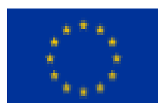
periscope

Pan-European Response to the ImpactS of COVID-19
and future Pandemics and Epidemics

COVID-19 health inequalities in Europe

Workshop – Summary report
29 September 2021



About PERISCOPE, Pan-European Response to the ImpactS of COVID-19 and future Pandemics and Epidemics (https://periscopeproject.eu/start)

PERISCOPE investigates the broad socio-economic and behavioral impacts of the COVID-19 pandemic, to make Europe more resilient and prepared for future large-scale risks.

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 101016233.

About FEAM, The Federation of European Academies of Medicine (www.feam.eu)

FEAM is the European Federation of National Academies of Medicine and Medical Sections of Academies of Sciences. It brings together under one umbrella 19 National Academies representing thousands among the best scientists in Europe. FEAM's mission is to promote cooperation between National Academies of Medicine and Medical Sections of Academies of Sciences in Europe; to provide a platform to formulate their collective voice on matters concerning human and animal medicine, biomedical research, education, and health with a European dimension; and to extend to the European authorities the advisory role that they exercise in their own countries on these matters.

Disclaimer

Opinions expressed in this report do not necessarily represent the views of all participants at the event, the Federation of European Academies of Medicine (FEAM) and its Member Academies, or the PERISCOPE partners.

Acknowledgments

FEAM warmly thanks the keynote speakers to the workshop, specifically Professor Giuseppe Costa, Dr. Emma Martinez Sanchez, Prof. Ilse Derluyn and Dr. Eva Spiritus-Berdeen, Dr. Simon Ducarroz, Prof. Maria Melchior and Dr. Nikita Simpson. We would like to thank particularly Prof. George Griffin for chairing the workshop and FEAM technical team, namely Laure Guillevic, Ruben Castro, Patrick Hurst. In addition, we acknowledge the precious help of moderators (Ilse Derluyn, Fatima Awil, Nikita Simpson, Maria Merlchior)

and notetakers (Eva Spiritus-Berdeen, Pär Flodin, Alma Sörberg Wallin, Simon Ducarroz) for each of the four breakout sessions during the second half of the workshop. Finally, we would like to thank every participant to the workshop who greatly contributed.

About the event

Link to the recording:
https://www.youtube.com/watch?v=gO59J3tGZQs&ab_channel=FederationofEuropeanAcademiesofMedicine

Link to FEAM 's webpage about the workshop:
https://www.feam.eu/events/workshop-on-covid-19-health-inequalities-in-europe-29th-september-2021/

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Keynote presentations

KEYNOTE PRESENTATIONS

1. Welcome and purpose of the workshop

George Griffin, FEAM Immediate Past President, Emeritus Professor of Infectious Diseases and Medicine at St George's, University of London, Board Member of Public Health England

Slides:
https://www.feam.eu/wp-content/uploads/1.-George-Griffin_Welcome-and-Purpose-of-the-workshop.pdf

This workshop on COVID-19 health inequalities in Europe is the result of a joint collaboration between 5 different partners under the umbrella of the research project PERISCOPE. PERISCOPE is a European funded project aiming at investigating the broad behavioural and socioeconomic impacts of the current COVID-19 pandemic. It brings together 32 partners from all over Europe, coming from a wide array of expertise.
Ongoing work on analysing COVID-19 health inequalities is conducted by the six following partners:

- **Mental Health Europe** - the largest European network organisation working to actively promote mental health and wellbeing in Europe and advocating for the human rights of mental health service users, persons with psychosocial disabilities, their families and careers.
- **London School of Economics and Political Science** and its **Covid and Care Research Group** - Anthropology research aiming at understanding the impact of the Covid-19 pandemic on the networks of care in the UK and on issues related to gender, ethnicity, race, class and regional inequality.
- **University of Ghent and its ApartTogether study** - Global study to assess the public health social impact of the COVID-19 pandemic on refugees and migrants. It is a collaboration between the World Health Organization and research centres led by Ghent University (Belgium) and the University of Copenhagen (Denmark). **French National Institute of Health and Medical Research and its ECHO study** - A study to evaluate the perception and impacts of the COVID19-related health crisis in people living in situations of exclusion and accommodated in medical-social association structures.
- **Karolinska Institute –** University and research center which conducted a systematic review that included studies of all populations exposed to the COVID-19 pandemic, other similar previous pandemics/epidemics, or economic crises, compared to pre-exposure measures or measures from unaffected areas, in the framework of the PERISCOPE project, and is also collating extensive data on mental health trends and access to mental healthcare related to COVID-19.
- **Federation of European Academies of Medicine –** European umbrella organisation gathering 23 academies of medicine in 23 member states, bringing together the expertise of thousands of biomedical scientists and researchers within the geographical scope of the World Health Organisation Europe. FEAM is the coordinator of the PERISCOPE work on health inequalities.

