HI Advocacy messages COVID – 19

AIR - 1 April 2020

What will you find in this document:

Executive summary – Key HI messages on COVID-19

In countries where conflicts and humanitarian crises are ongoing and in other low income countries where HI operates, ***COVID-19 pandemic is increasing the morbidity and mortality rates for specific vulnerable, marginalized and most at risk groups****, including older persons, persons with disabilities, persons living with a chronic disease, migrants, refugees, internally displaced persons, mine/ERW survivors etc.*

Specific vulnerable and marginalized groups are more likely to be affected by the COVID-19 directly. ***They were already vulnerable due to socio-economic exclusion or life in overcrowded settings, and are therefore likely to be hit harder by the reverberating effects of the pandemic such as economic losses and absence of protection mechanism.*** *In countries where many people already experience major barriers to access services, water, sanitation and information,* ***measures taken to prevent the spread of the virus might not enable the most vulnerable, marginalized and at risk to efficiently protect themselves.***

COVID-19 is exacerbating humanitarian needs in countries that are already facing humanitarian crises*: in Yemen, Syria, Burkina Faso, Bangladesh etc… In these contexts, the spread of the pandemic has an impact on ongoing humanitarian operations mainly because* ***it limits the access to already affected population who are in dire need of aid****. Programs are being stopped and/or adapted to the necessary prevention measures to guarantee the safety of the already affected population and the staff. While humanitarian cargo continues to be allowed in many contexts, any disruptions to imports and medical supply lines could prove life threatening.*

New barriers resulting from the pandemic add up to the already existing barriers, challenging even more humanitarian access. However sending additional staff and goods to affected areas is essential for the implementation of an appropriate humanitarian response.

Economic and financial challenges are putting NGOs at risks *mainly due to the loss in private funding and the loss in link with activities being slowed-down due to the restrictions faced in many countries.* ***Uncertainty over availability of flexible funding also*** *constitutes a difficulty for NGOs while they are reorienting their activities to respond to the pandemic.*

As of now, the response to the crisis has been mainly national, different countries facing the health crisis on their territory with limited consideration for the global impact, especially the impact of the crisis on developing countries with limited resources and fragile health systems. ***The unprecedented scope and gravity of this crisis calls for international solidarity, and a coordinated and ambitious response at global level.***

As a humanitarian and development actor, we anticipate that ***COVID-19 pandemic could generate a long-term increase in inequalities,*** *as a result of the barriers to access services and the loss of livelihoods. This may represent* ***a major setback in the achievement of the sustainable development goals globally****.*

HI key recommendations towards governments, donors and humanitarian stakeholders to ensure effective, inclusive and principled response to COVID-19

- *Ensure that* ***humanitarian principles guide preparedness and response to the pandemic.*** *Ensuring* ***equal access to impartial and inclusive assistance*** *will be a key* ***to keep humanity at the center of this response.***

- ***Ensure that human rights, refugee rights and the rights of persons with disabilities are central to the COVID-19 preparedness and response plans and implementation measures****, and that efforts are well coordinated to ensure that no one is left behind.* ***No discrimination, in any forms,*** *must be made on the ground of disability, health condition, gender or age.*

- ***Facilitate the movement of goods and humanitarian personnel and health staff. This includes the revision of some sanction regimes. Humanitarian workers should be considered as essential personnel to respond to the crisis.***

- ***Lift any obstruction to humanitarian programs and facilitate timely and safe access to humanitarian assistance*** *and protection to support populations in need and to mitigate the spread of the virus.* ***Protection of humanitarian aid workers****: protect, compensate and offer self-care to their staff working under pressure. Ensures Humanitarian workers do not become a target while they conduct the humanitarian response to COVID-19 pandemic. Ensure continuity of salaries for humanitarian staff that are not able to pursue their work due to restriction of movements in many countries. This is crucial to allow operational reactivity when the restrictions will be lifted.*

- *Provide* ***immediate flexibility on funds already available and additional funding*** *to humanitarian organisations to ensure that existing humanitarian operations can rapidly scale up and adapt their operations to the risks posed by COVID-19. This will save lives.*

- ***Partner with Organisations of Persons with Disabilities*** *(OPDs) as well as representative organisations of women, and older persons to design inclusive response to the COVID-19 pandemic and to deploy awareness raising action.*

- *Refer to the* ***IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, as well WHO considerations on disability during the COVID-19 outbreak,*** *to ensure the rights and needs of persons with disabilities are met in operational plans.*

- ***Share inclusive information on COVID-19 through a diversity of accessible formats with use of accessible technologies****. Public communication should also avoid stereotyping messages and images.*

- ***Ensure that existing vital services for persons with disabilities, persons with chronic diseases and older persons continue to operate,*** *while adapting the programs in ways that avoid the spread of the disease.*

- ***Collect information disaggregated by sex, age and disability****, so to have a factual account of the impact of the pandemic on the population.*

- *Support the call of the UN Secretary General for a* ***global ceasefire*** *made on the 23rd March 2020 to "stop the fighting everywhere now".* ***"Humanitarian needs must not be sacrificed"***

I- Humanitarian impacts of COVID19 outbreak in emergency settings

At the time of the COVID-19 outbreak began, 126 million people were in need of humanitarian response around the world, among which 70 million are displaced[1].

