NOBODY LEFT OUTSIDE

Improving healthcare access for marginalised people

NLO briefing paper

COVID-19 in marginalised groups: challenges, actions and voices

August 2020

Nobody Left Outside (NLO) initiative is a collective of organisations representing people in some of the most marginalised communities in Europe, namely people experiencing homelessness, undocumented migrants, sex workers, people who use drugs, lesbian, gay, bisexual, transgender and intersex (LGBTI) people and prisoners. It provides a platform for organisations to collaborate to identify shared challenges, exchange lessons and good practice, seek innovative solutions, and speak with a unified voice to offer guidance to improve service access.

The following organisations are participants in the NLO initiative:

For more information, visit www.nobodyleftoutside.eu or contact: info@nobodyleftoutside.eu.

The following individuals contributed to the development of this report:	
Denis Onyango	African Advocacy Foundation (AAF)
Roberto Perez Gayo	Correlation – European Harm Reduction Network
Ann Isabelle von Lingen	European AIDS Treatment Group (EATG)
Mario Cascio	European AIDS Treatment Group (EATG) and Network Persone Sieropositive (NPS) Italia Onlus
Freek Spinnewijn	European Federation of National Organisations Working with the Homeless (FEANTSA)
Luca Stevenson	International Committee on the Rights of Sex Workers in Europe (ICRSE)
Jeffrey V. Lazarus	Barcelona Institute for Global Health (ISGlobal)
Cianán Russell	European Region of the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA-Europe)
Alyna Smith	Platform for International Cooperation on Undocumented Migrants (PICUM)
Lee Baker	Interel (NLO secretariat)

The Nobody Left Outside (NLO) initiative has been initiated and supported financially by MSD. The views expressed in this paper reflect the experience and opinions of the NLO participant organisations and not necessarily those of MSD.

Contents

Foreword

In September 2019, when world leaders recommitted to achieving universal health coverage by 2030 at the United Nations, it would have been difficult to imagine how within just six months a viral pandemic would emerge and disrupt our health, social and economic systems in such unprecedent ways.

In its complex and profound effects on our societies, the coronavirus disease (COVID-19) pandemic has underscored the need for comprehensive and people-centred approaches to health and support services that "leave no one behind", in accordance with the principles of universal health coverage. Moreover, the pandemic – and in some cases governmental responses to it – have starkly exposed how many marginalised people in Europe are already living ***outside*** health and social care systems. Not leaving these groups behind means first ensuring that all services, support measures and information equitably reach, benefit and empower everyone – without discrimination and with due regard to the particular challenges among marginalised groups.

This report by the Nobody Left Outside (NLO) initiative explores these issues with particular focus on pandemic responses, recovery and preparedness. However, the principle applies across all health and support services, not forgetting the disproportionate burden of chronic diseases and mental health conditions, as well as infectious diseases, among marginalised groups.

So when you see homeless people and other groups on the margins of society on the streets, in subways and in public squares, please remember that our promise to "leave no one behind" is about them. And it is really the litmus test of our humanity, our consciousness and our confidence.

Dr Vytenis Andriukaitis
Nobody Left Outside Goodwill Ambassador
Former European Commissioner for Health and Food Safety (2014–2019)

Executive summary

1. Introduction
Marginalised groups such as people experiencing homelessness, undocumented migrants, sex workers, people who use drugs, lesbian, gay, bisexual, transgender and intersex (LGBTI) people and prisoners are among those hardest hit by the coronavirus disease (COVID-19) pandemic, and yet are among the least protected from it by governmental actions to date.

The Nobody Left Outside (NLO) coalition has developed this briefing paper to: 1) Explain to policymakers the particular **challenges** and impacts of the COVID-19 pandemic and government responses among marginalised groups in Europe, 2) Recommend **solutions** to help improve government responses, recovery measures and inform preparedness plans, 3) Present the **voices and actions** of marginalised communities and civil society organisations currently working on the frontlines to support them through the pandemic and beyond.

2. COVID-19 challenges in marginalised groups
This section maps key COVID-19 challenges in the aforementioned marginalised communities onto the framework of the WHO Health Equity Status Report (HESR) essential conditions for a healthy life, i.e. health services, income security and social protection, housing conditions, social and human capital, and employment and working conditions. It illustrates that governmental responses aiming to control the pandemic and to protect citizens are not addressing the specific challenges faced by marginalised groups and in some cases may have negative consequences.

3. Improving COVID-19 responses and recovery for marginalised groups
Policymakers should act specifically to protect marginalised groups in the context of broader public health and support measures, based on principles of evidence-based policymaking, human rights and equity. This section integrates recommendations by NLO participant organisations to help address the challenges in Section 2.

4. Community actions and voices
This section highlights examples of how community/civil society organisations are supporting and protecting marginalised groups during the COVID-19 pandemic and recovery periods.

5. Conclusion
Policymakers must institute policies that protect *all* citizens from the effects of the COVID-19 pandemic, and future pandemics, based on the principles of evidence-based public health, human rights and equity. To this end, policymakers must consult meaningfully with marginalised communities (for example via civil society organisations) to ensure that:

- Lessons from the COVID-19 pandemic are learned (e.g. in terms of pandemic impacts, the effects of responses and the gaps identified)
- Policies, recovery measures and preparedness plans are inclusive and fit for purpose
- Information, services and systems reach and benefit reach everyone, including marginalised communities.

Learnings from the pandemic should inform a broader rethink of health and social services toward more inclusive, integrated and people-centred approaches that ensure universal health coverage and which remove barriers to access and ensure the affordability of essential health goods and services such as shelter, food, water, fuel, sanitation and related information.

1. Introduction

The coronavirus disease (COVID-19) pandemic has created an unprecedented crisis for governments, health systems and societies at large, and has severely impacted the health, lives and livelihood of millions of people worldwide. At the time of writing, over 20 million confirmed cases and almost 750,000 deaths have been reported to the World Health Organization (WHO) [WHO 2020A]. Governments have been pushed to the edge in their pursuit of measures to control and contain COVID-19, and the pandemic is set to have far-reaching ramifications.

In April 2020, the United Nations declared that "*The COVID-19 crisis has exacerbated the vulnerability of the least protected in society. It is highlighting deep economic and social inequalities and inadequate health and social protection systems that require urgent attention as part of the public health response*" [UN 2020]. UNAIDS has called for responses that are grounded in the realities of peoples' lives and focused on the barriers people face in being able to protect themselves and their families [UNAIDS 2020a].

Marginalised groups, such as people experiencing homelessness, undocumented migrants, sex workers, people who use drugs, lesbian, gay, bisexual, transgender and intersex (LGBTI) people and prisoners, are among people the hardest hit by the COVID-19 pandemic, and yet are among the least protected from it by governmental actions to date. These inter-related groups are already at risk of poor health and highly precarious living conditions, and as a result are at increased risk of getting, transmitting and dying from COVID-19. At the same time they face significant barriers to accessing healthcare and support services, along with stigma and discrimination [Onyango et al. 2017; Lazarus et al. 2020a]. Despite being at high risk, these groups have to a large degree been excluded from the health, social and economic pandemic responses instituted by governments [NLO 2020]. Many of the measures are impractical or even impossible among marginalised groups; some even have negative unintended consequences.

The Nobody Left Outside initiative (NLO; www.nobodyleftoutside.eu) is a coalition of organisations representing the aforementioned groups in Europe and working together to improve their access to health and support services, in line with the principles of universal health coverage [Lazarus et al. 2019; Lazarus et al. 2020a]. The NLO coalition welcomes the efforts of the European Union (EU) and guidance from the WHO in response to the COVID-19 pandemic. However, the participating organisations have individually [Correlation 2020; EATG 2020a; EATG 2020b; FEANTSA 2020a; FEANTSA 2020b; ICRSE 2020a; ICRSE 2020b ILGA-Europe 2020a; ILGA-Europe 2020b; ILGA-Europe 2020c; Lazarus et al. 2020b; PICUM 2020a; PICUM 2020b; Picchio et al. 2020] and collectively [NLO 2020] called on governments to act urgently to specifically protect communities facing high levels of marginalisation and precariousness – to ensure nobody is left outside health, social and economic responses and recovery measures.

The NLO coalition has developed this briefing paper for the WHO European Office for Investment for Health and Development. It aims to:

- Explain to policymakers the particular **challenges** and impacts of the COVID-19 pandemic and government responses among the aforementioned marginalised groups in Europe
- Recommend **solutions** to help improve government responses, recovery measures and inform future preparedness plans based on the principles of evidence-based public health, human rights and equity
- Present the **voices and actions** of marginalised communities and civil society organisations currently working on the frontlines to support them through the pandemic and beyond.

2. COVID-19 challenges in marginalised groups

Key point summary

- Mapping key COVID-19 challenges associated with homelessness, undocumented status, sex work, drug use, LGBTI identity and imprisonment onto the framework of the WHO Health Equity Status Report essential conditions for a healthy life illustrates that governmental responses aiming to control the pandemic and to protect citizens are not addressing the specific challenges faced by marginalised groups and in some cases may have negative consequences.
- **Health services:** marginalised groups are at increased risk of pre-existing health conditions that increase the risk of coronavirus infection and severe COVID-19 disease (including death), together with substantial barriers to COVID-19 testing, care and information, and indirect detrimental effects both from COVID-19 and associated responses (e.g. redirection and disruption of essential services).
- **Income security and social protection:** marginalised groups living precariously are among the people hardest hit, but are largely excluded from governmental income and social support.
- **Housing conditions:** marginalised groups often live in conditions that increase their risk of catching and transmitting COVID-19 (e.g. due to overcrowding and limited access to hygiene facilities). Pandemic prevention and control measures are often unrealistic or insufficiently tailored for marginalised groups, and in some cases may increase risks (e.g. via confinement or service restrictions).
- **Social and human capital:** the social exclusion of marginalised groups (manifested by stigma, discrimination, punitive action against communities, and their lack of trust in authorities) compromises COVID-19 responses – for everyone.
- **Employment and working conditions:** marginalised groups often work in informal or precarious situations and lack labour protections. Essential community-led support services have been hard hit by shortages of staff and personal protective equipment.

2.1 Introduction

This section explains, from the perspective of NLO participant organisations:

1. Particular challenges and impacts of COVID-19 among people in Europe who are marginalised – referring here to communities forced to live and work in conditions characterised by precariousness and ill health owing to homelessness, undocumented status, sex work, drug use, sexual orientation, gender identity or expression and sex characteristics, or imprisonment, and who face inequities in access to services and disempowerment (e.g. with respect policy shaping). This paper is not exhaustive of all communities that may also be described as marginalised, such as ethnic minorities.
2. How current governmental responses aiming to control the pandemic and to protect citizens from its impact are not addressing the specific challenges faced by marginalised groups, and in some cases can have unintended negative consequences.

These issues are examined in relation to the essential conditions needed to live a healthy life defined by the WHO Health Equity Status Report (HESR) [WHO 2019]. The HESR captured and analysed the relationships between health inequities, the conditions that are essential to be able to live a healthy life, and the degree of investment, coverage and uptake of policies that influence health equity outcomes.

The following five essential conditions were identified as being needed for people to live healthy, prosperous lives:

- Health services
- Income security and social protection
- Living conditions
- Social and human capital
- Employment and working conditions.

Shortcomings in these areas explain health inequities, and all are subject to public policy. The WHO recommends that, to increase equity in health within countries, policy actions proportionate to inequity are needed across these conditions to improve the health of all while accelerating improvements for those who would otherwise be left behind.