This workshop is one of the three components of PERISCOPE work on health inequalities, alongside an interim report (due October 2021) and a final report by the end of PERISCOPE (2023). The workshop's objectives were to present the preliminary research findings of every partner included in the interim report and to explore potential gaps which could be further explored during the next two years of the project.
The draft interim report was shared in advance with workshop's registered participants alongside the three following questions:

- Do any of the report findings surprise you?
- Which aspects of the report do you find particularly interesting or worth investigating more deeply?
- Are any important aspects/perspectives missing from the report that should be added? Can something be added from the perspective of your organisation?

2. Assessing the impacts and learning of the pandemic in terms of health inequalities

Giuseppe Costa, Full professor of Public Health at the Medical School of the University of Turin, Department of Biological and Clinical Science, Federation of European Academies of Medicine

Slides:
https://www.feam.eu/wp-content/uploads/2.-Giuseppe-Costa_HI-impacts-learning-in-pandemics.pdf

- Shift in conceptual approach from the **Health Inequalities Impact Assessment (HIIA)** to study the different social distribution of health consequences during a pandemic disease to a **Health Equity Audit (HEA)** which is a process of recalibration of policies towards a more favourable and equitable distribution of the impact of the pandemic taking into account the following:

- Publication of a comprehensive review on health inequalities, Build back fairer: the COVID-19 Marmot Review by the Health Foundation

- Italian Ministry of Health commissioned an Health Equity Audit on COVID-19 health inequalities providing evidence of COVID-19 inequalities in healthcare access in Italy (Piedmont region) especially for elderly people and women in COVID-19 outcomes (i.e. being tested positive, mortality).

- Main conclusions were:
  - Corona landed on an unequal epidemic of chronic disease (chronic respiratory diseases, obesity, diabetes) which explains more than 1/3 of health inequalities in mortality
  - Additional unequal factors: Exposure to infection and access to test, outpatient pathway of care, impact on mortality, recovery of displacement of non covid care (more use among the less educated before pandemic, same needs but less use among the less educated in the pandemic for knee

prosthesis), poverty trap, risk of unemployment, risk loss of education, risk of isolation, support from social and voluntary service

- The Other frontline "global voices for social justice" – group from the Lancaster University that focuses on people who bore the brunt of poverty and inequality before COVID-19, 58 stories on the website

- Joint Action Health Equity Europe-WHO/ Euro survey on COVID-19 impacts on health inequalities to explore how European governments responded to equity challenge (i.e. COVID-19-related health care, non-COVID-19 related healthcare, isolation, socioeconomic consequences)
    - No country has given no attention to equity. The fact that the pandemic having a differential impact on population is a shared and recognised political apprehension
    - Awareness was followed by actions to tackle the unequal impact of the pandemic without evaluating effectiveness though
    - Ministries of health have been directly and quite strongly involved in the governance of the pandemic and in the attempts to defend equity in health

3. Introduction and presentation of rapid review of the literature on socioeconomic and ethnic inequalities

Emma Martinez, Ph.D., Sr Scientific Policy Officer, the Federation of European Academies of Medicine

Slides:
https://www.feam.eu/wp-content/uploads/FEAM_LiteratureReview_DrEmmaMartinez.pdf

- Research question: Is the pandemic having an unequal impact (e.g. on the risk of Covid-19 infection, hospitalisation, ICU, acute respiratory distress syndrome, long -Covid, mortality) in different individuals/groups in Europe according to socioeconomic status (e.g. occupation, education, income) or to race and ethnicity?
- Until 15 May 2021, 485 screened articles against PICO inclusion criteria, resulting in 85 selected articles + 7 recommended
- Main conclusions
    - Limited number of studies from countries in mainland Europe
    - Very few nationwide studies available in countries in Europe
    - There is a lack of a common terminology for referring to ethnicity
    - Lack of consistent approach for gathering data (socioeconomic inequalities & Race and ethnicity)

4. ApartTogether Study: The psycho-social impact of COVID-19 pandemic on refugees and migrants

Ilse Derluyn, Professor, University of Ghent, Department of Social Work and Social Pedagogy, Faculty of Psychology and Educational Sciences

Eva Spiritus-Berdeen, Ph.D. Student, University of Ghent, Department of Social Work and Social Pedagogy, Faculty of Psychology and Educational Sciences

Slides:
https://www.feam.eu/wp-content/uploads/4.-Eva-spiritus-Berdeen-Ilse-Derluyn_Apart-Together-Study.pdf

