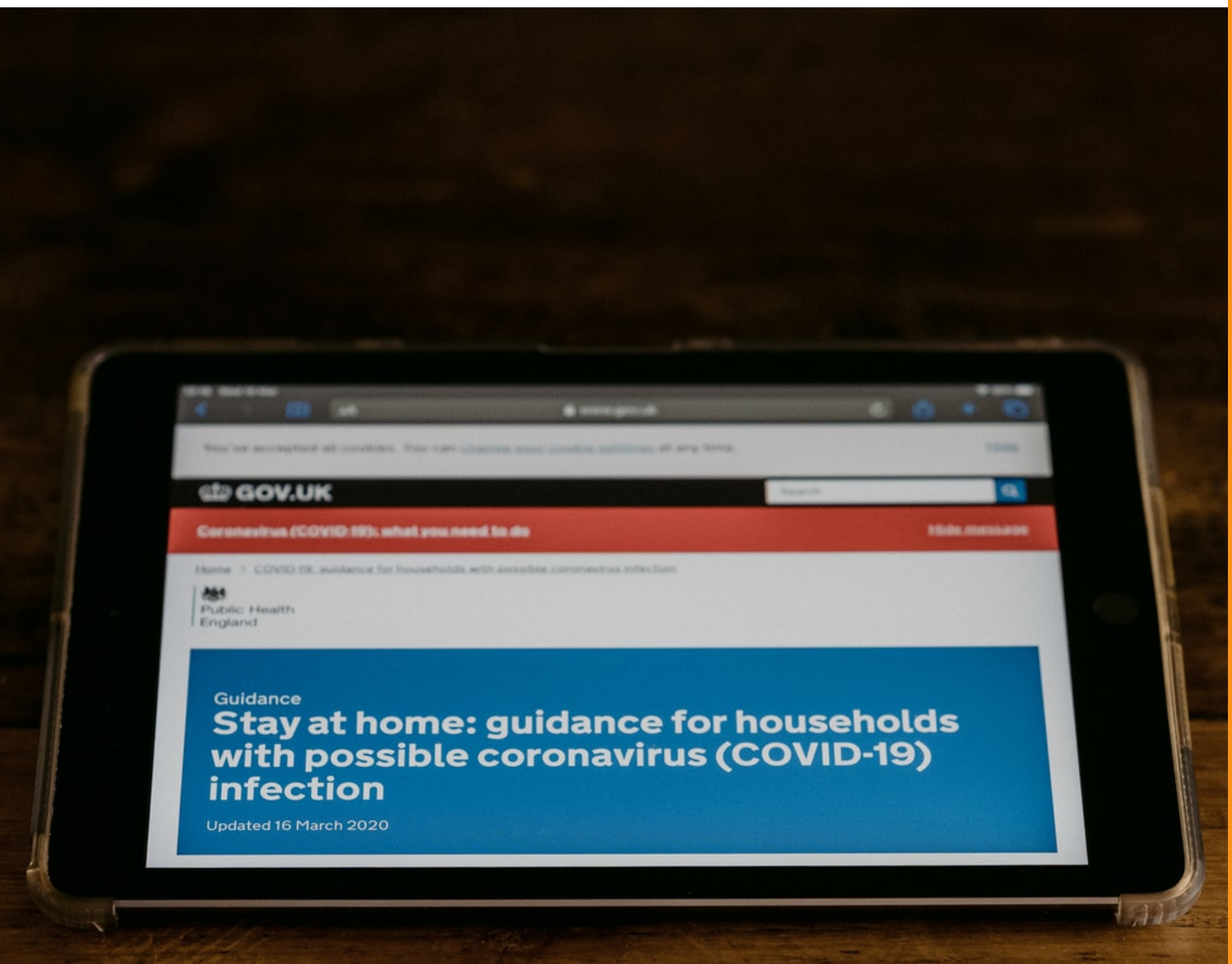
24 June 2020

COVID-19 Stakeholder Response Meeting with the World Health Organization

Minutes of Meeting



About the European Public Health Alliance

The European Public Health Alliance (EPHA) is a change agent – Europe's leading NGO alliance advocating for better health. We are a dynamic member-led organisation, made up of public health civil society, patient groups, health professionals, and disease groups working together to improve health and strengthen the voice of public health in Europe.

