

Women's health: vulnerability, health policies and nursing care in the COVID-19 pandemic

Saúde das mulheres: vulnerabilidade, políticas de saúde e cuidado de enfermagem na pandemia de COVID-19

Salud de las mujeres: vulnerabilidad, políticas de salud y atención de enfermería en la pandemia COVID-19

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Abstract

This article presents a systematized reflection and discussion around three guiding axes: the first discusses the vulnerability of women enhanced by the COVID-19 pandemic; in the second, it reflects on public policies for women's health in Brazil and COVID-19's coping strategies to maintain women's health and mitigate the effects of the pandemic; and the third reflects on the nursing care for women in vulnerable situations in the face of the pandemic. The conclusion is that the COVID-19 pandemic has had a major impact on vulnerable women with countless consequences that add to the inequities and the many vulnerabilities that already exist. The post-pandemic scenario will require collective efforts to protect and guarantee the health of women in vulnerable situations, which are intertwined with the articulation of public policies with the specific procedures of health organizations; the participation of women in the formulation of these policies, and nursing care.

Keywords: Nursing; Nursing Care; Health Policies; Pandemics; Coronavirus Infections.

Resumo

Este artigo apresenta uma reflexão sistematizada e discussão em torno de três eixos orientadores: o primeiro discute a vulnerabilidade das mulheres potencializada pela pandemia da COVID-19; no segundo, reflete sobre as políticas públicas de saúde das mulheres no Brasil e estratégias de enfrentamento da COVID-19 com o objetivo de manter a saúde das mulheres e mitigar os efeitos da pandemia; e o terceiro reflete sobre o cuidado de enfermagem às mulheres em situação de vulnerabilidade frente a pandemia. A conclusão é que a pandemia da COVID-19 impactou sobremaneira as mulheres em situação de vulnerabilidade com consequências incontáveis e que adensam as iniquidades e as muitas vulnerabilidades já existentes. O cenário pós-pandemia exigirá esforços coletivos para proteger e garantir a saúde das mulheres em situação de vulnerabilidade, que estão entrelaçados à articulação das

políticas públicas com os procedimentos específicos das organizações de saúde; à participação de mulheres na formulação dessas políticas e ao cuidado de enfermagem.

Palavras-chave: Enfermagem; Cuidados de Enfermagem; Políticas de saúde; Pandemias; Infecções por Coronavírus.

Resumen

Este artículo presenta una reflexión y discusión sistematizada en torno a tres ejes rectores: el primero discute la vulnerabilidad de las mujeres potenciadas por la pandemia COVID-19; en el segundo, reflexiona sobre las políticas públicas para la salud de la mujer en Brasil y las estrategias de afrontamiento del COVID-19 con el objetivo de mantener la salud de la mujer y mitigar los efectos de la pandemia; y el tercero reflexiona sobre la atención de enfermería a mujeres en situación de vulnerabilidad ante la pandemia. La conclusión es que la pandemia de COVID-19 ha tenido un gran impacto en las mujeres vulnerables con innumerables consecuencias que se suman a las inequidades y las muchas vulnerabilidades que ya existen. El escenario pospandémico requerirá esfuerzos colectivos para proteger y garantizar la salud de las mujeres en situación de vulnerabilidad, los cuales se entrelazan con la articulación de las políticas públicas con los procedimientos específicos de las organizaciones de salud; la participación de las mujeres en la formulación de estas políticas y cuidados de enfermería.

Palabras clave: Enfermería; Cuidado de enfermería; Políticas de Salud; Pandemias; Infecciones por Coronavirus.

1. Introduction

The World Health Organization (WHO) decreed the COVID-19 pandemic due to Coronavirus disease – COVID-19, caused by SARS-CoV-2, in March 2020 (Liu et al., 2020). This situation, which is characterized as a Public Health Emergency of International Importance, has increased the concern of health agents and official world bodies, with special attention to the most vulnerable populations.

According to data from the Ministry of Health, until July 7, 2020, 18,909,537 cases and 528,540 deaths were confirmed in the general population in Brazil, (Brasil, 2020). Added to this, there is the alarming data on maternal deaths that have already exceeded the number reported in 2020. According to the Brazilian Obstetric Observatory COVID-19 (OOBr COVID-19), there were 454 deaths in pregnant and postpartum women due to Covid-19 in the country that year. Until July 7, 2021, 1063 deaths were registered in this population, denoting a worrying increase (Rodrigues, Lacerda, & Francisco, 2021).

