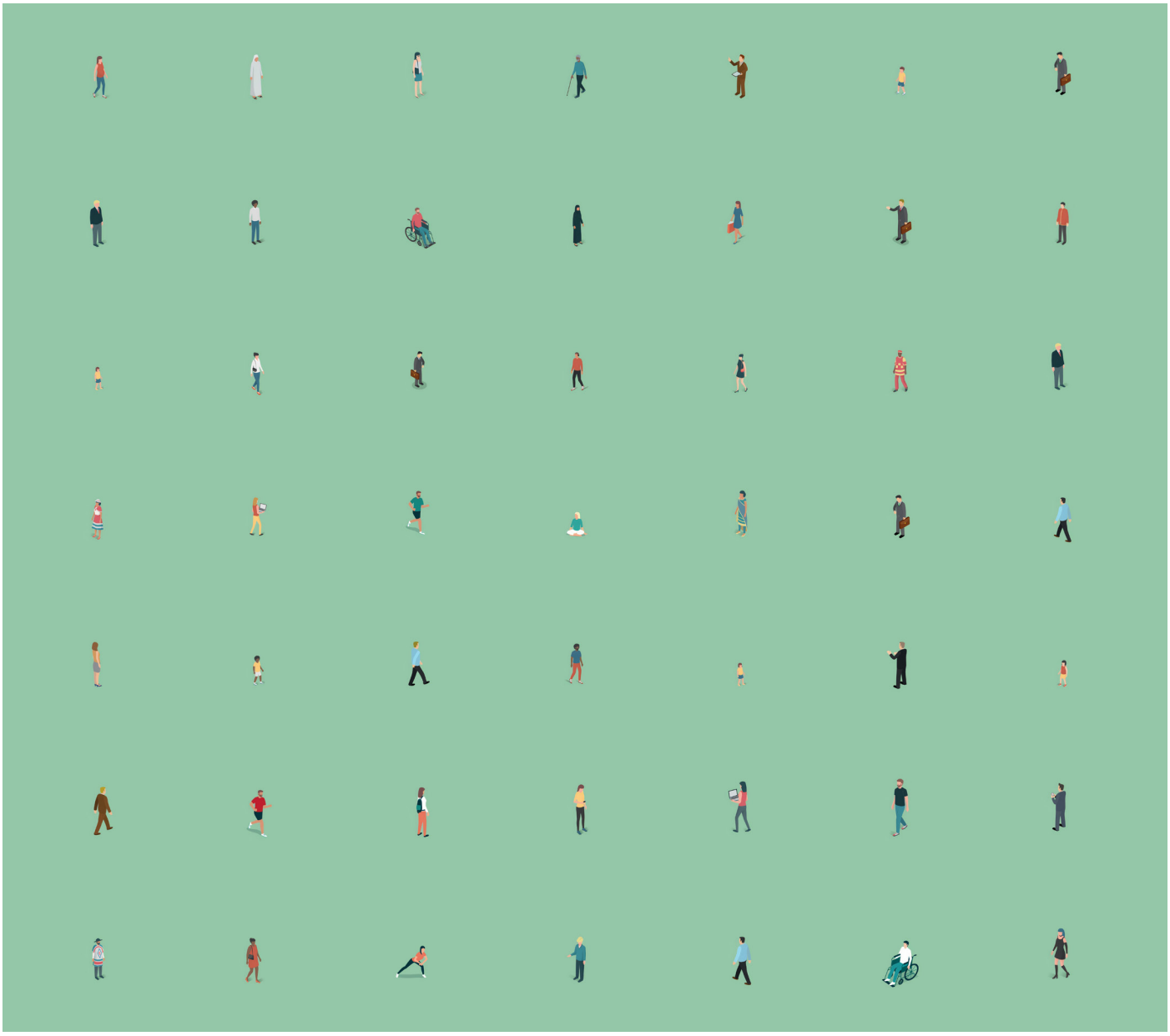
Protecting and Supporting Vulnerable Groups Through the Covid-19 Crisis



UNRISD
United Nations Research Institute for Social Development

COVID-19 RESPONSE

This report was written by Paul Ladd and Eva Bortolotti, and produced by the UNRISD Communications and Outreach Unit. Cover image by Charlie Bulmer (public domain via Unsplash).

UNRISD is an autonomous research institute within the United Nations system that undertakes interdisciplinary research and policy analysis on the social dimensions of contemporary development issues. Through our work, we aim to ensure that social equity, inclusion and justice are central to development thinking, policy and practice.

UNRISD depends entirely on voluntary contributions from national governments, multilateral donors, foundations and other sources, and receives no financial support from the regular budget of the United Nations. We gratefully acknowledge the institutional support received from our funding partners at the Swedish International Development Cooperation Agency (Sida), the Swiss Agency for Development and Cooperation (SDC), the Swiss Federal Department of Foreign Affairs, and the Finnish Ministry of Social Affairs and Health.

For a list of any errors or omissions found subsequent to printing, please visit **www.unrisd.org/covid-19-vulnerable-groups-report**

ISBN 978-92-9085-111-0

July 2020

UNRISD
Palais des Nations, 1211 Geneva 10, Switzerland
info.unrisd@un.org
www.unrisd.org

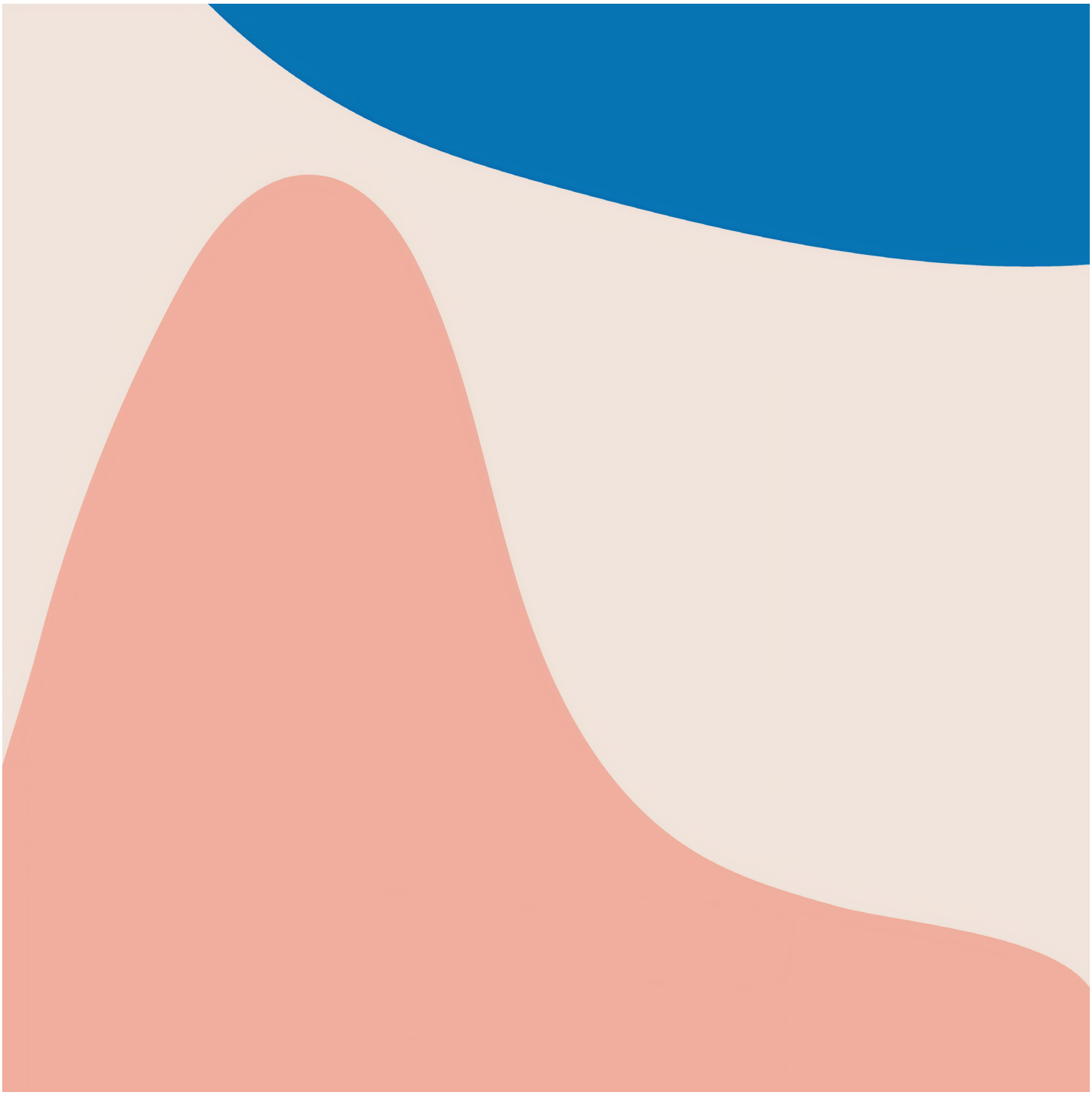
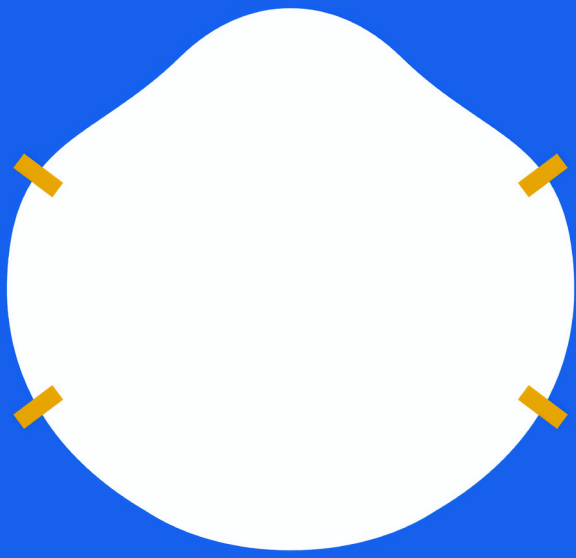


Image: Lauren Mitchell. Public domain via Unsplash.

