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The Pandemic and Health Inequalities in Southern European Countries. An Overview

The present study aims to examine the impact of the COVID-19 pandemic on different population groups, focusing on how it disproportionately affected disadvantaged communities and created new inequalities among vulnerable groups who struggled to comply with containment measures. This research builds upon a previous study that investigated the effects of the 2008-2014 financial crisis on social inequalities in southern European countries, specifically Spain, Greece, Italy, and Portugal, with a particular focus on health inequalities.¹

The financial crisis, often referred to as the “Great Depression” by scholars (Heggebø *et al.*, 2018; Doetsch *et al.*, 2023), resulted in increased health inequalities across several European countries (Heggebø *et al.*, 2018), with Southern European countries experiencing the greatest impact (Serapioni and Hespanha, 2019b). Individuals from vulnerable groups, such as the unemployed and those with lower levels of education, suffered more negative effects in the years following the crisis compared to more affluent groups (Heggebø *et al.*, 2018). Austerity measures implemented during this period also led to a decline in the accessibility of healthcare in most EU-28 countries, especially for the most vulnerable social groups, when no specific social protection measures were available (Doetsch *et al.*, 2023). The results of this study indicated that there was an overall increase in unmet medical needs in several European countries that implemented austerity measures, including southern European countries (*ibidem*).

Furthermore, the crisis severely affected the health systems of these countries due to reduced public spending on healthcare. The average annual rate of reduction in public health spending from 2009 to 2017 was significant (see Table 1). According to the Organisation for Economic Co-operation and Development (OECD), Greece experienced the most significant reduction in public health spending, followed by Spain, Italy, and Portugal. In contrast, other European countries either maintained normal growth rates (Germany, France and Sweden) or experienced smaller (Czech Republic, Poland and Hungary) declines in public health expenditure (Serapioni and Hespanha,

¹ See Serapioni and Hespanha (2019a).

2019b). The resulting increase in health inequalities was mainly a consequence of structural adjustment programs.

TABLE 1 – Evolution of Public Health Expenditure (2009-2017) as Percentage of Total Spending in the Southern European Countries

	2009	2010	2011	2012	2013	2014	2015	2016	2017	Differences
Greece	68.5	69.1	66.0	66.5	62.1	58.2	58.3	61.3	61.2	-7.3%
Portugal	69.9	69.8	67.7	65.6	66.9	66.1	66.2	66.4	66.6	-3.3%
Spain	75.4	74.8	73.8	72.2	71.0	70.4	71.3	71.2	70.8	-4.6%
Italy	78.3	78.5	77.0	76.1	76.1	75.6	74.6	74.5	74.0	-4.3%

Source: OECD – Health Statistics, 2018.

While the effects of the pandemic on health systems and inequalities differ from those of the previous financial crisis, there are strong connections between the two processes in these European peripheral societies. Austerity measures imposed during the crisis, which included significant cuts to health and social protection budgets, have left health systems ill-equipped to respond to emergencies like the pandemic.

Studying health inequalities is a complex and challenging task due to the wide range of factors involved. Inequalities can manifest themselves in various forms, including income disparities, access to healthcare, and differences in morbidity and mortality rates. The relationship between COVID-19 and inequalities is ambivalent. On the one hand, social status plays a significant role in determining an individual’s vulnerability to the virus, access to healthcare, and the effectiveness of containment measures. On the other, the virus itself tends to exacerbate inequalities by reducing both the income and work capacity of those who are infected or unable to work due to confinement. Moreover, it is challenging to obtain appropriate and credible data on inequalities generated by the pandemic since the organizations involved in fighting the pandemic often do not produce or disseminate useful information for measuring inequalities accurately. It also becomes crucial to avoid focusing solely on COVID-19 and consider the impact arising from other diseases and health conditions that may be overlooked. Certain population groups already at higher risk in general may struggle to gain access to healthcare services, including mental health support.

The central theme of this study is to explore how the COVID-19 pandemic has transformed or is transforming the health systems of Southern Europe. The objective is to analyze the changes in society and identify critical issues within health systems that have been exacerbated by the pandemic. The study aims to contribute to the development of public policies that can effectively address emerging problems. To

achieve this, it is important to understand the state of health systems prior to the pandemic and analyze the emergency interventions implemented during the health crisis by various governing bodies. The study will also describe the planned and implemented interventions by Ministries of Health and assess the integration of recommendations and support from international organizations such as the World Health Organization (WHO) and the European Union.