In addition to the number of cases and deaths, the COVID-19 pandemic promotes devastating consequences and with different impacts in local contexts, since social inequities and vulnerabilities that already exist in different population groups are heightened, as occurs among women. This is because women suffer disproportionately from the impacts of economic and social crises due to the patriarchal structure that keeps the sexual division of labor activism, which is expressed in the unequal distribution of care activities and domestic organization. This disproportion was exacerbated in the COVID-19 pandemic with the unleashing of intense domestic and family coexistence in spaces and conditions not always adequate to meet the new needs of remote work, distance learning, and domestic/family care, highlighting social and economic inequalities, structural and sexism racism in Brazilian society and the importance of considering the gender perspective in all measures to contain COVID-19 (United Nations, 2020).

This context encourages reflection on the unequal ways of experiencing COVID-19 based on the vulnerabilities of Brazilian women, as well as discussing the health policies and coping strategies of COVID-19 that will become necessary during and after the pandemic.

Thus, we aim to reflect on the various vulnerabilities to which women are exposed and which were enhanced by the COVID-19 pandemic; public policies for women's health in Brazil, and strategies to fight COVID-19; as well as nursing care for these women during the pandemic.

2. Methodology

This is a theoretical reflection with a methodological approach based on the analysis and discussion of studies and documents published on public policies on women's health in Brazil and the recommendations on the new Coronavirus.

The COVID-19 pandemic scenario highlighted the vulnerability of women with important reflections to be discussed in nursing care and public health policies, which were described in three categories: 1) Vulnerability of women potentiated by the COVID pandemic-19; 2) Public policies for women's health in Brazil and strategies to confront COVID-19 and 3) Nursing care because of the vulnerability of women in the COVID-19 pandemic.

3. Results and Discussion

We show the thematic categories below:

1) Vulnerability of women potentiated by the COVID-19 pandemic

The relationships between people in a society and their social equipment define the degree of vulnerability of individuals. In this sense, it is important to understand the range of individual and social situations and conditions that permeate the concrete vulnerabilities in people's daily lives. These situations show human rights violations, as they suggest that personal and psychosocial trajectories depend on power relationships that can only be understood in terms of their local meanings and structural contexts. From this perspective, contexts in which power relationships structure social class, race/skin color, gender, and sexual orientation inequalities can be analyzed in an intersectional way, defining personal trajectories of vulnerability (Do Carmo & Guizardi, 2018).

Thus, women's vulnerability is related to situations that determine the worst health outcomes in scenarios of social inequality, understood as inequalities resulting from injustices and social exclusion such as poverty, exploitation, and abuse, psychosocial and cultural aspects that include women in precarious socioeconomic conditions, on the streets, in situations of violence, black women, indigenous women, rural workers, lesbians, drug users or any other situation of discrimination and suffering that directly affect their health and the conditions of access to it (França, Oliveira, & Silva, 2016).

The advance of the COVID-19 pandemic showed that these women suffer additionally from its impacts when they are immersed in unequal structures that favor the spread of the virus and its effects, highlighting differences and inequities.

In this sense, we highlight the higher risk of morbidity and mortality associated with COVID-19 in women in the pregnancy-puerperal cycle, which places pregnant and postpartum women in the risk group according to the recommendations of the health agencies. Additionally, it is imperative to mention the disproportionate impacts among black, pregnant, and postpartum women, who had maternal mortality almost twice as high as that observed in white women in the COVID-19 pandemic. These indicators show the racial disparities in the health system, the additional challenges faced by black women in the pandemic, and the need to implement public policies that advance the fight against the social determinants of health outside hospitals (Santos et., 2020).

The reality of social distancing is challenging for women in situations of violence, especially for those who live in the same environment as the aggressor. As a result, these women may face additional obstacles during the COVID-19 pandemic to access essential whistleblower services and a safety net, as indicated by the United Nations (UN) which shows that domestic violence has tripled in the pandemic (Organization of United Nations, 2020).

