

**Migration, ethnicity, racism and the COVID-19
pandemic: key perspectives on a global crisis**

Monday 12th October 2020

Migrants, refugees & asylum seekers during COVID-19: health impacts & health system response

Dr. Miriam Orcutt

Senior Research Fellow, Institute for Global Health,
University College London

Executive Director, Lancet Migration




Overview

1. COVID-19 health impacts in migration contexts
2. Health system response to COVID-19
 - a) Literature review
 - b) Lancet Migration situational briefs
 - c) Case study: asylum seekers in Greece
3. Conclusions



COVID-19
health impacts
in migration
contexts



Exacerbation of pre-existing structural factors in migration contexts

1) Health system factors:

- Lack of capacity and inclusion in existing health system
- Multiple barriers in accessing healthcare e.g. due to immigration status, language barriers etc

2) Broader socio-economic factors:

- Poor and crowded living conditions, including particularly in detention
- Pre-existing poor health and comorbidities, including NCDs
- Economic precarity

3) Political factors:

- Existing social and political responses to migration founded on xenophobia and racism
- Already disadvantageous immigration policies e.g. of deterrence and externalisation of borders

Structural inequalities

- Interactions of multiple risk factors in social groups “according to patterns of inequality deeply embedded in our societies” (1)
- Migrants often have interaction of multiple factors which make them higher risk for both:
 - COVID-19 infection
 - High morbidity and mortality from COVID-19
- Both the pandemic and economic impact exacerbate:
 - the already large gaps in access to, and quality of, health services
 - existing inequalities within our societies

Intersection of risk - NCDs

- **Poverty and socio-economic inequality closely linked with NCDs**
- NCDs before COVID-19 received less than 2 percent of health development assistance funding
- One in five people are at an increased risk of severe COVID-19, as a result of underlying NCDs (2)
- During COVID-19 further **diversion of funds from NCDs** to focus on short term emergency response
- Lack of sustainable health system response
- PAHO rapid assessment of service delivery for NCDs during the COVID-19 pandemic in the Americas found that - 89% of countries across the region reported NCD health staff had been redirected to work on the COVID-19 response (3)

(2) Global, regional, and national estimates of the population at increased risk of severe COVID-19 due to underlying health conditions in 2020: a modelling study
Andrew Clark et al, [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30264-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30264-3/fulltext)

(3) Rapid Assessment of service delivery for NCDs during the COVID-19 pandemic in the Americas, 4 June 2020,
<https://www.paho.org/en/documents/rapid-assessment-service-delivery-ncds-during-covid-19-pandemic-americas-4-june-2020>

Failing systems

- Higher impacts of COVID-19 as a symptom of failing systems
- Migration exists within the broader global context:
 - weak international system
 - retreat on global commitments
 - global refugee protection system
- Structural inequalities and gender inequalities exacerbated by COVID-19
- As a result marginalised communities being further left behind