COVID-19 is exacerbating humanitarian needs in countries that are already facing humanitarian crises: in Yemen, Syria, Burkina Faso, Bangladesh etc… In these contexts, the spread of the pandemic has an impact on ongoing humanitarian operations mainly because **it limits the access to already affected population who are in dire need of aid**. Programs are being stopped and/or adapted to the necessary prevention measures to guarantee the safety of the already affected population and the staff. While humanitarian cargo continues to be allowed in many contexts, any disruptions to imports and medical supply lines could prove life threatening.

New barriers resulting from the pandemic add up to the already existing barriers, **challenging even more humanitarian access**. However sending additional staff and goods to affected areas is essential for the implementation of an appropriate humanitarian response.

COVID-19 is an **additional major threat to those living in contexts where active conflicts are ongoing such as Syria, Yemen, Libya, Mali etc. where explosive weapons are used in populated areas**, and where population lives under the constant threat of bombing and shelling, of contamination from explosive remnants of war. There, people already do not have access to basic services as vital civilian infrastructure has been reduced to rubbles and humanitarian access is not guaranteed. In addition, 60 million people live in contaminated areas, demining activities have to be preventively stopped since the medevac procedures cannot be applied during an epidemic not to overwhelmed the health facilities.

Humanitarian staff is being targeted in some situation being perceived as vector of transmission of the virus. Attacks on humanitarian aid workers might increase in time of pandemic and reduce their ability to provide essential services. Of particular concern, all staffs in charge of logistic and logistic facilities such as airports, storage facilities are at risk of being targeted.

Focus on displaced population

More than **70 million persons globally** have been forced to flee their homes by persecution, conflict, bombing and shelling, violence and human rights violations. Of those, more than 29 million are refugees (including 5.5 million Palestinian refugees under UNRWA's mandate). **84 per cent of these refugees are being hosted by low or middle-income countries where the health systems are weak and water and sanitation facilities overstretched.**

According to UNHCR, as of 10 March 2020, over 100 countries are reporting local transmission of COVID-19. Of those, 34 countries have refugee populations exceeding 20,000 people, which are currently unaffected by the virus. However, **refugees and internally displaced persons often find themselves in places that are overcrowded or where public health and other services are already overstretched or poorly resourced, highly dependent on the provision of humanitarian support**. They face an increased risk of spreading the virus. For example, Migrant centers in Greece are filled beyond capacity, and the Greek government attempts to expand the camps have been rejected by residents. The Moria center on the island of Lesvos, for instance, was built to house 3,000 asylum seekers but now hosts some 23,000 people. Facilities and medical services are extremely limited, with many people living in crowded tents and shelters, exposed to low temperatures and unsanitary conditions.

Some camps rely 100% on humanitarian assistance for the provision of essential services. Ongoing restrictions on access for humanitarian personnel may increase the already dire situation of the camps inhabitants. Those services cannot be stopped in time of crisis.

Additionally, in situation of epidemic, refugees, migrants, foreigners or marginalized population are often stigmatized as potential vector of the infection and additional burden to the social and health systems. It contributes to increasing discrimination against them, and therefore limits their access to essential services.

Focus on specific crises

Countries where a humanitarian crisis is currently ongoing have declared some cases: **as of April 1st 2020, there are 10 confirmed cases of COVID-19 in Syria, 54 in Bangladesh, 15 in Myanmar and 28 in Mali and 261 in Burkina Faso[2]. There are currently no COVID-19 cases detected in Yemen but given its proximity to countries with confirmed COVID-19, Yemen is at risk of catastrophe**.

Yemen

- **With only 51% of health centers fully functional,** the country's infrastructure has been devastated by five years of conflict, leaving little capacity to respond. While **19.7 million people are in need of healthcare.** At last count, there were only **10 health workers per 10,000 people**.
- **17.8 million people lack access to safe water and sanitation,** they do not have the option of accessing clean water to stay safe from COVID-19.
- The conflict has displaced **3.6 million people** who are at most at risk of contracting the virus. Close to 40,000 people have been displaced since the start of 2020 in Nihm, Marib and Al Jawf.
- There is limited availability of medicine, equipment and personal protection equipment and only **two testing sites in the country** (Sana'a and Aden). COVID-19 risks are also pulling scarce resources from other lifesaving health responses, including **cholera and dengue** just as Yemen is entering cholera season.
- Yemen relies on imports **for 80 to 90% of its basic needs (including necessary food)**, making it particularly vulnerable to disruptions in the world economy.
- Currency is already in crisis in Yemen, which can trigger **a risk of famine**.
- The disruption of the supply chains by the global impact of COVID-19 is likely to impact the supply of assistive devises such as wheelchairs, or raw materials used to produce prosthetics.

Syria

- After 9 years of conflict, the health system over the country is devastated.

