

SOCIAL ASSISTANCE – PRACTICAL SOLUTION TO ENSURING HEALTH SECURITY IN THE POST PANDEMIC PERIOD

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Abstract:

In the field of human security, public attention is often captured by those violent acts, which immediately cause suffering and loss of human lives, such as trafficking in human beings, terrorism or even the pandemic. However, social life also has other aspects that, if the suffering and human loss and/or financial costs would be quantified, could overcome or, at least, reach the same heights as the loss from the threats mentioned above. The incidence of modern society as a source of social risk with impact on personal safety is major. As a result, the number of disadvantaged and vulnerable people is continuously growing, taking into account the SARS COV-2 pandemic. The field of social assistance is closely connected to human security. Thus, approaching the two dimensions in tandem, in terms of setting up strategies and national policies related to social protection, will ensure a reduction in the number of people at risk from vulnerable categories. In addition, this will make it possible for the objective of the Porto Social Summit held on May 7-8, 2021 to be achieved. In its framework, the participants discussed strengthening of the European institutions' commitment to the implementation of the European Pillar of Social Rights, one of their aspects being the reduction of the number of people exposed to the risk of social exclusion.

Keywords: *social assistance, social risk, health security, human security, pandemic.*

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Introduction

The paradigm of human security is based on the idea that the citizen is the referent object of national security, along with the state and the community he/she belongs to. The contemporary reality has once again proved, by a concrete example, that risks often entail consequences for all the three components of national security, not only for one element. It is particularly worrying when an asymmetric threat impacts the social community, the individuals and the states at global level, but the response capacity lacks an adequate strategy, a policy to prevent surprises or operative actions with immediate effect. We are here referring to the COVID-19 pandemic which, apart from the fact that it globally rocked the public health system, has a direct economic and social impact on both national and international security, shaped in quite pessimistic terms. It is therefore difficult to answer the question “who has suffered the most: the citizen itself, the community, or the state overall?” One thing is clear – the health security of the individual has been seriously affected to the point of losing human lives, and the chances for sustainable development of current social communities, including strong economies, have been considerably reduced.

The current study will focus on approaching the area of social assistance from the perspective of presenting a strategic solution with practical applicability for state institutions with competences in the field of ensuring health security. The solution put forward is aimed at reducing the impact of Coronavirus in the post-pandemic period on socially vulnerable people. Provided that the world’s states have been caught by the COVID-19 pandemic with no strategy on prevention or counteraction of social asymmetric and pandemic risks, the current social circumstances require an urgent need for the development of a multidimensional long-term policy, looking to counteract the consequences of the aforementioned peril, which affects a huge number of people in terms of physical and mental health and the lack of financing sources. The current study is oriented towards approaching the sphere of social assistance as a component of accomplishment of the health security policy in the post-pandemic period and inviting state institutions to pay a greater attention to this field in terms of providing a structural-strategic solution of practically ensuring human security

beyond the post-pandemic period. It is important to mention from the start that the topic addressed further is only one of the segments suitable to be included in a multidimensional strategy in the field of ensuring the health security in a state, considering that insecurity cannot be approached separately, by fragmentary and independent responses.

Approaching the protection of the person from the interdisciplinary position – human security/human health and social assistance – emphasizes the understanding between the cause and effect of all people's life standard, whatever resources they might have. That is why in our study we have analysed a number of social policies, which reflect the aspects of health security and social assistance.

Aspects of health security in the SARS-COV-2 pandemic period

In the 1980s, the researcher Ulrich Beck explained a new theory in the sociological literature, the theory of "society risk". This notion would further be applied in the field of security studies (Nate, 2014, p. 24). According to this theory, contemporary human communities live in an insecure environment, because modernity generates security risks. The Explanatory Dictionary of the Romanian language defines *risk* as being the probability to overcome a hypothetical threat, and associates it to damages, wastes and lost incomes. In 1994, in the Global Report on human development, the United Nations Organization defined the concept of human security, with its seven component parts: economic security, health security, personal security, political security, food security, environmental security and community security (Gomez and Gasper, n. d., p. 2). The concept defines human security as the human state of safety against famine, diseases, oppression and other chronic threats, as well as protection against sudden and painful daily disturbances. Human security presumes taking into account factors generating insecurity to the individual particularly.

The social scientist Deborah Lupton distinguishes six risk categories that seem to integrate the concerns of the individuals and those of the modern society's institutions (Szabo, 2007, p. 42): "*environmental risks*: pollution, radiation, floods, conflagrations; *risks*

associated with lifestyle: inadequate food consumption, drugs consumption, unprotected sexual contacts, driving styles, stress; *medical risks*: related to medical treatments, consumption of medicines and surgeries, birth or new reproduction technologies; *interpersonal risks*: referring to intimate relations and social interaction, sexual relations, friendship, marriage and parenting; *economic risks*: unemployment, lack of jobs, debts, loans, investments, bankruptcy, property destruction; *criminal risks*: related to the position of a participant to or victim of an illegal activity.”