Health system
response

Health system response to COVID-19

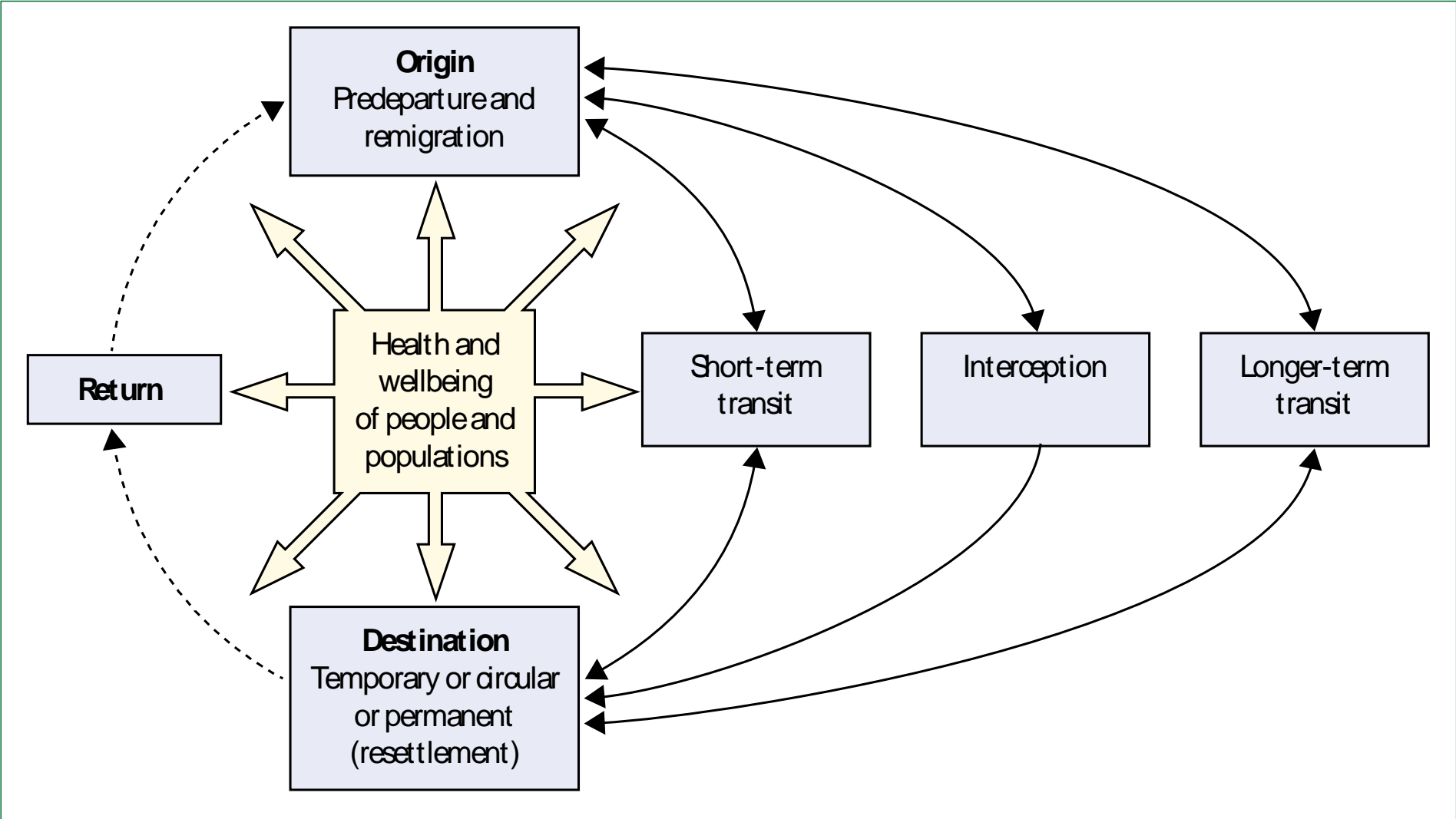
The health system response to the COVID-19 pandemic has demonstrated that we are increasingly leaving the most marginalised communities even further behind.

- Lack of responsiveness and resilience demonstrated: inability of health systems to adapt and transform (4) in order to address people's needs
- Lack of system ability to resist major crises (5)
- Health system response traditionally delimited by geopolitical borders, more marked during COVID-19 border closures

(4) Kruk ME, Ling EJ, Bitton A, Cammett M, Cavanaugh K, Chopra M, et al. Building resilient health systems: a proposal for a resilience index. *BMJ*. 2017;357:j2323.

(5) Blanchet K, Nam SL, Ramalingam B, Pozo-Martin F. Governance and Capacity to Manage Resilience of Health Systems: Towards a New Conceptual Framework. *Int J Health Policy Manag*. 2017;6(8):431-5.

The Migration Cycle



How do health systems respond to ethnicity, migration and race?

