

MOVING BEYOND SILOS: AN INTERSECTIONAL LENS TO EXAMINE THE MULTIDIMENSIONAL CRISES OF COVID-19

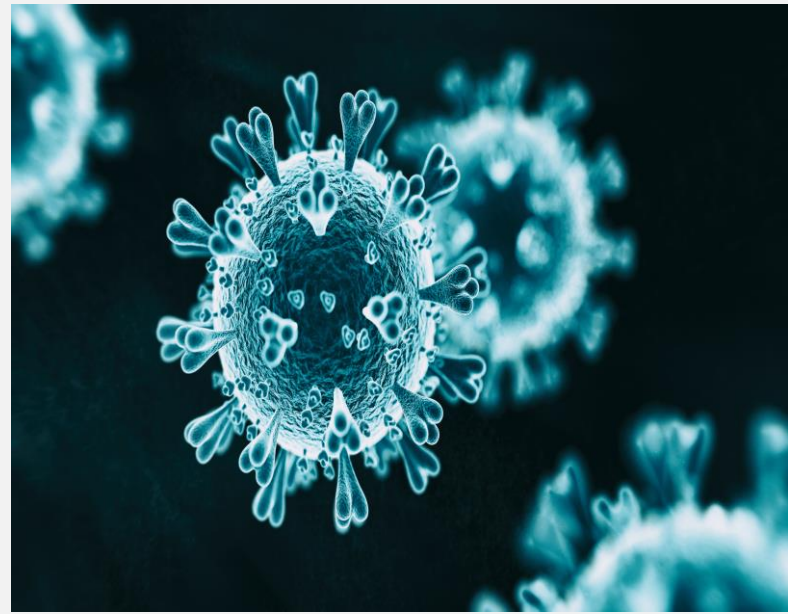
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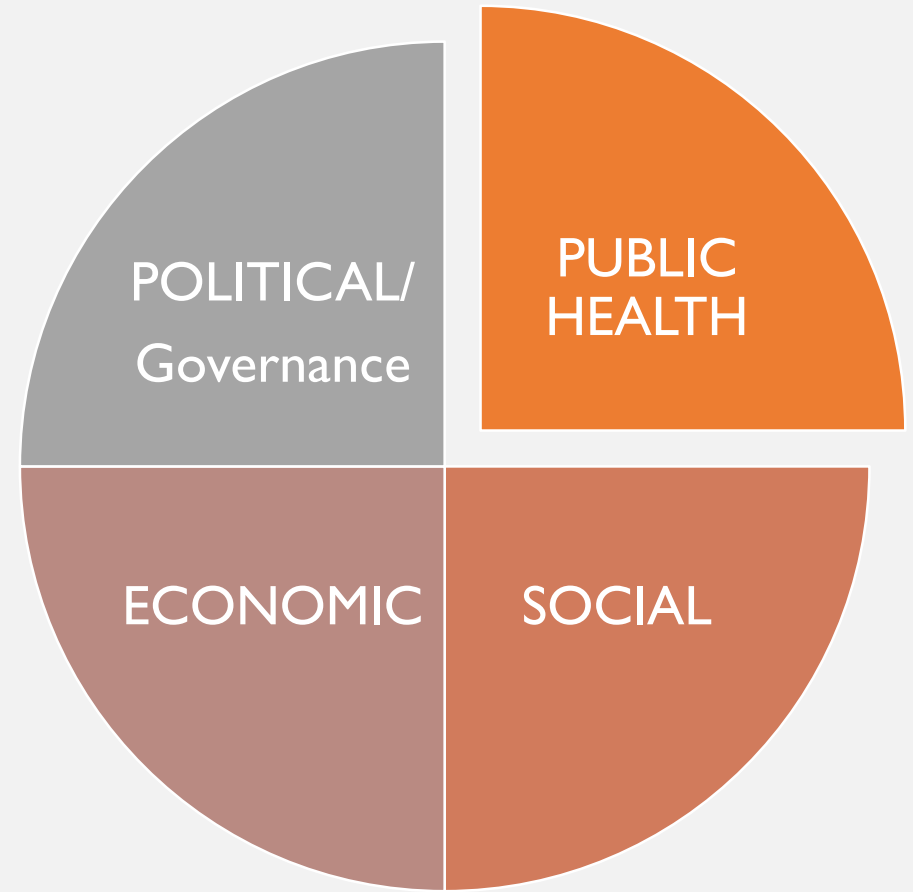


OUTLINE

- I. The multi-faceted crises of COVID-19
- II. Differential risks and burden- the case for Intersectionality in tackling COVID-19
- III. What is intersectionality and why does it concern us all?
- IV. Case vignette: increased vulnerability of HCWs
- V. Implications & Recommendations



