

UNDRR ASIA PACIFIC
COVID-19 BRIEF

LEAVE NO ONE BEHIND IN COVID-19 PREVENTION, RESPONSE, AND RECOVERY

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#PreventionSavesLives



Photo: Reuters/Edgar Su

COVID-19 is both a health pandemic that is killing thousands and a socio-economic crisis that is threatening the welfare of millions. Although the pandemic affects people across all walks of life, certain groups are more impacted than others.

This brief, developed by the UN Office for Disaster Risk Reduction, Regional Office for Asia and the Pacific, highlights the disproportionate impact of COVID-19 on certain groups of people and offers some key policy recommendations to ensure no one is left behind in COVID-19 prevention, response and recovery. The brief reflects the interventions and feedback of speakers and participants in the April 4, 2020, webinar on COVID-19: Leave No One Behind, co-organized with Help Age International and UN Women.

COVID-19 DOESN'T DISCRIMINATE; ITS IMPACT DOES

The first cases of COVID-19 were reported in Wuhan, China in late 2019. Four months later around 1.4 million people globally are infected with the virus causing more than 75,000 deaths.ⁱ

Although COVID-19 spreads indiscriminately, certain groups are disproportionately impacted. These include those already marginalized by structural barriers and gender inequalities before the pandemic: among them, older persons, women (including pregnant women) and girls, persons living with disabilities, caregivers and migrant and informal sector workers.

This differential impact is due to epidemiological, socio-economic factors, or a combination of the two. Older people and people with underlying health conditions may have weakened immune systems, putting them at a higher risk of severe complications. Lack of access to necessary medication and health care can endanger people with an ongoing illness or pregnant women. Many of the 690 million persons living with a disability in Asia-Pacificⁱⁱ already have more health care needs than others. Low quality or inaccessible health-care services, particularly in situations of partial or complete lockdown, can increase their vulnerability.ⁱⁱⁱ



Photo by Caritas Ecuador

The heightened health impact of COVID-19 amongst vulnerable groups is demonstrated through higher mortality rates among older persons. Available data shows that the case fatality rate^{iv} globally is around five percent. However, it rises with increasing age and remains the highest among the 'oldest old' (85+). Throughout the region, it is estimated that death rates in older persons range from 20 to 40 times that of the rest of the population.

Women are more likely to have limited access to economic and social services compounding their vulnerability to COVID-19 as well as other disasters. They are also more likely to carry out unpaid work or serve as caretakers. The pandemic is highly likely to negatively impact their livelihoods and dramatically increase their unpaid care work.

Around 65 percent of working women in the Asia-Pacific region are in the informal employment sector and rely on daily work to survive. They, along with other daily wage earners, are the least likely to be able to take preventive measures such as self-isolation or physical distancing. Further, women constitute over two-thirds of workers in the health and social sector globally, placing them on the frontlines of the pandemic response, but with a persistent gender pay gap and fewer leadership positions than their male counterparts.

In addition, Asia-Pacific is home to over 60 percent of the global urban population. Many of the region's cities are highly congested, leading to a higher likelihood of infection because of the difficulties of physical distancing. Asia-Pacific accounts for around 65 percent of the global slum population which typically have limited access to facilities including healthcare.

It is both critical and urgent to implement targeted measures that address the prevention and treatment needs of Asia-Pacific's most vulnerable groups.

Throughout the region, countries are taking measures to prevent the spread of COVID-19 and mitigate the social-economic impact. While doing so, efforts must be made to ensure that such measures do not have unintended negative consequences on highly marginalized groups. Existing social constructs – such as discrimination, abuse, and inequality – are further exacerbated in times of crises, requiring targeted measures to protect those most at risk. Many of the most vulnerable groups in Asia-Pacific face inequalities and structural barriers that contribute to the disproportionate impact of COVID-19 on specific individuals and communities. The following emerging issues in Asia-Pacific warrant immediate attention:

1) Unintended economic and health consequences of the COVID-19 response

Restrictions on social and economic movements are affecting activities vital for the most vulnerable communities, especially daily wage earners. The decrease in fiscal revenues and repurposing of public budgets may lead to reduced funding for programmes for the most vulnerable. Less than 40 percent of the Asia-Pacific population is covered by at least one social protection cash benefit^v.

Care must be taken to ensure COVID-19 health-related interventions do not detract from other types of critical health services, such as care for persons living with disabilities or ante-natal care. Mobility restrictions may limit access to routine health care, further jeopardizing the health status of vulnerable groups. Beyond the obvious disruption in education, the closure of schools will increase protection risks for children and reduce access to school feeding programmes^{vi}. The potential negative impacts of COVID-19 prevention and treatment actions need to be considered in decision-making so that vulnerable groups are not doubly affected by both the hazard and the response.