Homeless women, judging by the conditions in which they live or survive, can be considered similar to the limits of poverty and social vulnerability. In the pandemic, because they were in formal agglomeration environments, such as hostels

and transit houses, or informal ones, such as abandoned sites, they are more susceptible to contamination by the SARS-Cov-2 virus (Tai & Wilson, 2020).

The pandemic also highlighted the situation of women deprived of liberty, who are probably more vulnerable to COVID-19 than the general population due to the conditions of confinement in which they live for a prolonged period, also because they carry a load underlying disease, worse health conditions, greater exposure to risks such as smoking, and poor hygiene and immune defense (World Health Organization, 2020a).

In the case of women who are part of the LGBTQIA+ population, in addition to the impacts of the pandemic promoted by social vulnerabilities, the consequences generated by LGBTIphobia that enhances, modifies and changes the protection capacity of this group in some axes, such as insufficient ways to implement general measures of prevention; pre-existing health inequities that can be enhanced by COVID-19 and difficulties in accessing health services (Silva & Melo, 2021).

Women with disabilities face a lack of accessible information on public health and significant barriers to implementing basic hygiene measures, as well as lack of access to health facilities. COVID-19 further aggravated this situation, disproportionately impacting people with disabilities, directly and indirectly, characterizing this group of nearly one billion people as one of the hardest affected by the pandemic (United Nations, 2020).

With these situations and many others evidenced by the pandemic, globally, governments are creating responses through preventative measures such as social restriction, a recommendation regarding the use of masks, and hand hygiene with soap and water or alcohol gel. However, these measures can represent substantial obstacles to the continuous care of women in vulnerable situations, designing a challenging context in facing the pandemic for health professionals, including nurses, when considering the limited access of this population to hygiene, to health services and environments that allow physical distance and social restriction.

Corroborating these conditions, social and governmental organizations have already reported reduced access of vulnerable women to measures to prevent and protect the pandemic. The Pan American Health Organization (PAHO) emphasized the need for a global and coordinated response to COVID-19 that meets the specific needs of vulnerable populations and urged countries to promote measures to protect this population (Pan American Health Organization, 2020).

Therefore, the great challenge of reducing women's vulnerabilities becomes evident and, even more, it becomes evident, urgent, and necessary to coordinate public policies with the specific procedures of health organizations to protect them from COVID-19, focusing on coping strategies, which will be the topic discussed below.

2) Public policies for women's health in Brazil and strategies for coping with COVID-19

Over the past 20 years, numerous public policies have been developed in Brazil to promote equity in health and meet the needs of women in vulnerable situations. Among them, there is the National Policy for Integral Attention to Women's Health (*Política Nacional de Atenção Integral à Saúde da Mulher - PNAISM*). It was implemented in 2004 and established, among its specific objectives, the promotion of health of women in situations of domestic and sexual violence, of black and indigenous women, rural residents and workers, and the health of women in prison, as priority groups due to the vulnerabilities associated with the specificities of these groups of women (Brasil, 2004).

Despite the expansion and advances achieved by this policy, in recent years there have been numerous setbacks due to a conservative model imposed by the current Federal Government. Also, in the Brazilian scenario, it is necessary to recognize the regional disparities in health care networks, which can be fragile and fragmented to face an emergency such as COVID-19.

Specifically, the National Policy to Combat Violence against Women was created for women in situations of violence,

aimed to confront all forms of violence against women from a gender perspective and an integral vision of this phenomenon, which includes their health (Brasil, 2011).

The Comprehensive Health Policy for Lesbians, Gays, Bisexuals, Transvestites, and Transsexuals was implemented to promote the integral health of this population, eliminating institutional discrimination and prejudice and contributing to the reduction of inequalities and to the consolidation of the SUS as a universal system, integral and equitable, covering women who historically suffer prejudice and discrimination because their sexualities and genders are located outside the cisgender and heterosexual model, which demonstrates the maintenance of the social hierarchies in which they are inserted (Silva & Melo, 2021, Brazil, 2013).

As for women deprived of liberty, interministerial ordinance number 1, of January 2, 2014, established the National Policy for Comprehensive Health Care for Persons Deprived of Liberty in the Prison System (*Política Nacional de Atenção Integral à Saúde das Pessoas Privadas de Liberdade no Sistema Prisional - PNAISP*) within the scope of the SUS, which has among its principles the integrality of health care for the population deprived of liberty in the set of health promotion, protection, prevention, assistance, recovery, and surveillance actions, carried out at different levels of care (Brasil, 2014).