The COVID-19 pandemic, which completed its spread across Europe by March 2020 in Europe in March 2020, had a profound impact on health, causing a significant increase in mortality rates. It also had far-reaching effects on economies and health inequalities. The rapid spread of the virus affected all continents, resulting in one of the most severe health crises since World War II (De Vogli *et al.*, 2021). As of July 2023, approximately 7 million people worldwide have lost their lives to the pandemic, with almost 2.1 million deaths in Europe alone (Mathieu *et al.*, 2023). Numerous studies have highlighted the disproportionate impact of the pandemic on lower-income socioeconomic groups and marginalized communities, leading to a higher risk of contracting and dying from COVID-19 (Wachtler *et al.*, 2020). The pandemic has further amplified existing health inequalities, confirming Göran Therborn's (2013) penetrating analysis in *The Killing Fields of Inequalities* that warned of the lethal effects of inequality. The pandemic also revealed how health inequalities can rapidly affect individuals, not just over a lifetime but within a matter of weeks (Rimmer, 2020: 1).

As many scholars have highlighted, the severity of this pandemic was exacerbated by the unequal impact on individuals with pre-existing chronic diseases, closely linked to determinants of health (Bambra *et al.*, 2020). Consequently, it was reconceptualized as a syndemic, defined as a “toxic interaction of biological and social causes” (Horton, 2021: 458). From this perspective, COVID-19 pandemic has made the analysis of the Latin American critical epidemiology currents even more relevant. These currents emphasize the need to comprehend and address the “critical processes of social determination of health” that systematically generate health inequalities (Spiegel *et al.*, 2015: 12). This includes issues such as the dismantling of public health systems and services under neoliberalism, similar to what occurred during the financial crisis and as a result of austerity policies (Jensen *et al.*, 2021).

Thus, significant disparities in morbidity and mortality rates were observed during the pandemic period. Guido Alfani's study (2022: 4) demonstrated that “highly lethal pandemics can reduce inequalities not only through redistribution, but also through the extermination of the poor”. The author refers to the Black Death as an example, which resulted in a reduction in poverty in several European countries. This risk was evident in the initial phase of the COVID-19 pandemic in certain countries – such as the Great

Britain, the United States, and Brazil – where high rates of contagion and mortality from COVID-19 were seen due to the absence of policies aimed at containing the virus and mitigating its impact on people’s lives (Giarelli and Vicarelli, 2020; Marmot and Allen, 2020).

It is essential to recognize that the impact of COVID-19 on health inequalities extends beyond the direct consequences of the virus itself. Economic damage, such as unemployment, reduced wages, and the dismantling of social protection, resulting from policies implemented during the pandemic, have contributed to these inequalities. It is therefore crucial to adopt an intersectional approach to understanding the pandemic’s effects, considering that the most vulnerable groups face multiple dimensions of social inequality including “class, gender, ethnicity, administrative situation or age, which expose them to specific risks” (Bacigalupe *et al.*, 2022: 514).

This is the case of Marco Terraneo (2020) who proposes a theoretical framework based on the diversity of processes through which the social determinants of health can generate disparities. He distinguishes a first process called inequality in the face of the virus, which includes: a) inequality in exposure, which depends on personal factors such as income, occupation, precariousness at work, housing and its overcrowding, among others; b) inequality in susceptibility, that is, in the probability of becoming ill and in the severity of the disease, both influenced by risk factors, vulnerabilities and chronic diseases, very dependent on the social position of the patients; and c) inequality in treatment, that is, the disparity in access to the disease care and treatment system by those who contracted the virus and developed the disease. In this same sense, Terraneo (*ibidem*) advocates taking into account two other dimensions that can reduce or accentuate disparities: a) the health system and its capacity to guarantee the same conditions of access to all social groups, regardless of the position they occupy in the social hierarchy, and b) the different exposure of people to public health messages that can lead to inequalities in knowledge, behavior and health outcomes. The second process concerns inequality in the face of the consequences of the pandemic since the pandemic has repercussions that go beyond the emergency caused by contagion and disease. In fact, for Terraneo (*ibidem*) two other effects of the pandemic – isolation and the economic crisis – cause an increase in health inequalities. As observed during the COVID-19 pandemic, isolation and social distancing increased the stress of vulnerable groups and people that had negative consequences both in terms of psychological well-being (De Vogli *et al.*, 2021) and health (Marmot and Allen, 2020). In the post-pandemic crisis, the reduced employment and the loss of jobs, together with the contraction of economic resources, affect most individuals and families in need, who become unable to cope with health inequities.

This thematic issue of *e-cadernos CES* brings together contributions from scholars and researchers who have dealt with the relationship between the COVID-19 pandemic and its impact on the increase of health inequalities in the National Health Services of the Southern European countries.

In the first article, Aida Isabel Tavares and Pedro Lopes Ferreira seek to systematize the field of cross-relationships between social determinants and health inequalities in the context of COVID-19. The authors begin by reporting the main characteristics of southern European countries, emphasizing the significant disinvestment in their health systems since the 2008 financial crisis. Adopting an analysis model from the World Health Organization, they describe the ways in which the effects of the COVID-19 pandemic spread in society, generating inequities or accentuating the already existing ones. The control and mitigation policies carried out in the four countries are presented and analyzed in two different moments of time: during the pandemic and later during the recovery phase. The authors conclude by conducting a comparative analysis, categorizing the pandemic's effects into first-order (immediate), second-order (short- and medium-term), and third-order (long-term) consequences.

