EASTERN PARTNERSHIP
Civil Society Forum

Supporting vulnerable groups during the COVID-19 crisis

EAP CSF COVID-19 BRIEFING PAPER

#PrepareEaP4Health

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Methodological Note

This paper has been elaborated in the framework of the Eastern Partnership Civil Society Forum #PrepareEaP4Health campaign and aims to illustrate the context in which civil society is addressing the challenges brought about by the COVID-19 public health crisis. It is based on the author's desk research, and collective input from EaP CSF member organisations, provided through an online consultation conducted between 25 March and 3 April 2020. A total of 84 responses from all six EaP countries and EU member states took part in the survey: 25 from Armenia, 13 from Azerbaijan, 5 from Belarus, 10 from Georgia, 6 from Moldova, 17 from Ukraine, and 8 from EU member states. The survey was designed to identify the major needs and concerns of civil society.

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EaP CSF COVID-19 Briefing Paper Series
Supporting Vulnerable Groups

Vera Rihackova Pachta

SUMMARY

EaP civil society organisations (CSOs) have been at the forefront of the COVID-19 mitigation effort, tending to the needs of **vulnerable groups** and supporting **health professionals** in their daily work; supplying equipment and providing various support services, as well as advocating on their behalf. In many instances, CSOs have been substituting key government services and responsibilities. Policies aimed at strengthening the **resilience** of the EaP societies in the post-crisis era must focus systematically on the most vulnerable groups and support those tending to them, while also strengthening the health care systems and public health policies and procedures. The COVID-19 crisis has further underlined which societal groups are most in need and where health care systems lack in preparedness**.** Civil society organisations will continue to be essential in mitigating the effects of the pandemic in the long run and will require support to ensure the continuity of the key support activities they have been providing.

INTRODUCTION

Facing the imminent crisis, with most of the EaP governments underestimating the overall preparedness of their countries to face the viral enemy, civil society organisations have been active across the board since the very onset of the pandemic in **supporting vulnerable groups and health professionals**, substituting some key government services and responsibilities. Civil society organisations identified the sections of the population most vulnerable to the COVID-19 pandemic based on their economic status, factors influencing discrimination - namely age, gender identity, sexual orientation and disability -, and their heightened risks of exposure to the infection.

Among the first group, workers living on daily allowances or the minimum wage, "offline workers" (mainly in the hospitality industry) living mostly in rented accommodation, unemployed people or workers in the shadow economy, families on the verge of poverty, single mothers and homeless people were mentioned most often. Civil society has been focusing on supporting these groups through fundraising and by delivering their daily livelihoods (food packages).

Out of the second group, the situation of elderly people, especially elderly women living alone and pensioners living on minimum state pensions, were mentioned most often. Civil society has been focusing on supplying them with food delivery and facilitating access to medicine and healthcare. Also, within this group are victims of domestic violence who have been forced to stay at home with their aggressors and have been subject to coercive control,

and physical, sexual and mental harm. These people's hardships have been alleviated by CSOs providing access to new shelters as well as continuous psychological support and legal help.

Lastly, support to health professionals on the frontline has been stressed by many CSOs as their priority, along with working to support people in jails, nursing homes, psychiatric hospitals and military units who are vulnerable to the infection due to impossibility of keeping social distancing measures.[1]

SUPPORTING VULNERABLE GROUPS IN THE EAP REGION

The societal groups exposed to the heightened risks of exposure to the infection were in focus of the EaP CSF members survey and the findings are elaborated below. The civil society has been trying to improve the situation of some of the vulnerable groups where people have been unable to maintain social distancing since they have to live in close proximity to each other but generally stated lack of information and concerns over the situation of some of the groups. Equal access to health care and support to health workers, compensating for the deficiencies on the side of the governments, has been another civil society priority tackled in the survey.

