

Policy Brief

Authors: Snežana Bojkovska
and Ivana Petrovska

“Protecting the vulnerable ones during the pandemic”

From the beginning of the pandemic until today, we can see a fall in all areas of a people's activity. Many businesses did not need workers during the pandemic and as a result, a lot of workers lost the jobs. However, this is not the central problem that people face today. In addition to the critical financial situation that directly affects all other spheres of life, many people during the pandemic are psychologically affected. The current situation is only getting worse and today we face many changes in society. We are not used to what is happening to the world today.

Everyone in society is currently thinking about the end of the pandemic, yet no one has the right solution because the media is overcrowded with information of how the pandemic is taking over the world and no one is motivated to give a solution. To support the vulnerable persons, the government must lower the taxes, give financial support to the local businesses, and reduce unnecessary expenses.

Problem Statement

Most of the people affected by the Coronavirus are the workers, elderly people, underage, minority communities, migrants, prisoners, sex workers, drug users, poor people, people with disabilities, etc. At this point, the categories who faced financial instability before the pandemic like sex workers, people who live in poverty, the elderly, etc. are affected even more because the state institutions are not able to provide full support. Among the affected are the students who are unable to find a job, nor to finish their studies properly.

Policy Options

Students will receive partial reimbursement of university tuition fees and IT courses. A lot of students lack financial support. Even those students who are financially stable barely funded a semester. Students need to buy books and they are expensive. Many of the students who come from poor families decided not attend

university this year. Consequently, this situation increased the number of employment because the same students are searching for jobs and they are unable to get one because they do not have a degree.

Our government decided to raise the prices of medical supplies and hygiene products. People were not ready for these changes. At the moment, we have great medical students who are capable to work as nurses and as a result, ensure the same job in the future. Because of the high prices, poor families, the elderly, minority communities, etc. cannot buy medical supplies or other essential products. Given the fact, the number of infected people can double because of their financial incapability to buy essential medical supplies to protect themselves.

Vulnerable households received financial support through existing social schemes and cash vouchers, yet it was not enough. Moreover, people also received a certain amount of money to buy essential products, however, this was not sufficient. Therefore, people started to sell their cash vouchers. Others managed to save money and buy cheaper food products. Most of the people received the cash vouchers, albeit many poor families and people from ~~roma~~ community did not get any financial help.

The government is unable to protect fully the vulnerable persons. Despite most people do not

comprehend the true risks of the Covid-19, the government should organize a better plan to manage this challenge.

Besides, the hospitals are crowded with people treating the Covid-19. This led to a reduction of the other medical services. Therefore, healthcare institutions must change this policy. They need a well-thought strategy to provide medical services for all people in need, not only for those with Covid-19.

Recommendations

Hygiene products must be cheaper. Thus, people could buy them without financial burden. Thus, people can buy them more easily and protect themselves from the virus.

We need to engage the graduated medical students to support the poor families. As a result, the poor will save money and avoid the risk of infection by visiting the hospitals.

The elderly need to stay in quarantine in order to protect themselves from the virus. The young students should be available to buy them daily groceries and other material products they need.

There should be a center outside of the coronavirus zone where people with other illnesses can be checked by a doctor 24/7.

Conclusion

Several important things should be taken into consideration during this pandemic, and the most important thing is the effort to save as many lives as possible because every life matters. The governments should work hard to protect people.

