

WORDS BEYOND THE PANDEMIC: A HUNDRED-SIDED CRISIS

Coord.: José Reis
A collective work by CES

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Centro de Estudos Sociais
Universidade de Coimbra



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HEALTH AND SOCIETY

João Arriscado Nunes, Mauro Serapioni

At the beginning of 2020, the COVID-19 pandemic erupted in the midst of a major reform of the National Health Service (NHS) and the approval of a new Basic Health Law. These aimed at returning to the NHS – after the 2008 crisis, the austerity policies imposed by the Troika and the moves towards privatisation – its central role in ensuring the right to health and access to health care. The current crisis showed the crucial importance of the welfare state, social policies and, in particular, universal public health systems. But it also revealed limitations and vulnerabilities which tend to become more visible in times of crisis and are therefore particularly significant when the scenario of collapse becomes a possibility, with unevenly distributed consequences.

A public health emergency such as the one lived in 2020 creates such pressure on the system that it can cause it to collapse if there is no capacity to contain the situation – through measures based on surveillance, case tracking, testing, hygiene and personal protection and isolation. And, when deemed necessary, through quarantine and lockdown of territories and populations, with the resulting social, economic and political consequences.

Several lessons can be taken from the COVID-19 pandemic and the way it has been handled, starting with understanding the mutually constitutive relations of the problems of public health, ecology, political economy, social relations, State, and political participation.

It is on this understanding that support for public policies to strengthen NHS and public health action in emergency situations can be based:

- Affirmation of health as transversal to all public policies;
- Strengthening the funding of the NHS and public health institutions and services and of research targeted at vulnerabilities and public policies addressing them;
- Preparation of health units for major – both in size and impact – health emergencies, taking into account the territorial and social context of their interventions;
- Protection of health professionals and workers by creating and adequately distributing equipment stocks;
- Developing of a greater articulation between the NHS and its units and the public health area, to ensure a timely and effective response to health emergencies;
- Greater involvement of health institutions with society and with organisations and movements linked to health or involved with vulnerable populations, in articulation with civil defence and the NHS, and greater capacity for intervention in situations of vulnerability;
- Provision of training, through outreach activities – based on a collaboration between higher education, research and health institutions, and civil defence – for intervention in public health actions and emergencies;
- Health education aimed at empowerment to respond to emergency situations and promote health in schools and other environments.