Co-funded by the Health Programme of the European Union

The European Public Health Alliance has received funding under an operating grant from the European Union's Health Programme (2014-2020). The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Transparency Register Number: 18941013532-08

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Policy Coordinator for health Inequalities

Welcome and purpose of meeting

SM opened the meeting by welcoming the representatives from the World Health Organization (WHO) and EPHA members and partners. COVID-19 has been a transformative experience, and the purpose of the meeting was to highlight the effects of COVID-19 on the different vulnerable groups across Europe, and to share the perspectives of organisations within the EPHA membership, as well as EPHA partners working most closely with them. Everyone will have opportunity to express how COVID19 has affected the groups they work with.

A second aim of the meeting was to discuss how EPHA and the organisations present could better support the WHO's work in this area – one possibility could be for EPHA to act as an information hub, but this could be discussed more fully later. He also mentioned the possibility to contribute to the WHO European Programme of Work 2020-2025, the draft of which has been opened for consultation – EPHA intended to be as concrete as possible in its comments on the WHO proposal.

Introducing MK, a previous EPHA Secretary-General – he thanked her for introducing him to the concept of public health as a science and an art, and the need for creative thinking and to build bridges between different policy sectors, rather than focusing solely on health policy.

After thanking him for the introduction, MK briefly introduced the work and role of the WHO European Region (WHO-ER), which has a territorial span of 53 countries. She added that her own programme has been repurposed as part of the WHO-ER COVID-19 response, as part of WHO's global responsibilities under international health regulations. In her role leading the Community Action Team, she supports the mobilisation of WHO resources at national and city level. In this, the role of civil society has been critical, and she was keen to hear their experiences on the ground, the support received and levels of engagement, as well as the challenges encountered.

TB, following her introduction by MK, outlined her role. Noting her past connections with EPHA too, she outlined her role as Policy Officer at the WHO European Office for Investment for Health and Development. While her office was also refocusing on COVID-19, determinants of health and prosperity was still its main focus. The first ever WHO resolution on health equity gives WHO the mandate to work on this area as well as different entry points for action, such as identifying the drivers which are needed to tackle health inequity and the importance of policy coherence. She added that COVID-19 has brought these issues into relief, and her office is looking at the lived experience and reality for vulnerable groups and how the pandemic has impacted them. Europe can expect a second, third, and fourth wave if no action is taken – but at the same time there has to be a shift from rapid crisis response, ensuring all challenges were addressed to moving towards transition and recovery planning.

Overview of World Health Organization Europe COVID-19 Response activities and the role of civil society

SM then introduced Dr Adelheid Marschang, Senior Emergency Officer in Emergency Management and Operations, WHO HQ. A medical doctor, holding a Masters in Public Health, she has worked for WHO since 2014 and is leading the emergency response focusing on vulnerable groups in WHO's Incidence Management Support Team, (IMST) which coordinates the WHO response to COVID-19.

She updated the participants on the current global situation and the timeline of the WHO response. COVID-19 had so far caused nearly 9 million cases and 465000 deaths worldwide – every region in the world has been affected. WHO activated the IMST on 1 January – the coordination body for managing the WHO response; a public health emergency of international concern had been declared on 30 January, upscaled to a pandemic on 11 March.

Coordination has been taking place at three levels: globally, regionally and nationally. The WHO has focused on epidemiological analysis and forecasting; trying to counteract misinformation; providing technical expertise and guidance, including on testing, procurement and supply management and infection control, as well as leading on guidance for international travel through the international health regulations and supporting the global humanitarian response, with 81% of funds raised distributed to vulnerable countries, trying to analyse impact and reach.

The outbreak and measures to tackle it have impacted people in different ways, it is expected that there will be changes in the groups become vulnerable, with different effects being experienced.

One particular challenge has been the need to maintain non-COVID-19 areas of work, and responding to the pandemic has come at the expense of treating other diseases in both developed and less developed countries. The focus has been on people with co-morbidities, but it is important that no one is left behind in the response to COVID-19.

Interactive tour de table, with EPHA members / partners and WHO colleagues

EPHA President and Director of FEANTSA, Freek Spinnewijn then kicked off the virtual tour de table. Speaking on behalf of FEANTSA, and noting that in the EU there are approximately 700,000 people experiencing homelessness on any given day, he outlined the issues which made them vulnerable to COVID-19, such as their underlying health problems and the fact that many have multiple co-morbidities; living in crowded and overcrowded settings, with often problematic access to health care. Fortunately, there has been relatively few cases and deaths amongst homeless people, but when outbreaks in shelters have occurred, more than half of those living there have become infected.

