



2020

Social Impact of the COVID-19 Pandemic and Inclusion

Digest prepared by
Department of International and Regional
Cooperation

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I. Inclusion in the COVID-19 context: global trends and challenges

1. Inclusion definition

Today, most international intergovernmental organisations and social movements, addressing issues of inclusion, are talking not only about ensuring full participation of people with disabilities in social life, but also about preventing discrimination of any population groups that may be vulnerable because of gender, age, sexual orientation, national origin and citizenship, physical abilities and state of health, living standards and conditions.

Specifically, the Copenhagen [Declaration](#) on Social Development cited in the [UN report on Creating an Inclusive Society](#) outlines international commitments to foster “stable, safe and just societies that are based on the promotion and protection of all human rights, as well as on non-discrimination, tolerance, respect for diversity, equality of opportunity, solidarity, security and participation of all people, including disadvantaged and vulnerable groups and persons.”

2. Support mechanisms

2.1. Role of international organisations

In the light of the coronavirus pandemic, international organisations focused on inclusion are seriously concerned about the potential deterioration in the conditions of vulnerable groups.

The UN, the World Health Organisation, the International Labour Organisation (ILO), the United Nations Children's Fund (UNICEF), the International Committee of the Red Cross and many others have issued recommendations for their employees, national governments, the corporate sector and the general population to highlight the need to ensure rights and needs of people with disabilities during the pandemic.

The ILO and the UNICEF [have prepared](#) recommendations for enterprises to support families of workers in the context of the COVID-19 pandemic, and have appealed to governments around the world to support employers and strengthen social protection, especially for vulnerable groups.

The International Committee of the Red Cross has prepared [a guide](#) for its mission staff, containing

recommendations on how to help and protect the most vulnerable groups in accordance with their needs. The guide also focuses on the role of women in global health crises. A special emphasis is put on the need to consider the inclusion of communication channels when disseminating information about the mission's activities and measures taken.

As noted in the brief [review](#) on the inclusion of national and ethnic minorities by Johns Hopkins University, language and educational barriers prevent understanding of security recommendations during the pandemic, and historical experience of discrimination has created such distrustful attitudes towards government institutions that instructions of the government on how to act in an emergency may be intentionally ignored.

The Organisation of American States [has published](#) practical recommendations to Member States on how to respond to the COVID-19 pandemic, taking into account inclusion and ensuring the rights of vulnerable groups.

UNICEF [fears](#) that in many cases children with disabilities may be excluded from the educational process if distance learning programmes do not have regard to their specific needs or if necessary technical devices are not available. Also, educational organisations will require a special additional training programme for teachers, so that they can give online lessons for children with disabilities.

In this regard, UNESCO [monitors](#) the status of educational systems in different countries and, as part of an [extensive list of measures](#) to promote the educational process, provides technical assistance in order to quickly prepare and implement inclusive distance learning solutions using high-tech and other available approaches.

In addition, financial resources allocated by international organisations as humanitarian aid to combat the impact of the coronavirus spread, in some cases, are earmarked for the most vulnerable.

A portion of \$80 million [allocated](#) by the United Nations Office for the Coordination of Humanitarian Affairs and the World Food Programme, the transport of goods and people, as well as the WHO pandemic initiative, will be used to protect the most vulnerable: girls and women, refugees and internally displaced persons. They will be provided with food, medical care and other assistance.

2.2. Public support

Countries around the world are taking extensive measures to support the most vulnerable faced with COVID-19. The key types of social welfare include provisions, welfare payments and employment assistance, health services, providing conditions to mitigate the risk of infection.

In the context of the recommendations and the need to self-isolate in order to minimize the risk of COVID-19, governments are particularly concerned about homeless people, who get additional support.

UK Secretary of State for Housing, Communities and Local Government Robert Jenrick [has announced](#) £3.2 billion (about \$4 billion) funding to help homeless people to self-isolate. The funding will help local authorities and frontline services to be fully prepared and reimburse them for the cost of providing accommodation to homeless people.

An interesting example is Colombia, where Carlos Córdoba, Comptroller General, following the penal system inspection, has suggested reducing prison overcrowding, which affects the COVID-19 spread, by resettling prisoners in unused infrastructure facilities and hotels of the Special Assets Department of the Ministry of Finance.

In low-income countries, the main challenge that governments face is food provision for the most vulnerable, who have lost their livelihoods and safe living conditions. In addition, disruptions in global food supply chains in some cases put a high priority on the need to ensure food security of the state as a whole.

In Honduras, where the government provides food to the poor, food production, agricultural development, and food independence and security [have been declared](#) state priorities.

In Colombia, where the state provided schoolchildren with [free meals](#), a home delivery service is available during the pandemic.

In Peru, where the government has allocated extra funding to municipal and regional authorities to provide food to vulnerable social groups, disbursing public funds for these purposes was the subject of an [extensive audit](#) by the Office of the Comptroller General as a mandate to implement current preventive control.

