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International Horizon Scanning and Learning to Inform  
Wales' COVID-19 Public Health Response and Recovery

## Summary Report

# On the impact of COVID-19 on increasing the Health Gap and Vulnerability

February 2022



Canolfan Gydwethredol Sefydliad  
Iechyd y Byd ar Fuddsoddi  
ar gyfer Iechyd a Llesiant



World Health Organization  
Collaborating Centre on Investment  
for Health and Well-being

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## Glossary<sup>12</sup>

**Equity** is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.

**Health equity** (or equity in health) implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.

**Health inequities** are avoidable inequalities in health between groups of people, which arise from inequalities within and between countries/societies.

**Vulnerable people/groups** are those at a greater risk of poor health and well-being due to disparities in their physical and/or mental characteristics, economic and social status, when compared with the average population. Vulnerability refers to the likelihood of contracting disease or illness. Vulnerable populations may be less able to anticipate, cope with, resist, or recover from the impact of a negative event, e.g. COVID-19.

***“Build Back Better has become the mantra. Important, but we need to Build Back Fairer. The levels of social, environmental and economic inequality in society are damaging health and well-being.”<sup>3</sup>***

*(Institute of Health Equity, 2020)*

1 <https://www.who.int/healthsystems/topics/equity/en/>

2 [https://link.springer.com/referenceworkentry/10.1007%2F978-94-007-0753-5\\_3184](https://link.springer.com/referenceworkentry/10.1007%2F978-94-007-0753-5_3184)

3 <https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review>

# Executive Summary

## Overview

The COVID-19 pandemic has caused unprecedented challenges for populations, health systems and governments worldwide which have resulted in lasting economic, social and health impacts. Health inequities have been exacerbated, with certain population groups disproportionately affected by levels of infection, hospitalisation and deaths from COVID-19. Furthermore, some groups have also experienced unequal indirect impacts resulting from the pandemic and the measures undertaken to contain it. Underlying factors contributing to the unequal impact of the COVID-19 pandemic include but are not limited to, level of deprivation, education, health status and financial resources.

**This report reviews the international evidence from the International Horizon Scanning and Learning reports on the direct and indirect impact of COVID-19 increasing the health gap. It focuses on inequalities and vulnerable groups to better understand and address the unequal distribution of indirect impacts resulting from the pandemic.**

## Key message

The COVID-19 pandemic has had a detrimental impact on health and well-being, exacerbating existing inequities and affecting the most vulnerable in our society disproportionately. The pandemic offers an opportunity to re-think the way we live and operate. Countries need to work together to find inclusive, sustainable, and equitable solutions to address the short and long-term direct and indirect impacts of the pandemic to create a happier and fairer society. Solutions should address the needs of the most vulnerable in society.

## Vulnerable groups

The International Horizon Scanning Reports identified a number of groups that may be more vulnerable to the impacts of the COVID-19 pandemic due to society and the way this is organised, including but not limited to:

1. children and young people
2. women and girls
3. people on a low income/living in deprivation
4. people from ethnic minorities
5. people from the LGBTQ+ community
6. people experiencing homelessness
7. people with a disability
8. people with mental health issues
9. migrant, refugee and asylum seekers
10. older people
11. people with underlying health conditions

1. The impact of COVID-19 on children and young people has been observed worldwide, with **rising unemployment rates among young people, with 15-24 year olds three times more likely to be unemployed than adults** and **deteriorating mental health**, especially during lockdown. Globally **education has been disrupted** by partial and full closures of educational institutions, impacting an estimated 1.38 billion learners this included children who rely on schools for food and inhibiting their right to education, increasing marginalisation and social inequity.
2. **Women and girls face socioeconomic inequalities, especially in the job sector**, with women confronted with disproportionate risks, as many work in face to face roles such as domestic workers, carers or supporting family businesses and fewer policies in place protecting informal workers. International evidence indicates that **girls have faced increased gender based violence, including abuse and trauma at home.**
3. The COVID-19 pandemic outbreak has had economic impacts, including on employment and working practices around the globe resulting in job losses and financial insecurity. The **economic downturn has disproportionately affected those people with low, instable or no income**, for example, low-income workers are more mobile and are required to visit densely populated areas, unlike **higher-income workers who are more able to work remotely.**
4. People from Black, Asian and Minority Ethnic (BAME) communities have reported **more negative effects from lockdown than those from white backgrounds, including depression and anxiety and worry regarding unemployment.**
5. The COVID-19 pandemic has impacted **on lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ+) communities** in several ways: **access to health services** has been more challenging; there has been an **economic impact** and there has been an **impact on mental health** - this has exacerbated existing inequalities.
6. More transient population groups such as **people experiencing homelessness can be overlooked** once healthcare services are allocated almost exclusively to fighting the COVID-19 pandemic.
7. People with a disability may face greater risk of contracting COVID-19 and are also **disproportionately impacted by service disruptions.**
8. **People with underlying mental health issues** have been disproportionately affected by the pandemic. Evidence suggests that the **'psychological impact of quarantine' is wide-ranging, substantial and can be long lasting with negative psychological effects, including post-traumatic stress symptoms, confusion and anger.** Stressors include long quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma.

9. **Migrants and refugees often face obstacles in accessing health care**, including language and cultural barriers, costs, lack of access to information, discrimination and xenophobia: the disruption to services has disproportionately impacted this group.

10. Older people have been **affected by loneliness and social isolation throughout the pandemic** due to Non-Pharmaceutical interventions (NPIs) such as social distancing and lockdown measures. A **digital divide has been experienced disproportionately**, affecting the older generation more. Fear of infection with COVID-19 and disruption of health care services has led to a backlog in unmet needs of this population group in particular.

11. People with underlying health conditions especially those with Non-Communicable Diseases (NCDs) have **experienced disruption to health and social services disproportionately resulting in delayed disease management, treatment and rehabilitation.**

## The way forward: towards creating a fairer and more inclusive society

- A **human rights approach based on solidarity and equality** reaching marginalised and vulnerable groups will strengthen global and national efforts to address the current and expected well-being, social and economic harms
- Align short-term emergency response with **investment into sustainable and equitable long-term economic, social and environmental objectives** to ensure the well-being of current and future generations

For example:

- **Strengthening social capital** to promote social inclusion to leave no one behind
- **Protecting economic well-being** to ensure financial protection for all who need it, while promoting medium and long-term livelihood resilience and sustainability
- **Safeguarding peace and stability** to prevent the establishment of any form of exploitative and discriminatory dependencies
- **Implementing socio-economic policies** that protect women and workers in the informal sector from falling into poverty
- **Continuing essential health and community services** to provide continuous care and support to those most in need
- Applying a **youth and intergenerational lens** in crisis response and recovery measures

## Background

### The International Horizon Scanning and Learning Reports<sup>4</sup>

The International Horizon Scanning and Learning work was initiated in May 2020 to support the COVID-19 public health response and recovery plans in Wales. The reports vary in focus and scope, depending on the evolving COVID-19 situation as well as public health and policy needs.

The reports provide high-level summaries of emerging international evidence from country experience and epidemiology; research papers; and key organisations' guidance and reports, including other sources of published information to allow further exploration. They do not provide detailed or in-depth data or evidence analysis. There was only a small amount of published academic evidence in peer-reviewed journals at the beginning of the pandemic however, this has improved over time. Due to the novelty of the COVID-19 pandemic, and dynamic situation, studies and evidence can be conflicting or inconclusive depending on country and other contextual factors.

The work is aligned with and feeds into the Welsh Government Office for Science and the Public Health Wales public health response. It is part of a wider Public Health Wales' systematic approach to intelligence gathering to inform comprehensive, coherent, inclusive and evidence-informed decision-making processes and policy action. It supports the Wellbeing of Future Generations (Wales) Act<sup>56</sup> and the Welsh Government: Programme for Government<sup>7</sup> towards a healthier, more equal, resilient, prosperous and globally responsible Wales.

### The Welsh Health Equity Status Report initiative (WHESRI)<sup>89</sup>

Wales has been recognised as an influencer, leading the way and supporting the World Health Organization (WHO) European Health Equity agenda.<sup>10</sup> A Memorandum of Understanding between the Welsh Government and the WHO Regional Office for Europe has been signed, focusing on close co-operation to accelerate progress and enable sustainable solutions towards healthy, prosperous lives for all, increasing equity in health and leaving no one behind. This is implemented by the WHO European Office for Investment for Health and Development in Venice, Italy and Public Health Wales' WHO Collaborating Centre on Investment for Health and Well-being (WHO CC).

Following the launch of a milestone WHO Health Equity Status Report initiative (HESRI)<sup>11</sup>, Wales has been the first country to establish its own Welsh Health Equity Status Report initiative (WHESRI) aiming to monitor progress and enable action to increase equity in health.

The WHO CC used this framework to progress WHESRI and develop a report, focusing on the wider impacts of COVID-19, particularly on the increasing health gap.<sup>12</sup>

**This WHO initiative uses an innovative framework of five essential conditions that have impact on health equity and are required to enable people to live a healthy life (figure 1).**

4 [International Horizon Scanning - World Health Organization Collaborating Centre On Investment for Health and Well-being \(phwwhocc.co.uk\)](https://phwwhocc.co.uk)

5 [Well-being of Future Generations \(Wales\) Act 2015 – The Future Generations Commissioner for Wales](#)

6 [Well-being of Future Generations \(Wales\) Act 2015 \(legislation.gov.uk\)](#)

7 <https://gov.wales/programme-for-government-2021-to-2026>

8 [https://www.euro.who.int/\\_data/assets/pdf\\_file/0016/412333/Hesri-executive-summary.pdf](https://www.euro.who.int/_data/assets/pdf_file/0016/412333/Hesri-executive-summary.pdf)

9 [WHO/Europe | Social determinants - Healthy, prosperous lives for all: the European Health Equity Status Report \(2019\)](#)

10 <https://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/69th-session/documentation/resolutions/eurrc69r5-resolution-on-accelerating-progress-towards-healthy-prosperous-lives-for-all-increasing-equity-in-health-and-leaving-no-one-behind-in-the-who-european-region>

11 [WHO/Europe | Social determinants - The Initiative](#)

12 <https://phwwhocc.co.uk/resources/welsh-health-equity-status-report-whesri/>

Figure 1: Essential conditions for a healthy and prosperous life<sup>1314</sup>



## Purpose and Objectives

The purpose of this report is to **bring into one report all of the international evidence and insights on inequalities from the International Horizon Scanning Learning Reports** published between **May 2020 and August 2021**. The relevant international evidence was collated, synthesised, summarised and mapped against the WHO five essential conditions framework.<sup>15</sup> It is re-produced here **as it was presented at the time of publication**. Therefore, **please check the current accuracy** of the data and information presented before further utilisation. References are provided for this purpose.

The objectives of this report are:

- To identify **international evidence focusing on inequalities and vulnerable groups**
- To **identify relevant international evidence on response and recovery approaches** as well as **promising practice to address inequity** resulting from the pandemic
- To help to **inform and support a more equitable response and recovery from COVID-19 in Wales** and beyond focussing on inequity and vulnerable groups

13 <https://phwhocc.co.uk/resources/welsh-health-equity-status-report-whesri/>

14 <https://www.euro.who.int/en/publications/abstracts/health-equity-status-report-2019>

15 Where evidence crossed over into multiple essential conditions, evidence was mapped against only the most relevant condition to avoid duplication.

## Summarised Information

This summary report uses the WHO five essential conditions as a framework to present the information on inequalities that has been published in the International Horizon Scanning Reports.



### Essential Condition 1: Health and Health Services

Indicators and interventions relating to the availability, accessibility, affordability, and quality of prevention, treatment, and health care services and programmes.

