Future pandemics demand a response that's better focused on inequities [1]

One way to prevent health and social inequities in pandemic preparedness is to incorporate intersectionality into planning.
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Excerpts

With COVID-19 no longer considered a public health emergency of international concern, the federal government is engaging in efforts to improve pandemic preparedness both domestically and globally, recognizing the need to learn from COVID-19 and prepare for the next potential infectious disease crisis.

Among the many lessons learned from the pandemic is the need to better mitigate the health and social inequities exacerbated by, and created within, COVID-19 responses.

One way to prevent such inequities is to incorporate intersectionality into pandemic preparedness. Intersectionality refers to how multiple social identities – such as race, gender, sexual orientation, socioeconomic status and disability – intersect with structural conditions and can further disadvantage individuals in more than one of these categories.

While incorporating intersectionality into pandemic preparedness is a complex task, we suggest three key starting points: use pre-pandemic data to better identify such individuals; use this data to identify their unique needs and tailor future pandemic measures accordingly; and develop plans that look beyond social identities to consider how political and socioeconomic structures shape lived experiences.

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Intersectionality grew from Black feminists' activism in the U.S. challenging a one-size-fits-all approach in feminist and antiracism movements. While the term was coined by Kimberlé Crenshaw in the late 1980s, it represents a movement with a long history in the U.S., Canada and globally.

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Intersectionality has been defined by Lisa Bowleg as "a theoretical framework for understanding how multiple social identities such as race, gender, sexual orientation, SES (socioeconomic status), and disability, intersect at the micro level of individual experience to reflect interlocking systems of privilege and oppression (i.e., racism, sexism, heterosexism, classism) at the macro social-structural level."

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We suggest three key starting points for future Canadian pandemic preparedness plans:

First, use pre-pandemic data to identify different societal groups. For instance, data on who is more likely to experience poor health outcomes and limited health-care access could indicate who is more at risk during a pandemic.

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Those marginalized in society are likely to be even further marginalized during pandemics, so identifying such groups is the first step in working with them to address current risk factors and prepare to mitigate issues that might emerge during a pandemic.

Second, apply this data, in consultation with identified priority populations, to tailor pandemic preparedness to meet their needs. This must include critically engaging with the potential negative secondary effects of public health measures by asking: who is most likely to be affected?

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Third, develop pandemic preparedness plans that look beyond social identities to consider how political and socioeconomic structures shape lived experiences.

Immigration policies, for instance, affect the employment opportunities and other conditions of newcomers, while child-care policies shape unpaid care, mostly affecting women. An immigrant woman's experiences are therefore shaped by these and other structures in society.

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Incorporating intersectionality into pandemic preparedness will not only protect those most at risk of the health, social and economic costs of health crisis, it will also improve preparedness to the benefit of all.
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[1] https://childcarecanada.org/documents/research-policy-practice/23/08/future-pandemics-demand-response-%E2%80%99s-better-focused [2] https://policyoptions.irpp.org/magazines/august-2023/intersectional-pandemic-response/#:~:text=Health-,Future%20pandemics%20demand%20a%20response%20that's%20better%20focused%20on%20inequities,to%20incorporate%20intersectionality%20into%20planning [3] https://childcarecanada.org/taxonomy/term/7864 [4] https://childcarecanada.org/taxonomy/term/9040 [5] https://childcarecanada.org/category/tags/social-policy [6] https://childcarecanada.org/taxonomy/term/9346 [7] https://childcarecanada.org/taxonomy/term/9052