Protecting and Supporting Vulnerable Groups Through the Covid-19 Crisis



Contents

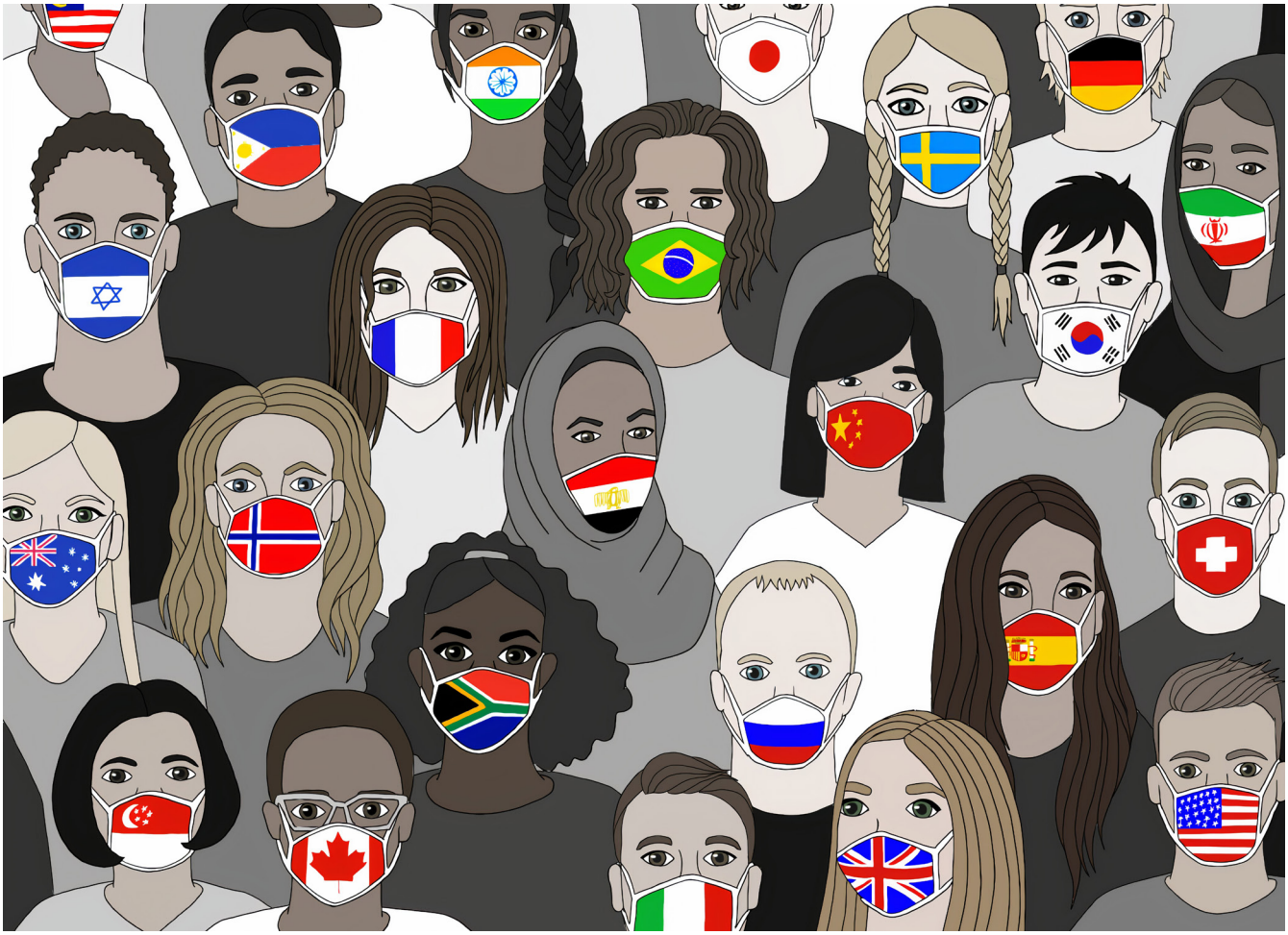


Image: Laura Makaltses. Public domain via Unsplash.

Summary

THIS REPORT offers insights on how interventions to address the Covid-19 pandemic—by governments and non-state actors—have affected vulnerable groups, especially those living in poverty and experiencing informal and precarious work, as well as older persons. It is hoped that these insights can encourage policy responses that are more sensitive to the needs of vulnerable people and groups. The information presented is drawn from a survey that the United Nations Research Institute for Social Development (UNRISD) launched at the end of April 2020, primarily targeted at UNRISD's network of academics and practitioners. It covers all regions of the world and countries at all income levels.

The survey responses support the narrative that—as a result of lockdowns—many people around the world have faced a terrible choice between lives and livelihoods. In poorer countries, lockdowns and physical distancing have been less effective and undermined by a lack of complementary socioeconomic measures such as scaled-up cash transfers and food distribution. Border and school closures were perceived as easier to implement across countries of all income levels. Internal travel restrictions in particular have generally served to protect indigenous communities, although other threats such as economic exploitation of their resources have increased. Yet school closures have also led to concerns that educational inequalities are being exacerbated because of a lack of access to learning resources for children without access to the internet or from disadvantaged backgrounds. Beyond poverty and informality, most explicit references to other vulnerable people and groups—especially older persons and people living with disabilities—became more apparent for countries at higher income levels.

Responses to the survey revealed some important differences between the efficacy of interventions implemented in urban and rural areas, and in the support received from local, state and national governments. There was widespread recognition that some policy interventions—such as food distribution—were more important and necessary in urban areas, but that rural areas also faced unique challenges, such as their relationship with urban markets. Mobility (or its restriction) between the two, especially of migrant workers, created new vulnerabilities for migrants themselves and hosting communities.

There have been strong gendered dimensions of the policy responses and interventions, with women and girls more likely to be negatively affected compared to men. Survey responses confirmed, through specific examples, what has received widespread media attention: that women's burdens at home—for care, education and domestic work—increased significantly as a result of confinement and school closures. Women were found to be more exposed to the risks of domestic violence, harassment and unwanted pregnancies. And income insecurity intensified for many women, as they were less likely to directly receive government support compared to men. The gendered segregation of the labour market meant that women were more likely to continue working through the crisis, especially in roles that put them at risk—in care, nursing, food and service industries, for example.

There have been other unintended consequences of government policy responses. Respondents in about one-sixth of countries reported increases in police violence and harassment, crime, bribery and corruption. Positive dynamics were stated in relation to family life, friends and society; and in lower levels of air pollution. While the crisis has exposed and exacerbated many inequalities, it has also led to some reflection on societal values, including the revalorization of "essential" workers, and the importance of universal health services and social protection.

Beyond governments, non-state actors have been an important source of support, especially for vulnerable groups most adversely affected by lockdowns and physical distancing. This has included the provision of food and protective equipment, public information campaigns, transporting older persons to clinics, mental health services, and support for women and children. Faith-based groups and organizations, trade unions, and the private sector—including cooperatives, and social and solidarity economy actors—have also provided essential support and services in some countries.

Respondents identified a range of policies that could better support and protect vulnerable groups in the areas of social protection, inclusive and responsive institutions, health care and medical support, and collaboration and solidarity. Initiatives linked to the provision of cash support, food, water and shelter were highlighted particularly in low- and middle-income countries. A major concern across all countries was the lack of reliable information on the specific characteristics, locations and needs of vulnerable groups that could be used to design and effectively deliver appropriate responses. In some countries it was felt that more participatory and bottom-up approaches, led by decentralized institutions, and including representatives of vulnerable groups, would improve the quality and efficacy of the overall response. Some respondents also argued for giving equal if not more attention to non-governmental modes of support, especially where there are problems of bureaucratic inertia and corruption. Increased collaboration, external support and funding for NGOs that already work with vulnerable groups were seen as important interventions across countries of all income groups.

Beyond these insights to inform more effective policy responses for vulnerable groups, the survey also points to areas for further investigation based on UNRISD's mandate and experience in the field of social development. These include a deeper context-specific understanding of inequalities and vulnerability, including through an intersectionality lens; the experience of countries that have stronger and more comprehensive health and social protection systems; how modes of governance and underlying politics shape the impacts and responses to the crisis; the fundamental questions raised by the pandemic about our relationship with nature and the planet; and reflection prompted by the crisis on how we organize economic activity to strengthen resilience, how society values the contributions that paid and unpaid essential workers make, and how we underpin a shift towards greater solidarity and collaboration both within and between countries.

Introduction

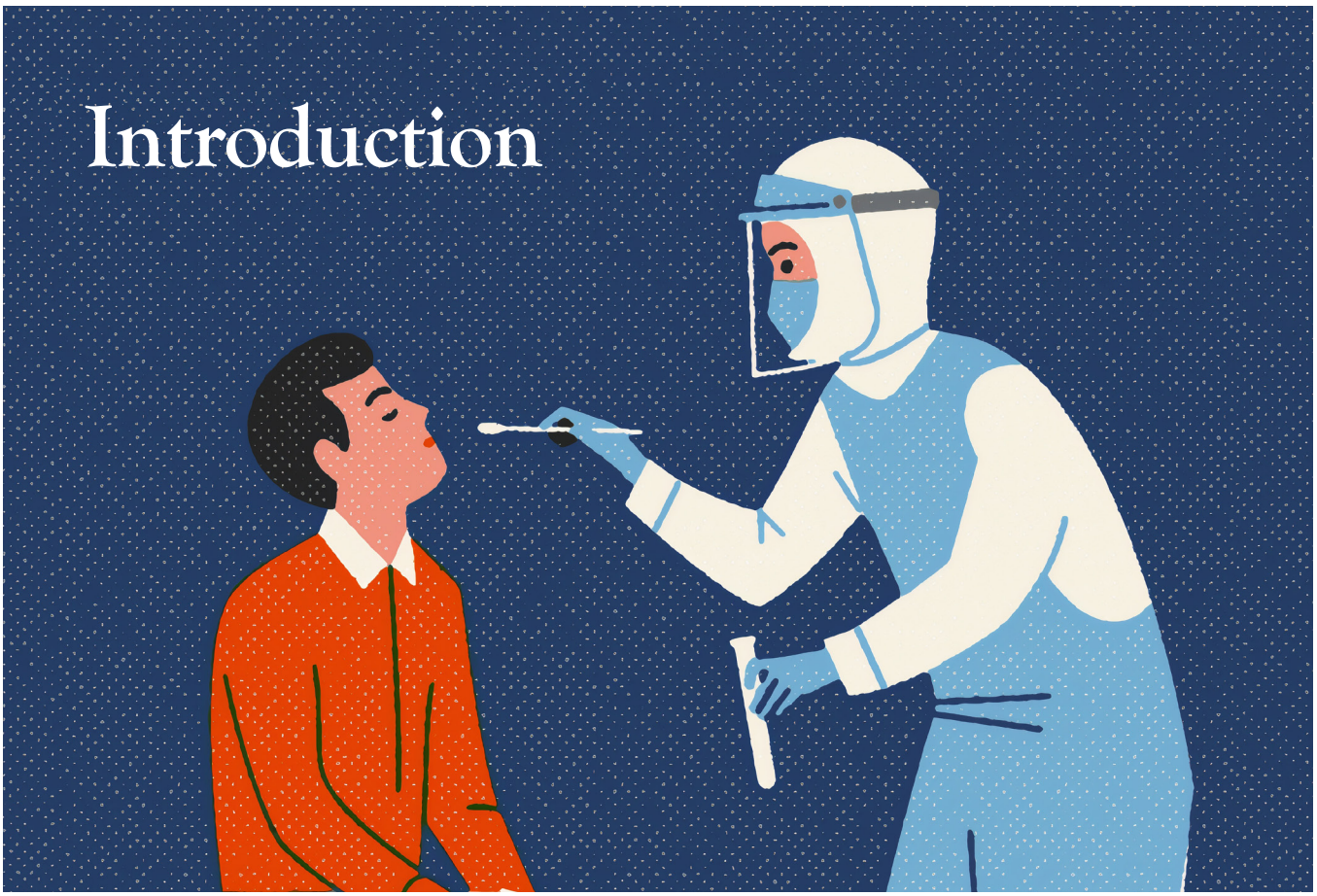


Image: Russell Tate. Public domain via Unsplash.