The National Health Policy for Persons with Disabilities, which covers women in this condition, was instituted in 2002, aiming at the inclusion of people with disabilities in the entire network of SUS services (Brasil, 2002).

Concerning homeless women, Decree number 7,053 of December 23, 2009, instituted the National Policy for the Homeless Population (*População em Situação de Rua - PSR*) (Brasil, 2009).

These last three policies, even though they are not specific to health, should be highlighted, as they aim to ensure conditions for broad, simplified, and safe access to services and programs that are part of public health policies for women in these conditions.

Although the aforementioned Brazilian public policies have been formulated to cover women in their entirety and diversity, promoting equity in health and meeting the needs of women in vulnerable situations, several of them have suffered setbacks in recent years. Furthermore, the COVID-19 pandemic has exacerbated weaknesses in various spheres of such policies, which are exemplary in their formulation, but which face numerous obstacles in their actual implementation.

In this context, when discussing the prevention and confrontation of different groups against the COVID-19 pandemic, there are significant differences that should be considered, especially when realities permeated by existing vulnerabilities are present.

Thus, to advance in the consolidation of the health of women in vulnerable situations, there is an urgent need for articulations that enable the effective implementation of public policies and recognition that the practices included in the policies are intertwined with the social consequences that determine vulnerabilities and influence responses to problems such as the current pandemic.

Since its beginning, several protocols and recommendations have been published in the sphere of women's health and in attention to the different situations of vulnerability that permeate this population.

In this context, the WHO launched on April 17, 2020, the recommendation "Continuation of essential sexual, reproductive, maternal, newborn, child and adolescent health services during the COVID-19 pandemic" (World Health Organization, 2020b).

In the Brazilian scenario, several federal and state Technical Notes were also released in recent months to meet the needs of women in the pregnancy-puerperal cycle, including those in the risk group for COVID-19, as discoveries about the disease were published. About nursing, the Brazilian Association of Midwives and Obstetric Nurses (*Associação Brasileira de Obstetizes e Enfermeiros Obstetras - ABENFO*) and the Brazilian Society of Pediatric Nurses (*Sociedade Brasileira de*

Enfermeiros Pediatras - SOBEP) launched in April 2020 the “Technical Note regarding the care of the obstetric, neonatal and pediatric nursing team in a case suspected or confirmed of COVID-19”, to guide nursing teams working in obstetric, neonatal and pediatric care in public or private services during the pandemic (Associação Brasileira de Enfermeiros Obstetras, 2020).

Regarding women deprived of liberty, it is important to mention the guide “Preparation, prevention, and control of COVID-19 in prisons and other places of detention”, launched by WHO on March 15, 2020, with recommendations to prevent or minimize the occurrence of infection and serious outbreaks in prisons and places of detention (World Health Organization, 2020a).

We also highlight the document “Policy Summary: An inclusive response for people with disabilities to the COVID-19 pandemic”, launched by the UN with recommendations to make the response and recovery inclusive for people with disabilities (United Nations, 2020).

These recommendations implemented by leaders, government officials, scientific associations, and national and international health organizations aim to control and mitigate transmission, reducing the number of cases and reducing hospital admissions, preventing the spread of the virus and the death of women. However, the pandemic has brought to light a new panorama of global uncertainties, highlighted in the local context by social markers that do not act in isolation and amplify the structural vulnerability that permeates the reality experienced by Brazilian women, which implements effective measures unfeasible of prevention and coping with COVID-19 to many subgroups of this population.

Furthermore, we need to reflect on the post-pandemic scenario and recognize that measures to combat COVID-19 will need to be implemented in Brazil for a long time, which will require collective efforts to protect and guarantee the survival of women in vulnerable situations.

This reflection leads to the perception of the importance of women's participation in the formulation of public health policies. Without gender balance in leadership positions, women's specific needs may not be prioritized and not included in decision-making or response design, leading to gender-neutral policies or even gender-discriminatory practices. Furthermore, where gender-equitable policies exist, a lack of effective implementation or enforcement is common (Wenhem, Smith & Morgan, 2020).