Table 1 below maps the key COVID-19 challenges in marginalised communities according to the factors of homelessness, sex work, undocumented status, drug use, LGBTI identity and imprisonment, and using the framework of the HESR essential conditions. This analysis underscores the common challenges shared by these strongly inter-related and overlapping groups, while also detailing community-specific issues and priorities.

2.2 Health services

Key findings across these communities are that:

Marginalised groups are at increased risk of severe COVID-19 disease.

Marginalised people are at risk of COVID-19 infection owing to their living conditions and the limited applicability of existing prevention and public health measures (e.g. physical distancing, availability of personal protective equipment, etc). Once infected, marginalised groups are at high risk of severe infection and death owing to high rates of underlying (often under-treated and poorly controlled) chronic diseases that can directly or indirectly worsen COVID-19 outcomes, e.g. respiratory diseases (chronic obstructive airways disease and asthma), HIV (which may often be undiagnosed and untreated), viral hepatitis, tuberculosis, diabetes, cancer, cardiovascular disease and mental illness. Smoking and drug and alcohol dependence may also be prevalent in some of these groups.

Marginalised groups face substantial barriers to accessing health information and care – increasing the impact of COVID-19 and compromising responses.

Marginalised people already face a complex array of barriers to health information and care. These barriers can be educational (e.g. materials not provided in suitable formats or languages), organizational (e.g. services not located in easily accessible places), administrative (e.g. requirement for fixed abode or other bureaucratic procedures), economic (e.g. where out-of-pocked charges are made) and legal (e.g. where rights are limited). They are compounded by widespread stigma and discrimination toward marginalised groups. Marginalised communities are also more likely to live in poverty, which can limit their access to consultations, tests, prescriptions, resources for home care, and healthy living conditions (see below).

These barriers increase the likelihood of delayed testing and treatment for COVID-19 and hence a greater risk of severe disease and death. This is compounded by a lack of European-level

guidance specifically on COVID-19 prevention and control in most marginalised groups, which contributes to inadequate provisions and potentially to unintended harms.

COVID-19 and associated responses can have indirect detrimental health effects on marginalised communities.

Indirect impacts of COVID-19 and government responses on healthcare in marginalised groups include the redirection (to COVID-19) of HIV, viral hepatitis and tuberculosis testing and treatment [UNAIDS 2020b]) and disruption to various types of essential specialist health services (e.g. postponements, cancellations, closures, medicines shortages). The redirection of health professionals to serve in COVID-19 responses may also deleteriously undermine the high level of trust necessary to provide specialist care among some marginalized groups.

The restriction or closure of vital community-led health and support services due to COVID-19 also has negative effects across these groups. These include community-based HIV, viral hepatitis and sexually transmitted infection (STI) testing centres (such as 'Checkpoint'), harm reduction services (including substitution treatment programmes, needle exchange programmes, etc), sexual health services, support services for victims of sexual or gender-based violence, homeless/shelter services, mental health services, and specialised support provided by non-government actors.

Notably, mental health issues are very prevalent among marginalised groups and are exacerbated by COVID-19 and lockdown responses (e.g. anxiety and depression regarding financial precariousness, food, housing, isolation, working despite protection and punitive actions), while support has generally been reduced.

Online provision of some services has been helpful in some cases, but these may not be available to some marginalised communities. Where in-person services are provided, in some cases health professionals or other members of staff have not been provided with sufficient infection prevention and training or personal protective equipment (PPE). Moreover, health professionals who are drafted into COVID-19 responses among marginalised groups may not have specific training necessary to work with these populations.

Table 1 below identifies further specific health services challenges faced by each marginalised community in the context of the pandemic.

2.3 Income security and social protection

Marginalised groups living precariously are among the people hardest hit, but are largely excluded from governmental income and social support responses.

The economic impact of the COVID-19 pandemic is severe among marginalised people who typically have limited means to earn a living, and whose income has in many cases been cut off owing to the lockdown.

Marginalised groups typically live in situations of financial precariousness and extreme vulnerability (e.g. typically with no savings and often struggling with over-indebtedness). These groups are often dependent on earnings made via the informal economy or informal working arrangements not subject to labour legislation, social protection or employment benefits. Some may work via precarious working arrangements with little security (such 'zero hours' contracts). As a result, facing the loss of their income these people have little or no access to governmental COVID-19 income and social protection measures, and few or no rights in general (e.g. sick pay and welfare benefits).

Loss of income due to COVID-19 therefore risks hunger, destitution, homelessness and poor health in these communities. As a result, self-isolation and physical distancing is often not possible: individuals are forced to work to survive, often in close proximity situations (e.g. in the case of sex work) – risking infection, onward transmission and punitive action.

> *"The COVID-19 crisis sheds light on sex workers' lack of protection in unprecedented ways. Organisations from our membership report that majority of sex workers have been unable to access the safeguards provided for many other workers, such as sick pay and social benefits due to the widespread criminalisation of sex workers, their clients and third parties."*
> ICRSE, March 2020

2.4 Living conditions

Marginalised groups often live in conditions that increase their risk of catching and transmitting COVID-19.

Marginalised communities typically live in overcrowded, unstable and poor-quality living conditions (spanning rough sleeping, 'sofa-surfing', multiple occupancy homes, immigration detention, informal settlements or camps, and imprisonment) linked to existing risks of ill health and now a high risk of COVID-19 infection and transmission.

COVID-19 prevention and control measures are often unrealistic for marginalised groups. There is often a lack of measures to specifically address these peoples' challenges, and in some cases existing measures have unintended negative consequences.

Crucially, COVID-19 prevention measures such as staying home, self-isolation, physical distancing and frequent handwashing are unrealistic or unworkable for many marginalised people, in particular people experiencing homelessness, people in immigration detention and prisoners (**Table 1**).

> *"Staying home" is not an option for people experiencing homelessness. Sleeping rough or staying in temporary or emergency accommodation (hostels, night shelters, etc) puts them at a high risk of transmission and compromises their access to hygiene and isolation spaces. Urgent measures are required to protect homeless people." FEANTSA, March 2020*

Clearly, housing is closely inter-related with income security. People in precarious situations who lose their income due to COVID-19 and who cannot pay their rent face eviction without government support or protection. The pandemic therefore threatens to drive homelessness and rough sleeping, overwhelming already over-stretched homeless services.

Some government responses to the COVID-19 pandemic may have unintended negative consequences on living conditions among marginalised groups. For example:

- "Sofa-surfers" – i.e. people without a fixed home who stay temporarily with friends or relatives – represent the largest fraction of homeless people in some countries. During the COVID-19 lockdown they may often be unwelcome or unable to stay with their hosts, and hence may be forced onto the street or into shelters
- Temporary shelters/encampments are not the answer to homelessness as overcrowding simply increases the risk of coronavirus transmission.
- Confinement with abusive family members or other parties can increase risks of abuse and violence toward groups already at risk, while available support is reduced, and

options to seek help or report violence may be limited (e.g. because of discrimination and risk of immigration enforcement for people with irregular status)

- Limitations or closure of vital support services (e.g. food banks, soup kitchens, drop in centres, public toilets, services for victims of sexual or gender-based violence or abuse – as well as harm reduction services such as opioid substitution and needle and syringe exchange programmes) increase the risks of hunger and destitution, and compromise COVID-19 measures.

COVID-19 is generating complex challenges and risks and while the virus does not discriminate, it is very clear that it hits marginalised communities in our societies disproportionally hard. In addition, social distancing and other prevention measures, as needed as they are, can have unwanted negative impacts on the lives of marginalised groups. ILGA-Europe, 2020

The current pandemic threatens to exacerbate existing disparities faced by key populations affected by HIV. This crisis is already taking a toll on most spheres of life worldwide, and it is specific groups that remain without a safety net due to existing regulatory and legal barriers: sex workers are faced with a drastic loss of income, access to services becomes even more difficult or impossible for migrants and people who use drugs and the measures of self-isolation are not even applicable for the homeless. EATG, March 2020

2.5 Social and human capital

The social exclusion of marginalised groups compromises COVID-19 responses – for everyone.

Marginalised groups face stigma, discrimination, distrust, and in some cases criminalisation. Such groups may be said to be socially excluded, defined as a state experienced by groups subject to economic, political, social and/or cultural exclusionary processes that result in an unjust distribution of resources and unequal access to rights and capabilities, and which are linked to health inequalities, deprivation and determinants of poor health [Popay et al. 2008].

Specific issues in the context of COVID-19 include:

- Punitive actions (include fines) against homeless people who sleep rough (especially where the only alternatives are overcrowded shelters) and sex workers who continue to work or advertise for work (being excluded from income support measures).
- The clearing of streets and rehousing can have unintended negative impacts in making people more excluded and breaking social and supportive connections and networks.
- A cycle exists linking isolation, financial precariousness and mental health issues (Section 2.2).
- Potentially, the COVID-19 public health emergency could exacerbate stigma and discrimination towards marginalised groups.
- A lack of trust among communities in services and authorities (because of negative experience or fears) hampers uptake of information, services and digital tools used in COVID-19 responses. Indeed, there may be concerns that digital technologies (e.g. for contact tracing) could be used to increase surveillance and policing.

- Lack of access to legal services and fear of authorities means that abuse and violence may go unreported.

Generally, the exclusion of marginalised communities from policymaking and planning limits the reach of COVID-19 responses, and contributes to broader health and social inequities.

> *"Viruses don't discriminate. Whatever our residence status or nationality, wealth or power, we are all at risk. But social exclusion can leave some even more exposed and less protected. The COVID-19 pandemic is a reminder of the need for universal health care that reaches the most marginalised in our societies to ensure everyone's health."* PICUM, March 2020

2.6 Employment and working conditions

Marginalised groups working in informal or precarious situations lack labour protections.

Marginalised people typically have limited means to earn a living and are often dependent on earnings made via the informal economy or informal working arrangements not subject to labour legislation, including working conditions in general and COVID-19 requirements in particular.

Employment insecurity (including zero-hour contracts and self-employment, as well as informal work) is more common among marginalized populations. The implications of this, and of the lack of government income support measures, are discussed in Section 2.3.

Community-led support services have been hard hit by shortages of staff and personal protective equipment.

Another important aspect is the severe staffing problems facing community-led services that provide support to marginalised groups (e.g. homeless outreach, shelters, day centres and harm reduction). These services have experienced severe challenges to service provision, including:

- Withdrawal from work of volunteer workers, including peer support workers, on whom these sectors are highly dependent
- Staff sick leave and self-isolation
- Lack (or delays in) personal protective equipment.

Community-specific issues include the high representation of migrants in sectors such as long-term care, and their need for protection and support – especially as they be less likely to speak out when placed in situations that endanger them or their patients (see **Table 1).**

Table 1. Challenges of COVID-19 according to factors associated with marginalisation[1] and the five essential conditions needed to live a healthy life defined by the WHO Health Equity Status Report (HESR) [WHO 2019].

