

# Education as a “social vaccine” against COVID-19

INTERACTIVE WEBINAR (in English)

10 December 2020 14.00–15.00 CET

## Speakers:

- Prof. Terje Andreas Eikemo, CHAIN, Norway
- Prof. Clare Bambra, Newcastle University, UK
- Caroline Costongs, EuroHealthNet, Belgium



 English

 <https://us02web.zoom.us/j/87818671059>

Global Health & Education webinar series

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Global Health & Education

# Ask your questions using the Q&A at the bottom of your screen



Global Health & Education  
webinar series 2020

# Why can education be seen as a "social vaccine" against COVID-19?

***Terje Andreas Eikemo***

*Professor of Sociology*

*Centre for Global Health Inequalities Research (CHAIN)*

*Dept of Sociology and Political Science, Norwegian University of Science and Technology, Norway*



# QUESTION

- *How do you rate the medical impact of COVID-19 on people's health?*
- *How do you rate the impact of COVID-19 on inequalities in our societies?*



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# Education as a social vaccine against COVID-19

Prof. Terje A. Eikemo

 NTNU



@CHAIN\_NTNU



<https://www.ntnu.edu/chain#/view/about>



CHAINNTNU



Source: UNICEF



Photo: Oscar Ruíz

# Child mortality by maternal education

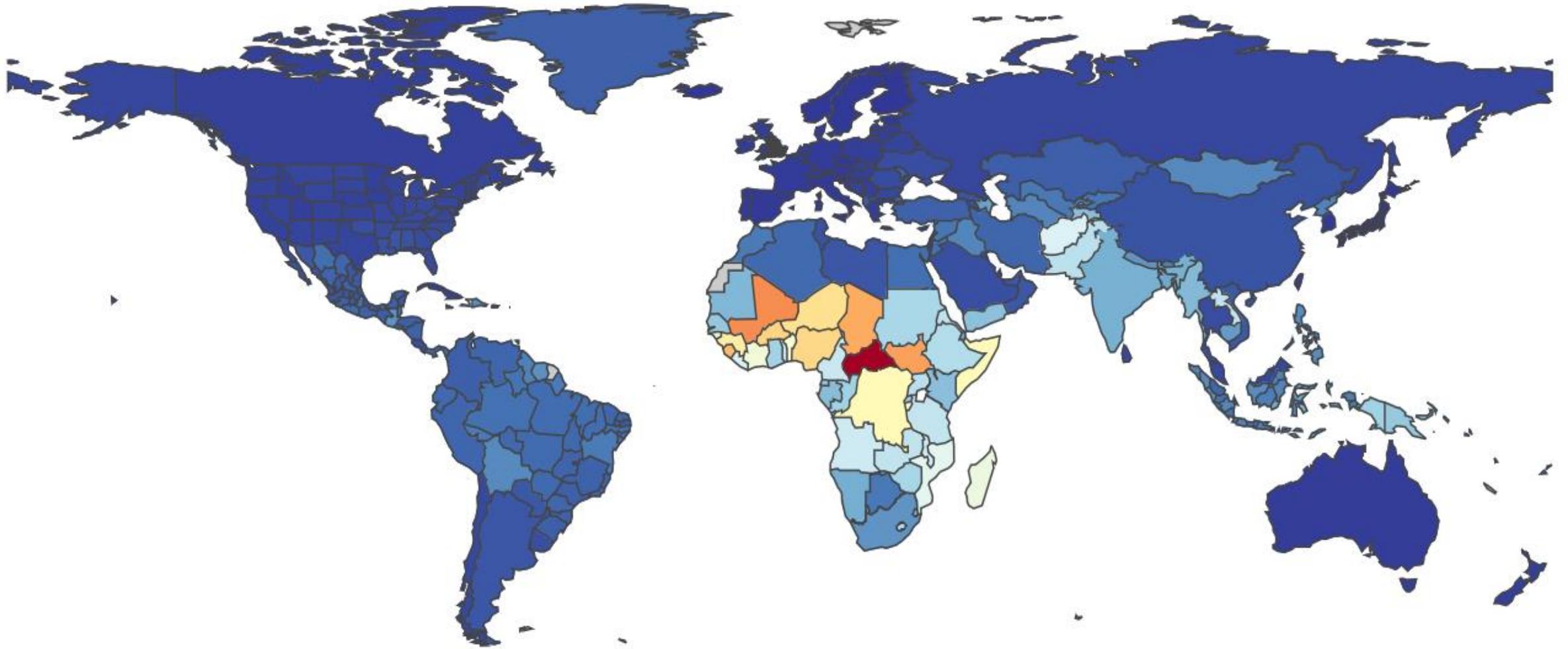
1985-2000

2001-2017



Source:  
<https://dhsprogram.com/data/>

# Child mortality in 2017



## WHO WE ARE



— CHAIN, the Centre for Global Health Inequalities Research brings together academia, public health experts, the UN system and civil society organisations to examine the causes and extent of health inequalities and identify solutions to decrease disparities. It aims to empower governments, businesses and societies to act on evidence-based solutions to increase health equity.

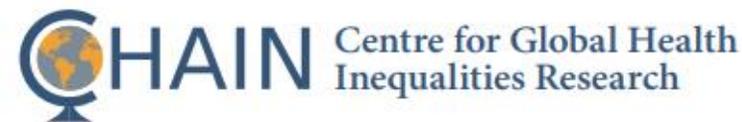
— The centre emerged in 2017 from a collaboration between a cross-disciplinary research group on health inequalities at the Norwegian University of Science and Technology (NTNU) and UNICEF Norway. Since then, CHAIN has grown and expanded. It now brings together researchers from many regions and disciplines to advance health inequalities research, with a specific focus on children's health.