Measures to support homeless people have been chaotic – they can't follow the guidance to stay at home, if they physically don't have a home, and it has been difficult for them to practice social distancing in homeless shelters.

In addition, some essential services have closed, for example in food distribution – access to food has become a huge challenge. FS argued that access to housing is an effective health intervention, and this should be better taken into account when trying to improve homeless people's health. He concluded with two recommendations; that the WHO should provide specific guidance on how to protect homeless people to help governments prepare better; and there should be more focus on housing as a social determinant of health. This had already been identified in a report on the health equity gap report – and the experience of COVID-19 has reinforced the report's findings.

Professor Joan Benach, EPHA Scientific Advisor on Health Inequalities began his presentation by highlighting the in incomplete picture of the real situation. In some countries there has been a lack of transparency in the reporting of levels of prevalence and number of deaths. COVID-19 has been a pandemic of inequality – affecting specific groups such as old people or workers on low incomes, for example.

The pandemic has revealed a need to improve surveillance systems and primary care because of the lack of an effective response. There is also a need to raise awareness and education to counter disinformation. On a more fundamental level, the pandemic has also revealed the need for minimum levels of income, and to improve social protection systems more generally, as well as social and health services – work precariousness will have a huge impact on health. There is also a need to address long-term issues and the possibility of new pandemics because of our globalised world.

In addition, civil society needs to push governments to take action – the WHO should set up a task force with scientists and civil society to come up with proposals to tackle some of these systemic issues.

Next, Vanessa Moore, representing EPHA member, the European Institute of Women's Health, outlined the gender impact of COVID-19. With more women in lower-paid, less secure work, COVID-19 has also caused gender disparities to widen. They are more likely to be working in the sectors which were closed down to tackle the pandemic, such as hospitality, or more affected by school and nursery closures, causing problems with childcare. They are more likely to be providing informal or unpaid care and make up most of the nursing and healthcare workforce, putting them on the frontline and facing increased risk of catching COVID-19. Their children have less access to remote learning facilities and they have also been affected by an increase in domestic violence, as a result of families being in lockdown for weeks at a time.

EIWH focuses its recommendations on investing in equitable health and improving social care systems, by closing the gender pay gap through ensuring fair wages, minimum income, etc. Strengthen efforts to promote health and wellbeing, as well as providing support to address issues like domestic violence – promote EU guidelines on discrimination etc. EIWH is preparing a briefing on the gender impact of COVID-19 for the European Parliament FEMM Committee.

Peter Wiessner of Action Against Aids Germany then outlined the impact of COVID-19 on prisoners, who were more vulnerable to outbreaks because of overcrowding, multiple cell occupancy, poor sanitary conditions and poor access to soap and disinfectants. Many prisoners were also vulnerable because of other chronic conditions, such as, AIDS, drug addiction, or respiratory diseases. Prisoners' situation had been highlighted by events in Italy, and many counselling services to support prisoners unable to see their families were currently not available.

There is a lack of bridges being built between public health services and prisons. Prisons have a duty of care, but Ministries of Justice don't have public health expertise. Overcrowding and multiple cell occupancy needs to be stopped; prisoners who are vulnerable e.g. over 60 should be released; there should be more access to soap etc, and a minimum number of visits should be maintained. Plans to deal with the emergency should be developed and well communicated – poor communication also contributes to prisoners' insecurity. Medical services need to be strengthened, and interruption of services needs to be tackled. Council recommendations developed in consultation with Ministries of Justice and Health to develop EU Council Recommendations, as well as tackling these issues together with the WHO working within the Council of Europe.

Marjonneke de Vetten of the Dutch International Mental Health Hub (a member of Mental Health Europe) highlighted some of the issues facing those with mental health problems. As well as the effects of widening health inequalities because of the COVID-19 response, people with mental health problems also experienced additional anxiety and stress because of disruption of services and sudden lack of structure, following imposition of lockdowns. Digital services can help but they do not provide the whole solution. In addition, care workers also have also developed mental health issues because of the heightened nature of the situation and increased need for their services. There needs to be better collaboration between social services and health services to address these challenges.

