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EDITORIAL

How to protect people in response to COVID-19 economic downturns: Insights from past economic crises

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We welcome the study by Thor Norström and Iman Dadgar (ref, this issue) which adds to the growing body of evidence that recessions do not inevitably cause mortality to rise [1] and may actually reduce it [2]. By looking at total, infant and 65+ all-cause mortality across 21 OECD countries from 1960 to 2016, they find that higher unemployment rates are associated with lower all-cause mortality in the short term, whereas higher GDP is associated with lower all-cause mortality in both the short and long term.

All these findings are intuitive and plausible. In the long term, it is well established that higher GDP is correlated with many improvements in the many social determinants of health, such as education and income, as well as health systems development [3]. In the short term, while the inverse association of all-cause mortality with unemployment rates may seem counterintuitive [2], it has been attributed to short-term reductions in alcohol consumption and road traffic deaths – both major causes of premature mortality.

The key question remains: what do these findings means for policy and practice? And what do they mean now at a time of COVID-19 and its economic aftermath?

First, economic shocks pose a clear threat to health and well-being. Looking at all-cause fluctuations can mask patterns which emerge in specific causes of death. For instance, during economic crises, suicides have tended to increase, even as road traffic deaths decline [4]. When economic changes are particularly large, unanticipated and fundamentally restructure people's ways of living and being (as with COVID), and social support is weak or missing, the consequences for health are likely to be worse and enduring [4]. A prime example is the large increase in male mortality that occurred after the collapse of the Soviet Union, exacerbated by unemployment spikes and radical restructuring of Soviet firms [5]. While we should welcome any improvements in road safety, there is also a need to remain vigilant about preventing such 'economic suicides' – that is, suicides that would not have happened absent the presence of an economic shock.

Second, for COVID, the economic consequences are highly unequal. Although the current recession has been deep, there are projections of a fast recovery in association with increasing vaccine uptake. Nortstrom and Dadgar's findings suggest that attention will need to be paid to ensure an equitable recovery. In fact, their data indicate economic recovery itself could pose harm to people's health. The latter is in line with previous research that has found unhealthy behaviours and road traffic accidents to increase with economic booms [2].

Third, it is not a question of if but when austerity measures will be put in place in the aftermath of COVID [6]. Past data show this is a far bigger threat to health than recessions per se. Many European countries have accumulated large debts and deficits in responding to COVID, and already the IMF has

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begun pushing for continuing large austerity programmes. In Greece's calamitous downturn after 2007, the health of the population suffered greatly, albeit not when the recession started but when deep austerity measures began in 2011. Greece has yet to recover fully [7,8].

Finally, the world is restructuring in the aftermath of COVID. Work is decentralising further, triggering risks of isolation and loneliness. Deindustrialisation, already haphazard prior to COVID, is continuing apace, further polarising people's lives and prospects within many countries. Precariousness is no longer an exception but a new norm, affecting both housing and work. Risks that were once born by states and companies are increasingly shifted to individuals.

All these fundamental changes in a post-COVID world are likely to have much more substantial impacts on health than will short-term recessions. Will we see a large-scale 'cohort effect' of youth falling economically behind their parents and grandparents? How will this affect the health of younger generations? Will deindustrialisation continue to exclude middle-aged workers from the labour market? How can post-COVID opportunities for change be leveraged to build a healthier, fairer world? The public health imagination that fuelled the launch of the New Deal and the Beveridge Plan, greatly expanding social support in the hardest of times, is needed now more than ever. Clearly, there is a busy agenda for social epidemiologists in the years ahead.

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