Norwegian **Red Cross**

COVID-19: PROTRACTED CRISES, WORSENING INEQUALITIES.

INDIRECT NEGATIVE HEALTH IMPACTS OF THE COVID-19 PANDEMIC IN PROTRACTED CRISES

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Foreword

All of us, around the world, have been affected in some way by Covid-19. At the time of writing, 2.6 million deaths and 120 million cases have been reported.

National authorities and international bodies have made it their priority to combat the virus. But too many people have still been sick and too many have died. Health systems in many countries are overwhelmed. Healthcare workers are exhausted. Travel and movement restrictions, lock downs and social distancing rules have disrupted our lives and entailed severe economic and social consequences. There is also a clear negative impact on mental health.

The public attention, as seen in scientific literature, in world media and on international political agendas, has so far been predominantly towards those who have suffered the worst direct health consequences of the Covid-19 pandemic.

However, in settings of protracted conflicts and humanitarian crisis, it is not the virus itself so much as the secondary impacts of the pandemic that cause a deterioration of peoples' lives. Volunteers from Red Cross Red Crescent Societies experience first-hand how the additional burden, caused by the wider and indirect impacts of the virus, harms people and societies who are already victims of conflict, violence, and poverty in a brutal manner.

There is a huge lack of reliable data and reporting from humanitarian crisis settings. This report aims to provide a vital contribution to our common understanding and recognition of the indirect negative health impacts of Covid-19 in conflict and humanitarian crisis settings. It also provides useful recommendations for future health priorities and points to where key global health actors must focus to try and mitigate the potential longstanding impacts of Covid-19.

A little more than a year since the pandemic was declared by the World Health Organisation, the global community should seize the opportunity to re-focus health strategies to address and integrate the wider impacts. The method of first responding to the health impacts of the pandemic and second to repair the damages it causes, may be detrimental.

The pandemic has worsened existing barriers to healthcare, particularly for those living in vulnerable settings. Unless we understand, recognize, and address these barriers and the wider indirect impacts of Covid-19 on health, the goal of global Universal Health Coverage, as part of the Sustainable Development Goals, will not be met.

Bernt G. Apeland
Secretary General, Norwegian Red Cross

Content

Summary

Some early warnings on the negative indirect health impacts of Covid-19, including modelling studies, have been published over the last 12 months.[1][2] Emerging patterns show that Covid-19 is worsening existing inequalities, particularly where there are social and economic disparities, and is resulting in an excess burden of disease.[3][4] However, overall, data is lacking on the indirect health impacts, particularly in areas of protracted crisis. Moreover, although we can make predictions, it is anticipated that some indirect health impacts of the pandemic will not be apparent for many years.

In 2021, 235 million people will need humanitarian assistance and protection, according to UN OCHA, an increase from 168 million in 2020.[5][6]

> *"The pandemic is aggravating existing vulnerabilities, creating new humanitarian needs and exacerbating current ones. The virus has often behaved unpredictably, but there is no doubt that it will continue to have an impact in 2021."* *Global Humanitarian Overview 2021.*[7]

Based on the literature review and research undertaken for this report, the following areas have been identified as key areas where the Covid-19 pandemic has negatively impacted health:

1. **Disruption of established vaccination campaigns and programs, with increased risk of outbreaks of vaccine preventable diseases including tuberculosis (TB), HIV and malaria**
2. **Negative impacts on child and maternal health**
3. **Worsening sexual and gender-based violence**
4. **Negative impacts on mental health**
5. **Exacerbation of existing barriers to healthcare, including access and provision**

[1] Weiss D. J. et. al. (January 1st, 2021), Indirect effects of the COVID-19 pandemic on malaria intervention coverage, morbidity, and mortality in Africa: a geospatial modelling analysis, retrieved from: Indirect effects of the COVID-19 pandemic on malaria intervention coverage, morbidity, and mortality in Africa: a geospatial modelling analysis - The Lancet Infectious Diseases, accessed February 18th, 2021.
[2] LiST Visuallizer is a free and publicly available model for estimating the mortality impact of changes in health intervention coverage in low- and middle-income countries. Retrieved from: The Lives Saved Tool LiST Visualizer
[3] Horton R. (The Lancet, September 26th, 2020), Offline: COVID-19 is not a pandemic, retrieved from: Offline: COVID-19 is not a pandemic - The Lancet, accessed February 5th, 2021.
[4] Jungcurt, S. (October 8th, 2021), Leaving No One Behind Amid COVID-19: Emerging from Survival Mode, available from: Policy Brief: Leaving No One Behind Amid COVID-19: Emerging from Survival Mode | SDG Knowledge Hub | IISD, retrieved January 19th, 2021.
[5] UN OCHA (December 1st, 2020), Global Humanitarian Overview 2021, retrieved from: GHO2021_EN.pdf (reliefweb.int), accessed January 18th, 2021.
[6] UN OCHA (December 3rd, 2019), Global Humanitarian Overview 2020, retrieved from: GHO-2020_v9.1.pdf (reliefweb.int), accessed February 9th, 2021.
[7] UN OCHA (December 1st, 2020), Global Humanitarian Overview 2021, retrieved from: GHO2021_EN.pdf (reliefweb.int), accessed January 18th, 2021.

Studies focusing on low- and middle-income settings suggest:

- **Paused measles campaigns in 26 countries** → more than 94 million children are at risk of missing measles vaccines.[8]
- **Disruption of routine health care and decreased access to food** → Out of 118 countries up to 192,830 additional deaths of children under-5-years and 9,450 additional maternal deaths per month.[9]
- **Disruption of health service delivery** → HIV, TB and malaria services disrupted, potentially doubling annual death tolls. AIDS related deaths could be set back to 2008 levels, which means 534,000 additional deaths.[10]
- **Disruption or halted critical mental health services in most countries worldwide** → Increased gap between demand and availability of mental health services.[11]

Medical checks for the community in Kapisa, Northwestern Afghanistan.
Credit: Meer Abdullah. Afghanistan Red Crescent.

[8] UNICEF (October 2020), *COVID-19 and children*, retrieved from: COVID-19 and children - UNICEF DATA, accessed February 12th, 2021.
[9] Roberton T, et. al. (The Lancet, May12th, 2020), Early estimates of the indirect effects of the Covid-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study, retrieved from: Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study (thelancet.com), accessed February 4th, 2021.
[10] The Global Fund (June 1st, 2020), Mitigating the impact of Covid-19 on countries affected by HIV, Tuberculosis and Malaria, retrieved from: covid19_mitigatingimpact_report_en.pdf (theglobalfund.org), accessed February 24th, 2021.
[11] WHO (October 5th, 2020), COVID-19 disrupting mental health services in most countries, WHO survey, retrieved from: COVID-19 disrupting mental health services in most countries, WHO survey/9789240012455-eng.pdf, accessed February 5th, 2021.

Introduction

World-wide the Covid-19 pandemic has resulted in many secondary negative impacts on health, disrupting routine healthcare service provision and resulting in a mass global re-deployment of human and operational resources away from other focuses. A number of previously established national and global agendas have taken backward steps, impacting child health, specific disease campaigns, sexual and reproductive health, chronic care and mental health.[12] The pandemic has also disrupted healthcare supply chains, affecting healthcare logistics and the transport and delivery of essential healthcare products around the world.[13] More broadly there has been a diversion away from health agendas linked to the Sustainable Development Goals (SDG) and Agenda 2030. A year since the global pandemic was announced, we have seen existing health inequalities exacerbated.[14]

While much focus has been on the impact on health in some of the worst hit regions, such as Europe, little is known about the impact on populations living in areas of protracted crisis. As one analysis suggests; "whereas 90% deaths caused by Covid-19 have occurred in high income countries, the majority of deaths caused by lock downs and restrictions (2.5 million) have occurred in low- and middle-income countries".[15] The pandemic has worsened existing barriers to healthcare, particularly for those living in vulnerable settings. Unless we understand, recognize, and address these barriers and the wider indirect impacts of Covid-19 on health, the goal of global Universal Health Coverage (UHC), as part of the SDGs, will not be met.

KEY MESSAGES

- Devastating short- and long-term impacts on health
- Widespread disruption to routine health services
- Worsening inequalities, particularly impacting last mile populations and the most vulnerable
- Little known about the impact on those living in areas of protracted crisis

On a more positive note, historically, progress towards UHC has been advanced during and after crises. There have been some positive impacts during the pandemic. Responses to Covid-19 have demonstrated new opportunities, like health system digitalization, more streamlined procurement systems and extending free health services to marginalized people.[16] Health is a priority on many national agendas.

[12] European Journal of Public Health (September 5th, 2020), Dealing with COVID-19 Barriers to Care: Digital Platform to support and monitor chronic patients, retrieved from: Dealing with COVID-19 Barriers to Care: Digital Platform to support and monitor chronic patients | European Journal of Public Health | Oxford Academic (oup.com), retrieved January 20th, 2021.
[13] Global Fund (January29th, 2021), COVID-19 Impact on Health Product Supply: Assessment and Recommendations, retrieved from: psm_Covid-19impactonsupplychainlogistics_report_en.pdf (theglobalfund.org), accessed February 17th, 2021.
[14] Nature (editorial, January 20th, 2021), How science can put the Sustainable Development Goals back on track, retrieved from: How science can put the Sustainable Development Goals back on track (nature.com), accessed March 8th, 2021.
[15] SVT Nyheter Vetenskap (March 3rd, 2021), Så här har forskarna räknat ut dödstalen, retrieved from: Så här har forskarna räknat ut dödstalen | SVT Nyheter, accessed March 11th, 2021.
[16] Health Systems Global (11. desember, 2020), *Health financing in response to COVID-19: An invitation to contribute to a collaborative research agenda, tilgjengelig fra:* Health financing in response to COVID-19: An invitation to contribute to a collaborative research agenda | Health Systems Global, besøkt 5. januar, 2021.

As of March 19th, 2021, more than 2.6 million deaths and 120 million cases of Covid-19 have been reported worldwide.[17] Globally, there remain ongoing fluctuations in case numbers and mortality due to Covid-19, with around half of countries are seeing declines while the other half are experiencing increasing numbers of new cases. New virus strains and mutations are also emerging around the world. The first vaccination for Covid-19 was administered to a patient on December 8th 2020 in the United Kingdom, and while some countries are progressing in vaccinating their populations, many countries continue to face challenging case rates of Covid-19 infection.[18] Uncertainties related to vaccine production and distribution and new variants of the virus means that the Covid-19 pandemic remains the priority for national governments around the world and a major global health challenge.

This report does not suggest that now is the time to shift focus away from the Covid-19 response to the indirect health effects. Rather, responding to the ongoing pandemic must include an integrated strategy with increased attention on the emerging negative impacts. The aim should be to allocate scarce resources between patients with Covid-19 and those with other serious medical conditions.[19]
The report specifically addresses the indirect health impacts of Covid-19 on some of the hardest to reach populations, where pre-pandemic access to health care services were already limited. The report aims to be relevant to the Norwegian Red Cross (Norcross) operations and also to guide advocacy and further research, including in humanitarian response.

