

THE HEALTH AND ECONOMIC IMPACTS OF COVID-19 CONTAINMENT STRATEGIES ON THE MOST LEFT BEHIND:

Recommendations for how we can build
back better, stronger, more resilient health and
economic systems

"There is no dichotomy or antagonism between financing healthcare or the economy. That's completely ridiculous and is a very poor economic concept"

(Otmar Kloiber, World Medical Association, Global)



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Acknowledgements

We would like to thank the 120 members from civil society organisations from the 58 countries who contributed to this research by sharing relevant literature, as respondents to the civil society survey and as key informants who were interviewed. We hope the paper captures sufficiently the diversity of your lived experience.

We would especially like to thank CSEM Advisory Group Members, specifically Anamaria Bejar, Kurt Freider, Johannes Trimmel, Ariana Childs Graham, Esther Njoroge, Lloyd Nunag, Justin Koonin, Katie Husselby, Julia Tainijoki, Oanh Hai Thi Khuat, Dumisio Gatsha, Itai Rusike, Evalin Karijo and Smitha Sadasivan for their contributions. We would also like to thank CSEM Coordinator, and MSH Senior Technical Advisor, Eliana Monteforte, for her management, review and research contributions.

Most importantly, CSEM would like to acknowledge the support of Equal International in undertaking the research and developing of this policy brief on behalf of CSEM, with particular thanks to Delphine Valette, Anton Ofield-Kerr, Hugh Reed and Mohga Kamal-Yanni.

Finally, we thank the World Health Organization (WHO) for their generous financial support for the development of this paper with special thanks to Tessa Edejer.

Summary of Recommendations for Governments



1. The **'leave no one behind'** vision must be at the centre of COVID-19 preparedness plans and responses.



2. **Focus on equity**, gender-responsiveness, inclusion and financial protection in COVID-19 responses.



3. Invest in resilient and strengthened healthcare systems and infrastructure for universal health coverage, to ensure equitable **access to lifesaving health services** for all, that can continue to provide quality services while coping with pandemic outbreaks.



4. National COVID-19 responses must **protect healthcare workers** from infection; mitigate the mental, psychological, and social impacts of their critical work; and meet the specific needs of women.



5. Provide **social protection packages**, particularly for marginalised and at-risk populations that are most affected by the economic impacts of containment strategies.



6. Ensure inclusive and cross-sectoral representation, and the meaningful **participation of civil society** in COVID-19 global and national response arrangements.

1. Introduction

The COVID-19 pandemic took over the world in early 2020, sparing no countries. By 30 November, there have been more than 61 million infections and over 1.43 million deaths¹. Whilst coronavirus is borderless, its impact has affected countries and communities differently.

It has also seriously shaken global leaders' attention to pandemic control, and exposed the significant underinvestment in health system strengthening, as well as existing inequalities in access to health, and the lack of countries' preparedness to tackle a virus of the COVID-19 magnitude.

As of early December 2020, the world is still battling to control the virus and some countries are now facing a second wave. COVID-19 is not going anywhere soon. As we contemplate entering a new year with the ongoing infection and death toll of COVID-19, now is the time to consider the health and economic trade-offs of the pandemic's containment measures, including lockdowns, curfews, and travel restrictions. These measures have been adopted to control the spread of infection, but have caused, and continue to cause, a devastating amount of harm on the most vulnerable and marginalised, particularly when mitigation and support measures are not put in place.

We welcome the joint paper from the World Health Organization (WHO), the Organisation for Economic Co-operation and Development (OECD) and the World Bank, *Sustaining lives and livelihoods: a decision framework for calibrating social and movement measures during the COVID-19 pandemic*, which considers the health and livelihood implications of lockdowns, and provides options for a decision framework for mitigating the negative effects of containment measures on people's health and economies.

1 https://COVID19.who.int/?gclid=CjwKCAiA5IL-BRAzEiwA0lcWYodMi5mMmF_H_p7Tt46fiPztSIKfp9MV2ODra50staDxPYQTkBuK9hoC00UQAvD_BwE

This paper, written by Civil Society Engagement Mechanism (CSEM) of UHC2030, in partnership with Equal International, represents civil society's perspectives and critical experiences of governments' COVID-19 responses. It is structured around a number of overall questions that consider the impact of COVID-19 responses - with a strong focus on containment strategies - on the populations most at risk of economic and health impacts. It also assesses whether national-level COVID-19 responses have been inclusive enough to address their specific needs and vulnerabilities.

Who are the most vulnerable and the most affected – even if not infected - by COVID-19? Are the conditions and needs of the poor and marginalised populations being considered in the COVID-19 response – especially containment strategies?

Are decisions driven by inclusive and transparent decision-making?

Are women, who bear the disproportionate effects of the pandemic, included and at the forefront of decision-making?

These are some of the critical questions that CSEM asked over 113 representatives from civil society through key informant interviews (13 individuals) and an online survey (100 respondents), and whose answers and reflections, alongside a literature review, have been used to inform the content of this paper².

2 The interviews and surveys tried to include an adequate geographical representation, and expertise and views reflecting a range of sectors including health, disability, livelihoods, and finance. The online survey had 100 respondents from 42 Countries (Middle East, Africa, Asia, Western Europe and Latin America and the Caribbean). 90% of respondents were from NGOs (including 3% from health foundations), 8% from community-based organisations, and 2% from academia.

2. Who are the populations more vulnerable to the direct and indirect health and economic impacts of COVID-19 containment measures?