## Contact



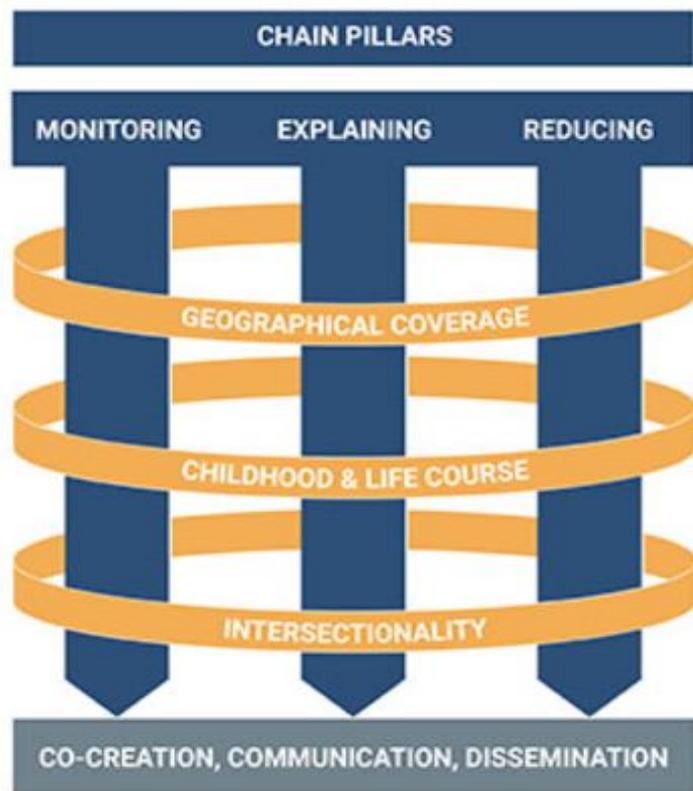
[www.NTNU.edu/CHAIN](http://www.NTNU.edu/CHAIN)



CHAIN brings together **health inequality researchers** all over the world.

It focuses on going beyond simply exploring health inequalities to taking part and **development of effective interventions and policies.**

# CHAIN approach



From research



to policy



to fieldwork







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[www.ntnu.edu/chain](http://www.ntnu.edu/chain)



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# THANK YOU

## Contact us

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This presentation is supported by a grant awarded by the Norwegian Research Council (project number 288638) to the Center for Global Health Inequalities Research (CHAIN) at the Norwegian University for Science and Technology (NTNU).

# Why is COVID-19 in fact a syndemic pandemic?

***Professor Clare Bamba***

*Professor of Public Health*

*Population Health Sciences Institute, Faculty of Medical Sciences, Newcastle University, United Kingdom*



# QUESTION

*Describe in key words what you think could best protect our populations against the negative consequences of COVID-19.*



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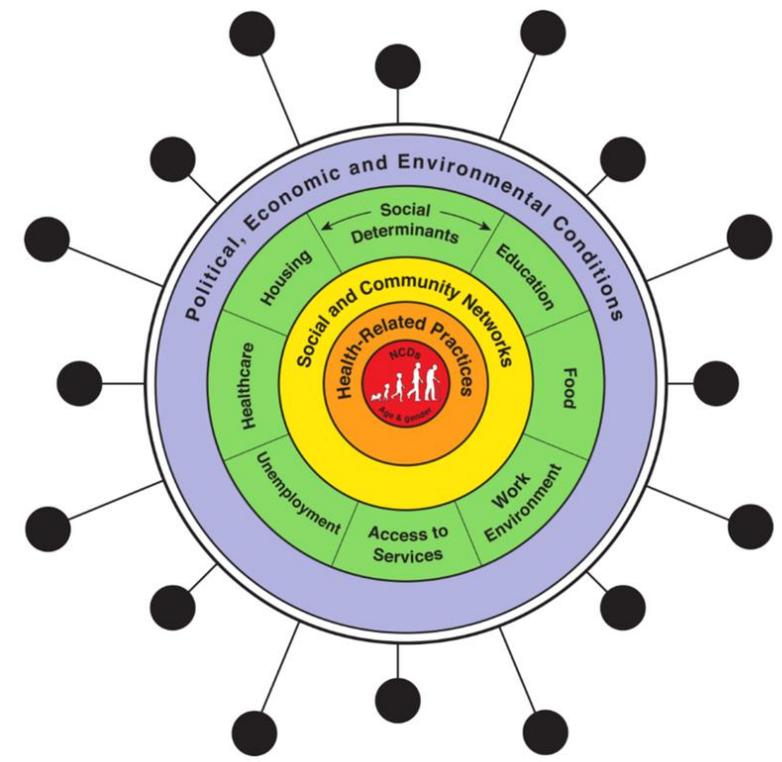
# Unequal Pandemic:

## *COVID-19 and Health Inequalities*

Clare Bambra

Professor of Public Health

[clare.bambra@newcastle.ac.uk](mailto:clare.bambra@newcastle.ac.uk)