Key questions:

- What are the indirect health impacts of the Covid-19 pandemic on the most vulnerable populations living in areas of protracted crisis?
- Within these settings which population groups are most at risk?
- How can future healthcare strategies and interventions recognize and incorporate the indirect health impacts of Covid-19?

[17] WHO (March 19th, 2021), Coronavirus disease (COVID-19) pandemic, retrieved from: Coronavirus disease (COVID-19) (who.int), accessed March 19th, 2021.
[18] WHO (January 22nd, 2021), How contributions support WHO's work in ongoing fight of COVID-19 pandemic around the world, retrieved from: How contributions support WHO's work in ongoing fight of COVID-19 pandemic around the world, accessed March 11th, 2021.
[19] Blanchet K. et. al. (October 7th, 2020), Protecting essential health services in low-income and middle-income countries and humanitarian settings while responding to the COVID-19 pandemic, retrieved from: Protecting essential health services in low-income and middle-income countries and humanitarian settings while responding to the COVID-19 pandemic (nih.gov), accessed March 15th, 2021.

Methodology

The report is based on a literature review undertaken between November 2020 to March 2021. A search was conducted of academic databases, medical journals, reports and research from international organizations and global reports from regional and local-level stakeholders. Norcross experts, country offices and partner Red Cross Red Crescent National Societies, The International Federation of Red Cross and Red Crescent Societies (IFRC) and The International Committee of the Red Cross (ICRC) were also consulted. This report also draws on the Norcross commissioned report *The Last Mile* published in June 2020.[2021]

A lack of data

The full impact of the Covid-19 pandemic on wider health is still unknown.[22] However, the majority of literature on the indirect negative health impacts of the Covid-19 pandemic focuses on middle-income and high-income settings. Despite numerous warnings and anticipated negative impacts, literature and data is lacking for low income settings and areas facing protracted humanitarian crisis.[23] Moreover, even pre-pandemic real time data collection and electronic health information systems were not well established in many countries.[24]

While it may be too early to see the long-term effects, such as deaths from vaccine preventable diseases like TB, local and international restrictions on mobility have exacerbated the challenges of reliable data collection in areas of protracted crisis.[25] As a result of the re-deployment of human and physical resources towards pandemic efforts, and measures to contain the spread of Covid-19, the capacity of many National Statistics Offices has been reduced, particularly in already resource stretched settings.[2627]

[20] Iwords Global/The Norwegian Red Cross/IFRC (June, 2020), The Last Mile, retrieved from: the_last_mile_final_doc.pdf (rodekors.no), accessed February 5th, 2021.
[21] The main search key words were: Knock-on effects + Covid-19 + health systems; left behind populations + health + Covid-19; knock-on effects + Covid-19 + protracted crisis; barriers to healthcare + Covid-19; barriers to healthcare + Covid-19 + protracted emergencies; barriers to healthcare + Covid-19 + (focus countries)
[22] Unicef (January 2021), Child mortality and Covid-19, retrieved from: Child mortality and COVID-19 - UNICEF DATA, accessed February 12th, 2021.
[23] Fu H, Schweinfest S. (World Bank, June 5th, 2020), COVID-19 widens gulf of global data inequality, while national statistical offices step up to meet new data demands, retrieved from: COVID-19 widens gulf of global data inequality, while national statistical offices step up to meet new data demands (worldbank.org), accessed February 3rd, 2021.
[24] Ibid.
[25] Cheney C. (January 28th, 2021), Will global health learn from COVID-19 collateral damage?, retrieved from: Will global health learn from COVID-19 collateral damage? | Devex, accessed February 12th, 2021.
[26] Fu H, Schweinfest S. (World Bank, June 5th, 2020), COVID-19 widens gulf of global data inequality, while national statistical offices step up to meet new data demands, retrieved from: COVID-19 widens gulf of global data inequality, while national statistical offices step up to meet new data demands (worldbank.org), accessed February 3rd, 2021.
[27] Ibid.

Structure of the report

The report focuses on **primary health services** in **Sahel, Middle East, Afghanistan, Pakistan and Colombia**. These are countries and regions with protracted humanitarian crises, where Red Cross Red Crescent National Societies provide health services and where Norcross is positioned to engage operationally. **Part I** explores the negative health impacts of the Covid-19 pandemic. **Part II** focuses on existing barriers to healthcare and how these have been exacerbated by the pandemic. **Part III** and **Part IV** conclude and provide recommendations for future healthcare strategies. Country case examples from Yemen, Syria, Afghanistan, Pakistan, Chad and Colombia are provided throughout the report.

Protracted humanitarian crisis

Contexts in which a significant proportion of the population is acutely vulnerable to death, disease and disruption of their livelihoods over a prolonged period of time. The governance of these environments is usually very weak, with the state having a limited capacity or willingness to respond to or mitigate the threats to the population or provide adequate levels of protection.

January 2021: Pakistan Red Crescent Society is engaging with people and communities across the country to provide accurate information about the Covid-19 virus. Credit: Pakistan Red Crescent.

Part I: the indirect health impacts of the Covid-19 pandemic

As mentioned, there is an overall scarcity of reliable data to fully determine the indirect impacts on health. Some modelling studies have been conducted to try to determine and anticipate probable impacts. Roberton et al. devised the following calculation to show how four key components may combine to result in overall coverage reduction of healthcare.[28] They recognize that more comprehensive analysis could also try to understand the interaction between each of the components.

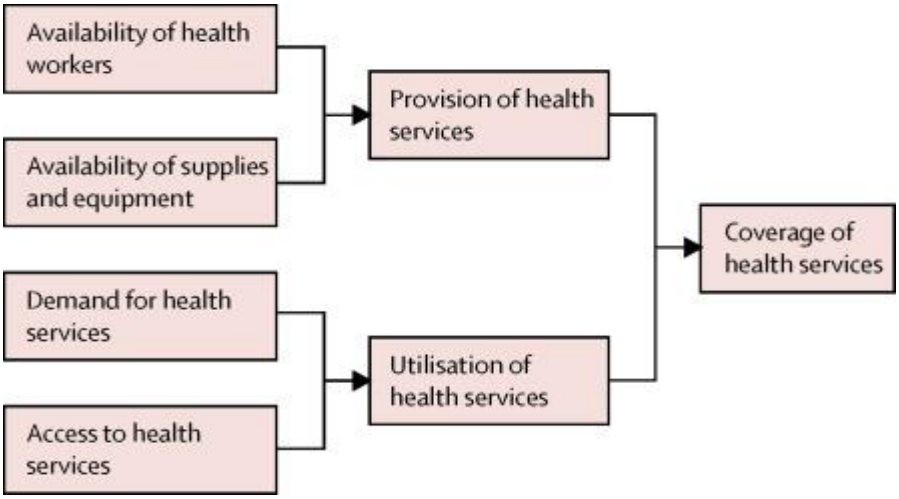
Coverage reduction calculation:[29]

1−([1−workforce reduction] × [1−supplies reduction] × [1−demand reduction] × [1−access reduction])

In the short term we may anticipate demand reduction due to movement restrictions, fear of infection, and economic pressure, but we can also speculate that a long term impact of the Covid-19 pandemic will be increased demand on health services, particularly if there are new outbreaks of vaccine preventable diseases secondary to disrupted vaccination programs or an exacerbation of social and economic inequalities, that will likely lead to long term poorer health.

Roberton et al. also suggested the following framework to illustrate the essential components in healthcare coverage.[30]

[28] Roberton T, et. al. (The Lancet, May12th, 2020), Early estimates of the indirect effects of the Covid-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study, retrieved from: Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study (thelancet.com), accessed February 4th, 2021.
[29] Ibid.
[30] Ibid.



Source: The Lancet.[31]

This framework helps to show that if even one component is disrupted then there may be an impact on health service coverage. In the following we will use this framework to illustrate how the pandemic has impacted on humanitarian needs.

Disruption of vaccination programs

Pre-pandemic the progress in child measles vaccination between 2000 and 2010 had stalled in many low- and middle-income countries.[32] In 2019 an entirely preventable wave of measles outbreaks occurred, killing over 207,000 people worldwide. Globally, pre-pandemic the communities with some of the lowest vaccination coverage for preventable diseases were all in **Afghanistan**.[33]

Due to global focus on the Covid-19 pandemic, with mass human and operational resource redeployment, many routine vaccination programs have been paused or cancelled and many outreach services and surveillance operations have been adversely affected.[34][35] As such, future outbreaks of vaccine preventable diseases, such as measles, are likely to increase. 101 mass vaccination campaigns were cancelled in 56

[31] Ibid.
[32] Sbarra, A. et. al. (Nature, December 16th, 2020), Mapping routine measles vaccination in low- and middle-income countries, retrieved from: Mapping routine measles vaccination in low- and middle-income countries | Nature, accessed January 28th, 2021.
[33] Ibid.
[34] The New Humanitarian (January 20th, 2021), Ten humanitarian crises and trends to watch in 2021, retrieved from: The New Humanitarian | Ten humanitarian crises and trends to watch in 2021, accessed February 1st, 2021.
[35] WHO (November 13th, 2020), Weekly Epidemiological Record 95, p. 564-572, retrieved from: WER9546-eng-fre.pdf (who.int), accessed March 8th, 2021.

countries during the first six months of the pandemic.[36] UNICEF warned in April 2020 that more than 117 million children were at risk of missing out on measles vaccines.[37]

Even where vaccination services have still been in operation, Covid-19 may have affected people's ability to access vaccination services due to reluctance to leave home, reduced transport, economic hardship, travel restrictions or fear of being exposed to Covid-19. In low-income settings, where health services may already be stretched and overcrowded, the pandemic has added a further burden, according to the IFRC regional office in Africa.[38]

Many health workers have also been unavailable to assist with routine vaccination campaigns because of restrictions on travel, redeployment to Covid-19 response duties and a lack of protective equipment.[39] In **Lebanon**, measles immunity has weakened since 2018 and the pandemic has further accelerated decline in immunization rates, with disruptions in health care delivery leaving children more vulnerable to preventable diseases.[40]

Polio campaigns have been paused in several countries during the pandemic. For example, around 40 million children missed the polio vaccination in **Pakistan** due to the cancellation of vaccination campaigns during the first months of the pandemic.[41] Covid-19 related disruptions to polio programs have resulted in expanding transmission of poliovirus, further compounded by disruption to essential immunization and other essential health services.[42] We can anticipate that the disruption and cancellation of many routine vaccination programs will lead to future outbreaks of vaccine preventable diseases.

