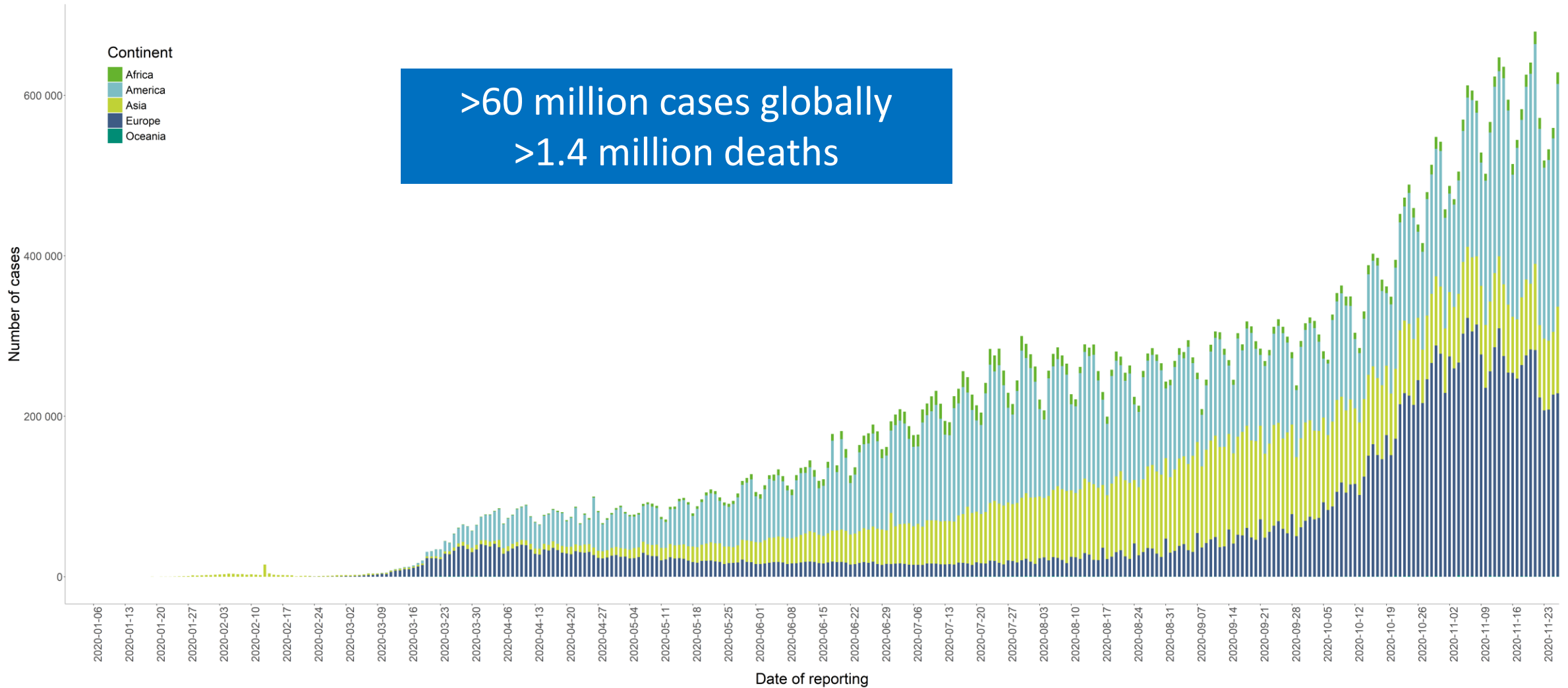


COVID-19 pandemic in the EU/EEA and the UK: Support for medically and socially vulnerable populations

