

Integrating the global health perspective in schools of public health: lessons learned from the Covid-19 pandemic

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Arroyo HV.
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Salud Publica Mex. 2022;64:599-605.
<https://doi.org/10.21149/13656>

Abstract

This essay discusses the need for schools of public health to convene to implement the practice of public health teaching and research by training health leaders, generating knowledge, and providing health and social services that contribute to the well-being of the community. Since their inception, the academic, research and service programs of some schools have been designed to serve as partners and allies of governments and the health sector in general. Part of their role has been to identify health risks to communities, design strategies to address major problems affecting health, create databases for assessment and intervention in conditions affecting the health of communities, as well as advise government authorities and other social sectors in health education efforts and preventive approaches. These programs have also been an essential part of the design, evaluation and implementation of organizational models of health services and institutional and community clinical care, in addition to integrate public health and health services in the development of unique models at the national level. Likewise, these have extended the scope of actions and services to other state agencies, companies and private health sector organizations, which benefit directly from the experience of the schools of public health. The academic, research and service programs have also strengthened the professional competencies of graduates of the academic programs, who occupy essential decision-making positions.

Keywords: education; public health; global health; Covid-19

Arroyo HV.
Integración de la perspectiva de salud global en las escuelas de salud pública: lecciones aprendidas de la pandemia de Covid-19.
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<https://doi.org/10.21149/13656>

Resumen

En este ensayo se plantea la necesidad de que las escuelas de Salud Pública convoquen a implementar la práctica de enseñanza e investigación en salud pública mediante la formación de líderes en salud, la generación de conocimiento y la prestación de servicios sociales y de salud que contribuyan al bienestar de la comunidad. Desde sus inicios, los programas académicos, de investigación y de servicio de algunas escuelas han sido diseñados para servir como socios y aliados de los gobiernos y del sector salud en general. Parte de su función ha sido identificar los riesgos para la salud de las comunidades, diseñar estrategias para abordar los principales problemas que afectan la salud, crear bases de datos para la evaluación e intervención en condiciones que afectan la salud de las comunidades, así como asesorar a las autoridades gubernamentales y otros sectores sociales en los esfuerzos de educación para la salud y enfoques preventivos. Estos programas también han sido parte esencial en el diseño, evaluación e implementación de los modelos organizacionales de los servicios de salud y atención clínica institucional y comunitaria, además de la integración de la salud pública y los servicios de salud en el desarrollo de modelos únicos a nivel nacional. Asimismo, estos han extendido el alcance de las acciones y servicios a otras agencias estatales, empresas y organizaciones del sector privado de la salud, los cuales se benefician directamente de la experiencia de las escuelas de salud pública. Los programas académicos, de investigación y de servicio también han fortalecido las competencias profesionales de los egresados de los programas académicos, quienes ocupan cargos esenciales en la toma de decisiones.

Palabras claves: enseñanza; salud pública; salud global; Covid-19

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Received on: February 10, 2022 • **Accepted on:** October 17, 2022 • **Published online:** November 23, 2022
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Global health conceptualizations establish interpretative variants regarding the field's nature and realms of action. Global health can be viewed as a field of study, research, and practice within the domain of public health. Through its transdisciplinary approach, global health analyzes, intervenes, and advances solutions to priority social and health issues of a transnational nature that affect social development as well as the humane and dignified coexistence of a population group.

The *Instituto Nacional de Salud Pública* (INSP) proposes a comprehensive definition of global health nuanced by many of the values intrinsic to the Health Promotion movement. INSP's definition asserts that global health is a way of seeing and approaching health as a global public good, an issue of social justice and a universal right. Furthermore, INSP proposes that global health revolves around equity, ethics and respect for human rights, analyzes new and re-emerging issues and risk, favors working with population groups at a social disadvantage, responds to common challenges with local depth and global reach, promotes citizen participation, promotes interdisciplinary and intersectorality, links economic, political and social agents; translates findings into concrete and quantifiable actions, and emphasizes horizontal collaborations and shared processes between countries.¹⁻⁹

Giraldo makes an important bibliographic review on the concept of global health in which he identifies various components and units of analysis associated with the topic. The author details the following aspects related to the purpose and scope of global health:²