- Start in March 2020 of the Apart Together study (i.e. consortium of academics in Europe, picked up by the World Health Organisation to scale up the study to the global dimension)
- Online global survey, translated in 37 languages (n=20,742 participants; 8,297 people in Europe from 162 different countries)
- Aims to assessing the impacts of COVID-19 on the psycho-social on refugees and migrants via two methods:
    - Quantitative survey in 37 languages, self-reported responses, worldwide scope: reach 30000 respondents
    - Qualitative research through interviews with undocumented migrants, young migrants in particular vulnerable situations which complements and explains the findings of the quantitative survey
- Presentation of findings
    - Important research gap when it comes to migrants and refugees as their lives have already numerous daily stressors such as discrimination, poor-living conditions and psychological distress
    - Groups increasingly at risk:
        - Undocumented migrants and refugees
        - Migrants and refugees living on the street/in insecure accommodation
        - Migrants and refugees living in an asylum centre or refugee camp
        - Migrants and refugees living in the African region
    - 22% of the refugees and migrants report that discrimination based on their origin has worsened since before the pandemic
    - Over 50% of the respondents report access to work, safety and financial means (=daily stressors) to be worse than before the COVID-19 pandemic hit
    - 60% of the refugees and migrants report more feelings of depression and worries since COVID-19, more than 50% report to feel more anxious and lonelier
- Ways forward: Strive for equity in terms of policy responses by including migrants, ensure application of human rights and access to health services both physical and psychological, ensure access to multi-lingual information

5. ECHO – Perceptions and impact of the COVID-19 outbreak among disadvantaged populations living in shelters

Simon Ducarroz, Ph.D., Research Fellow, Pierre Louis Institute for Epidemiology and Public Health (IPLESP/ INSERM UMRS_1136), Department of Social Epidemiology (ERES)

Slides:
https://www.feam.eu/wp-content/uploads/5.-Simon-Ducarroz_ECHO-study.pdf

- The survey (n=535) studied 1) how the pandemic was perceived among the sheltered, 2) how it impacted their lives, health (both mental and physical), access to healthcare, administrative situations, etc. ECHO gave a flash insight of what people in extremely precarious situations were living during the pandemic.
- **Context**: Beginning of 2020, very little data available on the impact of the COVID-19 pandemic on health, healthcare access and implementation of preventive measures in disadvantaged populations, including homeless people, to provide

emergency shelters in France. INSERM was called to study the health and impact of the pandemic on these population groups.

- **Aim**: Investigate the health status, perceptions and practices towards the COVID-19 pandemic and related policy measures in homeless populations
- **Period**: 1st round in Spring 2020 and 2nd round in Spring 2021
- Main results from 2020 survey (result currently being analysed from 2021)
    - 535 participants, mainly young men, not living with partner not children, coming other country than France, mainly from Africa, ¾ of study sample did not have a residency permit, 73.2% did not have a job at that time
    - High level of adherence to preventive and management measures (e.g. testing, isolation)
    - 40% of participants declared to be hesitant to get vaccinated (deeper insight during breakout session)
    - High level of prevalence of substance use (tobacco -43%, alcohol-26%, others drugs-12%)
    - Closer look at tobacco use associated with being a man, not having a stable partner, being born in a European country other than France, having spent more than 5 years in France, not being medically insured and having being exposed to assault during the lockdown
    - 30% of participants presented symptoms of moderate to severe depression
    - Depression associated with being a woman, being single, having a chronic illness, facing food insecurity

6. Social and ethnic inequalities and COVID-19

Maria Melchior, Research Director, IPLESP, UMRS_1136 French National Institute of Health and Medical Research (INSERM) Sorbonne Université, Department of Social Epidemiology

Slides:
https://www.feam.eu/wp-content/uploads/6.-Maria-Melchior_Inequalities-and-COVID-19.pdf

- Other parts of the world are still severely hit by the pandemic. Initial conception that there is an equal risk regarding the spread of COVID-19 contagion and infection, however there are huge socioeconomic inequalities that emerge
- Based on administrative and hospital data, the paper shows that in low socioeconomic status municipalities/neighbourhoods health outcomes related to COVID-19 were worse (cf. Socioeconomic status determines COVID-19 incidence and related mortality in Santiago, Chile, 2021 by Mena et al, available here)
- Socioeconomic inequalities with regard to COVID-19 in France
    - In the Paris region, it was observed that neighbourhood that were most likely to have higher rate of mortality were those in the North and East part of the city, which correspond to the poorest areas with the highest concentration of immigrants
    - Even in the city of Paris, rate of hospitalisation was not evenly spread across the city – Western part is wealthier and more elderly which one could assume that people would have been at higher risk of severe COVID-19 but what data show is that hospitalisation rates were higher in areas that are poorest and have higher concentration rate of immigrant groups
- People working in social epidemiology may have expected socioeconomic inequalities with regards to COVID-19, , however no one expected the extent of