Luca Stevenson of the International Committee on the Rights of Sex Workers in Europe then outlined how COVID-19 had affected sex workers. They have not been included in economic or social support measures introduced when other industries or employment sectors have closed down, They have also been subject to backlash and criminalisation of their activities eg Sweden. They are already excluded from decision-making processes and increased precarity has led to an increase in mental health problems.

More positively, communities have come together to support each other and organise food and housing. Some sex workers have been able to get involved with government bodies to develop guidelines for reopening their services as in Belgium.

LS added that he would encourage the recognition of sex workers as a vulnerable group by the WHO – in addition the intersectionalities with other vulnerabilities also needs to be addressed. Financial support should be available so they don't have to work (eg provision of a minimum income) and action should be taken on the criminalisation of sex work, as well as measures developed to include sex workers in decision-making processes.

Cianán Russell noted the COVID-19 monitoring report on COVID-19 produced by ILGA Europe. He wanted particularly to highlight the mental health issues suffered by LGBTI people which had been exacerbated by COVID-19 lockdown measures – they have often been isolated and unsupported at home, as support networks have been unable to meet – support groups have been unable to hold their regular fundraising activities, causing financial issues.

Increased discrimination and marginalisation has prevented them from seeking care, while the number of providers has decreased as they have been diverted to other services. Services for trans people have been delayed or cancelled, with many unable to access hormones, as this wasn't considered a vital service. 23 countries have reported increases in domestic violence in 23 countries but only 1 programme focuses on LGBTI people. There are also been actively blamed for the pandemic as well as general issues in society, further increasing their isolation and preventing them from seeking care.

From Greece, Marios Atzemis of Positive Voice (a member of the European AIDS Treatment Group) outlined the challenges his organisation has been facing. They had had to tackle lack of adequate information about ways of COVID-19 infection and the hazards of drug use; a lack of hygiene kits for homeless people in streets – they printed and distributed information for them; disruption and cancellation of frontline services – small NGOs picked up the slack, providing food, water and sterile injecting kits; increasing police aggression, as those on the streets were suddenly more visible.

However, more positively, the first shelter for homeless drug users was opened in Athens – all normal bureaucratic obstacles were quickly tackled in efforts to deal with the pandemic. He added that the response to the pandemic had highlighted the need for alignment between European and local drugs action plan and local plans. In WHO action plans drug users have to be included and consulted in their development. He added that he would like to start a dialogue with the WHO local office to discuss these challenges further – the community is often one step ahead of the experts and better coordination can highlight issues earlier.

Eleni Takou of Human Rights 360 focused her intervention on the situation of asylum seekers and refugees in Greece. The extension of quarantine in reception centres meant that only 3% inhabitants can exit each day to get help, even though no cases have been identified – these rules being implemented at the same time as the re-opening of airports and hotels. 20,000 asylum seekers and refugees had been contained across 5 islands in centres with a total of 6000 places and the rhetoric is becoming increasingly toxic.

It has become more difficult to access healthcare – they are not able to access healthcare as they are not issued with social security numbers, and therefore can only go to emergency rooms, which were blocked because of the pandemic, causing conditions to become more urgent because of inability to access care.

The use of administrative detention has increased and been generalised despite calls for their release. Prisoners were also not able to be released early. As this has become a public health issue, an intervention from WHO is needed.

Alyna Smith of PICUM highlighted how people with irregular status have been treated in a framework of criminalisation during the pandemic. The results of a survey carried out by PICUM identified destitution as the biggest issue as a result of loss of income, work and associated lockdown measures; inability to respect social distancing; and people fearful of leaving home because of increased police presence to enforce lockdowns. Undocumented people have also been affected by the increase in domestic violence, and an inability to access justice because of their irregular status and the risk of deportation if they report abuse.

PICUM members are finding it harder to support clients, because of clients' difficulty accessing services due to lockdown measures, as well in some cases increased demand for additional services. They are seeing growing levels of poverty, and have concerns about the likely longer-term impact of such problems, which some fear will include reallocation of funds supporting their services towards other priorities. Some countries have extended residence permits and put in place regularisation schemes eg Portugal – to try to enable them to access to public services. In Italy this has been targeted towards care workers, agricultural workers etc – who are recognised as working in essential services – however, their protections are often limited.

