

## **Joint Statement | Vulnerable Groups should be protected during the COVID-19 Pandemic**

The COVID-19 pandemic has demonstrated the human and financial costs of poor investment in health prevention services among vulnerable groups in Europe. Disadvantaged communities and vulnerable groups, such as Roma, LGBTQ, older persons, persons with disabilities, persons living with mental ill health and psychosocial disabilities, homeless people, prisoners, sex workers, refugees, asylum seekers, undocumented migrants, persons using drugs, people living at risk of poverty are amongst those who are particularly vulnerable. Unequal access to health and preventive services and poor housing living and working conditions are part of the inequalities disproportionately affecting these groups and are responsible for their poor health status leading to greater exposure to the pandemic's health and economic effects.

Poor mental and physical health, and pre-existing health conditions, which are persistent issues among these communities, are also likely to decrease their already weakened ability to combat the virus. Consequently they may experience higher risks of complications and fatalities from COVID-19, and require protection proportional to the public health challenges they face.

Thousands of people in this situation cannot benefit from health interventions and preventive actions, such as testing, quarantine and timely medical treatment, implemented by public authorities to limit the pandemic spread,<sup>1</sup> and practically exclude people who do not have access to decent housing and running water.<sup>2</sup>

Discrimination, racism and xenophobia experienced by these groups has been exacerbated by the public health emergency, as homeless people are penalized for not being able to respect the confinement or Roma communities are stigmatized<sup>3</sup> following lockdowns of entire settlements, increasing their rejection, and further restricting their access to good quality healthcare.

Children from the poorest and most disadvantaged backgrounds are also at risk, particularly for those who cannot afford online learning classes, materials and technical equipment, when schools have been closed, affecting their long-term educational achievement and development.

At the same time, the confinement raises issues of children's and women's protections against domestic violence and the need for immediate interventions to guarantee their safety. Sexual and reproductive health rights, medical follow-up in pre- and post-natal care are likely to be disproportionately impacted by the public health crisis and have a long-term impact on gender inequalities and women's health making them more vulnerable to employment precariousness, poverty and discrimination.

More widely, despite previous EU commitments to reach the UN Sustainable Development Goals for ensuring healthy lives and promoting the well-being at all ages,<sup>4</sup> and the inclusion of the principle of good health in the European Pillar of Social Rights, Universal Health Coverage, financial risk protection, access to quality healthcare and affordable essential medicines and vaccines are still unobtainable for many of the most deprived members of

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<sup>1</sup> <https://mailchi.mp/dd93c514bed4/read-humanrights360s-latest-news-2703025?e=927414353c>

<sup>2</sup> [http://www.errc.org/uploads/upload\\_en/file/thirsting-for-justice-march-2017.pdf](http://www.errc.org/uploads/upload_en/file/thirsting-for-justice-march-2017.pdf)

<sup>3</sup> <https://pace.coe.int/en/news/7832/rapporteur-denounces-discrimination-against-roma-and-travellers-as-coronavirus-spreads>

<sup>4</sup> <https://ec.europa.eu/eurostat/documents/3217494/9940483/KS-02-19-165-EN-N.pdf/1965d8f5-4532-49f9-98ca-5334b0652820>

society in many European countries.<sup>5</sup> Poor social and economic investment for reducing health inequalities has led to a critical point in public health systems where they cannot meet the health needs and protect entire communities and socio-economic groups, the effects of which will be felt more severely as a result of the pandemic.

**The European Public Health Alliance, the undersigned organisations and individuals call on the European institutions and national governments to implement the following recommendations:**

- Public health investment for vulnerable groups must be a top political priority, including funding specifically allocated to health prevention and protection, both physical and mental.
- There should be a common agreement on the need for reducing health inequalities and addressing all the socio-economic factors causing the gap in health. European and national policy makers must revise their priorities and ensure society becomes more inclusive and equitable, preventing further costs caused by health disparities.
- National authorities must recognize and address the impact of the crisis on vulnerable groups and ensure that “a holistic concept of health and well-being, including freedom from racism and xenophobia”<sup>6</sup> guide national actions aiming to tackle the public health crisis and limit its socio-economic effects, as required by the UN Special Rapporteur on racism. The current circumstances cannot justify any actions that contribute to racism and xenophobia, stigmatising entire communities, and undermining the right to health without discrimination.

Human rights principles, “must prevail over the spread of fake news, prejudice, discrimination, inequalities and violence” and “governments must ensure that their response to the COVID-19 pandemic does not contribute to xenophobia and racial discrimination.”<sup>7</sup>

- National authorities must undertake immediate targeted actions in the field of physical and mental health, food security, housing and accommodation and guarantee the access to clean water and hygiene products, accessible information, free access to testing and treatment for patients affected by COVID-19 to ensure the protection of disadvantaged communities and vulnerable socio-economic groups during the pandemic.
- Introduce universal access to basic income during the pandemic which may prevent further exclusion and its long-term effects on vulnerable groups.
- Children from vulnerable groups should not be left with lower educational opportunities during the pandemic that intensify inequalities they already face in society. They must be provided with adapted measures for online learning, including training to promote digital literacy among vulnerable groups.
- Specific funds should be allocated and earmarked at European and national level to target the needs of women and girls from vulnerable groups. Such measures must take account of their particular needs, especially to tackle gender-based violence and

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<sup>5</sup> [https://ec.europa.eu/health/sites/health/files/state/docs/2019\\_companion\\_en.pdf](https://ec.europa.eu/health/sites/health/files/state/docs/2019_companion_en.pdf)

<sup>6</sup> <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25739&LangID=E>

<sup>7</sup> <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25739&LangID=E>

intersecting forms of inequality and discrimination faced in access to healthcare, employment, education and housing that may intensify during the pandemic.

In developing their response to the longer-term effects of the pandemic, European and national policy makers must join forces and provide a sustainable solution to the rapidly growing health inequalities which is human rights-centered and gender sensitive.

It must involve European and national policy makers, civil society organizations, representatives of disadvantaged communities and other stakeholders in key policy areas such as health, housing, education, employment and anti-discrimination to better identify public health priorities and maximize the social and economic outcomes, including gender equality.

If the current crisis is an opportunity to reset how we approach health inequalities in the future, such cooperation must enhance European values, such as human rights principles and democracy, contribute to prevent further growth of poverty and inequalities between and within countries and ensure Europe's commitment to the UN Sustainable Development Goals.



## **Supporting Organisations**

Age Platform Europe  
Association for Culture, Education and Communication (ACEC)  
Centre for Reproductive Rights  
CESPYD- Coalition for the Study of Power, Health and Diversity. The Centre of Community Research and Action at the University of Seville  
Diverse Youth Network  
Eurochild  
European AIDS Treatment Group (EATG)  
European Medical Students Association  
European Public Health Alliance  
Human Rights 360  
Kham Delcevo  
Mental Health Europe  
Partners Hungary Foundation  
Platform for Supporting Health of Disadvantaged groups (PPZZS)  
Roma Cultural Center O Del Amenca  
Roma Education Fund  
Sastipen Roma Center for Health Policies  
STUDIORUM Center for Regional Policy Research and Cooperation

## **Supporting Individuals**

Andrej Belak, Researcher at Institute of Ethnology & Social Anthropology, Slovak Academy of Sciences, Department of Health Sciences and University of Groningen  
Daniel La Parra, Associate Professor, University of Alicante