The impact of Covid-19-related disruption to vaccination programs varies according to both disease and country. It is predicted that reduced routine vaccination coverage without catch-up vaccination may lead to an increase in measles burden in **Bangladesh**, **Chad**, **Ethiopia**, **Kenya**, **Nigeria**, and **South Sudan**, and

[36] Durrheim D. et. al. (February 15th, 2021), A dangerous measles future looms beyond the COVID-19 pandemic, retrieved from: A dangerous measles future looms beyond the COVID-19 pandemic | Nature Medicine, accessed March 15th, 2021.
[37] UNICEF (April 13th, 2020), More than 117 million children at risk of missing out on measles vaccines, as COVID-19 surges, retrieved from: More than 117 million children at risk of missing out on measles vaccines, as COVID-19 surges (unicef.org), accessed December 8th, 2020.
[38] Adeiza Ben Adinoyi. MD, MSc., MA, Head of Health and Care Unit, Africa Region, IFRC (E-mail, February 28th, 2021).
[39] WHO (July 15th, 2020), WHO and UNICEF warn of a decline in vaccinations during COVID-19, retrieved from: WHO and UNICEF warn of a decline in vaccinations during COVID-19, accessed March 8th, 2021.
[40] Unicef (October 14th, 2020), Measles and Polio vaccination campaigns resume despite COVID-19 disruptions, retrieved from: Measles and Polio vaccination campaigns resume despite COVID-19 disruptions (unicef.org), accessed February 5th, 2021.
[41] Din M. et. al. (October 13th, 2020), Delays in polio vaccination programs due to COVID-19 in Pakistan: a major threat to Pakistan's long war against polio virus, retrieved from: Delays in polio vaccination programs due to COVID-19 in Pakistan: a major threat to Pakistan's long war against polio virus (nih.gov), accessed February 11th, 2021.
[42] Polio Global Eradication Initiative (May 21st, 2020), Polio Eradication in the context of the Covid-19 pandemic, retrieved from: updated-POB-country-and-regional-recommendations-20200526.pdf (polioeradication.org), accessed February 4th, 2021.

increase in cases of yellow fever in the **Democratic Republic of Congo**, **Ghana**, and **Nigeria**.[43] Additional deaths between 2020-2030, without catch-up vaccination, for measles, yellow fever and meningococcal A are estimated to increase by 9.89% (0.91 additional deaths per 100,000 individuals, or 48,000 in total) in these countries.[44]

[43] Gaythorpe K. et. al. Health impact of routine immunisation service disruptions and mass vaccination campaign suspensions caused by the COVID-19 pandemic: Multimodel comparative analysis of disruption scenarios for measles, meningococcal A, and yellow fever vaccination in 10 low- and lower middle-income countries, retrieved from: Health impact of routine immunisation service disruptions and mass vaccination campaign suspensions caused by the COVID-19 pandemic: Multimodel comparative analysis of disruption scenarios for measles, meningococcal A, and yellow fever vaccination in 10 … | medRxiv, accessed February 5th, 2021.
[44] Ibid.

Country case study 1: Pakistan

In November 2020, the government reinstated cautionary measures due to a second wave of Covid-19 infections. This has increased the stress on already vulnerable populations. An estimated 40-62 million people are persistently and chronically vulnerable to food insecurity while also being exposed to natural hazards.[45]

Vulnerable groups, particularly people with disabilities, elderly people, women, children and adolescents, are at heightened risk of resorting to negative coping mechanisms.[46]

The disruptions on child and maternal health is expected to have significant impact in Pakistan and the number of deaths among children under-5 are estimated to increase by 59,251 in 2020.[47]

Key health concerns

- Poverty and natural hazards shocks
- 40-62 million people food insecure
- Acute malnutrition of 17.7%
- 1.4 million Afghan refugees living in multidimensional poverty

Covid-19 restrictions had severe impact on routine immunization coverage in Karachi, which has the highest number of under vaccinated children when compared with other megacities in Pakistan and globally and is one of the last reservoirs of wild-type poliovirus. Outreach services were affected more than fixed-center services, with a reduction in the administration of immunization doses. The worst hit areas were the slums and squatter settlements of Orangi, Baldia, Gadap, and other suburbs in Karachi.[48]

Pakistan has over 1.4 million registered Afghan refugees. Most refugees reside in areas with the highest multidimensional poverty indicators. 30% of registered Afghan refugees are hosted in 54 refugee villages, but the majority are widely spread out in urban and semi-urban areas and live within host communities.[49] Access to healthcare services for women's health, maternal care and mental health are of particular concern for Afghan refugees.[50]

[45] UN OCHA (December 1st, 2020), Global Humanitarian Overview 2021 – Pakistan, retrieved from: Pakistan | Global Humanitarian Overview (unocha.org), accessed February 9th, 2021.
[46] Ibid.
[47] UNICEF (March, 2021), *Direct and indirect effects of the COVID-19 pandemic and response in South Asia*, retrieved from: Main Report.pdf (unicef.org), accessed March 19th, 2021.
48 Chandir S. et. al. (June 29th, 2020), Impact of COVID-19 lockdown on routine immunisation in Karachi, Pakistan, retrieved from: Impact of COVID-19 lockdown on routine immunisation in Karachi, Pakistan - The Lancet Global Health, accessed March 15th, 2021.
[49] UN OCHA (December 1st, 2020), Global Humanitarian Overview 2021 – Pakistan, retrieved from: Pakistan | Global Humanitarian Overview (unocha.org), accessed February 9th, 2021.
[50] Refugee Research Online (January 6th, 2021), Afghan diaspora in Pakistan: Healthcare and education policy recommendations, retrieved from: Afghan Diaspora in Pakistan: Healthcare and Education Policy Recommendations – Refugee Research Online, accessed March 18th, 2021.

Access constraints remain high across Pakistan. Violence in Balochistan province and increased violence along the Line of Control in Azad Jammu and Kashmir restricted the movement of people, caused displacements, and disrupted access to basic services.[51]

January 2021: Pakistan Red Crescent Society is engaging with people and communities across the country to provide accurate information about the Covid-19 virus. Credit: Pakistan Red Crescent

Pakistan has marked disparities between urban and rural environments in terms of distance to the nearest health facility, healthcare delivery and human resources availability. Disadvantaged areas, mainly remote rural areas, have seen little or slow changes in access to key elements of health coverage.[52]

[51] Acaps (December 2020), Humanitarian Access Overview, retrieved from: 20201214_acaps_humanitarian_access_overview_december_2020_0.pdf, accessed March 15th, 2021.
52 Zaidi, S, Idrees, N, Riaz, A. Primary Health Care Systems (PRIMASYS) Comprehensive case study from Pakistan. World Health Organization, Alliance for Health, Policy and Systems Research. 2017, retrieved from: http://origin.who.int/alliance-hpsr/projects/AHPSR-PRIMASYS-Pakistan-comprehensive-v2.pdf, accessed 10 August 2020).

Resumed campaigns

Some vaccination campaigns have resumed. Polio vaccination campaigns resumed in August in **Afghanistan** and **Pakistan**, months after having been severely disrupted. In Afghanistan, polio immunization programs restarted in three provinces in July 2020 and a second campaign covering almost half of the country in August 2020. In Pakistan, an initial round of vaccinations took place at the end of July 2020, covering about 780,000 children, and a nationwide vaccination campaign was concluded in September.[53][54] National immunization campaigns were conducted in **Syria** in June and November 2020 reaching 210,100 and 400,0000 children respectively.[55][56]

However, despite efforts to resume vaccination campaigns, the delivery of immunization services continues to be disrupted during the Covid-19 pandemic. More than 94 million children are at risk of missing measles vaccines because of paused campaigns in 26 countries.[57]

It is still too early to identify the true impact of disrupted and paused vaccination programs. However, the predicted increase in outbreaks of preventable infectious diseases must be recognized in future health strategies. Catch-up campaigns may be required in specific settings and in particular population groups at high risk of outbreaks.

[53] UNICEF (August 11th, 2020), Polio vaccination campaigns resume in Afghanistan and Pakistan after COVID-19 disruptions leave 50 million children unimmunized, retrieved from: Polio vaccination campaigns resume in Afghanistan and Pakistan after COVID-19 disruptions leave 50 million children unimmunized (unicef.org), accessed February 1st, 2021.
[54] Polio Global Eradication Initiative (December 14th, 2020), Pakistan polio snapshot – September 2020, retrieved from: Pakistan polio snapshot – September 2020 – GPEI (polioeradication.org), accessed February 18th, 2021.
[55] WHO (June 29th, 2020), UNICEF and WHO support national immunization campaign in Syria amid COVID-19 pandemic, retrieved from: WHO EMRO | UNICEF and WHO support national immunization campaign in Syria amid COVID-19 pandemic | Syria-news | Syrian Arab Republic, accessed February 1st, 2021.
[56] UNICEF (December 20th, 2020), UNICEF with WHO and partners concluded a national routine immunization campaign southern Syria, retrieved from: UNICEF with WHO and partners concluded a national routine immunization campaign southern Syria. | UNICEF Syrian Arab Republic, accessed February 18th, 2021.
[57] UNICEF (October 2020), COVID-19 and children, retrieved from: COVID-19 and children - UNICEF DATA, accessed February 12th, 2021.

March 2021: Bangladesh Red Crescent Society volunteers helping in the Covid-19 vaccination campaign. Credit: IFRC.

Country case study 2: Chad

The pandemic's socioeconomic impact has exacerbated pre-existing vulnerabilities, including for people, many of whom are women, working in the informal sector. People living in Chad have faced recent border closures, economic decline from a collapse of oil prices, a rise in food prices and high levels of unemployment.[58]

The socioeconomic impact of Covid-19 has negatively affected the availability of food and nutrition for the most vulnerable people. In 2020, the number of severely food insecure people remained 1 million but the prevalence of acute malnutrition is rising.[59] Almost 2 million people are affected by health emergencies, the most vulnerable of

Key health concerns

- Acute malnutrition rise; 18 out of 23 provinces facing an alarming nutritional situation.
- 2 million people affected by health emergencies; children under-5, pregnant and breastfeeding women, people with disabilities, elderly.
- Increase in endemic and epidemic diseases; malaria, measles, outbreak of chikungunya.

Source: Chad | Global Humanitarian Overview (unocha.org),

[58] UN OCHA (December 1st, 2020), Global Humanitarian Overview 2021 – Chad, retrieved from: Chad | Global Humanitarian Overview (unocha.org), accessed February 9th, 2021.
[59] Ibid.

whom are children under-5, pregnant and breastfeeding women, people with disabilities and the elderly.[60] This situation is largely explained by the poor access to basic social and health services, worsened by the pandemic, but also by the increase in endemic and epidemic diseases, notably malaria, measles and a new outbreak of chikungunya.[61]

A Chad Red Cross volunteer make protective masks for the local population. Credit: Chad Red Cross.