The Covid-19 pandemic that has unfolded in the first six months of 2020 has proceeded in waves with different hotpots; first China, then Italy and the rest of Europe, and then the United States. At the time of writing it has a strong foothold in many countries in South America, and the risk is that it will continue to spread within Africa and Asia. Different regions and countries are at different stages of infection and, critically, they are at different stages in their response.

Infection rates and mortality rates have varied widely across the world. It will take time to disaggregate and understand the factors behind this variation, but this will necessarily include an exploration of: how quickly broad physical distancing measures and closures were initiated; enforcement methods; health system capacity; the underlying health status of populations; the proportion and living conditions of older persons or those with other health vulnerabilities; socioeconomic measures to help people endure distancing and shutdown measures; and strong tracking and tracing systems. Besides underlying conditions and political choices, the ability to develop and effectively implement many of these policy responses has depended on the capacity of state institutions.

Early analysis suggests that the impacts of the crisis have been unevenly distributed. It has severely hit those people living in poverty, without alternative income and livelihood options or lacking access to social protection. It has spread more quickly in densely populated spaces, cities and slums. It has affected those with less access to services and support, and those already in poorer health. It has had gendered impacts, particularly for women who have taken on additional care burdens and suffered higher rates of violent abuse in the home. Survey responses highlighted that in the United States and Europe, Covid-19 has been more widespread in the Black and minority ethnic communities because of underlying inequalities.

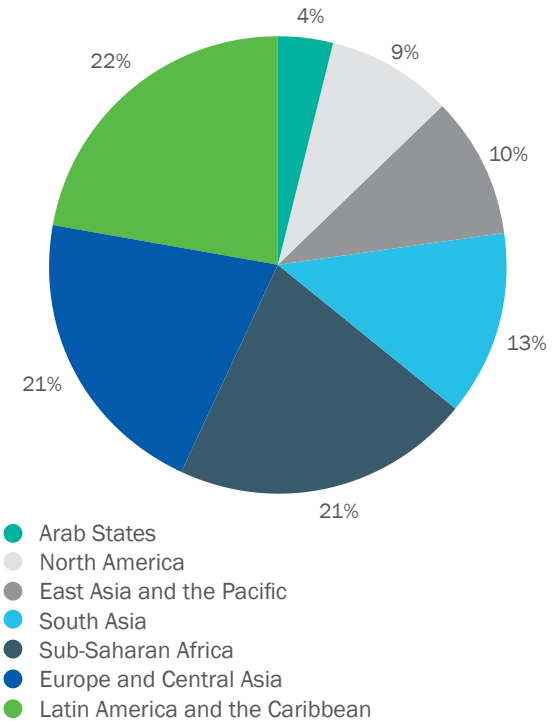
The pandemic threatens the progress made on poverty reduction and economic and social development in the last two decades, and casts a dark shadow over the prospects for the 2030 Agenda for Sustainable Development—and, in particular, its commitment to leave no one behind. It seems clear that Covid-19 is exacerbating pre-existing inequalities. Broad measures to contain the virus have not always been sensitive to the needs of groups that may already be vulnerable in society because of circumstance or characteristics;

or who risk slipping into vulnerability because of poverty and exclusion. After the initial health crisis has passed, governments will need to recommit to a socio-ecological transformation that respects human rights, human well-being and the environment.

UNRISD launched its survey to collect perspectives on the extent and effectiveness of policy responses to Covid-19, and in particular how they address the potential or actual vulnerabilities of individuals, groups and communities. The objective was to provide rapid insights on how policies can be better designed so as to address the needs of groups that may already be vulnerable or may become so. This is important because not all countries have yet to experience the full impact of the Covid-19 pandemic, and there is the ongoing risk of spikes or new waves of contagion in all countries. In addition to pointing out main trends, failures and unintended consequences, the analysis has also sought to highlight good practices. The survey respondents are largely drawn from UNRISD's network, typically academics and practitioners, in all regions of the world. The majority of respondents are thus affiliated with academic institutions, NGOs, United Nations agencies, civil society or social movements. It is not meant to be a representative survey of individuals or households to assess direct and indirect socioeconomic impacts. It is instead intended to provide insights on the main trends associated with vulnerable groups across all countries, particularly with a view to further research. Responses have been analysed with qualitative social science methods, with the objective of identifying key trends that emerge in relation to vulnerable groups, and to determine patterns to inform future discussions about reforms and transformation.

Because of the motivation to provide an analysis—as far as possible—in real-time, this report analyses the first round of responses received between 27 April and 17 May 2020. The survey remained open for a further five weeks, and was closed on 21 June. An updated report may be issued to take into account the additional submissions. The survey was available online in English, French and Spanish; participants were also invited to submit responses in all languages using browser translators if needed.

Percentage of responses per geographical region



Survey responses: some numbers

- 329 responses from 82 countries

- **Low-income**
  17% of survey countries; 8% of responses
- **Lower-middle-income**
  19% of survey countries; 30% of responses
- **Upper-middle-income**
  24% of survey countries, 26% of responses
- **High-income**
  25% of survey countries, 36% of responses

- 53% of respondents were female and 44% were male (with 3% choosing not to identify)
- Nearly 20% of respondents were aged 20-34 and 14% were aged over 65

Which vulnerable people were mentioned by respondents?

THE UN FRAMEWORK for the immediate socioeconomic response to Covid-19 (hereafter UN framework) lists the people who should be reached in the collective response, so as to ensure that no one is left behind.

At-risk populations experiencing the highest degree of socio-economic marginalization and requiring specific attention in the UNDS immediate development response

- Older persons
- Adolescents, children and youth, especially girls and young women
- Persons with disabilities, persons with mental health conditions
- Indigenous peoples
- Migrants, refugees, stateless and internally displaced persons, conflict-affected populations
- Minorities
- Persons in detention or in institutionalized settings (e.g. persons in psychiatric care, drug rehabilitation centres, old age homes)
- Slum dwellers, people in informal settlements, homeless persons
- People living with HIV/AIDS and other people with pre-existing medical conditions
- Small farmers, fishers, pastoralists, rural workers in informal and formal markets, and other people living in remote rural areas as well as urban informal sector and self-employed who depend on market for food
- The food insecure, particularly in countries affected by prolonged conflict and crisis
- People in extreme poverty or facing insecure and informal work and incomes
- Groups that are particularly vulnerable and marginalized because laws, policies and practices do not protect them from discrimination and exclusion (e.g. LGBTI people).

There was a close match between the at-risk populations identified in the UN framework and those mentioned in responses to the UNRISD survey. Over 92 per cent of the vulnerable groups mentioned across all responses can be associated with 11 groups identified in the UN framework (with the number of survey mentions in square brackets):

- People in (extreme) poverty or facing insecure and informal work and incomes [111]
- Older persons [108]
- Informal sector workers and migrant workers [72]
- Migrants, refugees, stateless and internally displaced persons [66]
- Adolescents, children and youth, especially girls and young women [63]
- Women [60]
- Slum dwellers, people in informal settlements, homeless persons [42]
- Minorities [41]
- Persons with disabilities, persons with mental health conditions [30]
- People living with HIV/AIDS and other people with pre-existing health conditions [30]
- Indigenous people [30]

For the two groups of vulnerable people most mentioned by survey respondents, there are some interesting dynamics across countries. Extreme poverty (and insecure and informal work) is of course far more prevalent in low- and lower-middle-income countries. And yet there are concentrations of vulnerabilities due to exclusion and relative poverty in high-income countries—especially for unemployed people, gig workers, people living with disabilities, children, Black and minority ethnic people, the LGBTQI* community, prisoners and homeless people.

Older persons have been shown to be more at risk from Covid-19, with 95 percent of mortality from the disease in Europe being of people aged 60 years or over;[1] and 80 percent of mortality in the United States being of those aged 65 and over.[2] For the countries covered by the survey respondents, the median proportion of the population aged 65 years and over was 2.9 percent for the low-income countries; 5.2 percent for the lower-middle-income countries; 8.9 percent for the upper-middle-income countries; and 18.2 percent for the high-income countries.[3]

Note: UNDS refers to the United Nations development system
United Nations (2020). *A UN framework for the immediate socioeconomic response to Covid-19*, April 2020
https://unsdg.un.org/resources/un-framework-immediate-socio-economic-response-covid-19

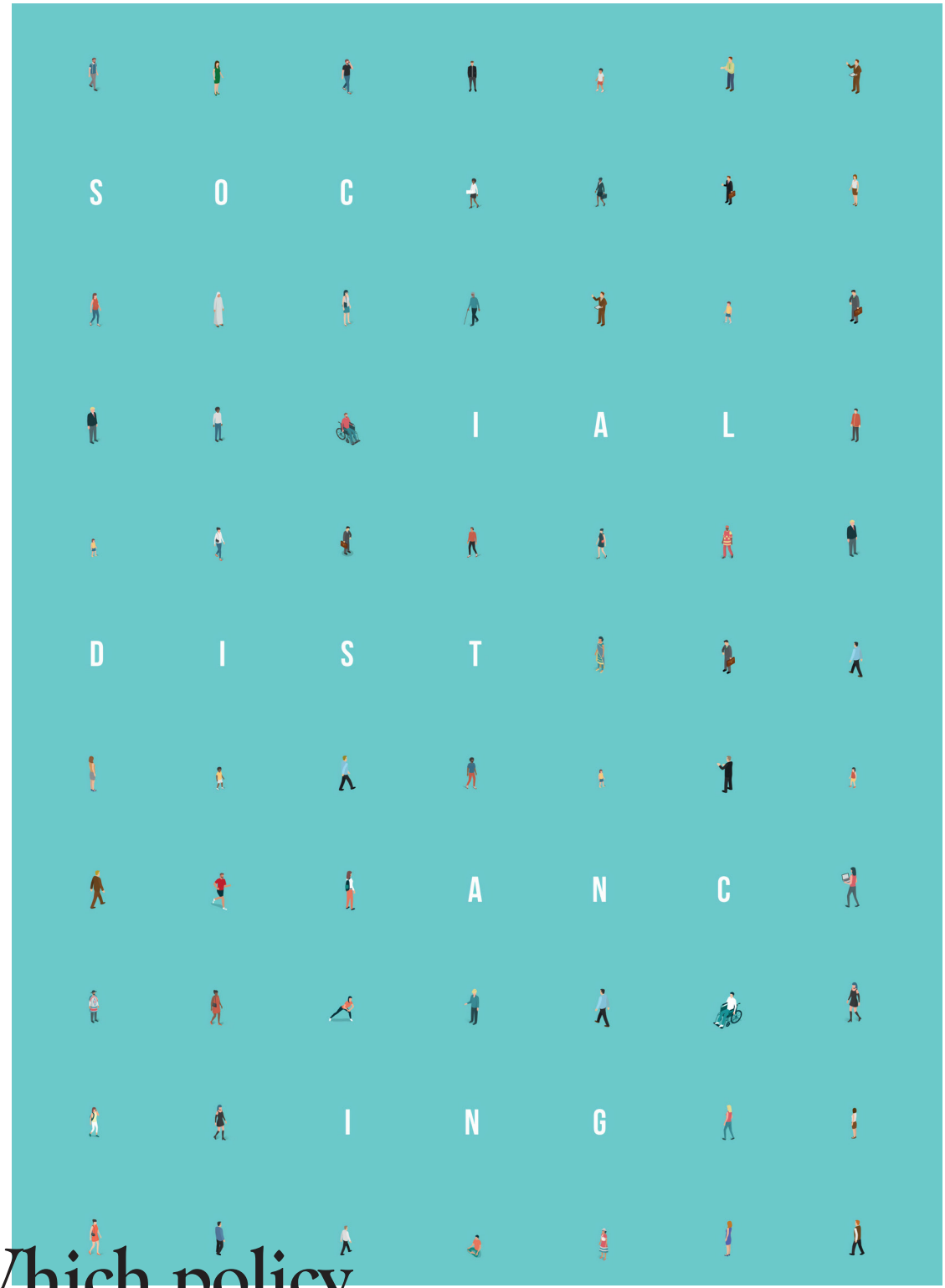


Image: Charlie Bulmer. Public domain via Unsplash.