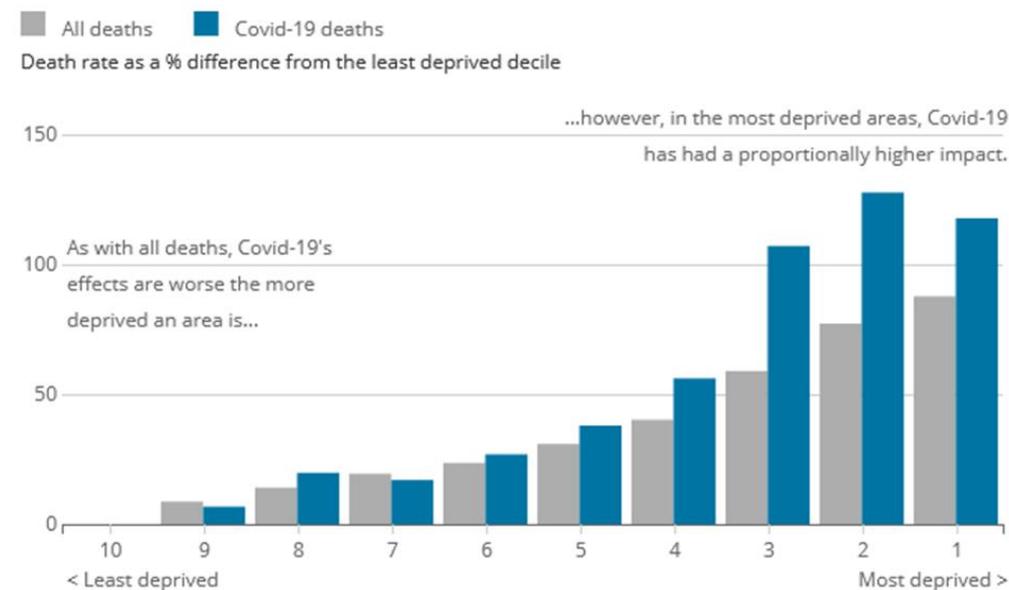
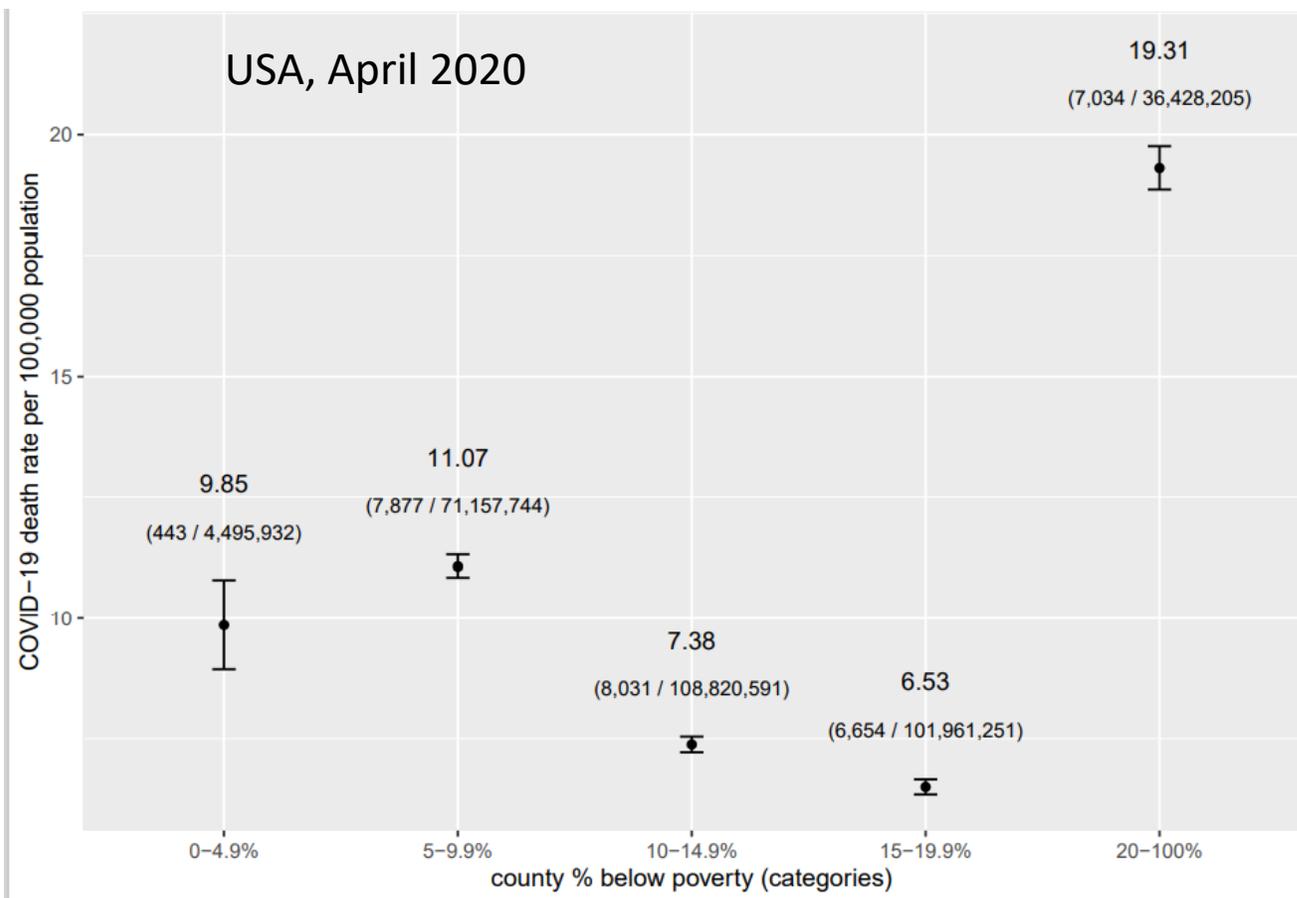
# Outline

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1. Inequalities in COVID-19
2. A Syndemic Pandemic
3. Pathways to Inequality
4. Concluding Comments