Also, considering that the COVID-19 pandemic front-line workforce is primarily women, their voices and needs must be adequately represented and prioritized in organizational policies and pandemic response planning. Therefore, there is a need to promote professional standards and culture that ensure that women's specific ideas and needs are considered, promote their leadership, and equitable participation in decision-making.

Because of these understandings, the importance of public policies is confirmed about the consolidation of actions aimed at facing the problems and needs presented by women in vulnerable situations, for planning and decision-making in the role of nurses.

3) Nursing care because of the vulnerability of women in the COVID-19 pandemic

In the COVID-19 pandemic scenario, it is evident that the world has gone through a moment of transformation that required a new look at health and nursing care, demonstrating the need to adapt the process of organization and implementation of effective public policies that sustain confronting women's vulnerability as a health protection strategy and, consequently, offering comprehensive care to women in health emergencies.

Faced with this reality, globally, nurses and midwives have been working continuously and intensively on the COVID-19 pandemic, saving lives, providing comfort in the face of death, promoting health education on protective measures to prevent viral spread, caring for those who do not are infected with the virus and generate scientific evidence through

research that can collaborate in decision-making in the care of the affected population (Turale, Meechamnan & Kunaviktikul, 2020).

In dealing with the situation of vulnerability, nursing care is not restricted to the issue of combating it, but also encompasses the dimensions of prevention, assistance, and the guarantee of rights, which are often permeated by obstacles and challenges inherent to the non-implementation or inadequate implementation of public health policies.

Maintaining nursing health care is essential to reduce deaths from COVID-19, as well as adverse health effects among women in vulnerable situations, which requires understanding and prioritizing their health needs, in addition to ensuring access to health and safety services, including women workers on the front lines. This encourages reflection on nursing practices and their work process, which should contribute to the achievement of comprehensive care for women, understood as one that meets the multiple dimensions of the human being considering cultural, social, economic, religious, affective, and biological.

These reflections highlight the importance of nurses' work in coping with women's vulnerability in the context of the COVID-19 pandemic and reiterate its essentiality, which is often absent from decision-making spaces and encounters difficulties in the field of autonomy, culminating with the absence of real recognition of their role in the organization of health services.

This study brings contributions to nursing by providing elements for nurses' reflection on the aggravation of women's vulnerability generated in the context of the COVID-19 pandemic, helping them in the exercise and planning of care, in the development of public policies, in the implementation from more inclusive coping measures to emergencies and professional training.

4. Final Considerations

The pandemic has had a huge impact on vulnerable women with countless consequences that add to the inequities and the many vulnerabilities that already exist. The recommendations for the new coronavirus, nationally and internationally, signal a clear and necessary concern about the vulnerable situation of women.

The post-pandemic scenario will require collective efforts to protect and guarantee the health of women in vulnerable situations, which are intertwined with the articulation of public policies with the specific procedures of health organizations; the participation of women in the formulation of these policies, and the essentiality of nursing care.

References

referente aos cuidados da equipe de Enfermagem Obstétrica, Neonatal e Pediátrica diante de caso suspeito ou confirmado de COVID-19. <https://sobep.org.br/covid-19-nota-tecnica-referente-aos-cuidados-da-equipe-de-enfermagem-obstetrica-neonatal-e-pediatria-diante-de-caso-suspeito-ou-confirmado/>

Brasil (2002). Ministério da Saúde. Gabinete do Ministro. *Portaria nº 1060, de 5 de junho de 2002*. Aprova, na forma do Anexo desta Portaria, a Política Nacional de Saúde da Pessoa Portadora de Deficiência. http://bvsms.saude.gov.br/bvs/saudelegis/gm/2002/prt1060_05_06_2002.html

Brasil (2004). Ministério da Saúde. *Política Nacional de Atenção Integral à Saúde da Mulher: princípios e diretrizes*. https://bvsms.saude.gov.br/bvs/publicacoes/politica_nac_atencao_mulher.pdf

Brasil (2009). Presidência da República. Casa Civil. *Decreto nº 7.053 DE 23 de dezembro de 2009*. Institui a Política Nacional para a População em Situação de Rua e seu Comitê Intersetorial de Acompanhamento e Monitoramento, e dá outras providências. http://www.planalto.gov.br/ccivil_03/_ato2007-2010/2009/decreto/d7053.htm

Brasil (2013). Ministério da Saúde. *Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais*. https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_saude_lesbicas_gays.pdf