Vulnerable groups unable to maintain social distancing

COVID-19 poses a higher risk to populations that live in close proximity to each other, such as prisons and immigration detention centres, but also residential institutions for people with disabilities and nursing facilities for older people. States have an obligation to ensure medical care for those in their custody is at least equivalent to that available to the general population, and they must not deny or limit detainees, including asylum seekers or undocumented migrants, equal access to preventive, curative or palliative health care. Civil society organisations in four EaP countries - **Azerbaijan**, **Belarus**, **Moldova** and **Ukraine** - have stressed that **information on the situation, measures taken and their implementation to protect the population living in close proximity has not been comprehensive, raising concerns about the situation of some of the groups.**

Unlike in other countries, no prisoners were freed from jails in **Azerbaijan** in relation to efforts to lower COVID-19 infection risks: on the contrary, new arrests and detentions for violations of lockdown and quarantine regimes have been taking place.[2] Civil society has raised concerns about the quality of healthcare and food in prisons. Moreover, while nursing homes have been placed in isolation, civil society points out there is not much public information available about the measures taken to protect patients in psychiatric hospitals and similar facilities. A similar situation has been observed in **Belarus,** where no reliable information is

[1] The specific situation of children in remote regions of EaP countries who have limited access to internet and thus more complicated or even no access to online distance learning has also been in focus of many CSOs, as well as children from socially disadvantaged backgrounds who lack proper equipment but also the necessary technical knowledge for effective participation in online learning. IDPs and minority populations with language barriers are another target group, to which CSOs have been distributing information about the COVID-19 infection and adopted mitigation measures in their languages.

[2] Gagne-Acoulon, Sandrine. "Activists: COVID-19 Crisis Misused by Azerbaijan to Jail Opponents" *Organized Crime and Corruption Reporting Project (OCCRP)*, 16 April 2020, https://www.occrp.org/en/daily/12116-activists-covid-19-crisis-misused-by-azerbaijan-to-jail-opponents

available on specific measures taken in prisons, psychiatric hospitals and institutions for the elderly to prevent outbreaks. It is believed that some steps have been taken but it is unclear if they are sufficient and additional monitoring of the situation in these facilities is necessary. To this end, civil society started a campaign, calling on the authorities to free the prisoners from penitentiary facilities due to COVID-19 emergency[3] and worked on improving the situation of detained children by providing extra food packages.

Civil society in **Moldova** also points to a lack of information about the situation in the facilities in question. Some protective measures were adopted for prisons but these are generally not considered sufficient. There are 17 prisons in the country, including prison hospitals. At the beginning of April, the Council of Europe donated disinfectant for hands and surfaces, medical gloves and 24 infrared thermometers to the National Administration of Penitentiaries.[4] This donation testifies to the lack of equipment available in prison facilities to improve the level of protection of the prison and medical staff, as well as the prisoners.

Protective measures have been adopted in **Ukrainian** jails, nursing homes, immigration detention centres and psychiatric hospitals, but it has been difficult to evaluate the quality of their implementation. Guidelines were also issued for people living with HIV. Civil society launched a public appeal in which they called upon international organisations to pay attention to the precarious condition of prisoners in Crimean and Donbas region penitentiaries, where the WHO's recommendations regarding COVID-19 are disregarded by the authorities.

Civil society in **Armenia** has confirmed that measures to protect people in custody, jails and other state institutions like nursing homes and psychiatric clinics have been adopted. A ban on visits was introduced within all these facilities. There are volunteers and CSOs supplying food to some of these target groups, for example to prisoners and people with disabilities. There have been advocacy efforts to ensure integration of successful short-term measures and state response schemes into long-term prison healthcare and mental health reforms, as well as to raising awareness of the difficulties people with disabilities are facing under COVID-19 measures. Concerns were also raised by civil society over the conditions in the military, stating that more effort should be done in order to increase protection of soldiers. On April 13, the medical department of the Armenian armed forces announced it would not disclose information about the number of infected military personnel and those in insolation. It also announced the upcoming conscription call-up will go as planned in June and July.

