

Dear Ms Pereira,

We thank the Foreign Affairs and International Development Committee for the interest in the work of WHO, in particular in the context of the COVID-19 pandemic. The world is indeed facing an unprecedented global health emergency and together with each of its Member States, WHO is at the centre of the international response, in accordance with its role to direct, coordinate, convene and furnish technical assistance upon the request of governments.

Over the past months, WHO has received similar requests for information from different governmental and parliamentary bodies. As already discussed, in view of its special status of an intergovernmental organization, WHO has a policy to normally not involve itself or its staff members in national parliamentary processes or inquiries. This policy aims at protecting WHO's impartiality and objectivity as a public international organization. In addition, it is underscored that WHO and its officials are immune from any form of legal process in the performance of their duties, unless the Organization has expressly waived that immunity.

While bearing the above in mind, and as agreed, WHO is pleased to provide a technical briefing to contribute to the Committee discussion on vulnerabilities that have been created and exacerbated by the COVID-19 pandemic, particularly in crisis- and conflict-affected situations. Please note that this is provided on a voluntary basis as technical contribution, and based on available scientific evidence. In principle, WHO would have no objection to the information being published provided that it will not be presented as "evidence" given by witnesses, but as technical information given by WHO. In the interests of transparency and access by its Member States to the same information, please note that WHO reserves the possibility to publish any information exchanged within this framework.

The World Health Assembly in May 2020 passed a resolution WHA73.1 calling for an evaluation of the international response to COVID19, including WHO's role. This process has started with the appointment of the Independent Panel for Pandemic Preparedness & Response [<https://www.theindependentpanel.org/>]. Member States including their parliaments and other stakeholders have the opportunity to feed into this evaluation process and in doing so shape the outcome.

We trust that the above will assure you of the attention given to the Committee's request. As is normal practice we are copying the Permanent Representation of Canada to the UN in Geneva.

With best regards,

Elisa Scolaro

Elisa Scolaro  
External Relations Officer, parliamentary engagement

Health and Multilateral Partnerships

World Health Organization  
Avenue Appia 20

1211 Geneva

Switzerland



## WHO response to request from House of Commons Standing Committee on Foreign Affairs and International Development, Canada

*The House of Commons Standing Committee on Foreign Affairs and International Development (the committee) of the Canadian parliament will “undertake a study of the vulnerabilities that have been created and exacerbated by the COVID-19 pandemic particularly in crisis- and conflict-affected situations; that the committee will examine the international community's and Canada's response in those contexts, while also considering preventative measures going forward, given warnings from the World Health Organization about other possible future pandemics; that the Committee considers the particular challenges in relation to such issues as displacement, child protection, gender-based violence, gender equality, human rights, health, education and food security; and that the committee report its findings back to the House.”*

*As part of this study, WHO has been requested to provide a technical briefing on ‘vulnerabilities created and exacerbated by COVID-19 in crisis- and conflict-affected areas’.*

*The following brief provides a response to this request. It is provided on a voluntary basis and without prejudice to the immunities applicable to WHO.*

### **Vulnerabilities created and exacerbated by COVID-19 in crisis- and conflict-affected areas**

People affected by humanitarian crises and those living in low capacity settings are differently impacted by the COVID-19 outbreak. In these settings, critical measures for COVID-19 prevention and control that are a feature of the response in higher resource settings, such as physical distancing, movement restrictions and home confinement, hand washing with water and soap, closure of schools and workplaces are more difficult to implement and some of them may prove detrimental to the livelihoods of community members. In addition, capacities for testing, isolating and treating those who develop the disease, tracing and quarantining contacts are still lacking in many places owing to weaker health systems and competing demands.