1. The development of a global and international awareness for health.
2. The global factors that influence the health of the population in a context of profound social and economic changes.
3. The effects of globalization on population health, its impact on health policies and systems in the countries.
4. The thinking and critical analysis of institutions and power structures.
5. Inter-institutional and international collaboration.
6. Global health as a global public good that transcends borders.
7. The relationship with social justice.
8. The axes of equity, ethics, and respect for human rights.
9. The bases of technical cooperation and advocacy.
10. Viewpoints on the issues in the global health and development agenda.
11. The study of health practices in transnational contexts.
12. The study of the role of social movements.
13. Critical analysis of social inequalities and of the structural causes of those inequalities.
14. The legacy of the development as well as the limitations of the effort initiated by international health.
15. The ability to implement new strategies to address the social determinants of inequality.
16. The pursuit of a renewed scenario to change international relations, power relations and institutional arrangements.
17. Transdisciplinary approaches that address health from the perspective of a universal right to health and social well-being.
18. The ethical perspectives of global health.
19. The perspectives of human rights, determinants of disease and risk factors.
20. Global health focused on equity, justice, and solidarity.
21. The mental health perspective.
22. Global health as a global good, a general good based on a new public value supported by good governance.
23. Action related to global public policies.
24. Health policies in transnational contexts, international relations (extension of the inter-border space), and national boundaries (the nation-state).
25. Governance and international diplomacy.
26. The resistance imposed by civil society and citizens.
27. The actors in international relations.
28. Hegemonic colonialist approaches.
29. The hegemony of neoliberal currents, based on individualism and world capitalist accumulation.
30. The construction of a (Latin Americanist) approach about being and praxis and a new configuration of global public health.
31. The need to inspire an international social movement for global health and create the supranational institutions necessary for health and for the defense of rights.
32. The development of universal health systems accompanied by a new global governance in health.

Brito agrees that there are different definitions and characterizations of global health.³ He posits that some of the dominant definitions are nuanced by the approach presented by the Institute of Medicine of the United States of North America (IOM), which defines global health as an area of study, research and practice and positively stresses global health's capacity of integrating public health, international health, and tropical medicine. The author points out that this perspective prioritizes the following topics: infectious diseases, health programs for priority groups, and environmental

aspects.³ He adds that the aim is to identify financing to strengthen research and higher education in general.

According to Brito, the goals pursued by global health include: making institutional arrangements to promote global policies; strengthening the effectiveness of international aid promoting new values and objectives; offering a systemic and structural view of the global context; describing disciplines, health problems, formal interrelationships between countries, and transnational governance; describing the political, economic and health system of global scope; aspiring to a new political global health system; developing a theoretical or disciplinary field in global health; describing the transcendent health and social agreements at the global level; determining the impact on health of globalization, multilateralism, neoliberal thinking, epidemics and pandemics; and, analyzing the financial flow for development cooperation in health.³

Wilson and colleagues define global health as “an area of study, research and practice that gives priority to improving health and achieving equity in health for the entire worldwide population. Global health emphasizes transnational health issues, determinants, and solutions; it involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and it is a synthesis of population-based prevention with clinical care at the individual level”.⁴

Covid-19 has highlighted the need to strengthen the university curricular response on issues associated with global health. Alpuche-Aranda makes various recommendations based on the lessons of Covid-19.⁵ She insists on the importance of scientific evidence and sharing what has been learned based on honesty and transparency in information and response actions. She attributes to universities an advisory role through national and international academic authorities. Other recommendations could be a reference for schools of public health curricular insertion efforts. The issues raised by Alpuche-Aranda include preparation and response to critical public health events such as emerging infectious diseases; knowledge of surveillance systems; more flexible health planning actions adaptable to different geopolitical contexts; comprehensive and intersectoral initiatives; effective coordination between the sectors related to health; and effective communication between citizens and health professionals.⁵

Global health, schools of public health, and Covid-19

The Covid-19 pandemic has underscored the relevance of global health perspectives within schools of public health as well as in other educational structures of the

health sciences and evinced that schools of public health are one of the most important higher education assets in any society.

