

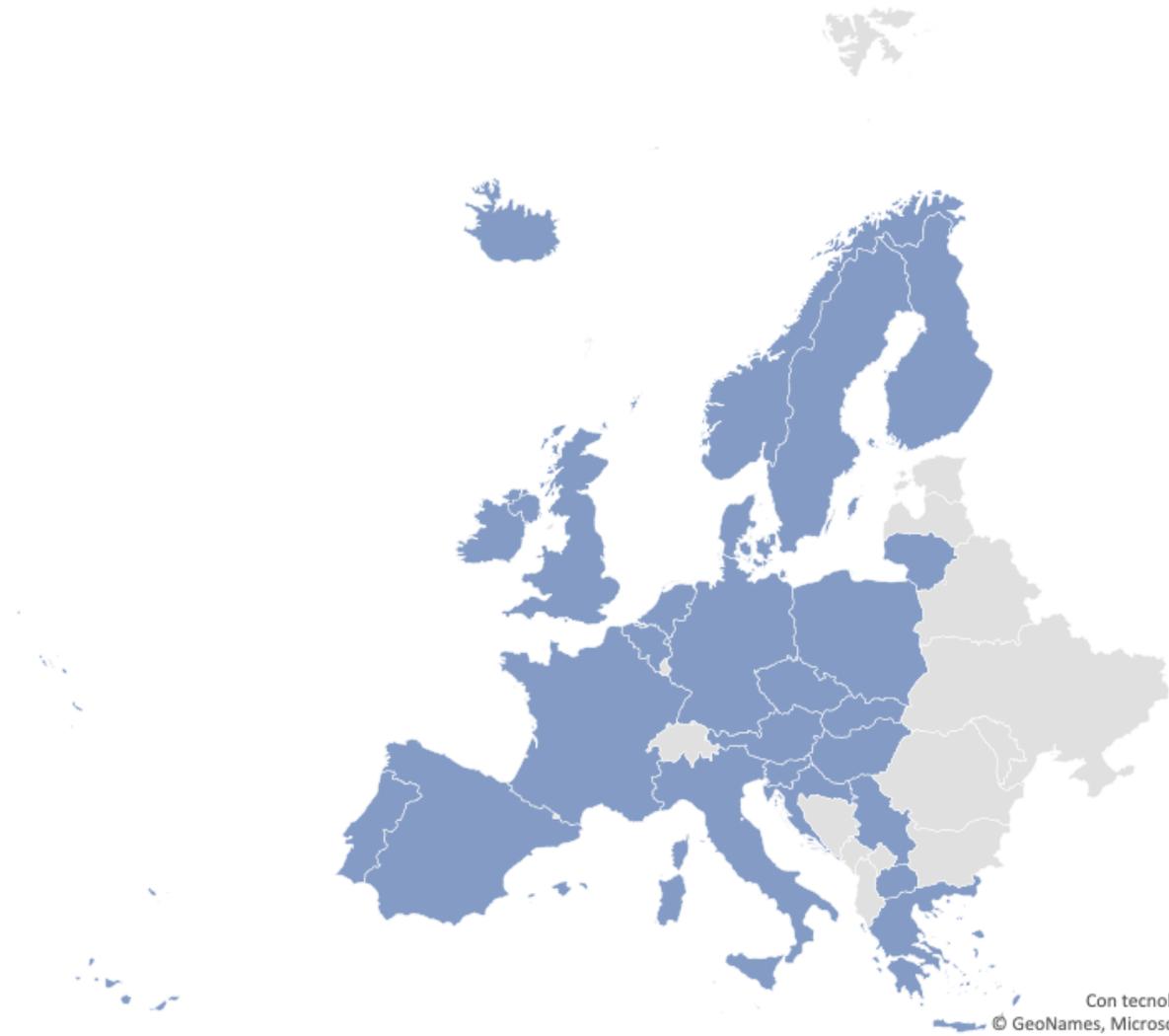
EAPN ONLINE POLICY CONFERENCE

**THE IMPACT OF COVID -19 ON PEOPLE
EXPERIENCING POVERTY AND
VULNERABILITY.
REBUILDING EUROPE WITH A SOCIAL HEART.**

GRACIELA MALGESINI



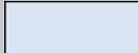
25 NATIONAL NETWORKS