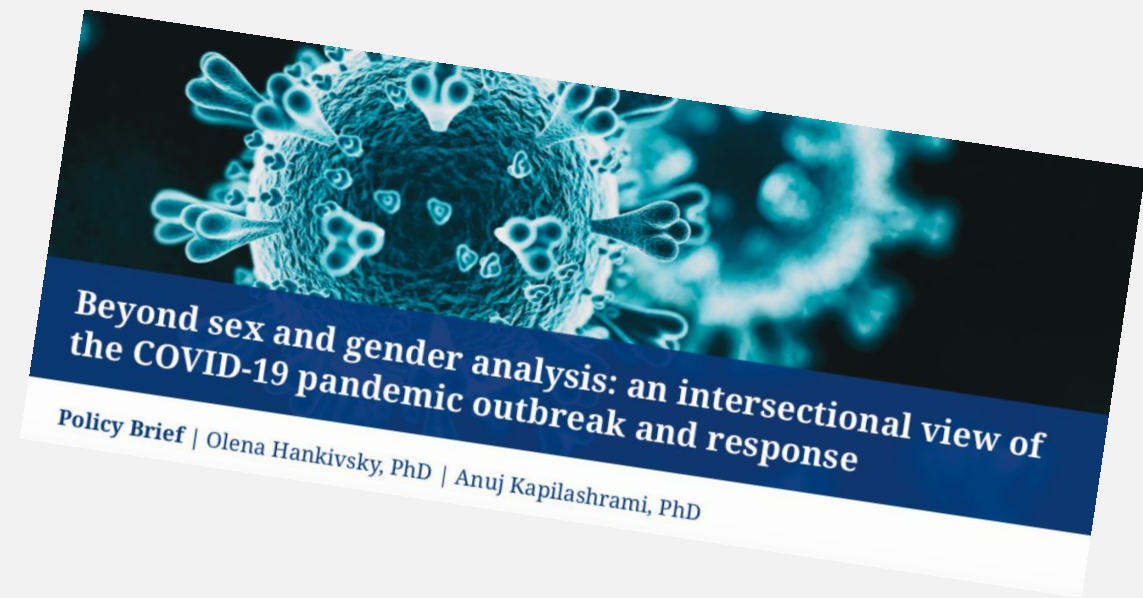
MULTIPLE CRISES



COVID-19 NOT “the great equalizer”!

DIFFERENTIAL RISKS

- Risk of infection, severe illness and death are unequally distributed
 - age, sex/gender, co-morbidities and chronic conditions
- This did not capture disparities in distribution of risk factors.
 - E.g. CVD and diabetes are heightened for ethnic minorities in high-income countries. Where data on race and ethnicity is available, higher rates of COVID-19 infection and death are reported among ethnic minorities in US & UK.
- Specific conditions, including lack of basic amenities like housing, health care, and accessible COVID-19 information, place groups like migrant workers and refugees at greater danger of infection/ death.



DIFFERENTIAL BURDENS: IMPACT OF CONTAINMENT MEASURES

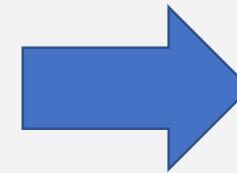
- Futility of standard social distancing & isolation measures

- Homeless persons, those living in slums, migrants, and refugees residing in camps and detention centres.

Cramped conditions of work and living, poor water, and sanitation facilities necessary to maintain hygiene or practice physical distancing.

- Gendered impacts of lock down measures

- Care burden of the pandemic is mostly on women; albeit not evenly shared. Single mothers, those with precarious employment without social security, and women in front-line caring, domestic and health work, are worse off.
- Increased risk of gender based violence among women and children but migrant, poor, and disabled women have less access to resources or supports.



SILOED thinking is insufficient.

Need for collecting & analysing data on a wide range of factors.

Exploring how they interact to shape COVID-19 risks and responses.

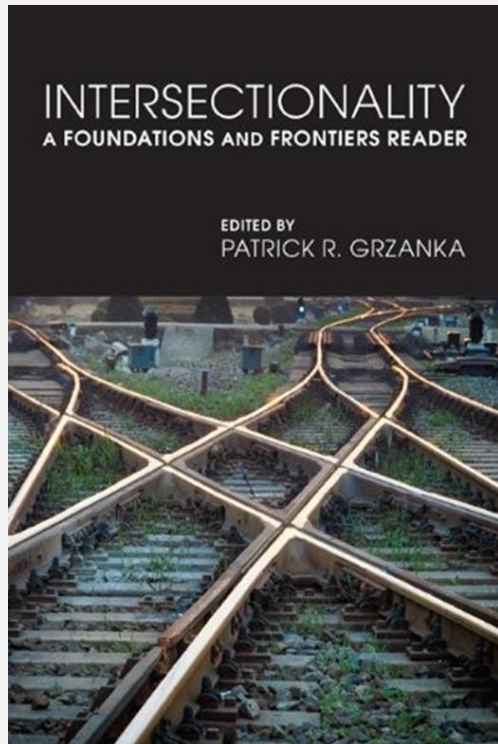
WHAT'S INTERSECTIONALITY?

- Human beings are shaped by the **interaction** of different social locations (e.g. 'race'/ethnicity, Indigeneity, gender, class, sexuality, geography, age, disability/ability, migration status, religion).
- These interactions occur within a **context of connected systems and structures of power** (e.g. laws, policies, state governments and other political and economic unions, religious institutions, media).
- Through such processes, **interdependent forms of privilege and oppression** shaped by colonialism, imperialism, racism, homophobia, ableism and patriarchy are created.