Child and maternal health

Globally, the pandemic has led to disruptions in the provision of and access to critical healthcare services, leading to negative health effects particularly for child and maternal health.[62] Indirect impacts affecting children under-5 also include rising malnutrition secondary to disruptions in food supply chains, and decreased affordability of certain foods due to falling household income and economic instability. Again, the long-term impacts on child and maternal health are not known but we can predict that if "routine health

[60] Ibid.
[61] Ibid.
[62] World Bank (2020), Global health amid a pandemic, retrieved from: 3 Good health and well-being: Global health amid a pandemic (worldbank.org), accessed February 4th, 2021.

care is disrupted and access to food is decreased, the increase in child and maternal deaths will be devastating."[63]

The Afghan Red Crescent (ARCS) provides health services to some of the hardest to reach areas where few other actors are present. Covid-19 cases and deaths among staff were reported in seven of their health facilities which led to the suspension of lifesaving services delivery for two weeks between May and August 2020 in Logar, Balkh, Kunduz, Paktia, Kandahar, Badghis in Kandahar.

The total number of people who received health services (primary health care) by ARCS deceased significantly from April to August 2020 and dropped from 676,276 in the first quarter to 280,000 in the third quarter.

ARCS offers a range of primary health care services such as consultations, immunization (women and children under-5), nutrition screening, sexual and reproductive health (family planning, antenatal care, postnatal care and deliveries). There has been a dramatic decrease (30-34%) in the attendance of women between April and September 2020.

Responding to and mitigating the indirect effects of Covid-19, the ARCS has put in place mobile health teams, raised peoples' health awareness, carried out risk communication and conducted Covid-19 screening/referral. Last quarter of 2020 showed an increase in people accessing and attending the ARCS health services.

Roberton et al. modelled child and maternal health in 118 countries and presented different scenarios for the potential impact on child and maternal mortality of reduced health coverage due to Covid-19.[64] Table 1 describes the three scenarios. In the worst-case scenario, they estimate there will be up to 192,830 additional deaths in children under-5 and 9,450 additional maternal deaths per month globally.[65] They also estimate that reduced coverage of antibiotics for pneumonia and neonatal sepsis and reduced provision of oral rehydration solution for diarrhea will, in combination, lead to a 41% rise in additional deaths in children under-5.[66]

The pandemic is also predicted to reduce coverage of childbirth interventions, such as administration of antibiotics and clean birth environments, and expected to lead to an increase in the prevalence of child wasting.[67]

[63] Roberton t, et. al. (The Lancet, May12th, 2020), Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study, retrieved from: Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study (thelancet.com), accessed February 4th, 2021.
[64] Ibid.
[65] Ibid.
[66] Ibid.
[67] Ibid.

Table 1: Scenarios and associated additional predicted maternal and child deaths:[68]

Estimated additional maternal and child deaths, per month, by COVID-19 lockdown scenario

Additional deaths above the baseline in red

Scenario	Child deaths	Maternal deaths
Baseline	431,690	24,500
Scenario 1: Small reductions in the availability of health workers and supplies due to the reallocation of resources to the pandemic response	473,930 +42,240	26,530 +2,030
Scenario 2: Greater disruptions to health systems due to workforce and supply chain issues	506,220 +74,530	28,100 +3,600
Scenario 3: Disruptions in the health system and strict movement restrictions, forcing families and non-essential workers to stay home	624,520 +192,830	33,950 +9,450

Note: Additional child deaths figures include the effect of increased wasting

Source: Roberton, Carter, Chou, Stegmuller, Jackson, Tam, et al. Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study. The Lancet Global Health, May 2020

Source: The Lancet/World Bank.[69][70]

In a separate study, Busch-Hallen et al. predict that a reduction in breastfeeding due to Covid-19 disruptions could result in up to 138,398 additional child deaths across 129 low- and middle-income countries over a 1-year period.[71] Breastfeeding is likely to have decreased during the pandemic due to decrease in provision of, access to and utilization of health services. Reduced availability of skilled health workers and increased reluctance by women to use the health system during the pandemic are expected to have led to lower coverage of antenatal care, postnatal care, and facility and community-based lactation support and counselling.[72] Furthermore, another study suggests that by 2022 the wider impacts of the pandemic may lead to an additional 9.3 million wasted and 2.6 million stunted children in low- and middle-income countries.[73]

[68] Ibid.
[69] Ibid.
[70] World Bank (2020), Global health amid a pandemic, retrieved from: 3 Good health and well-being: Global health amid a pandemic (worldbank.org), accessed February 4th, 2021.
[71] Busch-Hallen J, et. al. (The Lancet, October 1st, 2020), Impact of COVID-19 on maternal and child health, retrieved from: Impact of COVID-19 on maternal and child health - The Lancet Global Health, accessed February 4th, 2021.
[72] Ibid.
[73] Osendarp S. et. al. (December 11th, 2020), The potential impacts of the COVID-19 crisis on maternal and child undernutrition in low and middle income countries, retrieved from: The potential impacts of the COVID-19 crisis on maternal and child undernutrition in low and middle income countries | Research Square, accessed February 12th, 2021.

December 22. 2020: Afghan Red Crescent Society's Parwan branch Mobile Health team providing health assistance to the people of one of the villages in Parwan. Credit: Meer Abdullah, Afghanistan Red Crescent.

There are predictions that the pandemic will also lead to worsening provision of sexual and reproductive health, including skilled obstetric care, newborn care and family planning. In just a single year, a 10% decrease in sexual and reproductive health services in low- and middle-income countries could lead to another 49 million women with an unmet need for contraception.[74]

The full extent of Covid-19's impact on child and maternal health is still unknown. Studies focusing on child and adolescent mortality, led by UNICEF, are currently ongoing.[75] The indirect health impacts of the pandemic are likely to vary between and within countries.[76] As such, further research is needed, particularly in areas of protracted crisis and where there are vulnerable populations, to identify where future health programs need to be focused to try and mitigate the impact of the pandemic.

[74] Riley, T. et. al. (Guttmacher Institute, April 16th, 2020), Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health in Low- and Middle-Income Countries, retrieved from: Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health in Low- and Middle-Income Countries | Guttmacher Institute, accessed February 1st, 2021.
[75] Unicef (January 2021), Child mortality and Covid-19, retrieved from: Child mortality and COVID-19 - UNICEF DATA, accessed February 12th, 2021.
[76] Ibid.

Country case study 3: Syria

Covid-19 has been a further aggravating factor on Syria's economy, negatively impacting an already weakened health system. Only 58% of hospitals are reported to be fully functional.[77] The average food basket in Syria cost 247% more in October 2020 than at the same time in 2019.[78] 54.9% of Syrians have insufficient food consumption.[79] Additional consequences of years of crisis include unprecedented levels of stunting affecting 674,000 children under-5 (a 37% increase compared to 2019); increased morbidity related to non-communicable diseases; sexual and gender-based violence (SGBV); and widespread psychological trauma, especially in children.[80]

Key health concerns

- Increase (37% in 2020) in stunting affecting 674,000 children under-5.
- A protection crisis; widespread explosive hazard contamination, psychological trauma, SGBV and family separation.
- Widespread psychological trauma, especially in children.

Source: Syria | Global Humanitarian Overview (unocha.org)

Syrian doctors report that in northwest Syria the number of patients seen has spiked from 30-40 per day to 150-200. These are patients with both Covid-19 and with other health needs.[81] A hospital in Idlib has reported that people are dying because of lack of medicines and equipment. Ill people are turned away as there is not enough capacity. Patients that need transfer for treatment abroad are waiting and will die unless they are treated.[82] The national response and preparedness health system is at the second lowest capacity level.[83]

Despite the relatively low number of confirmed cases of Covid-19 in Syria, it is worth noting that the capacity for testing throughout the country remains extremely limited.[84] Moreover, the steadily rising number of infections clearly shows that the epidemiological situation in the country has rapidly evolved and remains extremely volatile. According to the Syrian Ministry of Health, infections among healthcare workers in Syria

[77] UN OCHA (December 1st, 2020), Global Humanitarian Overview 2021 – Syria, retrieved from: Syria | Global Humanitarian Overview (unocha.org), accessed February 9th, 2021.
[78] World Food Program (October 2020), Market Price Watch Bulletin, retrieved from: WFP-0000121574.pdf (reliefweb.int), accessed March 15th, 2021.
[79] World Food Program (February 5th, 2021), Hunger Map LIVE: Hunger and COVID-19 Weekly Snapshot Syrian Arab Republic, retrieved from: https://docs.wfp.org/api/documents/WFP-0000123610/download/, accessed March 15th, 2021.
[80] UN OCHA (December 1st, 2020), Global Humanitarian Overview 2021 – Syria, retrieved from: Syria | Global Humanitarian Overview (unocha.org), accessed February 9th, 2021.
[81] Islamic Relief (March 12th, 2021), Doctors in Syria warn health system cannot cope with impacts of Covid-19 pandemic, retrieved from: Doctors in Syria warn health system cannot cope with impacts of Covid-19 pandemic | Islamic Relief Worldwide (islamic-relief.org), accessed March 18th, 2021.
[82] Ibid.
[83] WHO (2021), *Health Sector Strategic Preparedness and Response Plan for COVID-19*, retrieved from: health-sector-2021-strategic-preparedness-response-plan-covid-19.pdf (who.int), accessed March 18th, 2021.
[84] Ibid.

continue to rise, which highlights the potential for the nation's already fragile and overstretched healthcare capacity to be further compromised.[85]

Doctors Without Borders has highlighted particular worries about the high rates of Covid-19 infection in health workers in Syria.[86]

"First, of course, is the impact on them and their families. Then we see a knock-on impact on an already extremely fragile health system. Not only can these staff not work, but other staff who were in contact with them also need to be quarantined. The result is that health facilities with already limited services have often had to close completely. In some places health workers report being too scared to go to work".[87]

More families are being forced to make unacceptable trade-offs to survive, including skipping meals, taking on additional debt, and pre-emptively moving to areas where humanitarian assistance is assured, such as camps. Syria remains a 'protection crisis,' including psychological trauma and SGBV.[88]

[85] UNFPA (November, 2020), Regional situation report for the Syria crisis, retrieved from: UNFPA Regional Situation Report for the Syria Crisis - Novermber 2020 - FA.pdf, accessed March 15th, 2021.
[86] MSF (August 27th, 2020), *"In Al-Hol camp, almost no healthcare is available"*, retrieved from: COVID-19 has devastating knock-on effect in northeast Syria | MSF, accessed February 10th, 2021.
[87] Ibid.
[88] UN OCHA (December 1st, 2020), Global Humanitarian Overview 2021 – Syria, retrieved from: Syria | Global Humanitarian Overview (unocha.org), accessed February 9th, 2021.