# 1. Inequalities in COVID-19

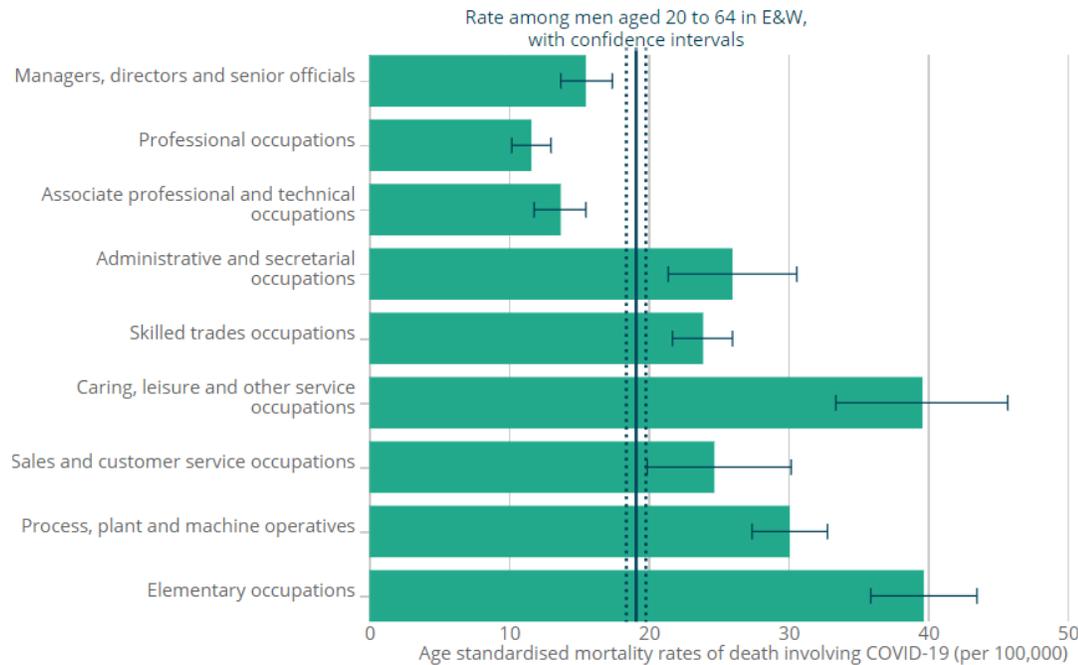


*Scotland: COVID-19 death rate was 86.5 per 100,000 in most deprived 20% - more than double that of the 38.2/100,000 in the least-deprived 20%*

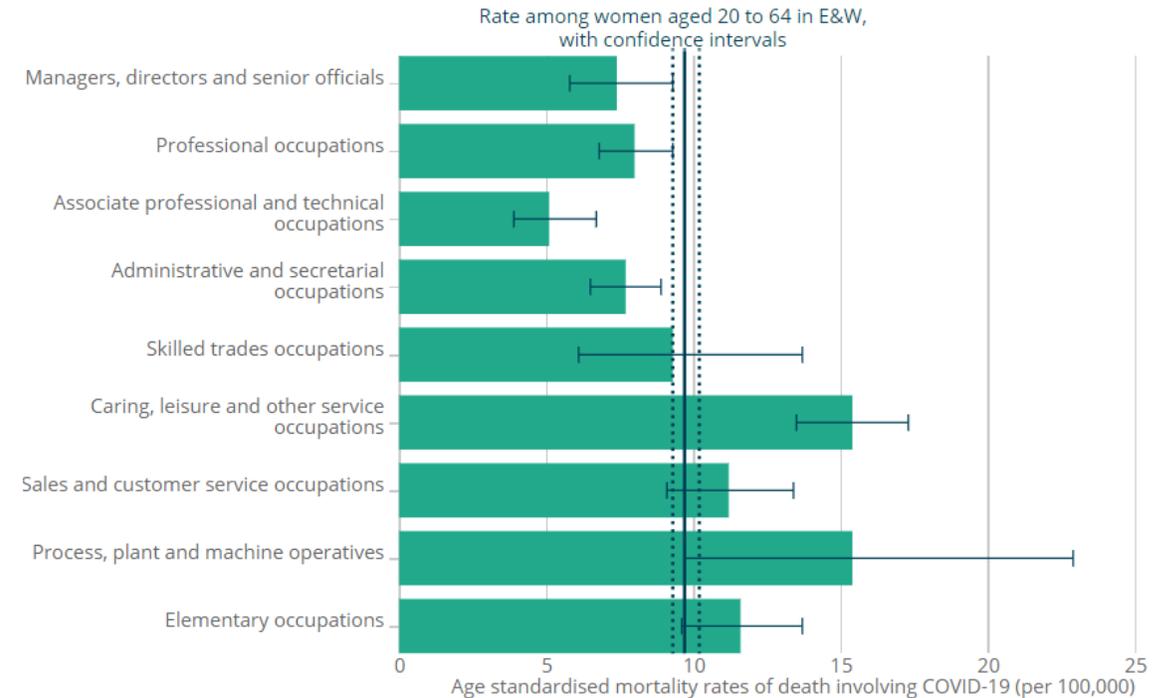
# Age-standardised mortality rates of death involving the coronavirus (COVID-19) in England and Wales, by major occupational group, deaths registered between 9 March and 25 May 2020