A top priority of national and international efforts has become employment assistance and income support, including unemployment benefits, subsidies and financial compensation for employers, tax reliefs. The ILO website has a special [section](#) with the lists of measures taken by the ILO member

states to overcome the pandemic crisis in the employment market.

The UN [expects](#) a rapid poverty growth among the working population, as "the strain on incomes resulting from the decline in economic activity will devastate workers close to or below the poverty line." The ILO estimates that 8.8 to 35 million more people will be in working poverty worldwide, compared to the original estimate for 2020 (which projected a decline of 14 million worldwide).

A positive aspect is providing financial assistance mechanisms to the unemployed in addition to disability benefits and other social security benefits.

The Australian government [has announced](#) that disabled people receiving sickness or unemployment benefits can also get a temporary two-week allowance of AUD 550 (\$349) from April 27, 2020.

However, despite the targeted and substantive state support to the vulnerable during the pandemic, in many cases it is the government's forced measures to prevent the COVID-19 spread that turn out to be a deteriorating factor.

[Social Development Direct \(SDDirect\)](#), a British consultancy organisation, notes that people with disabilities are impacted in these conditions both due to coronavirus per se (a higher risk of being infected as a result of their lifestyle and less chance to overcome the disease because of pre-existing health problems) and forced response of the government to combat the spread of COVID-19. This so-called 'spillover effect' lies in the fact that people with disabilities cannot receive the necessary healthcare, since health facilities have been repurposed to treat infected patients. Children with special needs are excluded from the distance education process where no special measures are taken, and many people with disabilities employed in informal sectors such as street trading are deprived of their livelihoods due to the lack of people in the streets. As a result, they cannot count on the social support of employers. What is more, when the key financial and organisational resources of the state are channelled to the fight against the pandemic, the needs of people with disabilities and previously outlined assistance programmes are cancelled or become less important.

In addition to financial assistance measures, countries also pay great attention to psychological counselling for people who are forced to be in isolation due to the restrictions, as well as measures to protect life and health of social groups facing an additional risk of domestic abuse.

In Panama, as part of the measures to reduce the spread of COVID-19, a mental health helpline [has been opened](#) offering advice from psychiatrists and psychologists, specialists from the Ministry of Health, the Ministry of Social Development and the Social Security Fund.

In Uruguay, a special Council [has been established](#) to prevent the growth of cases of domestic violence against women and children, with the routine of medical services and the police amended accordingly. A special focus is on people previously convicted of abuse: the state has allocated \$4 million to use more electronic bracelets for this category of people. In addition, the government has provided extra temporary accommodation centres for women with children forced to leave their homes.

The British government pays special attention to actions of psychological support during the pandemic and forced self-isolation. In particular, [the Social Distancing Guidelines](#) contain a section on mental well-being. For people suffering from mental illness, online support is available. Health workers help vulnerable people.

To address the increased psychological burden on South Korea citizens, local authorities are offering personalised services during the pandemic (for example, they provide bean sprout kits to older people who leave alone to help them cope with psychological pressure and stress).

2.3. Role of supreme audit institutions

In view of a wide range of measures taken by governments to help vulnerable social groups and the relevant government expenditures, supreme audit institutions (SAIs) now work more on this track.

First of all, SAIs audit public expenditure on measures to combat coronavirus, procurements of food and basic supplies for the provision of social assistance, assess the existing financial incentive mechanisms. A qualitative assessment of the effectiveness and efficiency of public policy in this direction needs more time but the first cases are becoming obvious.

The SAI of Colombia [analyses](#) credit allocation to support the agricultural sector and food producers and notes that 90% of the funds are allocated to large agricultural enterprises, which does not contribute significantly to preserving jobs in the sector.

The SAI of Panama [has provided](#) assistance to the Ministry of Agricultural Development to ensure transparency in the collection and delivery of products through social assistance

programmes.

The Office of the Comptroller General of the Republic of Peru has conducted a large-scale inspection of procurement, storage and distribution of food by municipalities in order to provide social assistance to the population. The government has allocated over \$62.7 million for the programme. In total, more than 400 auditors from the local control and accounts bodies took part in the inspection, and within two weeks they inspected 1800 municipalities that participate in the programme. The main irregularities found were delays in organising procurement procedures, irregularities in the food distribution process, including the absence of packing slips and acceptance certificates, and food storage in inadequate facilities.

On [its blog](#), U.S. Government Accountability Office has published an article ‘School Meals during the COVID-19 Pandemic’, reviewing the ‘Summer Meals’ programme, which provides food to children and teenagers under 18 from low-income families during the summer holidays. In 2018, 149 million of meals were provided. Amidst the COVID-19 spread, it is essential to calculate the correct number of students receiving meals under the programme. To meet this and other requirements, the GAO gave 4 recommendations in its [report](#) of 2018.