As the range of social risks that might have consequences on the personal security is wide and considering the impact of modernity over the personal security (currently a source of social risk), the risks repercussions associated to an individual lifestyle and deliberate behaviour, we can conclude that the medical condition of an individual encompasses his/her lifestyle, living and environmental conditions, technological progress. In this situation, it is relevant to see how asymmetric risks with impact on health security are prevented, minimized or eliminated, which is primarily the responsibility of the state competent authorities (Stratan and Proca, 2020, p. 241).

The COVID-19 pandemic (from English COrona VRus Disease-19) is assessed not only as a global health crisis, but also as the biggest challenge that humanity has faced after World War II, affecting all the continents. According to the UN defined concept, the side effects of this phenomenon over individuals could have hybrid incidence on human security. Therefore:

- Health security also refers to the protection of individuals from the threats generated by pandemics and diseases, as a consequence of an inadequate access to health services. Or, to put it differently, the pandemic period influences the physical and psychological condition of the individuals, whether they have been affected by SARS COV-2 or not; and the disruption of the health system generates a real risk for health security similar to the pandemic associated risk.

As a result, according to the data presented by the World Health Organization, the pandemic continues to affect the capacity of health

services in the majority of states, because the human resources are oriented towards answering to the outbreak. The lack of health care assistance is perceived not only amongst the individuals hit by COVID-19, but also amongst patients suffering from other pathologies. In April 2021, more than 90% of the countries reported the interruption of the health care services to a different extent, and around 40% of other states reported a total suspension of primary health care services. (WHO, 2021) Simultaneously, the pandemic entailed psychological consequences on some individuals, as a result of disease, while for other social groups these consequences are the result of a long-lasting anxiety. For example, in the Republic of Moldova, for more than half of the population the isolation, the abundance of home responsibilities and the fear generated by the virus represent an extremely difficult challenge in terms of mental health (UN WOMEN Moldova, 2020).

- Economic security of the person involves the protection of the individual from the hazard generated by poverty and, as a consequence, unemployment. During the pandemic, many people became vulnerable due to the loss of their jobs or incomes, and, as a result, got into the group of risk susceptible to expand the pauperized social category, thus deepening even more the existing social inequality.

According to the International Labour Organization (ILO), the loss of working hours in 2020 was approximately four times higher than during the 2009 financial crisis. In the fourth trimester of 2020, the number of working hours dropped by 4.6% on a worldwide scale, being the equivalent of 130 million full time working places. The global unemployment rate grew up by 33 million in 2020. During previous crises, the loss of working hours on a large scale was usually associated with the increase of unemployment rate. During the COVID-19 crisis, the state of inactivity and the reduced working hours became the major factors for the total loss of working hours. The global employment rate decreased by 2.2% in 2020, in comparison with only 0.2% in the 2008-2009 global financial crisis. Estimated loss from employment income decreased by 8.3% in 2020 as compared with 2019, situation similar to those countries with low income, upper-middle income and high

income. This corresponds to 4.4% of the global GDP in 2019. The reduction of the employment incomes was unequally distributed among employers, confirming the fact that the loss of income is associated with a higher inequality (ILO, 2021).

- Personal security means protection of the individual against physical violence irrespective of its source. Imposing lockdowns has entailed as side effect increased risks for physical or mental violence, sexual abuse in different contexts towards vulnerable persons, women, and children.

A report published by World Vision estimates that as a result of the first three months of global quarantine, the number of children exposed to risks of different kind of violence has grown by 85 million (Stancu, 2020). In the Republic of Moldova, the most affected victims of domestic violence were women rather than men, around 46% of the women having the fear of becoming such victims (UN WOMEN Moldova, 2020). In addition, the access to psychological assistance for stress management in crises was restricted. The switch to online work and education led to an increase in cyber-crimes with impact on personal security: blackmailing individuals after obtaining their personal data, sexual abuse of children etc.