HESR condition	Marginalisation factor					
1. Health services						
Common challenges	• High rates of underlying (often under-treated and poorly controlled) chronic diseases that directly or indirectly predispose people to severe COVID-19 disease and death, e.g. respiratory diseases (chronic obstructive airways disease and asthma), HIV, viral hepatitis, tuberculosis, cancer, cardiovascular disease, diabetes and mental illness. Smoking and drug and alcohol dependence are also prevalent in these groups • Substantial, multifaceted barriers to accessing health services and information – these include educational, organizational, administrative, economic and legal barriers, together with stigma and discrimination. These compromise COVID-19 risk reduction measures and access to testing and care. • Lack of specific European-level guidance on COVID-19 prevention, identification and control in most marginalised groups. • Detrimental healthcare impacts of COVID-19 and associated responses include the redirection of specialist health services, e.g. HIV, viral hepatitis and TB testing toward COVID-19 and disruptions to other types of essential specialist care (e.g. postponements, cancellations, medicines shortages) • Restriction or closure of vital community health and support services due to COVID-19 has negative effects across these groups (e.g. homeless/shelter services, community-based testing centres (such as 'Checkpoint'), harm reduction, sexual health, support for victims of sexual or gender-based violence, social support). Online provision of some services has been helpful in some cases, but these may not be available to some marginalised communities. • Mental health issues prevalent among marginalised groups exacerbated by COVID-19 and lockdown responses (e.g. anxiety or depression regarding financial precariousness, food, housing, isolation, working despite protection and punitive actions) while support reduced.					
Specific challenges	**Homelessness**	**Undocumented status**	**Sex work**	**Drug use**	**LGBTI**	**Imprisonment**
	COVID-19 exacerbates already limited access and targeted provision of healthcare toward population at high risk of ill health and early death Limited access among highly vulnerable group risks late COVID-19 diagnosis, poor outcomes and onward transmission	In most parts of Europe, people with irregular migration status have no access to primary health care or subsidised non-emergency care COVID-19 may be exempt from health charges in some countries, but this exemption can exclude those with pre-existing conditions. Hence the majority of undocumented migrants cannot seek care without fear of being charged for treatment expenses or	Limited access/closure of community sexual health services (condom distribution, HIV and STI testing, care and counselling) increases health risks Many migrant sex workers have been unable to access information about COVID-19 where this was not translated into the languages of diverse migrant communities and whilst community health service interpreters were not available With respect to mental health, there has been an	Sharing of drug-using equipment may increase the risk of COVID-19 infection, as well as other transmissible diseases such as viral hepatitis and HIV Disruption/closure of harm reduction services is detrimental to public health, as these services are often the only contact point for PWUDs to access the health and support services and information – including COVID-19 measures Disruption in supplies of opioid substitution	Experience of discrimination, stigma, gatekeeping, misgendering, and non-consented procedures can deter LGBTI people from seeking medical care Lockdowns and travel restrictions severely limit access to vital specialist care for intersex people Transition-related medical care, which is life-saving care for trans people, may be deemed non-urgent and postponed or cancelled	Overcrowding, close proximity in daily activities, lack of adequate hygiene measures, poor ventilation, disproportionate prevalence of infectious diseases such as HIV, viral hepatitis, tuberculosis, high prevalence of mental illness, lack of harm reduction measures, limited access to testing, treatment and care services

		exposure to immigration enforcement. The impact of deaths among migrant communities has been exacerbated by the inability to afford decent burials or repatriation and the lack of access to bereavement counselling	increase in suicide or suicide attempts among sex workers linked to uncertainty, isolation and poverty	therapy and other essential medicines and drug use paraphernalia (e.g. needles and syringes) due to lock-down, self-isolation and reduced pharmacy services (which together with disruptions of drug markets may lead to poor withdrawal management) Risk of overdose from opioid drugs (e.g. heroin) may be increased in people infected with COVID-19 Potential for medicines shortages, including life-saving medicines such as naloxone (used to treat opioid overdose)	in the light of COVID 19, leading to serious complications Risks also include curtailment of essential hormonal medicines owing to supply issues and deprioritisation Medical quarantine and surveillance can be re-traumatising to intersex and trans people who have been subjected to non-consented medical interventions based on their sex characteristics and/or gender identity and expression LGBTI people with diverse gender expressions are subject to harassment, discrimination and violence in sex-segregated institutional isolation settings	
2. Income security & social protection						
Common challenges	• Groups often have limited means to earn a living, and live in situations of financial precariousness and extreme vulnerability. • Earnings are often via the informal economy or informal working arrangements – hence little or no access to governmental COVID-19 income and social protection measures (and few or no rights in general, e.g. sick pay and welfare benefits). Loss of income therefore risks hunger and drives destitution, debt, homelessness and poor health. • Individuals forced to contravene COVID-19 restrictions and continue to work to survive – risking infection, onward transmission, mental health issues and punitive actions. • Issues overlap with “Employment and working conditions” below.					
Specific challenges	**Homelessness**	**Undocumented status**	**Sex work**	**Drug use**	**LGBTI**	**Imprisonment**
	Income from begging and selling street papers is often an important source of income for people	Undocumented people working generally excluded from income support measures	Sex workers excluded from income support measures owing to informal economy, stigmatisation and	Income loss due to the closing of public spaces in which informal economic activities take	Loss of income disproportionately affects LGBTI people owing to pre-existing	

	experiencing homelessness and which has been removed by the lockdown Lack of specific economic support measures toward people experiencing homelessness Economic impact likely to drive more people into homelessness, with resultant harms and exacerbation of housing services crisis	Income loss among people already living precariously typically with little or no savings risks driving migrants into destitution and/or homelessness Increased poverty resulting from COVID-19 will significantly impair the development and long-term wellbeing of undocumented children Where work is suspended, people forced to rely on over-stretched community support and funds Migrant workers' residency often based on their job; COVID-19 job losses therefore risk increased deportation	criminalization to varying degrees. Without income support, sex workers living precariously are forced to work in unsafe conditions; income loss risks driving sex workers into destitution, debt and risky behaviour Income loss and debt accrual caused by the pandemic may lead to an increase in the number of sex workers Problems often compounded by homelessness, undocumented status and LGBTI challenges	place (selling newspapers, collecting deposit bottles etc) Drug users excluded from income/welfare support measures due to the criminalization of drug use to varying degrees, depending the EU country	inequalities and greater likelihood of unemployment, informal work and precariousness Rainbow families often struggle to formalise their documents and relationships legally, which can be problematic as EU countries increasingly close their borders. These aspects can result in people being trapped at borders when they should be in a safe household for physical distancing and quarantine during the coronavirus outbreak	

3. Living conditions						
Common challenges	• Poor living conditions (spanning homelessness, 'sofa-surfing', overcrowded and unstable housing, detention, imprisonment, etc) linked to poor health. • Standard COVID-19 prevention measures (e.g. staying home, physical distancing and hygiene) are often not realistic. • People in precarious situations who lose their income due to COVID-19 and who cannot pay their rent face eviction without government support or protection. • Problems compounded by shelter and support service disruption and destitution from income loss increasing service demand. • The pandemic is disproportionately affecting women and girls in some ways. Risks of abuse and violence may be exacerbated during lock-down restrictions, while available support is reduced. Closure of domestic violence refuges to new clients may deter some victims from reporting abuse, in view of likelihood they will remain housed with the perpetrator. Many gender-based violence support programmes actively exclude marginalised communities.					
Specific challenges	**Homelessness**	**Undocumented status**	**Sex work**	**Drug use**	**LGBTI**	**Imprisonment**
	People experiencing homelessness cannot apply general anti-COVID-19 measures:	Most undocumented people have poor housing/living conditions High risk of infection in crowded migrant	Income loss risks driving sex workers into homelessness, risky behaviours and highly	Limitations/closure of harm reduction and drop-in centres reduces their benefit in providing	LGBTI people are at increased risk of familial rejection Physical distancing may be difficult for those who	High risk of COVID-19 transmission and comprised prevention measures – due to crowded and poorly ventilated prison

	• Staying at home does not apply – homeless people have to spend time in public spaces • Self-isolation/physical distancing are not realistic • Little or no access to handwashing • Limited reach of COVID-19 information Problems compounded by: • "Sofa-surfers" – i.e. people without a fixed home who stay temporarily with friends or relatives – represent the largest fraction of homeless people in some countries. During the COVID-19 lockdown they may often be unwelcome or unable to stay with their hosts, and hence may be forced onto the street or into shelters • Shelter closures due to falling staffing levels and/or infection rates • Increased demand where insecurely housed people lose their homes owing to lost income • Closure/reduced access to kitchens,	encampments, reception centres, detention centres where physical distancing is impossible Undocumented migrants who have lost their informal jobs and ability to pay for food and housing may be vulnerable to abuse by hosts but may not report owing to fears of immigration enforcement Millions of refugees are stuck in limbo or at closed borders where health and hygiene circumstances often render people at very high risk of illness Disproportionate impact on women and girls. UN Population Fund (UNFPA) warns of a 20% increase in gender-based violence across UN member states [UNPFA 2020] Undocumented women and women on spousal visas systematically do not report abuse because of fears of immigration authorities, and now refuges are not accepting new clients due to pandemic The pandemic could critically undermine progress made towards achieving SDGs	vulnerable situations (e.g. abusive clients) Closure of sex work venues, together with eviction, has increased demand for shelters or supported housing Many migrant sex workers share accommodation (flats, hotel rooms, workplace accommodation) which limits their capacity to self-isolate Sex workers face high rates of sexual violence and abuse, which may be increased by confinement with abusers	access to showers, food and clothing and shelter Disruption in open drug scenes cause multiple problems for PWUD including higher drug prices, change of drug quality, drug use in isolation with the danger of overdose fatalities For PWUD with access to adequate housing: • Income loss risks bringing PWUD into homelessness. • Difficulties dealing with the psychological effects of long-term confinement. Loneliness, anxiety and/or domestic violence may lead to changes in the pattern of use or increments of use, overdoses, and other crisis situations • Ex-drug users and/or people in abstinence-based programs may relapse due to the consequences of confinement and lack of access to treatment, also increasing risks of overdose	have been rejected by their families, are not out with their families and now forced to live with them, or are facing mental health problems High risks of gender-based abuse, hostility and violence – may be increased by confinement with non-accepting family or other individuals, or in shelter accommodation (depending on segregation policy) Challenges compounded by reduction in LGBTI services and peer support due to pandemic Risk of exacerbation of homelessness; 25-40% of young people experiencing homelessness are estimated to identify as LGBTI Discrimination can occur with respect to policing COVID-19 measures (e.g. judgements about who lives in a household, disrespecting same-sex partnership and Rainbow Families). LGBTI individuals who needed to relocate to escape life-endangering environments now find borders suddenly closed, requiring them to return to unsafe living conditions with no possible route to safety.	conditions, and limitations on personal hygiene

	day centres and public toilets further limits access to hygiene measures • Closure/restriction of soup kitchens, food banks, and other means of food distribution risks extreme food insecurity and hunger • Panic buying resulting in shortages of staple foods in food banks Temporary/emergency shelters and encampments result in crowded facilities and dormitories that further compromise physical distancing and hygiene – compromising effective transmission control					
4. Social & human capital						
Common challenges	• All groups are socially isolated, facing exclusion, stigma, discrimination, distrust, and in some cases criminalisation. Social exclusion compromises COVID-19 responses in these communities, and for societies in general. Particular issues include: • Political and religious leaders scapegoating marginalised communities and blaming them for the pandemic. • Lack of trust in services and authorities (because of negative experience or fears) hampers uptake of information, services and digital tools used in COVID-19 responses. Potential concerns that digital technologies (e.g. contact tracing) could be used to increase surveillance and policing. • Generally, increased police interactions associated with policing COVID-19 measures may have exaggerated impacts on marginalised people. • Lack of access to legal services and fear of authorities means that abuse and violence may go unreported. • The general exclusion of communities from policymaking and service design, evaluation and planning limits the reach of COVID-19 responses, and contributes to broader health and social inequities.					
Specific challenges	**Homelessness**	**Undocumented status**	**Sex work**	**Drug use**	**LGBTI**	**Imprisonment**
	Many countries have managed to get most rough sleepers of the street (e.g. using hotels).	Undocumented migrants are at particular risk of scapegoating regarding the pandemic	Media blaming sex workers for propagating virus (e.g. migrant sex workers in Western Europe or Central		Disinformation blaming LGBTI people for the pandemic may increase stigmatisation and abuse	