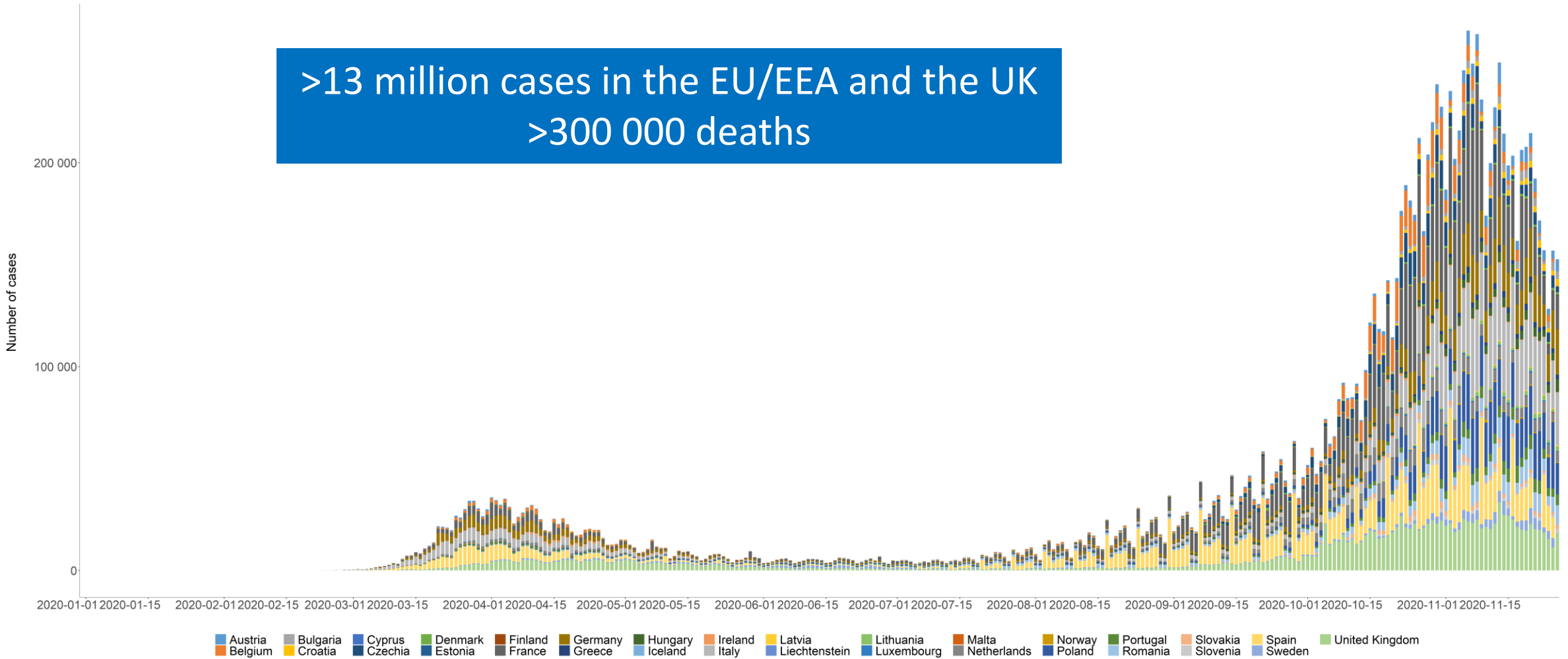
Anastasia Pharris

European Day of Persons with Disabilities Conference, December 2nd 2020

Distribution of COVID-19 cases globally, as of 26 November 2020



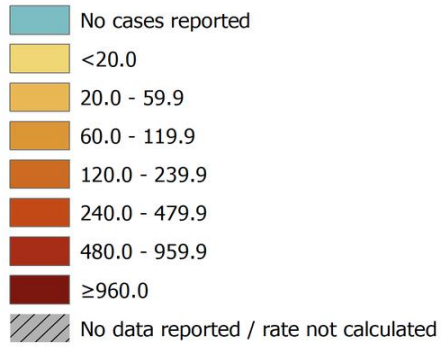
Distribution of COVID-19 cases in the EU/EEA and the UK, as of 26 November 2020