2.4. Support from citizens

To a large extent, assistance for people with disabilities traditionally relate to the activity of civil society institutions and individual citizens, which is becoming increasingly important today due to the lack of state resources. The opportunity to make a personal contribution to the fight against the pandemic and to help vulnerable social groups has caused a wide public response around the world.

The UK government has launched an [online platform](#) to help vulnerable groups and provide them with the necessary services. In Uruguay, the Ministry of Social Development [is implementing](#) a programme to involve volunteers in different activities within the national plan to combat the coronavirus. During the lockdown, volunteers provide remote support to senior citizens, communicating with them using tablets given to retirees.

At the same time, the UN is concerned about the unsettling trends reported by civil society representatives around the world: measures introduced by states to prevent the coronavirus spread restrict fundamental human rights such as freedom of expression and freedom of peaceful assembly,

which affects, inter alia, public organisations' activities and their ability to help fight effectively against COVID-19.

Clément Voule, the UN Special Rapporteur on the rights to freedom of peaceful assembly and association, [said](#) that any limitations on rights imposed must be in accordance with the principles of legality, necessity and proportionality. States should not criminalise fake news, including those related to the revelatory activities of human rights defenders. He said that exemptions should be foreseen for civil society organisations and activists, particularly those monitoring human rights, trade unions, social services providing humanitarian assistance, and journalists covering the crisis management. State of emergency should not curtail the freedom of peaceful assembly and association. Civil society organisations play a key role in helping countries develop inclusive policies, disseminating information and providing social support to the most vulnerable groups, and without their participation, governments cannot cope with the COVID-19 pandemic.

2.5. Business (corporate policy)

Since the employment sector historically became one of the main areas of struggle for the rights of people with disabilities, the corporate sector of developed countries has already formed relevant values and attitudes, and the principles of an inclusive society are integrated at the level of brands and corporate policies. Forbes [notes](#) that now the business culture should pass the test in times of hardship and not miss out on achievements.

[According to](#) the ILO experts, collective efforts and solidarity between organisations, employers and employees can be not only a mechanism to help ensure the rights and interests of persons with disabilities, but also it is critical to respond effectively to the impact of the COVID-19 pandemic in the world of work.

[According to the World Economic Forum](#), governments cannot work alone in responding to the crisis on behalf of vulnerable communities; they need the support of the private sector now more than ever. Public-private partnerships may lead to innovative solutions that will help people with disabilities cope with the crisis.

II. Impact of the COVID-19 pandemic on the most vulnerable groups

The crisis caused by the COVID-19 spread has affected almost all social services and all social groups, but has been particularly fatal for the most vulnerable social groups, including older people, people with disabilities, the homeless, orphans, migrants. The outbreak has exacerbated domestic violence, primarily affecting women and children. The number of the unemployed who may lose their housing is growing. The health and economic crisis impacts poor people disproportionately.

If not properly addressed through policy, the social crisis caused by the COVID-19 pandemic may also increase inequality, discrimination and global unemployment in the medium and long term.

1. Older people

1.1 Healthcare discrimination

The discourse around COVID-19, in which it is perceived as a disease of older people, exacerbates negative stereotypes about older people who may be viewed as a burden on society. Age-discrimination can have a direct and often disastrous impact on the ability of older persons to access services and goods, even medical ones.

[The 2002 Madrid International Plan of Action on Ageing](#) recognises that older persons can experience age-based discrimination in the provision of services when their treatment is perceived to have less value than the treatment of younger persons. Shortage of ventilators, for example, results in arbitrary decisions based on age. This further increases mortality rates among the social group.

80% of COVID-19 victims in China were people over 60.

In the United States, 80% of deaths have been among people aged 65 and older.

The Government of Italy has stated that the high COVID-19 mortality rate is basically due to the large share of elderly population in the country. According to the WHO, 95% of coronavirus victims in Europe are people aged over 60.

In order to prevent discrimination in the context of health services, the UN recommends governments to develop triage protocols for patients based on ethical criteria and medical evidence rather than age.

International law [guarantees](#) everyone access to the highest attainable standard of health and obliges governments to take appropriate measures to ensure medical care to anyone who needs it.

Despite the problems and high health risks, retired doctors and nurses have been fighting on the front line to support the overwhelmed medical system in many countries including the UK, India, Italy, the USA, France.

1.2 Increased social exclusion

Older people are particularly susceptible to COVID-19, especially those with chronic health issues such as diabetes and cardiovascular disease. Today, they are facing both a higher health risk and considerable difficulties living in self-isolation. Although physical distancing is necessary to reduce the spread of the disease, not implemented properly, it can also lead to increased social isolation of older people at a time when they may need support more than ever. Such measures to protect older people should be taken on a voluntary basis, [the UN experts say](#).

Many older persons live in long-term care facilities. Persons living there have a higher risk of infection and adverse outcomes from the disease because they live in close proximity to others. As a result, many countries have taken measures such as restricting visitors and group activities, which can negatively affect physical and mental health of older people. They may become more anxious, stressed and withdrawn. Visitor policies should balance health protection of older residents with their psychological need for family and connection.

