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COVID-19 in an inequitable world: the last, the lost and the least

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As the toll of the COVID-19 pandemic continues to grow, knowledge of existing inequities is more evident than before. This editorial approaches the topic from a global to national perspective by exploring the current and potential socioeconomic and health effects the pandemic has on three population groups, as labelled in the article title and selected based on their historical inequities. 'The last' focuses on the juxtaposition between low- and middle-income countries (LMICs) and high-income countries and how the inequitable landscapes of LMICs are fuelling their health systems' eventual collapse under the pressures of the pandemic. 'The lost' highlights how the inequitable environments, created by international neglect and hostility, have left refugees and displaced migrants in a precarious position, where they are exceptionally vulnerable to the impacts of the pandemic. 'The least' is centred on the minority populations who are already bearing the brunt of the pandemic disease burden and are further subjected to a new wave of detrimental socioeconomic impacts as a result of the pandemic exacerbating the cycles of inequities. Under the magnifying light of this pandemic, inequities have never been any clearer and it is only right that effort is taken to resolve them.

Introduction

Within the *Nicomachean Ethics*, Aristotle proposed the concept of 'equity', characterised as a rectification of law where justice cannot be upheld.[1] Centuries later, equity has developed into several theories suggesting that inclinations to fair outcomes are biologically universal and integrated into daily decision-making, from individual sharing behaviour to government policy drafting.[2] Yet, despite our innate goals of achieving equity, society is plagued by inequities; unjust differences that can be avoided.[3]

As of writing, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has infected over 55 million people worldwide, additionally killing more than 1.3 million.[4] While governments are caught in a perpetual scramble to resolve the pandemic, the disproportionate impact of the disease within vulnerable marginalised populations has highlighted the longstanding conveniently ignored inequities, which can only increase due to the pandemic.[5] However, to accurately tackle these issues, one must obtain comprehensive understandings of the inequities faced by such communities and the effects of the pandemic upon them.[3] Therefore, this editorial focuses on several population groups as categorised in the article title, and the effects of the pandemic upon them.

The last

With most high-income countries (HICs) straining to cope under the weight of the COVID-19 burden, low- and middle-income countries (LMICs) are overextended further due to their deep-rooted low resource setting.[6] Despite making up an estimated 85% of the global population, LMICs account for 19% of global healthcare spending,[7] making these countries last in healthcare spending. Medical necessities afforded by HICs are medical luxuries in the resource-taxed environment of LMICs. Thus, the category, the 'last', is dedicated to the LMICs.

Like most inequities, those tormenting LMICs stem from historical roots, by which prejudices from leftover colonial ideologies have helped preserve the current societal disparities.[8] Developed from these prejudices, structural inequities driven by unfair policies, enforce the socioeconomic imbalances, effectively determining the living conditions of populations and creating health inequities.[9] Structural inequities include unbalanced distribution of wealth,[10] inadequate sanitation and poor housing conditions.[11] Under such circumstances, health inequities are inevitable and will be extremely prevalent during this pandemic.[6]

Pandemic responses by LMICs can be characterised as underresourced.[12] LMICs have imposed numerous measures such as national lockdowns, but unlike HICs, the unsustainable socioeconomic impacts on LMICs have often precipitated the premature termination of these measures regardless of contagion levels,[13] with most damage already inflicted upon the general population, as shown by a Bangladeshi survey; within the early days of national lockdown, 72% of urban households and 54% of rural households lost their primary income source, increasing their

food insecurities.[14] Additionally, rapid economic expansion in LMICs, notably in sub-Saharan Africa (SSA), is commonly associated with rapid urbanisation; a process that if accompanied by insufficient infrastructure, which is rife in LMICs, provides a backdrop for far more adverse consequences than those experienced in HICs, such as inadequate sanitation.[15] As exemplified by the approximate 63% of SSA city-dwellers who are unable to access clean water,[16] poor sanitation within the growing urban population may further compromise the effectiveness of LMICs' pandemic responses.[6]