14-day COVID-19 case notification rate per 100 000, weeks 45-46



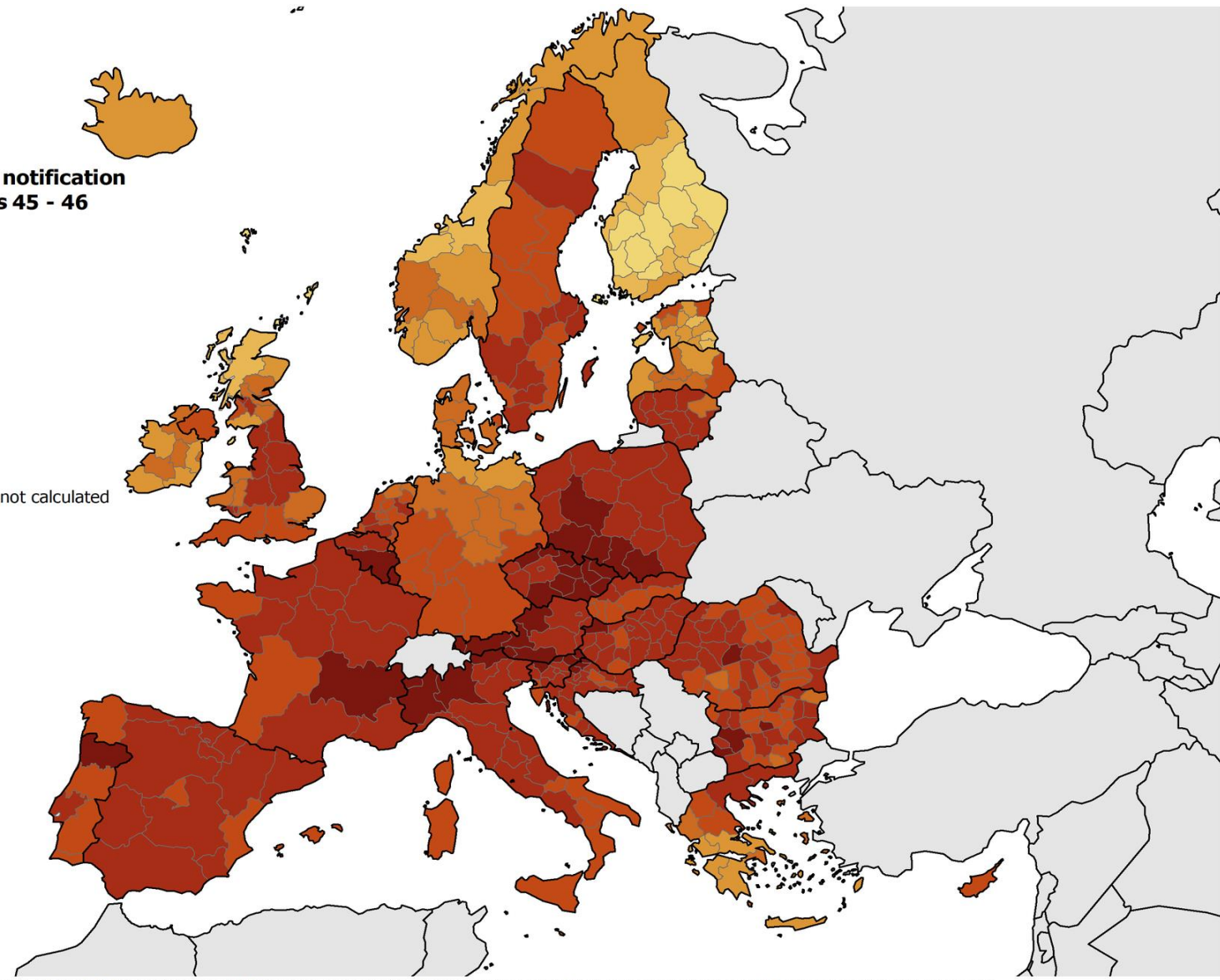
14-day COVID-19 case notification rate per 100 000 weeks 45 - 46



Regions not visible in the main map extent



Countries not visible in the main map extent



Administrative boundaries: © EuroGeographics © UN-FAO © Turkstat. Office for National Statistics licensed under the Open Government Licence v.3.0. Contains OS data © Crown copyright and database right 2020. ©Kartverket ©Instituto Nacional de Estatística - Statistics Portugal. The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on: 18 Nov 2020

Measures put in place across Europe have limited spread of COVID-19 and have saved lives

1 WHAT EVERYONE OF US CAN DO



Physical distancing



Strict hand hygiene



Respiratory etiquette



Appropriate use of face masks, in areas where physical distancing is not possible

2 POSSIBLE ACTIONS WHEN THERE IS COMMUNITY SPREAD



Stay at home if you have COVID-19 compatible symptoms



If you had direct contact with a COVID-19 case, stay at home and self monitor



Ideally, meet with the same people, whether family friends or co-workers



Limit the size of gatherings, eventually close selected businesses



Work from home where possible



Regular cleaning of frequently touched surfaces and objects



Ensure appropriate ventilation of indoor spaces

3 CONSIDERATIONS IN THE EVENT OF WIDESPREAD TRANSMISSION



Stay-at-home policy



Population-wide testing strategies in local settings with high incidence



Considering closure of schools and educational settings

#COVID19

Vulnerable populations

- Everyone has faced difficulties as a result of the measures, but it has been harder for some than for others:
 - *Medically vulnerable* = at elevated risk of severe disease and death
 - *Socially vulnerable* = vulnerable to the consequences of the public health measures that have been imposed in order to control the spread of the virus, which have exacerbated their already challenging social and economic life situations
- Some individuals may be **both medically and socially vulnerable**, or belong to several recognised categories of vulnerability