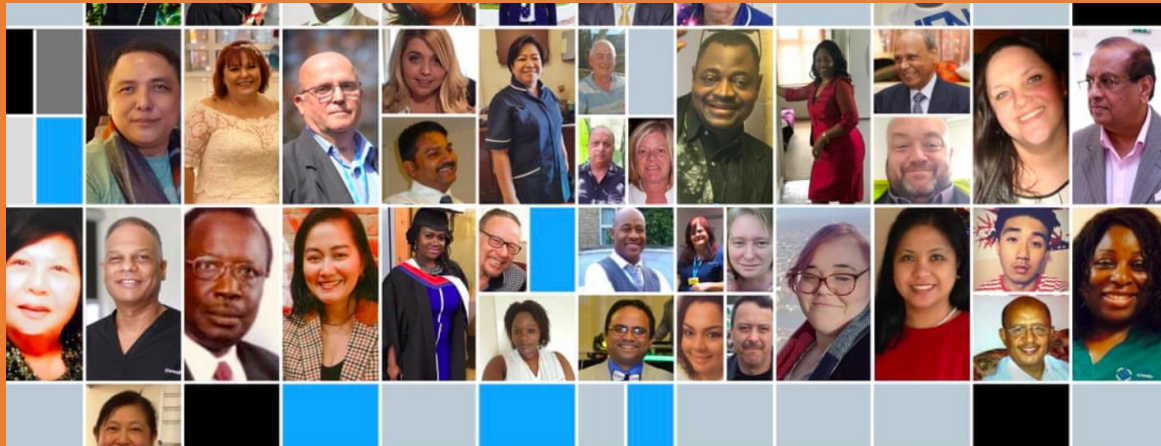
(Hankivsky 2014)

WHY INTERSECTIONALITY OFFERS A PLATFORM FOR THINKING DIFFERENTLY ABOUT THE PANDEMIC?



1. Refuses a pre-determined hierarchy of vulnerable groups; and rejects a universal conception of their experiences
2. Shows risks and impacts are shaped by a *web of intersecting factors*, including age, sex, gender, health status, geographic location, disability, migration status, race/ethnicity, & socioeconomic status (SES).
3. Examines how factors experienced at individual and group levels are shaped by processes and structures of power (e.g., capitalism, globalization, patriarchy, racism, patriotism nationalism, and xenophobia) to create an interplay of advantages and vulnerabilities

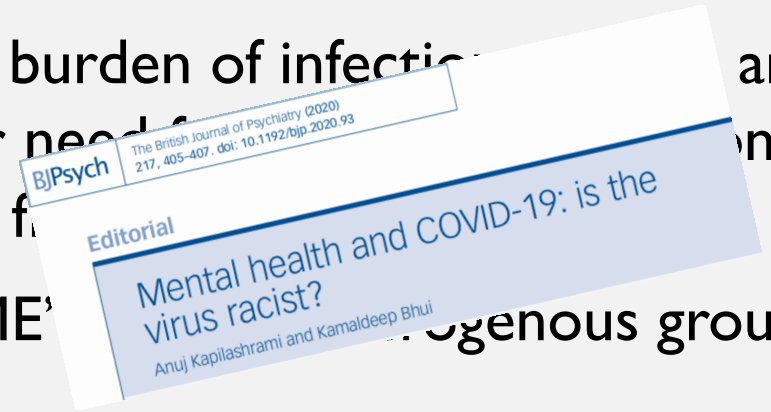
NHS & HEALTH & SOCIAL CARE WORKERS



Doctors, nurses, porters, volunteers: the UK health workers who have died from Covid-19

▲ Some of the many health workers whom Britain has lost.

- Increased vulnerability of HCWs in health systems
- Excess burden of infection and greater need for support and people for
- ‘BAME’ indigenous group



Preliminary results from I-COPE (Intersectional view of Covid-9 Protections and Experiences) UK survey of Health & Social Care Workers (Kapilashrami et al.) show:

- Ethnicity + migrant status + seniority and professional cadre

HOW DO WE INCORPORATE AN INTERSECTIONALITY FOCUS?



IBPA GUIDING PRINCIPLES



- **Move beyond sex disaggregated data using a gender perspective**
- **Collect diverse data; Contextualize data**
- **Undertake an intersectionality analysis of national and global responses**
- **Broaden bailout and stimulus packages to prioritise those most at risk - REVISIT THE DYNAMIC & MUTUALLY CONSTITUTIVE NATURE OF VULNERABILITIES WHEN IDENTIFYING WHO'S WORSE OFF!**
- **Move beyond a deficit model in planning recovery** to simultaneously emphasize resourcefulness, resilience, agency and strength.

<https://www.qmul.ac.uk/media/global-policy-institute/Policy-brief-COVID-19-and-intersectionality.pdf>

<https://blogs.bmj.com/bmj/2020/05/15/intersectionality-offers-a-radical-rethinking-of-covid-19/>