

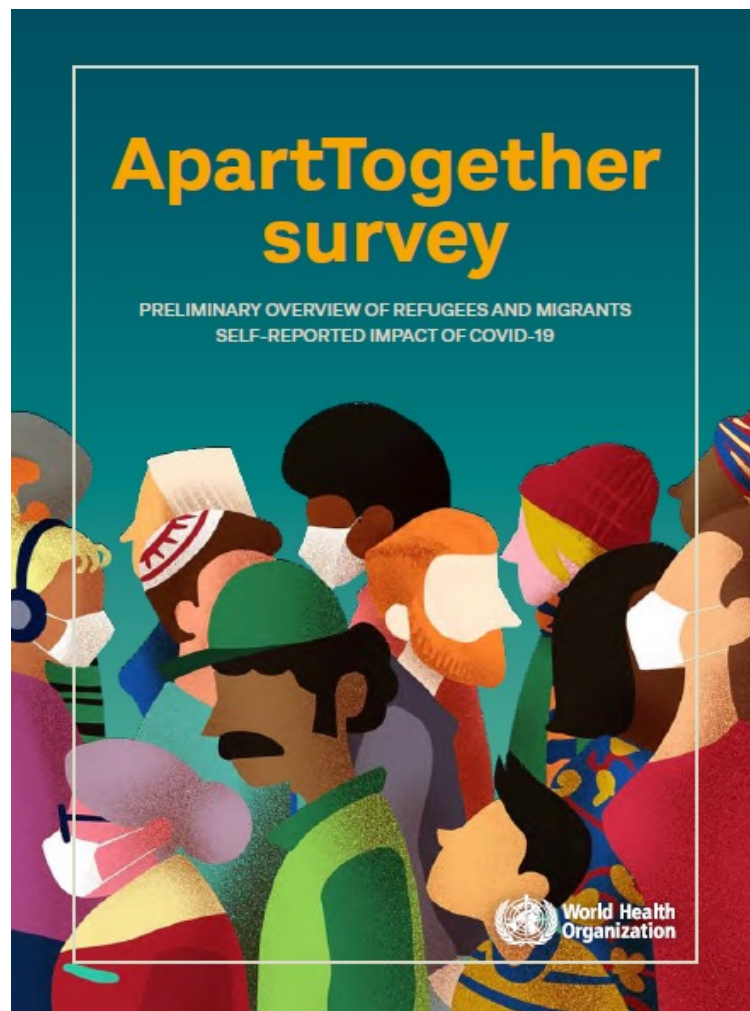
# Policy measures to mitigate the long-term impact of COVID-19 among refugees and migrants



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# Survey report launched on 18<sup>th</sup> Dec 2020: International Migrants Day



COVID-19 showed our health system is as strong as our weakest link...protecting the health of refugees and migrants through evidence informed policies is critical for public health protection of all citizens

**Investing in the health of migrants is not just the right thing to do, it also has long-term benefits for social cohesion and economic development. It's also vital that migrants and refugees are included in plans for the rollout of vaccines against COVID-19.**

**– Dr Tedros, DG WHO, 18<sup>th</sup> Dec 2020.**

<https://www.who.int/publications/i/item/9789240017924>

# Objectives of the survey

- To capture **voices of refugees and migrants**
  - ❖ Experience of COVID19 pandemic and coping strategies
  - ❖ Public health social impact
- To support anecdotal evidence of discrimination, stigmatisation, lockdown of refugee/migrant populations
  - ❖ Through evidence
  - ❖ To know the magnitude of the problem