In France, after several weeks of ban on visits to elderly people at care homes, families were allowed to visit their relatives with the necessary precautions taken.

1.3 Food security of older people

[According to the OECD](#), one-third of elderly people in many G20 countries are estimated to live alone. They rely on uninterrupted social and home support services. Government institutions, public organisations, and providers of healthcare and social services should make every effort to continue working in the context of the COVID-19 pandemic and ensure continuity of their services.

The GAO blog has published an article [‘Providing Services to Older Adults Isolated Due to COVID-19’](#). The article presents U.S. federal efforts aimed at helping older adults, who are stuck

at home due to COVID-19. Strategies for delivering services to isolated older adults who live in rural communities are their first priority. Volunteer activities including visiting older adults who do not have family or friends nearby are crucial. The GAO also refers to an [audit conducted in 2019](#).

During the pandemic, malnutrition rates among vulnerable social groups, especially among pensioners, can increase sharply, leading to even higher mortality rates. Food insecurity becomes a key national concern especially for older persons in isolation. Social services, where necessary, should provide home food delivery to older citizens.

Armenia backed by the Red Cross is providing free food for lonely elderly people to help them avoid risky shopping.

The UN [experts say](#) that development and humanitarian assistance strategies often do not address the problems of older people. No due attention is paid to financing the costs of assistance to this social group. Given the higher risk that older people face during the COVID-19 pandemic, strategies should clearly identify and address their needs.

1.4 Digital gap

Many senior citizens are not digitally literate, as their inadequate contemporary education. So, they may not be able to gain access to information about protecting themselves and accessing relevant services, which can aggravate exclusion or marginalization experienced by some older persons.

This digital gap can also affect the ability of older persons to make use of services such as telemedicine or online shopping, which could prove crucial where physical distancing restrictions are implemented. In less developed countries, technological challenges for older people are exacerbated with financial pressure. Governments should take this into account, provide information using alternative ways and take measures to close the digital gap.

In France, remote health video consultations for citizens and telephone consultations for older people are available.

In this context of the pandemic, the key factors are solidarity between generations, combating discrimination against older people, and upholding the right to public health services, care, access to information, and the state's control.

The U.S. GAO has published an article 'The Coronavirus Response: Lessons Learned from The Past'. The article covers the federal preparedness of the United States to the pandemic. The measures taken by the state, including measures to support senior citizens, have been monitored. The GAO provides cases of emergency response through audits.

2. People with disabilities

2.1 Access to social and medical services

Over 100 disability advocacy organisations made an urgent [call](#) for an immediate state's response, addressing the specific needs of persons with disabilities to maintain their health, safety, dignity, independence, full inclusion in the community throughout the COVID-19 outbreak and related health emergencies.

People with disabilities often face difficulties accessing health services even under normal circumstances. People with disabilities are at higher risk of contracting COVID-19 and are experiencing more serious health effects because of disruptions to the social services and support measures.

Persons with disabilities can have difficulties following protection measures. Some people may not be able to keep their home clean and wash their hands regularly. Other people may have difficulty in enacting social distancing or isolating because they need a continuous support and assistance to maintain their daily routine. Uninterrupted provision of social services during this period is becoming especially important.

During the outbreak, [the UN recommends](#) states to:

- strengthen national healthcare laws and policies;
- identify and eliminate barriers to accessibility in healthcare facilities, improve healthcare coverage and affordability for persons with disabilities;

- train healthcare personnel on disability inclusion and improve service delivery to persons with disabilities;
- empower persons with disabilities to take control over their own healthcare decisions, on the basis of informed consent;
- prohibit discriminatory practices in health insurance;
- improve research and data to monitor, evaluate and strengthen health systems for persons with disabilities.

In France, real-time monitoring of the COVID-19 spread among people with disabilities has been launched. [A special portal](#) reporting COVID-19 cases has been set up, which helps quickly assess the need for strengthening the healthcare and social sectors and expanding the capacity of hospitals. Health and social departments for older people and people with disabilities have been established by regional public health services.

2.2. Access to information

To ensure that persons with disabilities are able to access to information on COVID-19, it must be made available in accessible formats. Healthcare buildings must also be physically accessible to persons with mobility, sensory and cognitive impairments.

The Cyprus Government is taking special measures to inform people with disabilities about the COVID-19 outbreak and how to contain it: Braille leaflets are distributed among people with visual impairments, sign language newsletters are provided to people with hearing impairments online, and illustrated newsletters are prepared for people with cognitive disabilities.

2.3. Children with disabilities

The COVID-19 pandemic poses a big challenge for the well-being of children with disabilities, especially in education, health, social and family life. This leads to a high level of stress affecting life of children who need a clear daily routine. When schools are closed, children with disabilities are lagging behind their peers, [the OECD report says](#). The effectiveness of distance learning depends on

the individual needs of children and school facilities to provide one-on-one teaching. Children also face serious difficulties in accessing therapy services, which are critical to supporting the development of communicative and social-emotional skills and help children hold up well at school and at home.