- **11.7 million people in Syria are in need of humanitarian assistance, 6.2 million are internally displaced, and 5.5 million are registered as refugees, for the majority in the surrounding countries.**
- **Situation in North West**: 1 million people have been displaced since December 2019, living in overcrowded settlements with limited access to health, water and sanitation.
- 85 attacks on health facilities reported last year. The hospitals that remain open are not able to cope with the current needs as they are not equipped to respond to this pandemic (not enough capacities to ensure effective quarantine and very weak testing capabilities).
- **North East of Syria**: same concerns especially because the UN are not able to provide assistance since the closure of Yaroubia and since the humanitarian organizations have an already reduced access to cope with the health needs
- There is no COVID-19 testing capability in the region. Moreover, even if local authorities announced 6 available quarantine facilities, 2/3 of these hospitals are not fully equipped.
- Concern for Al-Hol camp: 70,000 people and Rukban camp: 40,000 people in dire situation. Humanitarian access in those camps is already highly challenging, with very limited services available.
- Generally speaking, in Syria, there is a lack of Intensive Care Unit capacity, of general equipment (ventilators, respirators, etc.) and of trained medical staff to ensure appropriate case management of severe cases of COVID-19 and health facilities are already highly affected by nearly 10 years of conflict.

Mali

- Mali is entering in its 9th year of conflict. 3**.9 million Malians are in need of humanitarian assistance prior to the COVID crisis in 2020**.
- Military presence is still very high. Given the mobility of the troops in the north and centre of the country, and the fact that they work on rotation - the risk of propagation by the military is high.
- The **country's infrastructure has seen insufficient investment during years of conflict, leaving little capacity to respond**. There is limited medicine, equipment and personal protection equipment available and only one respirator for the whole country.
- The **porous nature of the borders, particularly with Burkina Faso and Niger, is a concern. The flow of people (refugees, returnees, traders, agro pastoralists) continues**, mostly driven by continuing insecurity.
- Mali's economy is largely informal and therefore it can be very difficult to maintain livelihoods in case of reduction of freedom of movement.

Burkina Faso

- **760,000 people are internally displaced** in Burkina Faso due to the intensifying conflict in 2019 and an increase of attacks against civilians by armed groups and intercommunal attacks.
- As a result, **135 health centers during the last year have been closed in the all country** and **the health system has been weakened**. There is currently only one hospital with 500 beds and only one single testing laboratory in Bobo-Dioulasso (five hours driving from Ouagadougou)
- More generally speaking, there is a lack of trained health workers, especially in respiratory care, of personal protective equipment and medical facilities.
- **Over 1.2 million people are in need of immediate food assistance** and the malnutrition rates for children are alarming prior to the COVID-19 crisis.
- **26.000 persons with disabilities are in need of humanitarian assistance**[1]
- Humanitarian actors worry that travel restrictions and containment measures will prevent them from accessing people in need in some areas, such as Kaya, Djibo or Dori.

[1] Humanitarian Response Plan Burkina Faso – January 2020, https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/hrp_2020-bfa-fr-web.pdf

- From an economic perspective, Burkina Faso is one of the poorest countries in the world: 40% lives under the poverty threshold and the unemployment is already high (especially among young people). The COVID-19 crisis may lead to **further deterioration of livelihoods but also of agricultural production** (which can also affect the food availability).

Bangladesh

- **855,000 Rohingya refugees are currently residing in 34 overcrowded, makeshift camps in Cox's Bazar** which increase the potential for the rapid spread of COVID-19.
- **444,000 host community members live in close proximity to the camps**, with five camps intermixed with the host community.
- The hilly terrain, long distances and steep uneven pathways act as a major physical barrier to access health care for individuals with mobility challenges, such as those with a physical disability, chronic illness, and the elderly[3].
- Health facilities are unable to meet current caseloads[4]. In particular, there is inadequate capacity and resources for non-communicable disease management, laboratory diagnostics, mental health and psychosocial support services, and specialized services, including for persons with disabilities.

Myanmar

- In 2020, **close to 1 million people require humanitarian support** in Chin, Kachin, Kayin, Rakhine and Shan states, due to armed conflict, protracted displacement, exposure to natural disasters and other factors (Humanitarian Response Plan 2020).
- Fighting between the Arakan Army and Myanmar military in Northern and central Rakhine State continues **to increase the total number of displaced people** (64,374 people currently displaced in 146 sites in Rakhine and Chin States).
- In Rakhine State about **130,000 Rohingya and Kaman internally displaced persons** who were displaced by inter-communal conflict in 2012 continue to be confined in internally displaced persons' camps where they face obstacles to access livelihoods and basic services and heightened risk of being affected by COVID-19.
- The **internet ban** imposed in eight townships in Rakhine and Chin state restricts access to lifesaving information around COVID-19 prevention measures that the population should be aware of.
- Sample collection is not widely available in the state and all testing continues to be done in Yangon. Severe cases requiring Intensive Care Unit (ICU) treatment will be unable to receive it due to lack of ICU capacity.