ethno-racial disparities that have been observed, leading now to various publications:
    - Mude et al., Racial disparities in COVID-19 pandemic cases, hospitalisations, and deaths: A systematic review and meta-analysis, 2021, available here
    - Katikireddi et al., Unequal impact of the COVID-19 crisis on minority ethnic groups: a framework for understanding and addressing inequalities, 2021, accessible here
- Members of ethno-racial minority groups, especially black and Hispanic people in the USA, have higher levels of COVID-19 infection, people who identified or belong to black minority groups have also higher levels of hospitalisation once they're infected which is particularly the case for Hispanics. It also reflected in elevated mortality rate across different countries.
- In the UK, there is similar data that have also shown that categorisation are finer than in the previous study, there is an elevated risk of COVID-19 mortality in minority groups, for Black, Pakistani and Bangladeshi people.
- In France, there is no collection of data on people's minority status, but there is national statistic about country of birth/origin. National mortality statistic shows that in 2020 among people who come from sub Saharan Africa, rates of mortality have doubled during the course of the epidemic and is much higher in comparison to the other groups.
- Why ethnic minority groups are at higher risk of poor COVID-19 outcomes?
    - Higher infection rate which was not always detected because there is no universal testing and people don't always have access to test
    - More likely to work in jobs considered as essential and therefore particularly exposed to the risk of COVID-19 transmission in the first phase of the epidemic
    - Higher levels of comorbidities
    - Social and ethnic disparities with regards to COVID-19 vaccines: Data shows level of vaccination across various ethnics groups – ethnic minority groups tends to have lower rates of vaccination than majority groups
    - Structural racism and other types of power imbalances are putting people who are not in the majority of the population at various increased risks
- Hope that this epidemic will strengthen the belief that we do need good data on ethno-racial disparities with regard to various COVID-19 outcomes. "*Not everything that is faced can be changed, but nothing can be changed until it is faced*". James Baldwin

7. Gathering data on health inequalities: Reflections from the UK experience (advantages and potential issues with the systematic collection of socioeconomic, race, ethnicity data)

Nikita Simpson, Ph.D., London School of Economics, Department of Anthropology

Slides: https://www.feam.eu/wp-content/uploads/7.-Nikita-Simpson_EthnicityDataPres.pdf

- Quite strong aversion to collect ethnicity data in Europe, only 5 out of 35 EU countries surveyed collected ethnicity data in the most recent census, of which the UK was one.
- Deeply embedded in forms of state formation and ideologies of national inclusion (Rallu at al., 2004):
    - Counting to dominate (Soviet Union)
    - Not counting in the name of national integration (Western Europe, some African countries)

    - Counting or not counting in the name of multiculturalism (Latin America)
    - Counting to justify positive action (Canada, USA, UK)
- Dual aspects of collecting ethnicity data: Value (deep understanding of intersecting forms of inequality) vs. critiques (don't just capture inequality but create it that can be used to control)
- Persistent ethnic inequalities in health in the UK
    - In England, people from the Gypsy or Irish Traveller, Bangladeshi and Pakistani communities have the poorest health outcomes across a range of indicators
    - While the incidence of cancer is highest in the white population, rates of infant mortality, cardiovascular disease and diabetes are higher among Black and South Asian groups
- Unequal ethnic COVID-19 health impact
    - People of black ethnicity have had the highest diagnosis rates, with the lowest rates observed in white British people
    - Data up to May 2020 show 25% of patients requiring intensive care support were of black or Asian background
    - An analysis of survival among confirmed COVID-19 cases showed that, after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity
    - People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British
- Fraught political climate
    - This unexplained data on inequalities entered into a fraught political climate in the summer of 2020, when the BLM protests were ongoing
    - Our ethnographic research revealed ambivalent attitudes toward the data from minority communities; emergent folk explanations related to genetic disposition and 'lifestyle' (both factually grounded and grounded in eugenics); and a counter narrative that associated inequality with deprivation. Often manifest as stigma and blame for non-compliance
    - The backlash led to an inquiry on race and inequality in the UK that actively denied structural racism as a cause of inequality
    - Hence, efforts to address health inequalities and act on this data have been frustrated by the political climate

Questions & Answers

- **Racial estimation** must me used as a tool to fight discrimination rather than to highlight discrimination
- **Vaccination uptake**:
    - Elements from Prof. Costa's work
        - Expectation is that universal delivery of vaccines should be an important equalizer into the story of the pandemic
        - Showing opposite inequalities: More educated people that are opposed to the vaccine, and less educated people against it as well
        - No sufficient data so far
    - PICUM data reports regularly access on vaccination for homeless population
- **Access to ethnic data**: Struggle to get access in Belgium despite academic pledge for the past 20 years. Suggestion to get a joint recommendation from PERISCOPE on access to ethnic data.
- **Occupational aspects of transmission**

    - People bus drivers who get going during the early stages of the epidemic, many deaths of bus drivers over the norm we were seeing, insufficient protection was given to them
    - Data on ethnic disparities between those who were considered with essential jobs and who weren´t, people in essential jobs were more likely to be infected with COVID and those people happen to be more often belonging to minority ethnic groups (immigrants or French Caribbean)
    - Health disparities in Pakistani and Bangladeshi apparent in UK ethnic data – often a family business run by the whole family, inability to go get tested and to isolate due to the need to keep that livelihood for the whole family, linked to a overcrowded situation that increases the transmission
- **Population groups stigmatisation** during COVID-19 pandemic: Population's stigmatisation in particular areas where Bangladeshi or Pakistani people live. This can create stigma to the whole group, picked from ethnographic research: flow-on effect, need to map out these chains of transmission.
    - Example of how racial data collection can lead to discrimination – use of data collected by Nikita and Laura research study to blame South-Asian community working in garment factory in Leicester for being informal, illegal, and not compliant. High-level of knowledge in vulnerable groups – this isn't necessarily of a problem of compliance, much more complex issue related to blame and stigma
- Differential access **to information** is in itself an inequality. Make sure that there are different pathways to circulate information to underserved communities.