## The impact of COVID-19 on health services

Health systems around the world have been challenged by increasing demand for care from people with COVID-19.<sup>1617181920</sup> **Delivery of health care for all conditions has been disrupted**, compounded by **fear, stigma, misinformation and limitations on movement.**<sup>2122232425</sup>

The European Region has reported massive disruption to routine health care services,<sup>26</sup> including:

- **Screening services and non-urgent surgery** postponed or cancelled, in addition to treatments for acute and chronic conditions, such as chemotherapy<sup>27</sup>
- **National immunization services** disrupted in some countries, with others experiencing a significant drop in coverage:<sup>28</sup>
  - ◆ Disruptions in immunisation services, even for a brief period, result in increased numbers of susceptible individuals and an increased risk of outbreaks of vaccine-preventable diseases, leading to excess morbidity and mortality
- **Delays in when people choose to seek urgent medical treatment and rising levels of unmet need** is building up in the health and social care systems
  - ◆ For example, in April 2020 attendance at Accident and Emergency was 57% lower than in April 2019 (in the UK), suggesting the public may be reluctant to use NHS and social care services for fear of infection<sup>29</sup>

## Disruptions to Non-Communicable Diseases (NCDs) services<sup>3031</sup>

The disruption of health services has been **particularly problematic for those living with NCDs** needing continuous care.<sup>32</sup> **COVID-19 and NCDs have a reciprocal effect**, with NCDs increasing vulnerability to transmission and severe outcomes and COVID-19 exacerbating chronic conditions.<sup>3334</sup>

16 <https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1>  
17 <https://apps.who.int/iris/bitstream/handle/10665/334136/9789240010291-eng.pdf>  
18 <https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/essential-health-services.html>  
19 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7545493/>  
20 <https://www.who.int/publications/m/item/rapid-assessment-of-service-delivery-for-ncds-during-the-covid-19-pandemic>  
21 <https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1>  
22 <https://apps.who.int/iris/bitstream/handle/10665/334136/9789240010291-eng.pdf>  
23 <https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/essential-health-services.html>  
24 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7545493/>  
25 <https://www.who.int/publications/m/item/rapid-assessment-of-service-delivery-for-ncds-during-the-covid-19-pandemic>  
26 <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-preparing-for-the-autumn-is-a-priority-now-at-the-who-regional-office-for-europe>  
27 <https://www.kcl.ac.uk/news/researchers-highlight-impact-covid-19-pandemic-patients-with-cancer>  
28 <https://www.who.int/publications-detail/10665-332240>  
29 <https://www.kingsfund.org.uk/press/press-releases/NHS-combined-performance-summary-covid-19>  
30 <https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1>  
31 <https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/essential-health-services.html>  
32 <https://apps.who.int/iris/bitstream/handle/10665/334136/9789240010291-eng.pdf>  
33 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7545493/>  
34 <https://www.who.int/publications/m/item/rapid-assessment-of-service-delivery-for-ncds-during-the-covid-19-pandemic>

**COVID-19 can negatively impact NCD outcomes through several pathways, including:**<sup>35</sup>

- higher susceptibility to COVID-19 infection
- higher case fatality rates among people with NCDs
- delayed diagnosis
- delayed, incomplete or interrupted therapy (treatment, rehabilitation, palliation)
- delayed care-seeking for emergencies
- increased behavioural risk factors, such as physical inactivity and increased use of harmful substances

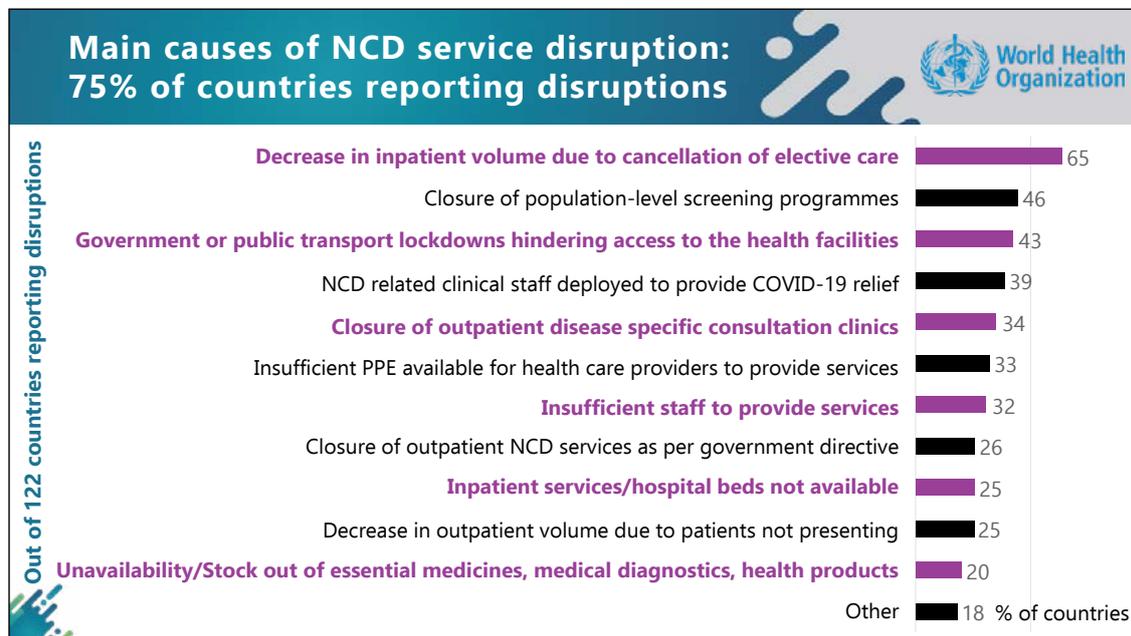
**In the European region the following delays have been recorded:**<sup>36</sup>

- 68% of countries have reported **disruption to services to manage NCDs**
- **Cancer screening programmes** were suspended in several countries
- 66% of **services for hypertension** management have been disrupted
- 58% of **services to manage diabetes** and its complications have been disrupted
- Cases of heart attack (myocardial infarction) treated by cardiology services dropped by 40%, compared to the weeks before the pandemic

**Impact of COVID-19 on NCDs in different countries:**<sup>37,38,39,40,41</sup>

- **75% of 122 countries across the globe** reported a considerable degree of **disruption of NCDs services** with urgent dental care, rehabilitation and palliative care services being most likely to be completely disrupted (figure 2)

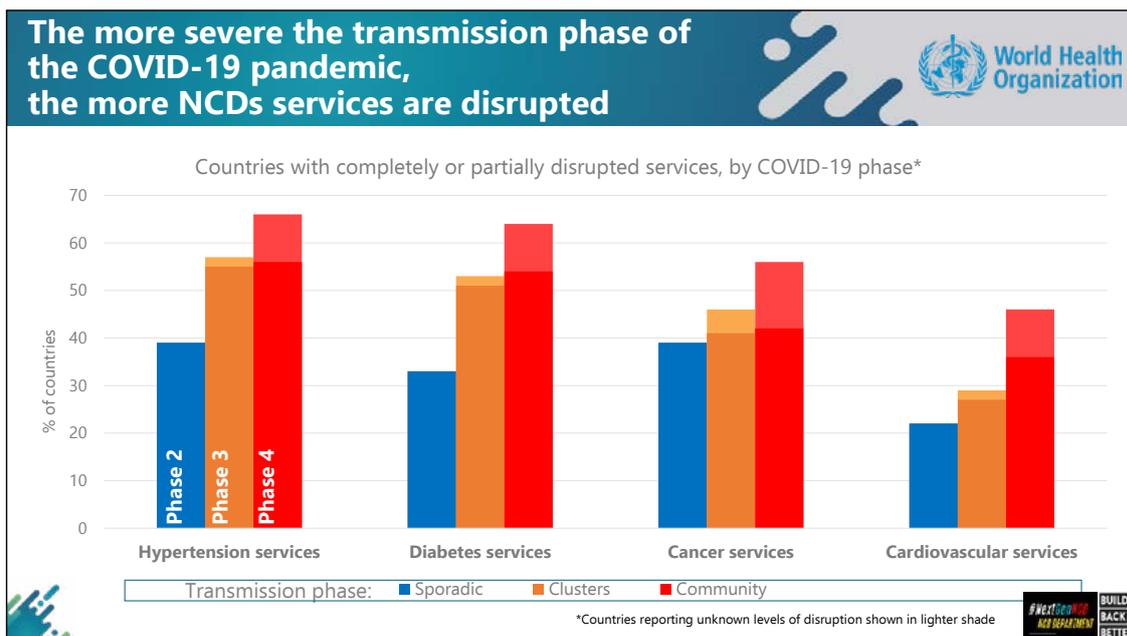
**Figure 2: Main causes of NCDs service disruptions** (survey completed by 155 countries of which 122 countries were included in survey during a three week period in May 2020)<sup>42</sup>



- The more **severe** the transmission phase of the COVID-19 pandemic, the **more NCDs services are disrupted** (figure 3)

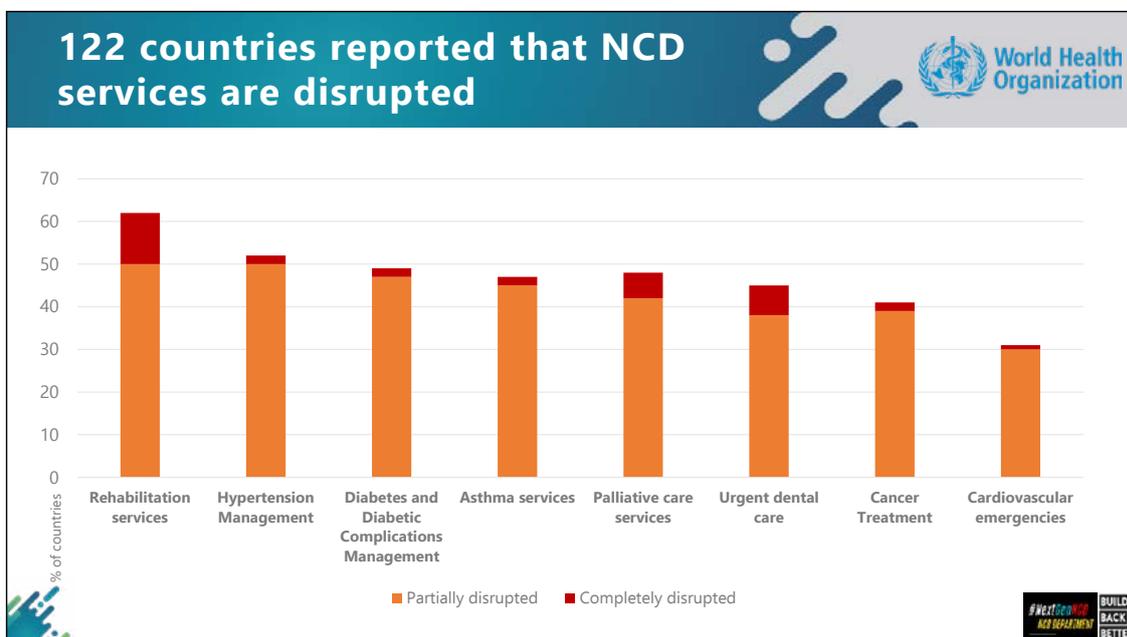
35 <https://www.kingsfund.org.uk/press/press-releases/NHS-combined-performance-summary-covid-19>  
 36 <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-preparing-for-the-autumn-is-a-priority-now-at-the-who-regional-office-for-europe>  
 37 <https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1>  
 38 <https://apps.who.int/iris/bitstream/handle/10665/334136/9789240010291-eng.pdf>  
 39 <https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/essential-health-services.html>  
 40 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7545493/>  
 41 <https://www.who.int/publications/m/item/rapid-assessment-of-service-delivery-for-ncds-during-the-covid-19-pandemic>  
 42 [PowerPoint Presentation \(who.int\)](#)

**Figure 3: Countries with completely or partially disrupted services by COVID-19 phase**  
 (countries = 163\*; survey during a three week period in May 2020)<sup>43</sup>



**Rehabilitation services were the most likely to be impacted**, with 50% of countries reporting partial disruption and an additional 12% reporting complete disruption (figure 4)

**Figure 4: Percentage of countries reporting disruptions to NCD-related services (163 countries included in survey)<sup>44</sup>** (countries = 163\*; survey during a three week period in May 2020)



43 PowerPoint Presentation (who.int)  
 44 PowerPoint Presentation (who.int)

**Low-income countries** were more likely to report disrupted services:<sup>4546</sup>

- 50% of low-income countries reported disruption to services for cardiovascular emergencies, compared to 17% of high-income countries
- 58% of low-income countries reported disruption to cancer treatment services, compared to 26% of high-income countries
- Table 1 outlines the specific impact of such disruptions across multiple countries

**Table 1: Disruption of service delivery among selected countries** (created November 2020)

Country	Impact and mitigation of essential health services disruption
<b>Australia</b> <sup>474849</sup>	<ul style="list-style-type: none"> <li>• Telehealth comprised of between 32% and 35% of services processed between April and June 2020</li> <li>• The switch to telemedicine in Australia has been associated with reduced pathology and radiology requests and reduced referrals for suspected cancer</li> <li>• Imaging procedures for detection of breast cancer decreased by 37% from March to April 2020</li> </ul>
<b>Italy</b> <sup>5051</sup>	<ul style="list-style-type: none"> <li>• Concerns that reduced access to care may cause delays in childhood cancer care with delays in diagnosis, chemotherapy, and treatment of chemotherapy complications, which may be worse than those posed by the disease itself</li> <li>• In patients with colorectal cancer, 3 to 10 year survival is lower if treatment is started &gt;90 days from diagnosis</li> </ul>
<b>The Netherlands</b> <sup>5253</sup>	<ul style="list-style-type: none"> <li>• Patients newly diagnosed with cancer dropped by 25% as a result of the lockdown</li> <li>• In May 2020 a representative sample of the Dutch population found:                             <ul style="list-style-type: none"> <li>◆ 24% had appointments that were cancelled</li> <li>◆ 13% did not receive the care requested</li> <li>◆ 45% had avoided an appointment with a GP</li> <li>◆ 15% experienced problems with the delivery of medicines</li> </ul> </li> </ul>
<b>UK</b> <sup>54</sup>	<ul style="list-style-type: none"> <li>• During lockdown, referrals via the 2-week-wait urgent pathway for suspected cancer are reported to have decreased by up to 84%</li> <li>• It is estimated that changes in health-seeking behaviour, and the availability of and access to essential diagnostics may result in additional deaths from breast, colorectal, lung, and oesophageal cancer in the medium (1 year) and longer term (5 years)</li> </ul>