Key Recommendations

Government, humanitarian organisations and international agencies should:

- Ensure that **humanitarian principles guide all their preparedness and response to the pandemic.** Ensuring **equal access to impartial and inclusive assistance** will be a key **to keep humanity at the center of this response.** The response to COVID-19 has to be **centered on people and their needs first, without any discrimination or stigma**. It means ensuring **full and unimpeded humanitarian access** in countries that are already affected by a humanitarian crisis and in newly affected countries.
- **Facilitate the movement of goods and humanitarian personnel and to ensure the scale up of the response in an efficient manner. This includes the revision of some sanction regimes** to ensure bans on goods are not having effect on the efficiency of the response, and to the creation of open corridors and policies that exempt aid workers from certain restrictions to support the efficiency of the

response. **Humanitarian workers should be considered as essential personnel to respond to the crisis.**

- **Lift any obstruction to humanitarian programs and facilitate timely and safe access to humanitarian assistance** and protection to support populations in need and to mitigate the spread of the virus. This means for instance:
    - **Yemen**: ensure that authorities, in both North and South, allow humanitarian cargo and critical imports to pass through seaports, airports and by roads (so far, they remain open for humanitarian cargo with 14 days of quarantine)
    - **Syria**: consider re-opening Al Yaroubia border crossing / or opening the Syrian-Jordanian border for increasing delivery in Rubkhan camp
    - **Bangladesh and Myanmar**: governments should ensure humanitarian actors' full and unimpeded access to all IDP populations in camps and host communities. Internet access restrictions should be lifted immediately to ensure populations have access to critical information regarding COVID-19 translated into the languages spoken in the camps, villages and camp-like settings.
- Provide **immediate flexibility on funds already available and additional funding** to humanitarian organisations to ensure that existing humanitarian operations can rapidly scale up and adapt their operations to the risks posed by COVID-19. Allowing for flexibility and additional funds to re-orient existing programming and scale up projects providing water, sanitation and hygiene awareness, and frontline health support will save lives.
- **Coordinate to ensure efficiency of the response, especially when it comes to supply chain management and movement of people**. Coordinated response needs to be managed and implemented at regional and national level **to ensure mitigation of the border issues.**
- Ensure that all preparedness and **response plans and services are inclusive of and accessible to persons with disabilities, persons with chronic diseases and older persons**. They should refer to the **IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action** for technical guidance on how to ensure the rights and needs of persons with disabilities are met.
- Partner with organisations of persons with disabilities (OPDs) and other local organisations, as they should play a **key role in raising awareness of the pandemic among their constituencies and families.** Accessibility of information and services is also key to ensure to reach out to the greatest number of persons at risk and leave no one behind.

All governments and parties to conflict must:

- Support the call of the UN Secretary General for a **global ceasefire** made on the 23rd March 2020 to "stop the fighting everywhere now". **"Humanitarian needs must not be sacrificed"** and civilians must be protected: governments and other parties to conflicts have the responsibility to end civilian suffering caused by the use of explosive weapons in populated areas.
- Amplify messaging that **health facilities are protected spaces** open to all people without discrimination including IDPs, refugees, migrants.

On protection of the refugees and internally displaced population

Government and international agencies should:

- **Respect the non-refoulement principle** to allow people who are forced to flee to be protected. **Refugee rights cannot be sacrificed ever**, in time of pandemic included.
- **Adapt services in camp facilities to the pandemic,** and continue life-saving programs and protection programs. Namely WaSH and Health services need to be scaled up. Camp management activities

need to be adapted and, if necessary, should ensure relocation of people to decrease the density of the camp settings.

- **Grant refugee status to all asylum seekers, people in transit centres waiting to be relocated currently, to ensure that they have equal access to health care** facilities.
- **Continue and adapt asylum-seekers services and their protection component to the new situation.** EU and EU Member States and hosting states such as Jordan, Bangladesh or Turkey should ensure that asylum seekers receive refugee status to guarantee access to health care.
- **Not use the pretext of coronavirus driven security/health concerns to legitimize long-term anti-migrant/refugee policy**.

On protection of humanitarian workers and support to the intervention of local and national organisations

Humanitarian organisations and agencies should:

- Ensure humanitarian essential personnel are exempted by the limitations of movement to ensure provision of life saving activities.
- **Ensure their policies and procedures to protect, compensate and offer self-care to their staff working under pressure**. This encompasses specific budgets for healthcare and sick leave, and provision of dedicated services. This should be valid for international staff, national staff and local partners. Due to the restriction of movement, it is anticipated that the response is likely going to rely on local staff and local partners that will need to be adequately protected with appropriate training but also appropriate duty of care policies.
- Ensures Humanitarian workers do not become a target while they conduct the humanitarian response to COVID-19 pandemic.
- Ensure continuity of salaries for humanitarian staff that are not able to pursue their work due to restriction of movements in many countries. This is crucial to allow operational reactivity when the restrictions will be lifted.

II- Scaling up and adapting the response: NGOs as essential actors

The global health and economic crisis caused by the pandemic involves **immediate response to emergency needs** but will also create a **need for long-term support** to low and middle income countries.

In the current circumstances, **humanitarian organisations and UN agencies have the duty to continue their lifesaving and protection activities**, by adapting their programs to avoid the transmission of the virus.

Enabling international non-governmental organizations to provide a principled humanitarian response in many countries simultaneously will be **key to the containment of the pandemic**.

This pandemic is of **exceptional scale**. To face this current collective challenge and to ensure that international solidarity will not pay the price of domestic priorities, we collectively need to implement coordinated response in compliance with the humanitarian principles.