Which policy responses are governments putting in place?

THE SURVEY provided a broad initial list of interventions that have been initiated by governments. Respondents were asked to identify which of these had been put in place by their country, and how effective the interventions had been in supporting and protecting vulnerable communities. Many respondents framed their answers from the perspective of a particular vulnerable group; others made more general observations.

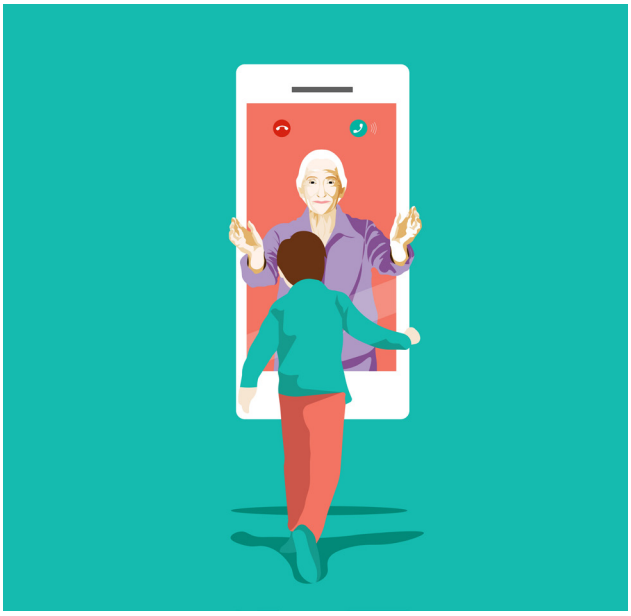


Image: Nubefy Design for All. Public domain via Unsplash.

In general, according to survey responses, physical distancing, lockdowns, school closures and border closures were the interventions most introduced by governments in countries of all income groups and geographical regions. The responses used less included transfers to the unemployed, newly unemployed, or workers in the informal sector; reduced utility bills; mortgage or rent holidays; and free medical treatment.

There were some important differences by country income group. All government interventions were perceived as less effective in low-income countries. In particular, survey respondents noted that lockdowns and physical distancing were undermined by a lack of complementary socioeconomic support measures, such as scaled-up cash transfers or food distribution—presumably because of limited fiscal space, weak government capacity, or both. In middle-income countries, free medical care and services—tests and treatment—were perceived as broad and effective ways of providing support. In high-income countries, there was much wider use of financial support for businesses so that they could retain (or furlough) employees, testing and tracing systems, and expansion of health system capacity through the building of hospitals and purchase of equipment such as ventilators.

There were some interesting differences by region. In sub-Saharan Africa and South Asia, all policy interventions by governments were perceived as less effective, but especially testing and tracing. Lockdowns and physical distancing were considered very ineffective in sub-Saharan Africa in particular—largely because of the dilemma between health and livelihoods—but this was also noted as a challenge in South Asia and in the Arab States. Although governments in Europe, North America and to some degree Central Asia had the fiscal space to provide support to businesses and formal sector workers, gaps were apparent for many new entrants in the gig economy. In contrast, free medical treatment was seen as particularly effective in those countries in Europe and North America that extended or subsidized coverage.

Lockdown and physical isolation policies were perceived as less effective in low- and lower-middle-income countries if not accompanied by social and economic support policies. Families did not have the option of staying at home if there were no other sources of income or food. This was also observed in some upper-middle-income countries, but it was not noted as a main concern in high-income countries. High levels of poverty, especially for workers in the informal sector and their families, were noted in low-income countries such as Afghanistan, Haiti, Tanzania and Yemen; lower-middle-income countries such as Bolivia, Cameroon, Egypt, India, Myanmar, Nigeria, the Philippines and Viet Nam; and upper-middle-income countries such as Algeria, Brazil, Colombia, Iran, Mexico and South Africa. Several responses in Nigeria noted the lack of "palliative" measures for poor people. Cash transfers for informal workers in Algeria were considered too slow because of "poor ministry coordination". In Bangladesh many of the garment factories stayed open, which kept a majority female workforce employed but exposed them to greater risks. Physical distancing in Brazil was seen as being "ok for the medium and upper classes". In South Africa, it was considered much harder to enforce lockdown in townships.

Photo: Asael Peña. Public domain via Unsplash.

The lack of effective food distribution was seen as an important gap in being able to reinforce lockdown and physical isolation approaches. This was a common complaint in Ethiopia, Mali, Niger and Somalia; Bangladesh, El Salvador, Ghana, India, Kenya, Palestine, the Philippines and Viet Nam; Colombia, South Africa and Sri Lanka. In Bangladesh there was a fear that food relief was being stolen. Food donations and transfers were undermined in El Salvador by a "lack of information and transparency". In Ghana, targeting was identified as a problem leading to "inclusion and exclusion errors". In India, those lacking ration cards—especially migrant workers—fell through the cracks. In Colombia, authorities in the Amazon nature reserves and parks distributed food to indigenous communities, and the private sector also played a role in food donations. In Uruguay, one respondent highlighted the inefficient management of care homes, where older people are confined in "poor nutritional and sanitary conditions".

Border closures were largely (but not always) perceived as an effective strategy to prevent virus spread, and hence protect all people, in a wide range of countries across all regions and income levels, including Chad, Haiti, Togo and Uganda; Bangladesh, Cameroon, India and Uzbekistan; Algeria, Argentina, Costa Rica, Ecuador, Peru, Russia and South Africa; Australia, Canada and Lithuania. For the responses from low-income countries—Chad, Haiti, Togo and Uganda—this may be because it was a policy that could be implemented within existing state capacities. Lack of state capacity was also mentioned for Ghana, South Africa and Colombia. However, **border closures were questioned and seen as less effective in some countries.** Respondents from Myanmar and Nigeria, for example, felt that international and state border closures came too late, were undermined by economic necessity, and could be overcome through bribery. Respondents in Colombia saw problems related to family reunification and continued illegal movement in border areas, including illicit drug trafficking. This issue was raised especially for the borders with Brazil, Ecuador, Peru and Venezuela.

School closures were seen as an effective policy measure to prevent virus spread in many countries across all income levels, including Tanzania; Cameroon, India, Indonesia, Kenya, Morocco, Nigeria and Senegal; Brazil, Mexico, Peru, South Africa and Turkey; and the United States. But in some countries—including Colombia, the Maldives and Spain—there were **concerns that school closures would exacerbate education inequalities because poorer households were less e-connected and students in these households would lose school time.** In Luxembourg, one respondent noted that closing schools had made it particularly hard for single parents.

Beyond poverty and informality, explicit references to other potentially vulnerable groups only became more apparent in responses for countries with higher income levels. In Indonesia, one respondent noted the lack of protocols and capacity for assisting people with autism. In Malaysia, the United States and the United Kingdom it was felt that insufficient attention had been paid to supporting people living with disabilities, especially those that live alone. There was no effective plan for indigenous peoples in Peru; while in Canada, natural resource extraction had been deemed an essential service and function, exposing indigenous peoples to higher levels of risk in some areas. In addition to migrants in the Maldives, who make up at least one-quarter of the population, the plight of homeless persons was also noted. The precarious conditions of migrant workers who are excluded from government support programmes were noted in Singapore. In the United Kingdom, a significant shortfall in support was noted for people from Black and minority ethnic communities, especially those working in health care. The impacts of the crisis (and responses to the crisis) for older persons was a common theme, particularly noted in upper-middle- and high-income countries. Travel restrictions were seen to isolate elderly people in the Philippines. The lockdown of care residences was seen as largely effective in Belgium, Finland and Switzerland; and too late in Canada, Hungary, Spain and the United Kingdom.

Finally, the **efficacy of public communication campaigns** was highlighted in Argentina, Costa Rica, Cuba, France and Uzbekistan. But in Zambia, one respondent mentioned how information was not disseminated in local indigenous languages.

Are there key differences within countries?

Photo: Legado Lima 2019. Public domain via Flickr.

RESPONSES TO THE SURVEY revealed some important differences between policies implemented in urban and rural areas, and in the support received from local, state and national governments.

There was a **widespread recognition that some policy interventions are more important and necessary in urban areas.** The extent of self-sufficiency in food is lower in urban areas, requiring a greater emphasis on food distribution in towns and cities. Businesses are more likely to be based in urban areas, so financial support to businesses (to furlough employees) or directly to workers themselves reinforced the lockdown and the ability of adults to stay at home. Moreover, the density of population in big cities, and in associated informal settlements and slums, gave extra weight to the importance of distributing equipment such as masks, and making tests available to identify and control outbreaks.

At the same time, respondents recognized that **rural areas face unique challenges.** Data systems tend to be weaker and rural populations underserved because of a lack of media coverage and political representation. The lower level of awareness in rural areas of Covid-19 was noted in about one-fifth of countries across all income levels, but especially in low- and lower-middle-income countries. Respondents from Nigeria and Somalia added that some rural populations refused to "believe" in Covid-19. Limited health infrastructure (hospitals, clinics, doctors) and testing capacity was raised as a challenge for about one-quarter of the countries in the survey.

At the same time, it was noted in 19 countries that it was **far easier to implement and respect physical distancing in rural areas.** Respondents from three high-income countries (Italy, New Zealand, and the United Kingdom) suggested that more cohesive and stronger communities in rural areas helped in the response. For Brazil, it was noted that many indigenous and Quilombola communities have been able to close their communities to outsiders.