8. References

LSE - Covid and Care Research Group

Laura Bear, Deborah James, Nikita Simpson, Eileen Alexander, Caroline Bazambanza, Jaskiran K. Bhogal, Rebecca E. Bowers, Fenella Cannell, Anishka Gheewala Lohiya, Insa Koch, Megan Laws, Johannes F. Lenhard, Nicholas J. Long, Alice Pearson, Farhan Samanani, Olivia Vicol, Jordan Vieira, Connor Watt, Milena Wuerth, Catherine Whittle, Teodor Zidaru-Bărbulescu (2020) A Right to Care: The Social Foundations of Recovery from Covid-19 London: LSE. Accessible here

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FEAM

Forthcoming joint report authored by the European Federation of Academies of Sciences and Humanities (ALLEA) and the Federation of European Academies of

Medicine (FEAM) on “Health inequalities research: new methods, better insights?”, to be published in November 2021 and will be accessible here.

Breakout sessions

BREAKOUT SESSIONS

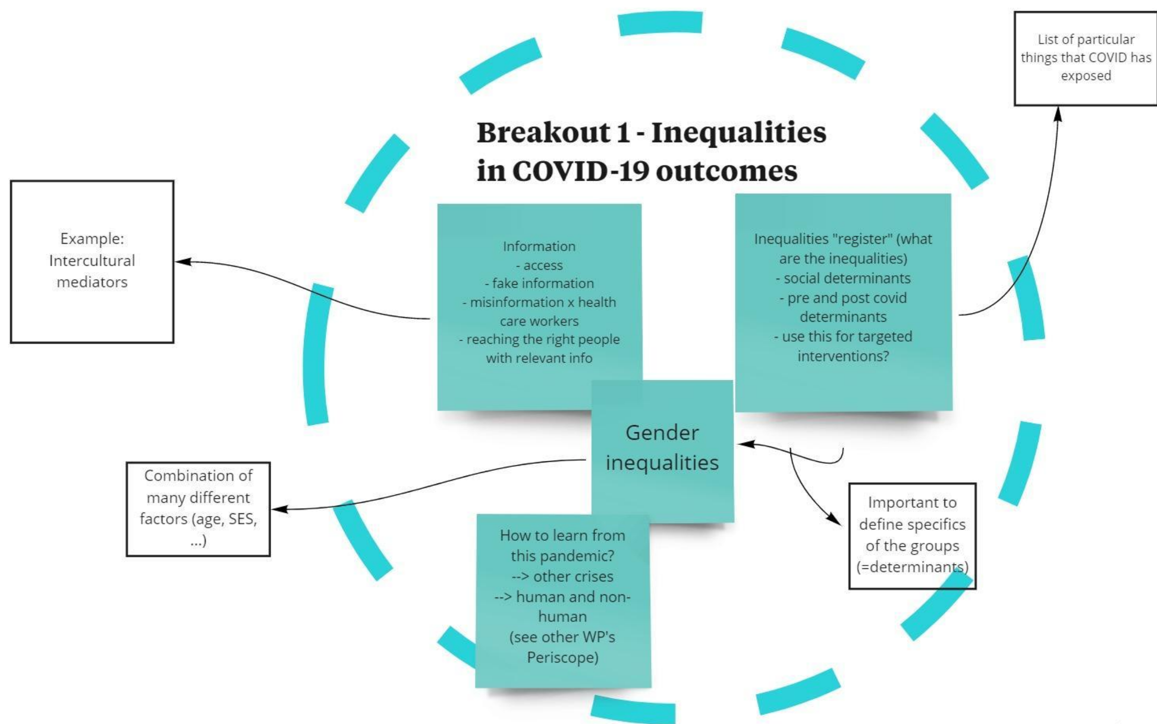
1. Inequalities in COVID-19 outcomes

Moderator: Ilse Derluyn, Note-taker: Eva Spiritus-Berdeen (UGhent)

Key messages of draft interim report

- Most vulnerable of the general population = the most vulnerable during the COVID19 pandemic
- Unequal impact of the government initiated measures and lockdown
- Living conditions and areas of high transmission
- Way forward: understand inequalities and persue equity

Main discussion outcomes



2. Mental health inequalities

Moderator: Fatima Awil (Mental Health Europe), Note-taker: Pär Flodin (Karolinska Institute)

Key messages of draft interim report

Report findings on Mental Health Inequalities

The Interim Report addressed mental health inequalities:

- References to studies/projects: The ApartTogether Study, ECHO studies, etc.
- Vulnerable groups: unequal health impacts of COVID-19
- Spotlight on Sweden and its response to COVID-19
- Mental health inequalities impacts various vulnerable groups

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Main recommendations included:

- Mental health to be considering as essential as physical health
- More investment is needed into community-based organisations/support systems and grassroots work.
- An acute need for better investments in mental health services and support.
    - Increase accessibility, including information
- To actively move away from a biomedical approach to mental health to a psychosocial model recognises that mental health problems can be caused by a variety of social factors.
- National and local strategies with a holistic approach to care

We invite you to share:

- What are your thoughts on the report?
- What do you think should be included in the PERISCOPE interim report?