NGOs are equipped to contribute to the emergency response, especially to respond to the needs of the most vulnerable and marginalized population. Staff, operational partners and emergency stocks prepositioned are available to respond to the crisis. INGOs have the capacity to scale up intervention on the field and this has

been already demonstrated in the response to different epidemic in the past. But they are facing a **challenging environment:**

- **Protection from the virus**: Like HI, NGOs are adapting their programmes according to the evolution of the measures implemented by the governments of the countries they operate in, in order to ensure the outmost protection of both the beneficiaries and staff.
- **Economic and financial losses** that are putting INGOs at risks mainly due to the decrease in private funding and the slow-down of field activities due to the restrictions faced in many countries.
- **Uncertainty about the availability of funds**: even though, INGOs are reorienting their activities to respond to the pandemic, some uncertainties regarding funding are still making the tasks difficult.
- **Restrictions on the movement of people and goods** due to the protective measures in the countries.

Key Recommendations

States, donor agencies and international agencies should:

- Provide **immediate flexibility on funds already available and additional funding** to humanitarian organisations to ensure that existing humanitarian operations can rapidly scale up and adapt their operations to the risks posed by COVID-19. Allowing for flexibility and additional funds to re-orient existing programming and scale up projects providing water, sanitation and hygiene awareness, and frontline health support will save lives.

More concretely, they should:

- Develop a **specific mechanism to support INGOs' structure** to face this specific economic crisis. Anticipated decrease in private funding and the loss linked to the slowdown of field operation where restrictions are high are putting many humanitarian INGOs at serious risk.

- **Allow in priority movements of goods and humanitarian personnel**. Borders restrictions need to be lifted to allow an appropriate and dedicated humanitarian response.

- **Avail additional funding** dedicated to the response to this exceptional crisis, accessible to CSOs. These funds need to be fast-tracked and dedicated for a global response.

- **Ensure cost extension for ongoing operation and full eligibility of costs:** salaries of humanitarian personnel needs to be maintained along with all costs in link with the structures of HI's operation on the field needs to preserve HI's operational capacities in adapting programs and resuming activities when the restrictions will be lifted.

- **Include in the full eligibility of cost all the additional expenses due to the necessity to implement protective measures for our premises and for our personnel** such as for instance having the appropriate equipment's but also travel cost when relocation is needed.

- **Ensure no Cost Extensions** for programs that are close to be finalized to ensure that the programs can be adequately finished. We are anticipating some delays in reporting and appropriate closure of programs, those delays are in link with the different measures taken by the different governments in which we are operating.

- Be flexibility when it comes to co-funding requirements and allow **100% coverage**.

- Ensure funding is inclusive to respond to the needs of the most vulnerable, including persons with disabilities, persons with chronic diseases and the older persons.

III- COVID-19: exacerbated impacts on the most-at-risk population

In countries where conflicts and humanitarian crises are ongoing and in other low income countries where HI operates, **COVID-19 pandemic is increasing the morbidity and mortality rates for specific vulnerable, marginalized and most at risk groups**, including older persons, persons with disabilities, persons living with a chronic disease, migrants, refugees, internally displaced persons, mine/ERW survivors etc.

Specific vulnerable and marginalized groups are more likely to be affected by the COVID-19 directly. **They were already vulnerable due to socio-economic exclusion or life in overcrowded settings, and are therefore likely to be hit harder by the reverberating effects of the pandemic such as economic losses and absence of protection mechanism.** In countries where many people already experience major barriers to access services, water, sanitation and information, **measures taken to prevent the spread of the virus might not enable the most vulnerable, marginalized and at risk to efficiently protect themselves.** Quarantine measures such as school closures, restrictions on movements and on access to livelihood disrupt children's routine, social support mechanisms and access to basic needs such as healthcare, food and water. It is also placing new stressors especially on women and caregivers.

For all, including those statistically less prone to the disease, the measures implemented to contain the spread of the virus, such as containment and restrictions in social interactions, have an **immediate effect on the ability of people to secure their basic living**, impeding them to earn an income while no or very limited social protection nets are in place to help.

By adding pressure on health systems which are already not capable of responding to "ordinary" needs, COVID-19 is **increasing morbidity and mortality from other health conditions**. Treatment of other pathologies and preventive health care, pre/post-natal care and safe delivery will be drastically reduced or stopped. Other epidemics are likely to develop if the weak health systems are not supported.

As of now, the response to the crisis has been mainly national, different countries facing the health crisis on their territory with limited consideration for the global impact, especially the impact of the crisis on developing countries with limited resources and fragile health systems. **The unprecedented scope and gravity of this crisis calls for international solidarity, and a coordinated and ambitious response at global level.**

As a humanitarian and development actor, we anticipate that **COVID-19 pandemic could generate a long-term increase in inequalities,** as a result of the barriers to access services and the loss of livelihoods. This may represent **a major setback in the achievement of the sustainable development goals globally**.

Focus on persons with disabilities

Because of their situation of marginalization in society in many countries, persons with disabilities may have **greater difficulties in accessing information on and implementing preventive measures**; for example, access to clean water/sinks, regular disinfection of assistive technologies and devices. Applying social distancing is hard or impossible for those who rely on physical contact with the environment or support persons.

Persons suffering from specific health conditions, chronic diseases and older persons, amongst them persons with some type of disabilities, are at **higher risk of contracting and developing severe cases of COVID-19**,

as this infection exacerbates existing health conditions (i.e. weak immune response, respiratory dysfunctions and other impairments or conditions).

Persons with disabilities and older persons are at **higher risk to be discriminated against**, adding **further barriers** when seeking care.