3. Orphans

The UNICEF [defines an](#) orphan as a child under 18 years of age who has lost one or both parents. By this definition, there were nearly 140 million orphans globally in 2015, including 61 million in Asia, 52 million in Africa, 10 million in Latin America and the Caribbean, and 7.3 million in Eastern Europe and Central Asia.

The UNICEF states that global coordination is urgently needed to prevent this health crisis from becoming a child-rights crisis. The problems of children's access to education will be ¹critical for orphans.

Experts estimate that the total of COVID-19 deaths could eventually reach tens of millions of people. This will inevitably leave many children without one or both parents or other caregivers. Orphaned children are particularly vulnerable to trafficking (including organ trafficking) and other exploitation, including sexual exploitation, forced begging and child labour. Older children often drop out of school to try to support their younger siblings.

The global economic downturn caused by the COVID-19 crisis, including massive global job losses, is likely to increase rates of child labour and child marriage. Before the COVID-19 pandemic, about 152 million children have been victims of child labour worldwide; 73 million have worked in hazardous child labour. Research has shown that child labour is highly associated with financial shocks experienced by a family, such as illness, disability, a parent's loss of employment or death.

¹Learn more about children's access to education in [‘Coronavirus pandemic: impact on education’](#) digest.

Millions of children are confined in orphanages, orphanages for children with disabilities and other institutions. In many such facilities, children are held in close proximity to other children, with limited access to water and sanitation, which can facilitate the spread of infectious diseases, such as COVID-19. Access to basic medical services is also often poor in these settings, putting children's health at a greater risk if they are ill.

As the COVID-19 pandemic overwhelms health systems, children may no longer receive immunizations against other diseases. Reduced access to treatment during the 2014–2015 Ebola outbreak in West Africa led to a dramatic growth of deaths from malaria and tuberculosis, including among children.

In this regard, governments need to ensure and maintain the normal life of orphans:

- prioritize efforts to continue education for orphaned children, using all available technology;
- monitor healthcare and hygiene in orphanages and care homes for orphans with disabilities in order to minimise violations of children's access to vital medical services and to prevent outbreaks of COVID-19 in these institutions;
- step up efforts to identify children orphaned by COVID-19 and ensure their adoption;
- transfer orphans to family-based care if necessary;
- provide timely housing for adults leaving orphanages to ensure their self-isolation;
- keep providing student accommodation for orphans despite the fact that campuses have been closed for other students.

4. Women and children

Domestic violence against women and children is widespread throughout the world. [According to the OECD](#), more than one third of women worldwide have experienced either physical or sexual violence by an intimate partner or by a non-partner at some point in their lives. The crisis caused by the spread of COVID-19 is likely to make things even worse.

The OECD report explores previous natural disasters, which proves that restrictive measures often lead to increased rate of first-time violence against women and children.

For example, the spread of Ebola in West Africa in 2014–2015 increased rates of violence and abuse during the outbreak. Analysis of impacts of the Ebola epidemic in Sierra Leone acknowledges that a significant part of girls who lost their parents during the virus outbreak were forced into transactional sex to cover their basic daily needs, including food.

During the COVID-19 pandemic, many women and children are trapped in their homes with abusers, people who use violent methods of psychological, physical or economic pressure to achieve their goals. The restrictions put on individuals' movements prevent survivors of violence from seeking refuge elsewhere. They face high barriers when attempting to leave the household or even calling the emergency hotlines in the presence of their partners. At the same time, women and children in temporary shelters experience difficulties with the further search for housing due to the risk of infection and insufficient places to relocate.

In [Italy](#), the number of calls to the national domestic violence hotline dropped by 55% during the week of March 8–15, 2020, compared to the same period in 2019. However, this underlines the fact that less calls do not mean less violence: it merely means that some victims are not able to call hotlines without being noticed by their abusers.

The impact of the COVID-19 spread (including rise in unemployment, income loss, job insecurity) is particularly dangerous for women, as economic control is a key tool of abusers. Financial uncertainty can cause violence victims not to leave the family. Often, women who survived violence also face many barriers that limit access to the justice system.

The OECD has introduced measures that are necessary to prevent violence and provide assistance to victims.

- Integrating service delivery across various spheres. This group includes psychological and physical support, housing assistance, financial support, and access to legal and judicial services.

Authorities of Bogotá (Colombia) have confirmed that victims of domestic violence will have full access to cash transfers and service supports during the COVID-19 pandemic.

- Improving data collection. Even under normal circumstances countries face challenges in gathering data to assess the incidence of violence. It is particularly important to collect and share data during the pandemic so that governments and communities can learn from each other.