“COVID-19 is not an equaliser, it is exposing inequalities. The pandemic is exposing the dark truth of deep social, economic and political inequalities that drive ill health and pandemics within and between countries”³.

In response to the pandemic, more than 170 countries around the world implemented some form of lockdown by 31 March 2020. Governments had to make swift decisions with limited evidence and imposed 'stay at home' restrictions in 139 countries.

COVID-19 containment measures are affecting populations that are already facing a wide range of intersecting inequalities, that live in the margins and have traditionally been excluded, neglected or discriminated against in government's policies, and who are falling through the cracks of the pandemic's responses⁴.

Some of the groups most frequently identified in the interviews and the survey included people with pre-existing medical conditions, the elderly, the poor, women, disabled, marginalised and rural communities, undocumented and migrant workers, and children. They were identified as the most impacted by the direct and indirect effects of containment strategies and COVID-19 responses. Other groups, including informal workers, prisoners⁵ and other people deprived of liberty, sex workers,⁶ indigenous populations⁷, are also considered especially at risk.

Who are the groups most vulnerable or most at risk of being left behind in the response to COVID-19?

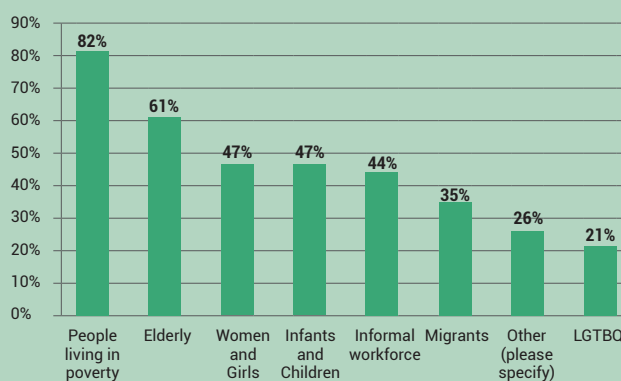


Figure 1: Online survey's most frequent responses

- 3 Women in Global Health (2020). COVID-19: Health security depends on women, September 2020. Available at: <http://COVID5050.org/Global-Health-Security-Depends-on-Women-WGH.pdf>
- 4 Hankivsky, O. (2020). Using intersectionality to understand who is most at risk of COVID-19, Pursuit, Univ of Melbourne. Available at: <https://pursuit.unimelb.edu.au/articles/using-intersectionality-to-understand-who-is-most-at-risk-of-covid-19>
- 5 Macmadu, A., Berk, J., Kaplowitz, E., Mercedes, M. Rich, J. et al. (2020). COVID-19 and mass incarceration: a call for urgent action, The Lancet, 1 Nov 2020, V 5 (11) E571-E572. [https://doi.org/10.1016/S2468-2667\(20\)30231-0](https://doi.org/10.1016/S2468-2667(20)30231-0)
- 6 Platt, L., Elmes, J., Stevenson, L., Holt, V., Rolles, S. et al. (2020). Sex Workers not to be forgotten in the COVID-19 response, The Lancet, May 15, 2020. [https://doi.org/10.1016/S0140-6736\(20\)31033-3](https://doi.org/10.1016/S0140-6736(20)31033-3)
- 7 Charlier, P. & Varison, L. (2020). Is COVID-19 being used as a weapon against Indigenous Peoples in Brazil?, The Lancet, v396 (10257), P1069-1070. [https://doi.org/10.1016/S0140-6736\(20\)32068-7](https://doi.org/10.1016/S0140-6736(20)32068-7)

COVID-19 and governments' responses have compounded the effects of existing poverty, inequalities, and discrimination based on ethnicity, social and refugee status, disability, sexual orientation, and gender identity.

"Leaving no one behind requires consistently questioning who's not included, safe and provided for at all governance levels"

(Dumiso Gatsha, Success Capital, Botswana)



Recommendation 1:

The 'leave no one behind' vision, which rests on tackling deep-rooted inequalities and exclusion, and the inclusion of the most marginalised, the poorest and the most vulnerable in the development agenda, must be at the centre of COVID-19 preparedness plans and responses. Governments should:

- Include the most marginalised, poorest and most vulnerable throughout the COVID-19 preparedness, response and recovery plans;
- Consider the potential negative effects of existing factors – such as poverty, gender inequalities, and discrimination based on ethnicity, disability, residency status, sexual orientation, and gender identity, especially when considering the implementation of containment measures;
- Disaggregate data to identify the most marginalised and vulnerable. This is critical to ensure that no one falls through the cracks in the response; and
- Perform impact assessments on proposed policies and their effects on these populations. Adapt policies to respond to people's needs and conditions.

3. What are the direct and indirect health impacts of COVID-19 responses on vulnerable populations and those most at risk?

COVID-19 containment measures and responses have had a dramatic direct impact on the ability of the most vulnerable and marginalised to protect themselves and their families' health and livelihood. These populations are unable to:

- Social distance due to overcrowded settings such as informal settlements and congested dwellings. Settings such as prisons, detention centres, and camps for internally displaced people and refugees have inadequate space and ventilation for inhabitants. Also, many people are unable to work from home due to the nature of their work and/or lack of home facilities like space, internet and technology; or are employed in the informal sector; or cannot socially distance for work reasons (such is the case for care workers);
- Practice hand hygiene, as nearly three quarters of the people in the least developed countries lack basic handwashing facilities at home⁸. These populations also lack access to, and cannot afford, protective equipment like masks;
- Access tests or treatments for COVID-19 due to insufficient availability and affordability of products in the global market, including the cost of masks and other products. Some people, for example in the US, lack sufficient health insurance coverage and access to free public healthcare⁹; and
- Access information and guidance on COVID-19 in a suitable language or accessible format.