Mobility between urban and rural areas was recognized as a challenge in some countries. Several respondents from India raised the likelihood that migrants returning to rural areas brought Covid-19 with them, and also the economic challenge of rural areas being cut off from urban markets. In Paraguay, it was noted that migrants were not returning to rural home districts because they were fearful that they would then be unable to go back to the cities and resume employment. In Myanmar restrictions on movement were difficult for internally

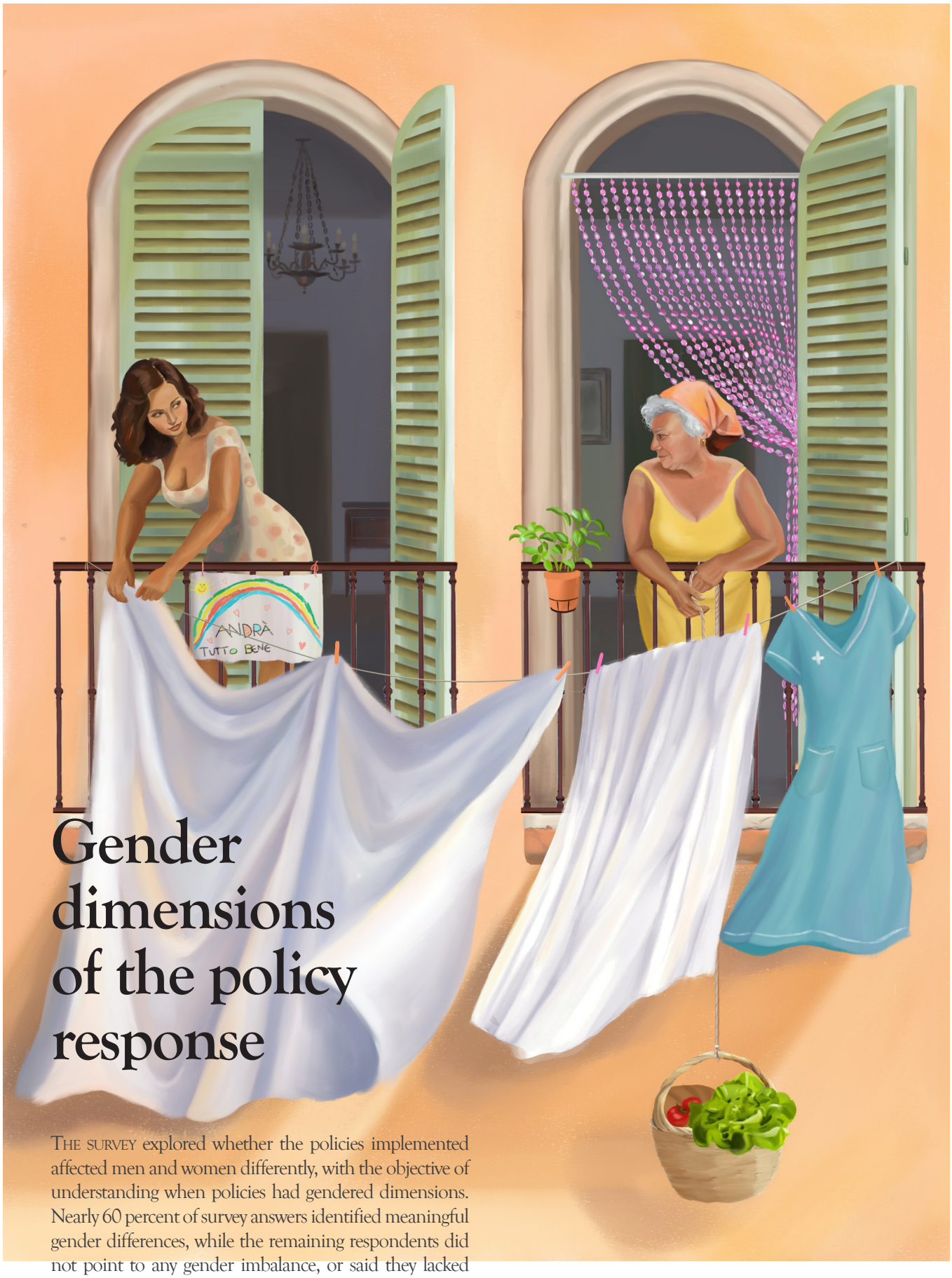
Photo: IAEA. Creative Commons BY 2.0 via Flickr.

displaced people. The district authority in La Victoria, Lima, Peru, had set up camps for provincial migrants trying to return. In Australia it was felt that internal travel restrictions had protected aboriginal communities.

The relationship between national, state and local governments varied widely across countries. Confirming media reports, respondents in Brazil and Pakistan felt the national governments were blocking and hindering actions by state, local and city governments. Some states in India—notably Kerala, but also Odisha and West Bengal—were perceived as performing particularly well. The Western Cape government in South Africa created camps for homeless persons, although no extra information was given on the conditions in these camps.

Responses varied even for the same country, depending on whether specific local governments were perceived as effective. In almost 30 percent of countries, predominantly low- and middle-income, it was felt that there was weak or no local government action.

Some local governments have been active in providing financial support, food and medical supplies. Respondents in one-fifth of countries, across all income levels, said that local governments have helped to organize food distribution, although there were concerns over corruption and misallocation in some. Numerous concrete examples were mentioned by survey respondents. In Finland, rural municipalities working with NGOs and churches organized shopping transport for people over 70 years of age. In Lithuania, local governments provided food for the elderly and transport to testing facilities. In a small number of countries, local governments have provided economic support—the municipality of Bogota in Colombia provided a minimum guaranteed income; in Jalisco in Mexico the local government established an emergency credit line; and in the Philippines a universal cash transfer was provided in Pasig City, Metro Manila. In about one-tenth of countries, local governments have supported the distribution of medical and hygiene equipment including face masks, hand sanitizer and soap in Cameroon; mental health support was provided in El Salvador.



Gender dimensions of the policy response

THE SURVEY explored whether the policies implemented affected men and women differently, with the objective of understanding when policies had gendered dimensions. Nearly 60 percent of survey answers identified meaningful gender differences, while the remaining respondents did not point to any gender imbalance, or said they lacked the appropriate knowledge of the topic to answer the question.

Image: LLélie Lesage. Public domain via Unsplash.

The majority of respondents who identified gendered differences in the implementation of policies declared that **women were more likely to be negatively affected compared to men.** In this regard, several major trends emerged.

Women's caregiving burden at home increased significantly as a consequence of confinement measures and school closures. Activities including childcare, homeschooling and medical assistance to the sick—often combined with increased or undefined working hours—were identified as the cause of greater workload and psychological stress in Haiti, Mali and Tanzania; Cameroon, El Salvador, Ghana, India, Indonesia, Kenya, Nigeria and the Philippines; Brazil, Colombia, Costa Rica, Ecuador, Lebanon, the Maldives, Paraguay, Peru, Russia and South Africa; Australia, Chile, Germany, Hungary, Ireland, Italy, Japan, Luxemburg, the Republic of Korea, Spain, Switzerland, the United Kingdom and the United States. This trend was raised repeatedly by respondents in Germany, the Republic of Korea, Switzerland, the United Kingdom and the United States, highlighting more awareness of the problem in high-income economies. In lower-middle-income and upper-middle-income countries such as El Salvador, Nigeria, Zambia, India, Argentina and Peru, further causes of stress for women were identified in the difficulty to meet food expenses, as women are often responsible for ensuring that food is provided for the household.

Women were found to be more exposed to the risks of domestic violence, harassment and unwanted pregnancies, given the "high likelihood of being trapped in difficult personal and social circumstances" (South Africa). This trend emerged in a wide range of countries across all regions and income levels: Ethiopia, Mali and Uganda; Bolivia, Egypt, El Salvador, India, Indonesia, Nigeria, Pakistan, the Philippines, Uzbekistan and Viet Nam; China, Colombia, Lebanon, Malaysia, Mexico, Peru, Serbia and South-Africa; Canada, Chile, France, Germany, Hungary, Italy, Spain, Switzerland, the United Kingdom and the United States. This issue was particularly concerning for numerous respondents in India and South Africa; and in Uganda one respondent mentioned that "a few women have been killed by their husbands or had to go to hospital with serious injury". In Nigeria and Colombia it was noted that women were losing their freedom and independence. In India and El Salvador, respondents reported how domestic violence and harassment also affect also the "LGBT population".

Women were more likely to face income insecurity and be at greater risk of not receiving government support compared to men. This is caused by the fact that they are usually employed in part-time, casual, poorly paid and insecure employment, as well as in the informal sector. This precarious economic condition was reported particularly by respondents in low- and middle-income countries, where women are more involved in informal activities such as domestic work, petty trading, agriculture, commerce, catering, cooking and maintenance: Chad, Haiti and Tanzania; Ghana, India, Nigeria, Pakistan, the Philippines and Zambia; Colombia and Costa Rica. In Chad, it was highlighted that the informal sector accounts for 90 percent of the female workforce.[4] Because of the absence of work, women became exposed to new risks. One respondent mentioned that in Kenya women have started to engage in sex work activities. In Lusaka (Zambia), it was mentioned that those women who have continued informal street vending activities have become more vulnerable to sexual exploitation from local gangs and security guards. The disadvantaged working situation of women was also highlighted in high-income countries such as Australia, Canada, Ireland and Spain. In Belgium, one respondent mentioned that it is the professions mostly occupied by men which can more easily be done through teleworking, thereby avoiding temporary unemployment. One respondent from Germany also predicted that, even after the

Photo: Charles Deluvio. Public domain via Unsplash.

crisis, women will face more difficulties in finding new employment compared to men, or they will be offered positions at a significantly lower rate of pay. In Chile, women were described as more at risk because of the pre-existing wage gap.

Due to gendered segregation of labour markets, women experienced greater stress due to longer working hours, and a higher risk of contracting the virus. In numerous countries, a higher percentage of women work in the health care sector, retirement homes and many other essential activities in the food, service and agricultural sectors. This was identified as a common trend in high-income countries such as Australia, Canada, Finland, France, Germany, Italy, the Republic of Korea, Spain, Switzerland, Canada, the United Kingdom and the United States, but also in low- and middle-income countries including Nigeria, the Philippines, Brazil, Colombia and Ecuador, where women have continued to report for work in the textile and food industries. In the United States, one respondent mentioned how women working in the lowest status roles as home health aides and nurses in non-hospital settings have often not been provided with adequate protective equipment, further increasing their risk of infection.

Cash transfers and confinement measures have been implemented differently between the sexes, often favoring men. In the Philippines, cash transfers have been given only to one eligible person per household, always prioritizing the husband even when the wife is eligible. A similar situation was reported in the Republic of Korea, where cash transfers have been transmitted to women only if they are registered as the head of the household. In Canada, while cash transfers were described as favouring men, salary top-ups for frontline health workers were seen as benefitting women more. Regarding the implementation of confinement measures, in Colombia's major cities movement restrictions have been implemented on the basis of gender, with men and women allowed to go out on alternate days. Gender-based disparities were also reported in the Philippines, where special quarantine passes have been issued only to men.