Guidance on the provision of support for medically and socially vulnerable populations in EU/EEA countries and the United Kingdom during the COVID-19 pandemic

3 July 2020

Key messages

- The COVID-19 pandemic has had a huge and unprecedented impact on the EU/EEA and the UK, both in terms of morbidity and mortality, but also in social and economic terms.
- Some individuals are much more vulnerable than the rest of the population, whether to COVID-19 itself, insofar as they are at elevated risk of severe disease and death, or to the consequences of the public health measures that have been imposed in order to control the spread of the virus, which have exacerbated their already challenging life situations. These people could be described as medically or socially vulnerable, respectively.
- Many people have experienced both medical and social vulnerabilities during the COVID-19 pandemic, while others have faced a particularly extensive set of challenges due to their belonging to two or more recognised categories of social vulnerability. These challenges have included the need for targeted information, problems accessing services, de-prioritisation of routine services, stigma/discrimination, and legal as well as financial barriers.
- Civil society and other organisations have worked to provide essential services throughout the pandemic to support these people. An ECDC survey has identified a range of cross-cutting good practices that underpin the successes that have been achieved in spite of the considerable financial and logistical challenges faced. These include flexibility and an ability to adapt services to the emerging situation, thereby ensuring the continued provision of material and social support; creative use of online technologies; and a foundation for the work based on the principles of community engagement.
- National and regional authorities have facilitated civil society groups in many areas through provision of financial support; working to ensure good communication, collaboration and coordination with them; and facilitating a wider framework for action based on equity and human rights.
- However, coordination between civil society organisations and the authorities has not always been ideal. There have also been cases where the rights of vulnerable populations have not been upheld, as detailed in this document.
- The efforts of civil society support organisations over the course of the pandemic to date have been remarkable, but they may not be sustainable over the longer term, and they do not replace states' obligations to ensure access to care and support for people on their territory.
- Financial and political support from national and regional authorities along with collaborative efforts to coordinate and streamline services may be essential if the support organisations are to survive and continue to serve the most vulnerable populations in the EU/EEA.

Available at: <https://www.ecdc.europa.eu/en/publications-data/guidance-medically-and-socially-vulnerable-populations-covid-19>

Legal obligations

- The rights of vulnerable populations have not always been upheld during the pandemic
- But protecting vulnerable populations during the pandemic is a legal obligation of EU/EEA Member States and the UK:
 - General Comment 14 of the UN International Covenant on Economic, Social and Cultural Rights
 - Article 25 of the UN Convention on the Rights of Persons with Disabilities
 - Sustainable Development Goals (SDGs)
 - Founding principles of the EU
 - Charter of Fundamental Rights of the European Union
 - European Convention on Human Rights

Aims of the guidance

1. To identify some of the **major cross-cutting challenges, successes and lessons learned** by **civil society** and **non-governmental organisations** as well as for **national and regional authorities**