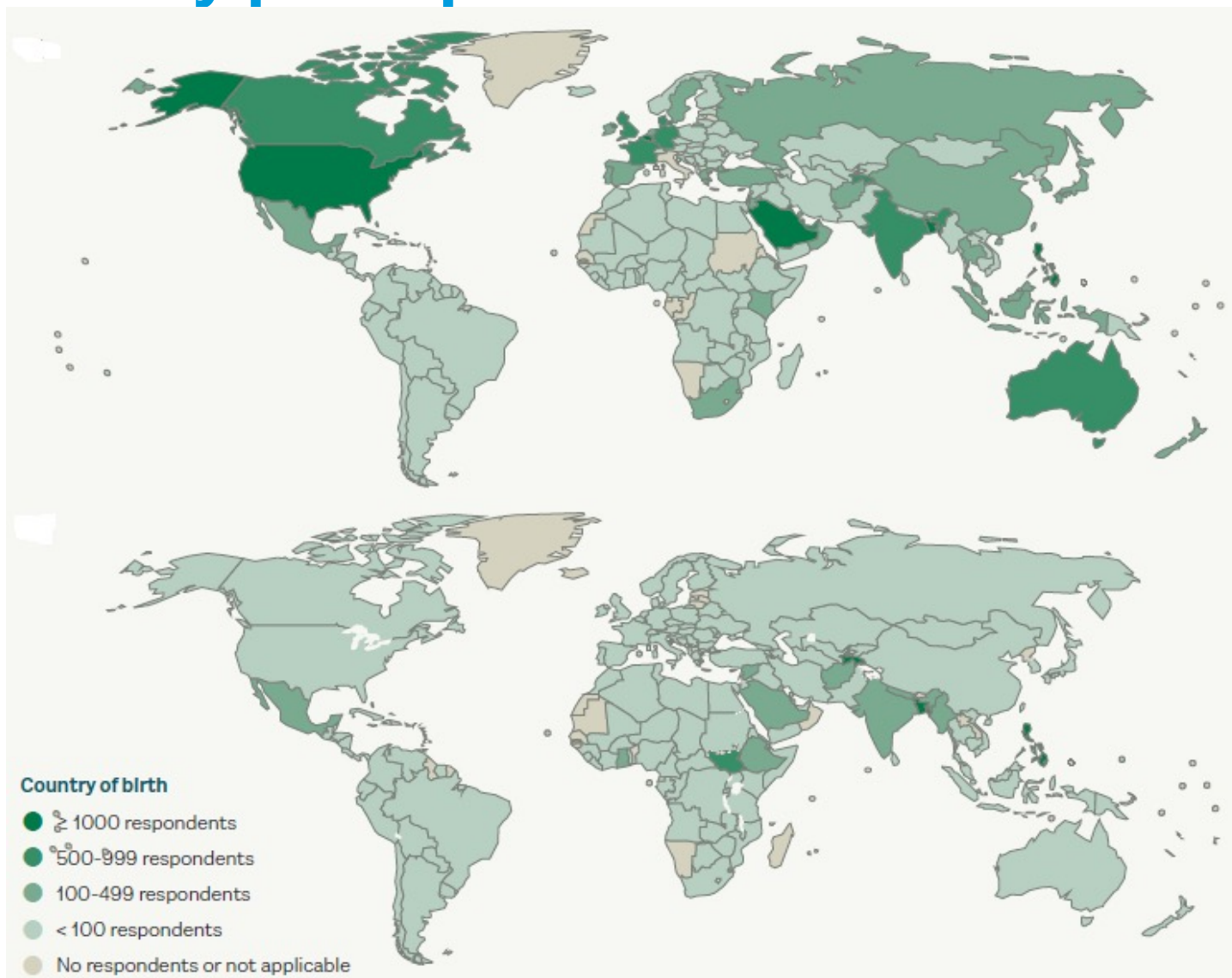


# The survey

- A collaboration with research centres led by Ghent University (Belgium) and the University of Copenhagen (Denmark)
- **Not a sample survey: snowball sampling**
- **Online questionnaire in 37 languages**
  - Sociodemographic characteristics
  - COVID-19 health status
  - Daily stressors
  - Social well-being
  - Psychological well-being



# Survey participation



- **30,000 participants**
- **from 170 countries**
- **Originating from 159 countries**
- **56% male, 44% female**

# Very high level of impact...

Overall impact of COVID-19 among refugees and migrants across WHO regions



Notes: scale of 1 (not at all) to 10 (extreme); data from 19 587 respondents (938 AFRO, 5857 EMRO, 5782 EURO, 2291 PAHO, 1700 SEARO, 3019 WPRO); AFRO: WHO African Region; EMRO: WHO Eastern Mediterranean Region; EURO: WHO European Region; PAHO: Pan American Health Organization; SEARO: WHO South-East Asia Region; WPRO: WHO Western Pacific Region.