In France, since the announcement of the national lockdown, the number of domestic violence reports has increased by 30%. A system has been introduced when victims can report on domestic violence at pharmacies even in the presence of an abuser. [Media reports say](#) the French government has booked 20,000 hotel beds for victims of domestic violence.

- Nationwide approach. All appropriate national institutions should be involved in the process through close cooperation with each other.

The UK government acknowledges that the order to stay at home can cause anxiety for those who are experiencing or feel at risk of domestic abuse. The household isolation instruction does not apply if you need to leave your home to escape domestic abuse. [The government's special web page](#) contains all contacts of special services for different categories of citizens.

Due to a 120% increase in domestic violence rate in the light of the pandemic and lockdown, a new public awareness campaign has been launched in the UK to provide victims with the opportunity to find alternative housing (if it is not possible to isolate them from abusers in a lawful manner), to receive income support. The government has allocated £2 million (\$2.5 million) to improve online support services. Fujitsu will provide IT expertise to small domestic abuse charities.

- Overcoming barriers that prevent access to justice for survivors of intimate partner violence

In the light of the pandemic, Spain ensures continuous access to justice using a variety of approaches. These include online hearings to reduce the number of attendees, in some cases, hearings over telephone or videoconferencing.

5. The unemployed

The COVID-19 crisis puts jobs in several branches of economic activity at risk in the short to medium term, both because of falling demand and disrupted supply chains.

Measures aimed at preventing the crisis development in the context of the COVID-19 spread include social distancing and the shutdown of retail, transport, restaurants, hotels and other service industries. According to the OECD, in these circumstances, the most vulnerable groups are low-paid workers (full-time workers earning less than two-thirds of median earnings). [Across the OECD](#)

[countries](#), on average, 15% of full-time employees experience low pay. Rates range from 25 % in the United States and Latvia, to fewer than 5 % in Belgium and Turkey.

JP Morgan Chase, one of the largest banks in the USA and in the world, expects that the US unemployment rate will rise to 20% in the second quarter with a gradual recovery in the second half of 2020. Goldman Sachs Investment Bank [forecasts](#) that the unemployment rate will rise to 15%.

[The OECD](#) report brings to light potential government support measures aimed at those who have lost their jobs due to the crisis caused by the spread of COVID-19.

Australia. The Department of Education and Employment has launched a Vacancy Centre, [an online job search platform](#) for citizens. The platform will help industries that need labour force, including medicine and transport.

Unemployment benefits and related income support are crucial for cushioning income losses. But not all job losers have access to such support. Analysis 2019 shows that in Belgium, Luxembourg, Iceland, the likelihood of receiving support following a job loss is 90% or more. In Austria, the United Kingdom, Latvia, this rate is over 70%. In Greece, Italy and Poland workers have a significant risk of not receiving any support following a job loss.

The Irish authorities pay up to €350 per week under the COVID-19 Wage Subsidy Scheme. This Scheme can also be used by self-employed citizens. In the context of self-isolation and the COVID-19 outbreak citizens receive a payment of up to €350. The state has taken legislative measures to prevent the termination of rental agreements or rent growth during the pandemic. Deferment of mortgage payments for up to 3 months has been introduced. There is also a ban on shutting off gas and electricity in households in case of non-payment of utility bills.

The OECD emphasises the need to provide easier access to benefits targeted at low-income families. Another option is to make one-off payments to workers in urgent need.

In the United States, as part of the third package of measures to counter the effects of coronavirus, [the government has allocated](#) \$290 billion for direct payments to citizens who have income up to \$75,000 per year (\$1,200 per adult and \$500 per child).

Public employment services should adapt procedures for claiming benefits and active labour market policies. Benefit applications by phone, email or online should become common practice during the current health emergency.

In Germany, all personal interviews with potential employees have been cancelled. The Estonian and Belgian public employment services offer online job search counselling.

Countries are also implementing different responses to ensure that households can remain in their dwelling if they struggle to cover rent, mortgage or utility payments due to potential economic challenges.

The United Kingdom, Italy, Spain and the Slovak Republic have introduced temporary deferments of mortgage payments. The United Kingdom, Spain, the United States, France and some Canadian regions and municipalities have suspended evictions. Greece is temporarily allowing tenants whose employment contract has been suspended to pay only 60% of their monthly rent in March and April. Japan is allowing households to postpone payments on utility bills if needed.

6. Migrants

A particular attention should be paid to migrant conditions in countries with a high migrants-to-population ratio. Governments that fail to ensure access of such population groups to programmes to combat the impacts of COVID-19 will be less able to effectively contain the outbreak, and will likely see a higher number of people affected, and a longer-lasting emergency situation.

On April 9, 2020, 200 of the 287 new cases of COVID-19 in Singapore were among migrants who live in dormitories. The outbreak raised concerns of the second wave of coronavirus, and led to new quarantine measures and restrictions on movement.

The International Organisation for Migration points out several [challenges](#) for migrants in the context of the COVID-19 spread.