Schools of public health are summoned to develop and promote public health by training health leaders, generating knowledge and offering health and social services that contribute to the well-being of the community.⁶ In many countries, the schools of public health are recognized for the uniqueness of their academic offerings. Since their inception, the academic, research and service programs of some schools of public health have been designed to serve as partners and allies of governments and the health sector in general. Part of their function has been to identify the risks to the health of communities, design strategies to address the main problems that affect health, create databases for assessment and intervention in conditions that affect health in the communities, advise government authorities and other social sectors in health education efforts and preventive approaches, be an essential part in the design, evaluation and implementation of the organizational models of health services and institutional and community clinical care, integrate public health and health services in the development of unique models at the national level, extend the scope of actions and services to other state agencies, companies and organizations within the private health sector, which benefit directly from the expertise of schools of public health, and strengthen the professional skills of graduates of academic programs, who occupy positions essential for the success of the aforementioned organizations.⁶

Schools of public health have historically enjoyed institutional respect at the national and regional levels for their social and educational contributions. Those contributions have encompassed, among others, setting the foundation for the necessary infrastructure for the administration and operationalization of a country's public health model; providing higher education with a critical mass of students and graduates in the disciplines of public health in turn entailing an essential contribution in the training of human resources in various disciplinary fields of public health; maintaining a permanent research and service agenda of broad social relevance in public health; producing managerial and operational human talent for public, private and community health entities; counting on the credentials of the evaluating and accrediting agencies at the national and international levels; developing strategic alliances with national and international entities linked to health and with other social sectors; integrating different regional and global networks related to health; serving as role models and advisers at the highest governmental level nationally as well as internationally.

The Covid-19 experience at the global, regional, and national levels represents the most important case study of this generation to illustrate the opportunities and challenges faced by schools of public health as a result of a looming pandemic. The following are some implications for global health generated by the Covid-19 pandemic that affect schools of public health:

- 1) Update content components of global health issues to incorporate them or strengthen their presence directly and transversally across the curriculum;
- 2) assume academic leadership for the training of health personnel in global health issues at the managerial, technical, and practical levels of public health;
- 3) establish a research agenda on global health issues;
- 4) strengthen global health structures within schools of public health (e.g., World Health Organization Collaborating Centers, Global Health Research Centers, and others);
- 5) expand the scope of global health activities through an intersectoral and transdisciplinary approach;
- 6) strengthen communication and coordination of actions relationships with governmental health structures that have direct responsibility for preparation and response in public health;
- 7) strengthen the programmatic, disciplinary, and curricular component of health education to increase specialized human resources in this area. The pandemic has forced the recognition and implementation of health education actions as an ideal response to global health;
- 8) expand the role of public communication within schools of public health as a scientific tool to share reliable information to the public. The intention is to build trust and tackle misinformation based on the precepts of science;
- 9) establish collaborative relationships with the media to generate good practices in health communication activities, health journalism and social marketing applied to health;
- 10) bolster alliances between academic and social sectors, safeguard schools of public health community and civil society engagement structures and activities as participatory and supportive mechanisms for the analysis of a country's social and health conditions;
- 11) strengthen the administrative, technological and research structures of schools of public health that generate reliable databases which guide decision-making and public health policies;
- 12) face emerging health challenges with courage and independence. Adopt idiosyncratic cultural and territorial positions as schools of public health that are not subject to the coloniality exercised by some international health organizations;
- 13) increase the actions of visibility and recognition of the field of public health as the main national asset to face the challenges faced by global health; and
- 14) fully implement the theoretical-conceptual and methodological approach of the social

determinants of health in analyses and interventions related to global health issues.

Some issues associated with the pandemic that impact public health include poverty, inequities, unemployment, employment and risks due to working conditions, employee layoffs, social welfare benefits and social protections, basic services for citizens, lack of capacity and technological access, lack of internet access, lack of access to education, food safety, import/export of goods, decent housing, mental health, reduction of freedoms, violation of the right to health, violation of other human rights, harassment and social repression, state violence, discrimination, gender violence, abuse of children and adolescents, universal health systems, primary health care, public misinformation/deception, media interests, health fraud, party politics and political corruption, privatization as an answer, neoliberal thought and practice, migrations, health workers working conditions, vulnerable population groups, childhood and youth, homelessness, women, older adults, immigrants with non-regularized status, people with functional diversity, LGBTTIQ+ communities, caregivers and caretakers, native peoples, afro descendants, people living below the poverty level, and international and regional solidarity, among others.

Global health, health promotion, health education, and Covid-19

In 1986, the nascent disciplinary and professional field of health promotion (HP), founded with the Ottawa Charter for Health Promotion, fostered a paradigm shift in the field of health. HP was called the New Public Health.

