

COVID-19 prevention actions for the vulnerable urban poor

The right to adequate housing has emerged as one of the key components of the global effort to combat COVID-19. Leilani Farha, UN Special Rapporteur on the right to adequate housing, recently stated that housing has become the front-line defense against the COVID-19 outbreak. As states around the world instruct households to stay at home and practice physical distancing, realizing the right to adequate housing is now a matter of life and death for communities around the globe¹.

As the COVID-19 pandemic spreads in Myanmar, UN-Habitat urges the Union, state/region, and local governments, policy makers, national civil society organizations, sister United Nations agencies, International NGOs, and others engaged in efforts to contain COVID-19 to recognize the centrality of housing as a critical infrastructure of healthcare.

Urban poor communities including the homeless, residents of informal settlements, residents at risk of being evicted, Internally Displaced Persons (IDPs), undocumented persons, low-income renters, as well as homeowners are perhaps at greatest risk from both COVID-19 and the response interventions to it. In this note, we focus on two key actions as critical to protect and prevent the spread of COVID 19 among the residents of informal settlements and homeless in urban Myanmar:

1. Focus attention on informal settlements which are uniquely vulnerable to prevent the spread of COVID-19
2. End homelessness as a public health priority by identifying and allocating shelters for the homeless

In order to ensure that recommendations contained in this document are implemented at the earliest, **we recommend that a multi-sector COVID-19 Housing Response Task Force be set up under the National-level Central Committee on Prevention, Control, and Treatment of COVID-19.** We recommend that the Task Force have inclusive representation from national civil society organizations, UN/INGOs, private sector developers, providers of housing finance, renter and housing associations, community-led groups, and housing experts, among others.

Focus attention on informal settlements which are uniquely vulnerable to prevent the spread of COVID-19

Approximately 1 billion residents in informal settlements worldwide find themselves at the forefront of the battle against COVID-19. Conditions in informal settlements including deficient access to water, high density of settlements, and insecure security of tenure and allied risk of evictions place residents at greater risk. Residents in informal settlements will also find it difficult to follow recommended measures including physical distancing, home-quarantine, self-isolation among others. **It is critical that Myanmar takes adequate steps to prevent the transmission of COVID-19 in vulnerable informal settlements in its urban areas.**

UN-Habitat identified a total of 423 informal settlements in the city of Yangon. These settlements house an estimated 400,000 people in 72,900 households, close to 8% of the city's total population. One single township Hlang Tharyar- hosts a third of all informal residents in the city, spread over 181 pockets of settlements. The townships of Shwe Pyi Thar, Dagon Seikkan, Insein, and Dala also house a significant proportion of the residents in informal settlements.

¹ Office of the United Nations High Commissioner for Human Rights "'Housing, the Front Line defense against the COVID-19 Outbreak,' Says UN Expert." March 18, 2020. Available [here](#)

Our study warned in 2016 that a combination of factors has resulted in “a serious public health emergency in informal settlements in Yangon, although it is one which is largely not recognized by Government agencies or international aid agencies.” A 2011 survey conducted by the Ministry of Health and Yangon City Development Committee (YCDC) ranked the townships with high density of informal settlements, particularly Hlaing Tharyar, Dagon North, Mingalardon, and Dalah, as worst affected by vector and water borne diseases including diarrhea, dysentery, malaria, and tuberculosis.

For informal residents in Yangon, the response to COVID-19 is complicated by a number of underlying factors. First, close to a third of all settlements (126 settlements) are located along rivers or creeks; on swamp land; or on the riverbed. These settlements, housing an estimated 124,270 people or 34% of all estimated informal residents of the city, are under severe risk of flooding and water logging, on a near daily basis. UN-Habitat estimates that almost all informal settlements in Yangon (397 out of 423) are at risk of or are currently experience flooding, water logging or both. The risk of daily flooding has exacerbated the risk of disease in settlements leading to low immunity levels and the prevalence of underlying conditions that leave residents exposed to COVID-19.

Second, our assessment suggests that virtually no informal settlement in Yangon has access to basic municipal services including piped water, sanitation facilities connected to a septic tank, municipal drainage and treatment networks, and solid waste management services. Settlements often dependent on ponds, shallow water tube wells or in rare instance, deep water bore wells for water supply. Public tube wells donated and installed by charities and religious organizations are often the most common source of water supply. Due to the ubiquitous risk of water logging and the flow of waste into these settlements, the water that is extracted from these water sources is prone to high levels of pollution and contamination. Sanitation facilities are mostly limited to open pit latrines that are connected to shallow pits dug in the ground, a considerable percentage still practices open defecation. The near-complete lack of access to basic infrastructure and services severely weakens the ability of communities to respond to the threat of COVID-19.

Third, residents of informal settlements are excessively reliant on private, informal markets as substitutes for municipal services. These services are often expensive, unreliable, and poorly maintained. For instance, water for drinking and bathing for a day can cost up to MMK500 for a 20-liter can (USD 0.35). At a time when jobs and livelihoods are at risk and in the absence of social safety nets, there is an immediate risk that residents in informal settlements are unable to afford access to water, among other privately and informally supplied services.

Recommendations:

1. **Expand awareness raising and information dissemination efforts** by engaging urgently with communities in informal settlements including ward leaders, youth and women organizers, civil society organizations, putting in place prevention measures against COVID-19 for those involved.
2. **Install hand washing stations at strategic locations** in informal settlements². Ensure access to affordable or free water and soap as a minimum requirement in informal settlements. In addition, city authorities must immediately expand access to water at key communal locations within informal settlements.