In **Georgia**, measures to prevent the spread of infection were taken in jails, custody facilities, immigration detention centres and psychiatric hospitals. There are a very limited number of nursing homes for elderly people in the country and no information about measures taken there has been communicated so far. On April 9, the Ministry of Health announced that priests,

[3] "Правозащитники просят освободить осужденных и находящихся под стражей людей." *Legal Initiative*, 4 June 2020, http://www.legin.by/posts/198

[4] "Protective materials and consumables for prisons, Republic of Moldova." *Council of Europe*, 2 April 2020, https://www.coe.int/en/web/criminal-law-coop/newsroom/-/asset_publisher/lf1Iqv64qGrg/content/protective-materials-and- consumables-for-prisons?_101_INSTANCE_lf1Iqv64qGrg_viewMode=view/

prisoners and soldiers will have priority for quick COVID-19 testing and established a list of target groups that includes also people living in monasteries, nursing and retirement homes and psychiatric facilities.[5]

Supporting equal access to healthcare and safety of health workers

Civil society organisations have been instrumental in supporting healthcare rights. Governments in general have an obligation to ensure **equal access to healthcare** for their citizens and at the same time to minimise the risk of occupational accidents and diseases including by ensuring health workers have health information and adequate protective clothing and equipment. This means providing health workers and others involved in the COVID-19 response with appropriate training in infection control and with appropriate protective gear. **While on paper all EaP countries declare that their healthcare is accessible to everyone without discrimination, testing for COVID-19 has become a selective issue due to a lack of tests and laboratory capacity in most EaP countries**. Ukrainian CSOs have reported preferential treatment for various VIP groups,[6] and in Belarus, access to healthcare in the regions has been much more limited than in the capital, Minsk. The best prepared EaP country, and thus the most able to ensure the protection of health workers, has been Georgia, with Armenia and Azerbaijan catching up with the needs of their health professionals during the first weeks of the crisis. In Belarus, Moldova and Ukraine, health workers have suffered from a lack of personal protection equipment (PPE) and have often been infected on the frontline due to shortcomings in planning, delivery of PPE and training. In this context, CSOs, businesses and individual citizens have stepped in, supporting their medical staff and replacing the authorities in responding to health professionals' needs and advocating for their case.

Georgia has been praised internationally for its timely preventive measures, its crisis management capacity, and its non-discriminatory access to health care. According to civil society on the ground, the government implemented the preparatory measures necessary for minimising the risk of occupational accidents and diseases, including by ensuring workers have health information and adequate protective clothing and equipment. Medical workers have also been tested regularly for COVID-19, with the number of infected health professionals remaining relatively low. However, CSOs have also reported that general testing capacity is limited, and that in the event of a sharp increase cases, there might be difficulties in identifying newly infected individuals. They have also pointed to the fact that the retraining of health professionals in response to the current crisis has not been very effective. Moreover, the precarious situation of social workers who are also on the frontline tending to vulnerable populations, lacking means and subsidising the costs related to their work from their own pockets, has also been mentioned as a major challenge.

Armenian civil society has highlighted

[5] "Priests, prisoners and soldiers shortlisted for quick testing in Georgia." *OC Media*, 9 April 2020, https://oc-media.org/coronavirus-live-updates-9-april/

[6] Romanova, Maria. "Коронавирус для избранных. Как власти Киева для Зеленского и Ко вип-палаты готовили." *Страна.ua*, 26 March 2020, https://strana.ua/news/257445-vip-palaty-dlja-bolnykh-koronavirusom-v-kieve-chto-ob-etom-izvestno.html

insufficient stocks of PPE in some medical facilities. By mid-April, the situation had improved, but the number of healthcare personnel infected on the frontline of the crisis mitigation has been also steadily growing both in the capital and in the regions. On April 19, for example, a small town was cordoned off in the Shirak region after 18 employees of a local hospital tested positive for COVID-19. In response to the crisis, CSOs have provided emergency assistance (PPE, transportation, food, training, public awareness) to 100 volunteers – including medical students, and other related specialists recruited by the Ministry of Health to engage in care and treatment of infected people during COVID-19 pandemic. Armenia generally lacks epidemiologists and has started introducing some components into the curricula of medical universities, while already-qualified health workers and medical doctors are receiving training on infection control. To mitigate and evaluate the impact of the COVID-19 risks on mental health conditions of the medical community, CSOs in cooperation with the Armenian Psychiatric Association and Armenian Medical Association are providing on-line consultations and psychological assistance to 100 health professionals, and educating health practitioners on infection prevention and control measures.