	However, in some countries rough sleepers have been fined by police or brought to court for not staying at home. This is very problematic where the only alternative is overcrowded shelters that rough sleepers may avoid because fear of contracting coronavirus	The rights of undocumented children have not been sufficiently included in recent EU policy	European returning to their home country) Lack of access to information about the pandemic and policies regarding lockdowns or travel increases uncertainty and limits individuals' capacity to take decisions about own health and plan for future Closing of community services mean lack of continued support on issues such as legal, psychological, emotional support etc (for example sex workers victims of crime / violence)		– this includes religious leaders blaming LGBTI people for COVID-19 Many trans people are unable to access identity documents. Increased police checks can expose them to increased harassment, discrimination, and violence	
5. Employment and working conditions						
Common challenges	• Marginalised people are often dependent on earnings made via the informal economy or informal working arrangements not subject to labour legislation, including working conditions in general and COVID-19 requirements in particular. • Employment insecurity (including zero-hour contracts, self-employment, and informal work) is more common among marginalised populations – generally not covered by government income support responses – see 'Income security and social protection' above. • Community-led support services face major challenges that include: shortages of volunteer workers, staff sick and self-isolation leave, lack (or delays in) personal protective equipment to ensure safety of workers and clients					
Specific challenges	**Homelessness**	**Undocumented status**	**Sex work**	**Drug use**	**LGBTI**	**Imprisonment**
	Some services expected to close due to falling staff and volunteer levels in context with increased demand Measures necessary to minimise COVID-19 to frontline staff and volunteers	Migrants are often highly represented as providers of care in certain sectors (e.g. long-term care) and need to be protected and supported in these roles. Migrants may be less likely to speak out when placed in situations that endanger them or their patients (owing to fear of losing job or attention of authorities). They may	Sex workers living precariously are dependent on work involving close contact – self-isolation is not realistic without support Some sex workers have been able to turn to online sex work (cam work, sale of images or videos) but also face exploitation and precariousness	Some PWUD have regular jobs are affected by the lack of access to OST, drugs (because of market disruptions) or other necessary medications Peer support volunteers/workers may also be affected by the closure or limitation of services, the lack of	LGBTI people experience higher-than-average un- and under-employment, with the FRA study indicating that 5% of LGBTI people were unemployed (7% and 8% of trans and intersex respondents, respectively) and 22% had experienced discrimination either looking for work or at	

		also be separated from their family and/or sole breadwinner hence may need additional support to help them and their families cope with any staffing changes (e.g. job losses) resulting from COVID-19 Migrant workers play a critical role in many other sectors of the economy (including agriculture; delivery, transport and logistics; domestic and care work) yet are on the frontline in the pandemic and need safe work conditions	Legal support for sex workers victims of exploitation and trafficking is interrupted.	access to drugs or OST, the psychological impact of the pandemic/lockdown Disruption of open drug scenes may also force individuals to find other forms of income, such as sex work	work in the previous 12 months (40% and 38% for trans and intersex respondents, respectively) [EU Agency For Fundamental Rights (FRA) 2020] 37% of respondents to the FRA survey indicated that they had at least some difficulty making ends meet in their households (48% and 51% of trans and intersex respondents, respectively). Owing to societal discrimination, LGBTI people report limited access to government-sponsored support programmes during the crisis	

Abbreviations: LGBTI: lesbian, gay, bisexual, trans, intersex; OST, opioid substitution therapy; PWUD: people who use drugs.

Key NLO community organisation sources: Correlation 2020; EATG 2020a; EATG 2020b; FEANTSA 2020a; FEANTSA 2020b; ICRSE 2020a; ICRSE 2020b ILGA-Europe 2020a; ILGA-Europe 2020b; ILGA-Europe 2020c; Lazarus et al. 2020a; PICUM 2020a; PICUM 2020b; Picchio et al. 2020; NLO 2020.

3. Improving COVID-19 responses and recovery for marginalised groups

Key point summary

- Policymakers should act specifically to protect marginalised groups in the context of broader public health measures, based on principles of evidence-based policymaking, human rights and equity.
- This section integrates guidance and calls by NLO participant organisations, responding to the challenges in Section 2 and mapped to the HESR essential conditions.
- Effective and equitable plans and systems for future pandemic crises that reach everyone are essential, and should benefit from meaningful consultation with marginalised communities and learnings from the COVID-19 crisis.

3.1 Introduction

The rights of all individuals to access to preventive healthcare and to benefit from medical treatment under national laws and practices are enshrined in the Charter of Fundamental Rights of the EU [European Commission 2012] and other international instruments [World Medical Association 2016; United Nations 2017]. All services should reflect international standards regarding human rights, equity, non-discrimination and confidentiality [Lazarus et al. 2020a]. Policymakers at the local, regional, national and EU levels should act specifically to protect marginalised groups in the context of broader public health measures, based on principles of evidence-based policymaking, human rights and equity.

Marginalised people have not only the right to healthcare, but also a right to participate in decision making on matters affecting their health and lives. Specifically, people from target communities should be involved in the design and planning of services to help ensure that they address relevant barriers to access.

3.2 Recommendations

Table 2 presents a series of recommendations to help improve COVID-19 responses and recovery measures, and inform future preparedness plans. These reflect an integration of recommendations and calls by community organisations participating in the NLO initiative, responding to the challenges in Section 2 and mapped to the HESR essential conditions. Please refer to the specific COVID-19 recommendations by NLO participant organisations [Correlation 2020; EATG 2020a; EATG 2020b; FEANTSA 2020a; FEANTSA 2020b; ICRSE 2020a; ICRSE 2020b ILGA-Europe 2020a; ILGA-Europe 2020b; ILGA-Europe 2020c; Lazarus et al. 2020a; PICUM 2020a; PICUM 2020b; Picchio et al. 2020; NLO 2020].

Spanning all of these conditions is the need for collaboration between agencies and service providers on the municipal, national and cross-border levels, ensuring continuity of care and an integrated response to the complex health and social circumstances that marginalised communities experience. The NLO coalition has developed a Service Design Checklist based on the WHO Health Systems Framework [WHO 2007] to help all stakeholders to design and deliver integrated, people-centred health and support services that are accessible to marginalised people [Lazarus et al. 2020a] (see Section 4.2).

3.3 Preparedness for future pandemics

The COVID-19 has dramatically illustrated the need for effective and equitable plans and systems for future pandemic crises that overcome social and politically determined inequities and reach everyone. This requires meaningful consultation with communities of marginalised communities together with monitoring and data collection mechanisms to elucidate the specific impacts and gaps in services, responses and recovery measures during the COVID-19 crisis.

The COVID-19 Assessment Scorecard (COVID-SCORE) developed at ISGlobal (Barcelona Institute for Global Health) enables anyone to conduct an easy assessment of their city, state/regional or national government's response to COVID-19 and its preparedness for other public health emergencies, based on the WHO Health Systems Framework [Lazarus et al. 2020c].

Table 2. Community recommendations to improve COVID-19 responses for marginalised groups.

HESR	Topic	Recommendation
1. Health services		
	Ensuring access to health services and information	General • Ensure that preventative and therapeutic healthcare services, services, goods and information are available and accessible to everyone, regardless of their status with respect to housing, immigration, involvement in sex work, sexual orientation, gender identity or expression, sex characteristics, drug use or incarceration. COVID-19 testing, care and prevention • Prioritise COVID-19 testing (via outreach) for marginalised groups at high medical risk. Generally, testing should be non-discriminatory (with respect to all factors above) • Develop specific European-level guidance on COVID-19 prevention and control in marginalised communities • Address barriers to primary healthcare and public health information, e.g. provide targeted outreach of information on COVID-19 information (prevention, care, rights, etc) in ways that reach them and in forms they can understand (e.g. in relevant languages) • Community-based outreach services should employ COVID-19 prevention measures for staff, volunteers, peer support workers and service users (including sufficient provision of personal protective equipment) • Consider alternative service modes for specialist care and measures to reduce the number of necessary centre visits/contacts, e.g. online, telephone/video calls, outreach, home delivery, extended prescription supplies • Ensure staff moved into caring for marginalised populations are given suitable education/training for working appropriately with these groups • During isolation in healthcare settings, people should be housed in sex-segregated wards based on their gender identity, not the sex on their identity documents, and in consultation with the person concerned. When safe accommodation is not possible on the basis of the persons gender identity or expression and sex characteristics, consider non-institutional isolation measures Essential health services • Essential specialist care (e.g. for viral hepatitis and HIV, and hormonal therapy and surgical aftercare for previously-conducted surgeries for trans and intersex people) must be classified as vital and be uninterrupted • Undertake contingency planning to avoid medicine shortages • Employ cross-border cooperation between countries and communities to avoid and address medicines shortages and ensure continuation of treatment (including in people who cannot return to resident countries owing to travel restrictions) • Firewalls should be applied, prioritising healthcare and support services and preventing transfer of personal data to police, justice and immigration authorities • Support and provide sufficient resources to community organisations providing services, information and support to marginalised groups

	Digital track and trace solutions	• The development, implementation and evaluation of digital tools should include marginalised groups, resolving rather than increasing inequities and considering the social and legal implications for these communities. Marginalised people should be supported and enabled to access such services (e.g. through internet vouchers, sim card data, training and induction) • In particular, protection of personal data and privacy must be ensured to avoid further discrimination, surveillance, immigration measures and policing; specific measures will be necessary to ensure trust and uptake among marginalised groups
	Harm reduction and other support services	• Harm reduction services should be considered as essential services – continuity and sustainability of harm reduction and other services is vital during the pandemic (including needle and syringe programs, opioid substitution treatment, consumption rooms, naloxone provision, alcohol misuse services, sexual and reproductive health care, physical and sexual violence) • Harm reduction and support services should also be employed to provide advice and support on COVID-19 prevention and linkage to care • Alternative service modes should be considered (as above under health services) • Measures to reduce the number of necessary centre visits/contacts should be employed (e.g. take-home supplies and equipment). These may require suspending existing regulations that conflict with COVID-19 measures (e.g. take-home medication) • Service users, staff, peer support workers and volunteers need to be adequately protected, with suitable equipment and procedures (including physical distancing, hygiene, drug use equipment, extended opening hours to reduce user numbers at any given time) – community organisations/NGOs providing local services should be supported and resourced • Group sessions and coercive measures (e.g. judicial treatment referrals) should be suspended. • Contingency planning essential to maintain services to address increased demand despite falling staff and volunteer levels
	Post-COVID	• Successful interventions, good practice examples and lessons learned should be examined, maintained and further implemented/supported post COVID-19
2. Income security and social protection		
	Income support	• Emergency financial measures (e.g. income replacement schemes and social protection) should reach individuals who are excluded from the formal economy. Access to income support means considering additional distribution channels and access points • Recovery plans must address the implications in marginalised groups of income loss and debt accrual, e.g. increasing homelessness (see “Avoiding homelessness”, below) and leading more people to engage in sex work
3. Living conditions		
	Housing and shelter provision	• Provide all marginalised groups (e.g. homeless people and undocumented migrants) who lost their livelihood due to the pandemic or are in precarious situations (e.g. domestic abuse victims) with adequate emergency housing, with private spaces allowing self-isolation measures and washing • Where necessary, this includes mobilising appropriate unused spaces, e.g. vacant housing, tourist apartments, hotels, student housing, barracks, sports halls, etc • Emergency shelters should open 24 hours (and in particular not at night only) • Accommodation should be coupled with necessary support services
	Homeless support services	• Ensure access to safe sources of nutritious food and hygiene • Ensure that services are as safe as possible for service users, staff and volunteers (e.g. by facilitating physical distancing, hygiene, and other risk management measures). • Contingency planning and alternative service models to deal with increased demand and manage staff shortages
	Avoiding further homelessness	• Specific measures are necessary to avoid people losing their homes, especially in the private rental market, e.g. rent/mortgage support measures or ‘holidays’, anti-eviction measures (e.g. moratoria) – must be linked to financial/income support otherwise evictions for unpaid rent will be only be delayed until after any moratorium.
	Protection against punitive measures	• Enforcement of confinement measures by police must take account of special vulnerabilities and implications for survival, especially among people experiencing homelessness and having lack of safe alternatives to public space available to them

