

Protecting the vulnerable

CORONAVIRUS (COVID-19) UPDATE NO. 25
8 May 2020



Current global situation

- More than 3.7 million confirmed cases globally
- More than 260 000 deaths

Top ten countries with the highest number of new cases (last 24 hours)

- USA – 22,267
- Russian Federation – 11,231
- Brazil – 6,935
- UK – 6,211
- France – 4,176
- Peru – 3,817
- India – 3,561
- Turkey – 2,253
- Pakistan – 2,094
- Saudi Arabia – 1,793

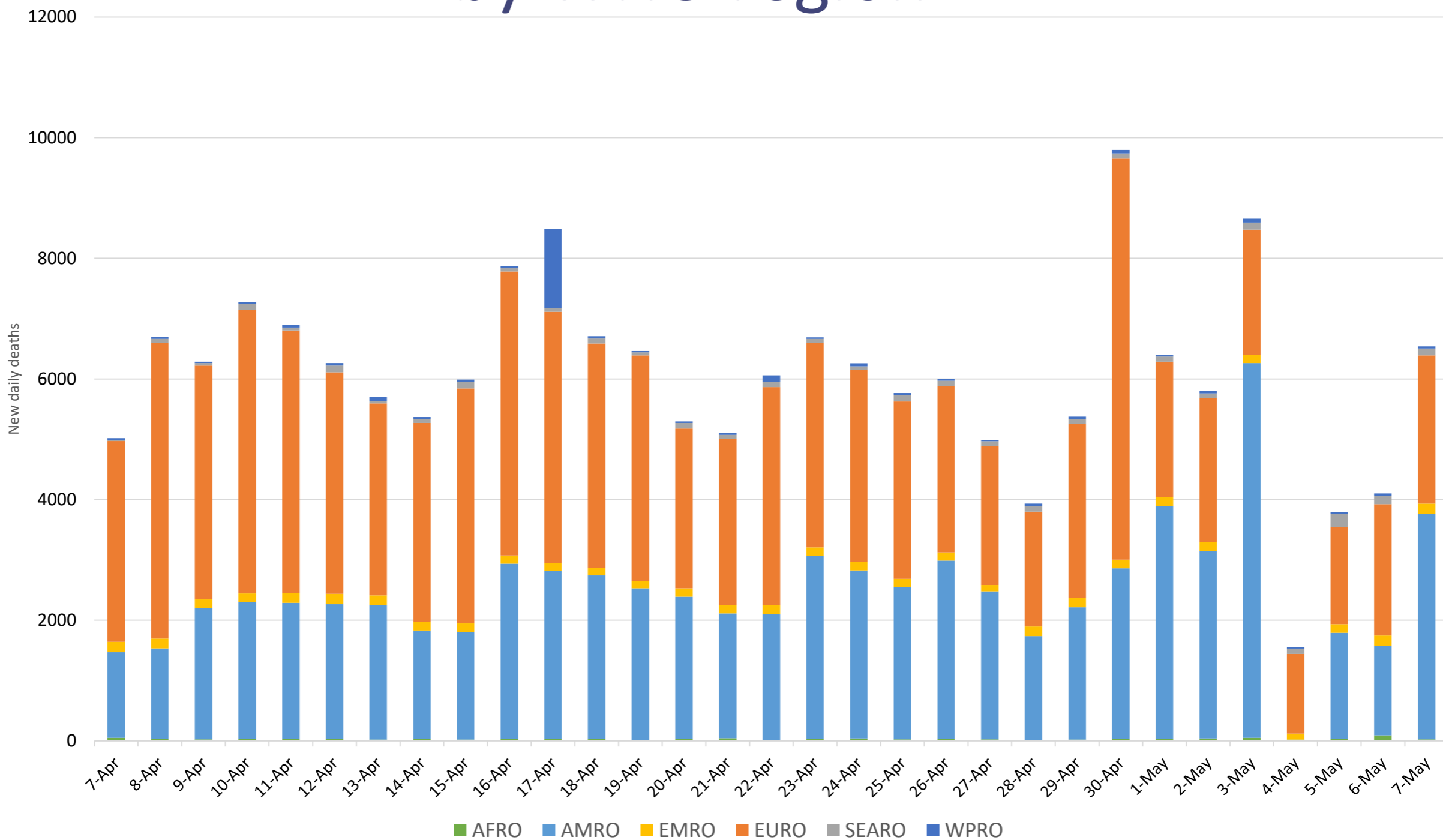
For the latest data, please access:

[WHO situation dashboard](#)
[WHO situation reports](#)
[UNWFP world travel restrictions](#)

Data as of 07.05.2020



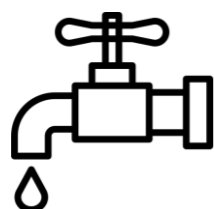
Number of new deaths of COVID-19 per day, by WHO region