References

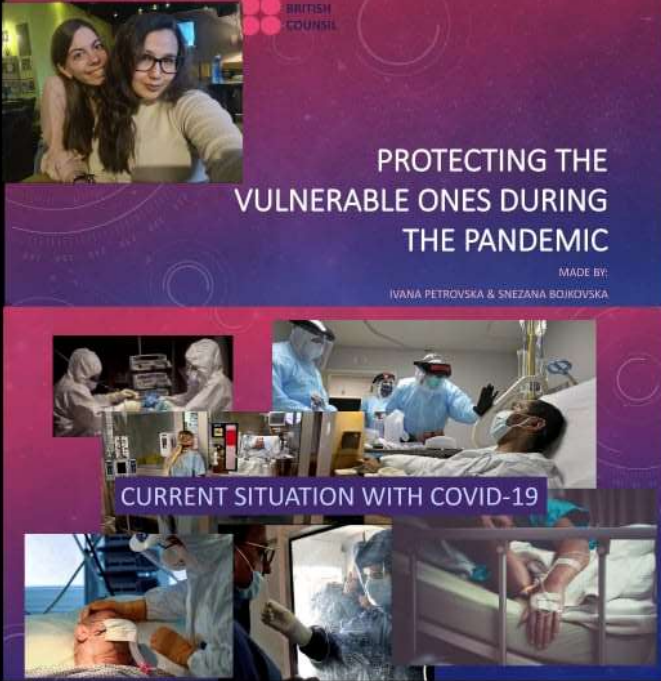
1. National Public Radio (2020). *Singapore Wins Praise for its COVID-19 Strategy, The U.S. Does Not*. Available online at: <https://www.npr.org/sections/goatsandsoda/2020/03/12/814522489/singapore-wins-praise-for-its-covid-19-strategy-the-u-s-does-not>
2. Washington Post (2020). *The Coronavirus Is Infecting and Killing Black Americans at an Alarming High Rate*. Available online at: <https://www.washingtonpost.com/nation/2020/04/07/coronavirus-is-infecting-killing-black-americans-an-alarmingly-high-rate-post-analysis-shows/?arc404=true>
3. Link, B. G., and Phelan, J. (1995). Social conditions as fundamental causes of disease. *J. Health Socio. Behav.* 80–94. doi: 10.2307/2626958
4. Braveman, P. A., Cubbin, C., and Egertar, S. (2005). Socioeconomic status in health research: one size does not fit all. *J. Am. Med. Assoc.* 294, 2879–2888. doi: 10.1001/jama.294.22.2879
5. Lutfay, K., and Freese, J. (2005). Toward some fundamentals of fundamental causality: Socioeconomic status and health in the routine clinic visit for diabetes. *Am. J. Socio.* 110, 1326–1372. doi: 10.1086/428914
6. Adler, N. E., and Rehkopf, D. H. (2008). U.S. disparities in health: descriptions, causes, and mechanisms. *Ann. Rev. Public Health*, 29, 235–252. doi: 10.1146/annurev.publhealth.29.020907.090852
7. Elo, I. (2009). Social class differentials in health and mortality: patterns and explanations in comparative perspective. *Ann. Rev. Socio.* 35, 553–572. doi: 10.1146/annurev-soc-070308-115929
8. Williams, D. R., Mohammed, S. A., Leavell, J., and Collins, C. (2010). Race, socioeconomic status, and health: Complexities, ongoing challenges, and research opportunities. *Ann. N.Y. Acad. Sci.* 1186, 69–101. doi: 10.1111/j.1749-8632.2009.05339.x
9. Oates, G. R., Jackson, B. E., Partridge, E. E., Singh, K. P., Fouad, M. N., and Bae, S. (2017). Sociodemographic patterns of chronic disease: how the Mid-South region compares to the rest of the country. *Am. J. Prev. Med.* 52(1 Suppl. 1), S31–S39. doi: 10.1016/j.amepre.2016.09.004
10. Lee, B. Y., Brown, S. T., Bailey, R. R., Zimmerman, R. K., Potter, M. A., McGlone, S.

M., et al. (2011). The benefits to all of ensuring equal and timely access to influenza vaccines in poor communities. *Health Affairs* 30, 1141–1150. doi: 10.1377/hlthaff.2010.0778

11. Lorant, V., Boland, B., Humblet, P., and Deliege, D. (2002). Equity in prevention and health care. *J. Epidemiol. Commun. Health* 56, 510–516. doi: 10.1136/jech.56.7.510
12. Shi, L., and Steven, G. D. (2005). Vulnerability and unmet health care needs. *J. General Internal Med.* 20, 148–154. doi: 10.1111/j.1525-

1497.2005.40136.x

13. James, A. S., Hall, S., Greiner, K. A., Buckles, D., Born, W. K., and Ahluwalia, J. S. (2008). The impact of socioeconomic status on perceived barriers to colorectal cancer testing. *Am. J. Health Promot.* 23, 97–100. doi: 10.4278/ajhp.07041938
14. U.S. Bureau of Labor Statistics (2018). Available online at: <https://www.bls.gov/charts/american-time-use/work-by-fppt-job-edu-p.htm>



BRITISH COUNCIL

PROTECTING THE VULNERABLE ONES DURING THE PANDEMIC

MADE BY:
IVANA PETROVSKA & SNEZANA BOJKOVSKA

CURRENT SITUATION WITH COVID-19

**BRIGHT
FUTURE
AWAITS**