"In the fight against COVID-19, health services delivery and accessibility is very limited. For pregnant women and children with chronic illnesses, it is even worse. During the pandemic, it is difficult and sometimes impossible to run clinics for these populations. That places them at a higher risk of health complications".

(Survey respondent, Tanzania)

⁸ <https://www.unicef.org/press-releases/fact-sheet-lack-handwashing-soap-puts-millions-increased-risk-COVID-19-and-other>

⁹ Wapner, J. (2020). COVID-19: Medical expenses leave many Americans deep in debt *BMJ* 2020; 370 :m3097. <https://www.bmj.com/content/370/bmj.m3097>

COVID-19 and Healthcare Workers

Personal protective equipment (PPE) is essential for healthcare workers to protect themselves from the risk of infection. There has been a global shortage of PPE across countries, partly due to hoarding practices of rich countries. In May 2020, Amnesty International surveyed 79 countries and 63 reported that front-line healthcare workers, such as nurses, lacked PPE and, in at least 31 countries, shortages had escalated into healthcare worker strikes and protests to seek reasonable protection¹⁰. Infection prevention and control for COVID-19 has also been critically missing¹¹. In September 2020, Amnesty International reported that at least 7 000 health care workers had died as a result of COVID-19¹², with the US and Brazil recording the highest number of deaths amongst healthcare workers.

Whilst globally women make up over 70% of the health workforce and have been on the frontline of the fight against COVID-19, governments have mostly ignored their specific needs, including appropriately sized PPE, menstrual hygiene supplies, transportation, and financial protection, such as paid time off, to care for sick family members and children¹³.

Some of the pandemic's greater health risks lie in the secondary or indirect health impacts of COVID-19. In many countries, low public investment in health services, including Primary Health Care (PHC), has led to a trade-off between support for the fight against COVID-19 and continued provision of services for other health needs. This trade-off has been most apparent in low- and middle-income countries (LMICs), and the populations hit the hardest include the most marginalised.

“Women and girls do not have access to sexual and reproductive health (SRH) services since it is not seen as an essential service; accessing contraceptives and preventing unplanned pregnancies becomes a challenge”.

(Survey respondent, Tanzania)

- 10 Amnesty International (2020). Exposed, silenced, and attacked: failures to protect health and essential workers during the COVID-19 pandemic. Amnesty International and Peter Benenson House, London, UK May, 2020.
- 11 Houghton, C., Meskell, P., Delaney, H., Smalle, M., Glenton, C. et al. (2020) Barriers and facilitators to healthcare workers' adherence with infection prevention and control (IPC) guidelines for respiratory infectious diseases: a rapid qualitative evidence synthesis, Cochrane Database of Systematic Reviews, <https://doi.org/10.1002/14651858>.
- 12 Amnesty International (2020). Global: Amnesty analysis reveals over 7,000 health workers have died from COVID-19. Available at: <https://www.amnesty.org/en/latest/news/2020/09/amnesty-analysis-7000-health-workers-have-died-from-COVID19/>
- 13 World Bank (2020). World Bank Gender: Guidance for Health COVID-19 (coronavirus) response projects. Available at: <http://pubdocs.worldbank.org/en/425301587156203830/Gender-in-HNP-COVID-19-response-4-17-20-external.pdf>

Our surveys (and other sources) most commonly reported the following indirect health impacts of containment strategies:

- **Lack of access to health services:** People cannot access the health services they need due to restrictions on movements, as well as disruption of services (such as those being paused or diverted)¹⁴, and fear of infection or of being stigmatised and discriminated against. Services commonly affected have included oncology¹⁵, HIV treatment¹⁶, vaccinations, maternal and child health¹⁷, and family planning and reproductive health¹⁸. 73% of our online survey respondents identified worsening of existing health inequalities as one of the most common indirect health impacts.
- The disruptions to lifesaving services have been widely reported. For example, WHO reported that between March and June 2020, 90% of countries experienced changes to their health services, with LMICs reporting the worst disruptions¹⁹.
- **Disruptions in follow-up and community-based health services:** This is mostly due to social distancing measures, movement restrictions and diversions of human resources to COVID-19.
- **Increase in mental health problems:** This is due to self-isolation and social distancing, particularly among older and other vulnerable populations who were not able to see their families for months. The fear of, and actual, loss of jobs, secure income and livelihood added to the mental health strain especially on those groups that did not have financial cushions (savings) to rely on. Although more than 80% of high-income countries deployed telemedicine and teletherapy to address mental health, less than 50% of low-income countries were able to do so²⁰. The most marginalised, such as lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) groups and old people living alone were also at risk of increased mental health issues²¹.
- **Increase in violence against women and girls²² and children²³:** 76% of the survey's respondents identified gender-based violence as a key indirect health and psychosocial impact.

“We don’t want social distancing – we want physical distancing. Social distancing leads to exclusion. What we need is physical distancing and more social inclusion and co-operation”.