45 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7545493/>  
 46 <https://www.who.int/publications/m/item/rapid-assessment-of-service-delivery-for-ncds-during-the-covid-19-pandemic>  
 47 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7361158/>  
 48 <https://www.cancer australia.gov.au/sites/default/files/publications/review-impact-covid-19-medical-services-and-procedures-australia-utilising-mbs-data-skin-breast-and/pdf/review-of-the-impact-of-covid-19-on-medical-services-and-procedures-in-australia-utilising-mbs-data.pdf>  
 49 [https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwiR37SP\\_NvsAhXNURUIHT4OBq8OFjABegQIAhAC&url=https%3A%2F%2Fresearch.monash.edu%2Ffiles%2F314462277%2F313547526\\_oa.pdf&usq=AOvVaw19hViV7fqlZoWTGL\\_VBKwu](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwiR37SP_NvsAhXNURUIHT4OBq8OFjABegQIAhAC&url=https%3A%2F%2Fresearch.monash.edu%2Ffiles%2F314462277%2F313547526_oa.pdf&usq=AOvVaw19hViV7fqlZoWTGL_VBKwu)  
 50 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7300556/>  
 51 <https://pubmed.ncbi.nlm.nih.gov/33009170/>  
 52 <https://www.who.int/publications/m/item/rapid-assessment-of-service-delivery-for-ncds-during-the-covid-19-pandemic>  
 53 <https://www.rivm.nl/documenten/kort-cyclische-rapportage-indirecte-effecten-covid-19-nummer-1>  
 54 <https://pubmed.ncbi.nlm.nih.gov/32702311/>

## WHO recommendations on COVID-19 and NCDs<sup>55</sup>

Immediately:

- Strengthen national governance to include NCDs in national COVID-19 plans
- Issue specific and practical guidance on the continuity of essential health and community services for NCDs
- Monitor the access to and continuity of essential health services for NCDs
- Provide national guidance for the development and use for digital health solutions for NCD self-care and the provision of medical care at home

Build back better tomorrow:

- Build bridges between national humanitarian emergency plans and NCDs responses
- Include the prevention, early diagnosis, screening and appropriate treatment of NCDs in essential primary health care services and universal health care (UHC) benefit packages
- Address the historic underinvestment in NCDs, call for new international funding patterns, a reset of global initiatives, and build new partnerships for NCDs
- Implement WHO guidance on resuming health services and activities for health and well-being
- Develop systematic approaches to digital health care solutions for NCDs

## COVID-19 and vaccines

### COVID-19 vaccine nationalism and equity of vaccine rollout<sup>565758</sup>

COVID-19 '**vaccine nationalism**' has emerged where countries push to get first access to supplies of vaccines and potentially stockpile them or their key components for production.

- The richest nations have secured billions of doses of COVID-19 vaccines, while developing economies struggle to access supplies
- It is **estimated that more than 85 poor countries could remain without widespread access to COVID-19 vaccines** before 2023
- The economic cost of 'vaccine nationalism' is potentially high, which could slow down the global economic recovery and cost potentially:
  - ◆ \$1.2 trillion per year of the world's economy
  - ◆ \$119 billion per year to high-income countries
- Equal access to COVID-19 vaccines globally, including through the COVID-19 Vaccines Global Access (COVAX) scheme, is the best way to end the acute phase of the pandemic

55 [PowerPoint Presentation \(who.int\)](#)

56 <https://www.gavi.org/vaccineswork/covid-19-and-cost-vaccine-nationalism>

57 <https://www.weforum.org/agenda/2021/01/what-is-vaccine-nationalism-coronavirus-its-affects-covid-19-pandemic/>

58 <https://www.globalcitizen.org/en/content/what-is-vaccine-nationalism/>

## COVAX working towards global equitable access to COVID-19 vaccines<sup>5960616263</sup>

COVAX aims to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access for every country in the world.

- COVAX has agreements in place to access nearly two billion doses of several promising vaccine candidates
- The UK was initially the largest donor to COVAX and committed £548 million to help achieving the goal of COVAX to distribute 1.3 billion doses of COVID-19 vaccines to 92 developing countries
- Despite all efforts by the COVAX initiative, some low-income countries may need to wait until at least 2022 before even the most vulnerable of their populations are vaccinated

## The impact of COVID-19 on mental health

### Mental health impacts of COVID-19

COVID-19 pandemic outbreak has **direct and indirect impacts on mental health conditions**, including a range of mental, neurological and substance misuse disorders and their associated psychosocial, cognitive and intellectual disabilities.<sup>64</sup>

- **Evidence shows that the COVID-19 pandemic and lockdowns have resulted in important short and long-term psychological consequences**, including: increased feelings of frustration, uncertainty, fear, anger, confusion, grief, numbness, irritability; as well as stress, anxiety, depression, emotional disturbance, mood alterations, emotional exhaustion, insomnia, post-traumatic stress disorder:<sup>656667</sup>
  - ◆ Common psychological reactions associated with disease outbreaks, and related to mass quarantine (lockdown), include generalised fear and pervasive community anxiety
  - ◆ Psychological effects are exacerbated with the escalation of new cases together with inadequate, anxiety-provoking information by the media
  - ◆ Psychological reactions to the COVID-19 pandemic may vary from a panic behaviour or collective hysteria to pervasive feelings of hopelessness and desperation, which are associated with negative outcomes including suicidal behaviour
- More than half of adults (60%), over two thirds of young people (68%), and three quarters of people aged 18–24 (74%) in the UK have reported **deteriorating mental health during lockdown** (from early April to mid-May 2020)<sup>68</sup>. Key drivers for poorer mental health were noted as:
  - ◆ Restrictions of social contact/not able to meet anyone (79%)
  - ◆ Not being able to go outside (74%)
  - ◆ Anxiety/worry about family and friends getting the diseases (74%)
  - ◆ Boredom for young people (83%)
  - ◆ Feeling of loneliness, especially for young people (72%)

59 [COVAX \(who.int\)](https://www.who.int/)

60 <https://www.who.int/news/item/18-12-2020-covax-announces-additional-deals-to-access-promising-covid-19-vaccine-candidates-plans-global-rollout-starting-q1-2021>

61 <https://commonslibrary.parliament.uk/research-briefings/cdp-2021-0050/>

62 <https://www.gavi.org/covax-vaccine-roll-out/argentina>

63 <https://www.nature.com/articles/d41586-021-00044-9>

64 [COVID-19 pandemic and mental health consequences: Systematic review of the current evidence - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/)

65 <https://academic.oup.com/qjmed/article/113/8/531/5860841?login=true>

66 <https://www.who.int/publications/i/item/WHO-2019-nCoV-MentalHealth-2020.1>

67 <https://academic.oup.com/ocmed/article/70/5/327/5843740>

68 [https://www.mind.org.uk/media-a/5929/the-mental-health-emergency\\_a4\\_final.pdf](https://www.mind.org.uk/media-a/5929/the-mental-health-emergency_a4_final.pdf)

**Major stressors are potent risk factors for the development, exacerbation and relapse of a range of mental, neurological and substance misuse disorders and unhealthy patterns of behaviour**, including the use of alcohol and psychoactive drugs and excessive gaming or gambling.<sup>69</sup>

- Most of the adverse effects come from the **imposition of a restriction of liberty**; voluntary quarantine is associated with less distress and fewer long-term complications
- A Lancet review<sup>70</sup> suggests that the 'psychological impact of quarantine' is wide-ranging, substantial and can be long lasting with negative psychological effects, including post-traumatic stress symptoms, confusion and anger
- WHO recommends<sup>71</sup> that mental health services are enhanced and strengthened

## Impact of COVID-19 on mental health services<sup>72</sup>

COVID-19 **has disrupted or stopped critical mental health** services in 93% of 130 countries worldwide, while the demand for mental health support/services is increasing (survey completed by 130 countries during the period June-August 2020). Life-saving emergency and essential mental health services were disrupted:

- 35% of countries reported disruption of management of emergency mental health
- 30% reported disruption in supply of medication for people with mental health disorders

## Vulnerable groups

### Women and girls

Globally, lockdown restrictions have exacerbated pre-existing inequalities for **women and girls**, including mental health and well-being.<sup>73,74,75</sup>

- Quarantine and containment measures can significantly reduce **women's** economic and livelihood activities, increasing poverty rates, and can exacerbate food insecurity
- **Young women** in the UK are the most likely to have experienced high levels of depression, anxiety and loneliness during lockdown<sup>76</sup>

### Ethnic Minorities

Ethnic minority groups are at greater risk of COVID-19.<sup>77</sup> This population group is:

- More likely to suffer from multi-morbidities, making them more susceptible to severe infection
- More likely to experience barriers to accessing health care because of legal restrictions on entitlement or due to practical, linguistic and cultural barriers

**People from BAME communities** have reported more negative effects from lockdown than those from white backgrounds, including.<sup>78,79,80</sup>

- Higher levels of loneliness, depression and anxiety, with 30% more thoughts of death, and 70% higher reports of self-harm
- Higher levels of anxiety and worry regarding unemployment (61% compared to 51%), financial stress (52% compared to 45%) and housing (30% compared to 23%)

69 <https://www.who.int/publications-detail/10665-332240>

70 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30460-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext)

71 [http://www.euro.who.int/\\_data/assets/pdf\\_file/0003/436350/strengthening-health-system-response-COVID-19.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0003/436350/strengthening-health-system-response-COVID-19.pdf?ua=1)

72 <https://www.who.int/publications/i/item/978924012455>

73 <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406>

74 <https://www.weforum.org/agenda/2020/04/covid-19-coronavirus-pandemic-hit-women-harder-than-men/>

75 <https://www.ucl.ac.uk/ioe/news/2020/aug/poor-mental-health-lockdown-most-common-among-young-women>

76 [https://www.thelancet.com/journals/lanpsy/article/PIIS2468-2667\(20\)30100-0/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2468-2667(20)30100-0/fulltext) - The Lancet Psychiatry

77 <https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports>

78 <https://www.ucl.ac.uk/news/2020/jul/levels-depression-and-anxiety-higher-amongst-those-bame-backgrounds-during-lockdown>

79 <https://www.mind.org.uk/news/campaigns/news/existing-inequalities-have-made-mental-health-of-bame-groups-worse-during-pandemic-says-mind/>

80 <https://www.medscape.com/viewarticle/935332>

- A 14% deterioration in the mental health of BAME men, compared to 6.5% in white British men
- A 23% increase in mental distress among men of Bangladeshi, Indian and Pakistani heritage

### LGBTQ+ community<sup>81</sup>

Health services particularly relevant for LGBTQ+ people should continue during this crisis, including, HIV treatment and testing.

- **Highest rates of depression reported among younger people from LGBTQ+ communities confined with relatives not supportive of their sexual orientation<sup>82</sup>**

### People living with disabilities<sup>83</sup>

While having a disability by itself is unlikely to increase the risk of COVID-19, many people with disabilities have underlying health conditions, which can increase the harms from COVID-19.

#### Recommended actions include:

- Empower people with disabilities to take control over their own health-care decisions on the basis of informed consent
- Strengthen relevant national legislation and policies in line with the COVID-19 response
- Identify and eliminate obstacles and barriers to accessibility in health-care facilities

### Migrants, refugees and asylum seekers

Migrants and refugees often face obstacles in accessing health care, including language and cultural barriers, costs, lack of access to information, discrimination and xenophobia.

- Migrants can be unable to access health care or provide information on their health status because they fear or risk detention, deportation or penalties as a result of their immigration status<sup>84,85</sup>
- People belonging to minorities may be more likely to be excluded from healthcare because they lack resources or official documentation, or because of stigma or discrimination<sup>86</sup>
- Globally, 219 countries, territories and areas issued 86,722 travel restrictions (as of September 2020) to contain and reduce the spread of COVID-19, creating new challenges for migrant populations, while exacerbating existing vulnerabilities<sup>87</sup>

#### Key challenges, barriers and concerns:

- Challenges implementing quarantine/isolation measures<sup>88</sup>
- Reluctance/fear to contact authorities or search for help<sup>89</sup>
- Language barriers<sup>90</sup>
- Government distrust and immigration concerns<sup>91</sup>

81 <https://www.ohchr.org/EN/NewsEvents/Pages/COVID19Guidance.aspx>

82 <https://www.bbc.co.uk/news/health-53223765>

83 <https://www.un.org/development/desa/disabilities/covid-19.html>

84 <https://www.cdc.gov/coronavirus/2019-ncov/php/rim-considerations.html>

85 <https://www.who.int/publications/i/item/preparedness-prevention-and-control-of-coronavirus-disease-%28covid-19%29-for-refugees-and-migrants-in-non-camp-settings>

86 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30791-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30791-1/fulltext)

87 [https://crisisresponse.iom.int/sites/default/files/uploaded-files/IOM%20COVID19%20Appeal-revision\\_9%20September\\_final.pdf](https://crisisresponse.iom.int/sites/default/files/uploaded-files/IOM%20COVID19%20Appeal-revision_9%20September_final.pdf)

88 [Refugee and migrant health in the COVID-19 response - The Lancet](#)

89 [COVID-19 Case Investigation and Contact Tracing among Refugee, Immigrant, and Migrant \(RIM\) Populations: Important Considerations for Health Departments | CDC](#)

90 [COVID-19 Case Investigation and Contact Tracing among Refugee, Immigrant, and Migrant \(RIM\) Populations: Important Considerations for Health Departments | CDC](#)

91 [IOM COVID19 Appeal-revision 9 September final.pdf](#)

## Measures to address psychological and mental health issues<sup>929394</sup>

- Mitigate consequences of the crisis through comprehensive long-term strategies
- Promote basic social rights and invest in economic protection
- Tackle stigma and discrimination by investing in mental health literacy
- Promote cross-sectoral collaboration
- Promote and support community-based services
- Support frontline healthcare workers
- Provide social and peer support to reduce feelings of guilt or being a burden to others
- Managers and team leaders to initiate a caring and cohesive team approach
- Special attention for staff who may be particularly vulnerable due to pre-existing experiences or mental health issues, previous traumas or bereavements, their own physical health, or concurrent pressures and loss
- Continue to actively monitor and support staff after the crisis begins to recede

## Mitigation recommendations for countries to support migrants and refugees<sup>95</sup>

- To include refugees and migrants in national public health and healthcare strategies
- To have specific mitigation measures to reach marginalised groups
- To provide information materials in appropriate languages
- To ensure that fear of enforcement will not prevent people from seeking health care

92 [psychological impact of COVID-19 on the mental health in the general population | QJM: An International Journal of Medicine | Oxford Academic \(oup.com\)](#)

93 [Mental health and psychosocial considerations during the COVID-19 outbreak \(who.int\)](#)

94 [Supporting Hospital Staff During COVID-19: Early Interventions | Occupational Medicine | Oxford Academic \(oup.com\)](#)

95 [https://www.euro.who.int/\\_data/assets/pdf\\_file/0008/434978/Interim-guidance-refugee-and-migrant-health-COVID-19.pdf](https://www.euro.who.int/_data/assets/pdf_file/0008/434978/Interim-guidance-refugee-and-migrant-health-COVID-19.pdf)



## Essential Condition 2: Health and Income Security and Social Protection

Indicators and interventions relating to basic income security and the reduction of health-related risks and consequences of poverty over the life-course.