Also, in the current circumstances, persons with disabilities, persons with chronic diseases and older persons face **further risk of isolation and exclusion**, as social support services and networks, including personal assistance, on which some rely on for their daily living, are cut or interrupted.
As pointed by Catalina Devandas Aguilar, UN Special Rapporteur on the rights of persons with disabilities, "containment measures, such as social distancing and self-isolation, may be impossible for those who rely on the support of others to eat, dress and bathe." It is thus crucial to limit the impact of the disruption of social support services, as a result of COVID-19, on the lives of persons with disabilities in need of such support.

Even in times of crisis, the Convention of the Rights of Persons with Disabilities (UN CRPD), notably articles 11 and 32, applies and should be complied with. **Persons with disabilities cannot be left behind and denied their rights.**

Key Recommendations

Governments, health providers and humanitarian organisations should:

- **Adopt a comprehensive approach** to COVID-19 preparedness and response plans, encompassing the health, social protection, education, WASH, and other sectors and **establish cross-sectoral collaboration** across governmental services/branches and with civil society organisations.
- **Ensure that human rights and the rights of persons with disabilities are central to the COVID-19 preparedness and response plans and implementation measures**, and that efforts are well coordinated to ensure that no one is left behind. **No discrimination, in any forms,** must be made on the ground of disability, health condition, gender or age.
- Refer to the **IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, as well WHO considerations on disability during the COVID-19 outbreak,** to ensure the rights and needs of persons with disabilities are met in operational plans.
- **Partner with Organisations of Persons with Disabilities** (OPDs) as well as representative organisations of women and the older persons to design inclusive response to the COVID-19 pandemic and to deploy awareness raising action.
- **Share inclusive information on COVID-19 prevention and response through a diversity of accessible formats with use of accessible technologies,** so to leave no one behind. Public communication should also avoid stereotyping messages and images.
- **Collect information disaggregated by sex, age and disability**, so to have a factual account of the impact of the pandemic on the population.
- Develop **targeted measures for marginalized groups, persons with disabilities, persons with chronic diseases and older persons and their families to support their livelihoods** (e.g. fiscal measures, allocation of resources, targeted programming) in these difficult times.
- **Equip all service providers**, such as personal assistants, social workers, interpreters, volunteers or family members supporting persons with disabilities, with adequate protective equipment.

- In case of interruption of social support services, **explore possibilities of alternative services** (e.g. volunteers, social network, humanitarian actors) **and use of technology** to prevent social isolation, lack of access to basic needs and important information.

IV- Increased barriers to access services by sector for the most marginalized people

Access to health services

Persons with disabilities and other marginalized people, already face significant barriers in accessing health care in many countries, due to general stigma and discrimination, lack of accessibility, limited healthcare services capacity and limited awareness of health staff.

These barriers may become even more prominent during a health crisis like the COVID-19 pandemic.

- The pressure to "choose" who should receive care in priority may disqualify persons with disabilities, persons with chronic diseases, and older people.
- Overwhelmed health systems may be unable to respond normally to other health needs, that are so essential to some persons with disabilities, persons with chronic diseases and older persons.

The COVID-19 pandemic forces health system managers to define what essential health services should stay active and running. HI teams have observed that in the effort to prepare for worst-case scenario of COVID-19, some countries have been forcibly discharging patients to allow space for dedicated quarantine spaces in hospitals.

Health services disruption might lead to the reduced capacity or complete unavailability of services such as sexual and reproductive health care services, including maternal and child care, depriving women, children and survivors of gender-based violence of essential care. This is also likely to have a **very detrimental impact on rehabilitation services**, although rehabilitation is key to the functioning and well-being of some persons with disabilities, older persons and other persons with specific health conditions. In some countries, HI rehabilitation teams have been prevented from forcing in-patients to leave before finishing their treatment. Patients who are forcibly discharged without referrals to other programs will suffer on-going complications and lose their chance of recovery without long-term impairments.

Community-based rehabilitation is also affected, endangering the wellbeing and the functioning of individuals and communities. In times of crisis, **telemedicine, including tele-rehabilitation** (i.e. the delivery of rehabilitation services over telecommunication networks and the internet) can play a critical role to ensure that "at risk" patients can continue benefiting from rehabilitation follow-up.
Mental health is a challenge for everyone in this critical period; even more so for vulnerable population, including victims of gender based-violence, as well as some older persons and persons with disabilities. For them, the pandemic means an increased isolation as their limited, though essential, interactions in ordinary times become even scarcer.

In **countries where conflict is ongoing**, the COVID-19 will add further barriers to people who already have great difficulty to access health services, because of reduced freedom of movement due to checkpoints and frontlines, and because these services are usually located in large cities only, when they are still up and running.

Key Recommendations

- More than ever, the COVID-19 pandemic reinforces the argument that **health is an investment, not a cost**.

Governments, health providers and humanitarian organisations should:

- **Increase health response and support the supply chain** to deliver appropriate health material according to the needs of the affected countries, and affected population and ensure that vital existing health services for **persons with disabilities including health services, persons with chronic diseases and older persons continue to operate**, while adapting the programs in ways to avoid the spread of the virus.