		• Close collaboration between police and social services is important, with targeted non-coercive measures to ensure that enforcement connects people with safe support. • Reducing prison population through early releases, pardons, amnesties and non-coercive alternatives to incarceration of people arrested for, charged with or convicted of minor or nonviolent drug offences • Policies for the early release of prisoners should be urgently put in place to allow protection of those at higher risk (e.g. older people and people with specific comorbidities), to ensure adequate physical distancing measures, and considering the current overcrowding in many detention facilities
	Protecting against domestic violence	• Support and alternative housing for victims of domestic violence and abuse, who are not safe in their own home during the pandemic (e.g. helplines, support shelters) regardless of migration or other status • Safe words/codes should be available for individuals to use when at serious risk to notify the police • More flexible housing and registration processes such that those who are unsafe in their legal residence are able to quarantine or lockdown in a different place of residence without legal sanction • Incidents of domestic abuse and violence should be dealt with according to human rights and the rule of law
	Immigration detention[1]	• End immigration detention in favour of non-custodial, community-based approaches to case resolution. Individuals released from detention should have access to adequate shelter (as per above) • Suspension of return decisions and deportations in line with government measures to protect people's health and limit cross-border movements, with redirection of public funds to economic and social responses and support.
	Recognition	• Restrictions should encompass the various lived realities of rainbow families, even and especially in countries where there is a lack of legal recognition
4. Social and human capital		
	Avoiding discrimination	Policies should ensure that • All services should be available and accessible to everyone, regardless of their status with respect to housing, immigration, involvement in sex work, sexual orientation, gender identity or expression, sex characteristics, drug use or incarceration. • Marginalised groups benefit equitably from testing, care and digital technologies (e.g. contact tracing) without increases in non-medical surveillance and policing • Pandemic responses do not exacerbate stigma and discrimination, and rather promote social cohesiveness • Political hate speech, misinformation, and scapegoating relating to marginalised communities are avoided or tackled • Funding for community organisation work (including on health and human rights) must be maintained during and beyond the pandemic • Marginalised groups are involved routinely in relevant policy development and planning
	Legal protection	• Police and social services should work collaboratively to protect all groups • Policing of pandemic measures should be non-discriminatory not used for identity and residence status checks • Firewalls should be applied, prioritising healthcare and support services and preventing transfer of personal data to police, justice and immigration authorities • Policing should not single out marginalised people for violating quarantine measures that threaten their survival • Incidents of abuse and violence should be dealt with in a non-discriminatory manner according to human rights and the rule of law • A moratorium should be implemented on fines, arrests and prosecution related to homelessness, sex work, immigration status, and minor/non-violent drug offences • Implementation of drug demand reduction based on minimum quality standards to meet the needs of marginalised communities (e.g. people who use drugs, young people at risk, homeless people, unemployed people) and the professionals working with them • Regularisation should be given to undocumented migrants, at least on a temporary basis • Adequate interventions allowing alternative contacts with families of detained individuals (such as videocalls and increased phone calls) should be put in place in order to ensure essential rights and avoid reported violence and riots within prison settings

		• States should allow for the cross-border recognition of marriage certificates, registered partnership certificates, birth certificates (including information about legal gender or the parentage of a child), and legal gender recognition certificates, as well as documents with non-binary gender markers issued in another country • Individuals whose rights were violated in ways not excused by approved derogations from human rights standards should have access to justice and reparation. • States should move towards the full decriminalisation of sex work. Sex work must be recognised as sex work and sex workers labour rights protected
5. Employment and working conditions		
	•	• See Income security and social protection above • Services must be provided with sufficient personal protective equipment to protect staff and clients • Migrant healthcare and care workers should be provided with specific protection and support according to their needs

[1]See PICUM 2020 for detailed recommendations regarding immigration policy responses.

Key NLO community organisation sources: Correlation 2020; EATG 2020a; EATG 2020b; FEANTSA 2020a; FEANTSA 2020b; ICRSE 2020a; ICRSE 2020b ILGA-Europe 2020a; ILGA-Europe 2020b; ILGA-Europe 2020c; Lazarus et al. 2020; PICUM 2020a; PICUM 2020b; Picchio et al. 2020; NLO 2020.

4. Community actions and voices

Key points

- Community-led approaches are underway in many countries to support and protect marginalised groups during the COVID-19 pandemic and associated recovery periods.
- This section highlights examples of how community/civil society organisations are responding to the challenges of COVID-19 among marginalised communities across Europe.

4.1 Introduction

Community-led approaches are underway in many countries to support and protect marginalised groups during the COVID-19 pandemic and associated recovery periods.

Funding should be directed to community organisations to enable them to establish and expand programmes supporting marginalised groups. Funding support at the local, national and European levels is necessary during and beyond the pandemic to ensure health and support service access among these groups, and to protect human rights. These activities should be seen as complementary and adjunctive to – and not replacements for – governmental actions. A flexible approach to budgeting and planning is necessary to allow for the appropriate reprioritisation and reconfiguration of work in response to the pandemic.

This section highlights examples of how community/civil society organisations are responding to the challenges of COVID-19 in their communities, and provides voices of community workers and service users at the frontlines across Europe.

4.2 Nobody Left Outside

NLO Photo Exhibition

The NLO Photo Exhibition captures user-generated viewpoints and perspectives of individuals living in marginalised communities across Europe who experience barriers accessing healthcare. It aims to provide a unique, revealing and genuine attempt to get closer to the human stories behind the NLO initiative. Launched in 2019, prior to the COVID-19 pandemic, it nevertheless highlights many of the challenges detailed in Section 2.

If I could change the way healthcare is for African immigrants I would allow everybody to access healthcare without charging, it will avoid the consequences for the future. If A person continues hiding the condition will get worse and more complex.

NLO Service Design Checklist

The NLO has developed a freely available Service Design Checklist (with accompanying Guidance document) to help service providers, monitoring and evaluation experts, policymakers, civil society organizations and patient groups to design and deliver health and support services that are accessible to underserved, marginalised people [Lazarus et al. 2020a]. The Checklist is structured according to the WHO Health Systems Framework [WHO 2007] and it aligns with the principles of people-centred, integrated service provision as recommended by WHO, OECD and UN.

The Checklist was developed before the COVID-19 crisis and is not specific for pandemic responses. However, it was designed collaboratively by community organisations to be a flexible tool to help address access barriers to any type of service. As such it may help all stakeholders ensure that health and support services targeting marginalised groups in the context of COVID-19 are fit for purpose.

4.3 People experiencing homelessness

FEANTSA – the European Federation of National Organisations Working with the Homeless – "calls on public authorities at local, regional, national and European levels to work with homeless service providers to ensure that resources and attention flow to measures to meet the special requirements of people experiencing homelessness in the context of the COVID-19 pandemic" [FEANTSA 2020a]. FEANTSA has focussed on seven key recommendations to this end [FEANTSA 2020b].

FEANTSA has also collated a comprehensive repository of COVID-19 situations and responses by the homeless sector and by governments in most EU member states. Please email office@feantsa.org for further information. This repository illustrates the variation that exists in specific anti-COVID-19 targeting homeless people. Actions taken by some service providers and authorities include:

- Conversion of overnight shelters to all-day opening hours
- Risk management measures, e.g. rolling bookings to reduce visit rotations, reduced visiting, staffing measures (e.g. remote working and contingency planning)
- Reinforced hygiene measures

- Securing additional temporary accommodation and hygiene capacity, e.g. in hotels, swimming pool changing rooms
- 'Full board' food provision in shelters
- Deployment of health staff in homeless services
- Active outreach to provide with hygiene kits, food, drinks and in some cases healthcare services for suspected COVID-19 cases
- Suspension of evictions and power cuts
- COVID-19 testing targeting homeless people in some countries using mobile units (e.g. Austria, Denmark)
- Financial support to homeless people.

National level community-led initiatives include:

- Czech Republic: Nadeje, Salvation Army and Charita and other service providers are taking care of homeless people accommodated by the state in some hotels, hostels and lodging houses in Prague.
- Greece: SolidarityNow: have provided a podcast on Frequency Asked Questions on COVID-19 (various languages).
- Spain: In the context of the pandemic, Hogar Sí developed recommendations for telephone support by social services. Examples of repurposing buildings for housing homeless people include in Barcelona, where a pavilion and tourist apartments have been employed, and new facilities created.
- UK: A programme by Pathways (UK) Involves rapid, active testing for COVID-19 in all London's homeless services, separating homeless patients who test positive from those who are virus free, and setting up new emergency temporary facilities to care separately for each group.

In addition, UK organisations Groundswell and Homeless Link have produced:

- short, accessible guides on COVID-19 for people who are sleeping rough, people in shared accommodation and a guide on accessing or managing welfare benefits. These are based on national public health guidance and are available in English, Romanian and Polish
- COVID-19 homeless response online network giving homeless services a forum to share their responses
- a podcast summarising the key advice and messages for people who are homeless
- resources to support local task force planning for COVID-19 responses for people who are experiencing homelessness, including a series of webinars aimed at managers, commissioners and frontline workers in the homelessness sector
- advice to the general public on actions they can take to help people sleeping rough during the pandemic.

4.4 Undocumented migrants

The Platform for International Cooperation on Undocumented Migrants (PICUM) provides a website gathering numerous statements, guidance, initiatives and resources regarding the COVID-19 pandemic and civil society actions in migrant communities at national and European level.

In March 2020, PICUM called on public authorities to undertake a series of measures to protect marginalised communities, including undocumented migrants [PICUM 2020a]. In June, this was followed by a critical review of migration policy responses and detailed recommendations on migration policy during the COVID-19 recovery period [PICUM 2020b].