Access to healthcare services. In many countries, migrants, especially in case of some irregularities or on short-term visas, do not enjoy equal access to healthcare as citizens.

Ensuring that all social groups including migrants have access to healthcare is a prerequisite for effective responses to the COVID-19 outbreak. This also requires eliminating the existing barriers and making screening and testing capacities available in neighbourhoods, for instance by setting up mobile medical facilities.

On March 28, 2020, Greece [opened](#) the first healthcare centre near the refugee camp in Moria (Lesbos).

Living conditions. In countries all over the world, migrants live in overcrowded environments without adequate access to water and hygiene products. In these conditions, respecting social distancing and other basic prevention practices, such as self-isolation in case of illness, is difficult.

To solve this problem, countries should include migrants in temporary housing programmes, improve their conditions and access to health services at transit sites and reception centres.

The problem of refugee children is urgent and affects, [according to the UN](#), about 14 million people: 12.7 million refugees and 1.1 million asylum seekers. Children relocated have the most limited access to preventative services, diagnostics, treatment and other necessary support. The crisis caused by COVID-19 will also affect their safety and access to education.

As part of the [EU initiative](#), the process of rehousing 1,600 unaccompanied refugee children has begun. On April 15, 12 asylum-seeking children were rehoused from crowded refugee reception centres on Greek islands to Luxembourg.

Working conditions. Migrants make up a disproportionate share of the workforce in sectors that have remained active throughout the crisis, such as agriculture, construction work, logistics and deliveries, garbage collection and cleaning services. Inability to work remotely, limited access to private transportation, physical proximity with co-workers and customers and lack of adequate protective equipment and hygiene options make these occupations particularly risky in the context of the COVID-19 spread.

A large number of migrants are involved in some of the industries hardest hit by the crisis. In this context, migrants should be granted access to COVID-19-related national welfare programmes (unemployment insurance, food vouchers, rental subsidies).

Closed borders. Almost all countries have responded to the spread of COVID-19 by closing borders and tightening immigration regimes. Incoming migrants are forced to be in quarantine and to stay in

overcrowded transit sites. In addition, in countries that have closed their borders, a large number of migrants are struggling because they cannot return home.

On April 22, 2020, the U.S. authorities [suspended](#) immigration to US for 60 days due to the negative economic impacts of the pandemic.

In such conditions, countries take measures to help migrants return home, to organise testing at points of entry, and to provide necessary personnel and equipment at quarantine. Countries can also develop programmes to help migrant families affected by COVID-19.

The Government of Canada [has allocated](#) CAD 50 million (\$36 million) to support farmers and food employers whose foreign workers need to self-isolate for 14 days.

Migrant status. In some countries, migrants are still being requested to comply with administrative requirements for submitting and renewing visa applications, status determination, etc.

At the same time, many governments, however, have granted flexibility in the context of immigration requirements. For instance, they have introduced automatic or simplified procedures for visa renewal or conversion, waiving fees. The flexibility can encourage migrants to come forward for healthcare and other assistance.

Portugal has temporarily regularized all migrants, including asylum seekers, who had applied for a residence permit before the declaration of the state of emergency on 18 March. This temporary regularization aims to ensure migrants' rights, including access to healthcare and social security.

Stigmatization, xenophobia and discrimination. The COVID-19 outbreak has triggered countless episodes of xenophobia directed towards internal migrants in China, Asian migrants in countries all over the world, and foreigners in general. Widespread hate speech, high risk of abuses and harassment are likely to further reduce migrants' willingness to come forward for screening and testing. Migrants returning home have faced fears and discrimination in their home communities in the light of the pandemic, leading, on occasion, to confrontations and violence.

7. The homeless

Homeless people with their poor living conditions are at higher risk of a large number of diseases. With compromised immune system, poor nutrition, limited access to hygiene products, and long stays in crowded shelters, homeless people are more likely to be at risk of infectious diseases.

[According to the European Public Health Alliance](#), homeless people are 20 times more likely to be infected with TB than the general population. Homeless people are three times more likely to have chronic diseases than the wider population, [WEF experts say](#). Homeless people face obstacles to receiving healthcare. In the context of strict isolation measures, the homeless also lost the opportunity for begging on the streets.

Most importantly, many of the measures proposed by countries to prevent the COVID-19 spread including self-isolation, proper hygiene, staying at home, strict social distancing are not a realistic prospect for homeless people. The combination of these factors makes them even more vulnerable in the context of the COVID-19 spread, which requires additional support measures from the government and public organisations.

The European Public Health Alliance [has set several priorities](#) of national institutions regarding homeless people at the moment: case-finding through testing; providing access to housing that is fit for isolation purposes; making existing shelters safe places for homeless people to stay; and treatment programmes.

