A PRINCIPLED AND INCLUSIVE RESPONSE TO COVID-19, FOCUSED ON THE MOST AT-RISK GROUPS

The consequences of the COVID-19 pandemic have been felt around the world. But different categories of people are exposed and affected in different ways, leaving a variety of lasting impacts and sometimes deepening inequalities.

In countries that are affected by conflict, the pandemic increases the risks to and discrimination against certain groups. The pandemic, including public restriction plans to counter COVID-19's spread, leads to the collapse of health and social support systems (such as home-based assistance or community support for accessing distributions). Vulnerable, marginalized and at-risk individuals and communities face additional threats and challenges. Structural inequalities interact with crisis-specific barriers creating higher risks of contracting the virus and developing severe cases of COVID-19 for certain already vulnerable groups.

- The groups often most at risk of discrimination in the response to the COVID-19 pandemic include persons with disabilities, including landmine/explosive remnants of war (ERW) survivors, older persons, persons suffering from specific health conditions and living with a chronic disease, as well as migrants, refugees and internally displaced persons (IDPs).
- Intersecting forms of discrimination, due to a combination of exclusionary factors such as disability, gender and age, often result in multiple forms of deprivations and barriers to service access.
- Persons with disabilities, including survivors of armed conflict, may face greater difficulties in accessing information on preventive measures and implementing them. For example, they have hindered access to clean water/sinks and limited possibility to regularly disinfect assistive technologies and devices.
- Applying social distancing is hard or impossible for people who rely on physical contact with the environment or support persons.

In conflict or humanitarian crisis-affected countries and under-resourced communities, COVID-19's impact on vulnerable, marginalized and at-risk groups is magnified.[1] A fragile and

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[1] A recent publication by Humanity & Inclusion "COVID-19 in humanitarian context: no excuses to leave persons with disabilities behind!" shows how the COVID-19 crisis is triggering disproportionate risks and barriers for men, women, boys and girls with disabilities living in humanitarian settings.

insecure environment in countries affected by conflict, violence and instability already exists and makes addressing non-discrimination, justice, security, human rights and public health particularly challenging. That fact has to be taken into account when responding to COVID-19.

Humanitarian disarmament, an approach to governing weapons that puts people first, can help deal with these issues and lead the way to an improved post-pandemic world. Humanitarian disarmament seeks to prevent and remediate arms-inflicted human suffering and environmental damage through the establishment and implementation of norms.

Responding to COVID-19 in a principled and inclusive way that accords with the tenets of humanitarian disarmament requires consideration of the different risks the pandemic poses to vulnerable, marginalized and at-risk individuals and communities, and planning to mitigate those risks. This paper will outline some specific risks to take into account and offer suggestions for ensuring we build back better.

Areas of risk

Access to healthcare

Access to healthcare in the pandemic context is a major challenge, especially in countries affected by conflict, violence and instability. By adding pressure on health systems that already have limited capacity like those in conflict- or crisis-affected countries, COVID-19 is increasing morbidity and mortality from other health conditions. The pandemic has disrupted the provision of some essential services and medical responses through closures, limited allocation of needed resources and re-deployment of critical staff. There are significant and valid concerns that persons with disabilities, those with chronic health conditions or the elderly may be disqualified from receiving care by the pressure to prioritize limited resources.

The disruption of health services due to COVID-19 might also lead to reduced capacity of essential services for women and children, such as family planning, and female reproductive health, maternal and child care, clinical management of rape and psychosocial support for survivors of armed violence. These services are already scarce and concentrated in major cities in countries with active crises and conflicts. The additional barriers due to COVID-19 protective measures, such as the limitation of movement, results in the complete unavailability of these services and the deterioration of health, well-being and safety of women and children.

Sexual and Gender-Based Violence and Family Violence

Even though early data indicates that the mortality rates from COVID-19 may be higher for men, the pandemic is having devastating social and frequently unseen or under-recognised consequences for women and children – violence.

Preventive isolation policies, such as lockdowns and quarantines, have been linked to an increase in family violence and intimate partner violence. Sexual and gender-based violence

and family violence, which are already higher during times of conflict and crisis, pose a severe threat as the pandemic brings new stressors to already tense homes and communities. Without the ability to leave the home, many victims are trapped with their aggressor. These policies reinforce the isolation of women and children who have violent partners and/or family members by separating them from the people and resources that can offer them help or safe spaces such as schools and jobs.

Other Risks

Mental health and wellbeing is a challenge for everyone during this pandemic. The stress and isolation of our current situation can have severe impacts on mental health while limiting access to mental health services. For populations in armed conflict or other humanitarian crisis these impacts are magnified. Humanitarian disarmament recognizes that the psychological impacts of conflicts and other humanitarian crises, such as the fear of losing close relatives, friends, or homes and the lack of access to life-saving essential services, are already huge. Now the pandemic has added another layer of stress while limiting many of the supports that conflict-affected populations rely on such as community contacts, schools, businesses, peer support and family connections.