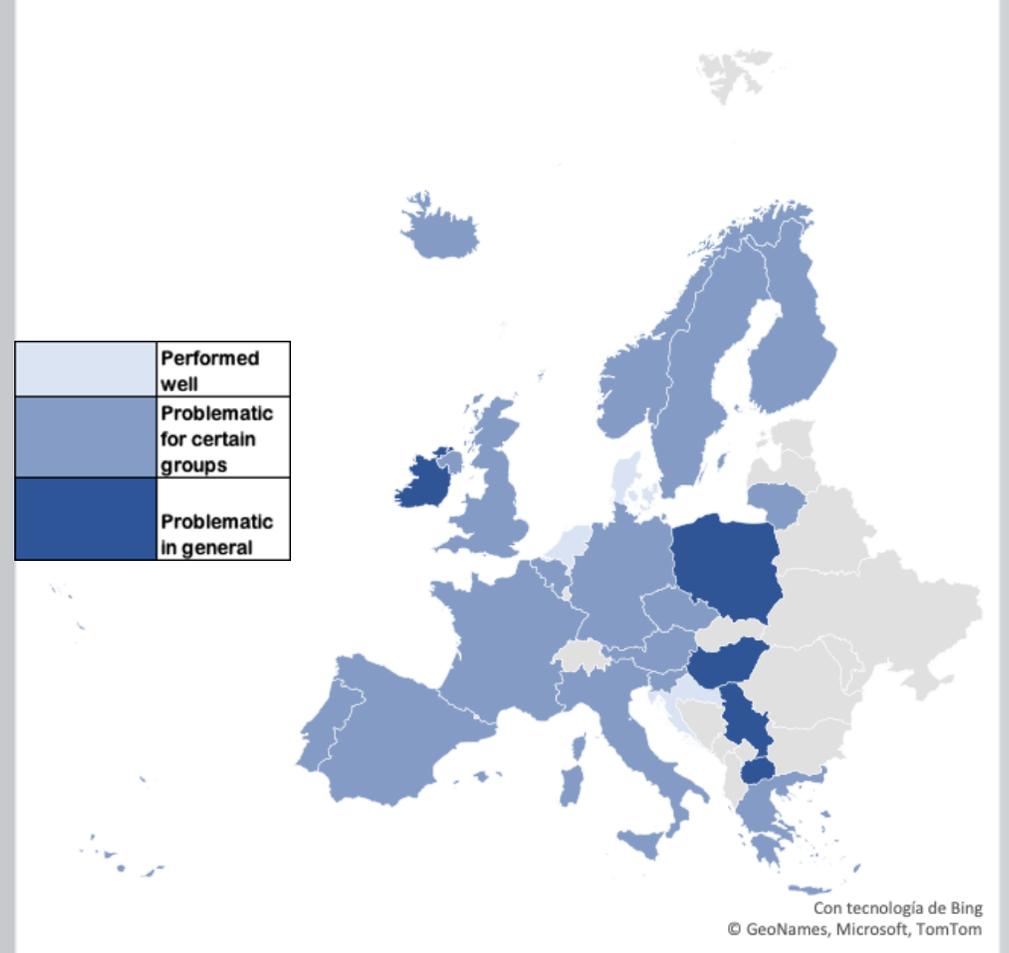


BEFORE THE PANDEMIC

The healthcare systems of 21 out of 25 surveyed European countries were already problematic and showed important challenges in securing coverage and quality services for all, particularly for the poor and vulnerable groups.

