

Inequality Affects the Covid-19 Pandemic

KRI VIEWS 22/20 | 30 March 2020 | Jarud Romadan Khalidi

Views are short opinion pieces by the author(s) to encourage the exchange of ideas on current issues. They may not necessarily represent the official views of KRI. All errors remain the authors' own.

This article was prepared by Jarud Romadan Khalidi, researcher at Khazanah Research Institute (KRI). The author is grateful for the valuable comments from Prof. Dr Jomo Kwame Sundaram.

Author's email address:

jarud.khalidi@krinstitute.org

Attribution – Please cite the work as follows:
Jarud Romadan Khalidi. 2020. Inequality affects the Covid-19 pandemic. Kuala Lumpur: Khazanah Research Institute.
License: Creative Commons Attribution CC BY 3.0.

Translations – If you create a translation of this work, please add the following disclaimer along with the attribution: This translation was not created by Khazanah Research Institute and should not be considered an official Khazanah Research Institute translation. Khazanah Research Institute shall not be liable for any content or error in this translation.

Information on Khazanah Research Institute publications and digital products can be found at www.KRIInstitute.org.



Introduction

It is often said that Covid-19 does not discriminate— infection is not determined by race, religion nor socioeconomic status. Some even call it the great equaliser¹. Statements which, although might be true, are nevertheless misleading. While the coronavirus may not discriminate, we should not dismiss the fact that disadvantaged groups are most vulnerable in this pandemic as underlying inequalities affect the distribution of health outcomes².

Health inequalities

Health inequalities refer to disparities in health outcomes among different segments of a society, say, between the rich and the poor. Generally, those weaker and more vulnerable bear the brunt of illnesses and other health problems. For example, the national prevalence of

¹ Owoseje (2020)

² Solar et al. (2020)

diabetes mellitus in 2015 was 1.8 times higher among adults from the poorest household income quintile i.e. the bottom 20%, than among adults from the richest household income quintile i.e. the top 20%³. This gap is also seen for many other non-communicable diseases' (NCDs) risk factors, including hypertension (high blood pressure) and hypercholesterolemia (high cholesterol)⁴.

This is worrying as the World Health Organization stated that Covid-19 is deadlier for those with pre-existing health conditions which statistics show to be more prevalent in poorer households⁵.

Aside from pre-existing conditions, the elderly also comprise a high-risk group⁶. Unsurprisingly, NCDs account for most of the disease burden in older people⁷. Moreover, 23.0% of heads of B40 households were aged 60 and above compared to only 8.7% of T20 households⁸. Hence, low-income earners are more likely to be sick and old, both groups at higher risk of getting severe Covid-19 and of succumbing to it⁹.

Other factors also generally increase disadvantaged communities' vulnerability to diseases. For Covid-19, physical distancing and practicing good hygiene, including washing hands with clean water and soap, reduce the likelihood of infection¹⁰. However, these apparently simple tasks and requirements may not be equally achievable for all due to their living and working conditions. Foreign workers—one of the least compensated groups of employees¹¹—are often forced to live in cramped quarters, often taking turns in the same bed, with poor sanitation¹². Many occupants of People's Housing Projects or PPR (mostly low-income households) live in overcrowded, slum-like conditions with poor amenities and facilities¹³, increasing the risk of catching communicable diseases should a resident or visitor be infected.

Exacerbating inequality

Our social status affect our vulnerability and resilience to shocks. Inequality not only influences the distribution of health resources, but also our different predispositions to diseases. Inadvertently, health outcomes favour the better off on average, although anecdotal exceptions to the contrary are often frequently cited. Importantly, such differences tend to be mutually reinforcing, often perpetuating our respective social conditions, sometimes caricatured as the

³ IPH (2015)

⁴ Ibid.

⁵ Ibid., WHO (2020a)

⁶ WHO (2020a)

⁷ IHME (n.d.)

⁸ KRI (2018)

⁹ WHO (2020a)

¹⁰ WHO (2020b)

¹¹ DOS (2019)

¹² Bedi (2020)

¹³ Puteri Marjan Megat Muzafar et al. (2020), Azmi et al. (2019)

cycle of poverty. It is often observed that poverty breeds ill-health, while ill-health perpetuates poverty. Ill health diminishes incomes and increases health care costs. Low incomes contribute to ill health via a multiplicity of deprivations such as inadequate healthcare and unsanitary living conditions¹⁴.