Factors leading to increased vulnerability

LACK OF CLEAN WATER & SANITATION



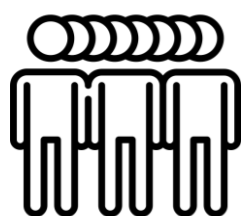
POOR ACCESS TO HEALTHCARE & BASIC SERVICES



FOOD INSECURITY & MALNUTRITION



MARGINALIZED & UNDERSERVED COMMUNITIES



OVERCROWDING OR INSUFFICIENT INFRASTRUCTURE



HIGH DEPENDENCE ON INFORMAL ECONOMY & DAILY WAGES



WEAK SYSTEMS (HEALTH, SOCIAL, GOVERNANCE)



ARMED CONFLICT & VIOLENCE



Vulnerable populations

VULNERABILITY LINKED TO COVID-19

Vulnerable to more severe COVID-19 disease:

- ELDERLY
- PEOPLE WITH PREEXISTING MEDICAL CONDITIONS

Vulnerable because of other health conditions:

- PERSONS WITH DISABILITIES
- PEOPLE LIVING WITH HIV

Strategies to reduce vulnerability:

- ensure and maintain access to healthcare and essential services
- develop shielding strategies to prevent exposure to COVID-19
- develop community plans for psychosocial support and delivery of basic provisions
- make hotlines available



WEForum

<https://interagencystandingcommittee.org/system/files/2020-03/COVID-19%20-%20How%20to%20include%20marginalized%20and%20vulnerable%20people%20in%20risk%20communication%20and%20community%20engagement.pdf>



Vulnerable populations

VULNERABILITY LINKED TO THE SOCIAL DETERMINANTS OF HEALTH

- ETHNIC MINORITIES
- WOMEN AND GIRLS
- PREGNANT WOMEN
- GENDER-BASED VIOLENCE SURVIVORS
- PEOPLE WORKING IN THE INFORMAL SECTOR
- CHILDREN

Strategies to reduce vulnerability:

- increase access to healthcare and essential services
- provide socio-economic support
- prevent stigma and discrimination
- provide social support and helplines or sheltered housing



NYTimes

<https://interagencystandingcommittee.org/system/files/2020-03/COVID-19%20-%20How%20to%20include%20marginalized%20and%20vulnerable%20people%20in%20risk%20communication%20and%20community%20engagement.pdf>



Vulnerable populations

VULNERABILITY LINKED TO SPECIFIC SITUATIONS

- REFUGEES AND MIGRANTS
- PEOPLE LIVING IN EXISTING HUMANITARIAN EMERGENCIES
- PEOPLE LIVING IN CLOSED SETTINGS

Strategies to reduce vulnerability:

- ensure access to healthcare and essential services
- ensure access to education and information
- improve water, sanitation and hygiene services
- establish training for surveillance, case management and basic infection, prevention and control



Forbes

<https://interagencystandingcommittee.org/system/files/2020-03/COVID-19%20-%20How%20to%20include%20marginalized%20and%20vulnerable%20people%20in%20risk%20communication%20and%20community%20engagement.pdf>



A closer look: “the shadow pandemic” – violence against women and girls

 Globally, **243 million** women and girls  have been subjected to sexual and/or physical violence perpetrated by an intimate partner in the previous 12 months

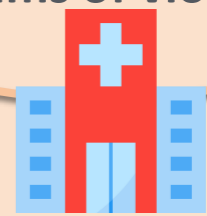
Stay-at-home orders further isolate women with violent partners



Data shows violence against women & girls has intensified during the COVID-19 pandemic



Strained health systems responding to COVID-19 patients cannot serve victims of violence



Domestic violence reports in France increase 30% since 17 March lockdown
Domestic violence emergency calls increase 25 % since 20 March lockdown
Helplines in Singapore and Cyprus 33% and 30% increase in calls.

<https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-infographic-en.pdf?la=en&vs=5348>



A closer look: ethnic minorities

Some countries report a disproportionate burden of illness and death of COVID-19 among ethnic minorities

- Ethnic minorities represent 17% of COVID-19 deaths, while constituting 15.4% of the population in the UK¹