Performance of the Healthcare systems before the pandemics

	Performed well
	Problematic for certain groups
	Problematic in general

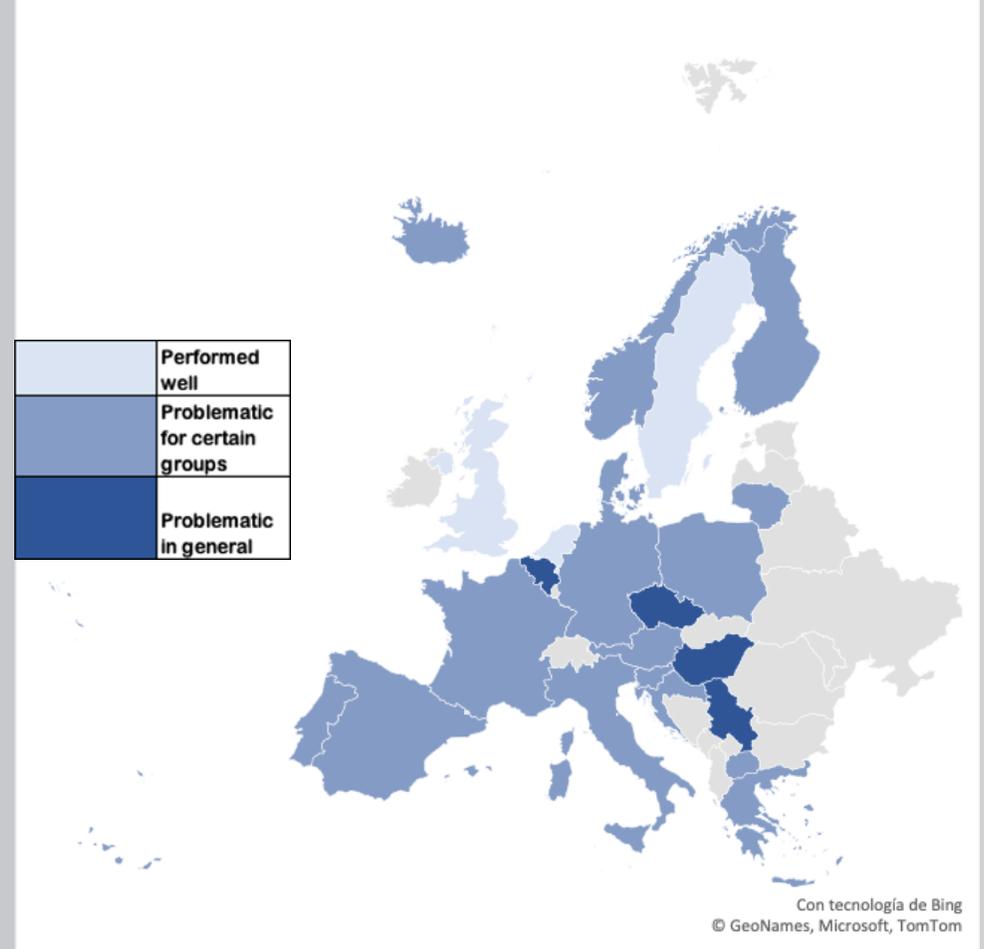


BEFORE THE PANDEMIC

The social protection systems were underfunded in half of the surveyed countries and nearly all presented important problems of coverage as well as inadequacy of levels.