- Ensure **support staff and health care personnel are not subject to travel restrictions and containment, and provided with specific protective equipment and trained** to avoid the spread of the COVID-19 virus, while maintaining essential health care and services, notably in camp settings.

- Ensure that healthcare personnel is fully **aware of the rights and needs of persons with disabilities**, to avoid stigma and discrimination and they are trained on how to communicate with persons with disabilities.

- **Ensure that the referral mechanism is adapted to the pandemic situation**, and that all health staff especially staff dedicated to the pandemic are aware of the different referral possibilities, notably for gender-based violence survivors, including MHPSS support and sexual and reproductive health care services.

- **Maintain at the hospital level, early rehabilitation care** for injured people or people with newly acquired impairments (in order to avoid secondary or long-term impairments), in strict compliance with prevention measures in place.

- **Support and improve tele-rehabilitation**, as a critical modality to continue providing an essential health service to those who need it, in a time of restrictions and saturation of health structures.

- **Ensure the availability of accessible psychosocial support** for those in need, notably amongst persons with disabilities, older people, and Gender Based Violence survivors.

- In the long term, invest further in health systems' strengthening, in order to respond better to health needs and health system challenges, with improvements in access, coverage, quality, and efficiency. Initiatives and investments should encompass all health strategies (promotion, prevention, treatment, rehabilitation and palliative care).

- **Accelerate progress towards universal health coverage**. COVID-19 crisis highlights the pre-existing need to increase both domestic and external investments in health, reduce reliance on impoverishing out-of-pocket payments and ensure that none faces significant financial hardship to get the needed care.

Basic Needs, Livelihood and Social Protection

COVID-19 has already, and will continue, disrupting the global, national and local economy. **Loss of livelihood and economic opportunity results in an increase of the number of vulnerable people globally**. The most vulnerable and marginalized people in society including persons with disabilities, persons with chronic illness,

and older persons, are more exposed to an economic shock, because they are already excluded from the informal and formal economy.[2]
Yet, much of the global population does not benefit from any forms of social protection[3]. The lack of social protection results in people not being able to reduce or interrupt their income generating activities and exposing them disproportionately to COVID-19.

Key Recommendations

This crisis reveals again the need for governments and humanitarian actors to **continue strengthening shock-responsive, inclusive social protection policies and programs** to increase resilience and protect the most vulnerable against shocks, and to ensure that basic needs are met. Social protection that is inclusive of both workers in the formal and informal economy is imperative to maintain decent work conditions.

In response to the COVID-19 pandemic, **governments and humanitarian organisations should:**

- Use **unrestricted, multipurpose cash when the market is adapted,** and coordinate their cash programming to strengthen shock-responsive social protection systems. This should be complemented with protective measures and support services to ensure that the most vulnerable can use the social protection measures to meet their needs.

- **Mobilise adequate resources and prioritise investment in social protection services to Expand social protection systems to respond to the effects of COVID-19** on the global, local and national economy.

- Ensure that **no discrimination** on the ground of disability, gender and age status will apply in any staff reduction induced by the impacts of COVID-19 and homeworking schemes.

- **Prepare targeted women's economic empowerment strategies, or explore cash transfer programming for most vulnerable groups,** to mitigate the socio-economic impact of the pandemic, towards recovering and building resilience for future shocks.

Access to qualitative inclusive education

Over 100 countries have implemented nationwide closures, impacting over half of the world's student population. Several other countries have implemented localized school closures and, should these closures become nationwide, millions of additional learners will experience education disruption.

Closing schools disrupts not only student learning, but also **access to food programs, social support, personal assistance or medical care,** which are often available through schools. Without the protective and social environment of schools and the services associated with it, children are more exposed to violence and vulnerability. **Children with disabilities face increased risks, as they are likely to be more affected by reduced access to prevention and support measures.**

Closing schools to control the transmission of COVID-19 may have a different impact on women and adolescent girls as they provide most informal care within families, which in turn limits their economic and

[2] ILO https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_421676.pdf *"Approximately 785 million women and men with disabilities are of working age, but the majority do not work. When they do work, they earn less than people without disabilities but further gender disparities exist. Women with disabilities earn less than men with disabilities."*
[3] https://mg.co.za/article/2020-03-23-social-protection-policies-can-help-to-combat-covid-19-and-mitigate-its-effects/

educational opportunities. Experience from previous crises shows that, in many contexts, girls are less likely to return to school after the crisis.

Key Recommendations

Governments and humanitarian organisations should:

- **Ensure the continuum of quality and inclusive education** during and beyond this crisis by mobilising adequate resources and funding (including through external aid and international solidarity). This should include **maintaining the remuneration** of teachers and educational staff.

- **Put in place alternative education modalities** (such as radio, television, cell phone and internet learning options) where possible[4]. While considering alternative provision to education during this pandemic, **reasonable accommodations and accessibility measures** should be provided, according to individual needs of children with disabilities.

- When schools are still open, **ensure that the protection and safety messages relating to COVID-19 effectively reach children, teachers, and parents**, and that **schools are provided with essential prevention goods**, such as disinfectant, soap and water.

