It’s time!
Addressing Social Determinants of Health for Advancing Equity

The Swiss lab: useful for others?

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WHO webinar
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Switzerland → Vaud Canton


https://fr.wikipedia.org/wiki/Canton_de_Vaud
Switzerland
COVID-19 outcomes in minority ethnic groups in England

Study of over 17 million adults found that minority ethnic groups had a higher risk of:

- Testing positive for COVID-19
- COVID-19-related hospitalisations
- Admission to ICUs
- Death from COVID-19

Inequalities widened in the second wave for South Asian groups

Ethnic differences in SARS-CoV-2 infection and COVID-19-related hospitalisation, intensive care unit admission, and death in 17 million adults in England: an observational cohort study using the OpenSAFELY platform

Covid-19: the situation

- **Switzerland (8.5 millions)**
  - 7757 cases/100’000 inhabitants
  - >10’000 deaths
  - >3 millions of administrated doses of vaccine
  - 1 million of people fully vaccinated

- **Canton of Vaud (806’000)**
  - 10’177 cases/100’000 habitants
  - About 1000 deaths
  - > 280’000 administrated doses of vaccine
  - About 100’000 people fully vaccinated

- **Invisible and captive populations (forced migrants populations):**
  - **Asylum seekers** (6000/ 8.3%-> 50%)
  - **Prisoners** (1000/ 7.2%-> 14%)

  - at risk of health inequities before, during and after the COVID pandemia
Issues of health equity for invisible/captive populations

The UCL-Lancet Commission on Migration and Health: the health of a world on the move

The potential impact of COVID-19 in refugee camps in Bangladesh and beyond: A modeling study

Health inequities

Implementation of recommendations

Barriers to care

Socio-economic insecurity

Stigma, xenophobia, racism

Risk factors for SARS-CoV-2 among patients in the Oxford Royal College of General Practitioners Research and Surveillance Centre primary care network: a cross-sectional study

Racial Health Disparities and Covid-19 — Caution and Context

Inequity in Crisis Standards of Care

Leaving no one behind in the Covid-19 Pandemic: a call for urgent global action to include migrants in the Covid-19 response
«Good practices»

• **Implementation of recommendaitions:**
  - Communication (interpreters, low health literacy)
  - Access to masks and hydro-alcoholic solutions (public health office decisions)

• **Barriers to care:**
  - Interprofessionality of the teams (nurse practitioners, social assistants, interpreters)
  - Intersectionality approach of specific and complex needs
  - Case-management, clinical transition, navigation helpers
  - Mobility outreach

• **Socio-economic insecurity:**
  - Universal health coverage
  - Network with social assistants (medico-social care)

• **Stigma, xenophobia and racism:**
  - Advocacy
  - Teaching and learning

[https://wp.unil.ch/summerschools/courses/health-equity-in-chaotic-times-old-realities-new-challenges/]
What is not working?

• **Implementation of recommendations:**
  - Interpreters not always present
  - Access to masks (= community masks) and difficulties with the social distance (shelters, jails)

• **Barriers to care:**
  - Access (undocumented immigrants, homeless people)
  - Coordination of the health care actors (public, private, foundations, NGOs)
  - Mobility outreach (sex workers?)

• **Socio-economic insecurity:**
  - Universal health coverage? (undocumented immigrants, homeless people)

• **Stigma, xenophobia and racism**
  - The role of the media
  - The role of some political groups
Thank your for your attention

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