Performance of the Social Protection systems before the pandemics

	Performed well
	Problematic for certain groups
	Problematic in general

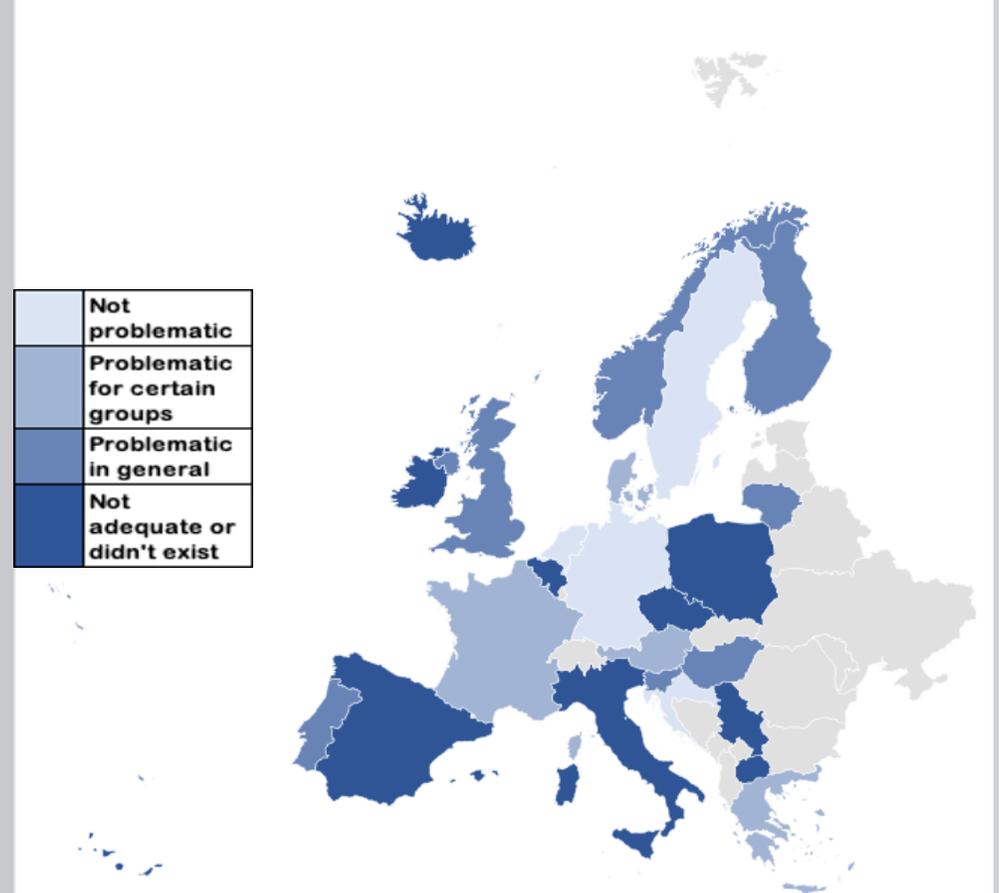


BEFORE THE PANDEMIC

Minimum Income schemes were considered challenging in different ways by 21 out of 25 surveyed countries.

Performance of the Minimum Income schemes before the pandemics

Lightest blue	Not problematic
Light blue	Problematic for certain groups
Medium blue	Problematic in general
Dark blue	Not adequate or didn't exist





Deficiencies of coverage and adequacy of the healthcare, social protection and income guarantee systems of the countries before the eruption of COVID-19....

... favoured the spread of the pandemic and the avalanche of negative social consequences on those already poor or at high risk of becoming poor and vulnerable.



The actions taken by European governments, judged positively in general, had a negative impact on people already experiencing poverty and social vulnerability, who started in a situation of disadvantage with regard to other groups due to:

- **Poverty**
 - **Indebtedness and lack of savings**
 - **Precarious jobs (if any)**
 - **Low-amount benefits as main household income**
- **Prevalent diseases and disabilities**
- **Poorly perceived physical health, mental health problems and low wellbeing level**
- **Insecure housing or homelessness**
- **Victims of racial inequalities and poverty as BAME, Roma and immigrants**

Healthcare

Abklärungsstelle
Corona-Virus

The vulnerabilities of the healthcare systems were highlighted by the COVID-19 pandemic, but this crisis also brought solutions for some of those (Iceland).

Preparedness for further emergencies and epidemics is reappraised and now considered crucial (Spain).

In the United Kingdom, there was additional funding for the NHS and there appears to be a lower risk (for now) of further privatisation.

There is more evidence of the need for more integration between key services and better funding (Ireland, United Kingdom).

- The rapid, reactive and good adaptation of some healthcare systems (hospital wards transformed in order to isolate patients with COVID-19) prevented their capacity becoming overloaded (Czechia, Iceland, Serbia, United Kingdom).
- An early isolation of people suspected of infection and “social distancing” were considered to be effective (Czechia, France, Italy, Spain).
- There is an extended belief that there should be a combination of health and social care arrangements for the most vulnerable (Czechia, Denmark, Greece, United Kingdom).
- Free access to healthcare was granted for migrants to COVID-19 treatment (Belgium, Portugal, Spain, United Kingdom).
- The development of digital services and the quick support measures to ensure the capacity of healthcare to treat COVID-19 patients was perceived as positive (Finland, Greece, Iceland, Norway, Spain).



Income support

Self-employed workers often had limited access to income replacement benefits or were targeted later. Insurance-based transfers tended to be less accessible to the poor. Even in countries with well-developed social protection systems, many workers without standard employment contracts, who have suddenly lost their income, were struggling to make ends meet. In countries with large informal sectors and weak social protection systems, as Spain, Italy or Greece, many affected workers did not have access to any form of income support at the beginning of the lockdown.

- Many government stepped up means-tested support to bolster the incomes of those with the least resources, with:
- **New and existing job retention schemes** (Austria, Belgium, Czechia, Denmark, Finland, France, Germany, Hungary, Iceland, Ireland, Italy, Lithuania, The Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, United Kingdom),
 - **Extensions to unemployment insurance** (Austria, Belgium, Finland, France, Germany, Greece, Iceland, Ireland, Portugal, Slovakia, Slovenia, Spain),
 - **Extensions to means-tested programmes** (Finland, Germany, Ireland, Italy, The Netherlands, Slovenia, Spain, United Kingdom)
 - **New targeted transfers to specific groups** (Austria, Belgium, Czechia, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Lithuania, Poland, Portugal, Slovenia, Spain, United Kingdom)
 - **Additional direct help with expenses, including moratoria on taxes, social contributions and housing costs** (Belgium, France, Germany, Greece, Hungary, Ireland, Italy, The Netherlands, Norway, Portugal, Slovakia, Slovenia, Spain, United Kingdom).