In **Azerbaijan**, civil society has reported a scarcity of face masks and disinfectant, as well as lack of training of health workers to address the expected number of infected people. However, the authorities did announce the opening of a new factory producing the face masks at the beginning of April, while several local initiatives have also focused on sewing masks: one such project, supported by USAID and the IOM, has seen victims of trafficking currently sheltered by the IOM sew masks for the health workers and citizens of Baku. According to information from the Ministry of Health, as of April 24, about 300 health workers – both doctors and nurses – have been infected with coronavirus,[7] with 65% of them already having recovered.

According to the findings of the 2019 Global Health Security Index,[8] there was insufficient regulation on the provision of PPE during emergency situations in **Ukraine**. Although the Civil Defence Code states that health workers have the right to be provided with protective equipment during emergencies and specifies who is responsible for acquiring the stockpiles of PPE, there was no evidence that such stockpiles existed. The conclusions of the Index turned out to be true, with Ukrainian media, trade unions and civil society having reported upon significant shortages in supplies of protective equipment to the frontline medical staff tackling the COVID-19 crisis. On April 16, it was reported that out of 4161 total confirmed cases of COVID-19, 788 were health workers, representing almost 19% of the total. On June 21, the Ukrainian health ministry confirmed 5 998 health workers had been infected so far, out of total number of 36,560 cases, which stands for 16.4%. As many health workers reported lack of protective suits, masks, gloves and disinfectants, especially in small cities and regions, many CSOs, citizens and local initiatives stepped in: for example, the campaign, "United in the fight against Coronavirus", managed to raise almost 5 million UAH (173.000 EUR) to

[7] "About 300 physicians infected with coronavirus in Azerbaijan." *Turan.az*, 24 April 2020, http://www.turan.az/ext/news/2020/4/free/Social/en/123526.htm

[8] *Global Health Security Index 2019*, https://www.ghsindex.org/

purchase protective equipment, ventilators, portable X-ray devices and test kits. Civil society has also been active in the occupied regions, with the charity foundation Vostok SOS having conducted a monitoring mission in the Luhansk region to determine the preparedness of medical institutions and state administrations for the pandemic. The result showed critical shortages of medical staff and supplies, and a limited awareness among medical staff of the procedures that need to be followed after identifying patients with COVID-19.[9]

Health professionals in **Moldova** have also experienced a lack of supplies of PPE, including masks, protection clothing and gloves, since the beginning of the outbreak. As a consequence, the number of infected medical staff has been increasing dramatically and more than 25% of all infected in the country are medical workers at end of April[10]. Health workers have also reportedly been threatened to keep silent about the problems they have been facing with PPE supply chains. Furthermore, no specific training for medical staff has been offered. Moldovan health minister Viorica Dumbraveanu has denied the lack of PPE, explaining that a large number of infected medical workers contracted the virus because they removed their PPE while on duty or used their protective gear incorrectly. This has started a big debate in broader society, with a number of CSOs organising a petition requesting that the authorities increase the level of protection for medical workers treating COVID-19 patients in the country. CSOs have been also providing accommodation services to the medical staff involved in the fight against COVID-19 including all household appliances necessary, to allow medical workers to rest and to protect their families from infection.

Meanwhile, the seriousness of the pandemic has consistently been played down by the top political echelons in **Belarus**, namely by President Lukashenka, leading to the mobilisation of civil society help health workers, and deliver supplies to hospitals directly. Given the centralised nature of health infrastructure in the country, people living in small and remote areas have been often unable to access ambulances to get to hospital. The health workers have not had enough PPE and thousands of people have been buying, producing, sowing, distributing and donating in order to help the medical personnel. For example, the #BYCOVID19 campaign has brought together a number of volunteers and CSOs to crowdfund and direct aid to hospitals. As the state could not guarantee the protection of frontline health line workers and citizens, civil society and businesses stepped in to fill in the vacuum.