Women heads of household have been struggling with both financial and childcare burdens. The precarious economic conditions of single mothers were highlighted in several countries: Nigeria and Indonesia; Argentina, Brazil, Malaysia, the Maldives and Peru; France and the United States. In the Maldives it was mentioned that over 40 percent of households are headed by women, and they are likely to be poorer and more vulnerable compared to male-headed households.[5] Even in high-income countries such as the United States, more than 40 percent of mothers are the sole or primary family breadwinner.[6]

Furthermore women, and in particular pregnant women, also have more limited access to health care. This problem was raised by respondents in Ethiopia, India, Malaysia and the United States. In Nigeria, due to the closure of maternal clinics, pregnant women do not have access to a safe environment to give birth. Women in Ethiopia, India and Argentina, in particular those pregnant or lactating, are also seen as particularly vulnerable to food insecurity. The government's failure to provide sanitary pads was raised as a concern in India.

A minority of responses identified men as being more likely to be negatively impacted by the implemented policies. In low-income and lower-middle-income countries, men were described as more likely to lose their jobs and therefore to fail to support the household, as they are usually the primary income earners of the family. This was raised by respondents in Somalia and Tanzania; Bolivia, Cameroon and Senegal; as well as in Iran and the Netherlands. Some respondents from Pakistan and Costa Rica mentioned instead how women have been prioritized in the provision of social assistance. This was raised also in the Philippines, where extra benefits have been provided for single mothers, and in India where monetary support has been immediately extended to women's self-help groups. In Turkey and the United States, men were often described as more likely to suffer from the psychological burden of the lockdown, feeling "trapped and suffocated". This issue was also raised in Cameroon, where men's desire to escape confinement created dangerous congregation areas such as illegal drinking places.

Finally, responses from Nigeria, Pakistan, Brazil, Peru, Spain and the United States generally advocated for **more gender-sensitive policy design and implementation.** Respondents highlighted how policies have tended to be "gender blind", and that "women's voices are not captured" in decision-making. One respondent from Switzerland also denounced the unavailability of reliable data on the gender-related effects of policies.

Photo: M. Public domain via Unsplash.

Have government interventions had unintended consequences?

SURVEY RESPONDENTS were asked whether the policies put in place by governments to respond to Covid-19 had unintended consequences. Many were reported, both positive and negative.

As covered in the previous section, **survey respondents in countries of all income levels identified a significant rise in levels of domestic abuse—against both women and children.** Responses for over 20 percent of countries registered domestic abuse as a strong negative unintended consequence of the lockdown and order for households to isolate at home. In Uganda a "massive increase", and in Nigeria a "shocking increase", in domestic violence was reported. In Canada rising alcoholism was linked to domestic abuse. Violence against children was noted in Tanzania and the Philippines. Respondents in several countries also noted that the lockdown at home corresponded with an increased burden for women and girls related to domestic and care work.

In about 15 percent of countries there have been perceived **rises in police violence, crime, bribery and corruption.** In "overzealously" enforcing lockdowns, police violence was mentioned in responses concerning Haiti, Uganda, India, Kenya and Nigeria. Crime was seen to have risen in several countries—including Nepal and Nigeria—because of poverty and hunger and the lack of alternative livelihood options. In South Africa however, the decision to close liquor stores during the lockdown has reportedly led to a decrease in crime rates, as well as road traffic accidents and fatalities.

Positive dynamics have been perceived in relation to family life, friends and society, especially in upper-middle-income and high-income countries. Having more quality time with family was reported in Ethiopia, Madagascar, India, Canada, Germany, New Zealand and Switzerland. Community solidarity initiatives—including food donations and distribution, fundraising, and support of health workers—was noted in India, Germany, Switzerland and the United Kingdom. The call for office workers to work from home has created "incentives for businesses to find new more sustainable ways of working" (India); the "reorganization of work and communication processes" (Argentina); and decreased commuter travel (Germany). Finally, there has been some reflection on values within society. The "destigmatization of welfare and universal health care" was noted in Australia; a "revalorization of the public health system" in Spain; and "social valorization of less-paid jobs (cashiers, deliveries, nurses)" in Switzerland.

On the negative side, respondents in Colombia, Australia and Canada reported that the **crisis has exposed and exacerbated social inequalities.** Inequalities in education were expressed as a concern in Brazil, Belgium, France, Hungary and the Maldives. In China, hatred between groups had grown in some instances, especially towards Wuhan immigrants, foreigners and overseas Chinese. There was a concern that personal information was now less protected in the Republic of Korea. In Uganda, pregnant women have been unable to access hospitals because of travel bans; in South Africa, people living with HIV/AIDS have been left more vulnerable; and in the United Kingdom the lockdown has made it harder for disabled people to get food and medical supplies. Increased vulnerability, isolation and discrimination against older persons were noted in the Philippines, Germany, Ireland and Switzerland.

In about 15 percent of countries, **respondents have noticed improvements to the natural environment, particularly cleaner air** (Madagascar, India, Viet Nam, Ecuador, Germany Switzerland, the United Kingdom and the United States). In Thailand it was stated that "human beings have to realize about caring [for] nature and the environment". Increased environmental waste associated with disposable masks was recorded in Cameroon.

Have non-state actors and vulnerable groups themselves provided support?

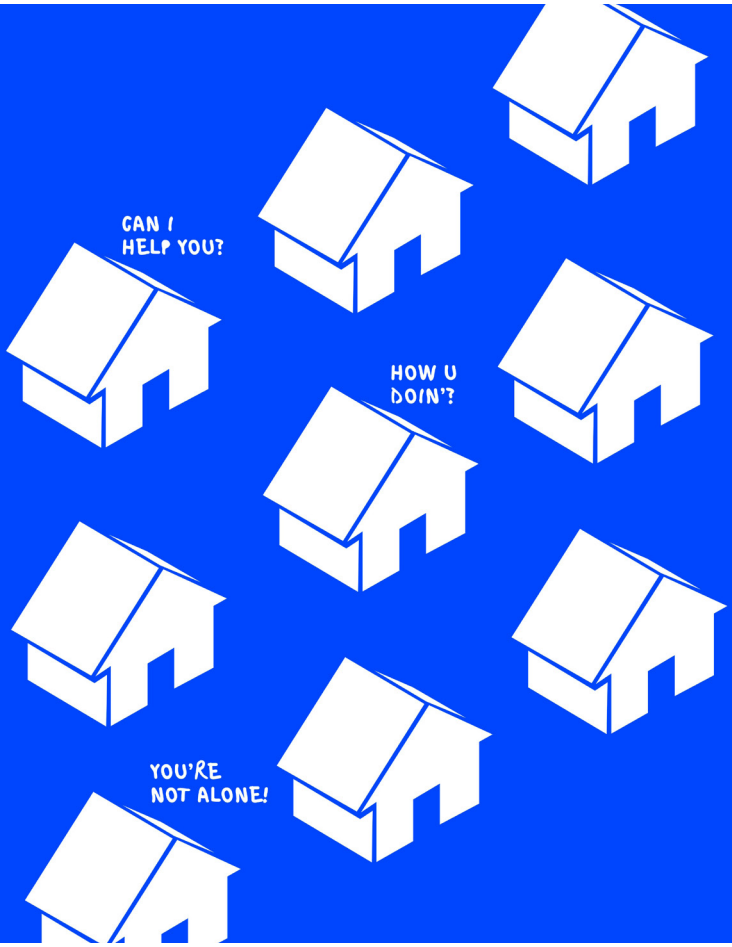


Image: João Pedro Costa. Public domain via Unsplash.

Respondents were asked about evidence of non-governmental groups providing support or vulnerable groups organizing themselves. Findings showed that non-state actors have provided significant support across all countries, often playing a major role where the government has failed to provide social assistance, or in the locations underserved by public services such as slums and rural areas. In Yemen, Pakistan and Brazil, survey respondents affirmed that the assistance provided by non-governmental agencies has been even more significant than that provided by the government. In contrast, the survey results report limited evidence of vulnerable groups organizing themselves. Rather than focusing on vulnerable groups, survey respondents highlighted the role played by trade unions, whose activities seem to have increased markedly during the pandemic.

The type of support provided by non-governmental actors varied across income groups of countries. In low- and middle-income countries, non-governmental groups played an essential role in food distribution, as well in a number of health-related interventions, such as the installation of water, sanitation and hygiene (WASH) facilities, the production and distribution of masks and sanitizers, the provision of ambulance services, as well as numerous cash and in-kind donations to local hospitals or local Covid-19 relief funds. Their role in supporting migrants and internally displaced populations was frequently mentioned. Survey respondents also noted the meaningful role of non-governmental groups in the organization of awareness campaigns and health education programmes, through informational sessions, flyers, media, webinars and social media. In high-income countries, non-governmental actors engaged in activities such as the provision of free e-learning tools, delivery of groceries and medicines, assistance for people with disabilities, childcare and support with homeschooling, and legal support in cases of abuse or other violations of human rights.

National and international NGOs, and UN agencies—and in particular food banks—were the non-governmental (or intergovernmental) actors that emerged as most active, being mentioned by respondents in more than 80 answers. This trend was evident in particular **in low-income and lower-middle-income countries, where the valuable work of both international and local NGOs for food provision and health assistance** was underlined by numerous respondents. In particular, the International Red Cross and Red Crescent Movement stood out as the NGO most active across countries of all income

groups and geographical regions. In the Maldives, the Maldivian Red Crescent Covid-19 Migrants Relief Fund was established to support migrants facing the socioeconomic impacts of Covid-19. In addition, the Red Crescent has collaborated with the Maldivian Ministry of Gender, Family and Social Services for the organization of temporary shelter facilities for the homeless. Smaller, local NGOs also played an essential role in the provision of sanitary assistance. In Iran, the NGO Imam Ali Popular Students Relief Society (IAPSRS) has provided sanitary packages for children and women in the most vulnerable neighbourhoods of the country. In Cameroon, local NGOs such as the Center for Human Rights and Democracy in Africa (CHRDA) and the Organisation internationale pour l'avancement politique des Africaines (OIAPA) led the efforts of distributing masks and disinfectants to the local population.

Photo: IAEA. Creative Commons BY 2.0 via Flickr.

The second most important group of actors that has been identified by respondents is composed of local grassroots organizations, neighbourhood committees and local think tanks. An example of their activities was reported in Haiti, where the Platform for Civil Society Organization Responses to Covid-19 (Plateforme de réponse des organisations de la société civile à la Covid-19 / PROC-19) has brought together different initiatives for effectively delivering social assistance in the most vulnerable neighborhoods of Port-au-Prince. In South Africa, the Cape Town Together Community Action Network was formed organically by citizens, who volunteered their time and skills to assist and transfer resources to the poorest neighborhoods. In the Spanish neighbourhood of Lavapies (Madrid), donations have been collected locally to provide food, cleaning and hygiene products to families in situations of acute vulnerability.

Photo: John Cameron. Public domain via Unsplash.

NGOs have also been active in high-income countries. In Australia and the United States, several NGOs have been creating new fundraisers for those individuals who have not fulfilled the requirements for receiving government benefits or face long waiting times before the delivery of support. For example, a fundraiser was organized in Boston to support families most in need with USD 150 gift cards. In Australia, BeyondBlue, HeadSpace and LifeLine have provided psychological and mental support, while the Australian Council of Social Service (ACOSS) has been essential in pushing the expansion of welfare payments. In Spain, Accem has been advocating for the release of migrants detained in migration facilities. In Ireland, Childline and the Rape Crisis Centre have provided assistance to women and children in cases of domestic abuse, while Feed the Heroes was founded to provide nutritious meals for frontline workers.

