

COVID-19 has revealed a pandemic of inequality

Pervasive inequality in the Americas has fueled the COVID-19 pandemic and must be tackled.

Credit: PAHO

OVID-19 is the most consequential health crisis in a century. Since early 2020, the pandemic has challenged the Americas like no other region. As of November 2021, roughly 40% of COVID-19 cases in the world were reported in the Americas, even though the region is home to less than 13% of the global population.

There is no question that one of the drivers of the pandemic in our region has been unequal access to resources and health services. A recent report details how pervasive inequality has made Latin America and the Caribbean, in particular, more vulnerable to COVID-19. Indeed, with over half of the population relying on informal economic activities, some of the recommended public health measures, such as social distancing, were impossible to follow for many in Latin America and the Caribbean, leaving them at greater risk during the pandemic. And for those who became sick with COVID-19, pre-existing barriers have often stood in the way of access to adequate and culturally sensitive healthcare and treatment.

For decades, the Pan-American Health Organization (PAHO) has made health equity a priority, embedding it as a central value in our work to strengthen health systems.

Among these inequities, disparities due to gender and ethnicity stand out, as they often lead to unequal patterns of health risks, lack of access to services and lack of control over the allocation of health resources.

PAHO's Policy on Gender Equality in Health guides programs throughout the region and has been underpinned by a basic premise that gender mainstreaming in the health sector is fundamental. Gender mainstreaming strategies seek to assess and address the impact of socially constructed gender roles, norms and stereotypes.

Women and men should be equal decision-makers in matters related to their own health, but in the Americas, attaining

positions of power, including in the health sector, has not been easy for women. Although nine out of ten nurses are women, only one-quarter of executive positions in hospitals are held by women.

The position of women in society, in the workplace and in the household continues to be less valued than that of men. These outdated cultural norms must be understood and addressed in order to drive change. In the health sector, PAHO is promoting women's equality by creating career pathways, increasing opportunities for participation and leadership in decision-making and policy development, and improving work environments and remuneration.

During COVID-19, PAHO has repeatedly called on countries to include diverse women in positions of leadership to help guide the response to the pandemic. With the support of the Government of Canada, PAHO promotes women's participation and gender-sensitive strategies as a central component of technical cooperation for vaccine roll-out in countries. PAHO has also worked to highlight gender disparities through dedicated analysis of health outcomes by sex and to conduct a gender analysis of these disparities.

The asymmetric power wielded in modern society is not limited to gender. Marginalization and discrimination on the grounds of ethnicity, including institutional racism, interact negatively with other structural determinants, such as gender, and amplify health inequities in a region that is characterized by a rich ethnic and cultural diversity.

Recognizing this, in 2017 PAHO Member States approved our first Policy on Ethnicity and Health, an approach based on equality and mutual respect in order to achieve better health outcomes for "indigenous peoples, Afro-descendants...and members of other ethnic groups," as well as progress toward universal health coverage.

PAHO recommends that health systems at the local, state and national level collaborate with underserved populations to address existing barriers and gaps encountered when accessing healthcare services. To this end, PAHO champions knowledge dialogues, a methodology for working cooperatively with culturally diverse groups to design appropriate health interventions.

During the pandemic, PAHO has worked closely with Indigenous and Afro-descendant partners to co-design communication strategies for risk prevention. PAHO has also brought together government ministers of health with indigenous and Afro-descendant networks and leaders to identify priorities and develop a framework for tackling the pandemic in these communities, which is now being put into action.

The uneven impact of the pandemic and the discrepancies in vaccine access in the Americas have put a spotlight on health equity as an essential component of the fight against COVID-19. Effectively addressing health equity will accelerate recovery and set the foundation for rebuilding more equal health systems.

The quest for access to universal health coverage has never been more urgent. Leaders from the Americas should embrace and integrate equitable, gender-sensitive and intercultural approaches into all facets of public health so that our health systems leave no one behind.

Carissa F. Etienne[™]

Pan American Health Organization, Washington, DC, USA.

[™]e-mail: director@paho.org

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Competing interests

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