According to the alliance, homelessness must be considered a public health priority. Support for homeless people should not only include those experiencing homelessness but also be concerned with protecting those vulnerably housed who are at a higher risk of homelessness because of the impact of COVID-19. Mortgage holidays have been announced in several countries. Similar measures for renters, who are often more vulnerable in the short term, should be developed. Additional measures are needed, such as a moratorium on evictions to stop people losing their housing.

Countries have developed various measures to support homeless people. Many of them have made efforts to provide homeless people with a temporary safe residence.

The UK Ministry of Housing, Communities and Local Government has sent [a letter](#) to hotel business representatives and reported that they can continue running their business if they provide housing for social workers and vulnerable groups.

On March 18, 2020, California Governor [has allocated \\$150 million](#) to prevent the COVID-19 spread among homeless people. \$100 million will be spent to support local governments, with \$50 million spent to purchase 1,300 trailers and rent hotel rooms as temporary housing. California has more than 150,000 homeless people. [There are concerns](#) that 60,000 homeless people could be infected with COVID-19 during the pandemic.

Hotels in Paris are housing the homeless The authorities have booked 50 rooms at the CIS Paris Kellerman hotel in the 13th arrondissement of Paris, and Accor hotel group will allocate another 500 rooms for the homeless in the capital and its suburbs. [According to France's minister of housing](#), homeless people will not live on the streets and will be able to comply with the requirement of self-isolation staying in hotels.

Some countries are taking measures to provide homeless people with food.

In Italy, public organisations and cafeterias have been closed, but local governments are providing food and setting up food trucks. The Italian Federation of Organisations for the Homeless (fio.PSD) has distributed a [brochure](#) throughout the country's municipalities with information on how government agencies could set up temporary housing and protect the homeless.

Homeless people are also provided with personal hygiene products.

[Authorities in some U.S. states](#) are handing out hand sanitizers to homeless people. Cleaning places where campsites for the homeless are located (homeless people are forced to change their location) has been replaced by garbage collection.

Conclusions and suggestions

Representatives of vulnerable groups are objectively at higher risk of contracting coronavirus and at the same time have fewer opportunities to successfully cope with the ensuing difficulties.

Wide coverage of inclusion in the activities of international organisations and national governments is designed to guarantee the observance of rights and interests of disadvantaged people in the global process of combating the COVID-19 spread. Despite the measures taken to ensure access of the groups to high quality healthcare, education and employment have made a great contribution, in some cases forced restrictions have a negative impact on living conditions of vulnerable groups, which needs a comprehensive analysis of government policies in the current environment and coordination of state, society and business efforts.

- The widespread introduction of self-isolation in connection with the spread of COVID-19 has contributed to growing cases of first-time violence against women and children.
- Rising economic insecurity may undermine some households' capacity to pay their rent, make monthly mortgage payments, or cover the cost of utilities. Low-income workers are the most vulnerable group.
- Governments that fail to deal with the COVID-19 spread among migrants will be less able to effectively cope with impacts of the pandemic, and will likely see a higher overall number of people affected, and a longer-lasting emergency situation.
- Living conditions, limited access to healthcare and non-compliance with sanitary measures make homeless people especially vulnerable to the spread of COVID-19, which requires additional support measures from the government and public organisations.
- Housing, as the right to a standard of living adequate for the health and well-being, has become the front-line defence against the COVID-19 outbreak.
- It is essential to develop triage protocols for patients based on ethical criteria and medical evidence rather than age.
- Special measures to protect older people should be taken on a voluntary basis.

- Food security and access to information for isolated older people and for people with disabilities must be ensured.
- It is critical to improve research and data to monitor, evaluate and strengthen health systems for persons with disabilities during the pandemic.
- It is critical to monitor healthcare and hygiene in orphanages and care homes for orphans with disabilities in order to minimise violations of children's access to vital medical services and to prevent outbreaks of COVID-19 in these institutions.

There are also some positive aspects of the crisis impact on inclusion. The opportunities for inclusion of vulnerable groups with limited access to the workplace have been increased (for example, in the context of people with disabilities). As companies are forced to implement procedures and technologies that support distance working, they may be interested in hiring people with disabilities. Many of them have already improved their skills for teleworking. It should be pointed out that disability communities have supported an increase in the share of distance work for a long time.

In addition, teleworking enables companies to have much more diverse workforce and open up job opportunities for people living in remote areas. At the same time, remote working helps create a more inclusive environment by providing a safe space for people who may be discriminated in their working environment. Also, working from home can be especially convenient for those employees, mostly women, who care of children, the elderly and family members with a chronic illness.

Inclusion is also developing in culture. Event companies are forced to make them available online. This creates opportunities for inclusion of people living in rural areas and small towns, who very rarely host large events, in the cultural life. The transition to an online format can open wider access to cultural events for disadvantaged population and people with disabilities.

The pandemic has changed a routine and approaches to activities in all areas. Measures taken by society in response to the crisis can set the stage for greater equality and expansion of the inclusion. These achievements can and should be saved when the world returns to “normal.”

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