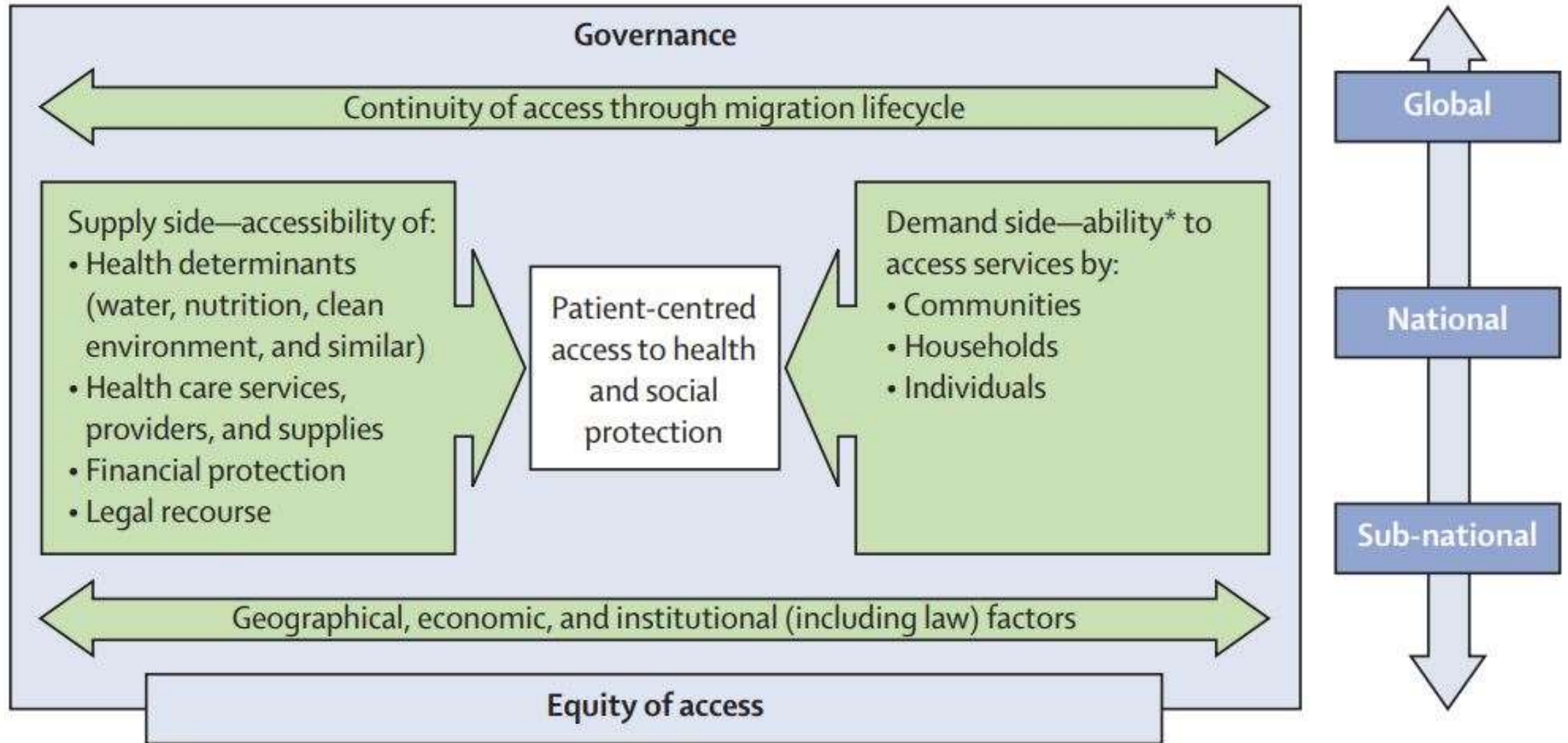
- Ethnicity, migration experience and race will affect individuals' expectation and interaction of the health system
- **Multiple barriers already exist for people of colour and migrants to access and receive quality care in health system:**
 - Upfront health user fees means less likely to access care (6)
 - Data sharing between the health system and government creates distrust in the healthcare system (7)
 - Ethnic minorities often experience racism within the healthcare system across all specialties (8)
 - Less likely to access the appropriate information needed to stay safe/experience culturally insensitive care.
- **Demonstration of failure of health system to adapt during COVID-19 pandemic:**
 - amplifier of existing social dynamics and racial inequality
 - structural social and political determinants shape who is at higher risk of infection and of becoming severely unwell