Persons with disabilities, persons with chronic diseases and older persons also face further risk of isolation and exclusion. Support services and networks, including personal assistants and caregivers on which they might rely, are cut or interrupted, resulting in possible disruption of vital services such as food, healthcare, water, sanitation and hygiene. Isolation and exclusion can have deadly consequences.

The COVID-19 pandemic could generate a long-term increase in inequalities, as a result of the barriers to access services and the loss of livelihoods. This would result in a major setback in the achievement of the sustainable development goals globally. Due to pre-existing socioeconomic exclusion, some segments of the population are likely to be hit harder by the reverberating effects of the pandemic such as economic losses and the absence a social safety net. Those already on the margins of society and the economy will be pushed into poverty undoing years of progress to eliminate inequalities.

In the face of all these risks, we need to use the humanitarian disarmament community's experience working in conflict, crisis and post-conflict situations to limit the harm caused by COVID-19 and build back better.

RECOMMENDATIONS TO ENSURE AN INCLUSIVE AND PRINCIPLED RESPONSE TO COVID-19

The principles of inclusion and non-discrimination that are at the core of humanitarian disarmament can help identify, acknowledge and address the inequalities that COVID-19 has exposed and exacerbated. These principles should inform political humanitarian disarmament discussions as well as discussions about responding to COVID-19. Humanitarian

disarmament can also help guide the response of civil society organizations on the ground, of governments and policymakers and of donors.

ALL ACTORS SHOULD:

- Ensure that international humanitarian law and human rights, including refugee rights and the rights of persons with disabilities, **are central to the COVID-19-related preparedness and response in conflict- and crisis-affected countries**.

- Ensure non-discrimination on the basis of disability, health condition, ethnicity, gender, age or any other aspects of diversity in policy and services. This principle means that efforts must be well coordinated to ensure that no one is left behind.

- Support the call of the UN Secretary General for a **global ceasefire** made on the 23rd March 2020 to "stop the fighting everywhere now" and remember that **"humanitarian needs must not be sacrificed".**

- **Partner with civil society organisations and representatives, such as survivors' organisations and organisations of persons with disabilities**, **women** or **older persons**, to design an inclusive response to the COVID-19 pandemic and to deploy awareness-raising actions.

- **Collect information disaggregated by sex, age and disability** to have a factual account of the impact of the pandemic on the population and how the response is being implemented. It is important to ensure that the response is being applied equitably taking into account the intersectionality of different exclusionary factors like but not limited to gender, age, ability and ethnicity.[2]

- **Share inclusive information on COVID-19 through a diversity of accessible formats with use of accessible technologies**, especially adapted to the population in conflicts and crisis. Public communication should also avoid stereotyping messages and images.

GOVERNMENTS SHOULD:

- **Ensure that protection is a central element of the country strategic plans for preparedness and response to COVID-19**. These plans must be grounded in strong gender analysis, and an analysis of which groups are at heightened risk of different forms of violence and abuse, such as migrants, refugees and IDPs, with an intersectional lens.

- **Respect the non-refoulement principle** so that people who are forced to flee are protected. **Refugee rights cannot be sacrificed ever**, including in a time of pandemic.

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[2] Humanity & Inclusion: Disability Data in Humanitarian Action

- **Mobilise adequate resources** and **prioritise investment** aimed at expanding social protection systems to respond to the effects of COVID-19 on the global, local and national economy.

- **Ensure funding for a global response is easily accessible, fast-tracked and flexible,** to enable NGOs providing frontline COVID-19 response to rapidly scale up and adapt their operations. This will save lives.

DONORS SHOULD:

- **Support NGOs' operational capacities,** to ensure that existing programs can be adapted and that activities that have to be stopped or reduced can resume when the restrictions will be lifted.

- **Commit significant additional humanitarian and development funding** for specific responses to COVID-19, addressing the above risks in particular, and for ongoing humanitarian and development programming due to the magnitude and global nature of the pandemic.

RESPONSE PROGRAMS SHOULD:

- Use **unrestricted, multipurpose cash when the economy reopens,** and coordinate cash programming. This should be complemented with protective measures and support services to ensure that the most vulnerable can benefit from social protection measures to meet their needs.

- **Support the local market**. Providing food assistance and maintaining existing social support and livelihood should not prevent assistance to local producers.

- **Increase health and mental health responses and support the supply chain** to deliver appropriate health material and ensure that **vital health services for persons with disabilities, persons with chronic diseases and older persons continue to operate**. Response programs should also adapt the programs in ways to avoid the spread of the virus. Caregivers and personal assistants should have access to appropriate protective equipment and be adequately informed.

- **Embody the concept of "International as necessary, localised as possible"**. Response activities should be asset-based, meaning they draw on existing strengths and networks in communities.

- **Take all measures for the health, safety and protection of humanitarian workers,** including provision of specific personal protective equipment and training, compensation and opportunities for self-care for humanitarian staff working under pressure. The closure of many services may result in staff having additional care responsibilities at home that should be accommodated.