> *The pandemic is a stark example of the public sector's critical role in "leaving no one behind", and of how gaps in our health systems leave us all vulnerable… We need urgent measures to protect people and mend the cracks in our health, social protection and migration systems."* PICUM, March 2020

As well as the problems in access to health and support services, concerns have been expressed by various organisations working directly with migrants about their living conditions and the availability of adequate shelter. For instance, in the Netherlands the national government is said to leave it to municipalities to address different aspects of the response, including shelter. In turn, municipalities tend to rely heavily on non-governmental organisations (NGOs) to take on this work. In Amsterdam, for example, NGOs partner with the municipality to provide emergency shelters for migrants, but may do so without any additional financial support. At the same time, the national government is considering cutting funding to municipalities for shelters provided for undocumented people during the COVID-19 pandemic. In the Belgian city of Liege, a local district has on the one hand provided specific support to facilitate access to healthcare for people who are undocumented with COVID-19 symptoms, and has eased some administrative requirements for their access to care more generally. On the other hand, the city has closed night shelters and replaced them with the distribution of tents in a local park without sanitation facilities. Many of the homeless people living there are undocumented.

Ireland

Undocumented workers who have lost their employment due to the pandemic are eligible to Pandemic Unemployment Payment scheme (€350 per week for 12 weeks). No data will be shared if an undocumented person accesses health or social support (i.e. there is a "firewall") and this will have no impact on their status.

Portugal

In March 2020 Portugal granted residence status to everyone with pending residence application until 1 July 2020. Individuals granted permits on this basis are able to access healthcare and all other public services, including income support, on equal terms as any other permanent resident in Portugal.

Spain

Examples of community action include the work of Fundacíon Cepaim in informal settlements of migrants at the southern Spanish border and in fundraising. Fundacíon Cepaim have posted a series of videos and resources to raise awareness about the COVID-19 crisis in this area. These report over 15,000 people living unprotected in settlements and call for urgent action to provide basic services. A fundraising campaign is also underway.

Click each image and for more information visit: https://sincasacovid19.com

Greece

Generation 2.0 for Rights, Equality & Diversity have reported on the living conditions of migrant agricultural workers at Manolada in Ilia, Greece during the pandemic.

United Kingdom

In the UK, the Africa Advocacy Foundation has launched its CommunityHub– a new initiative to support the mental and physical health of Black, Asian and minority ethnic communities during the COVID-19 pandemic.

The CommunityHub is an online platform designed specifically to bring strength and unity to a community made up of at-risk individuals, giving the migrant community a voice and the ability to connect with and learn from each other. It aims to harness the collective wisdom, resilience, and creativity – to support people living with HIV/AIDS or experiencing violence through these challenging and unprecedented times.

The CommunityHub comprises: the Community Forum, a private network allowing people to register, connect to one another and share experiences; the Storytellers, where people share images and stories; and the Support Network, where support activities are run for communities impacted by COVID-19, HIV, violence and other issues.

Contact tracing

Other relevant materials include an Open Rights Group statement outlining key concerns relating to contact tracing apps for migrants, including the implications of data-sharing between health and immigration authorities and the importance of technical and legal safeguards, not least to ensure uptake among migrants [Open Rights Group 2020].

The Ada Lovelace Institute in the UK has also recommended that the government establish an independent group of advisors charged with stipulating privacy-preserving measures that

any digital immunity certification system should integrate, and measures for ensuring groups are not excluded from the operation of the system [Ada Lovelace Institute 2020].

4.5 Sex workers

UNAIDS and the Global Network of Sex Work Projects (NSWP) have together drawn attention to the impact of COVID-19 on sex workers and have issued a series of recommendations. UNAIDS has also warned that the COVID-19 pandemic may cause an increase in transactional sex, sex work and sexual exploitation (owing to the widespread loss of livelihoods), thereby placing people at increased risk, for example to HIV infection [UNAIDS 2020c].

The International Committee on the Rights of Sex Workers in Europe (ICRSE) has alerted national governments to the need for measures to protect sex workers (whose situations are often compounded by homelessness, drug use and insecure legal or residency status) during the COVID-19 pandemic [ICRSE 2020a; ICRSE 2020b; ICRSE 2020c]. The challenges were also outlined in an article co-authored by ICRSE [Platt et al. 2020], which outlined key health, social and structural interventions to address harms of COVID-19 among sex workers.

Over 100 NGOs recently endorsed a statement by ICRSE calling for emergency support to sex workers. The importance of these measures was underlined by two ICRSE spokespersons.

- According to Sabrina Sanchez (ICRSE co-convenor and Secretary of OTRAS, a Spanish sex workers' union): "*Like every member of society, sex workers want to contribute to ending this pandemic. However, unable to work and without economic support from the state, how are we meant to survive? The situation is critical. The EU and Member States must include sex workers in the emergency measures and long-term recovery plans. Ignoring us and our demands must end now.*"

- Kate McGrew (also ICRSE co-convenor and Director of Sex Workers Alliance Ireland) added: ''*In Ireland, the sex worker community has been facing an increased level of surveillance, exploitation and violence since the introduction of the abolitionist Swedish model, the criminalisation of clients in 2017. The crisis is now revealing the huge risks associated with any type of criminalisation of the sex industry: without state protection and labour rights, the most precarious sex workers face the hard choice between abiding the confinement rules by not working and selling sex to feed themselves and their families*".

In a letter sent to the President of the European Commission and members of the Crisis Coordination Committee, ICRSE also demands that sex workers' concerns are mainstreamed in European policies.

ICRSE warns that, as evidenced by the post-2008 recession, the economic impact of the COVID-19 pandemic will increase the number of women and LGBTIQ people selling sexual services to compensate for income loss and reimburse debts accrued during the crisis, leading to lower rates, higher vulnerabilities and precarity. Instead of addressing sex work through an ideological and punitive lens, European institutions and states must implement evidence and rights-based policies.

Sex worker organisations rapidly responded to COVID-19 by circulating hardship funds; helping with financial relief applications; advocating for governments to include sex workers in the pandemic response; calling for basic labour rights to facilitate safer working conditions; and providing health and safety guidance for those moving online or unable to stop direct services [Platt et al. 2020].

ICRSE has collated a list of community support and fundraising initiatives in Austria, Belgium, France, Germany, Greece, Ireland, Macedonia, Netherlands, Norway, Poland, Spain, Sweden and the UK to encourage donation and sharing of these initiatives. These initiatives include support hotlines, online information about COVID-19 and available health and harm reduction services, as well as emergency funds to help sex workers pay for food, rent, electricity bills and travel expenses to their country of origin.

ICRSE has also reported how sex workers have also provided peer-to-peer support – distributing food parcels, cash to cover accommodation and basic necessities, as well as offering emotional and administrative support to each other and formulating their common demands to policymakers across borders.

ICRSE is also using a website (http://redlightcovideurope.org) to monitor and document the situation and allow sharing of information between sex worker rights groups, allies and supporters and to amplify the demands of the sex worker movement. ICRSE also partnered with PICUM to present a webinar on the challenges and demands of migrant and sex worker communities during the pandemic.

Other resources include two recent statements by the Sex Workers' Rights Advocacy Network (SWAN) in Central and Eastern Europe and Central Asia.

- Donors: SWAN draws attention to growing concerns of member organisations and sex workers' rights activists regarding the effects of the COVID-19 pandemic on sex workers, sex worker organising and donor-grantee relationships in this region and appeals for flexibility and emergency funding from funders of rights organisations.
- Governments: SWAN outlines the situation in Georgia, Kazakhstan, Kyrgyzstan, Ukraine and Russia and civil society-led support and fundraising activities in various EU countries, and calls on governments to undertake actions aligned with the recommendations in this briefing paper.

4.6 Drug use and harm reduction

Correlation – the European Harm Reduction Network and the Eurasian Harm Reduction Association (EHRA) together with the Rights Reporter Foundation, published a joint position on the continuity of harm reduction services during the COVID-19 crisis [Correlation 2020]. Correlation is also a signatory of a statement by the International Network of People Who Use Drugs (INPUD) in collaboration with the International Drug Policy Consortium and Harm Reduction International [INPUD 2020].

Correlation has established structures of exchange and information with representatives of European Network of People who Use Drugs (EuroNPUD) in different EU countries, and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) on the state of affairs and impact on the communities. Please refer to specific EMCDDA COVID-19 resources, including on the impacts on people who use drugs, drug services and help-seeking [EMCDDA 2020a; EMCDDA 2020b].

Sharing experiences

Correlation's "Sharing experiences" page publishes first-hand written perspectives from civil society partners and members involved in harm reduction services during COVID-19, including short- and longer term challenges, and the adaptations being made to their services in response.

Resource centre

The Correlation COVID-19 Resource Centre provides a curated bank of resources to support people who use drugs and other marginalised and underserved communities, as well as health and social workers delivering services during the pandemic.

It includes: (1) general information, (2) guidelines, protocols, good practice – including advice for people using drugs and recommendations for outreach and other service responses by civil society (e.g. Scottish Drugs Forum) and information and guidance from bodies such as WHO, (3) statements, position papers, advocacy materials, (4) training, seminars, podcasts providing training and frontline perspectives from various countries.

Other key resources

In May 2020, EHRA published a comprehensive report on the state of harm reduction programmes during the COVID-19 pandemic in 22 countries in Central and Eastern Europe and Central Asia [EHRA 2020].

In June 2020, INPUD published the results of a survey conducted among people who use drugs in 50 countries. This comprehensively documents the impact of COVID-19 on various aspects, including: harm reduction services and associated medication supply (such as opioid substitution therapy and naloxone); other types health and support services; drug markets; laws and enforcement practices; human rights protections; stigma, discrimination and violence against people who use drugs; housing; social protection measures. It also reports on the role of community support activities [INPUD 2020].

The recent Global Drug Survey (GDS) Special Edition on COVID-19 also provides insight gained from over 40,000 respondents provides insight into the impact of the pandemic on people's lives with a specific focus on the use of alcohol and other drugs, mental health and relationships, and abusive behaviours between partners [GDS 2020].

Civil Society Forum on Drugs (CSFD), an expert group of the European Commission, has published a Position Statement that calls on the European Commission to specifically address the needs of people who use drugs and to support member states and service providers with guidance. This statement recommends specific support actions [CSFD 2020].

The GDS Corona Conversations comprise a series of conversations with people who use drugs, healthcare workers, policymakers, academics and harm reduction advocates around the world – including practicalities of managing COVID-19 challenges

The Drug reporter COVID-19 Responses infopage publishes updated reports on how harm reduction services have responded locally to COVID-19 in the context of governmental responses, with posts from numerous countries.

The measures discussed include:

- Measures to maintain services by harm reduction centres (e.g. entry of limited numbers, provision of longer supplies to allow less frequent visits, no group sessions, referral to/from other services)

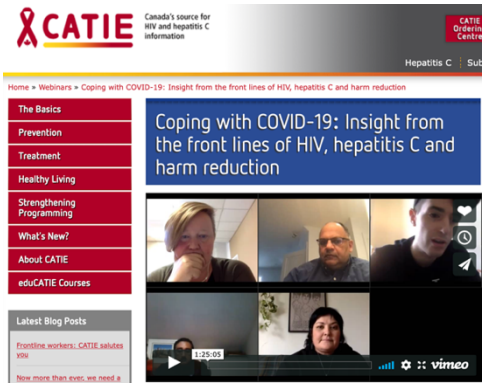
- Service re-organisation, e.g. via community-based outreach, online, social media, and telephone services, delivery of supplies)
- COVID-19 testing (e.g. via viral hepatitis testing buses) and distribution of information and materials to support COVID-19 prevention (hygiene and protective masks)
- Food and water distribution
- Additional shelter accommodation linked to harm reduction services
- Additional services such as clothes washing and drying, cell phone charging.

However, these testimonies also point to severe limitations and pressures facing services.