(Otmar Kloiber, World Medical Association, Global)

14 WHO (2020a). WHO: access to HIV medicines severely impacted by COVID-19 as AIDS response stalls. Available at: <https://www.who.int/news/item/06-07-2020-who-access-to-hiv-medicines-severely-impacted-by-covid-19-as-aids-response-stalls>

15 Cancer research UK (2020). How coronavirus is impacting cancer services in the UK. Available at: <https://scienceblog.cancerresearchuk.org/2020/04/21/how-coronavirus-is-impacting-cancer-services-in-the-uk/>

16 WHO (2020a). *ibid*.

17 WHO (2020b). COVID-19 could reverse decades of progress toward eliminating preventable child deaths, agencies warn. Available at: <https://www.who.int/news/item/09-09-2020-covid-19-could-reverse-decades-of-progress-toward-eliminating-preventable-child-deaths-agencies-warn>

18 FIGO (2020). Youth and Family Planning during COVID-19. Available at: <https://www.figo.org/news/youth-and-family-planning-during-covid-19>

19 WHO (2020c). In WHO global pulse survey, 90% of countries report disruptions to essential health services since COVID-19 pandemic. Available at: <https://www.who.int/news/item/31-08-2020-in-who-global-pulse-survey-90-of-countries-report-disruptions-to-essential-health-services-since-covid-19-pandemic>

20 WHO (2020d). COVID-19 disrupting mental health services in most countries, WHO survey. Available at: <https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey>

21 Kneale, D. & Becares, L. (2020). The mental health and experiences of discrimination of LGBTQ+ people during the COVID-19 pandemic: Initial findings from the Queerantime Study, MedRxiv, <https://www.medrxiv.org/content/10.1101/2020.08.03.20167403v1>

22 <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006>

23 Øverlien, C. (2020) The COVID 19 Pandemic and Its Impact on Children in Domestic Violence Refuges. *Child Abuse Rev.*, 29: 379– 386. <https://doi.org/10.1002/car.2650>.



Recommendation 2:

Focus on equity, gender-responsiveness, inclusion and financial protection in COVID-19 responses. Governments should:

- Address the secondary health impacts of COVID-19 by prioritising mental health services that respond to the needs and conditions of different vulnerable groups;
- Invest in protection of women and children that are facing domestic violence by providing protection policies, funding support services (such as refuges, hotline counselling and referrals) as priority interventions during lockdowns;
- Make all COVID-19 related services free at the point of care and include mental health within COVID-19 response plans;
- Provide financial protection in terms of targeted cash transfer to cover essential costs for basic needs such as food and hygiene products for people who have lost their livelihood;
- Ensure public health services are free to allow all people to access quality, universal health care services that cover the full spectrum of care: promotion, prevention, treatment, rehabilitation and palliative care. This also includes access to treatment and vaccines;
- Eliminate out-of-pocket private spending on health;
- Ensure information and health promotion is accessible to all (available in plain and/or sign language, easy-to-read formats that do not rely on exclusive technologies);
- Address legal and policy barriers, as well as harmful social, traditional and cultural norms, that prevent women and girls, as well as marginalised, criminalised and stigmatised groups, from receiving health services; and
- Put fair access at the centre of vaccine release plans. Fair access to COVID-19 vaccines isn't just the right thing to do, it's the fastest way we can all start to regain our lives.

"Health financing should include a component on pandemic preparedness to avoid economic catastrophe due to a pandemic. This will also help in putting down and implementing preventive measures to avoid the spread of the disease".

(Survey respondent, Tanzania)

“One of the biggest economic mistakes over the past three decades that we have seen in economic policy is attempts to gag the healthcare system. The countries that have suffered from austerity measures over the past ten years, like Italy and Spain, are suffering enormously from it”.

(Otmar Kloiber, World Medical Association, Global)



Recommendation 3:

Invest in resilient and strengthened health systems and infrastructure for universal health coverage, to ensure equitable access to lifesaving health services for all. Governments should:

- Minimise morbidity and mortality by supporting the continuity of lifesaving health services during the acute phase of the pandemic²⁴;
- Protect and reinforce existing health priorities, and resume the provision of essential health services that provide the full spectrum of care (promotion, prevention, treatment, rehabilitation, and palliative care) including mental health, sexual and reproductive health, life-saving treatment for major infectious diseases (i.e., HIV, TB, malaria) and non-communicable diseases, vaccination programmes, and gender-biased violence response services;
- Increase public financing through progressive taxation or other mandatory and fair contributions, and take concrete actions to eliminate tax avoidance that deprives countries of crucial resources to invest in health; and
- Invest in health systems. This must be seen as an investment, not a cost. Global and country governments must increase public health financing towards strengthening and expanding public health systems. COVID-19 has demonstrated that the costs of addressing the effects of the pandemic are far greater than any savings made in the decades of underinvestment in public health.

“Governments should address COVID-19 in a way that can strengthen other disease areas and the overall health system to prepare for future global health emergencies”.

(Survey respondent, USA)

²⁴ United Nations Sustainable Development Group (2020). Policy brief: COVID-19 and universal health coverage. Available at: <https://unsdg.un.org/resources/policy-brief-COVID-19-and-universal-health-coverage>



Recommendation 4:

National COVID-19 responses must protect healthcare workers from infection, mitigate the mental, psychological, and social impacts of their critical work, and meet the specific needs of women workers. Governments should:

- Provide training on infection and prevention control (IPC) protocols including appropriate hand hygiene, respiratory etiquette, and safe patient management processes in health care settings, and ensure monitoring of their compliance;
- Adopt gender-responsive strategies. These include providing women healthcare workers with appropriately sized PPE, childcare support, and menstrual hygiene products;
- Finance community health workers as integral parts of the health workforce and provide proper remuneration for their work;
- Ensure decent working conditions, including adequate remuneration, and implement a package of measures to support well-being; and
- Condemn and address violence, discrimination, and stigmatisation against health workers because of fear they could spread the virus.²⁵

“Every aspect of healthcare is being re-organised to meet the increased demand of services. Healthcare workers are at higher risk of infection, and personal protective equipment is still lacking in some places, despite government assurances. The waiting and workload are worsened by fear and fatigue. Staff, already stretched, are now scared. Applause is good but safe working conditions are better”.