Access to protection services for the most vulnerable

Human rights are being challenged in this time of pandemic. Government and states must ensure the measures taken to reduce the pandemic are proportional and have a specific duration in link with the decrease of the impact of the pandemic.[5]

Protection risks are higher in time of crisis and this is likely to be true for this pandemic. Because the services are going to be highly disrupted, but also due to the nature of the restrictions implemented to contain the epidemic that can lead to many abuses. These include the following:

- Containment and limitations of freedom of movement are increasing the risks of **gender-based and domestic violence (GBV)**, characterized by increased psychological impacts of violence as well as in the severity and frequency of the violence-taking place.[6]
- **Women and children are at greater risk of exploitation and sexual violence,** as seen in other sanitary crises contexts.[7] The closure of schools, poor access to basic needs, or loss of loved-one may increase the likelihood of survival sex, transactional sex and risk of sexual exploitation and abuse. Children are also exposed to risks, such as forced marriage, being placed in institutions, becoming head of household, engagement in hazardous and exploitative labour.
- **Without appropriate care and support to GBV survivors due to services disruption,** the long-term impact will be an increase in unwanted and/or teenage pregnancies, child and maternal mortality, STIs, psychological trauma and intergenerational cycle of violence.
- **The capacity of monitoring and surveillance is being hampered** due to limitations of movement, creating an 'atmosphere of impunity' where abuses increase.

[4] *For example, during the Ebola emergency, HI in Sierra Leone implemented a distance learning radio project.*
[5] UN High Commissioner for Human Rights statement: https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25668&LangID=E "Lockdowns, quarantines and other such measures to contain and combat the spread of COVID-19 should always be carried out in strict accordance with human rights standards and in a way that is necessary and proportionate to the evaluated risk -- but even when they are, they may have serious repercussions on people's lives"
[6] Conrad-Hiebner, A. and Byram, E., 2018. The Temporal Impact of Economic Insecurity on Child Maltreatment: A Systematic Review. Trauma, Violence, & Abuse, 21(1), pp.157-178.
7 UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High Level Panel on the Global Response to Health Crises; UNICEF Helpdesk, "GBV in Emergencies: Emergency Responses to Public Health Outbreaks," September 2018, p. 2.

Key Recommendations

Governments, service providers and humanitarian organisations should:

- **Ensure that protection is a central element of the country strategic plans for preparedness and response to COVID-19**. These plans must be grounded in strong gender analysis, and an analysis of which groups are at heightened risk of different forms of violence and abuse, with an intersectional lens. The IASC Gender Handbook, the IASC GBV and the IASC Disabilities offers adequate guidance for all sectors.

- **Guarantee free access to healthcare to GBV survivors and victims of abuse, and maintain open essential services for GBV survivors** such as safe accommodation, during the time of prevention measures, in the respect of social distancing rules, and when necessary and possible, provide online, digital and remote services for protection prevention and response, including for psychosocial support. Special measures to support children's psychosocial well-being when undergoing treatment and quarantine at the same time are to be put in place.

- **Promote information on available services and prevention messages on GBV and Child Protection,** ensuring those who are particularly vulnerable such as women and girls with disabilities are aware of appropriate channels for them to report and access services.

- **Facilitate synergies between Protection and Health actors (SHR, MHPSS)**, including adapting the referral system and providing guidance for health staff on inclusive child-friendly communication and communication with GBV survivors, in order to provide comprehensive prevention and response actions to protection issues.

- **Strengthen the leadership and meaningful participation of women and girls** in all decision-making processes in addressing the COVID-19 outbreak.

ANNEX - How to use this document

Why this document?

Our social missions as a whole, including operations and advocacy, are impacted by the Covid-19 related crisis. From all sides, networks, partners, governments are reacting, and we are being solicited to produce contents about this pandemic, its impact on the populations and partners with whom we work, and on humanitarian organisations themselves.
This document compiles main findings and advocacy messages related to HI relevant sectors, in order to feed into these initiatives and respond to the solicitations. It provides coherent and HI specific messages, based on the analysis and contributions of different internal stakeholders across the organization

What can you do?

This document will be a living document that we will continue to enrich over time. It is available on Teams and **we welcome your comments and contributions**.

It is a compilation from which the different HI services can **pick content to respond to their interlocutors' specific needs (through emails, contributions to joint or official documents, participation to meetings, social media and other communication tools, etc).**

An **executive summary** has been produced, containing the key messages and recommendations identified as core to our federal advocacy on:

- The impact of the pandemic on humanitarian needs, specifically on populations the most at risk including persons with disabilities,
- The foreseen impacts on access to services (health, education and livelihood),
- The impact on the continuity and sustainability of the interventions of civil society organisations.

It is available and will be disseminated by the Advocacy and Institutional Relations Team.

We aim at **jointly disseminating these messages to decision makers**, donors and networks. Please inform the Advocacy and Institutional Relations team on how you are using or planned to use them and towards which targets.

Non-exhaustive list of potential targets

Programs	Federal Staff and NAs
○ State authorities on education, health, protection, disaster management, budget, intl cooperation etc (regional, national, local) ○ Development and humanitarian actors including INGO and NGO, UN (OCHA, UNHCR, UNISDR, UNICEF…), IFRC, ICRC ○ DPOs	○ Donors ○ State authorities ○ INGO and INGO networks (ex: VOICE, ICVA, CSUD, BOND,VENRO, IDDC, IDA etc) ○ International organisations (UN Agencies) ○ DPOs