Moving on to the case of Spain, Marta Aguilar Gil and José Maria Bleda discuss the emergency actions taken by the Spanish government and the Autonomous Communities during the pandemic. Then, they analyze the effects of COVID-19 and those actions on the National Health Service and social health inequalities. The closure of primary health care centers and the congestion of specialist and hospital services, along with delays in consultations and increased waiting times drove many individuals to turn to private health insurance. The authors highlight the growth of social inequalities, particularly affecting essential and temporary agricultural workers, chronic patients, older adults, low-income groups, irregular workers, migrants, and minority ethnic communities. Additionally, they address measures to support families and businesses to mitigate the negative effects of the pandemic. Another concerning aspect is the impact on residences for the elderly, where vulnerable conditions led to high rates of contagion and mortality.

Stefanos Papanastasiou's article examines the COVID-19 pandemic's impacts on Greece's National Health System, focusing on income-related health inequality. The author introduces key interpretative theories of health inequalities and describes the dual shock experienced by Greek society – the ongoing fiscal consolidation after the 2008 economic crisis and the COVID-19 pandemic. Through a thorough study of health status and unmet needs across income levels, the research reveals a clear socioeconomic gradient of health inequalities, indicating that both health status and unmet needs increase with decreasing income, thus providing evidence of heightened health inequalities during the pandemic.

Guido Giarelli, after detailing COVID-19's excess mortality in Italy until April 2022, addresses three questions concerning social inequalities in health, dispelling the widespread notion that COVID-19 is socially neutral. The author proposes a new non-linear circular causal model, defining the pandemic as a syndemic rather than a simple pandemic. The concept of syndemic is used to characterize a process of mutually reinforcing diseases under conditions of social inequalities, in which the patient is embedded in social, structural, societal, political and ecological contexts that affect its health and illness status. The relevant data to fully use this model are scarce and often limited to very particular aspects of the Italian reality. Despite this, the collection of some detached studies allowed the author to shed light on some aspects of the inequalities produced by the social determinants of health such as exposure, susceptibility, access to health services, and quality of life.

Analyzing the Portuguese case, David Tavares argues that the pandemic's impact transcends health inequalities, affecting multiple social dimensions and necessitating an intersectional perspective to perceive how the different dimensions intersect and can multiply social inequalities. Vulnerable social groups experienced a significantly greater impact, with higher incidence and mortality among those with lower income, less education, and marginalized ethnic-racial backgrounds, exacerbating housing and economic disparities. Municipalities with the lowest unemployment rate and highest income were those with the lowest number of positive cases. COVID-19, according to the author, exemplifies how social inequalities transform into health inequalities, with the most vulnerable groups being disproportionately affected.

Approaching the topic from a critical medical anthropology perspective, Marta Roriz's article delves into the issue of obesity and COVID-19. Globalization processes and the neoliberalization of society have led to the greater prevalence of obesity, making it a "neoliberal epidemic". During the pandemic, obesity emerged as a risk factor, rendering obese patients more susceptible to severe outcomes, such as hospitalization, assisted ventilation and death. Portugal, with one of Europe's highest obesity prevalence rates, witnessed a surge in diabetes as well. The confinement imposed by governments during the pandemic exacerbated this situation, along with the stigma related to being overweight leading to a person's reluctance to seek out medical care.

To expand the reflection on the theme of COVID-19 pandemic and health inequality the @cetera section presents an essay by Isabel Roque and two reviews of published works, one by Isabela Perotti and another by Patricia Ferreira.

Isabel Roque's essay analyzes the effects of the COVID-19 pandemic on call and contact center workers in Portugal within the context of a new phase capitalist production with labor deregulation. The lack of adequate health and safety measures in these

workplaces exacerbated vulnerability, insecurity and social inequalities, disproportionately affecting workers in precarious conditions.

Isabela da Silva Perotti reviews the book *The Unequal Pandemic – COVID-19 and Health Inequalities* by Clare Bambra and colleagues, delving into how the COVID-19 pandemic occurred amidst social and economic inequalities, creating a perfect storm.

Patrícia Ferreira reviews the Lancet Report by Jeffrey Sachs and colleagues entitled *The Lancet Commission on Lessons for the Future from the COVID-19 Pandemic*, which discusses the importance of cooperative responses over selfish behaviors during the pandemic. She critically analyzes the report, noting the need to consider the underlying causes of social inequalities in understanding the syndemic nature of the pandemic.

Overall, this collection provides a comprehensive and compelling exploration of the COVID-19 pandemic's impact on health inequalities, shedding light on the urgent need to address and mitigate disparities within Southern European countries and beyond.

Edited by Scott M. Culp

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