



COVID-19 Pandemic

COVID-19 threatens the world's most vulnerable people

Without appropriate action, the coronavirus pandemic stands to decimate vulnerable groups in the poorest, conflict- and disaster affected countries

Ottawa, 14th April 2020. Humanity & Inclusion (HI) is deeply concerned for vulnerable populations amid the COVID-19 pandemic. Persons with disabilities, persons with chronic diseases, refugees, older people, etc., are particularly exposed to the pandemic. Displaced families are often sheltering in overcrowded camps in countries where public health systems are poorly resourced while persons with disabilities have limited access to health services. Many countries already hit by a crisis will be unable to cope with the pandemic, causing catastrophic consequences especially for the most vulnerable. Humanitarian aid workers must have access to the most vulnerable to provide them with prevention and protection measures and to ensure that they receive essential humanitarian assistance.

Exacerbating humanitarian crises

As COVID-19 continues to wreak havoc in Europe, it starts to threaten poor and low-income countries. The world's poorest countries are ill prepared for COVID-19. Countries like Madagascar, Haiti, Sudan, Mozambique, etc., are already coping with humanitarian crises triggered by natural disasters, conflict, climate change, and other emergencies. **Health systems in these countries are fragile or overstretched.**

Long-term conflicts have decimated health systems. In Yemen, torn apart by five years of war, 80% of the population needed humanitarian aid before COVID-19, and only 50% of the healthcare facilities system is fully functioning.

COVID-19 aggravates humanitarian needs, while limiting aid actors' ability to reach the very populations in dire need of care and aid. Many countries have implemented lockdown measures, effectively depriving a segment of the population **from the humanitarian assistance they will need to survive.**

“In war zones, hospitals and health facilities have been destroyed, medical personnel are in short supply, and where bombs are still falling, doctors have severe physical traumas to contend with, let alone trying to treat the ailments caused by COVID-19. We talk about a lack of ventilators in Canada, but what about these hospitals, damaged by bombing and shelling, which lack even regular electricity?” says Jérôme Bobin, Executive Director of Humanity & Inclusion Canada.

COVID-19 stands to ravage refugee camps

The vast majority of the world’s refugees (29 million people, **84% of refugees**) are **sheltering in low or middle-income nations with weak health systems, and overstretched water and sanitation facilities.**

In Bangladesh, 855,000 Rohingya refugees are packed into 34 overcrowded, makeshift camps in Cox’s Bazar. What’s more, **450,000 host community members live in close proximity to the camps**, with five camps intermixed with the local Bangladeshis. Measures of social distancing and basic hygiene are almost impossible to achieve in such a densely populated environment. Even at the best of times, the refugee population has low access to health services.

“Refugee camps give the coronavirus a perfect location for rapid infection. It’s there that we humanitarians will fight our fiercest battles against COVID-19” says Jérôme Bobin. *“We tell people to wash their hands multiple times a day, but what if there is no running water? We tell people to maintain 1 meter distance from one another, but that’s impossible when camps are overcrowded. We reserve hospitals for COVID-19’s sickest victims, yet camps have acute shortages of health facilities. These aggravating factors give us every confidence that COVID-19 will spread at a terrifying pace-risking a heightened humanitarian disaster.”*

COVID-19 aggravates isolation of persons with disabilities

Persons with disabilities represent 15% of the worldwide population (1 billion people), yet **80% of them live below the poverty line**, according to World Health Organisation (WHO). They face multiple obstacles to access services including health services such as cost of care services, cost for transportation to go to a health centre, lack of sign language interpretation, stigma and discrimination, etc.

Some persons with specific disability types are at **higher risk of contracting and developing severe cases of COVID-19**, as the infection exacerbates existing health conditions that they experience, such as weakened immune systems, respiratory conditions, or other chronic conditions. Lack of information on COVID-19 in accessible formats (easy read formats, captions or sign language, braille, audio materials, and materials accessible to screen reading software) and accessible sanitation facilities also represent risk factors for some persons with disabilities.

Public measures and humanitarian actions to prevent the spread of COVID-19, and to care for patients must **include persons with disabilities**. Prevention information should always be distributed in a **variety of accessible formats** and health actors should specifically **target vulnerable populations throughout their response efforts**.

“COVID-19 will disrupt services that persons with disabilities usually rely on, including their access to a healthy caregiver. We’re also particularly worried that persons with disabilities will face stigma or discrimination from unprepared health staff or worse, be refused treatment if priority is given to patients without disabilities, due to limited capacity in hospitals,” says Jérôme Bobin.

Notes: HI adapts its programs to face the COVID-19

- HI adapts its interventions by **including actions to prevent transmission** and **ensuring access to basic needs** (food, hygiene products, health services) for the most vulnerable ones. **50 projects have started to integrate measures** in response to the coronavirus, with awareness and prevention actions (Algeria, Bangladesh, Colombia, Ethiopia, Haiti, Libya, Madagascar, Mali, Sierra Leone,...), adaptations of HI logistics support in Central Africa, and distributions of protective equipment (gloves, masks, hydro-alcoholic gel, especially in Rwanda).
- **Awareness of hygiene and protection measures** is HI priority. HI teams are trained to protect themselves and to sensitize the people they help to prevention gestures (hand hygiene with soap or hydro-alcoholic gel, respect of distances, good practices to protect oneself...). Specific advices are given to persons with disabilities, with adapted format for those who have difficulty communicating, such as the deaf, hard of hearing or visually impaired persons. Prevention messages also target caregivers.
- HI's logistics business unit specializing in supply chain and logistics solutions for NGOs, Atlas Logistique, is ready to help. Atlas Logistique will be able to provide NGOs with **its logistics platforms and its expertise as an analyst of access issues**. Emergency response activities include the distribution of hygiene materials or livelihood support.
- In Rohingya refugee camps in Bangladesh, for example, a third of the HI teams are involved in the pursuit of **essential activities** and in the response to the COVID-19. Our teams conduct **awareness raising sessions on good hygiene practices** in relation among refugees and host communities, **identify people in need of medical care** and refer them to partner organizations, **provide individual psychological support** to the most vulnerable. HI has made available two storage areas for humanitarian equipment from NGOs and a fleet of trucks to deliver humanitarian equipment (hygiene kits, mobility aids, etc.) to the populations. More than 150 online trainings (including some specific to the implementation of the humanitarian response to the Covid-19) will be available to the members of our teams in the coming days, and shared with colleagues in other countries such as Nepal.

About Humanity & Inclusion

Humanity & Inclusion (HI) is an independent international aid organisation. It has been working in situations of poverty and exclusion, conflict and disaster for 30 years. Working alongside persons with disabilities and other vulnerable groups, our action and testimony are focused on responding to their essential needs, improving their living conditions, and promoting respect for their dignity and basic rights. Since it was founded in 1982, HI has set up development programmes in more than 60 countries and intervenes in numerous emergency situations. The network of eight national associations (Belgium, Canada, France, Germany, Luxembourg, Switzerland, the United Kingdom and the United States) works constantly to mobilise resources, jointly manage projects and to increase the impact of the organisation's principles and actions. HI is one of six founding organisations of the International Campaign to Ban Landmines (ICBL), the co-winner of the Nobel Peace Prize in 1997 and the winner of the Conrad N. Hilton Award in 2011. HI takes action and campaigns in places where “living in dignity” is no easy task.

Learn more: <https://hi-canada.org/en/covid-19-emergency>

Press contact:
Gabriel Perriau
Communication Officer
g.perriau@hi.org