Until recently, most health workers worked in multiple different facilities across northeast Syria, however in response to increased infection rates, local authorities have introduced new regulations prohibiting staff from working in more than one health center which will undoubtedly impact healthcare provision.[89]

The Syrian Arab Red Crescent runs primary health care activities. In April 2020 one doctor and nurse were infected by Covid-19, as such health activities in rural Homs were suspended for eight days until a replacement was found. Mobile medical teams could not reach areas in rural Damascus for 20 days in May 2020 because of the closure and curfew between governorates.

The WASH infrastructure and service provision in many parts of Syria requires significant repair and operational support, in particular in the areas underserved by public services, host communities with high ratio of internally displaced people and returnees, schools and healthcare facilities. **Norcross** supported projects provided improved access to water to a total 125,000 people in 2020.

Source: Norcross Country Program Manager, Syria. Annual report 2020. Internal report.

Sexual and gender-based violence (SGBV)

Women and girls are disproportionately affected by humanitarian crises. Very little data exists to demonstrate the wider impact of the Covid-19 pandemic on SGBV in areas of protracted crisis. However, initial reports are suggesting SGBV has increased dramatically and so has the need for mental health and psychosocial support.[90]

Disease outbreaks impact women and men differently. We can predict that the pandemic has exacerbated existing gender inequalities. In a pandemic, studies suggest that women and girls may be at higher risk of intimate partner violence and other forms of domestic violence and are also exposed to other forms of SGBV, including sexual exploitation and abuse.[9192] Despite this prediction, during the pandemic, global

[89] Ibid.
[90] UNFPA (January 22nd, 2021), UNFPA Global COVID-19 Situation Report No. 7, retrieved from: COVID-19_UNFPA_Global_Situation_Report_7_NovemberDecember_2020.pdf (reliefweb.int), accessed March 10th, 2021.
[91] UNFPA (2020), Gender based violence in the Covid-19 context in Nepal, retrieved from: 201009 UNFPA Gender-based Violence COVID 19 Nepal V2.indd (reliefweb.int), accessed March 10th, 2021.
[92] IFRC (March 2020), Prevention and response to Sexual and Gender-Based Violence in COVID-19. -A Protection, Gender & Inclusion (PGI) Technical guidance note, retrieved from: Microsoft Word - IFRC SGBV COVID-19 Technical Guidance Note FINAL_14May.docx, accessed March 9th, 2021.

attention and funding have been diverted away from SGBV services. Care and support for survivors of SGBV, such as support for the victims of rape, may be disrupted when health service providers are overburdened with handling Covid-19 cases.[93]

With regards to SGBV, the overriding finding is that reliable data is scarce. However, future health strategies must anticipate that the pandemic is likely to have increased the incidence of SGBV and reduced any existing service provision for victims of SGBV for people living in areas of protracted crisis.

[93] UN Women (2020), The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific, retrieved from: ap-giha-wg-advocacy.pdf (unwomen.org), accessed March 9th, 2021.

Country case study 4: Afghanistan

Conflict continues to drive extreme physical and psychological harm and has forcibly displaced 278,000 people in the first 10 months of 2020 in Afghanistan and continues to cause challenges for humanitarian access.[94] Displaced people without formal documentation are to a large extent cut off from health services.[9596] Health facilities and workers continue to suffer from attacks and intimidation.[97] The pandemic has worsened people's health, income and levels of debt. Costs and fear of catching and spreading Covid-19 have also stopped people seeking health care when they have deteriorating health.[98]

More than a quarter of key informants assessed in hard-to-reach areas in July 2020 reported having no health facilities accessible.[99] Service costs, security concerns and lack of female health provider were mentioned as main barriers.[100] What is more, people are reluctant to attend health facilities where they do exist, due to fear of catching Covid-19.[101]

Almost 3% of the Afghan population suffer from severe disabilities. Numbers are probably higher when including psychological and mental health.[102] This group may be further overlooked as critical mental health services have been disrupted or paused because of the pandemic.[103]

Covid-19 response has required resource allocation leading to fewer resources available to treat other diseases and health needs.[104]

Afghanistan is one of 11 countries assessed as "very high risk" of infectious disease affecting humanitarian need according to the INFORM Epidemic Risk Index.[105]

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[94] Acaps (December 2020), Humanitarian Access Overview, retrieved from: 20201214_acaps_humanitarian_access_overview_december_2020_0.pdf, accessed March 15th, 2021.
[95] Ibid.
[96] UN OCHA (March 11th, 2021), Strategic Situation Report: COVID-19, retrieved from: strategic_sitrep_Covid-19_11_march_2021_final.pdf (reliefweb.int), accessed March 15th, 2021.
[97] UN OCHA (December 1st, 2020), Global Humanitarian Overview 2021 – Afghanistan, retrieved from: Afghanistan | Global Humanitarian Overview (unocha.org), accessed February 9th, 2021.
[98] Ibid.
[99] REACH (July 2020), Afghanistan Hard-to-reach assessment, retrieved from: AFG_HTR_R3_COVID-19-Overall-Factsheet.pdf (reliefweb.int), accessed March 15th, 2021.
[100] Ibid.
[101] WHO (2020), Mental and disability health - Afghanistan, retrieved from: WHO EMRO | Mental and disability health | Programmes | Afghanistan, accessed March 15th, 2021.
[102] Ibid.
[103] Ibid.
[104] Ibid.
[105] Inform Risk (April 2020), INFORM Epidemic Risk Index, retrieved from: INFORM Epidemic Risk Index (europa.eu), accessed March 15th, 2021.

February 2021: Afghanistan Red Crescent staffs and volunteers assisting elderly. Credit: Meer Abdullah. Afghanistan Red Crescent.

During the pandemic, two out of three households in Afghanistan have experienced reduced income and one in six have taken on catastrophic levels of debt, mainly to cover immediate food and health-care needs.[106] Almost one in two children under-5 are now facing acute malnutrition and needs life-saving treatment.[107]

[106] UN OCHA (December 1st, 2020), *Global Humanitarian Overview 2021 – Afghanistan*, retrieved from: Afghanistan | Global Humanitarian Overview (unocha.org), accessed February 9th, 2021.
[107] Ibid.

Women and girls' access to critical and life-saving health care was already limited and the Covid-19 crisis is impacting both the availability of and access to sexual and reproductive health care and services for survivors of violence.[108] With overburdened and overcrowded health facilities, the Covid-19 pandemic is making it more difficult for women and girls to receive adequate treatment and health services. The diversion of attention and resources away from routine health services exacerbates the lack of access to sexual and reproductive health services as well as services for survivors of violence in Afghanistan.[109]

Key health concerns

- Nearly half all children under 5 years of age face acute malnutrition
- 18.4 million people need humanitarian assistance, which has doubled since 2020.
- Eroded livelihoods, continued conflict and repeated psychosocial trauma
- Women are facing both an increased burden of care and SGBV risks

Source: Afghanistan | Global Humanitarian Overview (unocha.org)

Afghanistan is one of 11 countries assessed as "very high risk" of infectious disease affecting humanitarian need according to the INFORM Epidemic Risk Index.[110]

The Afghan Red Crescent Society (ARCS) Balkh mobile health team was deployed as part of Covid-19 response in early March 2020 and they were operational on the Kabul-Balkh Road at the entry point of Balkh province. The highly populated Balkh province is the centre of the country's northern regions which connects four provinces to the capital city Kabul. The majority of the returnees who live in the northern provinces must enter Mazar the center of Balkh to be able to travel to their hometowns.

The ARCS medical doctor in the mobile health reported: *"We have been operating at the arrival gate of Mazar city on the Kabul-Mazar Road for one month. All of those who enter Mazar city are screened for Covid-19. We have set up separate venues for male and female passengers and we also provide awareness"*.

[108] UN Women (June 18th, 2020), Gender Alert on Covid-19 Afghanistan, retrieved from: Issue9-Gender Alerat 170620 (reliefweb.int), accessed February 1st, 2021.
[109] Ibid.
[110] Inform Risk (April 2020), INFORM Epidemic Risk Index, retrieved from: INFORM Epidemic Risk Index (europa.eu), accessed March 15th, 2021.

Internally displaced people

Migrants and those who are internally displaced continue to face significant humanitarian consequences due to the exacerbation of existing barriers for accessing basic services. Key barriers identified during the pandemic include: exclusion based on legal status, inaccessible information, both in language and channels of dissemination, insufficient or unavailable services, financial barriers, inconsistent application of relevant laws and policy, fear, health and safety concerns, lack of relevant documentation, digital exclusion and social and cultural barriers.[111][112]

Covid-19-related lockdown measures and border closures in some countries prevent migrants from accessing essential services, leaving many stranded or in transit without support, and hinder access to international protection and asylum processes. Covid-19 has also generated stigma and discrimination towards migrants, who are, in some contexts, perceived as bringing the virus to communities, even if they have lived there well before the pandemic.[113]

Where vulnerable households are not included in health or social protection mechanisms prior to a crisis, they are more likely to experience economic shocks.[114] Any recent progress made towards increased refugee self-reliance in host countries, may also be at risk. The negative impact of the pandemic on employment may lead to increased competition for scarce resources and reinforce exclusion of those who are forcibly displaced from the labor market.[115]

With the majority of refugees living in low or middle-income countries under weaker health cover and social protection systems, and many experiencing pre-existing vulnerabilities, they may be disproportionately affected by the consequences of the pandemic.[116]

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[111] IFRC (March 9th, 2021), Locked down and left out? Why access to basic services for migrants is critical to our COVID-19 response and recovery, retrieved from: EN-RCRC-Global-Migration-Lab-Locked-down-left-out-COVID19.pdf (reliefweb.int), accessed March 10th, 2021.
[112] Özvarış Ş. et. al. (December 7th, 2020), COVID-19 barriers and response strategies for refugees and undocumented migrants in Turkey, retrieved from: COVID-19 barriers and response strategies for refugees and undocumented migrants in Turkey - ScienceDirect, accessed March 15th, 2021.
[113] IFRC (2020), Least Protected, Most Affected: Migrants and refugees facing extraordinary risks during the COVID-19 pandemic, retrieved from: IFRC-report-COVID19-migrants-least-protected-most-affected.pdf, accessed February 1st, 2021.
[114] OECD (June 15th, 2020), The impact of coronavirus (COVID-19) on forcibly displaced persons in developing countries, retrieved from: The impact of coronavirus (COVID-19) on forcibly displaced persons in developing countries (oecd.org), accessed January 20th, 2021.
[115] Ibid.
[116] Ibid.

Country case study 2: Yemen

Covid-19 has had significant impacts on internally displaced people in Yemen, many of whom have been forcibly moved, detained and subjected to inhumane conditions.[117] More than 3.6 million civilians have been displaced due to the conflict, including at least 158,000 in 2020.[118] Some of the highest levels of vulnerability are concentrated in places where many internally displaced people live where very few healthcare services are available.