This situation will for sure lead to an increase in the number of vulnerable and marginalized people in each country. In this context, it is worth mentioning the list published in 2019 by the WHO of the 10 global major health threats, as follows:

- *“Air pollution and climate changes* – seven million fatalities annually are caused by diseases such as: cancer, stroke and cardio-respiratory diseases, caused or aggravated as a result of air pollution. Pollution is one of the main causes contributing to global warming, consequently, generating fatalities, such as malaria, diarrhea, malnutrition and insolation;
- *Non-communicable diseases* – cancer, diabetes or cardiovascular diseases (41 million fatalities/year and 71% from the total death global rate). Main *risk factors*: smoking,

sedentary life-style, alcohol consumption, unhealthy diet and air pollution;

- *Global pandemic influenza* – according to the statistics published in November 2018, the flu kills annually up to 650.000 persons;
- *Vulnerable and dangerous environments* – almost a fourth of the population of the globe (1,6 billion) lives in environments vulnerable to risks with impact on human health because of drought, hunger, pandemics or military conflicts;
- *Antimicrobial resistance* – is determined by the long-scale prescription of antibiotics, use of antibiotics on a large scale in agriculture and zootechny. It will be impossible to cure infections such as: pneumonia, tuberculosis, salmonellosis etc.;
- *Hesitation or refusal of vaccination* – a tendency to refuse to be vaccinated is observed, despite the availability of vaccines.” (Ro Health Review, 2019)

In the period of reference, the abovementioned factors substantially intensified. Even if the media sources refer to a slight improvement of the indices of environment pollution, in November 2020, the European Environment Agency (EEA) stated that 90% of the inhabitants of the European cities are exposed to pollution in a proportion surpassing the normal air quality indicators (European Environment Agency, 2021). Moreover, the EEA asserts that the individuals disadvantaged in terms of age and social-economic situation are also disproportionately affected by the environmental hazards (Kazmierczak, 2019). The pandemic crisis proved that epidemics can turn the entire globe into a vulnerable environment for the human health and other type of related hazards. Thus, according to the official data presented on 20 April 2021 by the World Health Organization, the total number of fatalities in the pandemic period exceeded 3 million of human lives (WHO, 2021). COVID-19 caused serious and/or lethal complications for those categories of people posing health problems – older people, persons suffering from other diseases while being infected, with a weakened immune system or having non-communicable disorders. How these consequences might manifest remains unknown.

The antimicrobial resistance causes annually around 700,000 fatalities, and this number might increase up to 10 million in 2050. This risk factor will become one of the main causes of death in the European space (Edelstein et. al., 2021). The refusal of vaccination was a debate topic, even at the European Court of Human Rights (ECHR), which stated that imposing vaccination is in principle allowed (DW, 2021). So, all these threats in the context of jeopardizing the health system in the pandemic period will affect a lot of individuals, which might get into the disadvantaged group.

The published literature presents the concepts of human security and health security, referring more to the prevention of risks, irrespective of its source, and touching less the subject referring to reintegration in the social environment of the vulnerable persons in those cases when irrecoverable health consequences are registered.

Why social assistance?

Today, all of us have become witnesses to an unprecedented situation, due to the fact that the pandemic has reduced to a minimum the health security guaranteed by the state and a huge number of people become vulnerable because of the health, psychical or financial problems. All these aftereffects have impacted the health dimension, among others, and have generated human security deficiencies. If social assistance is to be an essential component of human security, due to the fact that these relations are generated by necessity, poverty, fear and at the same time refers to all the persons being in difficult situations because of economic, social, physical and mental reasons (Stratan and Proca, 2020 p. 128), it is necessary to include the medical-social assistance in a national post-COVID strategy for countering pandemic consequences by providing assistance to vulnerable people, beyond mere theory. This fact will contribute to a faster revival of the public health system.

The role of social assistance is to help those people who face difficulties to integrate themselves in the social environment. There is a special group of individuals considered main beneficiaries of social assistance. Among them, the individuals who cannot enjoy their essential and fundamental rights are to be included: the right to

appropriate nutrition, decent housing, health and hygiene services, education, and those not having a stable income or possibilities of self-realization. Social assistance presumes a group of institutions, programs, measures, specialized activities and services aimed to protect and help people, groups and communities being temporary in difficulty, who cannot ensure, by their own forces, a decent life due to economic, social, cultural, biological or psychological reasons.

Social assistance establishes and encourages a *mutually beneficial interaction between individuals and society*, with the aim to raise the social life quality at both personal and family level, and at the level of groups and community as well (Hepworth and Larsen, 1990, p. 644). The reciprocity of the interpersonal relations is one of the main characteristics of social assistance, and offers resources and opportunities for achieving goals and necessities for marginalized individuals and for those being in difficulty because of different reasons.