While reinventing their modus operandi and strengthening their links with local communities when tending to **vulnerable populations and supporting health workers**, the necessity to respond has had an impact on EaP CSOs' management strategies, operational capacity and internal procedures. **This experience and its sharing on a regional scale, if supported by a well thought-through donor support strategy with a vision for beyond the COVID-19 stress-test, can structurally strengthen EaP civil society in the long run**, allowing it to re-emerge from this crisis better equipped to

[9] "The State of Preparedness of Healthcare Facilities in Luhansk Region for the COVID-19 Epidemic." *Charitable Foundation EAST-SOS*, 31 March 2020, https://vostok-sos.org/en/zvit-covid19-eng/

[10] Necsutu, Madalin. "Pandemic Exposes holes in Moldova's Neglected health System." *Balkan Insight*, 22 April 2020, https://balkaninsight.com/2020/04/22/pandemic-exposes-holes-in-moldovas-neglected-health-system/

deliver on its role and goals.

CONCLUSION

Civil society in the EaP countries has exhibited readiness and a proactive approach amid the challenges brought about by the COVID-19 pandemic, assisting vulnerable groups and health professionals in their hour of need. Key support to the medical sector has been provided both on the advocacy and practical side in many EaP countries, ensuring the protection of medical workers' health and sustaining the production of protective materials. When it comes to supporting vulnerable groups, civil society organisations have been assisting with the provision of food, shelter, medicine, psychological support, educational support and necessary information, as well as advocating ceaselessly on behalf of vulnerable groups vis-à-vis the authorities. Civil society organisations will continue to be essential in mitigating the effects of the pandemic in the long term and will require support to ensure the continuity of these key support activities to mitigate the economic, social, and health consequences of the COVID-19 crisis.

Resilience-building strategies in EaP societies in the post-crisis era must focus systematically on the most vulnerable groups and support those tending to them, the COVID-19 crisis having further underlined which societal groups are most in need. The EU should continue working with the EaP governments, civil society and business to address the major vulnerabilities emphasised by the current crisis and ensure social security and the protection of jobs, access to quality health services, a resilient public health system capable of managing crises, an education system that ensures access to (online) education for all, and food security. It is important to build societies based on trust, non-discrimination and solidarity – including with fellow citizens in difficult life situations (serving prison terms, undergoing psychiatric treatment, etc.) –, and societies that protect their vulnerable.

The identified inequalities in access to health and healthcare, including testing, should be addressed by focusing on **strengthening the health services and capacities at the local and regional level** within the planning of the next deliverables for the EaP policy beyond 2020 and within the programming of the EU's bilateral support. These issues should also be prioritised by the work of other, non-EU donors. CSOs advocating on key issues in the area of public health and on behalf of health professionals in order to increase their level of protection and recognition should be also strengthened via targeted financial support, alongside CSOs that are providing training and education on infection prevention and control measures to health practitioners. In many EaP countries, health professionals represent one of the groups most vulnerable to infection – not only due to a lack of PPE, but also due to a lack of effective procedures and knowledge. Many EaP countries also do not have sufficient numbers of trained epidemiologists; the curricula of medical schools should thus be reviewed according to the lessons learned. Support to CSOs providing on-line consultations and psychological assistance to health professionals in the short- and medium-term should be also enhanced, while the long-term impact of healthcare workers' exposure on the frontlines requires attention and inclusion within the planning of future funding and activities aimed at assisting health professionals.

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The Eastern Partnership Civil Society Forum (EaP CSF) is a unique multi-layered regional civil society platform aimed at promoting European integration, facilitating reforms and democratic transformations in the six Eastern Partnership countries - Armenia, Azerbaijan, Belarus, Georgia, Moldova and Ukraine. Serving as the civil society and people-to-people dimension of the Eastern Partnership, the EaP CSF strives to strengthen civil society in the region, boost pluralism in public discourse and policy making by promoting participatory democracy and fundamental freedoms. For more information, please visit the EaP CSF website at www.eap-csf.eu.

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