vulnerabilities such as older people and those who are socially isolated	National Statistics Offices
Unaffordable loans, household debt-to-income ratios	Allows monitoring of unfair interest rates and activities by loan sharks and other financial institutions targeting the most economically vulnerable, who are already at greater risk of negative health and economic impacts	National Statistics Offices
Monitor of media stories and fake news	Allows monitoring of incorrect information and illegal activity on websites and social media, impacting on health literacy and adherence to COVID-19 guidelines with the potential to determine the trajectory of the outbreak and its social and economic impacts	University departments, such as the Open University
Monitor Human Rights abuses	Allows monitoring of discrimination, ethnic violence, and excessive, discriminatory use of social control measures by enforcement agencies towards groups considered to pose a greater risk of COVID-19	Fragile States Index – Human Rights Dimension
Equal treatment under the law and absence of discrimination	Allows monitoring of discrimination, ethnic violence, and excessive, discriminatory	World Justice Project, HED*

Indicator	Rationale and value of monitoring	Original data sources for baseline data
	use of social control measures by enforcement agencies towards groups considered to pose a greater risk of COVID-19	

* HED = Disaggregated indicator is readily available in the Health Equity Dataset of the WHO European Health Equity Status Report Initiative (HESRI), calculated from the original data source(s) listed

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