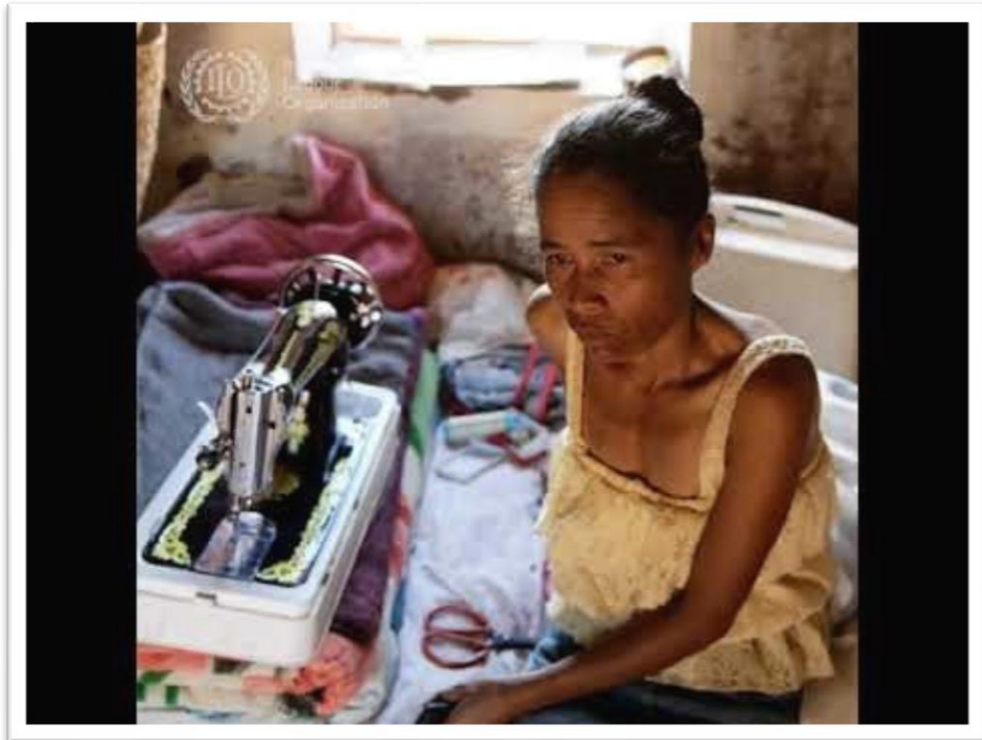
Factors that influence ethnic minority group health

- Living conditions
 - Densely populated areas
 - Overcrowded accommodation
 - Multi-generational households
- Work circumstances
 - Critical workers in the service industry and health care workers
- Underlying health conditions
 - Higher prevalence of chronic conditions (e.g. diabetes, heart disease)

¹<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020>



A closer look: people working in the informal economy



“Lockdown and containment measures threaten to increase relative poverty levels among the world’s informal economy workers by as much as 56% in low-income countries. For these workers, stopping work or working remotely at home is not an option. Staying home means losing their jobs and, for many, it also means losing their livelihoods”

International Labour Organization

ILO Video: The impact of COVID-19 on the informal economy

https://youtu.be/7m_OS-npyXY



A closer look: refugees and migrants

- Across the world, displaced populations in camps or camp-like settings are already highly vulnerable to contracting infectious diseases, and in conditions where a virus can more easily spread.
- In migrant and asylum shelters the usual proposed measures to flatten the curve of transmission of COVID-19 by physical distancing and improving hand hygiene are often very challenging to put in place. Self-isolation is impossible.
- Many refugees live in host countries with some of the weakest health systems in the world. Even for a small number of acute COVID-19 cases, there is limited access to the high level of care needed for the most severe cases.

The International Organization for Migration (IOM) works with WHO, governments and partners to ensure that migrants and forcibly displaced persons are included in efforts to mitigate and combat COVID-19's impact.

https://www.youtube.com/playlist?list=PLPbTEMLLeBi2kkXjBOeiUdEE5F_24ipt1e

Q&A: access to health services is key to halting COVID-19 and saving refugee lives

<https://www.unhcr.org/news/latest/2020/3/5e7dab2c4/qa-access-health-services-key-halting-covid-19-saving-refugee-lives.html>





Guidance

Interim guidance: [Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings](#)

COVID-19: [How to include marginalized and vulnerable people in risk communication and community engagement](#)

Considerations for people with disability during COVID-19 in WHO's Eastern Mediterranean Region <http://www.emro.who.int/violence-injuries-disabilities/violence-infocus/considerations-for-people-with-disability-during-covid-19.html>



Information resources



WHO WhatsApp messaging service

Receive the latest news and information on COVID-19. To subscribe:
text 'hi' to +41 79 893 1892



EPI-WIN website

Access to timely, accurate, and easy-to-understand advice and information from trusted sources

www.who.int/epi-win



Previous webinars

COVID-19 and the youth (05.05.20)

Recording:

https://who.zoom.us/rec/share/uO9nlbeo22RLE8_y43jkY4oIdI34eaa813lafUFmBpS_liWkDspaaiUEUNVSdd4

40th anniversary of the declaration of smallpox eradication (08.05.20)

Recording:

<https://who.zoom.us/rec/share/5NRuNq-r3EdLaaP96lDBfIEuT6nceaa81ylavNZyUhILP1XnqoWCDHhBgGNMymC>