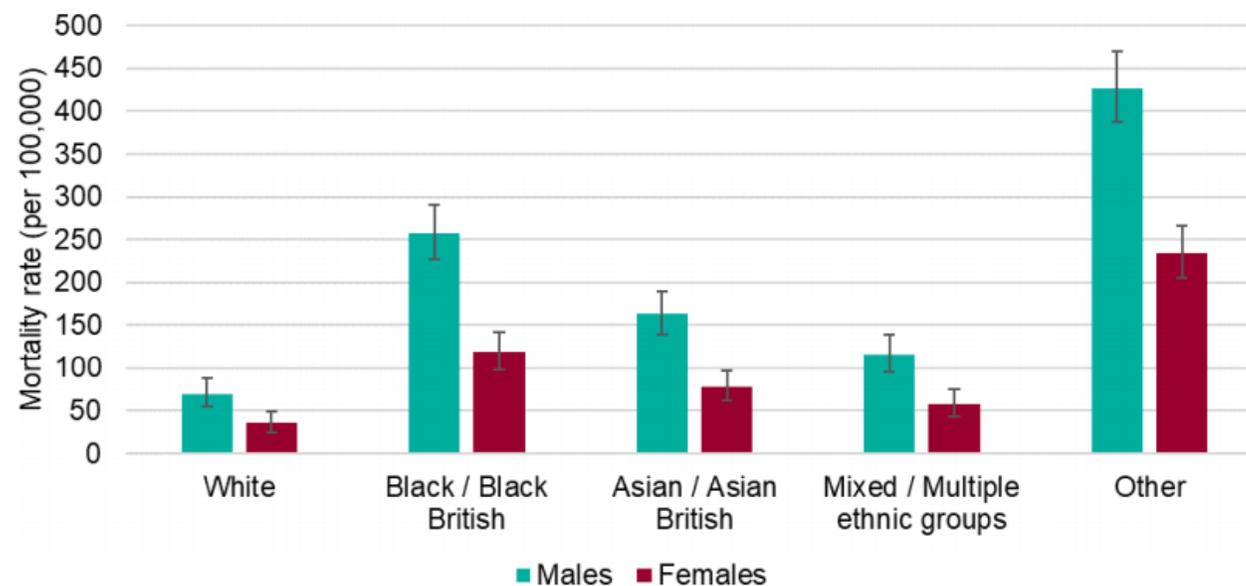
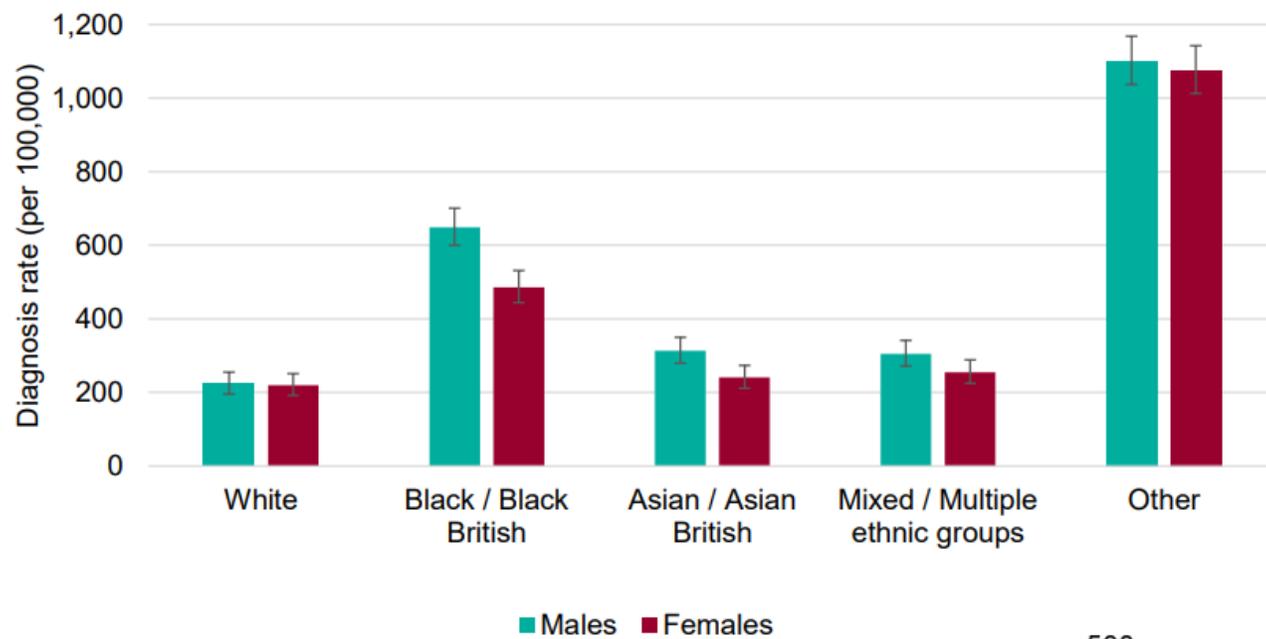