In Ireland undocumented migrants have been given full access to services and have been able to apply for pandemic payment, with undertakings that their data will not be shared. PICUM recommends that people with insecure status should be included in emergency response measures and organisations providing them with support should receive adequate resources

Stephane Heymans Médecins du Monde (Belgium) reiterated the effects of the pandemic on vulnerable people being able to access services - for example, asylum seekers ' services were closed or could only be accessed by telephone, increasing barriers to support, while other protocols were not adequate for vulnerable groups.

The "Stay at Home" message was inappropriate for people without housing – they became more vulnerable, and unable to access food, while the new projects created clusters, and there was a lack of protective equipment.

More positively volunteer groups had shown plenty of resilience and many new initiatives were created. Outreach is a big element of response – health professionals have to go with interdisciplinary teams to tackle all the issues together. Universal health coverage needs to include the most vulnerable – it is anticipated that the second wave of COVID-19 will emerge from vulnerable groups therefore their access to health services needs to be improved.

Maciej Kucharczyk of AGE Platform Europe began his presentation by highlighting that a human rights approach should be the guiding principle in responding to COVID-19. He identified three main issues affecting older people: physical vs social distancing – social distancing put older people in a difficult situation – in cutting social contacts, this increased their isolation affecting their mental health – they also lost access to services such as food; older people have experienced ageism and different forms of discrimination in their treatment – not only have there been disproportionate numbers of deaths, but when accessing healthcare, the focus is on their age, rather than underlying health conditions. Finally, there has also been an Increased risk of elder abuse, online fraud, stigma and hate speech.

Older people have multiple disadvantages which are often overlooked – there are older women, older LGBTI, Roma And it is difficult to provide a "one size fits all" response.

With 2020 seeing the start of Decade of Healthy Ageing decade, AGE Platform Europe would like to know what role the regional office will take to address these issues.

Emilia Petterson IOGT-NTO then highlighted the issues the COVID-19 response had raised regarding alcohol use. In lockdown, social boundaries for alcohol use did not exist, while additional stress also caused higher alcohol consumption, more cases of domestic violence – more calls to helplines by children in stressful family situations, creating problems also for the future. As other people already mentioned, there were difficulties in accessing support. There is a need to level up preventative work and develop stronger local partnerships between civil society and services.

Caroline Lambert of France Assoc Santé echoed many of the previous points already made regarding the situation of drug users. She also highlighted multiplication of health protocols to continue distribution and how the conditions in which migrants were more exposed to COVID19 or their employment was closed down. It is also not clear for how long the extension of rights will apply.

Radost Zaharieva (European Public Health Alliance) highlight the impact of COVID-19 on Roma. EPHA's monitoring has revealed the social and economic effects of COVID-19 exacerbating existing issues like poor housing or overcrowding making it difficult to respect physical distancing, as well as lack of access to water and sanitation, regular garbage collections.

The implementation of measures to tackle COVID-19 led to total lockdown of many settlements, with police checkpoints to control people's movements. Total isolation from the labour market has meant loss of livelihoods which has not been addressed, leading to increasing social inclusion. The pandemic has highlighted the costs of poor investment in these groups – need holistic policies addressing core issues of housing, access to healthcare and action to tackle discrimination.

Rose Gallagher representing the Royal College of Nursing highlighted the issue of BAME healthcare workers working with people with learning disabilities or in prison settings – the UK-wide infection control guidance was based on WHO guidelines which were challenging to implement.

The wide disparity of people with learning disabilities meant that it was difficult to wear PPE in restraint situations – leaving healthcare workers more vulnerable. The guidance has been based on the experience of treating Ebola and as the review of guidance approaches, users should be involved in development and implementation.