Data collection

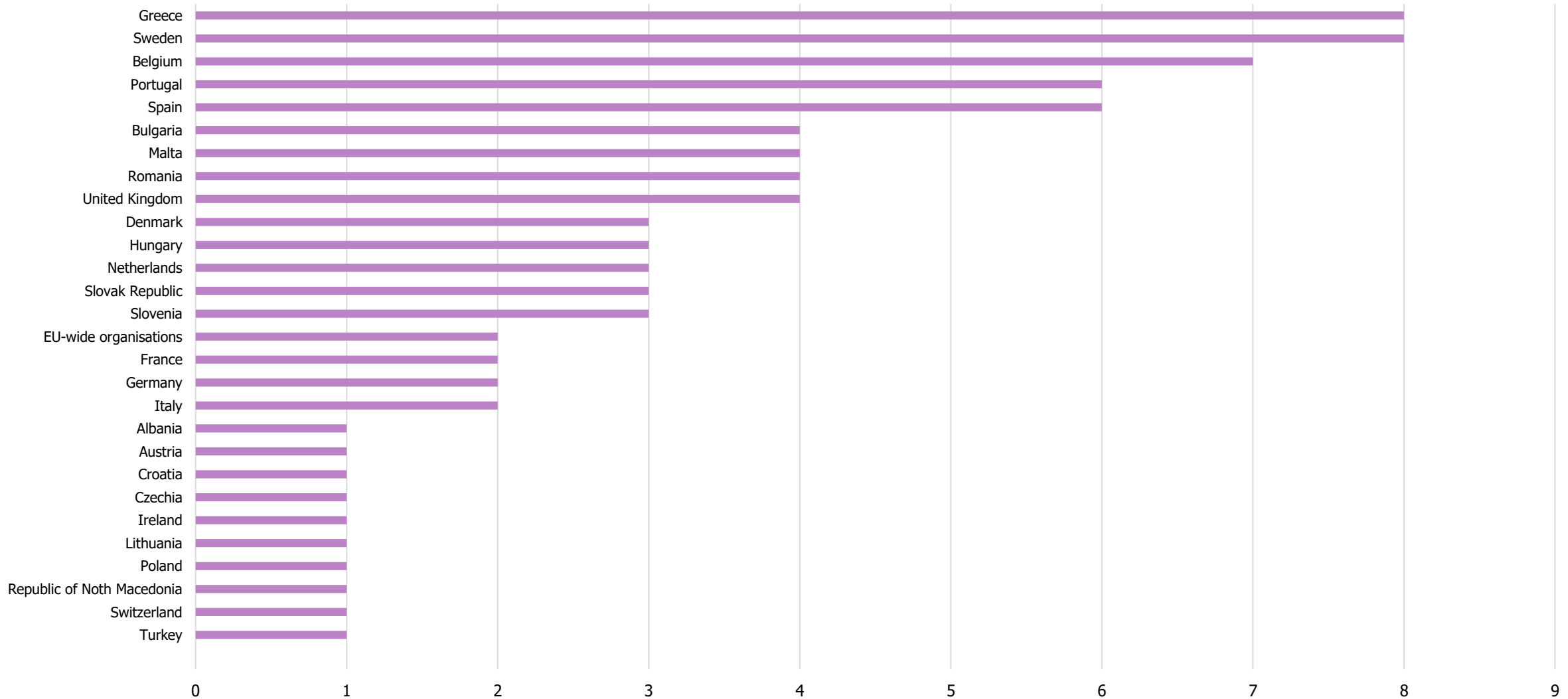
Literature review

- Particular vulnerabilities for each population during the COVID-19 pandemic
- Suggested approaches for addressing the challenges faced