HP establishes individual and social co-responsibility in health matters. It is defined as a comprehensive social and political process that involves actions aimed at strengthening people's ability to improve their health. Moreover, HP stresses the need to improve the social, environmental, and economic conditions of a country to reduce the impact of these conditions on individual and collective health.^{7,8}

The perspective of global health appears in the field of HP and in the curricular model of several of the academic programs of public health, HP and health education. During the last decade, various universities in Latin America have made efforts to promote the development of academic-professional training programs specializing in HP and health education. Some of the actions undertaken by such institutions include: the implementation of undergraduate and graduate academic programs in HP; the diversification of approaches and curricular perspectives in HP; the development of formative evaluation processes

and continuous curricular review to guarantee the relevance of academic offerings; the development of academic exchanges with other training programs in the field of HP at the international level.

The Covid-19 pandemic entails a point of reflection for HP and health education. Historically, these disciplinary and professional fields have addressed issues of chronic diseases, prevention of risk factors, and HIV/AIDS, among others. Apart from sexually transmitted diseases, the topic of infectious diseases have remained largely unexplored. Van den Broucke points out that nowadays communication moves fast and happens in real time.⁹ Information reaches hundreds of people in seconds; thus, spreading false news or misinterpreting information may contribute to a larger and unprecedented public health problem. The Covid-19 pandemic has itself generated an infodemic, and too much information including “false or misleading information in digital and physical environments during a disease outbreak”.¹⁰ This infodemic has been fueled by the emergence of a growing amount of information, partly verifiable and partly false. Some examples are the adoption and then rejection of hydroxychloroquine-based treatments, and the discussions regarding protection of children, among others.¹¹

Public health, HP, health education and health literacy have the appropriate competencies to understand, guide, educate, express opinions, and make decisions related to the promotion and maintenance of health. These competencies are essential in the battle against Covid-19. Public policies for the prevention and control of Covid-19 must be guided by scientific evidence. This evidence includes data on epidemiology, mitigation measures, spread of the virus, suppression measures (*i.e.*, when there is a high case of infections), medical care and health systems interventions, and vaccine development, among others.

To promote the health, health education and health literacy is an essential step for a rapid implementation of the above. Such an undertaking must be based on a multidisciplinary and multisectoral perspective on public health that can contain, prevent, and control the epidemic hand in hand with the community through shared responsibility from all involved in this endeavor.¹² For this, HP must concentrate in research, intervention, understanding and implementation of the new guidelines and protocols to be aimed at facing this pandemic, epitomizing that human health is not an isolated issue but is closely related to a shared environmental setting. This perspective was acknowledged

by the theme of the last International Union for Health Promotion and Education (IUHPE) 2019 World Health Promotion Conference: “To promote the health of the planet and a sustainable development for all”.^{13,*}

Scholars in the field of HP do not evade the considerations of individual responsibility for health. However, individual responsibility is understood as respecting the autonomy, empowerment, individual intelligence, and decisional right of citizens to independently determine the course of their lives free of coercion. Several scholars assert that discourses about health evince ways of thinking and practicing health. Moreover, health discourses are generated, sustained, and reproduced within a particular order. Accordingly, scholars call for the need to historically contextualize such discourses within a particular economic, political, and social order. Government discourses about health and risks are contingent constructions of a normative nature linked to corporate and economic interests.¹⁴

The response to the Covid-19 pandemic encompasses fundamental principles associated with public health (art, science, ethics, discernment, and transparency, among others). Members of the global working group on the social determinants of health, of the IUHPE, propose the following:¹⁵

1. Covid-19 has caused an enormous international disruption, and both its determinants and its consequences are socially, politically, and economically established.
2. It is naive to believe that Covid-19 impacts equally on all levels of social disadvantage, be they individuals or populations.
3. General public health measures, such as lockdowns and work restrictions, that are imposed without adequate social welfare considerations and without socioeconomic safety nets, generate resistance, low compliance, or both, which makes those who are socially disadvantaged accept riskier jobs and make decisions with livelihoods in mind.
4. Under these circumstances, adequate and generous social support along with universal access to health systems and services must be viewed as a powerful infection control measure or medicine.
5. The coronavirus does not discriminate between rich and poor. Nonetheless, the capacity with which

* Arroyo HV, Contreras V, Rivera K. Responsabilidad individual versus responsabilidad social en salud: ¿en quiénes recae la responsabilidad ante una pandemia? In press.

individuals, communities and countries can cope with the pandemic and its effects differ according to their social and economic positions.