### The impact of COVID-19 and mental health and well-being<sup>96</sup>

The impact on people's lives, through **lost employment and changes to working practices, can have negative health and well-being consequences** including, worse mental health, increasing unhealthy behaviours and harms to long-term health.<sup>97</sup>

- People with **experience of mental health problems are more likely to see their mental health worsen** as a result of COVID-19 restrictions
- Many without previous experience of mental health problems have experienced poor mental health during lockdown and have seen their mental health and well-being decline
- Since the start of the pandemic, there has been:<sup>98</sup>
  - ◆ A **decrease in the number of referrals** for mental health services
  - ◆ An **increase in the number of people self-referring** and presenting in crisis
  - ◆ An **increase in demand** from those affected by factors associated with COVID-19, such as **grief, social isolation and financial hardship**, and from health and social care staff providing frontline services
- Need to ensure there is appropriate funding to health services in order to accommodate this additional need

### Recommendations for mental health and well-being

- Health and social care for people with **severe mental health conditions and psychosocial disabilities must be part of the essential services** in all countries<sup>99</sup>
- Community monitoring and mental health screening could **focus on selected groups**<sup>100</sup>
- **Digital health and digital phenotyping** could be used to switch from individual-based approaches to population-wide screening
- **Education, self-care and family support** should form part of mental health prevention strategies, involving multiagency collaboration between housing, education, and employment services, with support from the voluntary and mental health sectors
- **Digital services (telehealth)** should not replace **face-to-face treatment** for those requiring intensive mental health treatment and support, when in-person contact is safe<sup>101</sup>
- **Older people** should be consulted and **participate in policy decision making** that affect their lives; and measures that guarantee their **inclusion** must be put in place<sup>102</sup>
- Solutions that help isolated people **stay connected**, reduce loneliness (especially in older adults) and reduce boredom (especially in children/adolescents) should be promoted<sup>103</sup>
- Developing a culture where the **well-being of staff is paramount**, allowing and promoting mitigation of inequalities
- Focused support for healthcare workers who face greater mental health challenges<sup>104</sup>

96 [https://www.mind.org.uk/media-a/5929/the-mental-health-emergency\\_a4\\_final.pdf](https://www.mind.org.uk/media-a/5929/the-mental-health-emergency_a4_final.pdf)

97 [https://www.mind.org.uk/media-a/5929/the-mental-health-emergency\\_a4\\_final.pdf](https://www.mind.org.uk/media-a/5929/the-mental-health-emergency_a4_final.pdf)

98 <https://www.rethink.org/news-and-stories/blogs/2020/05/what-impact-has-covid-19-had-on-mental-health-services/>

99 <https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-of-covid-19s-unequal-mental-health-impacts-on-health-and>

100 [https://www.un.org/sites/un2.un.org/files/un\\_policy\\_brief-covid\\_and\\_mental\\_health\\_final.pdf](https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf)

101 [https://www.un.org/sites/un2.un.org/files/un\\_policy\\_brief-covid\\_and\\_mental\\_health\\_final.pdf](https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf)

102 <https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2020/04/POLICY-BRIEF-ON-COVID19-AND-OLDER-PERSONS.pdf>

103 <https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2020/04/POLICY-BRIEF-ON-COVID19-AND-OLDER-PERSONS.pdf>

104 [the-mental-health-emergency\\_a4\\_final.pdf](https://www.mind.org.uk/media-a/5929/the-mental-health-emergency_a4_final.pdf) (mind.org.uk)

## Vulnerable groups

### Low income workers

**A double burden (health and financial) will disproportionately affect those from low-income backgrounds** due to the combined effect of fewer employment protections and requirement to work in close physical proximity to others.<sup>105</sup> Those experiencing the most economic difficulties may not adhere to physical distancing effectively, as they seek to continue working, worsening the risks of virus transmission.<sup>106</sup>

- Low-income workers are more mobile and are required to visit densely populated areas, unlike higher-income workers who are more able to work remotely<sup>107</sup>
- Men in low-skilled jobs are dying at a higher rate than other workers<sup>108</sup>

### Young people

- **The impact on youth employment is likely to be severe** given that young people (15-24 years old) are already three times more likely to be unemployed than adults; and are more likely to be in casual employment with fewer contractual protections<sup>109</sup>

### Women

- When working from home, women were more likely than men to feel **isolated** (58% versus 39%) and develop **musculoskeletal problems** (44% versus 29%)<sup>110</sup>
- The impact of lost employment and changes to working practices can have negative impacts including increased rates of domestic violence for women trapped at home<sup>111</sup>
  - ◆ Prevention of and response to domestic violence (against women, children, older adults, or persons with disability) should be a key part of national COVID-19 response plans

105 [UN/DESA Policy Brief #65: Responses to the COVID-19 catastrophe could turn the tide on inequality | Department of Economic and Social Affairs](#)

106 [COVID and the convergence of three crises in Europe - The Lancet Public Health](#)

107 <https://www.un.org/development/desa/dpad/publication/un-des-a-policy-brief-65-responses-to-the-covid-19-catastrophe-could-turn-the-tide-on-inequality/>

108 <https://edition.cnn.com/2020/05/11/uk/covid-19-death-low-skilled-job-intl-scli-gbr/index.html>

109 <https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/04/YOUTH-FLASH-Special-issue-on-COVID-19-1.pdf>

110 <https://www.rspg.org.uk/about-us/news/survey-reveals-the-mental-and-physical-health-impacts-of-home-working-during-covid-19.html>

111 <https://www.weforum.org/agenda/2020/04/how-the-covid-19-lockdown-will-take-its-own-toll-on-health/>



## Essential Condition 3: Health and Living Conditions

Indicators and interventions relating to differential opportunities, access and exposure to environmental and living conditions, which each have an impact on health and well-being.

### The impact of COVID-19 on family, sexual and gender-based violence<sup>112 113 114 115 116</sup>

COVID-19 measures which relate to psychological and socio-economic stressors have created an **unprecedented wave of family violence**. COVID-19 lockdown have led to an increase in intimate partner violence globally:

- Lockdown and the fear of spreading COVID-19 has made it **more difficult for women to seek support or leave their abuser**
- Perpetrators of abuse may use COVID-19 restrictions to exercise power and control over their partners, reducing access to services and psychosocial support<sup>117</sup>
- Lockdown restrictions may lead to an increase in the risk factors associated with **parental burnout and stress, leading to an increase in child abuse and neglect**
- People from LGBTQ+ communities are at higher risk of isolation, increased stress and exposure to disrespectful family members, exacerbating the risk of violence, with particular impact on older persons and youth

### COVID-19 impact on violence against children<sup>118 119 120 121 122 123 124</sup>

COVID-19 and related restrictions have been a **catalyst for the rise in child maltreatment**, exacerbating some of the known contributing factors, such as household poverty and overcrowding, social isolation, and substance abuse (figure 5).

Victims of sexual and gender-based violence reported that COVID-19 restrictions have caused:<sup>125</sup>

- ◆ Their children witnessing more abuse (53%)<sup>126</sup>
- ◆ An increase in abusive behaviour towards their children (38%)<sup>127</sup>
- ◆ Worsening mental health in their children and behavioural issues
- ◆ Increased risk of exposure to violence during school closures
- ◆ Increased frustration in children with special needs due to disruption of daily routines
- **Disruption in services**, related to violence against children, have been reported in 104 out of 157 countries globally, with the highest proportion in South and Central Asia, and Eastern Europe

112 <https://www.rand.org/randeurope/research/projects/covid-19-impact-on-intimate-partner-violence-victims.html>

113 <https://link.springer.com/article/10.1007/s10896-020-00172-2>

114 <https://www.sciencedirect.com/science/article/pii/S0145213420303549?via%3Dihub>

115 <https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S0145213417302363>

116 [https://www.unescwa.org/sites/www.unescwa.org/files/events/files/20-00131\\_gpidd\\_pb\\_eng\\_apr5.pdf](https://www.unescwa.org/sites/www.unescwa.org/files/events/files/20-00131_gpidd_pb_eng_apr5.pdf)

117 [COVID-19-VAW-full-text.pdf \(who.int\)](#)

118 [https://read.oecd-ilibrary.org/view/?ref=132\\_132643-m91j2scsyh&title=Combating-COVID-19-s-effect-on-children](https://read.oecd-ilibrary.org/view/?ref=132_132643-m91j2scsyh&title=Combating-COVID-19-s-effect-on-children)

119 <https://www.womensaid.org.uk/a-perfect-storm-the-impact-of-the-covid-19-pandemic-on-domestic-abuse-survivors-and-the-services-supporting-them/>

120 <https://pediatrics.aappublications.org/content/146/4/e2020016824>

121 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7146667/>

122 <https://www.sciencedirect.com/science/article/pii/S2352464220301097>

123 <https://www.unicef.org/press-releases/covid-19-causes-disruptions-child-protection-services-more-100-countries-unicef>

124 [https://alliancecpha.org/en/system/tdf/library/attachments/the\\_alliance\\_covid\\_19\\_tn\\_version\\_2\\_05.27.20\\_final\\_2.pdf?file=1&type=node&id=37184](https://alliancecpha.org/en/system/tdf/library/attachments/the_alliance_covid_19_tn_version_2_05.27.20_final_2.pdf?file=1&type=node&id=37184)

125 [Combating COVID-19's effect on children - OECD \(oecd-ilibrary.org\)](#)

126 [A Perfect Storm: The impact of the Covid-19 pandemic on domestic abuse survivors and the services supporting them - Womens Aid](#)

127 [A Perfect Storm: The impact of the Covid-19 pandemic on domestic abuse survivors and the services supporting them - Womens Aid](#)

**Figure 5: COVID-19 child protection risks and harms<sup>128</sup>**

Child protection risks	Potential harm to children
<p><b>Child Protection Risk: Dangers and Injuries</b>                      Resources: <a href="#">CPMS 7</a>; <a href="#">Annexes</a></p>	
<p><b>Children:</b> particular susceptibility of immuno-compromised children and those with chronic health conditions; access to toxic products; limited supervision</p> <p><b>Caregivers:</b> limited understanding of disease, transmission and consequences; inability to adequately supervise children; crowded housing; poverty; inability to keep cleaning and toxic products safely stored</p> <p><b>Community:</b> presence of COVID-19; insufficient child and adult friendly resources explaining COVID-19; lack of protective mechanisms for workers, families, children; lack of water and cleaning solutions; chemical spraying in schools, displacement camps, and on streets and other public surfaces.</p>	<p><b>Children potentially experience:</b></p> <ul style="list-style-type: none"> <li>● Illness, death.</li> <li>● Transmission of infection to loved ones and friends.</li> <li>● Harm due to ingesting or being exposed to toxic products.</li> <li>● Injuries due to lack of supervision.</li> </ul>
<p><b>Child Protection Risk: Physical and emotional maltreatment</b>                      Resources: <a href="#">CPMS 8</a>; <a href="#">Annexes</a></p>	
<p><b>Children:</b> COVID-19 fatigue; lack of food due to no school or community feeding programmes; limited interactions with teachers; no personal safety plans; no support services if disabled, LGBTQI? or learning challenges; increased exposure to harmful online messaging.</p> <p><b>Caregivers:</b> continued work requirements such as for front-line workers or stay at home measures: quarantine/isolation or illness/death; loss of work and income; home-schooling responsibilities; increased use of drugs and other substances; quarantine fatigue; increased stress; domestic violence.</p> <p><b>Community:</b> childcare/school/ recreation/business closures; online learning; child protection actors limited in direct access to children and families; child protection reports decreased due to disruption in accessibility, monitoring, and support; limited sharing of information amongst sectors such as health, education, and child protection.</p> <p><b>Society:</b> enforcement of government confinement or lockdown policies; focus on containing the virus; limited justice and legal services.</p>	<p><b>Children potentially experience:</b></p> <ul style="list-style-type: none"> <li>● Increase in psychosocial distress.</li> <li>● Increase in self harm.</li> <li>● Increase in emotional and physical abuse including witnessing domestic violence.</li> <li>● Increase in neglect with their basic needs unmet.</li> <li>● Online harassment, bullying and violence.</li> <li>● Increased violence for those living on the street, separated and unaccompanied, in institutions and refugee and migrant camps.</li> </ul>