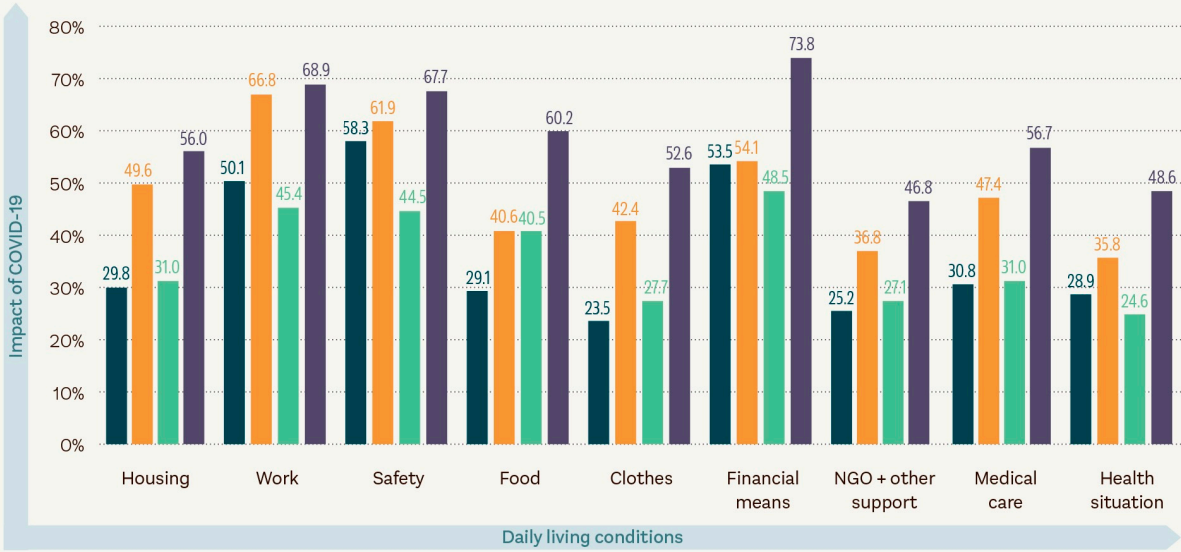
education



# As much as 70% deterioration especially among those on precarious housing and resident status



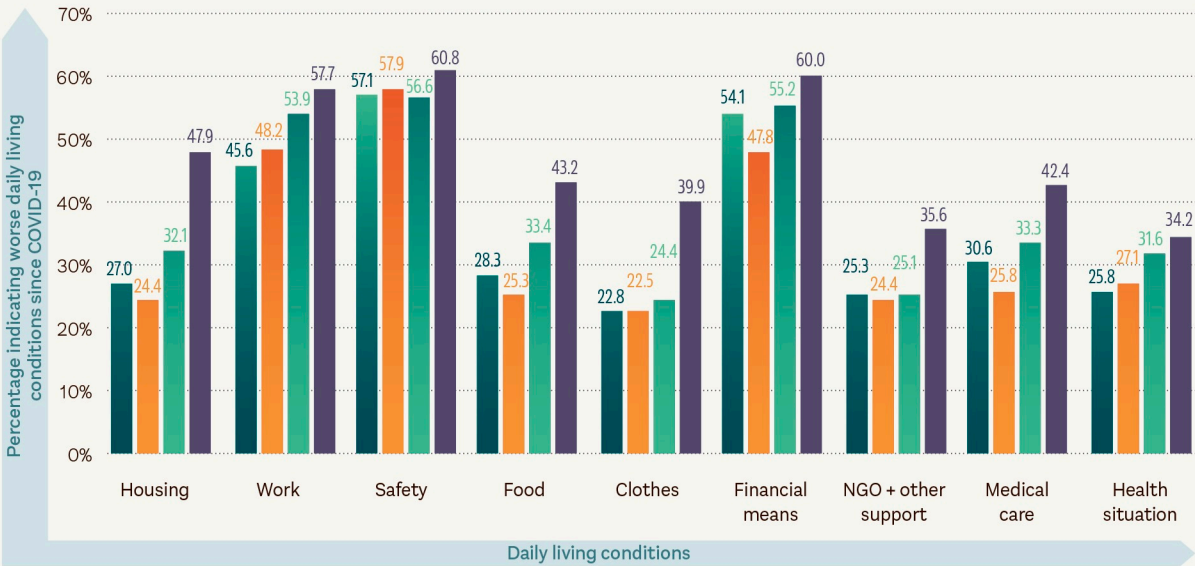
Respondents identifying deterioration of access to various daily living conditions due to COVID-19 according to their housing situation



● House/apartment ● Asylum centre ● Refugee camp ● On the street - insecure accommodation

Note: total responses 19 574 housing, 18 433 work, 19 757 safety, 19 580 food, 19 142 clothes, 19642 financial means, 13 739 NGO + other support, 18 576 medical care, 19 230 health situation; number of participants mentioning a deterioration differed with their housing situation, e.g. for deterioration in safety 17 736 lived in house/apartment, 409 lived in asylum centre, 1392 lived in refugee camp, 220 lived on the streets or insecure accommodation.

Percentage of respondents with deteriorated daily living conditions due to COVID-19 according to their residence status

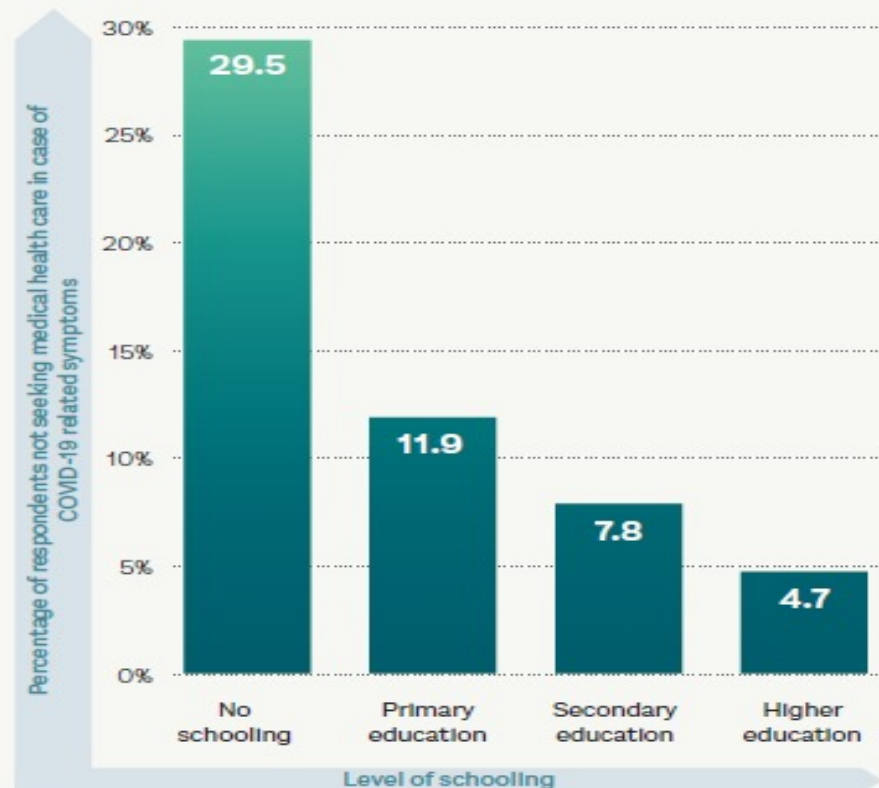


● Citizen ● Permanent ● Temporary ● No documents/undocumented

Note: total respondents were 19 600 for housing, 18 478 for work, 19 795 for safety, 19 611 for food, 19 169 for clothes, 19 671 for financial means, 13 792 for NGO + other support, 18627 for medical care, 19 296 for health situation; number of respondents varied with housing situation differed, e.g. for deterioration in safety 5776 were citizens, 5190 permanent, 7416 temporary, 1413 no documents/undocumented.