(Jose Maria “Lloyd” Nunag,
Youth Coalition for Sexual and
Reproductive Rights, Asia Pacific)

“We see terrible workplace situations for health workers. It's worse in poor countries but it's not good in rich countries either. [For example] if you have to work in an intensive care ward and there is not enough PPE or medicines because the supply chain doesn't work, or you have no ventilators, and then you go home and your neighbours don't want you there because they think you can infect them. [We need] help to change this”.

(Otmar Kloiber, World Medical Association, Global)

²⁵ CSEM (2020). Civil society's COVID-19 calls to action. Available at: <https://csemonline.net/wp-content/uploads/2020/05/COVID-19-CallstoAction.pdf>

4. What are the economic costs of COVID-19 containment measures on the most vulnerable and marginalised?

Containment strategies have had an unprecedented impact on national and global economies. Measures have led to many businesses being shut down temporarily, some permanently, resulting in financial market turmoil and/or a complete shutdown of some industries such as tourism, aviation, and hospitality. In countries where the majority of workers are in the informal sector, workers were affected by losing their livelihood due to lockdown, illness, and a general decrease in economic activities. In many countries, internal city migrants had to go back to home villages after losing their livelihood.

Emerging predictions are painting a dire picture of the impact of containment measures on economies, but the exact magnitude of the impact of these measures on gross domestic product (GDP) growth is still uncertain. Normally, economic calculations and predictions focus on macro-economics and do not pay enough attention to micro-economics in terms of people's livelihood.

"A lot of people really struggled during the lockdowns, because they have to work for their daily bread. But during lockdown no one was allowed to get out of their houses to go and work. These are people who barely have any savings and have to work every day to be able to put food on the table".

(Itai Rusike, Community Working Group on Health, Zimbabwe)

"The pandemic has magnified existing inequalities, particularly for women and girls who are typically the first to lose their jobs, and bear an increased burden of unpaid domestic work. Even in the health sector, which has a majority of women, men dominate leadership and community health workers (CHWs) on the pandemic frontlines in many countries are unpaid and not part of the health system. Gender inequality is bad for women and also bad for global health security".

(Roopa Dhatt, Women in Global Health, Global)

The impacts of containment measures on the most marginalised and vulnerable populations are, however, tangible, explicit and devastating. The CSEM interviews and surveys reflected how these policies:

- Increased poverty and vulnerabilities, including food insecurity and hunger, which exacerbate malnutrition. School closures also mean that children who rely on free school meals no longer have access to one nutritious meal a day;
- Affected informal workers²⁶, especially daily labourers and migrant workers,²⁷ who are particularly impacted by the containment measures, as they cannot access or are less likely to qualify for unemployment benefits/ social protection packages and government-provided income support measures. These populations often face destitution and eviction;
- Affected women, who make up a disproportionate percentage of workers in the informal sector in low and middle-income countries²⁸ and are bearing the brunt of the economic fallout.²⁹ Currently, more women are being pushed into extreme poverty than men³⁰;
- Reduced ability to afford basic household expenses including healthcare expenses and food;
- Decreased or terminated labour income. Global labour income is estimated to have decreased by 10.7% due to COVID-19 in the first three quarters of 2020, compared with the same period in 2019³¹. The biggest drop was in LMICs (15.1%)³². The poorest households have been hit the hardest by income losses³³; and
- Decreased access to education for the poorest and most vulnerable children who do not have access to online learning. Two thirds of the world's school-age children have no internet access at home³⁴. In low-income countries, rates of access are even lower. In sub-Saharan Africa, 89% of learners do not have access to household computers and 82% lack Internet access³⁵.

“The majority of our people, if they don’t go out to work every day, will compromise their food security and nutrition. The government has a responsibility to make sure vulnerable communities are protected – they should be cushioned by social safety nets. The government tried to provide food parcels and so forth, but the amounts were very minimal”.

(Itai Rusike, Community Working Group on Health, Zimbabwe)

Studies have shown that children with disabilities, especially those with learning difficulties, have been negatively affected by containment measures³⁶.

26 More than 60% of the global workforce is classed as informally employed, and 90% of people in developing countries rely on informal economy.