The major health risks affecting Yemen is expected to continue, with a severe impact on the physical and mental well-being of people across the country.[119]

Key health concerns

- Over half a million children under-5 face acute malnutrition, up 9.%.
- *Severe* acute malnutrition increased by 15.5% in 2020; 100,000 young children at risk of dying.
- Only 50% of health facilities are functional; Covid-19 has discouraged the population from seeking treatment for other diseases and conditions.

Source: Yemen | Global Humanitarian Overview (unocha.org)

Over half a million children under 5 years of age face acute malnutrition, up 9.5% and 100,000 young children are at risk of dying without improved nutrition. There are acute water, sanitation and hygiene deficits in 54 districts, and 46 districts are at high risk of cholera. Covid-19 is an added burden on the fragile health system, where only 50% of facilities are functional.[120] This has discouraged the population from seeking treatment for other potentially fatal diseases and conditions.

The operating environment in Yemen continues to be extremely restricted, hindering a principled aid operation, and the humanitarian response has been crippled by a huge funding shortfall and limited capacity.

The war has already caused an estimated 233,000 deaths, including 131,000 from indirect causes such as lack of food, health services and infrastructure. Attacks continue on facilities protected by international

[117] Ibid.
[118] UN OCHA (December 2020), Global humanitarian overview – Yemen, retrieved from: Yemen | Global Humanitarian Overview (unocha.org), accessed March 15th, 2021.
[119] UN OCHA (February 2021), Humanitarian needs overview – Yemen, retrieved from: Yemen_HNO_2021_Final.pdf (reliefweb.int), accessed March 15th, 2021.
[120] UN OCHA (December 2020), Global humanitarian overview – Yemen, retrieved from: Yemen | Global Humanitarian Overview (unocha.org), accessed March 15th, 2021.

humanitarian law, including medical centers.[121] Since August 2020, some 19.1 million people in need were in hard-to-reach areas, where armed conflict, insecurity, bureaucratic constraints and logistic impediments often combine and cause challenges for delivering human and operational resources.[122]

Alia Ali has been a volunteer for the Yemen Red Crescent Society for many years. Now she is engaged in the Covid-19 response, raising awareness and informing people about the virus. Credit: Anette Selmer-Andresen, Norwegian Red Cross

Remittances from Yemenis abroad totaling 3.8 billion USD in 2019 decreased by 80% during the pandemic.[123] A survey from November revealed that internally displaced people cited cost as the main barrier to healthcare. 45% said that they or someone in their household had experienced symptoms of Covid-19.[124]

Yemen is one of 11 countries assessed as "very high risk" of infectious disease affecting humanitarian need according to the INFORM Epidemic Risk Index.[125]

[121] Ibid.
[122] Ibid.
[123] OCHA Humanitarian country team (June 2020), Covid-19 Preparedness and response monthly report, retrieved from: Yemen_COVID Monthly Report_June_V3.pdf (reliefweb.int), accessed March 18th, 2021.
[124] International Displacement Monitoring Center (February 2021), Internal displacement 2020: Mid-year update, retrieved from: 2020 Mid-year update.pdf (internal-displacement.org), accessed March 15th 2021.
[125] Inform Risk (April 2020), INFORM Epidemic Risk Index, retrieved from: INFORM Epidemic Risk Index (europa.eu), accessed March 15th, 2021.

TB, HIV and Malaria

In 2018, deaths from HIV, TB and malaria together amounted to 2.4 million people worldwide.[126] Analyses from WHO, UNAIDS, the Stop TB Partnership predict this annual death toll could nearly double as a result of the Covid-19 pandemic.[127] The pandemic has so far led to a decline in diagnosis and treatment of TB by as much as 25-30% in some countries where there is a high burden of disease.[128]

TB is the world's leading infectious disease, killing around 1.5 million people each year.[129] Modelling studies suggest that if the Covid-19 pandemic leads to a 25% reduction in TB detection globally for 6 months that could in turn increase TB deaths by 26%.[130] This was the level of TB mortality in 2012.[131]

One study suggests that a three-months lockdown in different parts of the world followed by a return to 'normal' period of 10 months could lead to 6.3 million additional cases and 1.4 million deaths.[132]

> *"TB has always loved company: HIV, diabetes, poverty, stigma and discrimination, to name but a few. For TB, Covid-19-related lockdowns came in very handy, leaving people with no food, no work, no money, no healthcare. The various barriers we faced to access TB services were compounded. What a gift for TB — and what a disaster for people affected by TB."*
>
> *Timur Abdullaev, Human Rights Lawyer.*[133]

A survey published by Stop TB found that 70% of healthcare workers in countries where the Global Fund invests reported a decrease in the number of people coming to health facilities for TB testing during 2020 compared to 2019. Over 60% reported a decrease in people seeking TB treatment.[134] In addition, the survey revealed that 36% of people in India reported that TB health facilities were closed and in Kenya, patients felt shame because of the similar symptoms of TB and Covid-19.[135]

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[126] The Global Fund (June 1st, 2020), Mitigating the impact of Covid-19 on countries affected by HIV, Tuberculosis and Malaria, retrieved from: covid19_mitigatingimpact_report_en.pdf (theglobalfund.org), accessed February 24th, 2021.
[127] Ibid.
[128] Cheney C. (January 28th, 2021), Will global health learn from COVID-19 collateral damage?, retrieved from: Will global health learn from COVID-19 collateral damage? | Devex, accessed February 12th, 2021.
[129] Stop TB Partnership (2020), The impact of COVID-19 on the TB epidemic: A community perspective, retrieved from: Civil Society Report on TB and COVID.pdf (stoptb.org), accessed February 4th, 2021.
[130] WHO Information note (December 15th, 2020), Tuberculosis and COVID-19, retrieved from: Covid-19-tb-clinical-management-info-note-dec-update-2020.pdf (reliefweb.int), accessed March 11th, 2021.
[131] Ibid.
[132] Stop TB Partnership (May 2020), The potential impact of the Covid-19 response on tuberculosis in high-burden countries: A modelling analysis, retrieved from: Modeling Report_1 May 2020_FINAL.pdf (stoptb.org), accessed March 15th, 2021.
[133] Stop TB Partnership (2020), The impact of COVID-19 on the TB epidemic: A community perspective, retrieved from: Civil Society Report on TB and COVID.pdf (stoptb.org), accessed February 4th, 2021.
[134] Ibid.
[135] Ibid.

Under pessimistic scenarios, Covid-19-related disruption to malaria control in **Africa** could almost double malaria mortality in 2020 from 386,000 annual deaths to 768,000, and potentially lead to even greater increases in coming years.[136][137] AIDS-related deaths are also predicted to increase, and could be set back close to 2008 levels, potentially eliminating 10 years of progress.[138][139]

According to The Global Fund, as of January 2021, around 15% of countries where the Global Fund invests are still reporting high disruption in health service delivery for TB, HIV and malaria. Transport restrictions are also impacting on disease programs around the world.[140]

> *"Mitigating the impact of Covid-19 on the countries most affected by HIV, TB and malaria will require swift action, extraordinary levels of leadership and collaboration, and significant extra resources." The Global Fund.*[141]

Mental health

Globally the Covid-19 pandemic has undoubtedly had a negative impact on mental health and psychosocial consequences. Mental health has been particularly impacted in humanitarian settings where resources for mental health and psychosocial support are already either scarce or non-existent.[142] The World Health Organization (WHO) reported that the pandemic has disrupted or paused critical mental health services in 93% of 130 member states, while the demand for mental health services is increasing.[143]

The psychological impact of the pandemic is huge. People around the world have lost loved ones, jobs or livelihoods. They have been separated by borders or quarantine, stranded in other countries or living in

[136] Weiss D. J. et. al. (January 1st, 2021), Indirect effects of the COVID-19 pandemic on malaria intervention coverage, morbidity, and mortality in Africa: a geospatial modelling analysis, retrieved from: Indirect effects of the COVID-19 pandemic on malaria intervention coverage, morbidity, and mortality in Africa: a geospatial modelling analysis - The Lancet Infectious Diseases, accessed February 18th, 2021.
[137] The number of malaria cases would increase from 215 million to 261 million cases in 2020.
[138] Global Fund to Fight Aids, Tuberculosis and Malaria (June 2020), Fighting HIV, TB, Malaria and COVID-19, retrieved from: covid19_mitigatingimpact_report_en.pdf (theglobalfund.org), accessed February 12th, 2021.
[139] UN OCHA (December 1st, 2020), Global Humanitarian Overview 2021, retrieved from: GHO2021_EN.pdf (reliefweb.int), accessed January 18th, 2021.
[140] The Global Fund (January 28th, 2021), COVID-19 Situation Report #37, retrieved from: covid19_2021-01-28-situation_report_en.pdf (theglobalfund.org), accessed February 8th, 2021.
[141] The Global Fund (June 1st, 2020), Mitigating the impact of Covid-19 on countries affected by HIV, Tuberculosis and Malaria, retrieved from: covid19_mitigatingimpact_report_en.pdf (theglobalfund.org), accessed February 24th, 2021.
[142] WHO (October 5th, 2020), The impact of COVID-19 on mental, neurological and substance use services, retrieved from: The impact of COVID-19 on mental, neurological and substance use services (who.int), accessed February 5th, 2021.
[143] WHO (October 5th, 2020), COVID-19 disrupting mental health services in most countries, WHO survey, retrieved from: COVID-19 disrupting mental health services in most countries, WHO survey/9789240012455-eng.pdf, accessed February 5th, 2021.

crowded camps. The circumstances brought by the pandemic have increased the incidence of anxiety, depression and distress.[144]

Yemen – a crisis within a crisis

One of the most effective ways to promote good mental health in an emergency is to integrate psychosocial support into services that are accessed by large numbers of people, such as health services or water and sanitation.

Years of armed conflict and violence have had a massive impact on the lives of Yemen's 30 million population, with loss of livelihoods, limited or no access to food, clean water, health care, sanitation or education. This has taken a heavy toll on the mental health and psychosocial well-being of the population.

In Yemen, even the most basic mental health and psychosocial support services are unavailable at primary health care level and the country faces a severe and chronic shortage of mental health specialists. Due to this complex situation, the Yemen Red Crescent has been forced to develop new strategies to ensure that affected people can access the services they need, and integration of psychosocial support into health and other services provided by staff and volunteers has been crucial.