Even if low income earners are not infected, they are more likely to suffer income loss as a result of the movement control order (MCO) due to being daily-rated, forced to take unpaid leave or being unemployed. Studies estimate that the pandemic could cause unemployment in the country of between 1m to 2.4m workers¹⁵. Self-employed and gig workers do not have access to paid sick leave and most are not covered by social protection schemes¹⁶. Inequalities may thus actually worsen with the pandemic. By several officially cited measures, Malaysia has significantly reduced household income inequality over the decades¹⁷. However, this progress will be reversed if not enough is done.

Conclusion

Lessons from the pandemic highlight how governments riven by inequality fail to act effectively¹⁸. To cushion the impacts of the Covid-19 pandemic, the government must provide a comprehensive and equitable stimulus package to help the vulnerable, not only during the pandemic, but also after. While this article does not discuss the latest package revealed on 27 March in any detail, several biases are obvious, including the modest RM600 wage subsidy payout and the omission of some key affected groups from the plans, including foreign workers, especially the majority of undocumented ones.

Hopefully, this pandemic will force Malaysia to review its social policies. If positive measures introduced in response to this pandemic remain, or bring about lasting improvements in public health, social protection and counter-cyclical measures, funding and reform, particularly to assist neglected vulnerable groups, will ensure that this crisis is not wasted, and can prevent sustainable development and inequality from getting worse.

¹⁴ Wagstaff (2002)

¹⁵ MIER (2020), Daily (2020)

¹⁶ ILO (2020)

¹⁷ KRI (2018)

¹⁸ Thomas (2020)

References

- Azmi, NF et al. 2019. *A Study of Overcrowding Factors in Public Low-Cost Housing in Malaysia*. Journal of Building Performance 10 (1).
- Bedi, Rashvinjeet S. 2020. *Ngo: Include Undocumented Migrant Workers and Refugees in Covid-19 Response Plan*. The Star. <https://www.thestar.com.my/news/focus/2020/03/22/ngo-include-undocumented-migrant-workers-and-refugees-in-covid-19-response-plan>.
- Daily, The Sun. 2020. *Up to 1m Malaysians Could Face Unemployment*. . The Sun Daily. <https://www.thesundaily.my/local/up-to-1m-malaysians-could-face-unemploymentEL2159464>.
- DOS. 2019. *2018 Salaries and Wages Survey Report*. Putrajaya: Department of Statistics Malaysia.
- IHME. n.d. "Gbd Results Tool." Institute for Health Metrics and Evaluation. <http://ghdx.healthdata.org/gbd-results-tool>.
- ILO. 2020. *Covid-19 and World of Work: Impacts and Responses*. Geneva: International Labor Organization. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_738753.pdf.
- IPH. 2015. *National Health and Morbidity Survey 2015-Volume Ii: Non-Communicable Diseases, Risk Factors & Other Health Problems*. National Institutes of Health, Ministry of Health Malaysia.
- KRI. 2018. *The State of Households: Different Realities*. Kuala Lumpur: Khazanah Research Institute.
- MIER. 2020. "Press Statement: The Economic Impacts of Covid-19." Malaysian Institute Of Economic Research.
- Owoseje, Toyin. 2020. "Coronavirus Is 'the Great Equalizer,' Madonna Tells Fans from Her Bathtub." CNN. <https://edition.cnn.com/2020/03/23/entertainment/madonna-coronavirus-video-intl-scli/index.html>.
- Puteri Marjan Megat Muzafar et al. 2020. *The Impact of Covid-19 on the Urban Poor: Three Major Threats – Money, Food and Living Conditions*. Kuala Lumpur: Khazanah Research Institute. <http://www.krinstitute.org/assets/contentMS/img/template/editor/The%20Impact%20of%20Covid-19%20on%20the%20Urban%20Poor.pdf>.
- Solar, Orielle et al. 2020. *A Conceptual Framework for Action on the Social Determinants of Health*. Geneva: World Health Organization. https://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf.
- Thomas, Julia Adeney. 2020. "The Blame Game: Asia, Democracy and Covid-19." <https://www.asiaglobalonline.hku.hk/blame-game-asia-democracy-and-covid-19>.
- Twohey, Megan et al. 2020. *Need a Coronavirus Test? Being Rich and Famous May Help*. The New York Times. <https://www.nytimes.com/2020/03/18/us/coronavirus-testing-elite.html>.
- Wagstaff, Adam. 2002. *Poverty and Health Sector Inequalities*. Bulletin of the world health organization 80:97-105.

- WHO. 2020a. *Coronavirus Disease 2019 (Covid-19) Situation Report – 51*. World Health Organization. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_8.
- WHO. 2020b. "Coronavirus Disease (Covid-19) Advice for the Public." <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>.