<sup>128</sup> [https://alliancecpa.org/en/system/tdf/library/attachments/the\\_alliance\\_covid\\_19\\_tn\\_version\\_2\\_05.27.20\\_final\\_2.pdf?file=1&type=node&id=37184](https://alliancecpa.org/en/system/tdf/library/attachments/the_alliance_covid_19_tn_version_2_05.27.20_final_2.pdf?file=1&type=node&id=37184)

## United Nations (UN) violence mitigation measures<sup>129</sup>

UN Women (the global champion for gender equality) is working with its partners to ensure that **measures to address violence are included in the COVID-19 response and recovery at country, regional and global levels. Recommendations to end violence against women and girls:**

1. Recognise women's rights organisations as first responders and essential service providers, and give them the support they need
2. Recognise the role of women's economic empowerment in global recovery and prevention of violence against women
3. Include the third sector in national COVID-19 response plans and support women's movements
4. Ensure sex-disaggregated data is collected to understand the impact of COVID-19 on violence against women and inform the response

- Many countries have taken significant action to mitigate violence against women (table 2)

**Table 2: Country examples of mitigating violence against women and girls (VAWG)<sup>130</sup>** (table generated November 2020)

Theme	Country	Example
Ensuring the safety of women	Canada	In Quebec and Ontario, domestic violence shelters remained open during the lockdown. A Canadian aid package was announced to include \$50 million to support shelters
	Italy	Perpetrators must leave the family home, rather than the victim
	France The Caribbean	Alternative accommodation is provided for domestic violence survivors, such as hotels
	China	The hashtag <i>#AntiDomesticViolenceDuringEpidemic</i> with links to online resources has been disseminated, helping to break the silence and prevent violence, as a risk during lockdown
	South Africa	Support allocated to accelerate community-level service delivery for survivors of gender based violence, with a focus on women in the informal economy and women affected by HIV/AIDS
Innovative solutions	Antigua, Barbuda	Many online and mobile technology service providers are taking steps to deliver support to survivors during this period of limited mobility and increased demand
	Madrid, Spain	An instant messaging service offers an online chat room that provides immediate psychological support to survivors of violence
	Cumbria, UK	Police have designated postal workers and delivery drivers to look out for signs of abuse. A popular app called <i>'Bright Sky'</i> provides support and information to survivors, but can be disguised for people worried about their partners checking their phones
Virtual justice	Argentina	Steps to address delays in the judicial processes and protection orders extended for survivors to 60 days
	Colombia	A decree to guarantee continued access to services virtually, including legal and psychosocial advice, and police and justice services, such as hearings
	Other	Court proceedings by teleconference

129 <https://www.unwomen.org/en/news/stories/2020/10/news-untf-report-shows-covid-19-impact-on-violence-against-women>

130 <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>

## Recommendations:<sup>131 132 133</sup>

- **Vulnerable** women, such as displaced, refugees or migrants, need **access to affordable, quality, equitable health services**, including sexual and reproductive health, and gender-based violence services
- Service providers can increase support through **innovative and unconventional outreach services**, such as remote counselling and psychosocial support
- **Measures to prevent and mitigate the impact of COVID-19 on violence against children** should be an essential component of the response and recovery, **integrated across all relevant sectors**, including health, education, social protection, law and justice

## The impact of COVID-19 on food poverty<sup>134 135 136 137 138 139</sup>

COVID-19 has **dramatically increased the number of people facing acute food insecurity** in 2020:

- Those already exposed to food and dietary deprivation before the pandemic onset are the most vulnerable to the COVID-19 related food and nutrition crisis
- Prior to the pandemic, 149 million people were across 79 countries, including refugees, were acutely food insecure
- Vulnerable households, including among displaced communities, have been forced to reduce meals, increase debts or sell assets

**COVID-19 containment measures have limited human mobility and opportunities to work and earn an income**, straining the ability of migrant and displaced people to provide food and other basic needs

- Without **large-scale coordinated action**, the multiple effects of COVID-19 could disrupt food systems, resulting in long-term consequences for people's nutrition and health

## Mitigation measures to tackle food poverty<sup>140 141</sup>

- **Government interventions to reduce child poverty** are among the most cost-effective solutions, showing huge cost savings across all sectors. In the UK, modelling has shown that adding £10 to child benefit per week per child would reduce child poverty by 5%
- **Improve data collection and analysis** to better understand the dynamics between the pandemic, mobility, remittances and food security
- Recognise the positive contributions of migrants and **promote their inclusion in social protection systems**, and their access to legal services
- **Counteract xenophobia, stigmatization and discrimination** towards people on the move, i.e. migrants, refugees and asylum seekers

131 [https://read.oecd-ilibrary.org/view/?ref=132\\_132643-m91j2scsyh&title=Combating-COVID-19-s-effect-on-children](https://read.oecd-ilibrary.org/view/?ref=132_132643-m91j2scsyh&title=Combating-COVID-19-s-effect-on-children)

132 <https://link.springer.com/article/10.1007/s10896-020-00172-2>

133 <https://www.womensaid.org.uk/a-perfect-storm-the-impact-of-the-covid-19-pandemic-on-domestic-abuse-survivors-and-the-services-supporting-them/>

134 [https://www.un.org/sites/un2.un.org/files/sg\\_policy\\_brief\\_on\\_covid\\_impact\\_on\\_food\\_security.pdf](https://www.un.org/sites/un2.un.org/files/sg_policy_brief_on_covid_impact_on_food_security.pdf)

135 <https://enuf.org.uk/research-blogs/covid-19-crisis-worsening-food-insecurity-uk>

136 <https://www.unhcr.org/uk/news/stories/2021/2/6017c7744/data-reveals-impact-covid-19-livelihoods-futures.html>

137 <https://www.worldbank.org/en/topic/agriculture/brief/food-security-and-covid-19>

138 [https://www.thelancet.com/pdfs/journals/lanres/PIIS2213-2600\(20\)30280-0.pdf](https://www.thelancet.com/pdfs/journals/lanres/PIIS2213-2600(20)30280-0.pdf)

139 <https://news.un.org/en/story/2020/11/1077272>

140 <https://povertyinequality.scot/wp-content/uploads/2020/04/Poverty-and-Inequality-Commission-Food-insecurity-evidence-briefing.pdf>

141 <https://povertyinequality.scot/publication/covid-19-food-insecurity-briefing/>

## Vulnerable groups

### People experiencing homelessness

People experiencing homelessness are a vulnerable group and exposure to COVID-19 can **negatively affect their mental and physical health**.<sup>142</sup> A high proportion of homeless people have chronic physical or mental disorders:<sup>143</sup>

- People experiencing homelessness, aged younger than 65 years, have all-cause mortality that is 5 to 10 times higher than that of the general population<sup>144</sup>
- **Homeless people can be even more overlooked** once healthcare services are allocated almost exclusively to fighting COVID-19 pandemic<sup>145</sup>
  - ◆ Detection of cases and prevention of disease in a transient population is more difficult<sup>146</sup>
- COVID-19 can **impact housing security**, with loss of income, causing rent or mortgage arrears or even homelessness<sup>147</sup>
  - ◆ Many people experiencing homelessness live in **congregate settings**, such as shelters or halfway houses, or encampments or abandoned buildings, which **increases the risk of transmission**<sup>148</sup>

142 <https://www.sciencedirect.com/science/article/pii/S2468266720300530?via%3Dihub>

143 <https://www.sciencedirect.com/science/article/pii/S0378512220302346>

144 <https://www.sciencedirect.com/science/article/pii/S2468266720300530?via%3Dihub>

145 [COVID-19: The forgotten priorities of the pandemic - ScienceDirect](https://www.sciencedirect.com/science/article/pii/S0378512220302346)

146 <https://www.sciencedirect.com/science/article/pii/S0378512220302346>

147 <https://www.bmj.com/content/369/bmj.m1557.full>

148 <https://www.sciencedirect.com/science/article/pii/S2468266720300530?via%3Dihub>



## Essential Condition 4: Health and Social and Human Capital

Indicators and interventions relating to human capital for health through education, learning and literacy, and relating to the social capital of individuals and communities in ways that protect and promote health and well-being.

### The impact of COVID-19 on education

COVID-19 has had a **staggering impact on education globally**, with an estimated 1.38 billion<sup>149</sup> learners impacted by school closures

- There will likely be serious ramifications, as many children rely on schools for food and it **inhibits their right to education**, increasing marginalisation and social inequity<sup>150151</sup>
- School closures, confinement, and psychological distress can have serious potential **consequences on the future well-being of children and young people**, as well as on those of their teachers and families, especially related to equity in health and educational attainment<sup>152</sup>
- The right to education needs to be protected; for example, through online accessible and adapted learning, and specialised television and radio broadcasts. Limited educational opportunities for those without access to the internet and other remote learning tools risks deepening inequity and poverty

#### Impact of school closures<sup>153 154 155 156 157</sup>

Most countries enacted some form of **school closure as a containment measure** to limit the spread of COVID-19. Especially during the first wave of the COVID-19 pandemic, children were affected by school closures, causing an **unprecedented global learning crisis** with a broad range of additional adverse impacts, such as malnutrition.

- **Being confined at home has increased risk factors** including household poverty, overcrowded housing, social isolation, parental burnout and stress, intimate partner violence and substance abuse. These can expose children to increased risk of violence, including maltreatment and sexual violence. Support services and shelters for children at risk need to be continued as a priority<sup>158</sup>
- **Prevention of violence against children should be integrated** into the sectors responding to COVID-19, including health, education, social protection, law and justice
- **Children are at risk of being left behind** due to school closures and lower relative 'direct' investment in social protection
- COVID-19 has **further engrained gender inequalities in education**, especially in developing countries, leading to increased risk of sexual exploitation, early pregnancy, female genital mutilation and child marriage
- School closures have led to a **global reduction in participation in classes** and heightened risk of students discontinuing their studies
- Students can experience **erosion of their basic academic skills** due to lack of practice, difficulty in re-engaging with education activities, demotivation, and uncertainty

149 <https://www.statista.com/chart/21224/learners-impacted-by-national-school-closures/policy-brief-on-covid-impact-on-children-16-april-2020.pdf> (un.org)

150 [OHCHR | Expert: COVID-19 has caused an "education crisis"](https://www.ohchr.org/EN/Expert/View.aspx?id=10986)

151 <http://www.iiep.unesco.org/en/five-steps-support-education-all-time-covid-19-13382>

152 <https://openknowledge.worldbank.org/handle/10986/34700>

153 <https://reliefweb.int/report/world/global-analysis-covid-19-impact-education-thematic-series-education-november-2020>

154 [https://www.unicef.org/publications/pdf/Supporting%20Families%20and%20Children%20Beyond%20COVID-19\\_Social%20protection%20in%20high-income%20countries.pdf](https://www.unicef.org/publications/pdf/Supporting%20Families%20and%20Children%20Beyond%20COVID-19_Social%20protection%20in%20high-income%20countries.pdf)

155 <https://gov.wales/sites/default/files/publications/2020-08/technical-advisory-group-advice-on-face-coverings-for-children-and-young-people-under-18-in-education-settings.pdf>

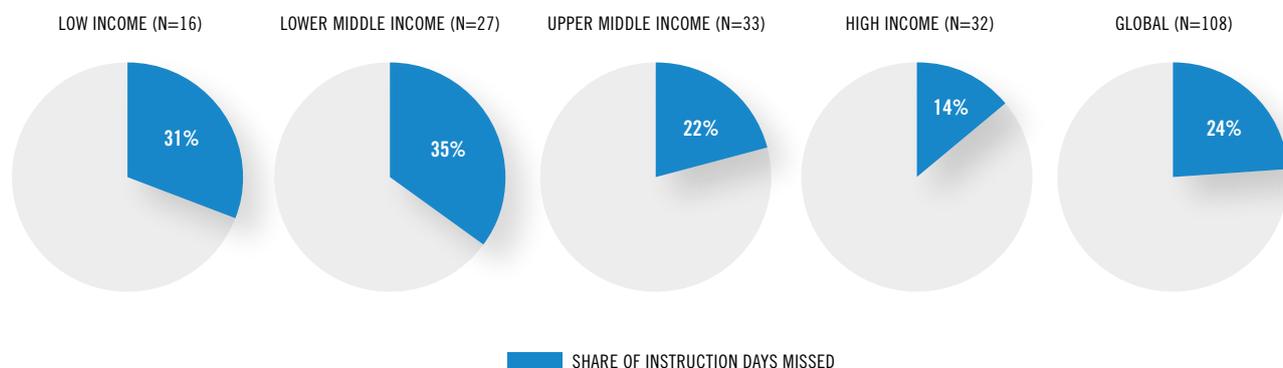
156 <https://www.who.int/publications/m/item/weekly-epidemiological-update---19-january-2021>

157 <https://www.ohchr.org/EN/NewsEvents/Pages/COVID19Guidance.aspx>

## Socio-economic implications of school closures

The pandemic has **sharpened global inequities**, hitting children in poorer countries particularly hard (figure 6)<sup>159</sup>

**Figure 6: Share of instruction days missed, during the period July to October 2020, by income level<sup>160</sup>**



**Notes:** Respondents answered the surveys during the period July – October. While there is a possibility that durations of school closure could be correlated to when the survey was filled out, there is no clear pattern in the data that would indicate a bias in either direction in the numbers reported here. Caution is advised in generalizing the results represented in the figure as the countries that responded to this question cover less than 50 per cent of the total 4-17 year old population. More information on the coverage of each income group can be found in Annex 1.