## Men:



## Women:



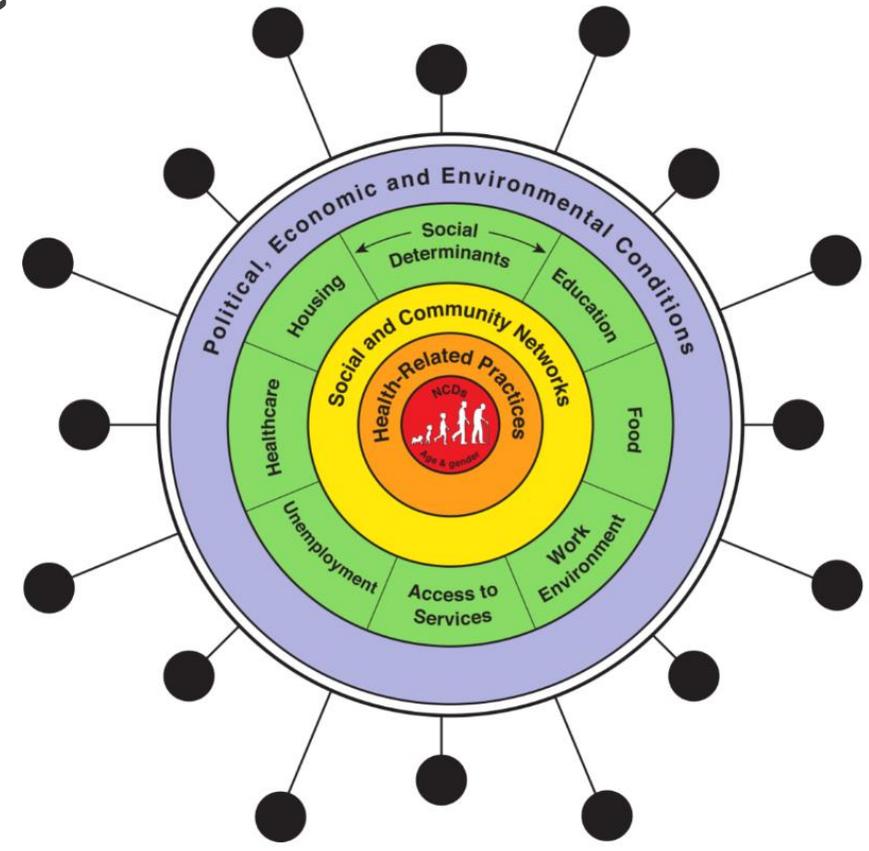


Age standardised rates in laboratory confirmed COVID-19 cases by ethnicity and sex, as of 13 May, England. Source: Public Health England

# 2. A Syndemic Pandemic

*‘A syndemic is a set of closely intertwined and mutual enhancing health problems that significantly affect the overall health status of a population within the context of a perpetuating configuration of noxious social conditions’*

Merrill Singer



The Syndemic of Covid-19, Non-Communicable Diseases (NCDs) and the Social Determinants of Health

# 3. Pathways to Inequality

1. **Increased vulnerability** - higher burden of NCDs from social determinants
2. **Increased susceptibility** - immune systems weakened by long term exposures to adverse living and environmental conditions
3. **Increased exposure** - inequalities in working conditions
4. **Increased transmission** - inequalities in housing conditions



## 4. Concluding Comments

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- ❑ Health inequalities pre-COVID are resulting in an unequal pandemic
- ❑ COVID-19 outcomes worse in less advantaged groups and communities
- ❑ A syndemic of NCDs, Inequality and the Social Determinants of Health
- ❑ Long term action needed on inequalities in NCDs

The COVID-19 pandemic and health inequalities

 Clare Bamba<sup>1</sup>, Ryan Riordan<sup>2</sup>, John Ford<sup>2</sup>, Fiona Matthews<sup>1</sup>



<https://jech.bmj.com/content/early/2020/06/13/jech-2020-214401>

# How can the “social vaccine” be implemented in public policies?

**Caroline Costongs**

*Director of EuroHealthNet, Belgium*



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# How can the social vaccine be delivered through public policies?

- 1. How to deliver on such “social vaccine”*
- 2. EU initiatives that can be helpful*
- 3. Opportunities within EU budgets*

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10 December 2020



Caroline Costongs  
Director

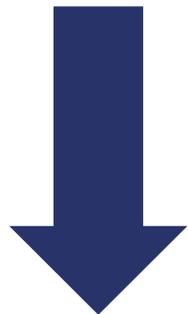
[www.eurohealthnet.eu](http://www.eurohealthnet.eu)

# The social sector investment gap

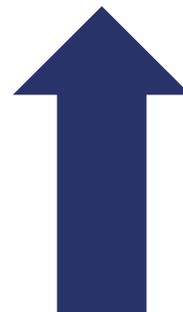
In the EU, the investment gap in social infrastructure (education, housing, health, social services) is estimated to be **€192 billion/year**

The health investment gap increased from **€20 to €70 billion/year** due to the COVID-19 crisis

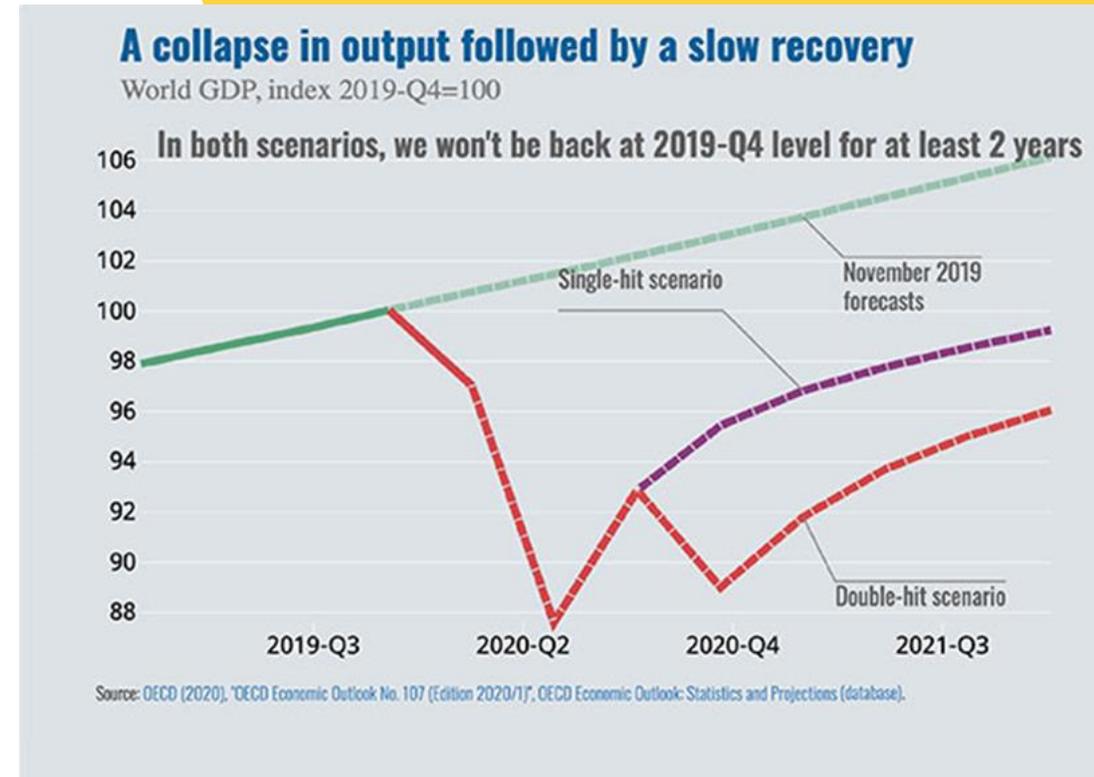
*(Identifying Europe's recovery needs, European Commission report May 2020)*