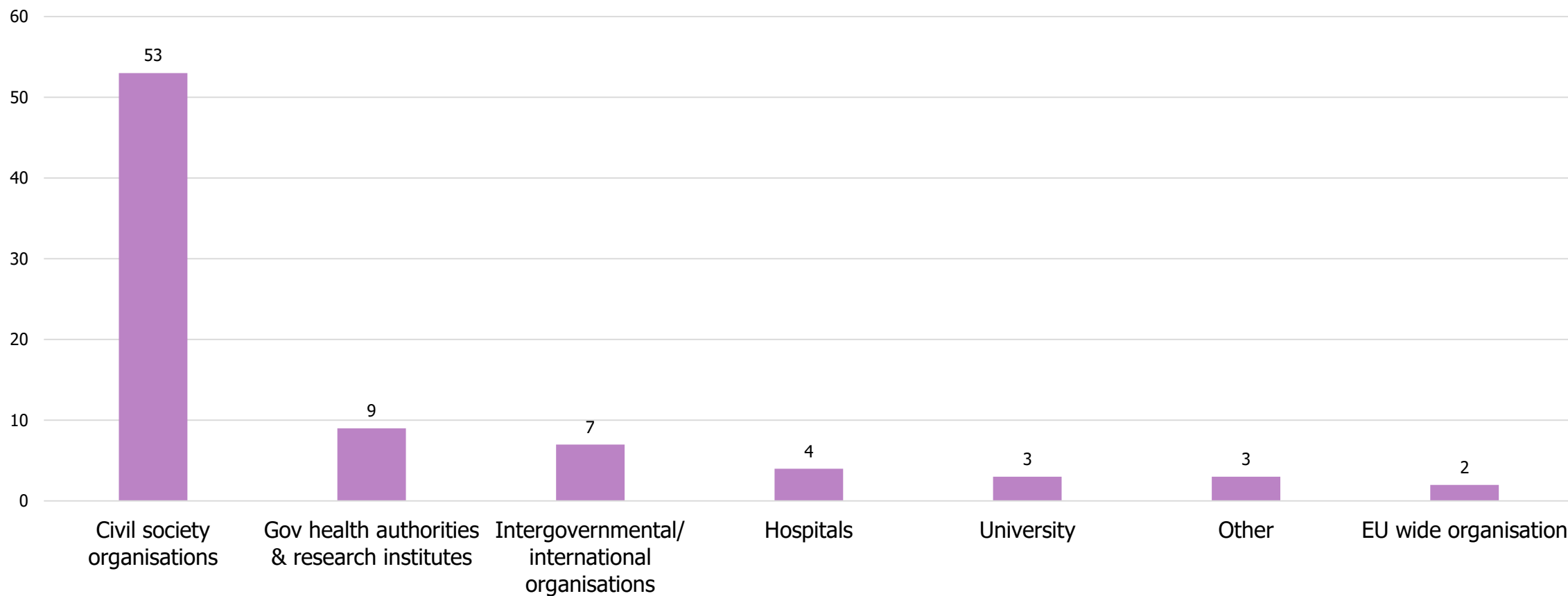
Survey

- 10 multiple choice and open-ended (qualitative) questions
- Sent to ECDC focal points for all EU/EEA countries and the UK in May-June 2020

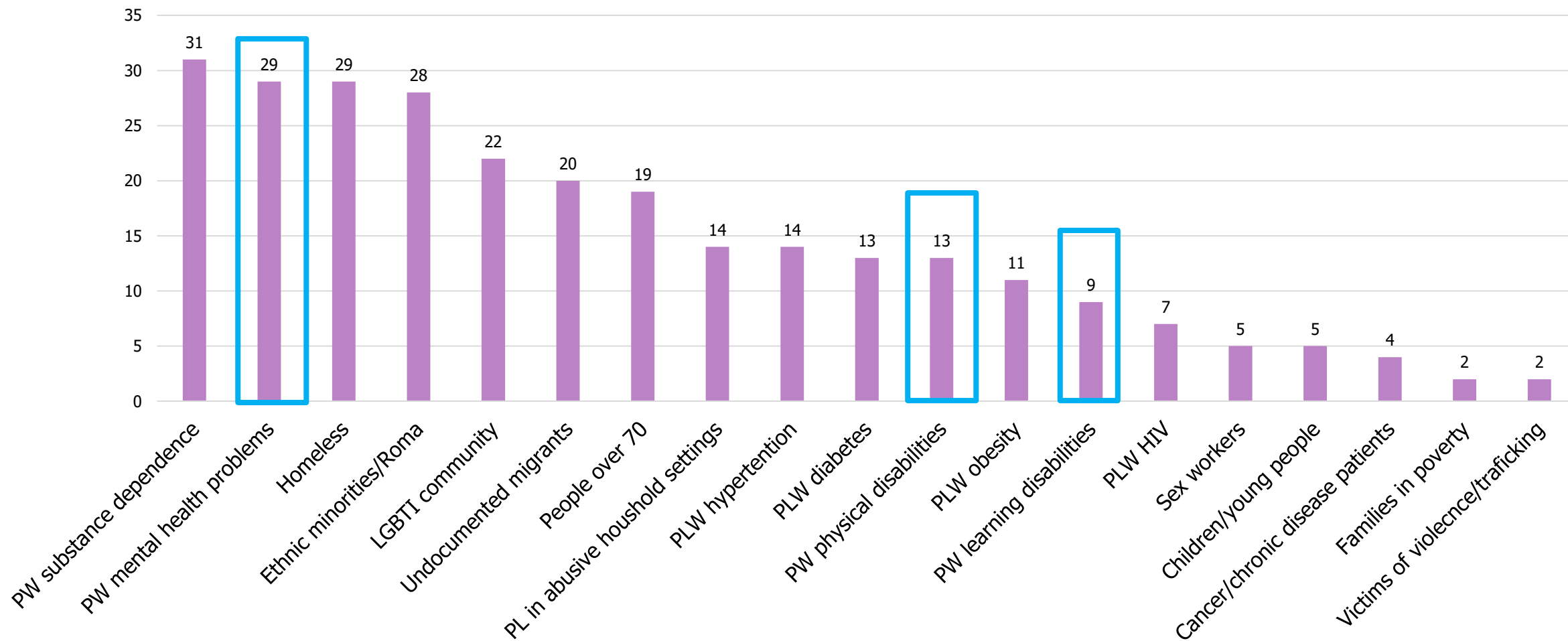
Number of responses to the survey by country (n=81)