The private sector—including cooperatives, social and solidarity economy enterprises, as well as larger corporations—has been identified as another actor that played an essential relief role, through both financial and in-kind donations. In Nigeria, one respondent mentioned how donations from multiple private corporations accounted for more than N 25 billion (USD 65 million). In Kuwait, several companies have been offering free e-learning services. Social and solidarity economy enterprises have also mobilized in countries across all income levels: in Mali, the National Network of Support to the Promotion of the Social Solidarity Economy (RENAPESS) has leveraged local artisans of the textile and food-processing sectors to manufacture and distribute hygiene products and food in the most impacted areas. In the Republic of Korea, SSE enterprises organized a "Covid-19 Joint Response Council" to raise funds and

Image: Guilherme Santiago. Public domain via Unsplash.

provide financial contributions to local organizations in affected areas such as the city of Daegu.

Faith-based groups and organizations have provided assistance to the most vulnerable communities, often through food distribution. Numerous respondents highlighted this trend in India, where both Christian and Muslim organizations have been volunteering their time. In the Philippines, private Catholic schools have opened their doors to homeless people, providing them with basic commodities such as food and clothing as well. They have also given shelter to frontline health workers who were not able to return home because of pandemic-related restrictions. In Switzerland, Scouts have supported older people by organizing food deliveries.

Trade unions are extremely active across countries of all income groups. They have been formulating recommendations to protect the health of employees with the reopening of factories, or providing assistance to urban workers restarting their activities. In some countries strikes have been organized, calling for the implementation of health safety measures, or the reactivation of public transport in the case of transport unions. In South Africa, unions have given assistance with unemployment insurance, and have provided in-kind support through the donation of protective gear to medical staff.

While **survey results reported limited evidence of vulnerable groups organizing themselves,** some examples emerged across all income groups of countries. Women's groups have mobilized in Nigeria, Senegal, Brazil and Canada, engaging in activities such as raising funds, sewing masks, and coordinating online support groups for women locked in with their abusers. Informal workers, and in particular domestic workers and sex workers, have similarly been mobilizing to create funding networks and campaigns to advocate for their safety. Examples are the Asociación de Trabajadoras Domésticas in Costa Rica, and the Federation of Informal Workers in Thailand. The latter has been able to raise enough funds to distribute "survival bags" to its most vulnerable members. Tribal and indigenous groups have been organizing themselves in India, Colombia, Mexico, Peru and Canada, through food provision and the organization of local containment measures. In the United States, the Navajo people have arranged support networks and are receiving donations from businesses, celebrities, and international organizations. In India, migrant workers have demonstrated to demand public transportation to be able to return to their rural villages, and there have been some limited attempts by labour unions to formally organize their requests. Gig workers in the United States have rallied against the working conditions at Instacart, Amazon and Whole Foods. Respondents also provided evidence of migrant networks delivering basic services to their communities in Malaysia, Spain and the United States.

The survey results also revealed that both non-governmental actors and vulnerable groups have encountered numerous obstacles in organizing their activities. First, their operations have been limited by confinement measures (lockdowns and social gathering bans), which have also limited freedom of expression through demonstrations and public marches. In Switzerland, it was explicitly mentioned how the usual meeting places for migrant women have not been accessible. Second, they often lack the means and resources to implement their projects. One survey respondent mentioned how an American NGO recently sought a loan to pay its employees. In Australia, NGO staff have been sent home for their own safety, in particular older persons who constitute the majority of the volunteer workforce. Third, even when support is provided by non-governmental actors, it has often been limited to specific geographic areas. Furthermore, vulnerable groups' initiatives have been "too limited and too fragmented" to organize. Also in relation to vulnerable groups, one respondent highlighted how poor, older and disabled persons have been less able to organize safely during lockdown, as they are more likely to lack the technological knowledge and means, such as internet connectivity, that has been the basis for so much social and professional interaction during Covid-19.

Photo: Eneas De Troya. Creative Commons BY 2.0 via Flickr.

What more can be done to support and protect vulnerable groups?

In the final question of the survey, respondents were asked what more could be done to support and protect vulnerable groups. Perhaps unsurprisingly, **social protection mechanisms** linked to the provision of food, water and shelter were highlighted particularly in low- and middle-income countries. Respondents from high-income countries tended to focus more on **universal approaches** to social protection, especially around minimum wages or the introduction of a basic income. A major concern across all countries was the lack of **reliable information on vulnerable groups** that could be used to design and effectively deliver appropriate responses. Communication issues were raised in relation to **public health campaigns,** particularly in rural areas of lower income countries. In some middle- and high-income countries it was felt that **more participatory and bottom-up approaches,** led by decentralized institutions, and including representatives of vulnerable groups, would improve the quality and efficacy of the overall response. Some respondents also argued for giving equal if not **more attention to non-governmental modes of support,** especially in the context of bureaucratic inertia and corruption. Increased collaboration, external support and funding for NGOs that already work with vulnerable groups were seen as important interventions across countries of all income groups.

Social protection policies

Respondents from approximately one-third of countries, particularly low- and middle-income, highlighted the **need to improve social protection programmes linked to the provision of basic services,** especially food, water and shelter. The provision of financial support—scaled-up unconditional cash transfers to the most vulnerable, as well as through social security schemes and basic safety nets—were identified as a priority response in 30 countries. Respondents in high-income countries were more likely to emphasize the importance of universal rather than targeted responses, especially around the proposal for a universal basic income, and existing policies on minimum wages.

Other proposals also centered on **support for employment and livelihoods.** Some countries—especially high-income—have provided loans and grants to large businesses to furlough staff and guarantee some proportion of salary. This support was also felt to be relevant for small- and medium-sized enterprises, including to re-start activities safely as lockdowns ease, in countries such as Rwanda, Somalia, India, Argentina, Brazil, Colombia, Chile and Switzerland. Job and income security for the self-employed were highlighted as important in middle- and high-income countries including India, Pakistan, Costa Rica, Mexico and Spain.

In some countries, **specific support for vulnerable groups** was proposed. The importance of establishing employment programmes for vulnerable people such as migrant workers, daily wage labourers and youth was highlighted in India, Palestine, Costa Rica, Mexico, South Africa, Belgium and the United States. The issue of support for migrants was also raised frequently, with proposals for medical assistance and translation support in migration facilities in Mexico, Australia and Germany; and regularizing irregular migration and implementing less restrictive migration policies in Colombia and Switzerland. Inclusive social protection programmes for people living with disabilities and older persons were emphasized in Indonesia, Myanmar, Nigeria and the United Kingdom. The provision of housing for the homeless was highlighted in the United States and the United Kingdom, as was releasing non-dangerous prisoners and minors from detention centres in the United States. The provision of adequate technology, internet access and e-learning materials were seen as important to prevent greater educational inequalities in Nigeria, Colombia, the Maldives, South Africa and Finland.

Inclusive and responsive institutions

In about one-fifth of countries of all income levels it was felt that **more inclusive bottom-up processes, including representatives of vulnerable groups,** would improve the overall response. This related to all aspects of the response: policy design, decision making, and communications. Proposals were also made so that the responses of government institutions could be more effective, including **greater transparency and accountability** to eliminate corruption in the distribution of aid (Pakistan, the Philippines, Colombia); and the establishment of governmental advisory bodies to ensure that decisions affect citizens equitably (Australia and the United States).

Respondents in about one-fifth of countries stressed the importance of having **reliable data on vulnerable groups,** including through leveraging digital technologies. This information could then be used to tailor support and services, and gain a deeper understanding of the influence of poverty and discrimination on mortality rates. It would also support stronger social impact and risk assessments (mentioned for Myanmar, the Maldives and the United Kingdom); and the monitoring of human rights compliance or violations (mentioned for Colombia, Malaysia and Mexico).

Health care and medical support

Respondents from 30 percent of countries stressed the need to **improve public health campaigns and education, especially for rural populations in low-income countries** that have less access to digital technologies and are less aware of the consequences of Covid-19. This was also felt to be important to combat misinformation and "fake news" in Canada.

Photo: SJ Objio. Public domain via Unsplash.

Reducing the cost of treatment—or preferably, ensuring free medical support for all—was seen as a key intervention in several countries, including high-income countries like Australia, Belgium and the United States. Better and more widespread distribution of hygiene items and protective equipment was also seen as a priority. In addition, in Nepal, Somalia, Tanzania, Cameroon, Chile, the Republic of Korea, Spain and the United Kingdom, it was mentioned that the implementation and sensitivity of containment measures could be improved with better testing and tracing.

Respondents from countries across all income levels pointed to the need to have **different strategies for different contexts and groups.** Physical distancing, testing and other medical support needed to be approached differently in rural and urban areas. Age-responsive health care—including through access to testing and the protection of older persons in care homes—was proposed as a priority in the Philippines, Brazil and Spain. Greater mental health support was singled out in Uganda, Canada and Japan.

Collaboration and solidarity

Respondents across countries of all income levels proposed that **government support could be complemented by increasing collaboration with, and funding for, non-state actors that are already working with vulnerable groups.** This would also include support for groups primarily comprising vulnerable people (Colombia, Costa Rica, Peru and Australia). In Canada, the cooperative and social and solidarity economy was seen as an important element of the response. The expansion of public-private partnerships was proposed in Yemen, El Salvador, India and Paraguay.

Image: Aashti Miller. Public domain via Unsplash.

Conclusion and next steps

Survey respondents have provided valuable information on a broad range of interventions to address the Covid-19 pandemic, and insights into how these have affected vulnerable people and communities. From these it has been possible to discern broad trends about the effectiveness of different government and non-government responses, as well as intended and unintended consequences. Respondents have also offered their perspectives on what more could be done to protect and support vulnerable groups now and in the future. Taken together, it is hoped that these can help inform the design of future policy interventions to address this pandemic, outbreaks and second wave infections, as well as future health crises. Survey responses also prompt thinking around topics further research and investigation, drawing on UNRISD's mandate and experience in the field of social development.

Vulnerability

There are many reasons why individuals and communities may be vulnerable and at risk of being left behind.[7] These include poverty and geography, as well as inequalities and discrimination because of individual or group characteristics such as age, gender and ethnicity. These discriminations and exclusions often overlap, but local contexts and individual circumstances determine the dynamics of their interaction. The reasons for exclusion and vulnerability can also be entrenched in formal and informal institutions, including national legal frameworks. Formulating effective policy responses to a pandemic such as Covid-19 requires a greater understanding of the characteristics of individuals and groups, and the reasons they face vulnerabilities now or may face them in the future precisely because of the pandemic. In doing so, an intersectional approach to the understanding of existing or potential vulnerabilities, informed by perspectives offered directly by those affected, as well as to policies and interventions, brings significant value. Individuals and groups facing vulnerabilities—whether transient or systemic—demand the same human rights, with states as the primary duty-bearer. At the same time, it is also important to recognize that people and groups facing vulnerability often have the agency to improve their own situations, provided they are not "pushed further behind".