In 2018, public sector investment was still 20% lower than in 2008

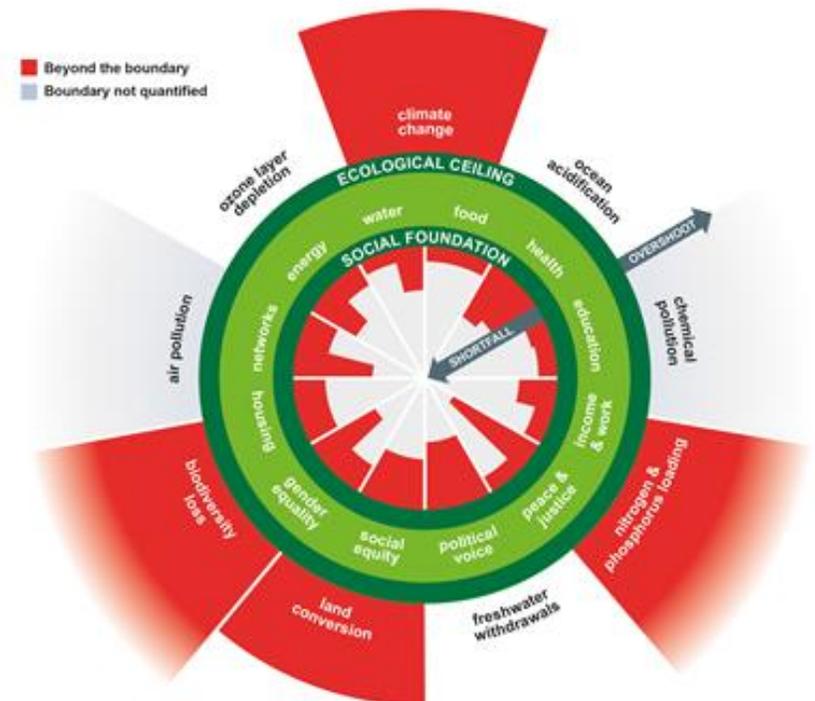
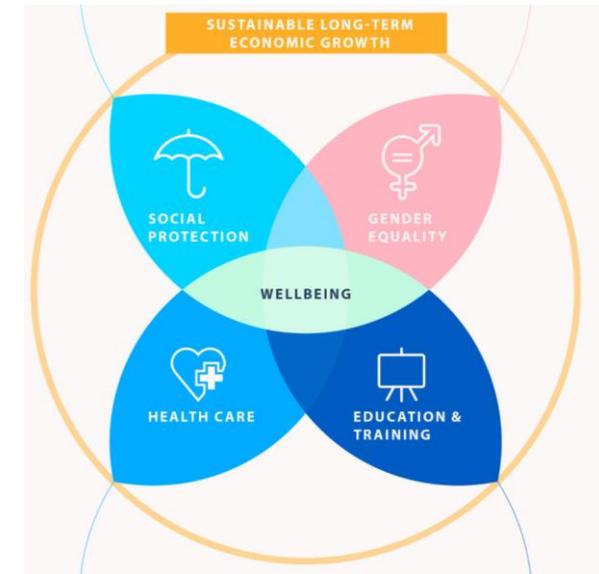


Yet the demand (ageing, NCDs) is rising...