Drug Reporter's Stories from the Frontlines present live sessions with harm reduction workers during COVID-19. The Drug Reporter also gives updated frontline reports from around Europe on the situation facing harm reduction services and how they are responding.

In Canada, a webinar by CATIE "Coping with COVID-19: Insight from the front lines of HIV, hepatitis C and harm reduction" provides frontline workers' perspectives in the face of COVID-19.

A further webinar (30 April) will focus on "Adapting to COVID-19: Delivering community programs remotely"



4.7 LGBTI people

ILGA-Europe has published a variety of resources as part of its three-part plan to support the LGBTI movement through the COVID-19 crisis, i.e. by protecting, adapting and rallying LGBTI communities [ILGA-Europe 2020d].

These include at present:

- briefing documents on the specific and multi-faceted impacts of the COVID-19 crisis on LGBTI people, what authorities should be doing to mitigate this [ILGA Europe 2020a], and the obligations of states in the field of human rights in the context of COVID-19 [ILGA-Europe 2020b]
- Guidance to help activists communicate externally (including an interactive Peer Support group via Facebook) and adapt to the COVID-19 situation
- A survey on how COVID-19 is impacting advocacy organisations
- An interactive webinar for LGBTI activists across Europe and Central Asia to talk about their realities on how to continue staying in touch with LGBTI communities during lockdown restrictions.

In June 2020, ILGA-Europe published a report on the impact of COVID-19 LGBTI people, organisations, and communities in Europe and Central Asia based on inputs from a survey, direct communications and publicly accessible reports and webinars – together spanning 40 countries [ILGA-Europe 2020c]. The report includes examples of transition-related care and

medications, sexual health and HIV services, mental healthcare, and LGBTI-friendly care in other medical fields. It also reports various instances of hate speech by political and religious leaders, blaming LGBTI communities for the pandemic, plus increased domestic violence toward LGBTI coupled with limitations in support services. Other documented impacts include limited access to public relief programmes, including housing, food, and subsistence, justice, registration, and other legal processes, and disruptions to advocacy activities. The report highlights a variety of good practice examples and provides policy recommendations, to address these impacts, alleviate inequalities, and ensure full and equal access to fundamental human rights for LGBTI people and communities.

ILGA-Europe has also emphasised the importance of equality in COVID-19 responses and recovery measures in an open letter to European Commission President Ursula von der Leyen [ILGA-Europe 2020e].

> *"The LGBTI movement is strong, deeply connected and has much learning that can help the world at this time. We have the resilience, creativity, and solidarity to strengthen society's response to the Covid-19 pandemic, and together create a better world for all of us on the other side."*
> *ILGA-Europe 2020*

Other relevant resources include:

- A policy report by Metzineres explains first-hand the situations faced by women and gender non-conforming people (including those who use drugs) surviving violence and provides recommendations for housing provision and care during quarantine.
- Transgender Europe have also published a briefing on the risks of COVID-19 to trans people and providing recommendations on healthcare and solidarity.

4.8 People living with HIV

The European AIDS Treatment Group (EATG) has recommended specific actions to address the specific impact of COVID-19 in people living with HIV (PLHIV).

HIV is more common among marginalised groups than in the general population. PLHIV who have achieved viral suppression of HIV through antiretroviral treatment seem to have similar vulnerability to COVID-19 as the general public. However, those in marginalised groups have intermittent or no access to treatment and their immune system remains compromised. Moreover, more than half of people living with HIV in Europe are older than 50 years and have increased comorbidities that may increase the risk of severe COVID-19 disease. Maintaining the continuity of HIV testing and treatment services (including supply of medicines) is vital.

> *The EATG calls for strategies for risk mitigation that will involve these key populations. Along with evidence-based policies to tackle the COVID-19 pandemic on a larger scale we call for rights-based solutions for people who have been facing social exclusion and are more vulnerable in the current context.* EATG 2020

EATG has published a series of rapid assessment surveys documenting the perceptions of PLHIV and those of organisations providing services to affected communities about the way in which COVID-19 impacts their health, well-being and access to HIV related prevention, treatment and care.

The first assessment in April 2020 [EATG 2020c] included 30 individuals from 22 countries. Key findings included:

- Disruption was reported for routine healthcare and community services for HIV care, testing and prevention (including pre-exposure prophylaxis; PrEP). In some cases, face-to-face and testing services have been suspended. Generally health services responsible for HIV and TB services focused on COVID-19.
- Alternative arrangements were being implemented or explored, e.g. via medicines deliveries (by pharmacies or post), online information sharing and support groups (including via social media), virtual consultations and peer-to-peer support, self-testing/self-sampling, appointment-only clinic visits, extended prescription supplies
- HIV medicines shortages were reported (Romania, Albania, Italy, Ukraine), together with signals of further upcoming supply issues.

The second assessment in May 2020 [EATG 2020c) reported that:

- Co-infections, co-morbidities and opium substitution treatment (OST) appears to be even more impacted
- Overall decrease in testing for HIV, viral hepatitis, and STIs. Self-testing is not available in many locations for regulatory and/or financial reasons. On 28 April, EATG held an open web meeting specifically on access and uptake of HIV self-testing with 73 attendees representing community testing facilities from a wide variety of countries in the European region. Case studies from Czech Republic, Belgium and Russia were presented and followed by discussion on barriers and solutions. A full report is available [EATG 2020d].
- A lack of critical personal protective equipment for staff and service users
- An increase in demand for psychological support, food and basic supplies, financial assistance, domestic/gender-based violence support, COVID-19 information, as well as a safe zone and protective equipment.
- Domestic / gender- based violence issues
- Uncertainties regarding the reactivation of community face-to-face services, for instance guidelines, protective equipment and premises set up
- Medicines shortages exist across Europe
- Several community organisations expect a funding shortfall and some expressed concerns about budget cuts in public funding available for HIV. Some already reported a financial impact of the reduction or suspension in testing services.
- A need to communicate adequate information about COVID-19
- The extent to which HIV is considered within the context of COVID-19 care is unclear.

Positive steps included:

- Options for the delivery of HIV medicines seem to be expanding in some locations to home address or community pharmacy. The quantity of medicines supply given to patients are increased to cover a longer period in some locations

- Community organisations have developed innovative approaches for self-tests/counselling/linkage to care. Where possible, community organisations have set up online support. Community organisations have also supported PLHIV who are stranded in countries where they do not normally reside to get their treatment.

UNAIDS has urged countries to also stay focused on HIV prevention during the COVID-19 pandemic, including by maintaining and prioritizing HIV prevention services [UNAIDS 2020].

4.9 Prisons

A statement by the UN Office on Drugs and Crime, WHO, UN High Commissioner for Human Rights and UNAIDS has drawn attention to the heightened vulnerability of prisoners and other people deprived of liberty to the COVID-19 pandemic, and the need for appropriate public health measures [UNODC et al. 2020]. These include measures to reduce overcrowding (regarded as constituting an insurmountable obstacle for preventing, preparing for or responding to COVID-19) and ensuring health, safety and dignity.

Recommended measures include access to continued health services and release mechanisms for people at particular risk of COVID-19 and other people who could be released without compromising public safety. Other authors have also recommended consideration of early release schemes to prevent major outbreaks in prisons [Okano & Blower 2020] together with approaches to ensure that prisons, youth detention centres, and immigration detention centres are embedded within the broader public health pandemic response [Kinner et al. 2020].

More than 50 European NGOs involved in the field of prison health and in the defence of the right to health protection for prisoners (co-ordinated by the European Prison Litigation Network]) have highlighted that the issue of prisons is largely ignored at European level and that WHO guidance against COVID-19 is hardly implemented in prisons. These NGOs have appealed to international organisations (including the WHO and Council of Europe) to put pressure on national governments to take special health measures and reduce significantly the prison population as soon as possible [EPLN 2020].

Cancelation of visits by family members has resulted in riots and protests in 27 Italian prisons with the death of 12 people. The Italian NGO ANTIGONE has called for urgent action in mitigating the impact of COVID-19 on prison health and human rights, which specific proposals that include the early release of specific prison populations.

Dignity (Danish Institute Against Torture) has published guidance and recommendations on how to manage the risks of COVID-19 in prisons, synthesizing those of international organisations [Dignity 2020].

In March, the European Public Service Union issued a call for the exchange by its members and affiliates of information on government measures and trade union responses to COVID-19 in prisons and detention centres. At present, this site provides situation reports from France, Ireland, Italy, Span and the UK [EPSU 2020]. The EPSU called for governments to develop contingency plans in close cooperation with the unions to contain, prevent and deal with the spread of COVID-19 in prisons.

The International Corrections and Prisons Association has collated a series of status reports from representatives of correction and prison services and agencies in Europe and beyond.

5. Conclusion

The COVID-19 crisis has brought into sharp focus the stark inequities that exist in access to health and social support services for marginalised people who live precariously in Europe, often outside formal healthcare systems and social, labour and legal protection measures.

Policymakers at the local, regional, national, EU and broader international levels must institute policies that protect *all* citizens from the effects of the COVID-19 pandemic, and future pandemics, based on the principles of evidence-based public health, human rights and equity. They should act specifically to protect marginalised groups, including those discussed in this briefing paper, in the context of broader health, social and economic measures.

To this end, policymakers must consult meaningfully with marginalised communities (for example via civil society organisations) to ensure that:

- Lessons from the COVID-19 pandemic are learned (e.g. in terms of pandemic impacts, the effects of responses and the gaps identified)
- Policies, recovery measures and preparedness plans are inclusive and fit for purpose
- Information, services and systems reach and benefit reach everyone, including marginalised communities. The NLO Service Design Checklist tool [Lazarus et al. 2020] may help all stakeholders ensure that services targeting marginalised groups in the context of COVID-19 are fit for purpose.

In the meantime, community organisations require maintained and flexible funding to allow them to support marginalised groups' access to health and social support, and to protect human rights, during and beyond the pandemic.

Further, learnings from the pandemic should inform a broader rethink of health and social services toward more inclusive, integrated and people-centred approaches that ensure universal health coverage and which remove barriers to access, including by ensuring the affordability of essential health goods and services such as shelter, food, water, fuel, sanitation and related information.