Number of responses from different categories of organisations (n=81)



Number of organisations associated with different categories of vulnerable people (n=81)



Challenges faced by people with intellectual and developmental disabilities (IDD)



- People with IDD includes those with Down syndrome, cerebral palsy, autism and other related conditions
- They face an **elevated risk of infection** due to reliance on hands-on assistance from other people, which makes physical distancing challenging
- **Professional care workers** may come to work regardless of their own health status, increasing risk of infecting those they are caring for
- Substantially **elevated risk of mortality** (CFR=1.6% for people with IDD aged 0–17 years, but <0.1% among patients aged 0–17 without IDD)

- Risk of **increased agitation and distress** for the individual
- **Placement breakdown** because of behavioural challenges arising out of the ongoing pandemic situation
- **Limited access to clear and understandable information on COVID-19**, including on the necessary physical distancing measures, in accessible formats

Possible interventions for people with IDD

- **Collaborate in supporting services and families** to reduce both the risk of infection and the impact that the situation has imposed on people with IDD
- **Provide accessible, easy-to-understand information** about protective measures against COVID-19, presented using a range of media (i.e. not only the written word), including online

Proposed good practices for consideration by national/regional authorities and by civil society and other service providers



Proposed good practice	Action needed by national and/or regional authorities	Action needed by civil society/service providers
1. Continuity of service provision	✓	✓
2. Provision of material support	✓	✓
3. Use of online and other digital technologies	✓	✓
4. Prevention of COVID-19 infection for both users and staff/volunteers		✓
5. A community engagement approach	✓	✓
6. Clear communication between service providers and service users		✓
7. Staying socially connected		✓
8. Collaboration between national/regional authorities and civil society service providers	✓	✓
9. Equity and human rights	✓	✓
10. Needs assessments and evaluations of services	✓	✓
11. Flexibility with service level policies while ensuring continued legal protection	✓	

Conclusions

- Civil society support organisations have made a huge contribution during the pandemic to date
- National and regional authorities have facilitated these groups, including through:
 - Provision of financial support
 - Working to ensure good communication, collaboration and coordination with them
 - Facilitating a wider framework for action based on equity and human rights.
- However, the work of civil society:
 - May not be sustainable over the longer term without additional support
 - Does not replace states' obligations to ensure access to care and support for people on their territory

What can national and regional authorities do?

- **Continued financial and political support** from national and regional authorities along with **collaborative efforts to coordinate and streamline services** will be needed if the support organisations are to survive and continue to serve the most vulnerable populations
- The overlapping vulnerabilities of different vulnerable populations highlight the importance of **ensuring coherent policy responses** that:
 - i. Recognise the particular challenges faced by each vulnerable population
 - ii. Respond to shared needs and challenges of the different populations
- **A crisis can also be an opportunity** – can COVID-19 be the catalyst for a fundamental rethinking about how we treat the most vulnerable people in our societies?

Contributors

- **ECDC experts** (in alphabetical order): Lisa Ferland, Tjede Funk, John Kinsman, Teymur Noori, Kate Olsson, Anastasia Pharris, Senia Rosales-Klintz
- **External experts** (in alphabetical order): Tamas Molnar, Cianán Russell, Annabel Seebohm, Thomas Seyler, Alyna Smith, Luca Stevenson, Milan Šveřepa, Bernadett Varga, Julia Wadoux.
- We also acknowledge comments on a draft version of this report from the European Commission's Directorate-General for Employment, Social Affairs and Inclusion (DG EMPL)

Please find the guidance document at

<https://www.ecdc.europa.eu/sites/default/files/documents/Medically-and-socially-vulnerable-populations-COVID-19.pdf>

Additional information on COVID-19 or other
infectious diseases in Europe

www.ecdc.europa.eu