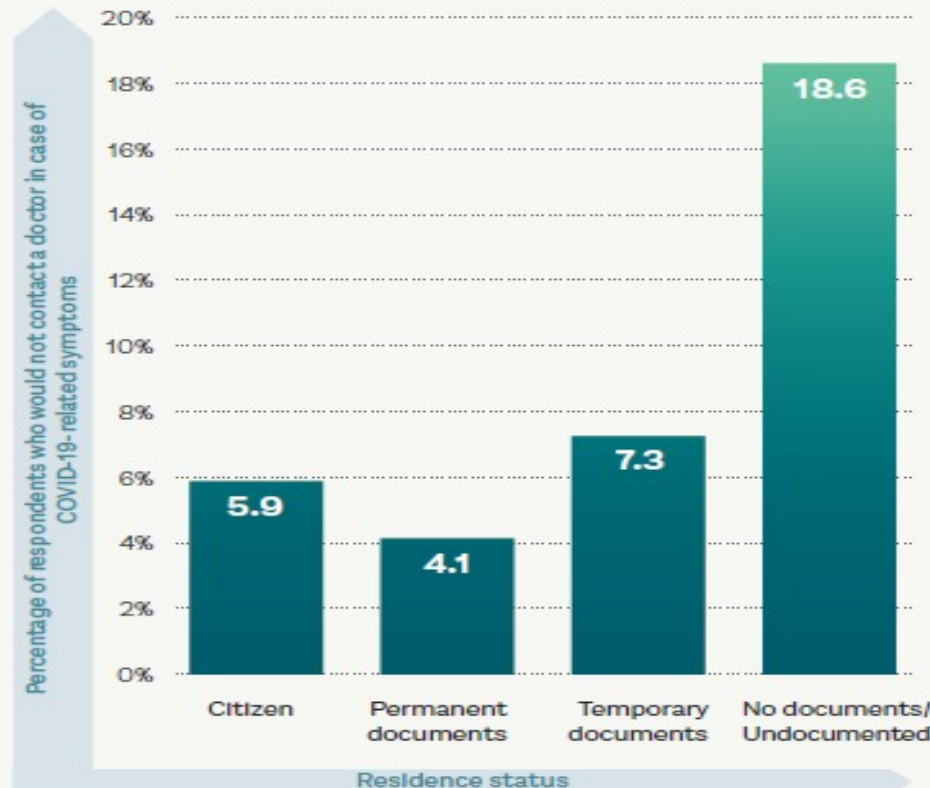
# Those without schooling or undocumented migrants seeking healthcare the least

Respondents not seeking medical health care for symptoms according to their educational backgrounds



Note: data from 21 325 respondents (733 no schooling, 1412 primary education, 6177 secondary education, 13 003 higher education).

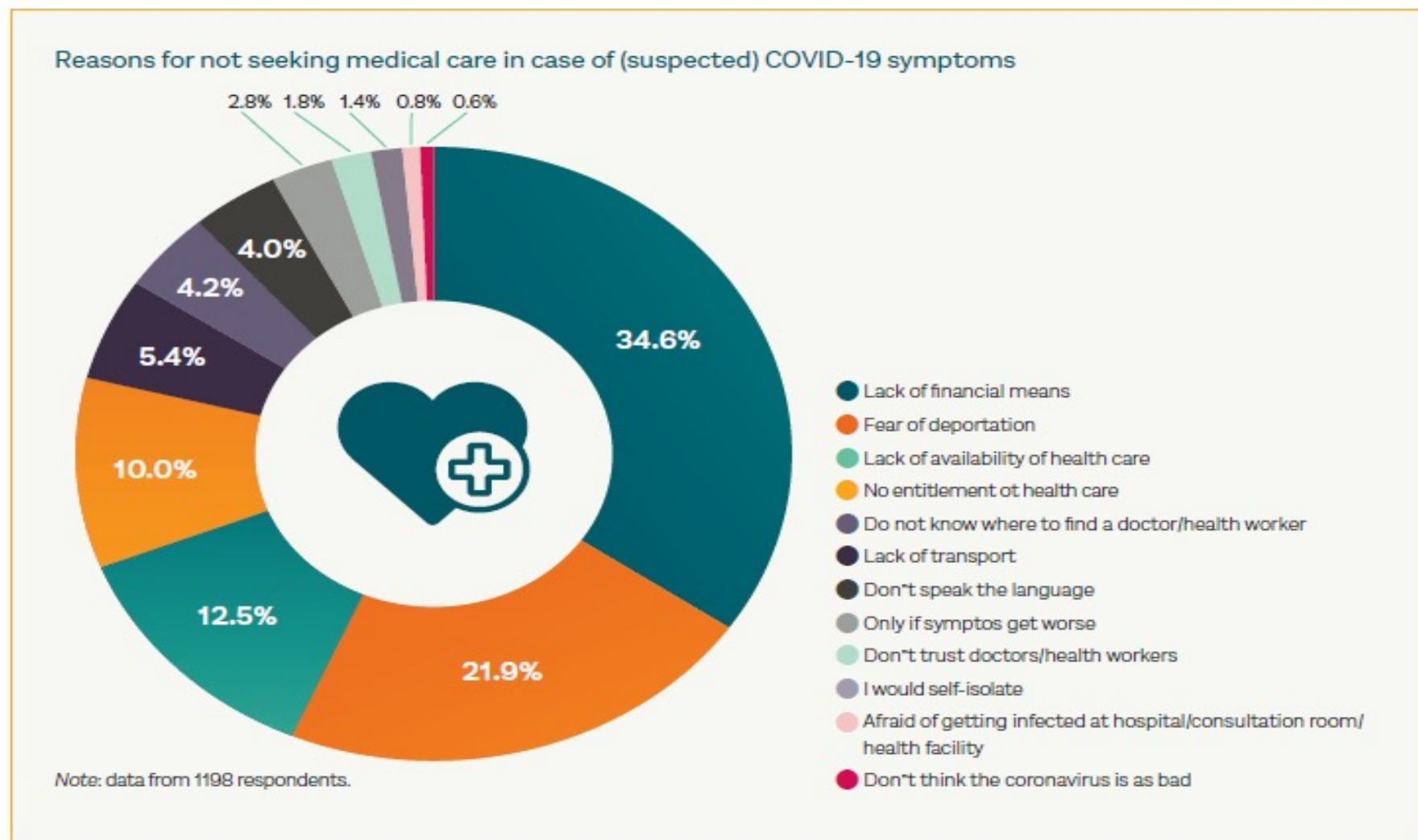
Respondents not seeking medical health care for symptoms according to their residence status