2) Social distancing and social exclusion

Social distancing is a critical prevention measure in place throughout the region which could inadvertently isolate vulnerable populations, especially older persons and those living alone or dependent on others for care and support. Women, older people, persons with disabilities and children generally have less access to critical services, particularly if they live in rural and remote areas. Social distancing, without adequate attention to specific needs of marginalized groups, may create barriers in obtaining food and essential supplies, impact their ability to access information on the pandemic and available services, and may limit participation in community-based initiatives. While social distancing is a defining feature of the COVID-19 response, it is critical that the term is understood as meaning “physical” rather than “social” distancing so that older people and other vulnerable groups do not become disconnected from family and friends^{vii}.

3) Risk of stigma and discrimination

Previous outbreaks such as Ebola and HIV have demonstrated the heightened risk of stigma and discrimination. COVID-19 may be associated with a specific community or ethnic group, even though not everyone in that population or community is at-risk for the disease. Stigma can also occur after a person has been released from COVID-19 quarantine or treatment. The stigma associated with COVID-19 builds on existing societal norms resulting in the victimization of specific communities. It is critical that governments and civil society proactively combat stigma and discrimination through regular and transparent communication on the transmission of the virus and other aspects of the pandemic, cautioning against laying blame or accusations against any group of people.

4) Increased risk of sexual and gender-based violence

During disasters, women and girls are at higher risk of intimate partner violence and other forms of domestic violence due to heightened tensions in the household,^{viii} and the disruption of services to prevent and respond to gender-based violence. With restricted mobility, they have extremely limited access to protection mechanisms to prevent gender-based violence. It is crucial that countries in Asia-Pacific integrate measures to address sexual and gender-based violence in their national COVID-19 plans. As an example, the Bangladesh National Preparedness and Response Plan for COVID-19 includes measures to mitigate against increases in domestic violence and violence against children.

Because COVID-19 does not discriminate, neither should the response. Those who are most at risk face the greatest inequalities and barriers to accessing their rights. As such, they require differentiated responses and targeted investment to meet their specific needs. The following actions are important to ensure no one is left behind in COVID-19 response and recovery.

1) Promote a Rights-Based and Inclusive Approach to COVID-19

National responses to the pandemic may require strong measures, yet respect for human rights across the spectrum must be maintained for a successful COVID-19 response. A whole-of-society and inclusive approach to manage the impact of COVID-19 is critical. Activities to prevent, mitigate and treat COVID-19 should be carried out in close consultation with organizations and networks representing national, ethnic or religious minorities, indigenous peoples, migrants and refugees, older persons, persons with disabilities, or LGBTI people.^{ix} This will enable the identification of people who face discrimination and who may be at risk of being missed or excluded. National human rights institutions and civil society can support these efforts, help ensure the flow of information to these communities and provide feedback to authorities on the impact of measures.^x Ongoing good practices in COVID-19 response in Asia-Pacific include the Viet Nam National COVID-19 Plan that commits to engaging the national women's association to collaborate with local governments to effectively manage the outbreak.

2) Ensure targeted risk communication reaches all vulnerable groups

Limited access to information can leave vulnerable groups poorly informed about COVID-19 prevention and mitigation measures. Some communities and households may lack access to modern technologies. In addition, access to information is often a barrier for persons with specific communication needs. Information should be made available in readily understandable formats and languages and adapted for people with specific needs, such as the visually- and hearing-impaired, semi-literate or illiterate. The Republic of Korea is following a policy of 'openness and transparency' in sharing complete and updated information on the infections through the Korean Centre for Disease Control (KCDC) with all stakeholders, including the media. Building upon the lessons from past outbreaks like the Middle East Respiratory Syndrome in 2015^{xi} the KCDC is ensuring that the public remains constantly informed about COVID-19 prevention.^{xii}

3) Collect and use disaggregated data to strengthen targeted and intersectional approaches

Vulnerable groups are neither homogeneous nor static. Intersectional approaches and sex, age and disability disaggregated data are especially critical to ensure vulnerable groups receive targeted interventions. For example, the vulnerabilities of older women and older persons with disabilities are much higher because of limited access to services, and higher poverty rates. Data disaggregation, by sex, age, pregnancy status and disability, is a prerequisite to understand vulnerability profiles, address inequalities and build a picture of how multiple disadvantages reinforce discrimination and exclusion. To support data-driven analysis, New York University's GovLab (Governance Lab, thegovlab.org) has created a living repository of ongoing data collaborative projects that will help combat COVID-19.

Helping Pregnant Women in Wuhan

Pregnant women are among the most vulnerable to COVID-19. In Wuhan, accessing inpatient care became increasingly challenging as the health system responded to the COVID-19 crisis. Antenatal and pre-delivery care, provision of medicine and maternal-infant products were disrupted. NCP Relief Life Care reacted by establishing an online platform for consulting services. It provided regular updates on hospital capacity and guidance on self-care, and psychological counselling and guidance.

Working closely with the Wuhan Government, the team facilitated transportation for pregnant women remote and inaccessible areas and provided personal protective equipment (PPEs) to lower the risk of infection; and supplied maternal and infant products. They also provided door-to-door consultation to minimize exposure of the pregnant women. The initiative ensured that pregnant women continued to receive vital health care throughout the crisis.