27 <https://www.ft.com/content/dec12470-894b-11ea-9dcb-fe6871f4145a>

28 <https://www.unwomen.org/en/news/in-focus/csw61/women-in-informal-economy>

29 UN Women (2020a). COVID-19 and its economic toll on women: The story behind the numbers. Available at: <https://www.unwomen.org/en/news/stories/2020/9/feature-COVID-19-economic-impacts-on-women>

30 UN Women (2020b). The COVID-19 boomerang effect: New forecasts predict sharp increases in female poverty. Available at: <https://data.unwomen.org/features/COVID-19-boomerang-effect-new-forecasts-predict-sharp-increases-female-poverty>

31 This figure excludes income support provided through government measures.

32 https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_755875/lang--en/index.htm

33 Bourquin, P., Delestre, I., Joyce, R., Rasul, I. & Waters, T. (2020). The effects of coronavirus on household finances and financial distress, Institute for Fiscal Studies. Available at: <https://www.ifs.org.uk/publications/14908>

34 <https://reliefweb.int/report/world/how-many-children-and-young-people-have-internet-access-home-estimating-digital>

35 International Taskforce for Teachers for Education (2020). COVID-19: a global crisis for learning and teaching. Available at: https://teachertaskforce.org/sites/default/files/2020-04/COVID19_PDF_2PAGES_EN.pdf

36 Patel, K. (2020). Mental health implications of COVID-19 on children with disabilities, Asian Journal of Psychiatry. <https://doi.org/10.1016/j.ajp.2020.102273>

What have been the economic impacts of COVID-19 lockdown policies?

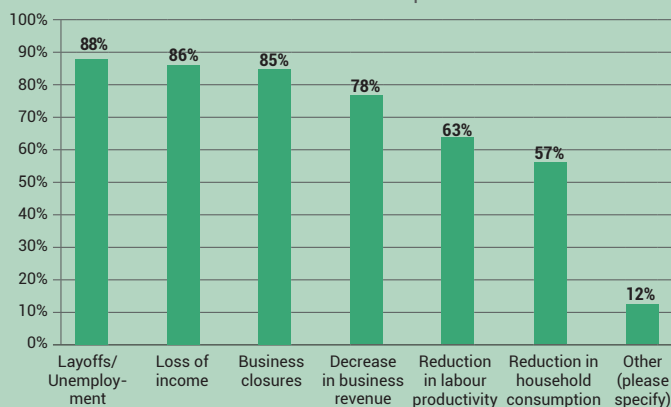


Figure 2: Online survey's responses

"[COVID-19] policies have exacerbated existing health and socio-economic issues. In Washington District of Colombia (DC) there are now increasing rates of crime, carjacking. People are desperate for economic help".

(Survey respondent, USA)



Recommendation 5:

Provide social protection packages for the marginalised and at-risk populations that are most affected by the economic impacts of containment strategies. Governments should:

- Ensure the most marginalised, especially people working in the informal sector, including undocumented workers, are able to access social protection measures including unemployment benefits, financial and in-kind support;
- Target women who make up the largest proportion of the informal sector and have suffered a disproportionate loss of livelihoods and income, as well as women who are unable to work because of their caring responsibilities. Ensure these women have access to social protection packages that reflect their circumstances;
- Increase access to digital infrastructure and skills training to support the labour market. Increase access to essential online services and support children's access to online education. Provide computer training and equipment as well as internet to children who cannot access online learning;
- Fund civil society organisations and community-based organisations – including women's organisations – to be able to scale up their work;
- Create recovery plans that go beyond a sole COVID-19 focus and tackle the root causes of inequalities and social injustices which are critical to achieving the Sustainable Development Goals (SDGs); and
- Provide LMICs with access to grants as well as low interest concessional loans. Official Development Assistance (ODA)/International Financing Institutions (IFIs) need to be more focused on what they fund and provide recipients with the flexibility to act dynamically. IFIs and donors must provide debt cancellation and restructuring to countries struggling to cope with COVID-19.

5. Are COVID-19 national responses meeting the health and economic needs of the most vulnerable and marginalised?

Containment strategies must respond to both the COVID-19 health risks and prevent deprivation and long-term economic damage. Lockdowns have had devastating effects on incomes and consumption, driving significant numbers of vulnerable households and groups into extreme poverty and severe deprivation, especially those who – due to their social or economic status – do not have access to social protection measures. This also has severe health implications for the most marginalised who are not able to access COVID-19 testing and/or treatment, as well as critical lifesaving services due to service disruptions or fear of being stigmatised or discriminated against.

Our online survey found that, overall, national responses have insufficiently addressed the needs of populations at risk of being left behind, with 92% of respondents answering that national level responses are not (44%) or only somewhat (48%) addressing the effects of lockdown policies on the most vulnerable populations.

The most frequently reported or acknowledged gap in governments' responses was the lack of social and financial protection packages and support for groups and populations most at risk of being impacted by blanket lockdowns.

Emerging evidence shows that the indirect effects of COVID-19 are likely to be greater than its direct impacts. In some countries, populations are not worried about COVID-19, they are worried about feeding their children and surviving.

The interview respondents also identified a lack of data as a significant weakness of the national COVID-19 responses. Policy decisions regarding containment measures should not be based solely on a blanket approach, but should rely on prevalence and transmission trends, and focus on the industries and sectors that are driving infections. Decisions must be based on data that is disaggregated by gender, age, and indicators of marginalisation and vulnerabilities.

Populations and groups who are marginalised are usually those who are invisible in mainstream societies, hence are not on the radar of COVID-19 data collecting actors³⁷. Interview respondents emphasised the importance of community-based data to fill some of these data gaps.

“Our government has tried to address some economic needs of the most vulnerable populations. However, that effort has only provided some relief to a fraction of those in need because the community structure that can mobilize and reach these populations have not been invested in or incorporated into the health system”.

(Oanh Khaut Thi Hai, Centre for Support Community Development Initiatives, Vietnam)

37 <https://unstats.un.org/unsd/undataforum/blog/who-is-left-behind-in-COVID-19-data/>

The findings from the online survey showed that civil society representatives felt that governments' responses have:

- Been done hastily and were not always based on data;
- Are seldom coordinated across different levels of governments (e.g. Federal and State level in the US);
- Reflect tensions between governments and healthcare workers;
- Led to budget alignment tensions as well as political and tribal tensions;
- Too often put economic considerations ahead of health; and
- Were frequently coercive with unacceptable levels of police brutality.