(6) Weller S et al (2019), The negative health effects of hostile environment policies on migrants: A cross-sectional service evaluation of humanitarian healthcare provision in the UK <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6733377/>

(7) Younis T and Jadhav S (2019), Islamophobia in the National Health Service, <https://onlinelibrary.wiley.com/doi/abs/10.1111/1467-9566.13047>

(8) Race Equality Foundation (2018), Ethnic inequalities in health, <https://raceequalityfoundation.org.uk/wp-content/uploads/2018/03/health-brief3.pdf>

How do we put migrants at the centre of health systems?



Key messages from the UCL-*Lancet* Commission

It is essential to recognise inclusion of mobility as key to effective health care and health systems and to shift away from the traditional structure and delivery of health systems through geopolitical borders

Multilateral funding organisations should have clear mechanisms to include migrants into national and regional proposals.

Ultimately the inclusion of migrants into existing health systems, within the scope of universal health coverage, should improve such systems to benefit nationals and migrants.

Literature



Literature review

- Total number of articles March-October 2020 n= 75
- **Forced displacement or humanitarian contexts n= 40**
 - Mostly commentaries and correspondence (n=23) focusing on particular humanitarian or conflict settings
 - Only 4 research articles, three out of four on high income contexts
 - Most common contexts: Rohingya in Bangladesh (5 total) and asylum seekers in Greece (3 total)

Literature review (2)

- **Migrants and migration n= 25**
 - 14 commentaries and correspondence, mix of high and low income contexts
 - 3 on economic migrants (India, Thailand, Bangladesh)
 - 7 research articles (migrant workers in Kuwait; x5 disease migration China; lockdown impacts migrant mental health)
- **Refugees and migrants n= 10**
 - 9 commentaries and correspondence (health; health equity; youth mental health; undocumented migrants, asylum seekers, refugees South Africa; xenophobia and lockdown)
 - 1 published government health report (mental health, Canada)

Global call to action for inclusion of migrants and refugees in the COVID-19 response

Lancet Migration¹ calls for migrants and refugees to be urgently included in responses to the coronavirus disease 2019 (COVID-19) pandemic.² Many of these populations live, travel, and work in conditions where physical distancing and recommended hygiene measures are impossible because of poor living conditions³ and great economic precarity. This global public health emergency highlights the exclusion and multiple barriers to health care⁴ that are faced by migrants and refugees, among whom COVID-19 threatens to have rapid and devastating effects.⁵ From an enlightened self-interest perspective, measures to control the outbreak of COVID-19 will only be successful if all populations are included in the national and international responses.

Panel: Lancet Migration's immediate actions urged in response to COVID-19

Urgent universal and equitable access to health systems, preparedness, and response

Access should exist for migrant and refugee populations, regardless of age, gender, or migration status, including the immediate suspension of laws and prohibitive fees that limit access to health-care services and economic support programmes.

Inclusion of migrant and refugee populations in health protection responses

Immediate responses should include the transfer of people held in overcrowded reception, transit, and detention facilities to safer living conditions; suspension of deportations and upholding the principle of non-refoulement; and urgent relocation of and family reunification for unaccompanied minors.

Responsible, transparent, and migrant-inclusive public information strategies

Strategies should include regular, accurate, and linguistically and culturally appropriate public communication and information sharing, alongside community mobilisation. Confronting racism and prejudice with a zero-tolerance approach should be at the core of government and societal action.