Note: data from a total of 21 273 respondents, with 1198 expressing as not seeking medical care ( by residence status: 6163 citizen, 5504 permanent, 7461 temporary, 1561 no documents/undocumented, remainder no clear answer).




# Reasons for not seeking healthcare...



# Next steps

- **Lessons for future data collection**
  - Data be disaggregated for refugees and migrants
  - How best to collect the data
  - Collaboration with key partners
- **Policy direction:**
  - Countries to include refugees and migrants in response plans and public health measures
  - Access to care must not be linked to legal status.
  - Health for all means all, including migrants.
  - Increasing investments in health, especially in primary health care, to create health systems that are sensitive to migrants' needs, their languages, and their health problems. These include reproductive and child health, mental health, trauma from injuries, violence, and sexual abuse and assault.



**ApartTogether**

### ABOUT THE STUDY

ApartTogether is a global study to assess the public health social impact of the COVID-19 pandemic on refugees and migrants. It is a collaboration between World Health Organization, across its regional offices, the UN System, and a collaboration of research centres led by Ghent University (Belgium) and the University of Copenhagen (Denmark).

The study - based on a **survey that closed on 31st of October** - aims to better understand how refugees and migrants experience the impact of COVID-19 and how they deal with any challenges that have arisen.

In collaboration with key UN partners, insights from this survey will be used to inform policy and decision-makers on how they can better support refugees and migrants during and after this pandemic.

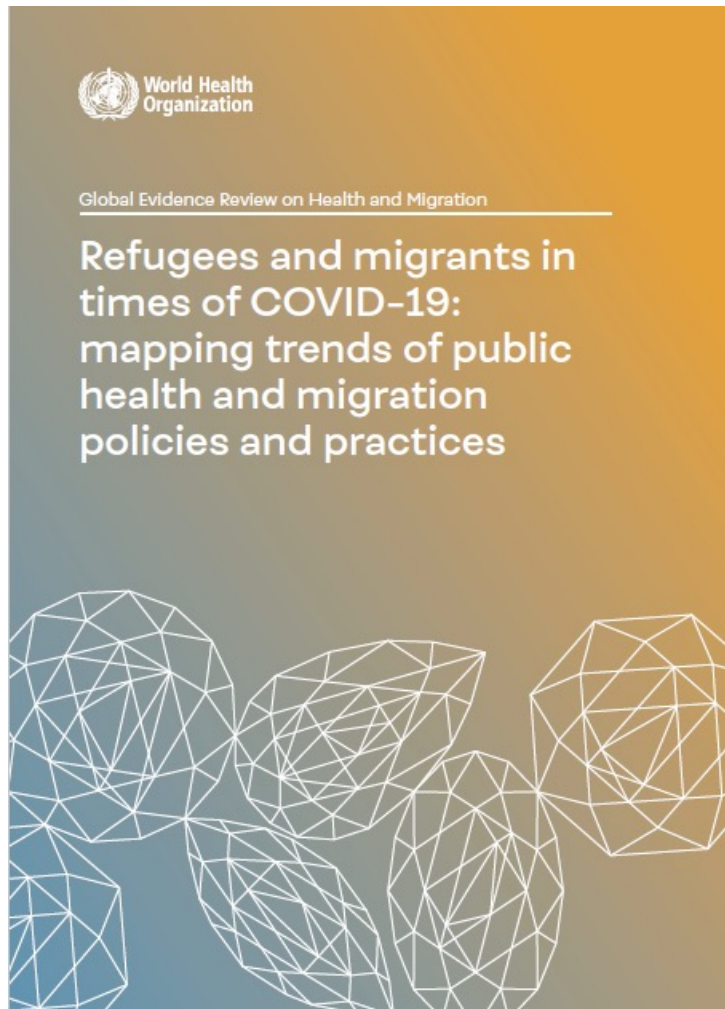
The report can be found [here](#)

[LEARN MORE](#)

### WHY THIS STUDY?

<https://www.aparttogetherstudy.org>

# Global Evidence review on Health and Migration (GEHM)



An evidence-informed normative product of the WHO that addresses knowledge gaps and that facilitates policymaking and targeted interventions to help make a difference in the lives of refugees and migrants.