Public health and social measures (PHSM) in these settings need to be adapted to context and resources in order to be effective. They need to be balanced against other risks affecting their communities, such as lack of income, access to basic services and social nets, and food insecurity. Whilst poorly implemented measures can increase risks of COVID-19 transmission, inadequately adapted interventions can have adverse impacts on overall public health as well as a range of far-reaching economic, social and political consequences (e.g. people dying of other diseases or left jobless and destitute, increased gender-based violence (GBV), increased violence against children, social unrest, etc.). As far as possible, PHSM need to be accompanied by efforts to mitigate social and economic impact to maximise the effectiveness of COVID-19 transmission reduction, while minimising these wider consequences and not negatively affecting other lifesaving assistance and development efforts.

In low capacity and humanitarian settings, the trajectory of the COVID-19 outbreak also depends on the complex interplay of demographics, socio-cultural strengths and disparities, the prevalence of other diseases, the density of the living conditions, environmental and potentially other different factors associated with poor COVID-19 outcomes. Notwithstanding, strong community ties, structures and systems present in most of these settings as well as the individual and collective resilience of the community are the strengths that have contributed to the adaptation and implementation of important public health and social measures aimed at preventing and controlling the COVID-19 outbreak. Each setting is unique, urban slums are different from humanitarian camps, and therefore these measures are effective only when appropriately adapted to individual contexts.

WHO is also deeply concerned with the current inequitable access to COVID-19 vaccines. In his address to the 148<sup>th</sup> session of the Executive Board on 18 January, the Director General said, ‘the world is on the brink of a catastrophic moral failure – and the price of this failure will be paid with lives and livelihoods in the world’s poorest countries.’<sup>1</sup>

WHO has published several guidelines to support COVID-19 preparedness and response in fragile settings, in collaboration with humanitarian partners. These are summarized in the Annex.

The UHC2030 Fragile Settings Technical Working Group<sup>2</sup> supported by WHO has recently published a policy briefing on [COVID-19 in fragile settings](#) from which the following summary is taken. It reflects a multi-stakeholder collaboration to identify key principles and actions for stakeholders working on health in fragile settings.

### **Health priorities for COVID-19 response and recovery in fragile settings**

In all countries, the COVID-19 pandemic has created a four-fold challenge: how to control transmission of the SARS-CoV-2 virus; how to provide care to COVID-infected individuals at different levels of existing health systems; how to protect essential health services; and how to mitigate the political, social, and economic consequences of the pandemic. Fundamental limitations in governance and legitimacy add to the challenge in fragile contexts, with preexisting weaknesses in health services delivery and inadequate financial and human resources.

This brief has three main messages.

First, global guidance on COVID-19 response strategies should be adapted to context-specific and evolving needs in fragile settings. To date, most countries with fragile settings have not seen overwhelming numbers of severe COVID-19 cases. However, health service disruptions have been substantial and barriers on both the supply and demand sides have increased, resulting in increased morbidity and mortality risk from non- COVID-19 causes. Health actors working on and in fragile settings should focus on reducing all-cause excess morbidity and mortality, based on local understanding of the pandemic’s severity and other health needs. Health strategies may now need to prioritise protecting and safely restoring non-COVID related essential health services, alongside feasible and proportionate COVID-19 control measures.

Second, an urgent call to protect funding for health in fragile settings. The pandemic is having a severe economic impact in all countries. There are already signs that funding levels for humanitarian response plans are lower than for previous years. Almost two billion people live in fragile settings. It will be impossible to meet their health needs, protect against impoverishment (including due to health service user fees) and “build back better” if resources are not made available from both domestic and external sources.