Education

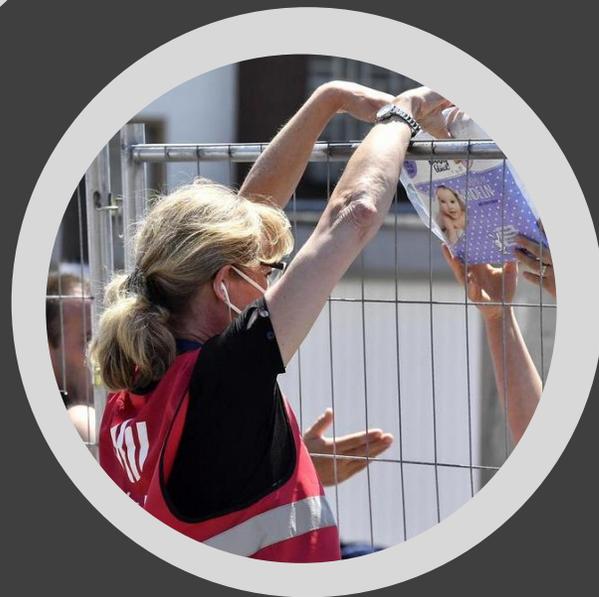
Most European countries closed schools as part of their measures to limit contact between people and to slow down the spread of the virus. Most European education systems closed their schools by March 16th. The last country to announce such measures was the United Kingdom, where all the schools closed their doors by March 20-23. students, among others.

Consequences:

- **Positive: Most countries praised the rapid implementation of an improved distant learning system,**
- **Negative: Digital divide related to the household's poverty, lack of access to computer equipment and internet, inadequate and overcrowded housing, low education attainment and availability of the parents.**



Vulnerable groups: The widening of already existing inequalities means that those who need most support – such as access to adequate health, social care and education – are not receiving it and are struggling most to deal with the catastrophic economic consequences of the pandemic /1



- **Older people**
- **Front-line workers and medical staff**
- **Homeless persons**



Vulnerable groups: The widening of already existing inequalities means that those who need most support – such as access to adequate health, social care and education – are not receiving it and are struggling most to deal with the catastrophic economic consequences of the pandemic /2



- **Atypical and self-employed workers**
- **Low-income households**
- **Children in poor families**
- **Travellers and Roma**
- **Migrants and asylum-seekers**



The COVID-19 virus provokes lower mortality in women than in men, but the consequences of the pandemic and the measures adopted meant an increase in gender inequality.

- **Before the pandemic, women were already at a higher risk of poverty than men**
- **Women form the bulk of the health and social care workers, family caregivers and low-paid workers such as cleaners.**
- **Women are the lowest paid. This group is more likely to have jobs with the biggest health risks and economic risks during the crisis.**
- **Are full time caregivers**
- **Single-parent families are very vulnerable and nearly half are at risk of poverty and social exclusion in the EU.**
- **Older women are more affected by the risk of isolation as there are more older women living alone than men.**
- **Gender-based violence grew under lockdown and/or quarantine.**
- **Some groups of women face intersectional inequality, due to their sexuality, gender, class, race, ethnicity, and physical or mental ableness.**



Civil society adapted and was transformed in order to cope with the crisis, while governments adopted specific policy measures or decisions which negatively affected civil society organizations.

Many civil society organizations - including EAPN members- were generally negatively affected by:

- **Cuts in their funding levels**
- **Changes and reductions in their way of delivering services,,**
- **Changes in their ways of operation,**
- **In some countries, NGO were not offered protective equipment.**

The activism that emerged as results of this crisis varies widely across contexts, but several common dimensions stand out:

- **Mutual aid or self-help**
- **Repurposing**
- **Fighting misinformation, racism and xenophobia exacerbated during the pandemic**