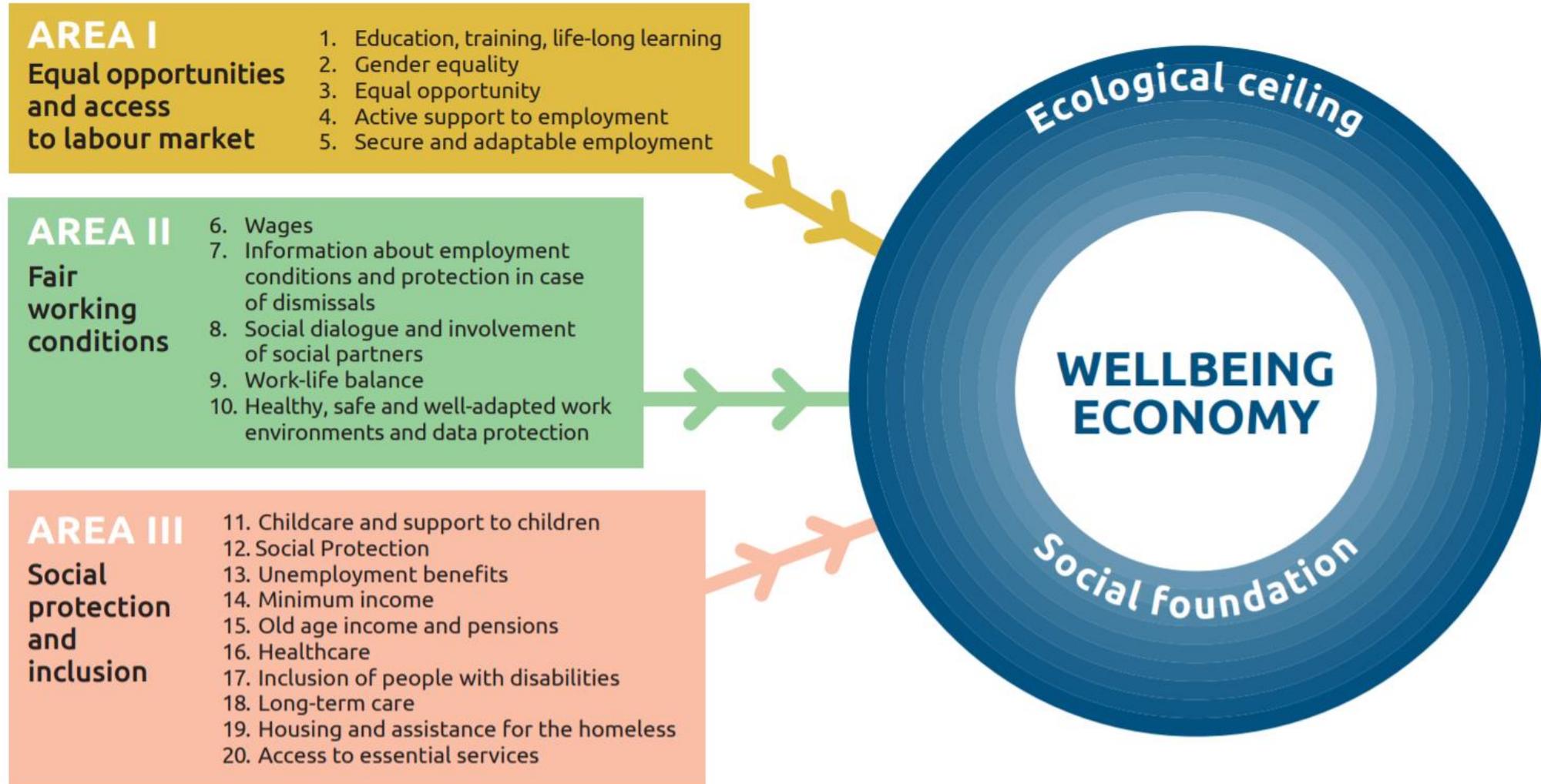


# Economy of Wellbeing

- In a wellbeing economy, citizens' wellbeing drives economic prosperity, stability and resilience, and vice-versa.
- People and wellbeing at centre of policy making.
- It connects economic growth, social progress and environmental sustainability => SDGs
- *Doughnut Economy – Kate Raworth*



# The European Pillar of Social Rights & Action Plan





# The EU Child Guarantee

The **EU Child Guarantee** => to ensure that all children in Europe, who are at risk of poverty, social exclusion, or are otherwise disadvantaged, have free or affordable **access to essential services of good quality**.

- Education
- Early childhood education & care
- Healthcare
- Nutrition
- Housing

*EU countries will need to invest and develop action plans.*



# Opportunities for a 'social vaccine' under the MFF 2021-2027

**European Social Fund+** for all regions according to need.

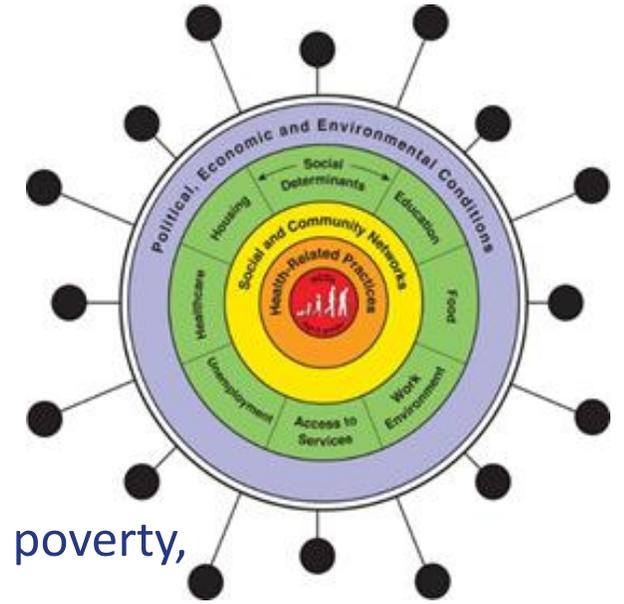
- ESF+ is the main financial instrument for a 'social vaccine' - **€ 87.3 billion**
- at least 25% of ESF+ will be allocated to fostering social inclusion, 4% to extreme poverty, 5% to child poverty, 15% to NEETs.

**European Regional Development Fund (€ 192.4 billion) and Cohesion Fund (€ 42.5 billion)**

- Key investment priority 4 (out of 5): delivering on quality employment, education, skills, social inclusion, equal access to healthcare, health systems' resilience.
- 'Europe closer to citizens': locally-led approach

**EU4Health Programme: € 5.1 billion**

**Recovery & Resilience Facility (for reforms, jobs and skills) € 672.5 billion**





# JOINT ACTION HEALTH EQUITY EUROPE!

Coordinated by Italy (ISS), 24 Countries participate, 5 work strands (1.monitoring, 2.healthy living environments, 3.migration, 4.access to health care, 5.HiAP). Based on policy analysis and country assessments, many actions are being implemented.

EXAMPLES of actions:

**Netherlands** => To develop a future-proof method for calculating trends in health inequalities, with educational level as SES indicator.

**Cyprus** => to create healthy living environment in kindergartens and reduce any inequalities among children from different provinces, ethnic groups or socio-economic backgrounds

**Sweden** => to support lower differences in vaccination uptake for children and adolescents, with the long- term aim to increase vaccination acceptance and reduce inequities.



# Final messages

- ✓ A ‘**social vaccine**’ must lead to **systemic change** and **sustainable** investments => towards a **wellbeing economy** at the core of recovery.
- ✓ From bio-medical <=> to also **psycho-social** action to tackle the *syndemic* pandemic and health inequality
- ✓ We need to think **long-term**, invest in **public health leadership** and boost **capacities** to work across sectors, advocate, access funds and opportunities
- ✓ **Share** examples and ideas and work with a **diverse range of actors** from **local, national** and **EU/WHO** to **global** levels.



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