- A **UK** study found that 50% of teachers in private schools report they are receiving more than three quarters of work back, compared with 27% in the most advantaged state schools, and 8% in the least advantaged state schools<sup>161162163</sup>
- In **Germany**, students reduced their daily learning time of 7.4 hours by about half on average. The reduction was significantly larger for low-achievers (4.1 hours) than for high-achievers (3.7 hours)<sup>164</sup>
- In **Los Angeles**, around 13% of high school students didn't have any contact with teaching staff three weeks following lockdown<sup>165</sup>

## Home learning activities

**Evidence related to home learning activities** and available resources in different families, based on a survey (designed by the Institute for Fiscal Studies and the Institute of Education) completed online by over 4,000 parents of children aged 4–15 between 29th April and 12th May 2020 across the UK show that:<sup>166</sup>

- **Higher-income parents** are much more likely than those less well-off to report that their child's school provides online classes and **access to online video conferencing** with teachers
- 64% of secondary pupils in state schools from the richest households are being offered active help from schools, such as online teaching, compared with 47% from the poorest families<sup>167</sup>
- **82% of secondary school pupils attending private school are offered active help**, with 79% being provided with online classes

159 [What Have We Learnt?: Overview of Findings from a Survey of Ministries of Education on National Responses to COVID-19 \(worldbank.org\)](#)

160 [What Have We Learnt? Findings from a survey of ministries of education on national responses to COVID-19 - UNICEF DATA](#)

161 <https://www.suttontrust.com/wp-content/uploads/2020/04/COVID-19-Impact-Brief-School-Shutdown.pdf>

162 [https://read.oecd-ilibrary.org/view/?ref=135\\_135187-1pivg9kc7w&title=Education-and-COVID-19-Focusing-on-the-long-term-impact-of-school-closures](https://read.oecd-ilibrary.org/view/?ref=135_135187-1pivg9kc7w&title=Education-and-COVID-19-Focusing-on-the-long-term-impact-of-school-closures)

163 <https://epub.ub.uni-muenchen.de/74221/1/260.pdf>

164 <https://www.econstor.eu/bitstream/10419/233484/1/1755164874.pdf>

165 <https://www.oecd.org/coronavirus/policy-responses/education-and-covid-19-focusing-on-the-long-term-impact-of-school-closures-2cea926e/>

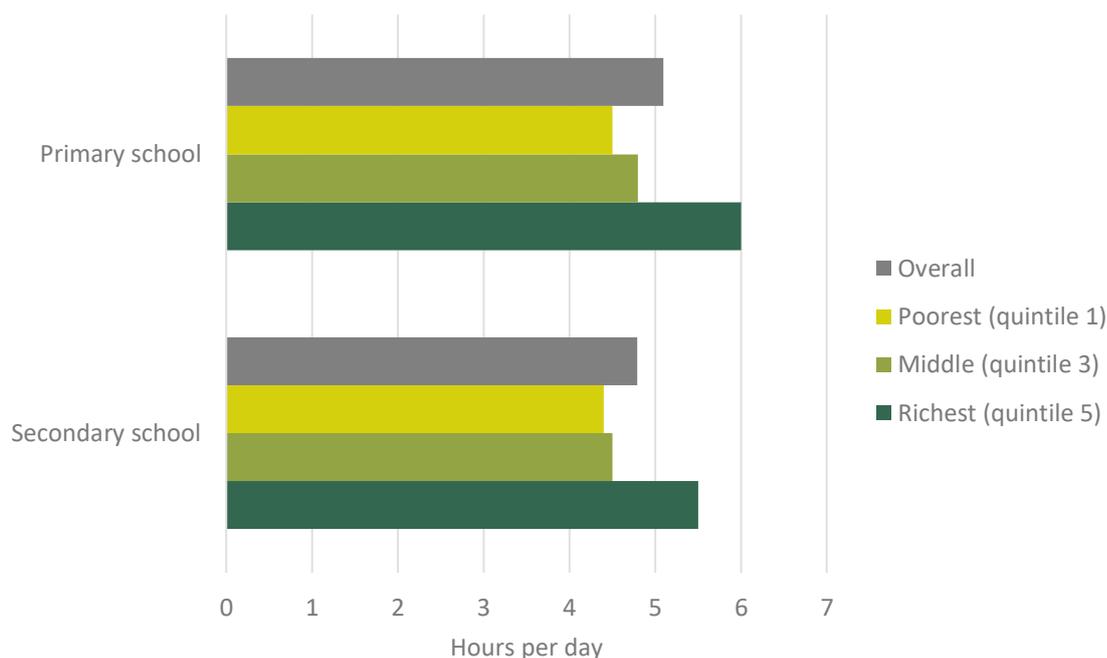
166 <https://www.ifs.org.uk/publications/14848>

167 <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-preparing-for-the-autumn-is-a-priority-now-at-the-who-regional-office-for-europe>

## There are big gaps in the total amount of time that children spend on educational activities:

- Secondary school children from better-off families (those in the top fifth of the distribution of family earnings) spend, on average, 5.5 hours a day on educational activities. This is over 1 hour more a day than the 4.4 hours a day spent by children in the lowest-income fifth of families. This difference adds up to a difference of 5.5 hours of learning per school week
- The gaps at primary school are even larger, equivalent to 7.5 hours per week (around 1.5 hours per day). For both primary school and secondary school children, the biggest gaps are between children in the richest 20% of families and the rest of their peers (figure 7)<sup>168</sup>

**Figure 7: Children's daily learning time during lockdown in the UK: by household income<sup>169</sup>** (The survey was completed online by over 4,000 parents of children aged 4–15 between Wednesday 29 April and Tuesday 12 May 2020)



## COVID-19 implications for childcare across countries

The COVID-19 pandemic and related measures are having a **significant impact on childcare**<sup>170</sup> with families across Europe having seen a complete **breakdown in usual care provision** for children of all ages:<sup>171 172</sup>

- This is seen to **disproportionally effect women**, who bear more childcare responsibilities than men due to persistent unequal gender norms across most countries
- Many households and **women are dependent on accessibility and affordability of childcare**, which has decreased, restricting their ability to work and earn an income
  - ◆ **Businesses and organisations are rapidly adopting flexible work arrangements**, which are likely to persist. Social norms that currently lead to a lopsided distribution of the division of labour in house work and child care may be eroded<sup>173</sup>
  - ◆ Many countries have provided financial assistance for childcare to parents and pre-school settings, especially to key (essential/health sector) workers

168 Edited\_Final-BN288 Learning during the lockdown.pdf (ifs.org.uk)

169 Edited\_Final-BN288 Learning during the lockdown.pdf (ifs.org.uk)

170 <https://www.bma.org.uk/media/2446/bma-briefing-on-covid-19-and-childcare-may.pdf>

171 [Childcare in a Global Crisis: The Impact of COVID-19 on work and family life \(unicef-irc.org\)](https://www.unicef-irc.org/)

172 [Challenges for the childcare market: the implications of COVID-19 for childcare providers in England - Institute For Fiscal Studies - IFS](https://www.institute.org.uk/publications/challenges-for-the-childcare-market-the-implications-of-covid-19-for-childcare-providers-in-england)

173 Alon et al (2020) - <https://www.nber.org/papers/w26947>

## Vulnerable groups

### Women

**Women face disproportionate risks in the job sector**, where many work in the informal sector (e.g. domestic workers, nannies, agriculture or supporting family businesses) and may be the first to lose their jobs.

- There is also a **notable lack of social and labour protections** that characterise the informal economy<sup>174</sup> however, socio-economic policies can protect women and informal sector workers from falling into poverty through emergency cash transfers, small scale grants or loans
- COVID-19 isolation measures (e.g. lockdown) have created an unprecedented wave of interpersonal violence, including intimate partner violence, sexual and gender based violence<sup>175176177178</sup>
- COVID-19 measures, and associated socio-economic and psychological impacts, have led to **reduced access to services and psychosocial support for victims of violence and abuse**, especially displaced individuals and the most vulnerable<sup>179</sup>
  - ◆ Measures to prevent and address violence should be an essential component of the COVID-19 response and recovery, and are implemented in many countries. Innovative and unconventional outreach services, such as remote counselling, shelters, and psychosocial support, need to be urgently implemented
- Advice on international health crises tends to presume that women have social, economic and regulatory options to “exercise the autonomy contained in international advice”, which ignores the reality of **structured gender inequalities** on the ground<sup>180</sup>
- Experience from past outbreaks shows the **importance of incorporating a gender analysis into preparedness and response efforts** to improve the effectiveness of health interventions and promote gender and health equity goals<sup>181</sup>

### Women and pregnancy<sup>182</sup>

Pregnant women are considered a high risk group for COVID-19 infection, and the potential adverse effects on maternal and perinatal outcomes are of concern.

- Risk factors for severe outcomes from COVID-19 in pregnancy include older maternal age, high body mass index, and pre-existing comorbidities
- Pregnant women from BAME background with COVID-19 are at higher risk of hospitalisation

174 [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/genericdocument/wcms\\_737555.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/genericdocument/wcms_737555.pdf)

175 <https://www.rand.org/randeurope/research/projects/covid-19-impact-on-intimate-partner-violence-victims.html>

176 <https://link.springer.com/article/10.1007/s10896-020-00172-2>

177 [https://read.oecd-ilibrary.org/view/?ref=127\\_127000-awfnqj80me&title=Women-at-the-core-of-the-fight-against-COVID-19-crisis](https://read.oecd-ilibrary.org/view/?ref=127_127000-awfnqj80me&title=Women-at-the-core-of-the-fight-against-COVID-19-crisis)

178 <https://www.who.int/news-room/detail/08-04-2020-joint-leader-s-statement---violence-against-children-a-hidden-crisis-of-the-covid-19-pandemic>

179 [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30112-2/fulltext#coronavirus-linkback-header](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30112-2/fulltext#coronavirus-linkback-header)

180 <https://onlinelibrary.wiley.com/doi/epdf/10.1111/1468-2346.12704>

181 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30526-2/fulltext?te=1&nl=in-her%20words&emc=edit\\_qn\\_20200317](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30526-2/fulltext?te=1&nl=in-her%20words&emc=edit_qn_20200317)

182 <https://www.bmj.com/content/370/bmj.m3320>

## Black, Asian and Minority Ethnic

Causes for COVID-19 disparities in incidence and death rates are multifactorial, but it is clear that **structural inequalities are important**.<sup>183</sup> **People from BAME communities have been disproportionately affected** by the COVID-19 pandemic, both in terms of infection rates and deaths rates<sup>184</sup>

- Emerging evidence suggests that people from BAME communities are at an **increased risk of contracting COVID-19** and **have worse clinical outcomes**, however, data on ethnicity in patients with COVID-19 remains limited.<sup>185</sup> There is limited evidence of health related effects of interventions aimed to support socially or economically vulnerable groups exposed to COVID-19<sup>186187188</sup>
  - ◆ **New research** has been funded in the UK, covering topics such as 'Designing culturally relevant COVID-19 health messages' and 'Using Biobank data to determine why minority ethnic groups may be at increased risk of COVID-19'<sup>189</sup>

## Migrants, refugees and asylum seekers<sup>190</sup>

Migrants, refugees and asylum seekers are potentially at a **higher risk of contracting COVID-19**, as they often live in overcrowded conditions, with reduced ability for social distancing, and lack of access to basic sanitation.<sup>191</sup> The rapid increase in population movements across borders has brought into focus the **need for extensive data collection on refugee and migrant health**, which is critical for public health planning and response to epidemics, including COVID-19<sup>192</sup>

- An agreement was signed by the WHO and the United Nations High Commissioner for Refugees, the UN Refugee Agency, aiming to strengthen public health services to protect some 70 million forcibly displaced people from COVID-19 (26 million refugees, 80% of whom sheltered in low/middle-income countries; and 40 million internally displaced people)<sup>193</sup>  
**promoting research efforts, evidence gathering and increased availability of refugee and migrant health data at the country level**
- WHO has suggested **policy considerations to strengthen health monitoring** and published technical guidance on the prevention and control of COVID-19 for refugees and migrants in non-camp settings, including:
  - ◆ Scaling-up COVID-19 outbreak readiness and response operations in camps and camp-like settings
  - ◆ Preparedness, prevention and control of COVID-19 in prisons and other places of detention
  - ◆ Delivery of immunization services for refugees and migrants

## LGBTQ+ community

- **Transgender students**, lacking family or community support, may struggle to access hormones needed and emotional or psychological support, impacting on their education.<sup>194</sup> Many LGBTQ+ students may be at greater risk of experiencing **exclusion and even verbal or physical violence at home**<sup>195</sup>