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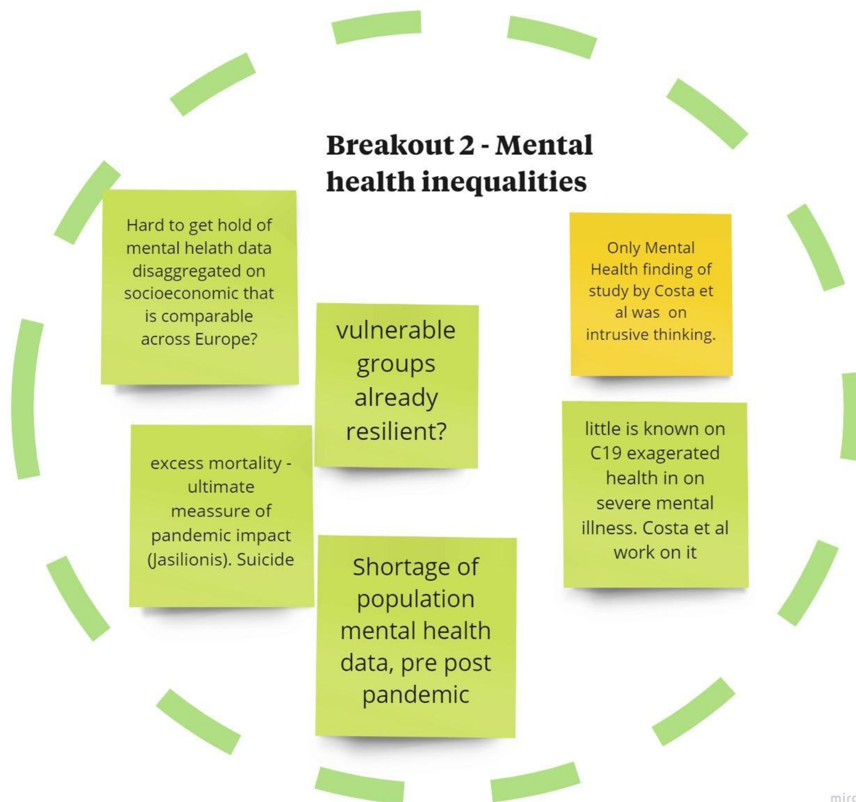
Main discussion outcomes



3. Inequalities in access to healthcare

Moderator: Nikita Simpson (London School of Economics), Note-taker: Alma Sörberg Wallin (Karolinska Institute)