Third, despite many unknowns in fragile settings, important practical lessons are emerging about how to enhance COVID-19 response and recovery. The underlying principles for health responses to the pandemic in fragile settings are not fundamentally different from those in other countries. However, fragile settings call for specific implementation approaches, with a substantial proportion of health services delivered through the humanitarian system and the private and informal sectors. Evidence and approaches to date – which should be continually reviewed as epidemiological and other societal trends evolve and better data becomes available – point to six emergent lessons:

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<sup>1</sup> <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-148th-session-of-the-executive-board>

<sup>2</sup> The UHC2030 Technical Working Group on universal health coverage in fragile settings was established in 2016 to promote shared approaches to accelerate progress towards UHC for people living in fragile settings

- i. Strengthen and adapt information systems to better understand COVID-19 spread, access to and utilization of essential health services, and all-cause morbidity and mortality.
- ii. Include civil society organizations and communities in shaping, communicating, and implementing response measures, to build trust and address barriers to health services and other threats to survival and dignity.
- iii. Invest in “common goods for health”, including International Health Regulations functions, and emergency risk management to protect service delivery, to build foundations for both UHC and health security.
- iv. Strengthen connections and coordination mechanisms across epidemic control and health and multi-sectoral humanitarian and development approaches, to ensure coherence and involvement of all relevant actors.
- v. Monitor the pandemic’s impacts on fragility and on vulnerable groups, especially women and girls, and uphold humanitarian principles and equity, to leave no one behind.
- vi. Plan proactively for coherent COVID-19 vaccination approaches, to support restoration of essential health services and wider recovery without fragmenting health systems.

World Health Organization

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## Annex: WHO Technical Guidelines for Vulnerable populations and fragile settings

Guideline	Overview
<p>Scaling up COVID-19 Outbreak Readiness and Response in Camps and Camp Based Settings (jointly developed by IASC/IFRC/IOM/UNHCR/WHO)</p> <p>Joint Publication: IASC/IFRC/IOM/UNHCR/WHO 17 March 2020</p>	<p>This Interim Guidance addresses specific needs and considerations required in humanitarian situations, including camps and camp-like settings and the surrounding host communities, in scaling-up readiness and response operations for the COVID-19 outbreak through effective multi-sectoral partnership. The Guidance is developed in alignment with the WHO COVID-19 Strategic Preparedness and Response Plan.</p>
<p><a href="#">Preparedness, prevention and control of coronavirus disease (COVID-19) for refugees and migrants in non-camp settings</a></p> <p>Interim guidance</p> <p>Published 17 April 2020</p>	<p>Refugees and migrants face similar health threats from COVID-19 as their host populations. However, inadequate access to essential services and exclusion may makes early detection, testing, diagnosis, contact tracing and seeking care for COVID-19 difficult for refugees and migrants thus increasing the risk of outbreaks in these population and presenting an additional threat to public health. This document offers guidance to Member States and partners for the inclusion of refugees and migrants, as part of holistic efforts to respond to COVID-19 epidemics in the general populations.</p>
<p><a href="#">Public health and social measures for COVID-19 preparedness and response in low capacity and humanitarian settings</a></p> <p>Developed by ICRC, IFRC, IOM, NRC, UNICEF, UN-HABITAT, UNHCR, WHO in consultation with IASC members</p> <p>Published: 7 May 2020</p>	<p>People affected by humanitarian crises and those living in low capacity settings are differently impacted by the COVID-19 outbreak. In these settings, critical measures for COVID-19 prevention and control that have been a feature of the response in higher resource settings may be more difficult to implement and some of them potentially harmful to the survival of many community members. In addition, capacities for testing, isolating and treating those who develop the disease, tracing and quarantining contacts may be severely lacking locally owing to weaker health systems. Public health and social measures in these settings need to be balanced against other risks affecting their communities, such as lack of income, access to basic services and social nets, and food insecurity. They also need to be pragmatic and leverage the strengths of the local structures and systems, notably through social mobilization and strong community engagement. This Interim Guidance outlines how key public health and social measures needed to reduce the risk of COVID-19 spread and the impact of the disease can be adapted for use in low capacity and humanitarian settings. The Guidance is intended for humanitarian and development actors of all operational levels working with communities, as well as local authorities involved in COVID-19 preparedness and response operations in these settings, in support of national and local governments and plans.</p>