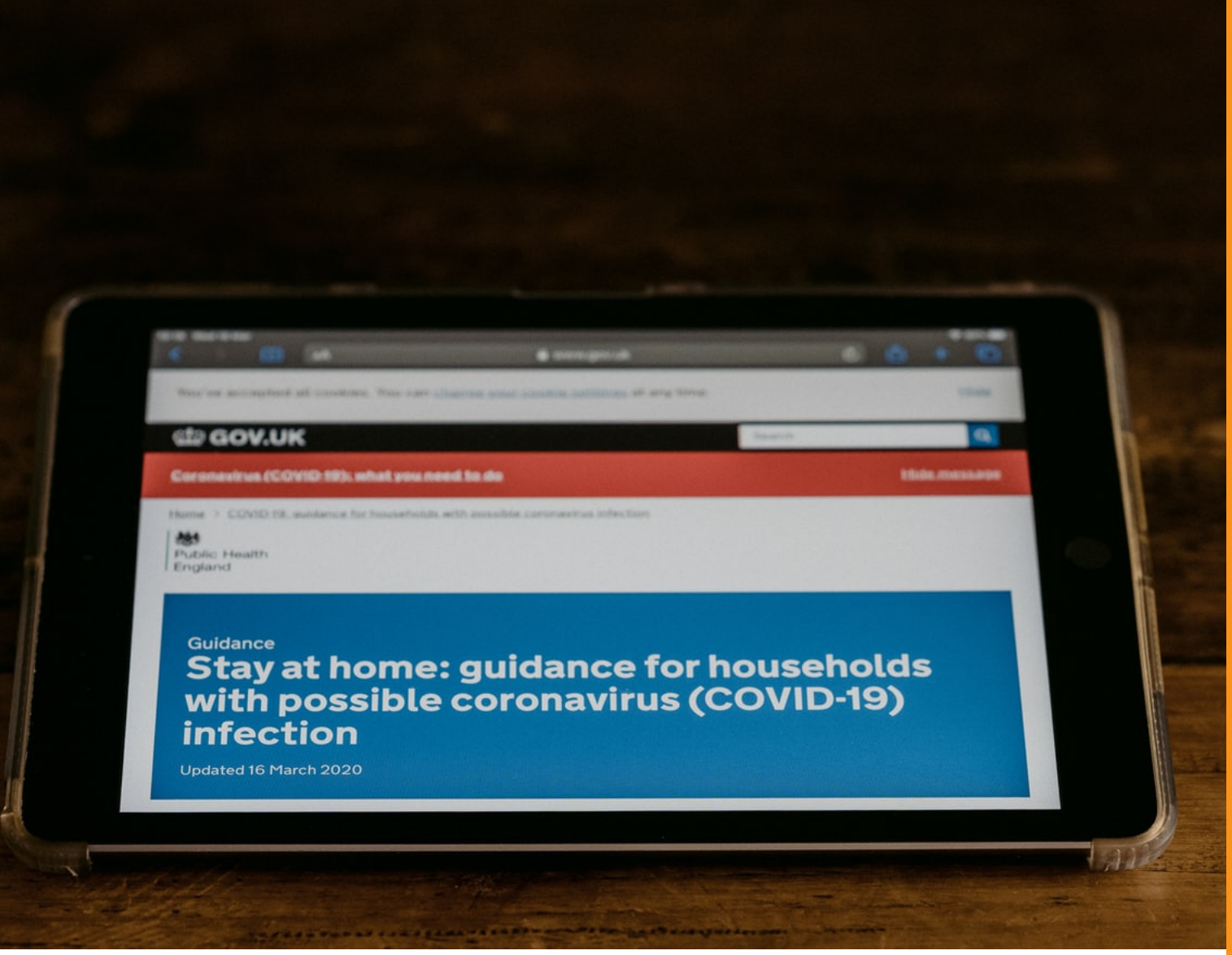
Tunde Koltai, Hungarian Association of Patient Organisations highlighted the need for greater harmonisation of the European reaction to the pandemic, and the questions about the supply and quality of PPE. She also questioned the levels of infection in Central and Eastern Europe which appeared to be much lower.

Conclusions

Following the final contribution, SM then thanked everyone for their contributions which had provoked much food for thought. One of the positive outcomes has been how much easier it is now to bring people together.

MK also thanked everyone for their interventions. WHO is already aware of many of the issues, but there are a number of points which are new, and it will be important to share the report of the meeting more widely. It has been important to hear where things are not going well, just as much as sharing good practices and the participants were invited to share additional contributions in writing.

SM added that he would like to continue the dialogue with those attending and he hoped it was the beginning of a conversation. Participants could share guidance and their policy briefings with EPHA who will forward them to WHO. SM will also follow up on the question of how WHO is collaborating with the EU on these issues. SM then closed the meeting.



european public health alliance

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