WORDS BEYOND THE PANDEMIC:
A HUNDRED-SIDED CRISIS

Coord.: José Reis
A collective work by CES

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Universidade de Coimbra – Alta e Sofia inscrita na Lista do Património Mundial em 2013

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João Paulo Moreira

Editorial Assistant
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SOCIAL INEQUALITIES IN HEALTH

Mauro Serapioni, João Arriscado Nunes

Social Inequalities of Health (SIH) and different forms of exclusion are an open wound in society around the world, both in the global North and South. The increase in inequalities *within and between countries* is one of the most significant problems of our time. Despite the general rise in living standards during the 20th century and the introduction of national health systems, all studies demonstrate that health indicators – such as life expectancy at birth, incidence of disease and self-perceived health status – are not randomly distributed among the population; there are significant disparities related to gender, social class, level of education, type of occupation and ethnic group. This results in forms of structural vulnerability where different types of unequal social relations and exclusions converge and reinforce each other.

It is fundamental to analyse the causal power of social structures in order to explain health inequality. Social class has largely extended its influence during the growing supremacy of global neoliberalism, starting in the 1970s, and SIH and its harmful effects on health dramatically increased. Reduced investment in health and an accelerated privatisation of health systems, heavily induced by international bodies, have also contributed to the increase of SIH globally.

The COVID-19 pandemic has further intensified the existing SIH in all countries, especially in the most vulnerable groups, which are being disproportionately affected by the pandemic, as demonstrated by data from the United Kingdom, United States, Brazil and India.

Over the last 30 years, the epidemiological and sociological literature has made great strides in the theoretical analysis and interpretation of SIH, as well as in identifying effective alternatives to tackle its causes and effects. However, in terms of evaluating the results of actions to resolve SIH, this is still a difficult and challenging task, although interesting experiences, strategies and recommendations are currently being adopted and adapted in different countries and contexts.

Thus, existing knowledge suggests the following priorities for policies that can help reduce SIH: i) increasing public resources for active labour market policies; ii) reducing relative poverty rates; iii) increasing public resources for social protection and housing; iv) improving the quality of care and reducing family health spending; v) increasing public investment in health and its share in the State budget; vi) having educational policies in place to promote people's participation in decisions on policies that influence their lives and health. These are universal policies that respect the specificity of the cases of inequality, deprivation, vulnerability and exclusion they seek to address, and they must be transversal to all spheres of government, beyond the health system.

The COVID-19 pandemic and the efforts to tackle it provide several lessons that can be used to reconstruct society so that it can respond to the vulnerabilities, inequalities and consequences of a way of life that promotes exploitation, exclusion and disease. Learning from the crisis therefore means understanding the mutually constitutive relationships of public health, ecology, political economy, social relations, the State and political participation.