What forms of financial support/ protection are essential to enable individuals, families and communities to build back better?

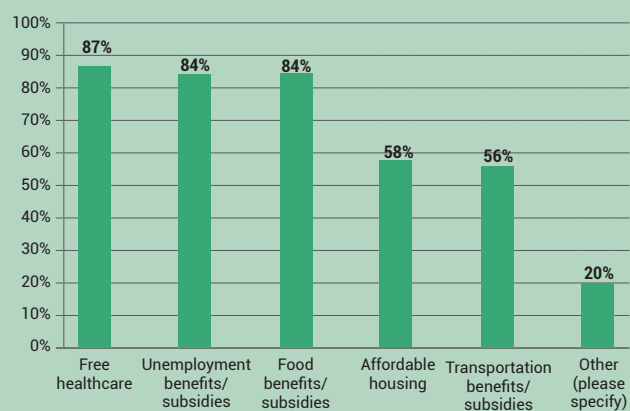


Figure 3: Online survey's respondents most frequent responses

"Faced with this pandemic, [governments] have an unprecedented opportunity to position healthcare as a state priority as it has never been considered before... [governments] should hire more qualified personnel, build or modernise health units with the appropriate equipment, supplies and drugs and carry out major preventive tasks that attacks the risk factors of noncommunicable diseases".

(Survey respondent, Mexico)

6. Has decision-making in the national COVID-19 responses been inclusive?

“Regarding States - local governors should not be allowed to make lockdowns based on emergency orders for months on end. Civil society should be engaged to give input on those decisions at a more local level”.

(Survey respondent, USA)

When it comes to decision-making, the responses from the interviews and online survey largely mirrored the findings from CSEM's analysis on the governance of the COVID-19 response³⁸. The majority of interview and survey respondents highlighted that the most common gap in inclusive decision-making was the lack of engagement and participation of civil society organisations (CSOs), as well as other key actors, such as public health professionals, community leaders, religious leaders and the private sector (see Figure 4). It is important that governments include these actors in their decision-making process to ensure that COVID-19 containment strategies are contextualised, take into account intersectionalities and reflect the most at risk and marginalised groups' lived experiences and realities.

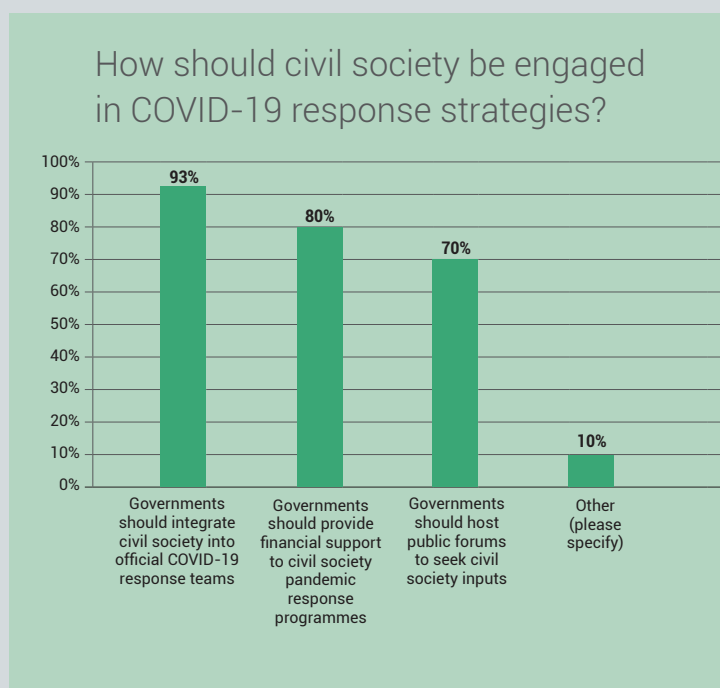


Figure 4: Online survey's respondents most frequent responses

Respondents emphasised the importance of including civil society at all decision-making levels, and in the implementation of COVID-19 responses. This can be done through a range of mechanisms such as integrating civil society into official response teams, organising public forums, and funding civil society organisations' COVID-19 programmes, instead of asking them to redirect existing funding.

³⁸ Rajan, D., Koch, K., Rohrer, K, et al. (2020). Governance of the Covid-19 response: a call for more inclusive and transparent decision-making, 5:e002655, <https://gh.bmj.com/content/5/5/e002655>

Women are the face of the COVID-19 pandemic – so why are they invisible in the response?

COVID-19 like other disease outbreaks – has had gendered impacts, exacerbating existing structural inequalities between women and men³⁹. For example:

- Women are more likely to have lost their jobs;
- Women are disproportionately affected by an increase in poverty⁴⁰;
- Women have seen a larger increase in caring responsibilities⁴¹;
- Women have experienced an increase in intimate partner violence⁴²; and
- Women make up a large majority of frontline healthcare workers⁴³

The intersectionality of gender with socio-economic factors such as income, job level, refugee status, race, sexual orientation and disability, aggravates the negative and disproportionate impact of COVID-19 on women.