Similarly, LMIC healthcare systems experience economic inequities.[12] Attributable to their limited budgets and in contrast to HICs, LMIC healthcare supply chains are less stable, leading to regular shortages of essential healthcare supplies,[17] such as in India, where for the projected 1 million COVID-19 patients requiring ventilation, only 50 000 ventilators are estimated as available for use.[18] Furthermore, ICU capacity in LMICs is scarce; examples include Uganda and Nepal, with 1.0 and 16.7 ICU beds per million inhabitants, respectively.[19] For perspective, Germany has 29.2 ICU beds per 100 000 inhabitants.[20] Accompanying medical equipment shortages are usually staffing shortages, which generated by funding scarcity will be aggravated by loss of healthcare workers to COVID-19.[12] Together, the pandemic will devastate the thinly stretched healthcare services of LMICs, as witnessed during the 2014 Ebola epidemic.[17]

The lost

At the end of 2019, the United Nations High Commissioner for Refugees (UNHCR) estimated that 79.5 million people worldwide have been forcibly displaced.[21] Cramped into temporary camps, refugees and displaced migrants lack basic sanitation and access to healthcare, providing the perfect environment for the spread of SARS-CoV-2.[22] These individuals are usually neglected from countries' preparedness plans, lost at sea and lost to the institutional systems.[23] In this regard, the 'lost' are those forced from their homes for safety, only to become victims of COVID-19.

Refugees and displaced migrants frequently experience poor living conditions in their camps, lacking access to clean water or sanitation and hygiene products.[22] Connected to these conditions, infectious disease outbreaks are commonplace, as observed from repeated cholera outbreaks in Kakuma Refugee Camp, Kenya.[24] Thus, without the fundamental approach of handwashing to curb the spread of COVID-19, an uncontrollable outbreak is inevitable. Overcrowding is also normal, as represented by Moria Camp in Greece, which has space for 3000 people but shelters 20 000,[22] making self-isolation redundant.[25] Identically, healthcare access, commonly provided by non-governmental organisations (NGOs) and volunteers, is restricted by legal frameworks and international goodwill.[26] For example, Cox's Bazar houses 600 000 Rohingya refugees but is merely supported by five hospitals with a 340-bed capacity.[27] By comparison, in 2017, the UK had 2.5 beds per thousand inhabitants.[28] Therefore, in these unfit conditions, SARS-CoV-2 will be permitted to thrive and, with the pandemic exhausting governments and NGOs, negligence of refugees' and displaced migrants' needs are as imminent as the impending COVID-19 outbreak.[29]

With the spread of misinformation, refugees and displaced migrants experience increasing stigmatisation.[26] This narrative of blaming it on 'others' exploits social divisions to facilitate the propagation of xenophobia and stigma and justify their unfair treatment.[30] Instances of discriminatory harassment and physical violence against refugees have been observed.[26] Additionally, credibility is lent to fallacious claims when political leaders incorporate them for political gain, epitomised by the former deputy prime minister of Italy, Matteo Salvini, who falsely associated the spread of COVID-19 with African asylum seekers.[31] Misinformation has also pervaded the communities of refugees and displaced migrants, sowing distrust between them and healthcare workers with fears of being killed to reduce the spread of COVID-19, leading many to refuse testing. Alongside the aforementioned social discrimination, such fears have encouraged the concealment of illness and discourages others from seeking treatment,[32] thereby delaying early treatment and detection.[29] Communication to quell the misinformation remains just as difficult due to language barriers.[26] Thus, as refugees and displaced migrants flee for safety, most still experience the same fears and endure unjustified and discriminatory mistreatment.

The least

Aside from the aforementioned categories, the COVID-19 pandemic has given prominence to numerous social and health inequities of minorities. Being well documented, the disproportionate consequences of the pandemic can be ascribed to systematic social and racial discrimination.[33] Hence, the 'least' symbolises the national minorities; those who represent a small proportion of societies yet represent high disease burdens.