Brasil (2014). Ministério da Saúde. Diário Oficial da União. *Portaria interministerial nº 1, de 2 de janeiro de 2014*. Institui a Política Nacional de Atenção Integral à Saúde das Pessoas Privadas de Liberdade no Sistema Prisional (PNAISP) no âmbito do Sistema Único de Saúde (SUS). http://bvsms.saude.gov.br/bvs/saudelegis/gm/2014/pri0001_02_01_2014.html

- Brasil (2011). Presidência da República. Secretaria de Políticas para as Mulheres. *Política Nacional de Enfrentamento à Violência Contra as Mulheres*. <https://www12.senado.leg.br/institucional/omv/entenda-a-violencia/pdfs/politica-nacional-de-enfrentamento-a-violencia-contra-as-mulheres>
- Brasil. (2020). Ministério da Saúde. *Covid-19 no Brasil*. https://qsprod.saude.gov.br/extensions/covid-19_html/covid-19_html.html. Acesso em 08/07/2021
- Do Carmo, M. E. & Guizardi, F. L. (2018). The concept of vulnerability and its meanings for public policies in health and social welfare. *Cad. Saúde Pública (Online)*, 34(3), e00101417.
- França, A. M. B. & Oliveira e Silva J. M. (2016). Women in vulnerable situation: a view from perspective of social phenomenology. *Rev. Enferm. UFPE on line*, 10(supl 2), 875-9.
- Li, Q. *et al.* (2020). Early transmission dynamics in Wuhan, China, of novel coronavirus–infected pneumonia. *N Engl J Med*, 382(13), 1199-207.
- Organização das Nações Unidas (2020). *Diretrizes para atendimento em casos de violência de gênero contra meninas e mulheres em tempos da pandemia da COVID-19*. https://www.onumulheres.org.br/wp-content/uploads/2020/08/Diretrizes-para-atendimento_ONUMULHERES.pdf
- Organização Panamericana de Saúde. (2020). *OPAS pede que países protejam grupos vulneráveis dos efeitos da pandemia*. https://www.paho.org/bra/index.php?option=com_content&view=article&id=6175:diretora-da-opas-pede-que-paises-protejam-grupos-vulneraveis-dos-efeitos-da-pandemia-de-covid-19&Itemid=812
- Rodrigues, A., Lacerda, L., & Francisco, R. P. V. (2021). *Brazilian Obstetric Observatory*. 8 Jul 2021. https://observatorioobstetrico.shinyapps.io/covid_gesta_puerp_br/
- Santos, D. S. *et al.* (2020). Disproportionate impact of COVID-19 among pregnant and postpartum Black Women in Brazil through structural racism lens. *Clin Infect Dis.*, ahead of print,1-9.
- Silva, A. D. & Melo, S. L. P. (2021). Pandemia de covid-19 e população LGBTI+. (In)visibilidades dos impactos sociais. *Sex., Salud Soc*, 37, e-21202.
- Tsai, J. & Wilson, M. (2020). COVID-19: a potential public health problem for homeless populations. *Lancet Public Health*,5(4), e186-e187.
- Turale, S., Meechamnan, C., & Kunaviktikul, W. (2020). Challenging Times: Ethics, Nursing and the COVID-19 Pandemic. *Int Nurs Rev.*, 67(2), 164-7.
- United Nations (2020). *Policy brief: a disability-inclusive response to COVID-19*. <https://unsdg.un.org/sites/default/files/2020-05/Policy-Brief-A-Disability-Inclusive-Response-to-COVID-19.pdf>
- Wenham, C., Smith, J. & Morgan, R. (2020). COVID-19: the gendered impacts of the outbreak. *Lancet*, 395(1027), 846–8.
- World Health Organization. (2020a). *Preparedness, prevention and control of COVID-19 in prisons and other places of detention: Interim guidance*. <https://apps.who.int/iris/bitstream/handle/10665/336525/WHO-EURO-2020-1405-41155-55954-eng.pdf?sequence=1&isAllowed=y>
- World Health Organization (2020b). *Regional Office for South-East Asia. Continuing essential Sexual Reproductive, Maternal, Neonatal, Child and Adolescent Health services during COVID-19 pandemic*. <https://www.who.int/pmnch/media/news/2020/SRMNCAH.pdf?ua=1>