Key messages of draft interim report

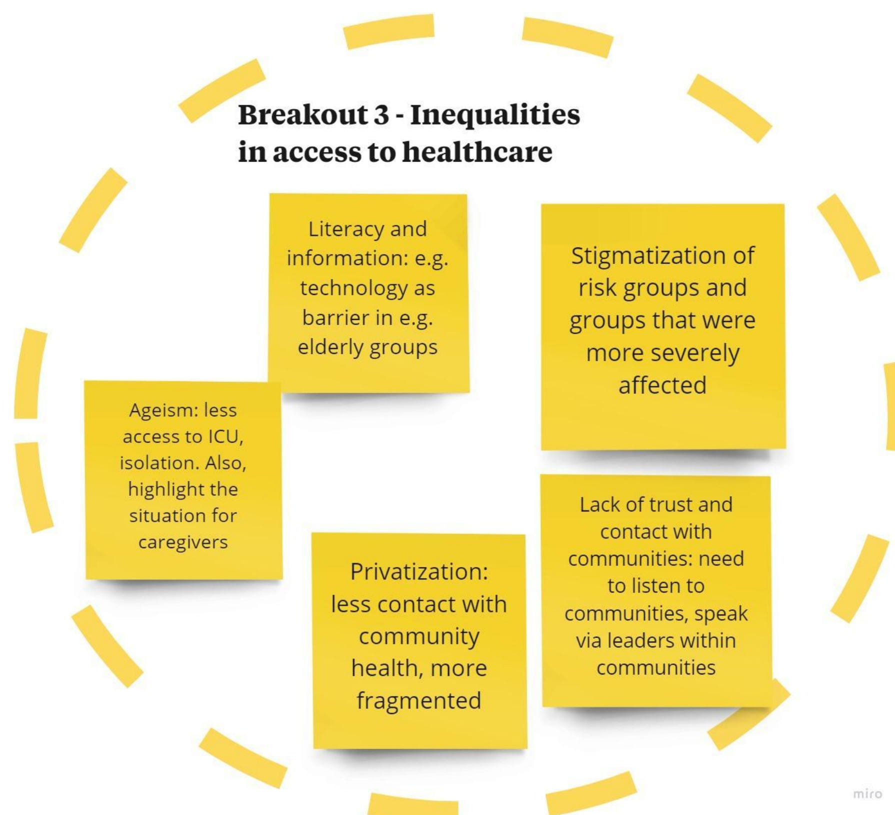
Access to Healthcare

- Factors contributing to inability to access healthcare
  - a) inadequacy of the public resources invested in the health system;
  - b) fragmented population coverage;
  - c) gaps in the range of benefits covered;
  - d) prohibitive user charges,in particular forpharmaceutical products;
  - e) lack of protection of vulnerable groups from user charges;
  - f) lack of transparency on how waiting list priorities are set;
  - g) inadequate availability of services, in particular inrural areas;
  - h) problems with attracting and retaining health professionals; and
  - i) difficulties in reaching particularly vulnerable groups.

- "Stigma can cause health inequalities, drive morbidity and mortality, and undermine access to health services."
- "When services are not adapted to the needs and requests of marginalised communities, this can further increase distrust in the mental health system, and less likely for such groups to seek support."

- "Without adequate investment in the health system, it is unlikely that inequality in healthcare will be addressed."
- "A larger role could be played by patients and community members, contributing to a more comprehensive viewpoint on implementation of strategies to mitigate inequalities in healthcare access."

Main discussion outcomes



4. Vaccine inequalities

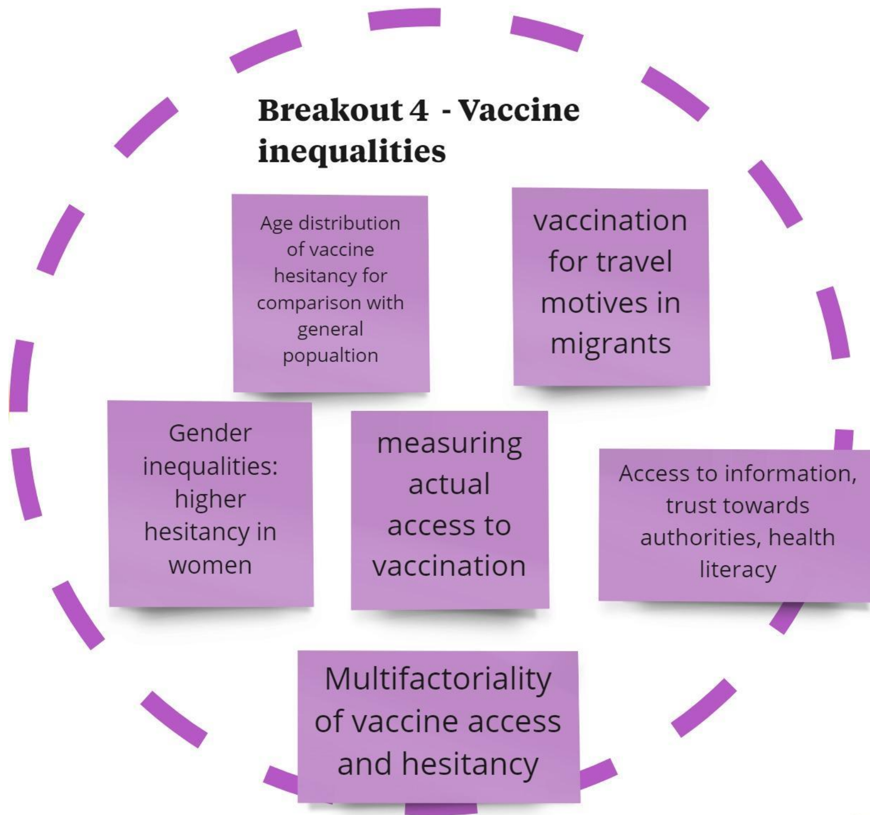
Moderator: Maria Melchior; Note-taker: Simon Ducarroz (INSERM)

Key messages of the draft interim report

- Vaccination among vulnerable population, results from the ECHO study 1st round (2020)
  - 40.9 % participants expressed vaccine hesitancy, incl. :
    - 71.2% do no want to be vaccinated
    - 28.8% do not know
- Higher vaccine hesitancy rates in ECHO-2 than in general population
  - ECHO-2 consists of at-risk populations
  - Lack of trust, fear of the vaccine and less perceived risk of the COVID-19 dangerousness à increasing mediation, tailored interventions