4) Scale-up social protection for the most vulnerable

Social protection and safety net programmes need to target those most at risk of falling into poverty as a result of the pandemic. Informal and migrant workers are the first to be released from employment and are more likely to be outside formal social protection systems. Health-related costs push 100 million people are pushed into extreme poverty every year^{xiii}: all efforts should be taken to provide free and health services for COVID-19 treatment. Social protection efforts should target the most vulnerable. In Hong Kong, China, the welfare support package includes an extra one-month allowance of Old Age Allowance, Old Age Living Allowance, or Disability Allowance. Singapore's welfare measures include a US\$ 68.5 top-up for all seniors.

5) Target economic stimulus and recovery programmes for vulnerable groups

Most Asia-Pacific countries have designed economic stimulus programmes to address the economic impacts of COVID-19 but it is critically important that these include dedicated measures to support highly vulnerable groups, such as informal sector workers.

The programmes and recovery plans should incorporate gender analysis and should be gender-responsive to address differentiated impacts and overlapping vulnerabilities. At the same time, countries that have not yet experienced adverse impacts should take preventive measures to protect vulnerable groups from job losses and income reduction. India is addressing the need for targeted interventions with a USD 22.5 billion economic stimulus package for the poorest populations, including through free food and cash transfers

6) Leverage networks and provide support for mental health

Pandemics such as COVID-19 may create new or exacerbate existing mental health issues especially among vulnerable groups. Anxiety fuels stigma and discrimination adding to already high-stress levels. Japan has developed a regional comprehensive care system that enables older persons to receive mental health and psychosocial support, helping to alleviate social isolation. A network of volunteer groups in China has developed tools to provide psychosocial care for vulnerable individuals. Community networks are also critical to promote health-protective behaviour^{xiv}. In India, the NGO Gravis uses a network of older people's associations and intergenerational learning groups to reach older people in remote areas with essential supplies. They are helping to break isolation and disseminate information not readily available or understandable for older persons

RECOMMENDED ACTIONS

1. **Identify and mitigate unintended economic and health consequences of the COVID-19 response.**
2. **Ensure social distancing does not lead to social exclusion.**
3. **Proactively address increased stigma, discrimination and risk of violence, in particular, sexual and gender-based violence.**
4. **Prioritize a rights-based approach to COVID-19.**
5. **Include vulnerable groups in COVID-19 decision-making and management.**
6. **Ensure targeted messaging reaches all vulnerable groups.**
7. **Collect and use disaggregated data to strengthen targeted and intersectional approaches.**
8. **Scale-up social protection for the most vulnerable.**
9. **Target economic stimulus and recovery programmes for vulnerable groups.**
10. **Leverage networks and provide support for mental health impacts.**

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Additional Resources

1. UNICEF, WHO and IFRC (2020), A guide to preventing and addressing social stigma associated with COVID-19
2. IFRC, OCHA and WHO (2020), COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement
3. [OHCHR \(2020\) COVID-19 Human Rights Guidance, UN Office of the High Commissioner for Human Rights](#)
4. Inter-Agency Standing Committee (IASC) (2007) Guidelines on Mental Health and Psychosocial Support in Emergency Settings
5. ILO (2020) Social Protection Responses to the COVID-19 Crisis: Country Response in Asia and the Pacific

References

ⁱ WHO Situation Report 79, 8 April 2020

ⁱⁱ ESCAP (2020) ‘The Impact and Policy Responses for COVID-19 in Asia and the Pacific

ⁱⁱⁱ Compared to persons without disabilities, persons with disabilities are more likely to have poor health: among 43 countries, 42 per cent of persons with disabilities versus 6 per cent of persons without disabilities perceive their health as poor. <https://www.un.org/development/desa/disabilities/covid-19.html>

^{iv} The number of COVID-19 related deaths divided by the number of confirmed COVID-19 cases of infections.

^v ILO (2017) World Social Protection Report 2017–19

^{vi} UNICEF estimates that over 860 million children globally were out of school by mid-March 2020.

^{vii} https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-full-20mar2020.pdf?sfvrsn=1eafbff_0

^{viii} UN (2020) Global Humanitarian Response Plan COVID-19, UN Coordinated Appeal, 25 March 2020

^{ix} <https://www.ohchr.org/EN/NewsEvents/Pages/COVID19Guidance.aspx>

^x UN Office of the High Commissioner for Human Rights (OHCHR) COVID-19 Guidance

^{xi} https://www.koreatimes.co.kr/www/opinion/2019/11/137_182505.html

^{xii} <https://www.undrr.org/news/how-south-korea-suppressing-covid-19>

^{xiii} WHO and the World Bank (2017), Tracking Universal Health Coverage: 2017 Global Monitoring Report

^{xiv} Chuang Y-C, et al (2015) Social Capital and Health-Protective Behavior Intentions in an Influenza Pandemic. PLoS ONE 10(4)