Situational
briefs

Health system response to COVID-19

- Lancet Migration compiling a series of country/regional/thematic situational briefs on migrants, refugees and asylum seekers hosted on our website
- 22 situational briefs – many thanks to the country authors and the rest of the Lancet Migration team!

www.migrationandhealth.org

Situational briefs

16 country briefs:

Europe (n=5): Italy, Germany, Greece, Portugal, France

Asia (n=2): Russia, Pakistan

MENA (n=4): Turkey, Palestine, Syria, Israel

Latin America (n=4): Colombia, Argentina, Mexico, Chile

North America (n=1): US

4 regional briefs:

East Africa and Horn of Africa

Latin America

West Africa

Nordic countries

2 thematic briefs:

Deportations and irregular migrants (Ethiopia and Niger)

Migrant children in East Africa

Main themes emerging

Health system response and inclusion of migrants and refugees have been limited during COVID-19 by:

- 1) **A biosecurity-driven response rather than a response rooted in the public health principles of inclusion and right to health:**
 - suspension of asylum processes and resettlement
 - border closures
 - increased deportations
 - lockdown of camps and excessively restrictive public health measures not proportionate to public health need

Themes

2) Insufficient resource allocation to ensure inclusion of migrant, refugees and asylum seekers and little consideration in response planning

3) Restrictive measures of lockdowns: disproportionate health and economic impact

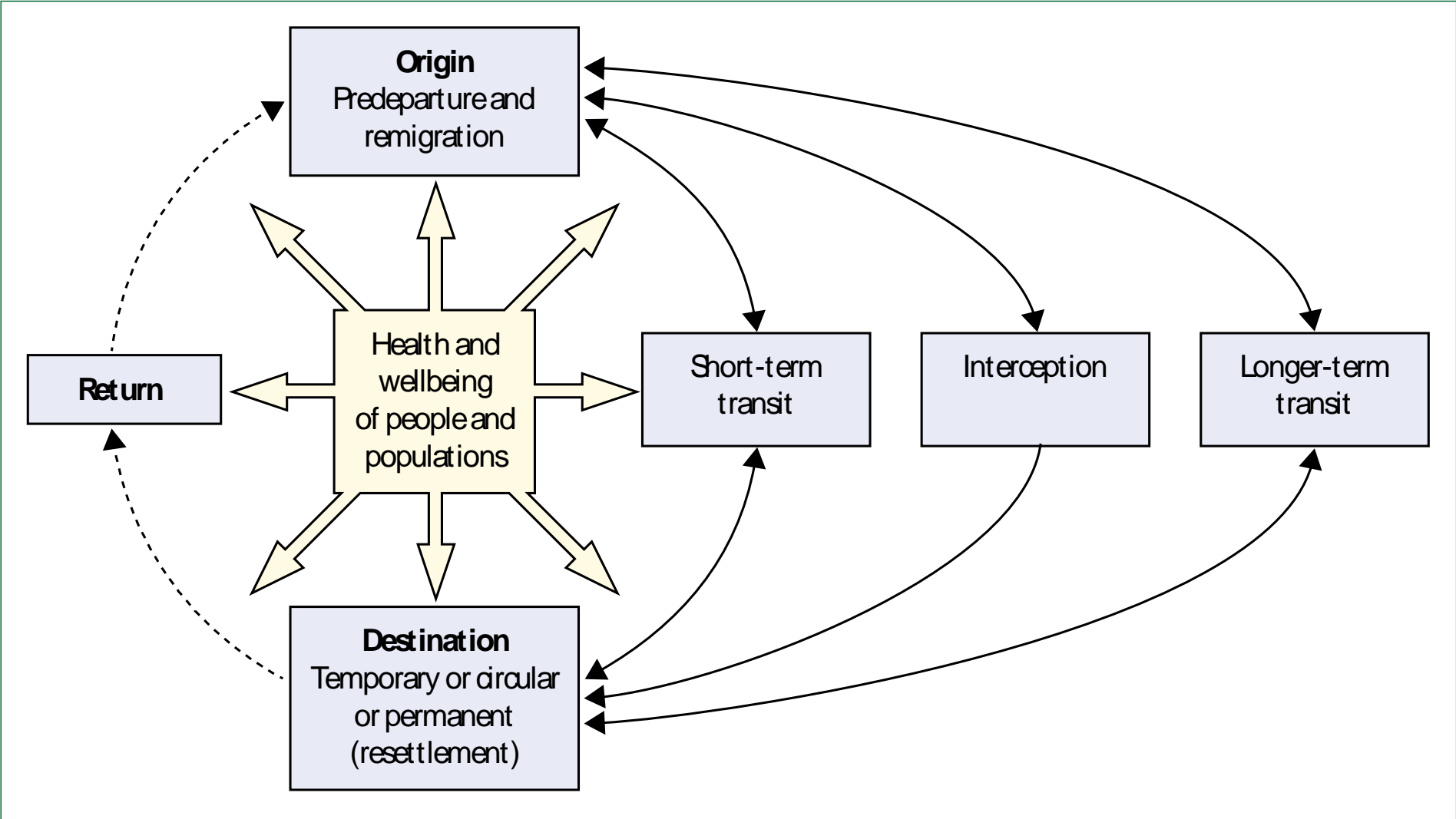
4) Poor access to health care and health promotion services