References

Ada Lovelace Institute. Exit through the app store? Rapid evidence review. 2020 Available at: https://www.adalovelaceinstitute.org/wp-content/uploads/2020/04/Ada-Lovelace-Institute-Rapid-Evidence-Review-Exit-through-the-App-Store-April-2020-1.pdf

Civil Society Forum on Drugs in the EU (CSFD). Position Statement of the EU Civil Society Forum on Drugs on COVID-19. 2020 Available at: https://www.correlation-net.org/wp-content/uploads/2020/05/csfd-positionpaper-a4-final.pdf

Correlation - European Harm Reduction Network. The position of Correlation-European harm reduction network and the Eurasian Harm Reduction Association on the continuity of harm reduction services during the COVID-19 crisis. 2020 Available at: https://www.correlation-net.org/harm-reduction-must-go-on/

Dignity. Global guidance and recommendations on how to prevent and manage COVID-19 in prisons. 2020 Available at: https://dignity.dk/wp-content/uploads/Guidance-Synthesis-on-COVID-19-and-Prisons.pdf

Eurasian Harm Reduction Association (EHRA). Harm reduction programmes during the COVID-19 crisis in Central and Eastern Europe and Central Asia. 2020 Available at: https://harmreductioneurasia.org/wp-content/uploads/2020/05/regional-review_-FINAL_ENG.pdf

European AIDS Treatment Group (EATG). COVID-19: Access and uptake of self-testing for HIV via community centres. E-meeting report. 2020d Available at: https://drive.google.com/file/d/1RsD_4NiyER98hLzzwCbpeUWgBh-2RGjd/view

European AIDS Treatment Group (EATG). EATG rapid assessment: COVID-19 crisis' impact on PLHIV and on communities most affected by HIV (Issue 1). 2020b Available at: https://drive.google.com/file/d/1Fhv4dMkfGg3Bb4NWhvDxGVQiZAedJtP4/view

European AIDS Treatment Group (EATG). EATG statement on the evolving COVID-19 pandemic. 2020a Available at: https://mailchi.mp/257403de1821/eatg_covid19_statement

European AIDS Treatment Group. Rapid Assessment COVID-19 crisis' Impact on PLHIV and on Communities Most Affected by HIV. 2020c Available at: https://drive.google.com/file/d/1x_cSX8vpBsAzhYBNCygu4sJ_2Uh9-ddG/view

European Commission. Charter of fundamental rights of the European Union (2012C 326/02), 2012 Available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:12012P/TXT

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA. COVID-19 and people who use drugs. Available at: 2020a http://www.emcdda.europa.eu/publications/topic-overviews/covid-19-and-people-who-use-drugs

European Monitoring Centre for Drugs and Drug Addiction. Impact of COVID-19 on drug services and help-seeking in Europe. 2020b Available at: https://www.emcdda.europa.eu/publications/ad-hoc/impact-of-covid-19-on-drug-services-and-help-seeking-in-europe_en

European Prison Litigation Network (EPLN) website. COVID-19 in prison: more than 50 European NGOs ask international organisations to take immediate action. 2020 Available at: http://www.prisonlitigation.org/covid19-prison/

European Public Service Union website. Fighting COVID-19 in prisons and detention centres in Europe. 2020 Available at: https://www.epsu.org/article/fighting-covid-19-prisons-and-detention-centres-europe

European Union Agency for Fundamental Rights (FRA). Second Lesbian women, Gay men, Bisexual women & men, Trans people, and Intersex people Survey Data Explorer. 2020 Available at: https://fra.europa.eu/en/data-and-maps/2020/lgbti-survey-data-explorer

FEANTSA. 7 measures authorities must take to protect homeless people from Covid. 2020b. Available at: https://www.feantsa.org/en/news/2020/03/31/seven-measures-authorities-must-take-to-protect-homeless-people-from-covid?bcParent=26

FEANTSA. COVID-19: "Staying home" not an option for people experiencing homelessness. 2020a Available at: https://www.feantsa.org/en/news/2020/03/18/covid19-staying-home-not-an-option-for-people-experiencing-homelessness

Global Drug Survey (GDS). GDS Special edition on COVID-19 Global interim report. 2020 https://www.globaldrugsurvey.com/wp-content/themes/globaldrugsurvey/assets/GDS_COVID-19-GLOBAL_Interim_Report-2020.pdf

ILGA-Europe. COVID-19 and specific impact on LGBTI people and what authorities should be doing to mitigate impact. 2020a Available at: https://www.ilga-europe.org/sites/default/files/COVID19%20_Impact%20LGBTI%20people.pdf

ILGA-Europe. COVID-19 impacts on LGBTI communities in Europe and Central Asia: A rapid assessment report. 2020c Available at: https://www.ilga-europe.org/sites/default/files/covid19-lgbti-assessment-2020.pdf

ILGA-Europe. Obligations of states in the field of human rights in the context of COVID-19. 2020b Available at: https://www.ilga-europe.org/sites/default/files/COVID19%20-%20STATES%20OBLIGATIONS%20IN%20THE%20FIELD%20OF%20LGBTI%20HUMAN%20RIGHTS.pdf

ILGA-Europe. Open Letter to President Ursula von der Leyen: keeping equality for all at the core amid the COVID-19 crisis. 2020e Available at: https://www.ilga-europe.org/resources/news/latest-news/open-letter-president-ursula-von-der-leyen-keeping-equality-all-core-amid

ILGA-Europe. Protect, Adapt and Rally: The ILGA-Europe three-part plan to support the LGBTI movement through the Covid-19 crisis. 2020d Available at: https://www.ilga-europe.org/covid19

International Committee on the Rights of Sex Workers in Europe (ICRSE). Covid-19: sex workers need immediate financial support and protection. 2020a Available at: http://www.sexworkeurope.org/news/news-region/covid-19-sex-workers-need-immediate-financial-support-and-protection

International Committee on the Rights of Sex Workers in Europe (ICRSE). COVID-19 shines a red light on sex workers' lack of protection – our demands must be included. 2020c Available at: http://redlightcovideurope.org

International Committee on the Rights of Sex Workers in Europe (ICRSE). Policy demands – the impact of COVID-19 on sex workers in Europe and Central Asia and recommendations for policymakers. 2020b Available at: http://redlightcovideurope.org/wp-content/uploads/2020/04/Policy_brief_ICRSE_COVID19.pdf

International Network of People Who Use Drugs (INPUD), International Drug Policy Consortium, Harm Reduction International. In the time of COVID-19: Civil Society Statement on COVID-19 and people who use drugs. 2020 Available at: https://www.inpud.net/en/time-covid-19-civil-society-statement-covid-19-and-people-who-use-drugs

International Network of People Who Use Drugs (INPUD). INPUD online survey on COVID-19 & people who use drugs (PWUD). 2020 Available at: https://www.inpud.net/sites/default/files/INPUD_COVID-19_Survey_DataReport1.pdf

Kinner SA, Young JT, Snow K, et al. Prisons and custodial settings are part of a comprehensive response to COVID-19. Lancet Public Health 2020;5:E188–9. https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667(20)30058-X.pdf

Lazarus JV, Baker L, Cascio M, et al. Novel health systems service design checklist to improve healthcare access for marginalised, underserved communities in Europe. BMJ Open 2020a;10:e035621 Available at: https://bmjopen.bmj.com/content/10/4/e035621

Lazarus JV, Binagwaho A, El-Mohandes AAE, et al. Keeping governments accountable: the COVID-19 Assessment Scorecard (COVID-SCORE). Nature Medicine 2020c;26:1005–8 Available at: https://www.nature.com/articles/s41591-020-0950-0#citeas

Lazarus JV, Onyango D, Spinnewijn F. Leaving nobody outside our healthcare systems – in Europe or elsewhere. BMJ Opinion, 25 Nov 2019 Available at: https://blogs.bmj.com/bmj/2019/11/25/leaving-nobody-outside-our-healthcare-systems-in-europe-or-elsewhere/

Lazarus JV, White T, Hajo S, et al. How can we ensure a socially equitable approach to deconfinement during the COVID-19 pandemic? ISGlobal website, 5 May 2020b Available at: https://www.isglobal.org/en/-/-como-podemos-garantizar-un-enfoque-socialmente-equitativo-en-el-desconfinamiento-

Nobody Left Outside (NLO) statement on COVID-19. EU and national government COVID-19 responses must reach everyone – including marginalised people. 2020 Available at: https://nobodyleftoutside.eu/wp-content/uploads/NLO-statement-on-COVID-19.pdf

Okano JT, Blower S. Preventing major outbreaks of COVID-19 in jails. Lancet 2020;395:1542–3 https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31015-1/fulltext

Onyango D, Schatz E, Lazarus JV. Taking a 'people-centred' approach to improving access to health care for underserved communities in Europe. Eurohealth 2017;23:23–7 https://www.ehfg.org/fileadmin/downloads/21-press/2017/Eurohealth_vol_3_no_3_2017_EHFG_edition.pdf

Open Rights Group. Contact tracing apps & vulnerable migrants: key concerns. 2020 Available at: https://www.openrightsgroup.org/blog/2020/contact-tracing-apps-and-vulnerable-migrants

Picchio A. The COVID-19 pandemic: achieving a just and effective response that includes migrant populations. ISGlobal website, 7 May 2020 Available at: https://www.isglobal.org/en/healthisglobal/-/custom-blog-portlet/la-pandemia-de-la-covid-19-como-lograr-una-respuesta-justa-y-efectiva-que-incluya-a-las-personas-migrantes/6947657/0

Platform for International Cooperation on Undocumented Migrants (PICUM). Statement on the upcoming EU Pact on asylum and migration. 2020b Available at: https://picum.org/statement-on-the-upcoming-eu-pact-on-asylum-and-migration/

Platform for International Cooperation on Undocumented Migrants (PICUM). COVID-19 pandemic: we need urgent measures to protect people and mend the cracks in our health, social protection and migration systems. 2020a Available at: https://picum.org/wp-content/uploads/2020/03/COVID-19-Statement-March-2020.pdf

Platt L, et al. Sex workers must not be forgotten in the COVID-19 response. Lancet 2020;396:9–11 Available at: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31033-3/fulltext#articleInformation

Popay J, et al. Understanding and tackling social exclusion. Final Report to the WHO Commission on Social Determinants of Health From the Social Exclusion Knowledge Network. 2008 Available at: file:///Users/leebaker/Downloads/Understanding_and_tackling_social_exclusion.pdf

UNAIDS. Rights in the time of COVID-19 – lessons from HIV for an effective community-led response. 2020a Available at: https://www.unaids.org/en/resources/documents/2020/human-rights-and-covid-19

UNAIDS. The cost of inaction: COVID-19-related service disruptions could cause hundreds of thousands of extra deaths from hiv. Press release, 2020b Available at: https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/may/2

UNAIDS. UNAIDS urges countries to stay focused on HIV prevention during the COVID-19 pandemic. 2020c Available at: https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/may/20200506_prevention

United Nations Committee on Economic, Social and Cultural Rights. Duties of states towards refugees and migrants under the International covenant on economic, social and cultural rights, 2017 Available at: http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmlBEDzFEovLCuW1AVC1NkPsgUedPlF1vfPMJbFePxX56jVyNBwivepPdlEe4%2BUb4qsdJhuBDpCRSOwCXPjZ7VN7SXN0oRoXkZhCuB9Z73iyU35LZveUjX0d7u

United Nations Population Fund (UNPFA). Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage. 2020 Available at: https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf

United Nations. COVID-19 and human rights. We are all in this together. 2020 Available at: https://unsdg.un.org/resources/covid-19-and-human-rights-we-are-all-together

UNODC, WHO, UNAIDS and OHCHR joint statement on COVID-19 in prisons and other closed settings*. 2020 Available at: https://www.who.int/news-room/detail/13-05-2020-unodc-who-unaids-and-ohchr-joint-statement-on-covid-19-in-prisons-and-other-closed-settings

World Health Organization. Coronavirus disease (COVID-19) pandemic website. 2020a Available at: https://www.who.int/emergencies/diseases/novel-coronavirus-2019

World Health Organization. Everybody business: strengthening health systems to improve health outcomes: WHO's framework for action. 2007 Available at: https://www.who.int/healthsystems/strategy/everybodys_business.pdf

World Health Organization. Healthy, prosperous lives for all: the European Health Equity Status Report. Copenhagen: WHO Regional Office for Europe. 2019 Available at: https://www.euro.who.int/en/publications/abstracts/health-equity-status-report-2019

World Medical Association. WMA resolution on refugees and migrants. adopted by the 67th World Medical Assembly, Taipei, Taiwan. 2016 Available at: https://www.wma.net/policies-post/wma-resolution-on-refugees-and-migrants/