Source: The International Red Cross and Red Crescent Movement The importance of mental health and psychosocial support during COVID-19

Continued uncertainties about the spread of the disease, the effectiveness of containment strategies, and when and how people can return to 'normal' life cause distress to people around the world. In addition, mental health is likely to worsen along where there is increased poverty, socioeconomic inequities and reduced availability of healthcare services. In particular, decreased access to community support, barriers to mental health treatment and exacerbated physical health problems may lead to increase in suicide.[145]

In the abovementioned survey by the WHO, over 60% of respondents reported disruptions to mental health services for vulnerable people, including children and adolescents (72%), older adults (70%), and women requiring antenatal or postnatal services (61%).[146] While some low-income countries have mental health and psychosocial support integrated in their Covid-19 response plans, there is significant lack of funding to implement them. At regional level, the Eastern Mediterranean and African regions show the highest

[144] IFRC (October 19th, 2020), How can we tackle a growing COVID-19 caused mental health crisis?, retrieved from: How can we tackle a growing COVID-19 caused mental health crisis? - International Federation of Red Cross and Red Crescent Societies (ifrc.org), accessed February 5th, 2021.
[145] Kola L. et. al. (The Lancet, February 24th, 2021), COVID-19 mental health impact and responses in low-income and middle-income countries: reimagining global mental health, retrieved from: COVID-19 mental health impact and responses in low-income and middle-income countries: reimagining global mental health - The Lancet Psychiatry, accessed March 16th, 2021.
[146] WHO (October 5th, 2020), The impact of COVID-19 on mental, neurological and substance use services, retrieved from: The impact of COVID-19 on mental, neurological and substance use services (who.int), accessed February 5th, 2021.

percentage of countries reporting mental health and psychosocial challenges, but with no additional funds allocated for this. Emergency mental health services have also been disrupted.[147]

> *"We do not yet know how effective remote therapeutic support is for different people, and we need to take care that those who have experienced multiple distressing events in addition to Covid-19 receive the quality mental health services they need to recover and thrive."*
>
> *- Milena Osorio, Mental Health and Psychosocial Support Program Coordinator for the ICRC.[148]*

Healthcare workers

Healthcare workers have carried a heavy burden in low-income and middle-income countries. Shortage of protection equipment, lack of training and guidelines, poor infection control, heavy workload and pandemic fatigue have led to increased numbers of Covid-19 cases among health personnel.[149] Guilt and stigma associated with Covid-19 have been common. Cases of healthcare workers abandoning their posts or refusing to attend to patients suspected of having Covid-19 has been common. Internal drain on human resources, as healthcare workers have been taken away from clinical practice to join Covid-19 committees and task forces have added further burdens.[150] Community health workers, peer educators, and other volunteers also play an essential role to support overwhelmed health systems and many of these volunteer or more informal health personnel have not been able to carry out their roles during the pandemic.

[147] WHO (October 5th, 2020), The impact of COVID-19 on mental, neurological and substance use services, retrieved from: The impact of COVID-19 on mental, neurological and substance use services (who.int), accessed February 5th, 2021.
[148] International Red Cross and Red Crescent Movement (October 2020), The importance of mental health and psychosocial support during COVID-19, retrieved from: RCRC-MHPSS-Covid19_Report_October_2020.pdf (ifrc.org), accessed March 9th, 2021.
[149] Mehta S. et. al. (The Lancet, February 5th, 2021), COVID-19: a heavy toll on health-care workers, retrieved from: COVID-19: a heavy toll on health-care workers - The Lancet Respiratory Medicine, accessed March 11th, 2021.
[150] Ibid.

Credit: Syrian Arab Red Crescent.

Part II: Worsening existing barriers to healthcare

To further understand how and why people are cut off from health services, this report sought to highlight the barriers to healthcare that existed pre-pandemic.

Barriers to health care constitute concrete, identifiable obstacles, each of which require a set of adaptations and solutions.[151] Barriers are often thought of as geographical (lack of transportation), financial (too expensive), or security-related (too dangerous to access health care facilities). Stigma, fear, discrimination, exclusion, lack of registration and ID documentation, attacks on health workers and lack of trained personnel also have an impact on access to healthcare for both individuals and groups.[152] The list of social and structural barriers is long and usually several barriers are present at the same time.[153]

[151] Tønnessen-Krokan M. Bringedal Houge A. (February 24th, 2021), Complex emergencies: overcoming barriers to health care, retrieved from: (3) (PDF) Complex emergencies: overcoming barriers to health care (researchgate.net), accessed March 16th, 2021.
[152] Ibid.
[153] Iwords Global/The Norwegian Red Cross/IFRC (June, 2020), The Last Mile, retrieved from: the_last_mile_final_doc.pdf (rodekors.no), accessed February 5th, 2021.

Millions of people live in places or settings where pivotal health services are limited or nonexistent (also coined "last mile populations"). Before the Covid-19 pandemic, UHC strategies proved inadequate, unable to address many of the barriers to healthcare people face.[154][155][156]

Assessing the impact of Covid-19 measures in seven slum communities in **Bangladesh**, **Kenya**, **Nigeria** and **Pakistan**, one study found that access barriers included: Increased cost of healthcare, reduced household income, increased challenges in physically reaching healthcare facilities and exacerbated reluctance of residents to seek healthcare due to fear of infection and stigmatization.[157]

Last mile populations[158]

Definition of 'last mile': Converging factors that exacerbate barriers to healthcare. That is, an individual, community, or geographical setting (i.e. country) is **further along the last mile** in terms of health when there is a confluence of:

1. Conditions that lead to or exacerbate crises (for instance, conflict, disaster, climate change, fragility, urban violence, epidemics, and limited access to water, sanitation, and hygiene).
2. Significant challenges for humanitarian action response.
3. Weak health systems.
4. Individual and social determinants that reinforce and compound vulnerability, exclusion, oppression, stigmatization, or marginalization.

The Covid-19 pandemic is a crisis that has resulted in the confluence of the four conditions outlined above: it has *led to and exacerbated other crises*; resulted in significant *challenges for humanitarian action response*, particularly due to travel restrictions*;* further weakened and *drawn away existing resources from health systems* and it has increased and worsened *individual and social determinants* that reinforce and compound vulnerability, exclusion, oppression, stigmatization, or marginalization (fear of, or being stigmatized; bringing the virus to clinics or to communities).[159]

[154] The Lancet, editorial (January 5th, 2019), Ensuring and measuring universality in UHC, retrieved from: Ensuring and measuring universality in UHC - The Lancet, accessed February 5th, 2021.
[155] Health Systems Global (December 11th, 2020), Supporting health system resilience – if not now, when?, retrieved from: Supporting health system resilience – if not now, when? | Health Systems Global, accessed January 5th, 2021.
[156] OECD iLabrary (September 17th 2020), States of fragility, retrieved from: States of Fragility 2020 | OECD iLibrary (oecd-ilibrary.org), accessed January 5th 2021.
[157] Ahmed S. et. al. (July 29th, 2020), Impact of the societal response to COVID-19 on access to healthcare for non-COVID-19 health issues in slum communities of Bangladesh, Kenya, Nigeria and Pakistan: results of pre-COVID and COVID-19 lockdown stakeholder engagements, retrieved from: Impact of the societal response to COVID-19 on access to healthcare for non-COVID-19 health issues in slum communities of Bangladesh, Kenya, Nigeria and Pakistan: results of pre-COVID and COVID-19 lockdown stakeholder engagements | BMJ Global Health, accessed March 15th, 2021.
[158] The definition is taken from the Norcross commissioned report *"The last mile"*.
[159] Iwords Global/The Norwegian Red Cross/IFRC (June, 2020), The Last Mile, retrieved from: the_last_mile_final_doc.pdf (rodekors.no), accessed February 5th, 2021.

Several barriers to healthcare have been exacerbated as a consequence of the Covid-19 pandemic. Table 2 summarizes some of these barriers:

Common existing barriers	**How the Covid-19 pandemic has exacerbated barriers**
Movement and mobility restrictions	- Infection control/measures decrease mobility for patients and health care personnel
Availability to/transportation restrictions	- Less transportation means available.[160] - Decreased income reduces affordability to travel to healthcare facilities
Absence of adequate number of health workers and specialized services	- Covid-19 related deaths and illness - Health workers re-directed to Covid-19 responses - Mobility and travel restrictions - Reduced international support for existing health programs and services - International travel reduction; fewer specialists/aid workers
Increased poverty/unemployment	- Relative cost barriers to health services increased - Increased reliance on unlicensed practitioners for diagnosis and drugs due to inability to pay for healthcare services
Lack of knowledge or access to mental health services	- Covid-19 and other health concerns are prioritized over mental health services
Lack of competent preventive services/infrastructure	- Human and operational resources are re-directed to Covid-19 healthcare services
Displaced individuals with existing chronic conditions/ diseases experience interruption in their care	- Lockdowns/border controls prevent access to health services - Reduced/hindered access to protection and asylum processes - Increased stigma surrounding Covid-19 - Competition for scarce resources in host communities due to increased unemployment
Displaced women do not take up antenatal care or face delays in receiving it because of payment barriers at hospitals, lack of referrals to gynaecologists or fear	- Lockdowns/border controls prevent access to health services - Reduced/hindered access to protection and asylum processes - Increased stigma surrounding Covid-19 - Competition for scarce resources in host communities due to increased unemployment
Poor health seeking behaviours	- Information and health education initiatives reduced due to reduced resources and mobility restrictions - The effect of disinformation and lack of information has resulted in the reduction of trust in many health care systems, leading in some places to an increase in traditional medicine and the use of 'witch' doctor.[161]
Lack of registration in the health system/requirement of identification to access care	- Reduced registration capacity - Mobility restrictions prevent access to offices

[160] IFRC (2020), Least Protected, Most Affected: Migrants and refugees facing extraordinary risks during the COVID-19 pandemic, retrieved from: IFRC-report-COVID19-migrants-least-protected-most-affected.pdf, accessed February 1st, 2021.
[161] Adeiza Ben Adinoyi. MD, MSc., MA, Head of Health and Care Unit, Africa Region, IFRC (E-mail, February 28th, 2021).

Pregnant women may forego antenatal care and give birth at home, the child risks not being registered perpetuating a cycle of statelessness	- Reduced routine antenatal care services - People may postpone or avoid going to health facilities for child delivery, treatment, child immunizations, and health checkups out of fear of contracting or spreading Covid-19
Interruption of care and treatment	- Resources re-directed to Covid-19 services - Staff fall sick, die or are redeployed to assist with the pandemic
Absence of demographic data	- Reduction in capacity and closure of National Statistical Offices, including physical distancing restrictions preventing face-to-face survey interviewing
Shortages of essential drugs and medicine, and testing facilities where you live/ Disruption of supply chain	- Risk of supply delays and shortages for several core health products including antiretroviral, malaria and TB medicines and long-lasting insecticidal nets.[162]
Few services for people with disabilities and children with intellectual disabilities	- Re-direction of services away from existing specialist services, such as those for people with disabilities
Lack of commodities, e.g. condoms, treatment for STIs	- Production reduced in Asia. Expected delays in production and shipping schedules.[163]
Stigmatization	- May prevent people from seeking medical help even if they have Covid-19 symptoms, out of fear to be labelled as a 'plague spreader' and being rejected by their own communities.[164]

A comprehensive list of vulnerable populations is available in the report *The Last Mile*.[165]

[162] Global Fund (January29th, 2021), COVID-19 Impact on Health Product Supply: Assessment and Recommendations, retrieved from: psm_Covid-19impactonsupplychainlogistics_report_en.pdf (theglobalfund.org), accessed February 17th, 2021.
[163] Purdy, C. (devex, March 11th 2020), Opinion: How will COVID-19 affect global access to contraceptives — and what can we do about it?, retrieved from: Opinion: How will COVID-19 affect global access to contraceptives — and what can we do about it? | Devex, accessed February 1st, 2021.
[164] Forgione P, (ICRC Humanitarian Law and Policy, November 12th, 2020), 'Please, don't tell anyone!': healthcare stigma in the COVID-19 era, retrieved from: 'Please, don't tell anyone!': healthcare stigma in the COVID-19 era - Humanitarian Law & Policy Blog | Humanitarian Law & Policy Blog (icrc.org), accessed February 4th, 2021.
[165] Iwords Global/The Norwegian Red Cross/IFRC (June, 2020), The Last Mile, retrieved from: the_last_mile_final_doc.pdf (rodekors.no), accessed February 5th, 2021.