Universal health and social protection systems

The Covid-19 pandemic, and many responses to the UNRISD survey, have highlighted once again the importance of maintaining universal systems that provide essential services and social protection for all. Access to health care is clearly pre-eminent at this time, with examples of access being undermined through a lack of provision and/or high cost. This affects not only the individual and their immediate family, but the health of entire communities ranging from local to global. The crisis has also demonstrated the interconnectedness of health systems and broader social protection systems. Lockdowns and physical distancing have been compromised because of the dire but widespread dilemma of "lives versus livelihoods", and the absence of complementary forms of support such as food distribution and cash transfers. The lack of accurate information on the status of all individuals, groups and households—and vulnerable groups in particular—means that attempts to rapidly create mechanisms that target support are often ineffective due to errors of inclusion and exclusion. Universal social protection systems instead provide a reliable instrument that individuals and families can access in times of need throughout their lives, minimizing the risk that adverse situations become amplified and sustained, while providing a route back to economic and social inclusion. Such systems also have the advantage that they can be scaled up quickly in times of crisis. Where additional support is needed for individuals or groups facing special hardships—such as older persons or people living with disabilities—interventions are best designed and implemented locally. Survey responses repeatedly drew attention to the support offered by non-state actors, sometimes to replace or sometimes to complement the activity of states.

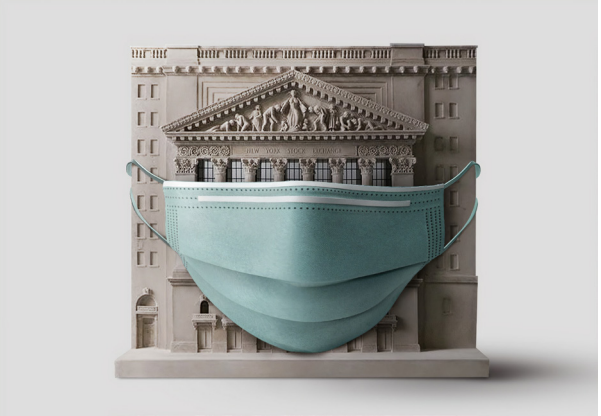


Image: Morning Brew. Public domain via Unsplash.

Governance and politics

No crisis unfolds in a vacuum. Survey responses showed that impacts and responses are shaped and conditioned by pre-existing modes of governance in each setting, including the relationships and level of trust between central and decentralized systems at federal, state and local levels. The politics of this pandemic, like that of other shocks before it, are also not separable from the more fundamental pre-existing political situation. This is particularly true at a time of polarization and the rise of nationalist anti-liberal sentiments in many higher income countries. At the national level this has played out most clearly in the presentation of an artificial choice between public health and the economy, when the two are thoroughly intertwined. The pandemic has also had implications for global and regional governance systems, at a time when trust and coordination between many countries is being tested on other issues such as trade and climate change. Covid-19 has presented opportunities for lines to be re-drawn in continuing battles between facts and misinformation; between privacy and the need for data on infection rates; and between freedoms and security. More research is needed on how politics and governance are influencing state responses to the crisis, and ultimately the health and well-being of people in

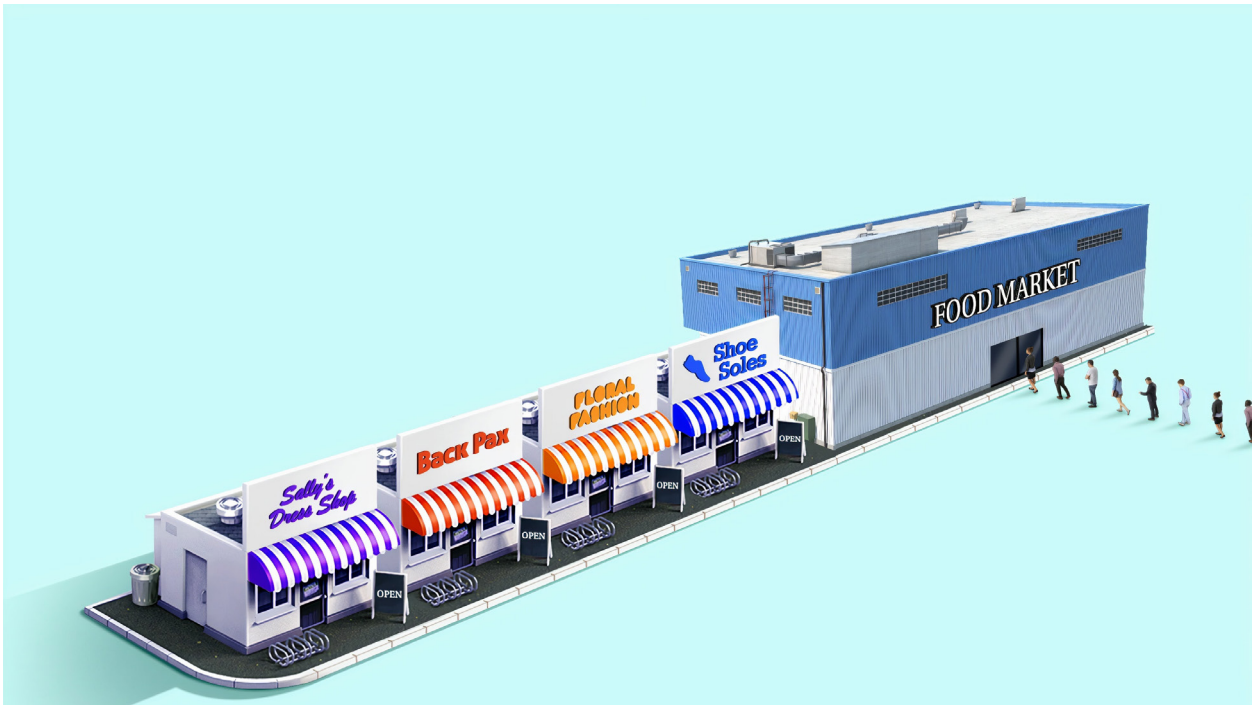


Image: Morning Brew. Public domain via Unsplash.

all countries. Some governments have assumed extra powers to ostensibly address the crisis, often without increased democratic checks and balances to ensure accountability. Additionally, many survey responses drew attention to the support offered by non-state actors, pointing to the need for funding for these activities as well as coordinated collaborative responses.

Relationship with nature

From the presumed onset of the pandemic because of animal to human transmission of a coronavirus, to the reduced levels of air pollution enjoyed by many because of the lockdowns, the Covid-19 pandemic has urged us to question our relationship with nature and the planet. These issues were raised in several responses to the survey across countries of all income groups. More transformational types of crisis response would shift economies and societies into accelerated adoption of renewable energies, greater use of telework and virtual meetings, less air travel and other polluting forms of commuting, and greater respect for biodiversity and the exclusion of animals from our food systems. It remains unclear at this point whether the appetite for such transformative change has increased as a result of the pandemic, or if—once the crisis has largely passed—we will slip back into business as usual. More research is needed into attitudinal shifts during and following the crisis, and whether they change the politics around sustainable consumption and production and strengthening environmental governance.

Societal values and solidarity

Many survey responses offered reflections on how we organize economic activity and social policy, how we value the contributions that individuals make through paid and unpaid work, and how we shift the needle back towards collaboration rather than competition. A sharper focus on competition and economic growth rates in the last four decades seems to have come at the price of sustainability and resilience, with some now calling for more strength and less speed. The "just-in-time" manufacturing and supply chain logic of international trade has been questioned in relation to protective medical equipment and essential drugs. Meanwhile, doctors and nurses have been applauded for their bravery and sacrifice; paid and unpaid care workers and delivery drivers have been given the status of "essential workers". Whether this translates into greater remuneration or workplace protections remains to be seen, especially when some countries will inevitably revert to austerity when they are faced with the fiscal costs and debt burden of their Covid-19 response. Strong voluntary and community engagement has been evident within many countries, pointing towards future research on the consequences of the pandemic for social cohesion and relationships. Yet the international picture has been more pessimistic, with countries trading blows over the origin of the crisis, shifting blame for failing domestic responses, and competing for medical equipment. The consequences for multilateralism and international solidarity remain unclear, including for the quantity and quality of development assistance, and provide a further topic for future research.

Endnotes

1 https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-older-people-are-at-highest-risk-from-covid-19,-but-all-must-act-to-prevent-community-spread

2 https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm?s_cid=mm6912e2_w

3 United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Prospects 2019, custom data acquired via website. https://population.un.org/wpp/

4 This survey response is confirmed in data from the ILO. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_626831.pdf

5 This survey response is confirmed in data from UNDP. http://www.undp.org/content/dam/maldives/docs/DemocraticGovernance/Women_in_Public_Life_Report.pdf

6 This survey response is confirmed in data from the Center for American Progress. https://www.americanprogress.org/issues/women/reports/2019/05/10/469739/breadwinning-mothers-continue-u-s-norm/

7 United Nations Development Programme. July 2018. What Does It Mean to Leave No One Behind? A UNDP discussion paper and framework for implementation. https://www.undp.org/content/undp/en/home/librarypage/poverty-reduction/what-does-it-mean-to-leave-no-one-behind-.html

Annex: Countries covered in survey responses

Low-income	Lower middle-income	Upper middle-income	High-income
Afghanistan	Bangladesh	Algeria	Australia
Chad	Bolivia	Argentina	Belgium
Ethiopia	Cameroon	Azerbaijan	Canada
Haiti	Egypt	Brazil	Chile
Mali	El Salvador	China	Finland
Nepal	Ghana	Colombia	France
Niger	India	Costa Rica	Germany
Rwanda	Indonesia	Cuba	Hong Kong
Somalia	Kenya	Ecuador	Hungary
Madagascar	Morocco	Iran	Ireland
Tanzania	Myanmar	Lebanon	Israel
Togo	Nigeria	Malaysia	Italy
Uganda	Pakistan	Maldives	Japan
Yemen	State of Palestine	Mauritius	Republic of Korea
	Philippines	Mexico	Kuwait
	Senegal	Paraguay	Lithuania
	Uzbekistan	Peru	Luxembourg
	Viet Nam	Russia	Netherlands
	Zambia	Serbia	New Zealand
		South Africa	Singapore
		Sri Lanka	Spain
		Thailand	Switzerland
		Turkey	United Kingdom
		Venezuela	United States
			Uruguay

Protecting and Supporting Vulnerable Groups Through the Covid-19 Crisis

Covid-19 is hitting vulnerable people the hardest. This is already devastating in high-income countries with comprehensive and effective health and welfare systems, but it may well be catastrophic in those without, and especially in low-income and least developed countries.

How exactly are interventions to address the pandemic—by governments and non-state actors—affecting vulnerable groups?

This report presents the main trends, effectiveness and unintended consequences of policies and other interventions brought to light by a recent survey carried out by UNRISD. It also discusses good practices, as well as what more could be done to protect and support vulnerable groups now and going forward. Taken together, these unique insights can help inform the design of future policies and interventions to leave no one behind in addressing this pandemic, as well as public health crises to come.

UNRISD
United Nations Research Institute for Social Development

COVID-19 RESPONSE