As the pandemic sweeps across countries, minority groups are afflicted by higher disease burdens, measurable by death and infection rates.[33] In April, despite comprising less than a third of Chicago's population, the black minority group constituted 45.6% of the city's SARS-CoV-2 infections and 56% of the city's confirmed COVID-19 fatalities.[34] Likewise, in the UK, of the 106 healthcare worker fatalities in the first peak of COVID-19 cases, 63% were from ethnic minorities and the black African ethnic population death rate was 3.5 times higher than the white British population.[33] This disproportion is the manifestation of the inequities that minorities are constrained by, such as educational gap and occupation.[35] Affecting employment prospects, educational gaps across the USA, produced by differential resource allocation that favours schools with lower minority percentages, are reflected in high school completion rate disparities. Having a 62% high school completion rate,[36] the American Hispanic minority accounts for 55% of painters, construction and maintenance workers,[37] work that cannot be conducted at home, exposing them to a greater risk of infection.[35] Furthermore, out of fear of being deported, undocumented migrants may also justifiably stay away from obtaining treatment, depriving them of much needed healthcare.[38] As such, cycles of inequities imposed on minority groups have accelerated the immediate effects of the pandemic, cumulating into the disproportionate disease burden.

More importantly, the underlying pandemic effects are intensifying the inequities.[39] Many job sectors affected by the pandemic constitute high proportions of immigrant employment.

In the European Union, immigrants on average form 25% of the hospitality industry and, in Canada, they represent 30% of the security and cleaning service industry. Illustrated by growing unemployment, notably in Sweden, where 58% of the unemployed are immigrants, these minority communities are losing their sources of income.[40] Similarly, coupled with historically lower wages, ethnic minorities lack substantial cash reserves to weather the pandemic,[41] resulting in increasing financial instability-related problems[42]; increasing food insecurities have affected all ethnic minorities in the UK[43]; decreasing access to healthcare due to loss of insurance in the USA[44]; unequal education opportunities for dependants[40]; and an escalation in domestic violence and psychological illness.[45,46] Motivated by media sensationalisation, acts of discrimination and social discordance are also exhibited globally, jeopardising community cooperation and mutual understanding, which are essential to the success of pandemic measures.[47] Alienating minority groups further, the COVID-19 pandemic not only undermines previous progress at achieving health equities for them, but also reinstates the past cycles of inequities that they have sought to escape from at a greater severity.

Conclusions

While the pandemic continues to place the world in peril, clear urgency should be shown to address the inequities vulnerable communities face.[48,49,1] Fortunately, some countries have recognised and taken measures to ensure vulnerable communities are not disregarded.[39,50] In Brazil, social assistance programmes have helped Afro-descendants and indigenous populations offset a greater poverty increase.[7] In many countries, healthcare material is translated to improve communication with non-native language speaking communities.[39] In a combined effort, Doctors without Borders has prioritised clean water facilities to refugee camps and the European Union has pledged €350 million to aid refugees.[50] Although these efforts are commendable, they are still conducted in the pandemic context, meaning a return to the status quo may occur when the pandemic subsides. Therefore, more long-term actions, such as improving social integration through cultural understanding and the empowerment of vulnerable groups in political systems, are needed to counter the established inequities.

When Aristotle envisioned equity, he differentiated justice into two types, one with equity and another without, and emphasised that the former is the better of both, because only with equity can the virtues of justice be preserved in accordance with an individual's circumstance. Simply put, systems generalise to function, leading them to fail to consider one's situation.[3] In this regard, many institutions and systems have historically overlooked the situations of vulnerable communities, resulting in their inequities and the inevitable outcomes observed during this pandemic. It is imperative to do these communities justice by channelling the momentum generated today, to create equity in this inequitable world.

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