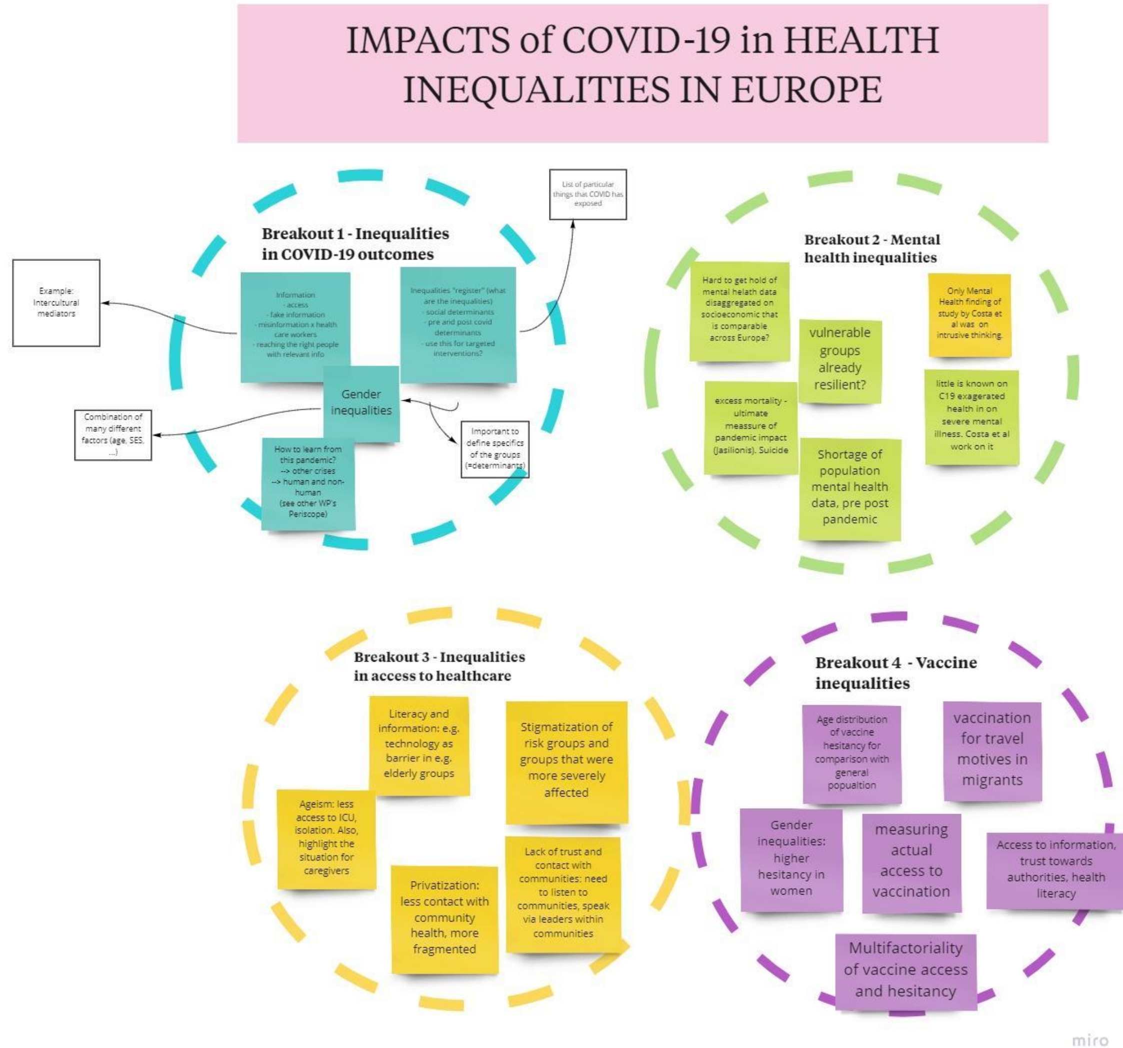
increasing mediation, tailored interventions

Main discussion outcomes


Breakout 4 - Vaccine inequalities
Age distribution of vaccine hesitancy for comparison with general popualtion
vaccination for travel motives in migrants
Gender inequalities: higher hesitancy in women
measuring actual access to vaccination
Access to information, trust towards authorities, health literacy
Multifactoriality of vaccine access and hesitancy
miro

5. Overview of online MIRO board

Link to the MIRO Board:
https://miro.com/app/board/o9J_lv7luQc=/?invite_link_id=408060750457



6. Concluding remarks

Professor Costa concluded by emphasizing one of the positive aspects of this pandemic which is that for the first time, Health in All Policies was no longer a general recommendation but became very concrete. Every day, everybody's moves were restricted due to the risk and possible health consequences caused to somebody else. For the first time, health outcomes were guiding societal actions both at individual and political levels. This is an asset that should not loose but build on. It is not given for granted. There is a

tendency for removing these aspects when the pandemic will decrease. This investment could be underlined in the final report.

To do that, we need to learn to wear an equity lens whenever possible for every disadvantaged population group. In the survey analysing 18 countries in Europe, it was recognised that countries which already studied health inequalities and adapted their structure and mechanism of governance were also the ones that have been able to do the best in order to tackle health inequalities in the COVID-19 pandemic.

Concluding remarks by Prof. Griffin:

- The COVID-19 pandemic has accentuated these differences between privileged and under-privileged groups with the latter more susceptible to severe COVID-19 outcomes.
- Identify areas where a difference could be made for those who are most disadvantaged.
- Health of an individual governs the health of a population. It is impetus to convince our political governors that by increasing the health in general terms of the public, we're increasing the health of everyone.
- Finally, COVID-19 impact on children's health could be further elaborated on as it concerns the future of the population.

periscope