March 2021, Madagascar South, Ambatoabo Commune: Covid-19 preventive measures has led to the reduction of daily activities and prohibition of intra-regional movements. As such, people cannot move to other regions to get jobs. Credit: IFRC.

Country case study 6: Colombia

The Covid-19 pandemic has significantly impacted the most vulnerable populations in Colombia, aggravating the impact of violence and poverty dynamics, natural disasters and large mixed-migration movements. As a result, the number of people in need increased from 5.1 million in 2019 to 6.7 million by the end of 2020.[166]

More than 2.3 million Covid-19 cases and over 61,000 deaths were reported by March 17th 2020.[167] Although strict government measures and response efforts have successfully mitigated the pressure on the health system, they could not entirely prevent the spread of the disease and the measures have had negative socioeconomic consequences. Despite national authorities rapidly increasing social safety-net programs, food insecurity has increased significantly; an estimated 3.5 million Colombians are severely food insecure and require urgent, life-saving assistance.[168] Healthcare personnel have been re-mobilized to respond to the pandemic. Mental health is worsening in several areas.[169]

Colombia Red Cross medical teams in Choco, October 2020. Credit: Colombian Red Cross.

[166] UN OCHA (December 1st, 2020), Global Humanitarian Overview 2021 – Colombia, retrieved from: Colombia | Global Humanitarian Overview (unocha.org), accessed February 9th, 2021.
[167] WHO (March 17th, 2021), *WHO Coronavirus (COVID-19) Dashboard*, retrieved from: Colombia: WHO Coronavirus Disease (COVID-19) Dashboard | WHO Coronavirus Disease (COVID-19) Dashboard, accessed March 17th, 2021.
[168] UN OCHA (December 1st, 2020), Global Humanitarian Overview 2021 – Colombia, retrieved from: Colombia | Global Humanitarian Overview (unocha.org), accessed February 9th, 2021.
[169] UN OCHA (February 17th, 2021), COLOMBIA: Impacto humanitario por la COVID-19, retrieved from: 17022021_impacto_humanitario_por_covid-19_sitrep_no18_vf.pdf (humanitarianresponse.info), accessed March 17th, 2021.

Refugees and migrants' access to host communities' public health services have become inaccessible in many parts since March 2020.[170] Displaced people and Venezuelan migrants often arrive in settlements that do not offer even the minimum conditions of healthcare or protection.[171]

Maternal mortality has increased as pregnant women avoid health services due to fear of contracting the virus. Movement restrictions imposed by armed groups has led to limited access to sexual and reproductive healthcare.[172]

Improvised explosive devices, displacement, general attacks against the population and civil infrastructure occur regularly in parts of the country.[173][174] In some areas, illegal armed groups took advantage of the pandemic-related situation to expand their territorial presence, which has led to hostilities and increased control over communities.[175]

[170] International Organization for Migration (January 29th 2021), *Colombia Crisis Response Plan 2021*, retrieved from: 2021_Colombia_Crisis_Response_Plan_2021.pdf (reliefweb.int), accessed March 18th, 2021.
[171] IFRC (March 4th, 2021), *Covid-19 outbreak 12-month update*, retrieved from: MDR00005OU22.pdf (reliefweb.int), accessed March 16th, 2021.
[172] Gonzales A. (January 7th 2021), COVID-19 sees more expectant Colombian mothers turn to traditional help, retrieved from: The New Humanitarian | COVID-19 sees more expectant Colombian mothers turn to traditional help, accessed March 17th, 2021.
[173] ICRC (January 30th, 2019), Colombia: Five armed conflicts – What's happening?, retrieved from: Colombia: Five armed conflicts | ICRC, accessed March 21st, 2021.
[174] UN Security Council (December 30th, 2020), January 2021 Monthly Forecast, retrieved from: Colombia, January 2021 Monthly Forecast : Security Council Report, accessed March 21st, 2021.
[175] UN OCHA (December 1st, 2020), Global Humanitarian Overview 2021 – Colombia, retrieved from: Colombia | Global Humanitarian Overview (unocha.org), accessed February 9th, 2021.

Credit: Syrian Arab Red Crescent.

Part III: Conclusions

The indirect impacts of the Covid-19 pandemic on health are vast. In areas with protracted crisis, where health systems are already weak or non-existent, the additional impacts brought by the pandemic are likely to be devastating.

This report has outlined some key impacts, including disruption to vaccination campaigns, worsening maternal and child health, mental health and SGBV and worsening trends in major infectious diseases, such as TB, HIV and malaria. The report has also highlighted how the Covid-19 pandemic has exacerbated existing barriers to healthcare.

There is considerable variation between and within countries and the full indirect impacts of Covid-19 on health are still unknown. This is both due to lack of data and research, and because it is too early to establish the longer-term impacts and trends. Globally, the wider impacts of Covid-19 are likely to be longstanding.

This report acknowledges that the impacts of Covid-19 are wide ranging, and the impacts on health are the result of wider social, economic and political impacts brought about by the pandemic.

Part IV: Recommendations

The society goal for The Norwegian Red Cross international strategy 2021-2023 is that *people anticipate, survive, and quickly recover from crises.* The humanitarian objective is to *improve health and protections of the most vulnerable people affected by conflict, crises and climate change.*[176]

The pandemic offers an opportunity for a re-direction and re-focusing of healthcare services in the post-pandemic era, with a refocus towards the global agenda for Universal Health Coverage for all.

This report has focused on the impact of the Covid-19 pandemic for those living in areas of protracted crises. Specifically, for these settings we recommend:

Recommendation 1: Understanding health needs and barriers

Future efforts to mitigate the negative health impacts of the pandemic should begin with the identification of critical health needs and barriers to healthcare, many of which have been exacerbated. This will require collaboration with communities themselves.

There are some key potential areas of focus for future health interventions, as established in this report, for example:

- Re-establishing vaccination programs and being aware of the potential for future disease outbreaks in places where vaccination campaigns have been severely disrupted or paused.
- Re-establishing and re-aligning health programs and routine services that have been paused or disrupted during the pandemic, including maternal and child healthcare services.
- Reversing the backward steps made in TB, HIV and malaria prevention and treatment.
- Ensuring early and sustained access to mental health and psychosocial support services, re-establishing pre-existing services and integrating mental health and psychosocial support in all health initiatives.
- Allocating more funding towards adequate data collection with a focus on SGBV.[177] Capitalizing on local knowledge to offer first-line support to and referrals for survivors of SGBV, including accelerating efforts to integrate SGBV services into humanitarian initiatives.

[176] The Norwegian Red Cross (2020), International strategy 2021-2023, retrieved from: INTERNATIONAL STRATEGY (rodekors.no), accessed March 10th, 2021.
[177] Shabaneh L. UNFPA's Regional Director for Arab States (The New Arab, December 9th, 2021), It's not just Covid we're up against, but a pandemic of violence against women, retrieved from: It's not just Covid we're up against, but a pandemic of violence (alaraby.co.uk), accessed March 16th 2021.

Recommendation 2: Data collection

There is a need for adequate and reliable data collection, including via Community Based Surveillance and digital innovations, such as the Nyss community surveillance system, to continue to assess and respond to the indirect health impacts of the pandemic.[178] The Covid-19 pandemic is ongoing around the world and the indirect impacts on health will be longstanding and multifactorial. Hence, ongoing research is needed and should be incorporated into all future policies and planning. Organizations, such as Red Cross and Red Crescent Societies, with presence in hard-to-reach areas with protracted crises can play an important role in data collection and reporting. Reliable data collection must be a major focus for the future of global health, including with new innovations and digitalization at operations level.

Recommendation 3: Ongoing health system recovery

Despite the ongoing Covid-19 pandemic we must consider how we can recover health services that have been paused, stopped or disrupted. A well designed and integrated recovery strategy for healthcare systems is vital.

Investing in local humanitarian actors, so that they can play a complementary role and reach those not reached by others, and efforts to strengthen health systems in areas affected by conflict or violence is essential. Local presence, knowledge, and community-based approaches are key to securing access to healthcare services. It is crucial to work with communities and local and national governments, and to advocate for people's access to existing services. Investing in task sharing and task shifting can help increase the number of health providers prepared to meet the increased health needs.[179]

Possible positive impacts of Covid-19, particularly for humanitarian settings

Mass funding and resource allocation for Covid-19 related activities, from donors and governments, may have knock on effects for increasing general health related activities in hard to reach settings. Additionally, Covid-19 has heightened public awareness for the importance of water, hand washing practices and sanitation. At a broader level, health has become the forefront of global agendas. There have been incredible scientific advances, for example in vaccine development, and there has been a huge increase in

[178] Red Cross Red Crescent. *What is NYSS?*, retrieved from: What is Nyss (cbsrc.org), accessed March 21st, 2021.
[179] Iwords Global/The Norwegian Red Cross/IFRC (June, 2020), The Last Mile, p. 119, retrieved from: the_last_mile_final_doc.pdf (rodekors.no), accessed February 5th, 2021.

awareness about public health on a global level, which may bring about positive change in the treatment of diseases and health strategies in the long term.

Hopefully, this report may contribute to improve our ability to anticipate and predict future health challenges, such as outbreaks of vaccine preventable diseases or the need for initiatives that recognize SGBV, meaning that future health crises may be averted if we can incorporate these predicted negative impacts into future health strategies.

Red Cross Red Crescent Covid-19 response

For a comprehensive overview of the Red Cross and Red Crescent Movement Covid-19 response, please see the one year progress report IFRC Covid-19 outbreak 12-month update.

Disclaimer: The sources used in this report should be viewed as is. The data and opinions in this brief do not necessarily represent the official policy of The Norwegian Red Cross.

Cover photo: Sharing quality time with loved ones has become harder because of precautionary measures against the spread of the novel coronavirus. Despite this, Syrian Arab Red Crescent volunteers continue to provide support. Photo: IFRC.