One of the social assistance paradoxes resides in the fact that, besides its main task of taking care of vulnerable social categories, it is also *responsible for maintaining social balance and existing social order, preventing in such way mass disorders or social crises* (Davies, 1994, p. 39-42). This function is expressed in restorative actions regarding social equity. It is regulated by national legislation on social assistance of each state and any failure to comply with legal provisions may generate the loss of a specific type of social protection. According to Jordan B. (1997), social assistance includes a set of measures used by the society to protect it, by granting compensatory support to marginalized categories of people suffering from the negative consequences of the market economy. From here the main objective of social assistance to support the individuals in difficulty, in order to help them develop their own abilities and competences, so as to achieve the basics for a decent life and a better social functioning. At the same time, the social-vulnerable category of a community is composed of people with low individual and social functioning, who become victims of different social risks against their will. SARS COV-2 is one of the abovementioned risks.

The published literature identifies two types of risks and threats addressed to a person: *“hard” type risks and threats* – international

terrorism, proliferation of weapons of mass destruction, intra-state and interstate conflicts etc.; “soft” type risks and threats – environmental degradation, extreme poverty, unemployment, contagious diseases, etc.

Even if the Universal Declaration of Human Rights states the right to subsistence – right to food and fundamental standards of health and well-being, (ONU, 2015, p. 52), and such threats as infectious diseases, unhealthy conditions, famine etc., are essential health insecurity factors to individual health security (UN, 2009, p. 7-11), state authorities tend to consider less the “soft” type risks, as compared to the ones from the former category.

It is important to highlight the main peculiarity of the social assistance, which consists in *intervention and practical support* at both individual and community levels, based on the principle of “action-research”. Thus, due to its multiple levels of practical intervention in real life, social assistance gets a special mission of preventing and reducing modern risks (Zamfir, 2019), *including those risks of affecting individuals’ health security*. According to the opinion of the Romanian researcher E. Zamfir, social assistance is an environment of medical and social interaction, *a specialized response to the complexity of human bio-psycho-social-cultural life necessities*. From here derives the perspective of an integrated social policy in restoring health security in a state. Thereby, social-medical assistance consists of a complex of activities, together with social and medical services provided at once, aimed at solving the social-medical issues of the individual, unable to ensure his own social needs and to develop his own capabilities to integrate in the society, due to social, economic or psychological reasons. In this respect, it is a priority to render social and medical integrated services to vulnerable people in the environment they live, depending on their specific needs.

Considering that the current issue of the state entities consists in establishing a strategy for overcoming the consequences of the pandemic threats marginalizing a large number of people against their will, it is worth mentioning that, in practice, human security is applied within a society by means of insurance and social assistance as component parts of the social protection state system, often identified as social security. Social assistance plays a significant role not only in identifying the needs of vulnerable individuals, but also in solving their

particular issues through an integrated and multidisciplinary comprehensive approach.

If the main feature of human security consists in protecting the individual by ensuring an efficient management of potential threats that might affect human life, than social assistance is concentrated on simplifying the life of those already affected by different threats, providing to them appropriate support and help. More and more proofs suggest that social risks are not equally distributed within the society, and affect in a disproportionate way the vulnerable and socially disadvantaged categories of population (European Environment Agency, 2021). The socially disadvantaged individuals may be more sensitive to the action of any stress factors, such as environmental, work or psychological factors, as consequence of pre-existing affections, malnutrition and specific behaviours, financial restrictions. At the same time, the social protection's objective is not to create a condition of constant dependency for those in need, but to reintegrate them towards a normal life by encouraging an active lifestyle, increasing the abilities to face problems, reducing the crisis periods by personal efforts mobilization. Concurrently, considering that a healthy person can be integrated more easily and efficiently into the community, the social assistance should focus on guaranteeing at least a minimal protection to fight against medical conditions.

Conclusions

Structural evolutions occurring in modern society generate multiple social risks with a negative influence upon the individuals' security and health, which lead to the increase in the number of socially vulnerable people. Furthermore, social assistance is a state mechanism for social protection through which individuals who became victims due to various factors are offered assistance to recover.

As we have mentioned in the present paper, social assistance is restoring a mutually beneficial interaction between the individuals and the society, having the role to maintain the social balance and the existent social order, to prevent mass disorders or social crisis, or rather, the current situation reveals towards the increase of the social instability. Taking into account the way the pandemic shapes the

process of strategic security development at national and international levels, we consider the area of providing recovery assistance to people who suffered from the SARS-COV-2 consequences should be approached within national policies, not just as an element dedicated to those in need, but as a component of the overall health security.

Approaching the area of social assistance as a structural part of the health security and, respectively, of human security, will determine a greater attention from the state towards this field of great importance for the reintegration of vulnerable individuals into the social community. In this case, the acknowledgment of the social assistance area, as an essential practical dimension in ensuring the citizen's security, is required. Approaching the individual's protection from inter-sectorial perspective is about human security/human health, and social assistance, emphasizes the understanding between the cause and effect of all people's life standard, whatever resources they might have.

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