² UN-Habitat. Key Messages COVID and Informal Settlements. 19 April 2020. Available [here](#)

3. **Target supply of basic needs to vulnerable communities** including supply of food, drinking water, hygiene kits, and health facilities, especially during lockdown measures when vulnerable communities are likely to be under severe economic stress³.
4. **Create isolation and quarantine facilities** for those unable to quarantine or treat themselves at home. Ensure that adequate alternate shelters are available for self-isolation for the period of the quarantine or isolation, foreseeing the possibility of outbreak in dense informal settlements. treatment.
5. **Announce a moratorium on evictions in informal settlements** to ensure that all residents of informal settlements remain housed at least until the end of the pandemic. It is imperative to reassure communities in informal settlements about their security of tenure and make sure that no one slips into homelessness through evictions.

End homelessness as a public health priority by identifying and allocating shelters for the homeless

The response to COVID-19 in Myanmar so far has been premised on two fundamental principles. One, residents will be able to self-isolate and second, that symptomatic residents will actively seek care. While this remains true for a large majority of the population, the homeless form a category of people for whom the principles listed above do not hold ground.

The homeless, by definition, are unable to self-isolate safely and with dignity and are more likely to be in environments conducive to the spread of COVID-19. Studies have established that homeless persons already face a range of underlying health conditions that make them vulnerable including the presence of tri-morbidity (the co-existence of physical illness, mental illness and substance abuse), and compromised immune systems owing to a lack of access to adequate nutrition and ability to maintain hygiene⁴. Furthermore, the law of inverse care (“the availability of good medical care tends to vary inversely with the need for it in the population served”) tells us that homeless citizens are least likely to be included in the healthcare response against COVID-19 in Myanmar⁵. The transient and mobile nature of homelessness exacerbates the risk of being infected and of inadvertently being transmitters of the disease⁶.

According to the 2014 census, close to 1 million people (or approximately 2 percent of the enumerated population) were classified as homeless in Myanmar. In the Yangon Region, the estimated number of homeless people is 160,000 and in Mandalay Region, approximately 105,000 people are identified as homeless⁷. While reliable data is missing, anecdotal evidence also suggests a rise in homelessness among the elderly population in recent years⁸. If adequate attention is not paid, homelessness could exacerbate the

³ UN-Habitat. Key Messages COVID and housing. 7 April 2020. Available [here](#)

⁴ Adebowale, Victor. "There is no excuse for homelessness in Britain in 2018." *Bmj* 360 (2018): k902. Available [here](#)

⁵ Nambiar, Devaki, and Harsh Mander. "Inverse care and the role of the state: the health of the urban poor." *Bulletin of the World Health Organization* 95, no. 2 (2017): 152. Available [here](#)

⁶ Tsai, Jack, and Michal Wilson. "COVID-19: a potential public health problem for homeless populations." *The Lancet Public Health* 5, no. 4 (2020): e186-e187. Available [here](#)

⁷ Government of Myanmar, Department of Population. 2017. Thematic Report on Housing Conditions and Housing Amenities. Nay Pyi Taw. Available [here](#)

⁸ "Mean Streets: Why More Elderly People Are Homeless in Yangon." Ministry of Information. Accessed April 24, 2020. Available [here](#)

transmission of COVID-19 in Myanmar's cities. There is an urgent need to ensure that no one is left behind in the public health response that is being mounted.

The response to COVID-19 has also increased the risk of homelessness, particularly for women, children, and youth who face violence at home. Policies restricting mobility and promoting self-isolation combined with socio-economic stress has increased the risk of gender-based violence around the world⁹. In households around the world including in Myanmar, the response to COVID-19 has led to a direct rise in intimate partner violence¹⁰. It is imperative to ensure that women, children, and youth who leave households due to violence do not fall into homelessness.

COVID-19 response interventions including the imposition of curfews exacerbate risk for the homeless especially homeless children who might find places where they routinely access food, water, and refuge shut down¹¹.

Recommendations:

1. **Identify and allocate shelters for homeless people** with the aim to put an immediate end to homelessness by creating a network of adequate, safe, and accessible emergency shelters across urban areas in Myanmar. Government authorities should work with the extensive network of civil society organizations including charities to support and amplify existing efforts to house the homeless. In particular, ensure that no homeless child is without a safe refuge during the pandemic.
2. **Ensure adequate shelters for persons leaving homes** due to gender-based and intimate-partner violence, especially women, children, and youth.
3. **Prevent inverse care by ensuring that the healthcare facilities and programs in response to COVID-19 adequately and actively cover all homeless persons.** This must include measures to actively test and diagnose vulnerable homeless persons for symptoms of COVID-19 and providing adequate treatment for any underlying health conditions.
4. **Ensure adequate access to water, soap, and sanitation facilities for the homeless** by making unused public restrooms, shower rooms accessible and by constructing handwashing stations, new toilets, and shower stations that are accessible.

⁹ UN Women. Policy Brief: The Impact of COVID-19 on Women. 9 April 2020. Available [here](#)

¹⁰ Lei Mon, Swe. "Domestic Violence Rises in Myanmar during Community Lockdown." The Myanmar Times, April 1, 2020. Available [here](#)

¹¹ Griffin, Jo. "'Will We Die of Hunger?': How Covid-19 Lockdowns Imperil Street Children." The Guardian. Guardian News and Media, April 15, 2020. Available [here](#)