Factsheet October 2020

Vulnerable populations during COVID-19 response

World Health Organization
REGIONAL OFFICE FOR Europe

Addressing vulnerability upfront in the WHO European Region

Situation

Vulnerable and marginalized groups need to be identified and prioritized from the outset to ensure that they are included in the COVID-19 response. Experience and evidence during the ongoing COVID-19 response shows that the risk of vulnerability has increased; in addition, vulnerabilities may change and vary from country to country, depending on the dynamics of the outbreak and the measures taken.

We distinguish vulnerability to infection (at-risk groups, high-risk groups), to the health impacts of infection, other health issues aggravated by the shift in focus of health care to the COVID-19 response, adverse health effects of COVID19 measures, and their economic impact. Vulnerable and marginalized groups within the population tend to experience poorer working and living conditions, barriers to social protection and health-care services, weaker safety nets and stigma.

Effective response and sustainable actions

During the COVID-19 response, vulnerable groups must be protected through specific actions that require a whole-of-society, whole-of-government public health response that is multisectoral and delivered through a variety of stakeholders. These include the private and public sectors, and partnerships with State and non-State actors.

These actions vary by country and setting but should include the following:

- Identify and map the groups at risk for and vulnerable to COVID-19 using evidence and information from experience and ongoing practice.
- Provide tailored, culturally and language-appropriate and gender-responsive information that meets the needs of specific vulnerable and marginalized groups.
- Include sex, age, income, employment status, ethnicity and sexual orientation in the epidemiological surveillance of vulnerable populations.
- Ensure inclusion of all closed-care settings, including prisons, long-stay care facilities, orphanages, shelters, settings for migrant workers and informal labour.
- Take measures to ensure respect for and protection of data.
- Additional investigations (i.e. surveys, research) may complement surveillance systems, as quantitative and qualitative data can contribute to measuring and understanding vulnerabilities better, and to identifying tailored preventive and control measures.
- Map institutions, facilities and entities including prisons and retirement homes outside the health system, or in the community, and integrate them into the surveillance network.
- Include vulnerable groups upfront in needs assessments; local, regional and national strategic response plans; and address their needs through effective multisectoral and multi-stakeholder coordination and assign one entity to take on a coordination role.

Continued overleaf

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Effective response and sustainable actions *continued*

- Adopt a flexible and agile approach to the public health response and reach out to vulnerable groups in the specific setting and environment they are in to address their needs, which are usually outside the health facilities and public health system. This can be done by engaging communities, peers, specialized organizations, other sectors such as the social sector and those responsible for institutional settings such as prisons, refugee and asylum-seeker facilities, care homes, shelters.
- In these institutions and settings, build infection prevention and control (IPC) capacities such as training of care staff, and ensure availability of IPC supplies (hand hygiene and environmental cleaning and disinfection materials, personal protective equipment), or factor in these needs in regional and national supply chains to avoid stock-outs.
- Facilitate health access, including immunization, through community- and primary health care- based outreach platforms, as well as complementary health programmes to reach all marginalized groups.
- Ensure that medical referral processes are in place to provide direct access to the appropriate level of health care when required.
- Initiate longer-term actions to address the common causes of vulnerability, e.g. guaranteeing access to social and health services, safe and fair working conditions, adequate minimum incomes, legalization of migrants and decriminalization of sex work, and fighting stigma through effective campaigns. These will not only protect such persons against COVID-19 and related morbidity and mortality, but also reduce inequities and promote human rights.

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Challenges and solutions

- Where data are limited, inadequate or not available on vulnerable groups and there are blind spots in the routine surveillance mechanisms, collection of “lived experience evidence” is equally important to inform actions.
- Marginalized groups’ difficulties in accessing health care in normal times has been exacerbated during COVID-19; therefore, address the needs of vulnerable and marginalized groups upfront in the response as a priority.
- The lack of outreach to these groups because of restrictions or closure of community-based health and support services due to COVID-19 need to be minimized.
- Predicting and quantifying the risks of becoming newly vulnerable is difficult. However, evidence on this is accumulating from the experience of the first wave of COVID-19.

WHO/Marcus Garcia

Sources

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