Case Study

Greece situational brief authors: Dr Elspeth Carruthers (Research Fellow, Lancet Migration), Dr Apostolos Veizis (Medical Operations Support Unit Director at MSF Greece), Dr Elias Kondilis (Associate Professor of Health Policy, Department of Medicine, Aristotle University of Thessaloniki), Sophie McCann (Research Fellow, Lancet Migration).

(11) Situational brief: asylum seekers and refugees in Greece during COVID-19, 22nd September 2020, <https://www.migrationandhealth.org/migration-covid19-briefs>

The Migration Cycle





Migration policies impact on health

- March 2016: the implementation of the EU-Turkey statement meant that irregular refugees and migrants would be returned to Ankara if they had not made formal asylum applications in Turkey
- Practical application of this, resulted in asylum seekers being held for extended periods of time (usually from 6 months to a year) on the Greek islands in RICS.
- Geographical restriction, prevents them from leaving the island
- New government: anti-migration policies and extended policies of deterrence and exclusion of asylum seekers and refugees

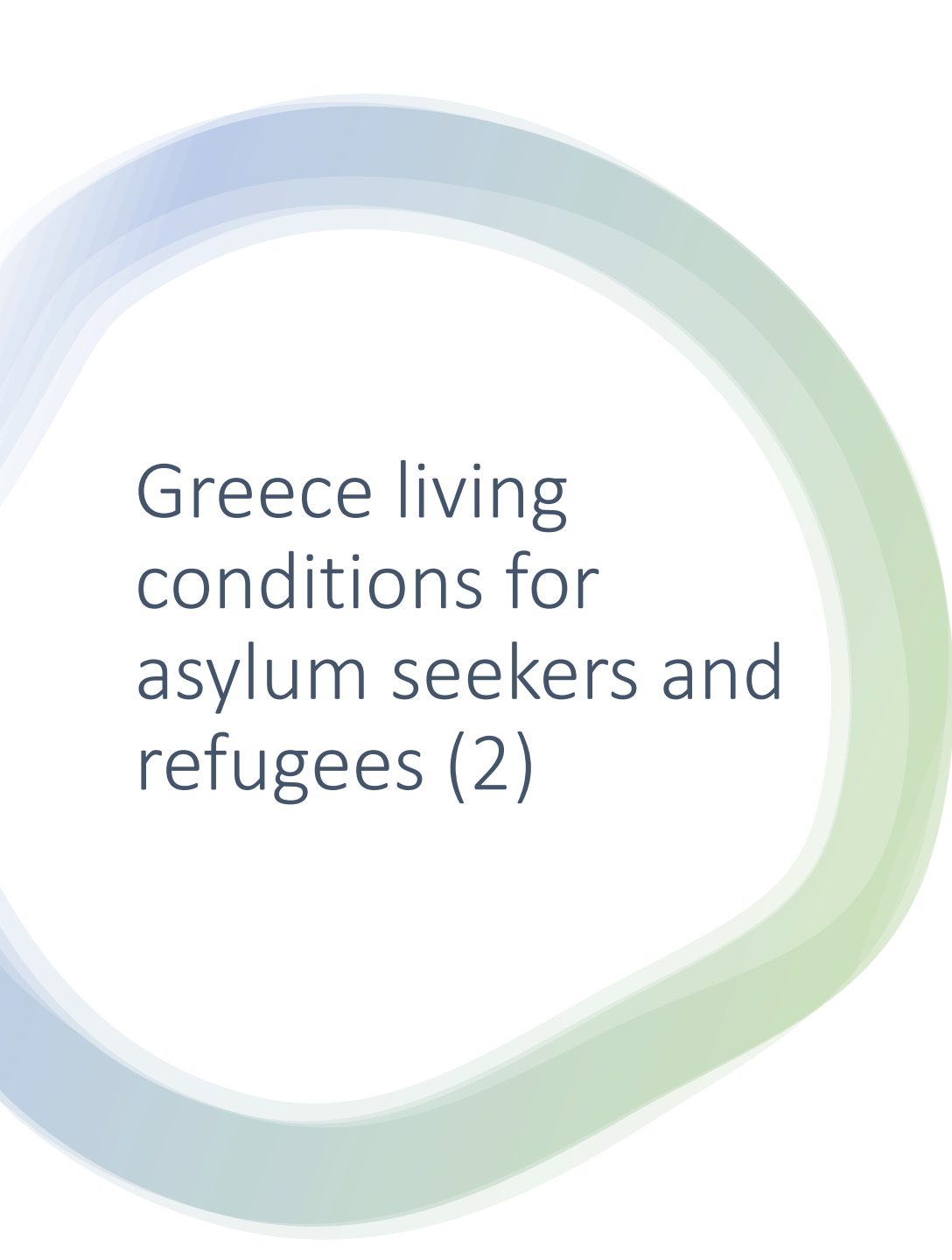


Greece living conditions for asylum seekers and refugees

- Asylum seekers and refugees in Greece: Reception and Identification Centres (RICs), apartments, hotels and camps across the Greek islands and the mainland, some homeless.
- Five RICs on the Greek islands; 32 camps mainland of Greece
- Approximately 27,000 asylum seekers and migrants are currently living in Greece's Eastern Aegean islands, concentrated on islands of Lesbos (14,547), Samos (4798) , Chios (3,736) (12)
- RICs only have the capacity to host 6,095 people (13)

(12) <https://infocrisis.gov.gr/10464/national-situational-picture-regarding-the-islands-at-eastern-aegean-sea-20-9-2020/?lang=en>

(13) <https://www.hrw.org/news/2020/03/24/greece-move-asylum-seekers-migrants-safety>



Greece living conditions for asylum seekers and refugees (2)

- Increased arrivals through the land and sea borders in 2019-2020 and deteriorating living conditions and accommodation capacity
- Increased reports of push-backs and violations of human rights across the Greek -Turkey land border and at sea
- January-September 2020: over 8,986 sea arrivals from Turkey to the Aegean islands; 3,405 land arrivals (14)
- Children 33% of inhabitants, 13% of children are unaccompanied
- Individuals under administrative detention in police stations or 'pre-departure centres'.