An opportunity to enhance communication between different stakeholders in the field of migration and health, including high-level health sector and government officials, health sector managers, health and non-health sector policy-makers, as well as public health professionals involved in planning, developing and implementing policies targeting refugees and migrants.

<https://apps.who.int/iris/bitstream/handle/10665/341843/9789240028906-eng.pdf>



# GEHM...evidence to policies to guidelines

## ❑ Evidence gathering

- literature and systematic reviews; review of reviews; scoping review, etc.
- specific search strategy will be developed, including the list of potential sources for the literature review, white and grey literature search

## ❑ Screening criteria

- criteria and the underlying rationale, including languages, must be reported

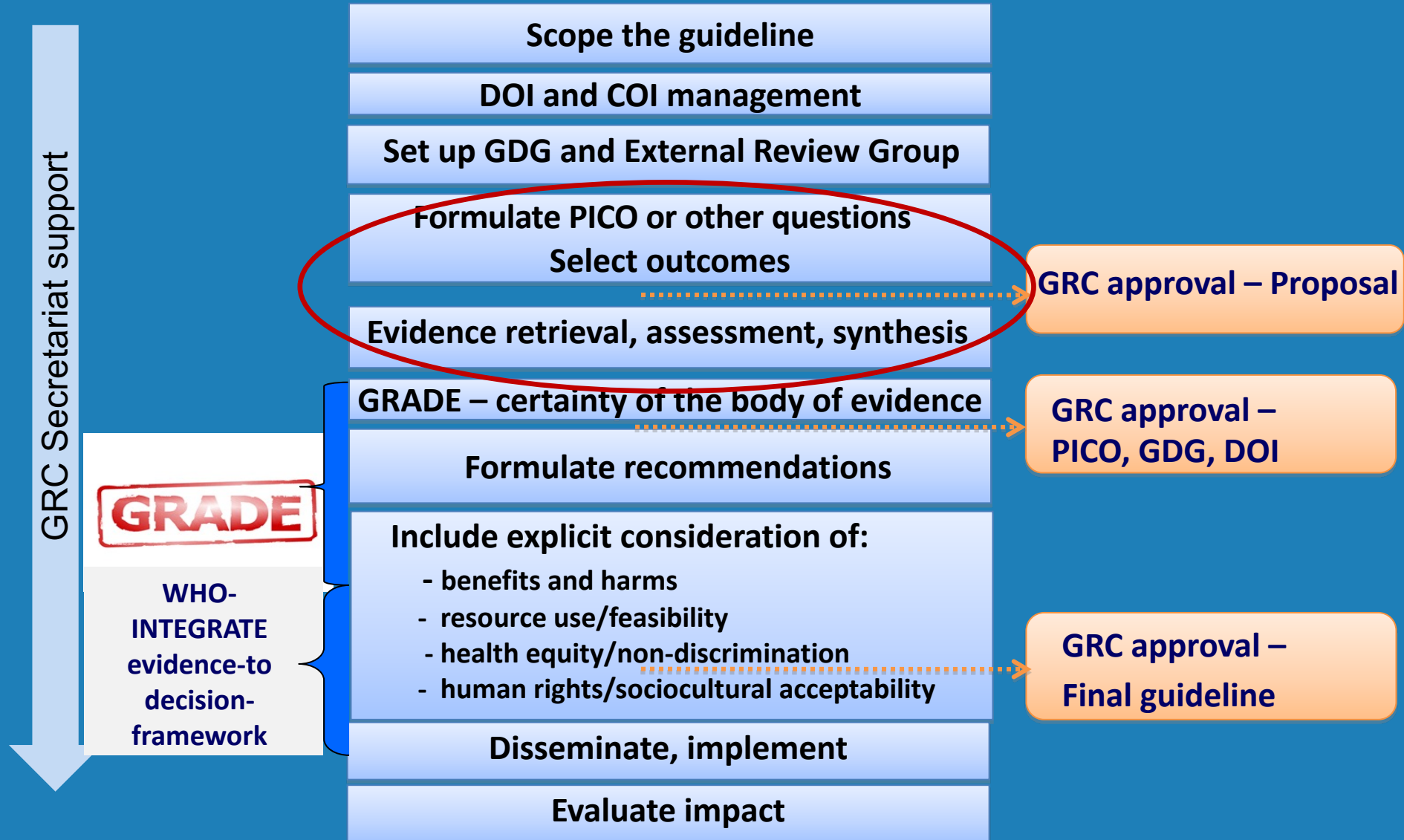
## ❑ Quality appraisal

- Methods for assessing levels of confidence in evidence from quantitative as well as qualitative reviews should be established for each review.