Furthermore, the *Asociación Latinoamericana de Medicina* (Alames) asserts that the debate related to the pandemic is not exclusively about health, but also ideological, political, economic, and social.¹⁶ Different strategies and steps have been generated to face the pandemic, from the isolation of vulnerable groups to the confinement of the entire population, suspending activities and services except for essential ones. In some cases, constitutional guarantees are also suspended by implementing a state of exception with repressive authority. Those most affected are always the social groups most vulnerable due to poverty, gender, and functional diversity, among others. Accordingly, the social determination of health must be rekindled as it is the social, economic, and labor conditions that constitute the basis for a comprehensive intervention in the pandemic.

Benach in an interview with Pons reasserts that, within the causes of the pandemic, the main one lies in an economic model that is not sustainable in the long term.¹⁷ Neoliberal policies and the governments and companies that endorse them have forged a precarious scenario for a public health response by failing to invest in public health and focusing more on treatments, technologies, or services *per se*. Moreover, he underscores the absence of a well-constructed community educational campaign.

According to Benach, “the pandemic has amplified the existing health inequalities in neighborhoods and social groups with many problems and previous needs. The hegemonic discourse of the media focuses on the virus, biology, the so-called ‘lifestyles’ and individual responsibility, and specialized hospital medical care (especially ICUs) as well as treatments and vaccines to biomedically ‘solve’ the problem. It is a myopic, erroneous and false perspective, since the decisive factors that explain the origin and evolution of the pandemic and its impact in the form of inequalities are, to a large extent, the social determinants of health such as job insecurity, poverty, housing problems or environmental injustices, among others, related to public policies and the unequal distribution of power”.¹⁷

Bambra and Gravlee state that Covid-19 is a syndemic,^{18,19} defined through medical anthropology as a synergistic interaction that occurs between two or more coexisting diseases, which contributes to an excess burden of disease with repercussions both at a biological, social and population level.²⁰ This concept alludes to the entrenchment of health inequities among vulnerable populations by interacting with non-communicable or

chronic diseases and the social determinants of health, revealing persistent social, economic, and political inequalities.¹⁸ The main foundations of syndemic theory lie in the large-scale political-economic forces that establish entrenched inequities over time. These inequities have a punctual distribution of risks and resources for health in certain social sectors and territories. In this way, overlapping epidemics act synergistically due to pathological interactions in conjunction with the structural inequalities already present in society.¹⁹

Global health and networking

The experience of working together, nationally and internationally, through alliances and networks in the field of public health and HP is gaining more and more recognition and strength. This is another strategic component of public health that must be reinforced as a result of the pandemic. It is imperative to further efforts in this joint collaborative endeavor in order to advance the ideals and praxis of HP. Diverse experiences of networking guided by the healthy environments approach have been propounded throughout the last decades. These endeavors are epitomized by experiences such as healthy cities, municipalities and communities, as well as health promoting schools, among others. The healthy environments approach is an operational proposal of HP that begins by acknowledging the pivotal role of investing in health actions within the daily environments where people live, work, study and perform on a daily basis. The health-care approach gains strength from the 1980s to the present.

There are countless successful experiences based on the approach of healthy environments that highlight its participatory nature and capacity to develop and generate instances of institutional and social change. An example of these efforts is that of the Health Promoting Universities Movement. In 2007 the *Red Iberoamericana de Universidades Promotoras de Salud* (RUIPS) was institutionalized; the issue of professional training and the curricular mainstreaming of HP was presented as one of the programmatic components of the network. The Movement of Health-Promoting Universities emerged in 2003 in Latin America with an Ibero-American scope.

Since its implementation in Ibero-America, the Health Promotion Universities Movement has proven to be an ideal initiative to strengthen health through the ideology and practice of HP.^{21,22} More recently, the participation of the Health Promoting Universities has been significant given the situation generated by the Covid-19 pandemic. Some of the actions undertaken include: health education; research; educational and preventive actions through social networks; provision

of psychological services to the university community and the general public; creation of special structures (e.g., emergency commission, response tables, etc.); design of audiovisual material for communication in health; identification of student volunteers for telemedicine actions and epidemiological monitoring; email newsletters specialized in educational and preventive issues related to Covid-19; development of preventive protocols and educational guidelines; and virtual training/courses; among other actions.²³

This article pinpoints the pivotal role of modern public health, HP and health education in pandemic times. Moreover, the authoritative nature of the principles and postulates of global health makes this area of study indispensable in crisis intervention and considerations regarding emerging experiences of preparation and response in public health. The Covid-19 pandemic provides important lessons along with a roadmap to guide future health analysis and interventions. All this to further a free, empowered, caring, participatory and inclusive public and global health.

Declaration of conflict of interests. The author declares not to have conflict of interests.

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