Yet few government policies and public health efforts have explicitly addressed the impacts of the pandemic on women. This is because women's participation in national and global COVID-19 response planning has been largely insufficient⁴⁴. Equally, men have been leading overall public media commentaries. For example:

- Only 3.5% of 115 identified COVID-19 decision-making and expert task forces have gender parity in their membership, while 85.2% are majority men;
- COVID-19 data collection has generally not included disaggregated data beyond sex;
- Although women comprise 70% of the global health workforce, they hold only 25% of senior decision-making roles. Women from the Global South are particularly under-represented at global level, holding less than 5% of senior leadership roles.
- Women are a minority in COVID-19 task forces, and not represented at all in some.
- Women have been marginalised in COVID-19 media coverage.

"Little has been done to ensure that women's voices are heard and that gender perspectives are integrated in public responses. To ensure meaningful participation of women in COVID-19 response, governments must include women from the most excluded and marginalized groups particularly women with disabilities, indigenous women, women from ethnic minorities and refugees".

(Survey Respondent, Global)

39 Women in Global Health (2020). COVID-19: Health security depends on women, September 2020.

40 UN Women (2020). COVID-19 will widen poverty gap between women and men, new UN Women and UNDP data shows. Available at: <https://www.unwomen.org/en/news/stories/2020/8/press-release-COVID-19-will-widen-poverty-gap-between-women-and-men>

41 Chung, H. (2020). Return of the 1950s housewife? How to stop coronavirus lockdown reinforcing sexist gender roles. Available at: <https://theconversation.com/return-of-the-1950s-housewife-how-to-stop-coronavirus-lockdown-reinforcing-sexist-gender-roles-134851>

42 UN Women (2020d). As impact of COVID-19 intensifies, UN Women calls for concrete actions to respond to the concurrent shadow pandemic. Available at: <https://www.unwomen.org/en/news/stories/2020/11/press-release-16-days-of-activism-against-gender-based-violence>

43 WHO (2020e). Female health workers drive global health. Available at: <https://www.who.int/news-room/commentaries/detail/female-health-workers-drive-global-health>

44 CARE International (2020). Where are the women? The conspicuous absence of women in COVID-19 response teams and plans, and why we need them. Available at: <https://insights.careinternational.org.uk/publications/why-we-need-women-in-COVID-19-response-teams-and-plans>

Civil society organisations (CSOs) – including women's organisations - have a critical role to play in the response to COVID-19. In the context of other pandemics and disease outbreaks, they have demonstrated their unique position to gather data on health and socio-economic impacts, identify the groups most at risk of being left behind, identify challenges and provide solutions, reach the hardest to reach, and build trust with communities (especially in the context of infectious diseases, information and vaccines).

The participation of civil society in the COVID-19 response has varied greatly, and in most countries, has been insufficient. There are some examples of good practice, but they remain limited. For example, interview respondents mentioned the case of Nigeria where the national response has been complemented by State level task forces, which actively encourage participation of CSOs, with a special focus on gender parity. In Kenya, governments have established various committees that include civil society, which are now part of COVID-19 response committees. Also, CSOs have been supporting communication and behaviour change, and resource mobilisation.

“Governments should engage with women elected leaders, but just as importantly engage women-led organisations, feminist organisations and leaders. They must invite women health workers to decision-making spaces where they have meaningful inputs and not just a powerless seat at the table. They must seek women from marginalised groups to be part of decisions”.

(Survey respondent, Global)



Recommendation 6:

Ensure inclusive and cross-sectoral representation and the meaningful participation of civil society in COVID-19 global and national response arrangements. Governments should:

- Ensure meaningful gender parity in decision-making processes at all levels, including global and national high-level taskforces and committees, and include women's organisations;
- Include civil society in national and global COVID-19 task forces and decision-making processes to ensure the voices of marginalised and vulnerable groups with specific needs and/or carrying additional risks are incorporated;
- Fund CSOs to ensure their participation in all decision-making processes;
- Collaborate with civil society to design and implement monitoring and accountability mechanisms that enable transparent, open communication and respect the principle of the right to information;
- Include non-health sector actors (such as education, finance, legal, labour, disability, education, trade and industry) and community influencers (such as community and religious leaders) in decision-making at all levels;
- Promote better integration of finance and health ministries to improve decision-making and policy priorities to protect vulnerable groups while ensuring sustainable recovery.

7. Conclusion: Inclusion must be at the heart of COVID-19 responses

Leaving the most marginalised and vulnerable behind in COVID-19 responses is not an option. They sit at the very heart of the crisis and are the most affected, yet the least supported. That is because these populations remain invisible. The pandemic has exacerbated pre-existing inequalities and vulnerabilities. The most vulnerable and marginalised continue to be unaccounted for in governments' responses, and as a result, are at an increased risk of being infected and affected by COVID-19. COVID-19 responses must rest on the principle of data, health, finance, gender and digital inclusion.

The mantra "nothing about us without us" has never been so important. Governments need to consult with populations that are unseen and unheard at all stages of the COVID-19 response, including the containment phase. To ensure the unseen are not forgotten, CSOs – including women's organisations - must participate in the planning and implementation of the COVID-19 response and recovery plans. Governments must acknowledge civil society's contributions and act on their recommendations.

"Effective pandemic response needs multi-disciplinary task teams that are gender-balanced and with members from diverse backgrounds. Gender and ethnicity are important, but we also need perspectives and expertise from different generations, different disciplines and different sectors within health. More diverse teams lead to more innovation, more ethical decision-making and more sustainable solutions".

(Roopa Dhatt, Women in Global Health, Global)