## ❑ Synthesizing and proposing policy considerations

- analyse findings to answer the policy question and presented as policy considerations.

# Standard guideline development process



# Objectives: Refugees and Migrants in times of COVID-19



- 1) To map national policies responses to COVID-19 in relation to migration and public health;
- 2) To identify refugee- and migrant-sensitive practices to address their needs and to facilitate further implementation of human rights and international obligations.















Evidence review of (Prof Chetail, Graduate Institute, Geneva, review/guidance Prof Gostin, Georgetown University, USA)

- border policies;
- migration policies for foreigners already within the territory of states;
- public health policies on access to health care for refugees and migrants.



# Disproportionately affected...

by **direct and indirect effects**: entry bans, obstacles in accessing health care, stigma and discrimination. Proliferation of **unilateral and uncoordinated measures** exacerbated pre-existing vulnerabilities of people on the move and generated new forms of vulnerability for them.

 <p><b>UNDOCUMENTED OR IRREGULAR STATUS</b> Lack of legal status may create formal barriers or lead to a reluctance to access assistance due to fear of arrest, detention or deportation.</p>	<p><b>EXCLUSION</b> Migrants may be de-prioritized or excluded in health care and prevention and response efforts.</p> 	<p><b>LIMITED OR NO ACCESS TO ESSENTIAL SERVICES</b> Informal and formal barriers to accessing essential services like food, shelter, health care, psychosocial support, legal assistance and water, sanitation and hygiene services.</p> 
<p><b>COMMUNICATION BARRIERS</b> Barriers in understanding or accessing key information on health care and challenges in reporting on health conditions.</p> 	<p><b>STIGMA AND DISCRIMINATION</b> Increasing discrimination and stigma as well as blame for spreading the virus which can prevent people from seeking assistance and support.</p> 	<p><b>LOSS OF SOCIAL SUPPORTS</b> Loss of contact with family and community networks due to quarantine and/or border closures which prevent return home and lead to anxiety due to isolation.</p> 
<p><b>GENDER DIMENSIONS</b> Female domestic workers are often employed in isolated workplaces and increased risk of gender-based violence due to lockdown and movement restrictions.</p> 	<p><b>FINANCIAL BARRIERS</b> Financial barriers to accessing health systems and support, including lack of insurance and high costs of care or cost of transport to health-care centres.</p> 	<p><b>POOR LIVING/WORKING CONDITIONS</b> Overcrowding, such as in camp or detention settings, inadequate sanitation and hygiene and inability to isolate or physically distance.</p> 
<p><b>LABOUR EXPLOITATION AND HUMAN TRAFFICKING</b> Epidemics and pandemics can exacerbate existing vulnerabilities and put people at a greater risk of exploitation and trafficking.</p> 	<p><b>SOCIAL, RELIGIOUS AND CULTURAL OBSTACLES</b> Lack of familiarity and awareness of health procedures and available support and a lack of culturally appropriate services may prevent health-care access.</p> 	<p><b>PROTECTION AND SAFETY</b> Migrants, including people seeking asylum and refugees, may be unable to seek safety due to border closures and travel or movement restrictions.</p> 

# 'No one is safe until everyone is safe'



The human rights of refugees and migrants are guaranteed by:

- International Covenant on Civil and Political Rights;
- International Covenant on Economic, Social and Cultural Rights;
- International Convention on the Elimination of All Forms of Racial Discrimination;
- International Convention on the Rights of the Child;
- International Convention relating to the Status of Refugees and its Additional Protocol;
- International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families;
- ILO Migration for Employment Convention;
- ILO Migrant Workers (Supplementary Provisions) Convention;
- Protocol against the Smuggling of Migrants by Land, Sea and Air;
- Protocol to Prevent, Suppress and Punish Trafficking in Persons.