183 [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30148-6/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30148-6/fulltext)

184 <https://www.bmj.com/content/369/bmj.m2282>

185 <https://www.fhi.no/globalassets/dokumenterfiler/rapporter/2020/social-and-economic-vulnerable-groups-during-the-covid-19pandemic-report-2020-v3.pdf>

186 [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30148-6/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30148-6/fulltext)

187 <https://www.bmj.com/content/369/bmj.m2282>

188 <https://www.fhi.no/globalassets/dokumenterfiler/rapporter/2020/social-and-economic-vulnerable-groups-during-the-covid-19-pandemic-report-2020-v3.pdf>

189 <https://www.nih.ac.uk/news/multimillion-investment-in-new-research-projects-to-investigate-higher-covid-19-risk-among-certain-ethnic-groups/25333>

190 <https://www.who.int/news/item/21-05-2020-who-and-unhcr-join-forces-to-improve-health-services-for-refugees-displaced-and-stateless-people>

191 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30791-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30791-1/fulltext)

192 [https://crisisresponse.iom.int/sites/default/files/uploaded-files/IOM%20COVID19%20Appeal-revision\\_9%20September\\_final.pdf](https://crisisresponse.iom.int/sites/default/files/uploaded-files/IOM%20COVID19%20Appeal-revision_9%20September_final.pdf)

193 <https://www.who.int/news-room/feature-stories/detail/how-who-is-supporting-refugees-and-migrants-during-the-covid-19-pandemic>

194 [https://read.oecd-ilibrary.org/view/?ref=434\\_434914-59wd7ekj29&title=The-impact-of-COVID-19-on-student-equity-and-inclusion](https://read.oecd-ilibrary.org/view/?ref=434_434914-59wd7ekj29&title=The-impact-of-COVID-19-on-student-equity-and-inclusion)

195 [The impact of COVID-19 on student equity and inclusion: Supporting vulnerable students during school closures and school re-openings \(oecd.org\)](https://www.oecd.org/education/2020/04/the-impact-of-covid-19-on-student-equity-and-inclusion-supporting-vulnerable-students-during-school-closures-and-school-re-openings)

## Mental health problems

**Learners with mental health problems**, such as depression or bipolar disorder, are particularly vulnerable to disruptions in routines and their usual pattern of daily life.<sup>196</sup>

## Children and young people

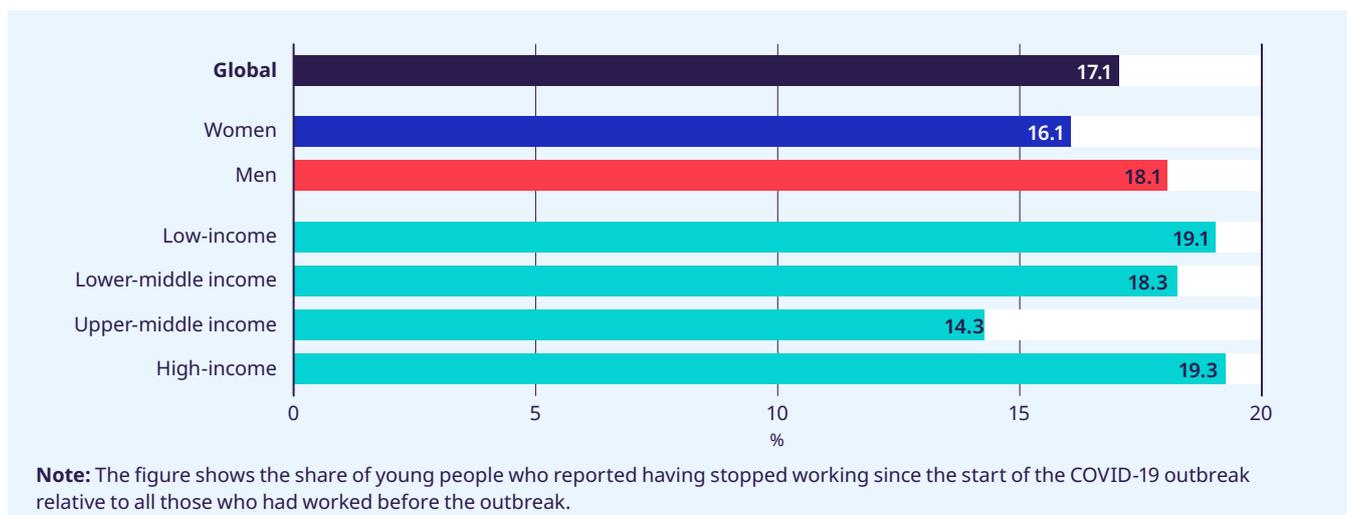
**Losing access to school, as a protective space, exposes children to abuse and trauma if their homes are unsafe**, putting both their physical and mental health at risk.<sup>197</sup> Learners in the **most marginalised/deprived groups**, who may have limited access to digital education resources or lack the resilience to learn on their own, may struggle to maintain their learning pace from home, and are at a **greater risk of discontinuing their studies and falling behind**.<sup>198</sup>

## Children and young people<sup>199</sup>

Implementation of **Non-Pharmaceutical Interventions** to contain and prevent the spread of COVID-19, e.g. lockdown, has had a **range of unintended adverse effects**:

- There have been **increases in youth unemployment**, particularly for young women<sup>200</sup> and those in informal jobs/in hard hit sectors (figures 8 and 9)

**Figure 8: Global Survey on Youth and COVID-19: Share of young people (aged 18-29) who reported having stopped working after the onset of the pandemic (%)<sup>201</sup>**



196 [Mental health effects of school closures during COVID-19 - The Lancet Child & Adolescent Health](#)

197 [Mental Distress and Human Rights Violations During COVID-19: A Rapid Review of the Evidence Informing Rights, Mental Health Needs, and Public Policy Around Vulnerable Populations \(nih.gov\)](#)

198 <https://www.oecd.org/education/the-impact-of-covid-19-on-education-insights-education-at-a-glance-2020.pdf>

199 <https://www.unicef.org.uk/coronavirus-children-in-lockdown/>

200 <https://www.europarl.europa.eu/news/en/headlines/society/20200709STO83004/covid-19-how-the-eu-fights-youth-unemployment>

201 [ILO Monitor: COVID-19 and the world of work. Fourth edition](#)

**Figure 9: Global estimates of youth employment in hard-hit sectors<sup>202</sup>**

Economic sector	Impact of crisis on economic output	Baseline employment estimates for 2020 (before COVID-19 crisis)		
		Level of employment (millions)	Share in global youth employment (%)	Share of young women in total youth employment (%)
Wholesale and retail trade; repair of motor vehicles and motorcycles	High	74.8	17.5	41.7
Manufacturing	High	59.2	13.8	36.9
Real estate; business and administrative activities	High	16.4	3.8	43.8
Accommodation and food services	High	28.1	6.6	50.8
Transport, storage and communication	Medium-high	21.0	4.9	16.4
Arts, entertainment and recreation, and other services	Medium-high	28.4	6.6	60.3
Mining and quarrying	Medium	2.9	0.7	22.6
Financial and insurance services	Medium	4.6	1.1	54.7
Construction	Medium	33.1	7.7	5.4
Agriculture, forestry and fishing	Low-medium	123.7	28.9	36.0
Utilities	Low	2.0	0.5	21.3
Public administration and defence; compulsory social security	Low	8.6	2.0	33.3
Human health and social work activities	Low	11.8	2.7	74.2
Education	Low	13.2	3.1	69.5

**Note:** Impact ratings are based on the ILO's assessment of real-time and financial data (see the second edition of the *ILO Monitor*, released on 7 April 2020), ILOSTAT baseline data on sectoral distribution of employment (ISIC Rev. 4) and ILO Harmonized Microdata.

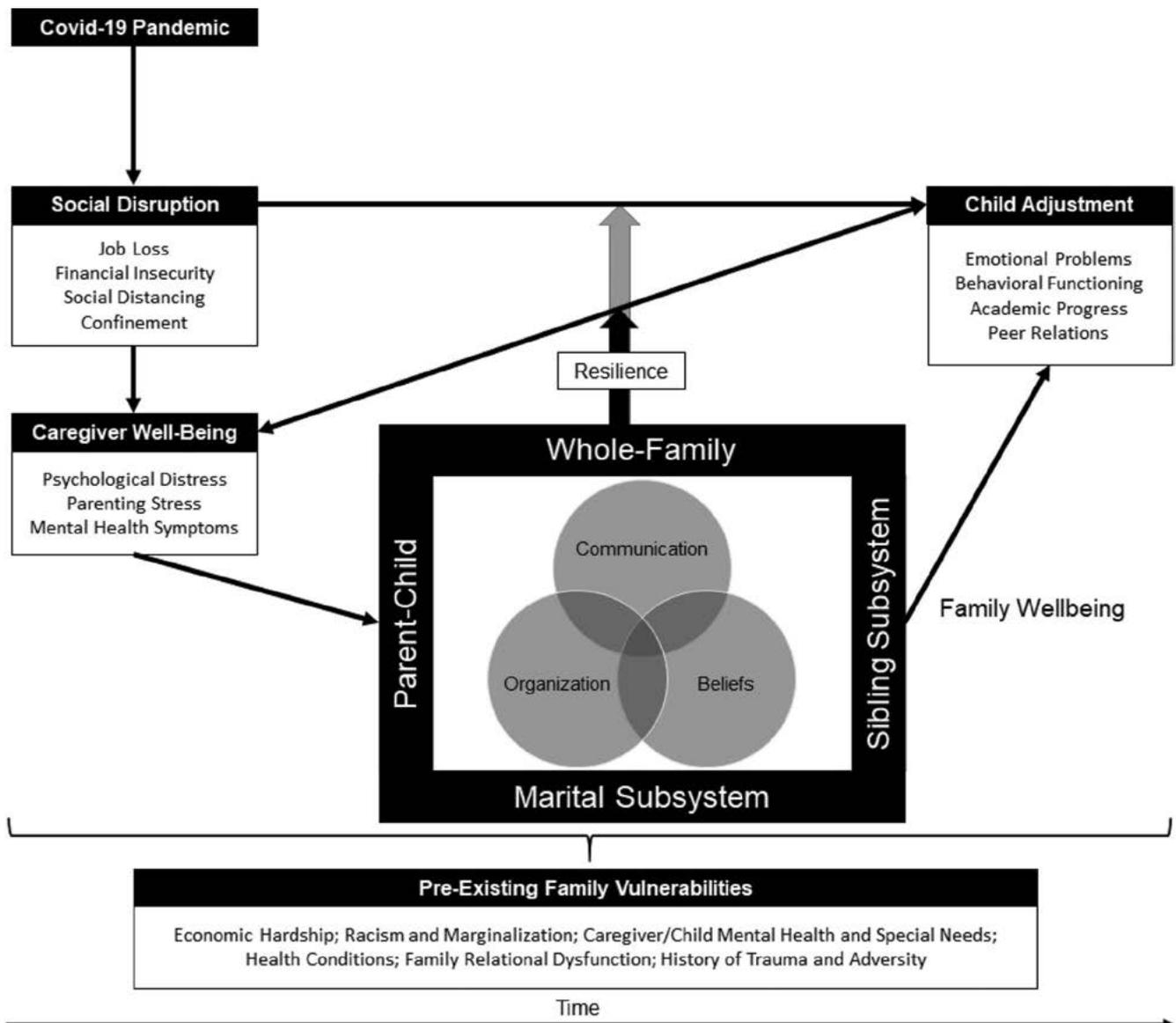
**Source:** ILO modelled estimates, November 2019.