Authoritarian trends and fundamental rights

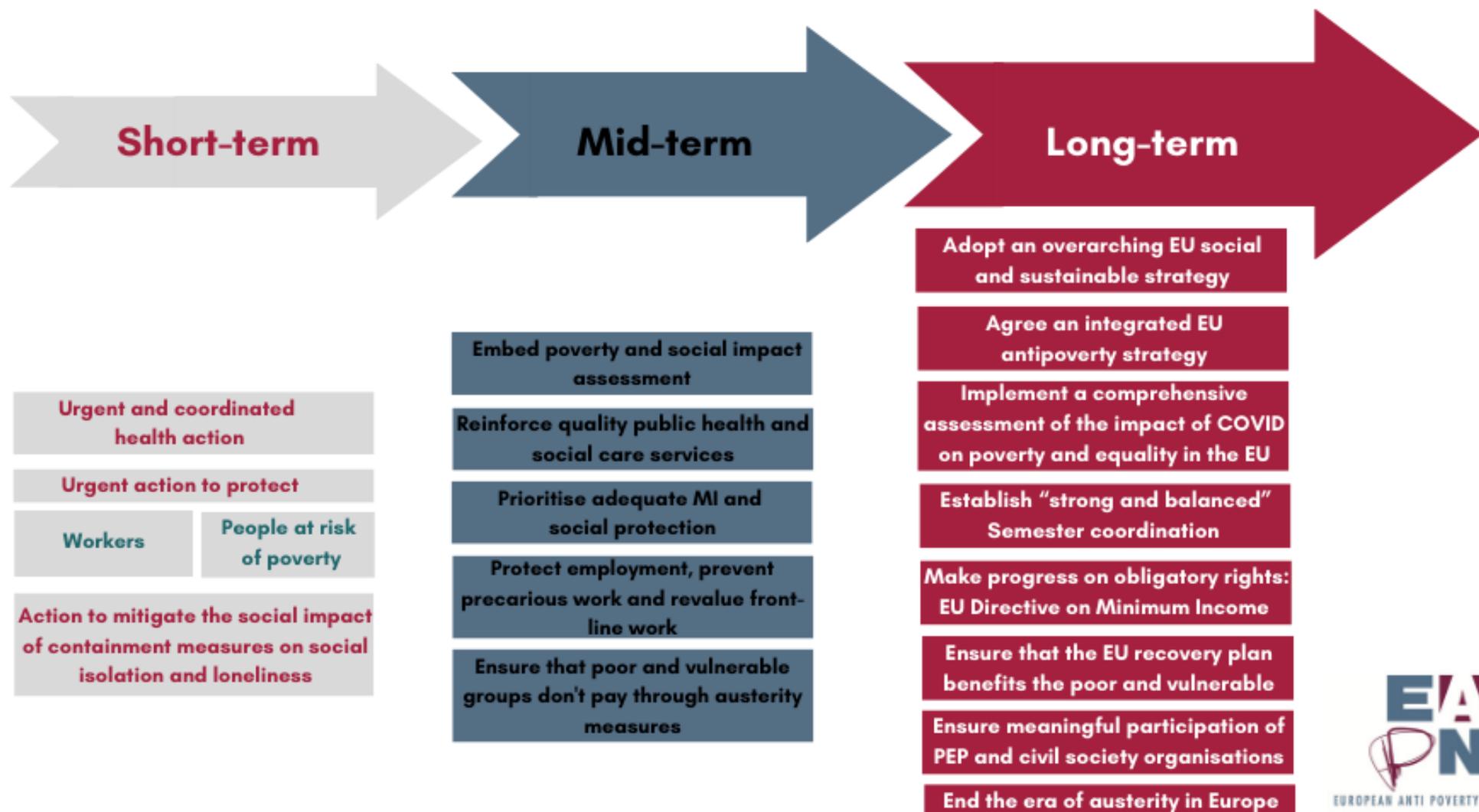
- **Weakening checks and balances, imposing censorship, and expanding state surveillance.**
- **Threat to civic activism.**
- **The threat of authoritarian trends taking advantage of the COVID₁₉ crisis**
- **The warlike discourse was extended at the beginning of the pandemic**
- **Curtailed freedom of assembly and of movement, by means of the declaration of "states of exception", "states of alarm", "states of emergency", "martial law"**
- **COVID-19 monitoring Apps can be voluntarily downloaded**
- **National and regional elections have been postponed in many countries, their regions or municipalities. This might deprive governments of their legitimacy, while allowing them to use the delay to strengthen their power and hold elections when it suits them.**



HOW TO ENSURE THE POOR DON'T PAY FOR COVID-19?

**FROM SHORT-TERM RESPONSE TO AN
EFFECTIVE RIGHTS-BASED INTEGRATED
ANTI-POVERTY STRATEGY**

EAPN EU RECOMMENDATIONS



“The pandemic is a Portal. We can choose to walk through it, dragging the carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers and smoky skies behind us. Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it.”

Arundahti Roy