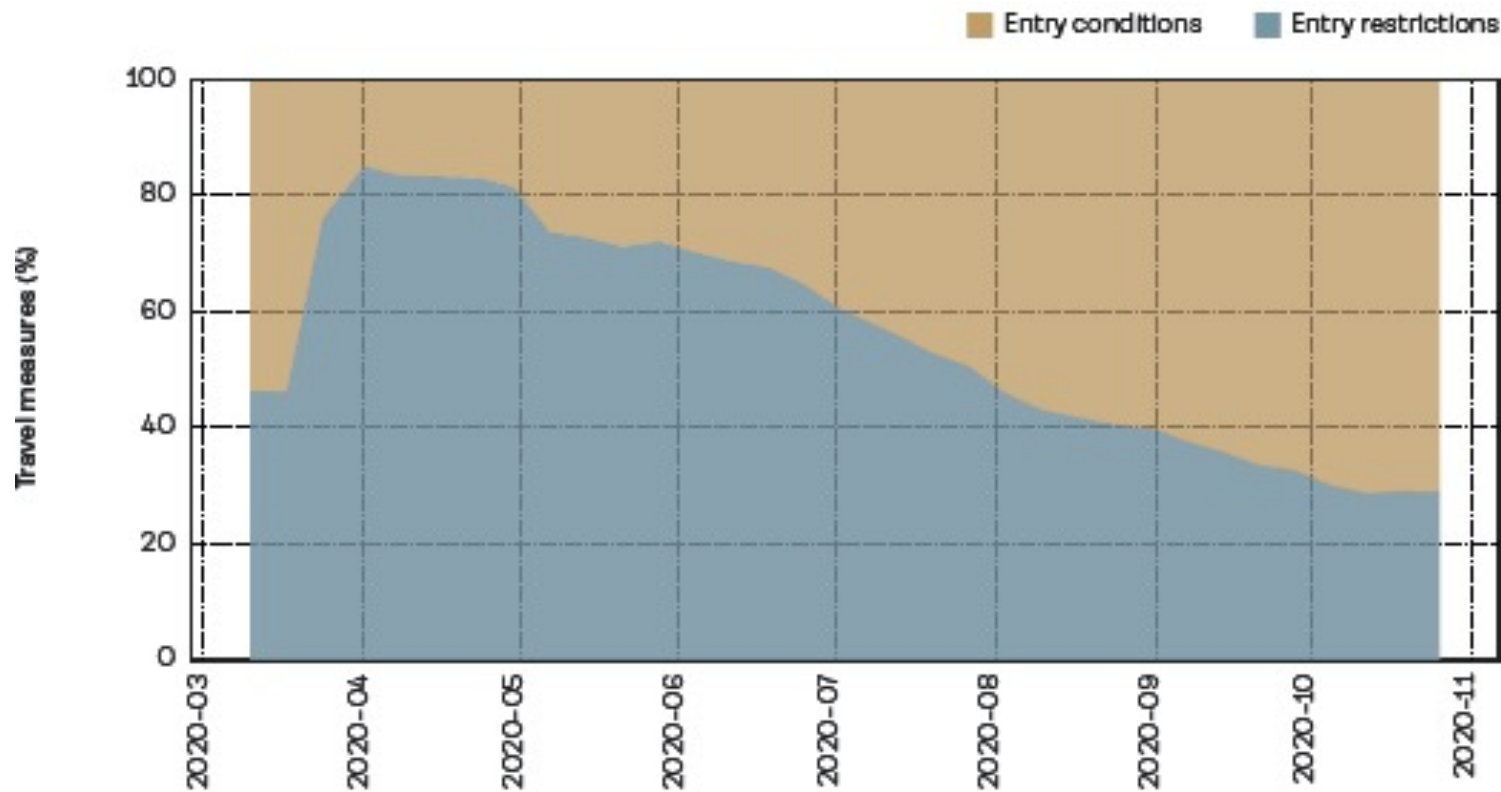


## Soft law and technical guidances:

Global Compact for Safe, Orderly and Regular Migration ; WHO Preparedness, prevention and control of coronavirus disease (COVID-19) for refugees and migrants in non-camp settings; WHO Considerations for implementing a risk-based approach to international travel in the context of COVID-19; UNHCR Practical Recommendations and Good Practice to Address Protection Concerns in the context of the COVID-19 Pandemic; OHCHR COVID-19 and the Human Rights of Migrants: Guidance

# Border policies in times of COVID-19

**A shift from restrictions to entry conditions:** Entry restriction refers to bans for entry, whereas entry conditions are partial limitations in the form of specific requirements (including primarily medical requirements in the form of PCR test, quarantine, medical forms, and/or medical screening upon entry).



Source: IOM, Global Mobility Restriction Overview, 2020

## Exceptions, facilitations

- residents and family members,
- students,
- business workers,
- diplomatic personnel,
- seafarers and passengers in transit,
- migrant workers in essential sectors, asylum seekers.
- Extension of visas, residence, work permits
- Access to labour market in essential sectors
- Regularization of undocumented migrants
- Release from detention centres
- Suspension of forced returns.
- Access to health-care, accessibility of service
- Communication on access to health care



# Moving towards an integrated approach to migration and public health policies



## **Border policies: protection-sensitive access to territory**

- Prioritize entry requirements over border closure to carry out medical screening on the basis of a careful and evidence-informed risk assessment; and
- Enable access to territory and asylum procedure for people in need of international protection.



## **Migration policies for foreigners within national borders: immigration status flexibility**

- Foresee the extension of the duration of visas, residence and work permits to prevent their holders from falling into an irregular situation;
- Facilitate access to the labour market for foreign residents to address labour shortages in essential sectors;
- Facilitate regularization of undocumented migrants to ensure safe and lawful access to health services;
- Release migrants from detention centres and implementing non-custodial, community-based alternatives to immigration detention with proper safeguards; and
- Suspend forced returns, when the health, safety and human rights of migrants cannot be safeguarded.

## **Policies on non-discriminatory access to health care for refugees, migrants and asylum seekers:**

- Provide equal access to health care for all refugees and migrants, regardless of status, nationality, gender or ethnicity;
- Launch communication campaigns to disseminate essential information to refugees and migrants concerning COVID-19, health services and other related preventive and preparedness measures;
- Implement preventive measures aimed at minimize the risk of contamination in refugee camps and camp-like settings;
- Protect the occupational safety and health of all migrant workers and provide them with personal protective equipment to prevent COVID-19 transmission in the workplace; and
- Ensure access to COVID-19 vaccines and treatment for all refugees and migrants without discrimination and prioritize those who are most exposed/vulnerable to the risks of COVID-19.



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<https://www.who.int/publications/i/item/9789240017924>

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**Thank you**