**Changing systems and new ways of living pose health and well-being risks** to all, however, children and young people are particularly vulnerable, major areas of concern include:

- **Strained parent-child relationship**, related to enhanced stress (due to higher insecurity), having a negative influence on children's development and well-being
- **Increased domestic violence**, abuse or neglect many children experience in their own homes, i.e. Adverse Childhood Experiences having detrimental impacts to children's physical health, mental well-being, as well as later in life<sup>203</sup>
- **Reduced exercise and movement**, having negative impact on **children's development** and well-being, including developing a **robust immune system**<sup>204</sup>
- Social disruption, having an impact on child adjustment<sup>205</sup> (figure 10)

202 [ILO Monitor: COVID-19 and the world of work. Fourth edition](#)  
 203 <https://phw.nhs.wales/files/aces/>  
 204 <https://www.sciencedirect.com/science/article/abs/pii/S1471489216300479>  
 205 <https://psycnet.apa.org/fulltext/2020-34995-001.pdf>

**Figure 10: Conceptual framework on social disruption due to COVID-19 on the impact of child adjustment<sup>206</sup>**



**Key policy measures to secure the well-being of future generations:<sup>207</sup>**

1. Apply a **youth and intergenerational lens in crisis response and recovery measures** across public administration
2. Update national **youth strategies** in collaboration with youth stakeholders to translate political commitment into **actionable programmes**
3. Gather **disaggregated data on the impact** of the crisis **by age group to track inequalities and inform decision-making** (in addition to other factors such as sex, education, socio-economic background, and employment status)
4. Provide **targeted policies and services for the most vulnerable** young people, including those not in employment, education or training; young **migrants; homeless**; and young women, adolescents and children facing increased risks of **domestic violence**
5. Ensure health and social services **prevention, early intervention and preparedness** for an increase in mental health problems
6. Create and strengthen institutions to **monitor the consequences** on children/young people

<sup>206</sup> Risk and resilience in family well-being during the COVID-19 pandemic. (apa.org)  
<sup>207</sup> [https://read.oecd-ilibrary.org/view/?ref=134\\_134356-ud5kox3q26&title=Youth-and-COVID-19-Response-Recovery-and-Resilience](https://read.oecd-ilibrary.org/view/?ref=134_134356-ud5kox3q26&title=Youth-and-COVID-19-Response-Recovery-and-Resilience)

7. Anticipate the **distributional effects of NPIs and the allocation of public resources** across different age cohorts by using **impact assessments**
8. Promote **age diversity** in public consultations and state institutions to reflect the needs and concerns of different age cohorts
9. Leverage **young people's mobilisation in mitigating the crisis** through existing mechanisms, tools and platforms (e.g. the use of digital tools and data) to **build resilience** in societies against future shocks and disasters
10. Align short-term emergency response with **investment into long-term economic, social and environmental objectives** to ensure the well-being of future generations

**Key mitigation measures to address disruption to the educational sector include:**<sup>208</sup>

- Provide inclusive access to digital learning resources and decent learning conditions
- Distribute information and provide online resources in different languages
- Ensure support for teachers, as they are among the most important agents of inclusion
- Offer equitable access to extra services for vulnerable/deprived students
- Expand focus on students' well-being and reinforce the protection of children through:
  - ◆ enhanced referral mechanisms
  - ◆ provision of essential services, such as healthcare and school feeding

Actions to **reach the most marginalized** include:<sup>209</sup>

- Adapt school opening policies and practices to expand access to marginalised groups, such as previously out-of-school children, people who are displaced, migrants and other minorities
- Diversify critical communications and outreach by making them available in relevant languages and in accessible formats

208 [Interim-guidance-refugee-and-migrant-health-COVID-19.pdf \(who.int\)](#)

209 [Key Messages and Actions for COVID-19 Prevention and Control in Schools \(who.int\)](#)



## Essential Condition 5: Health and Employment and Working Conditions

Indicators and interventions relating to the health impact of employment and working conditions, including availability, accessibility, security, wages, physical and mental demands, and risks of work.

### The impact of COVID-19 on the economy and employment

There is strong recognition across the literature that the impact of COVID-19 will have **devastating socio-economic and inequity consequences** as countries move away from the initial pandemic response. The way in which countries respond to the COVID-19 outbreak is a test of societies, government, communities and individuals.<sup>210</sup> **COVID-19 has triggered an economic recession and a rapid rise in unemployment in many countries globally:**

- The COVID-19 pandemic outbreak has had **enormous economic impact**, including on employment and working practices<sup>211</sup>
- In the first half of 2020, **GDP fell** by 14% in Europe<sup>212</sup>
- It was estimated that the pandemic could push an additional 150 million people into extreme poverty by 2021<sup>213</sup>
- Existing literature on the **health impacts of business-cycle fluctuations and recessions** shows that the resulting economic downturn of the outbreak will have significant consequences on people's health outcomes in the short and longer term<sup>214</sup>
- **Job loss and insecurity can have complex detrimental impacts on health**, triggered by:<sup>215</sup>
  - ◆ direct loss of income and falling into poverty
  - ◆ stress from the event, subsequent increased anxiety and loss of self-esteem
  - ◆ increase in harmful behaviours, such as smoking, excess alcohol consumption and attempted suicide
- Research indicates that as a result of the pandemic the number of people facing food crisis will double<sup>216</sup>
- As of 27 April 2020 and estimated **1.6 billion informal workers have lost 60% of their income**<sup>217</sup> with tourism one of the hardest hit sectors with 100-120 million jobs at risk<sup>218</sup>
- COVID-19 measures may lead to downsizing or closure of large employers, resulting in the loss of a high number of jobs in a localised area, referred to as a **Mass Unemployment Event**:<sup>219</sup>
  - ◆ Mass Unemployment Events, or the threat of such events, can have detrimental impact on the health, social and financial situation of individuals and families and can destabilise communities over generations

### Food supply chains and markets<sup>220</sup>

**Disruption in food supply** chains and stocks, **affecting food production, loss of income and remittances**, are creating strong tensions and food security risks in many countries.

- The United Nations World Food Programme has warned that an estimated 265 million people could face acute food insecurity by the end of 2020<sup>221</sup>

210 <https://www.ohchr.org/EN/NewsEvents/Pages/COVID19Guidance.aspx>

211 [https://www.ilo.org/wcmsp5/groups/public/-/dgreports/-/dcomm/documents/briefingnote/wcms\\_738753.pdf](https://www.ilo.org/wcmsp5/groups/public/-/dgreports/-/dcomm/documents/briefingnote/wcms_738753.pdf)

212 <https://www.ifs.org.uk/publications/15077>

213 <https://www.worldbank.org/en/news/press-release/2020/10/07/covid-19-to-add-as-many-as-150-million-extreme-poor-by-2021>

214 [https://www.ifs.org.uk/publications/14799#:~:text=In%20the%20absence%20of%20measures,labour%20market%20\(Fujita%20et%20al.](https://www.ifs.org.uk/publications/14799#:~:text=In%20the%20absence%20of%20measures,labour%20market%20(Fujita%20et%20al.)

215 [http://www.wales.nhs.uk/sitesplus/documents/888/Watermarked%20PHW%20Mass%20Unemployment%20Report%20E\(15\).pdf](http://www.wales.nhs.uk/sitesplus/documents/888/Watermarked%20PHW%20Mass%20Unemployment%20Report%20E(15).pdf)

216 <https://www.wfp.org/news/covid-19-will-double-number-people-facing-food-crisis-unless-swift-action-taken>

217 [https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS\\_743036/lang-en/index.htm](https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_743036/lang-en/index.htm)

218 <https://www.unwto.org/tourism-and-covid-19-unprecedented-economic-impacts>

219 [http://www.wales.nhs.uk/sitesplus/documents/888/Watermarked%20PHW%20Mass%20Unemployment%20Report%20E\(15\).pdf](http://www.wales.nhs.uk/sitesplus/documents/888/Watermarked%20PHW%20Mass%20Unemployment%20Report%20E(15).pdf)

220 <https://news.cqtn.com/news/2020-06-14/Global-COVID-19-Roundup-Fears-food-markets-are-new-hotbed-RjASf1utRS/index.html>

221 <https://insight.wfp.org/covid-19-will-almost-double-people-in-acute-hunger-by-end-of-2020-59df0c4a8072>

## Remote working

A recent UK survey<sup>222</sup> found that people working from home as a result of COVID-19 have experienced a number of health and well-being impacts, most commonly:

- Feeling less connected to colleagues (67%)
- Less exercise (46%),
- Musculoskeletal problems (39%)
- Disturbed sleep (37%)

Over one in four (26%) were working from home from either a sofa or a bedroom

- nearly half of those (48%) said they had developed musculoskeletal problems
- nearly two thirds of those (59%) said they felt more isolated from their colleagues

People who live with multiple people in a household were more likely to think that working from home was worse for their health and well-being (41%), compared to people who live on their own (29%) or with just their partner (24%).

## Mitigation approaches

**Human rights<sup>223</sup>, solidarity and equity approach is crucial to strengthen the effectiveness of global and national efforts** to address the current and expected well-being, social and economic harms, as well as to promote and build community assets and system resilience:

- To **mitigate excess morbidity and mortality and prevent increasing health inequities**, recovery efforts should focus on the following mutually reinforcing priorities:<sup>224</sup>
  - ◆ Reinforcing **social capital**, promoting social inclusion and cohesion, leaving no one behind
  - ◆ Protecting economic well-being, ensuring **financial protection for all who need it**, while promoting medium- and long-term livelihood resilience and sustainability
  - ◆ **Safeguarding peace and stability**, preventing the establishment of predatory, exploitative, and discriminatory dependencies, with strong implications for vulnerable populations

**Sustainable solutions** to cope with the impacts should be based on the following principles:

- Keeping all people, households and businesses afloat with a **focus on people and inclusion**; families, women, children, young people, people with disabilities and older people, low-wage workers, small and medium enterprises (SMEs) and the informal sector<sup>225</sup>
- Economic policy should **meet people's most immediate health, food and other basic needs**, protect social cohesion and maintain political and economic stability (e.g. fiscal stimulus, support decent work and the most vulnerable)<sup>226</sup>
- **Specific measures are needed at different levels and sectors** - national and subnational<sup>227</sup>
- **A whole-of-society approach**, involving all sectors and the public is critical, e.g. support education and prioritise social cohesion measures

222 <https://www.rsph.org.uk/about-us/news/survey-reveals-the-mental-and-physical-health-impacts-of-home-working-during-covid-19.html>

223 UN report: COVID-19 and Human Rights: We are all in this together; WHO briefing: Addressing Human Rights as Key to the COVID-19 Response

224 <https://apps.who.int/iris/bitstream/handle/10665/332467/WHO-EURO-2020-690-40425-54211-eng.pdf?sequence=1&isAllowed=y>

225 OHCHR | COVID-19 Guidance

226 [un\\_policy\\_brief\\_on\\_human\\_rights\\_and\\_covid\\_23\\_april\\_2020.pdf](#)

227 OHCHR | COVID-19 Guidance

## Vulnerable groups

### LGBTQ+ community

Available data suggests LGBTQ+ people are more likely to work in the informal sector, and also have higher rates of unemployment and poverty meaning they are at higher risk from the outbreak.<sup>228</sup>

### Migrant workers

Migrants are at a much higher risk of COVID-19 due to vulnerabilities, such as working in jobs where physical distancing is difficult.<sup>229</sup>

### Low income workers<sup>230231</sup>

Poorer people and those in more socially disadvantaged groups have been disproportionately hit harder by the pandemic.

- It is likely that the groups that suffer the biggest economic losses from this crisis are also those who were more vulnerable to begin with. For example, **people with lower incomes are less likely to be able to work from home or have accumulated savings**

### Unemployed population group

The number of unemployed is estimated to be between 5.3 and 24.7 million globally in the wake of the COVID-19 pandemic<sup>232</sup>

- Rises in unemployment are associated with significant short-term increases in premature deaths from intentional violence, with a two to three-fold increased relative risk of death from suicide, compared to those in employment<sup>233</sup>

### Mitigation measures

The debate between life and livelihood is a false debate – we need **targeted policy recommendations for countries to maintain their economic and education systems**, while combatting community transmission of COVID-19.<sup>234</sup> WHO highlights that a flourishing sustainable economic recovery is possible with COVID-19 transmission under control, giving priority to investing in health and social protection and avoiding austerity as a responsible policy action. There is an opportunity to “build back better, a different economy that is more equal and inclusive”.<sup>235</sup>

- Essential workers, who are often among the lowest paid, are exposed to higher health risks and have higher death rates<sup>236</sup>
- The vulnerable people in society in informal work; close to poverty; mothers living alone with children – have become even more vulnerable as a result of COVID-19<sup>237</sup>

### Policy responses to mitigate unemployment among migrants include:<sup>238</sup>

- Facilitating flexibility in visas/permits in case of unemployment and/or reduced income
- Extending coverage of support measures
- Extending work rights
- Easing foreign credential recognition/other measures, especially in the health sector

228 <https://www.ohchr.org/EN/NewsEvents/Pages/COVID19Guidance.aspx>

229 [What is the impact of the COVID-19 pandemic on immigrants and their children? - OECD \(oecd-ilibrary.org\)](https://www.oecd-ilibrary.org/)

230 [The public health effect of economic crises and alternative policy responses in Europe: an empirical analysis - ScienceDirect](https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-sustainability-of-health-care-frameworks-during-the-pandemic)

231 <https://www.un.org/development/desa/dpad/publication/un-desa-policy-brief-65-responses-to-the-covid-19-catastrophe-could-turn-the-tide-on-inequality/>

232 [https://www.ilo.org/wcmsp5/groups/public/-/dgreports/-dcomm/documents/briefingnote/wcms\\_738753.pdf](https://www.ilo.org/wcmsp5/groups/public/-/dgreports/-dcomm/documents/briefingnote/wcms_738753.pdf)

233 <https://www.mja.com.au/journal/2020/unemployment-suicide-and-covid-19-using-evidence-plan-prevention>

234 <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-sustainability-of-health-care-frameworks-during-the-pandemic>

235 <http://www.euro.who.int/en/about-us/regional-director/statements/statement-recovery-must-lead-to-a-different-economy,-an-economy-of-well-being>

236 [What risks does COVID-19 pose to society in the long-term? | World Economic Forum \(weforum.org\)](https://www.weforum.org/)

237 [WHO/Europe | Media centre - Statement – Recovery must lead to a different economy, an economy of well-being](https://www.who.int/europe/media-centre-statement-recovery-must-lead-to-a-different-economy,-an-economy-of-well-being)

238 [https://read.oecd-ilibrary.org/view/?ref=137\\_137245-8saheqv0k3&title=What-is-the-impact-of-the-COVID-19-pandemic-on-immigrants-and-their-children%3F](https://read.oecd-ilibrary.org/view/?ref=137_137245-8saheqv0k3&title=What-is-the-impact-of-the-COVID-19-pandemic-on-immigrants-and-their-children%3F)



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International Health

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All reports are available at:

<https://phwwhocc.co.uk/covid-19/international-horizon-scanning/>

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