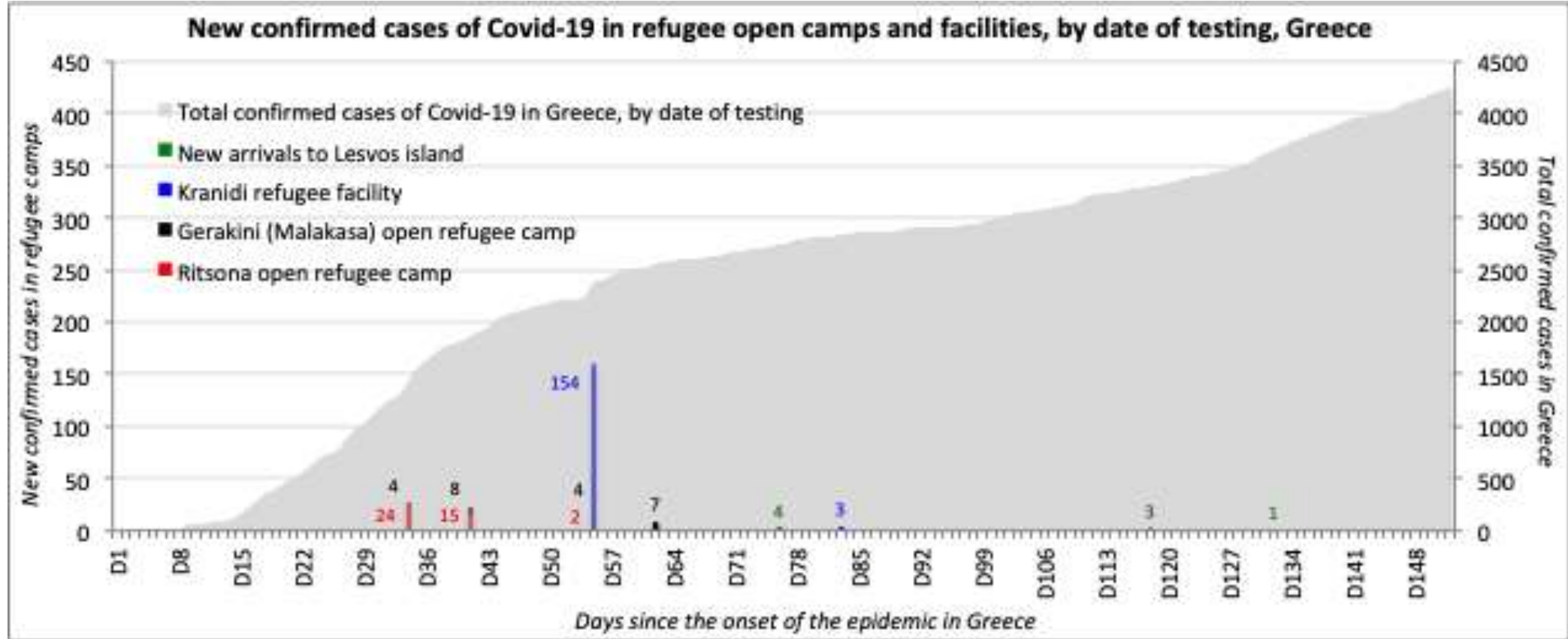
Health impacts and healthcare access

- MSF and other NGOs repeatedly warned of the deterioration of health on the islands (15)
- Mental health distress due to conditions of containment.
- MSF clinic in Lesbos: multiple cases of children who have self-harmed /attempted suicide
- July 2019 Greek government revoked access to the social security number (AMKA) for asylum seekers and undocumented migrants
- Without AMKA, thousands of asylum seekers, unaccompanied children, and undocumented migrants do not have free access to health care/medication

(15) Orcutt, M., Mussa, R., Hiam, L., Veizis, A., McCann, S., Papadimitriou, E., . . . Knipper, M. (2020). [EU migration policies drive health crisis on Greek islands](https://doi.org/10.1016/s0140-6736(19)33175-7). *The Lancet*. doi:10.1016/s0140-6736(19)33175-7

COVID-19 in refugee camps and facilities

Figure 1: New confirmed cases of COVID-19 in refugee open camps and facilities in Greece (Feb 26th – Jul 26th)



Source: Produced by Elias Kondilis (Associate Professor of Health Policy, Department of Medicine, Aristotle University of Thessaloniki). Calculations based on National Public Health Organisation's (1) daily COVID-19 epidemiological surveillance report²⁹ and (2) weekly epidemiological surveillance report in points of care for refugees/migrants.³⁰ (NB the number of those tested positive for COVID-19 in the quarantine facility in Lesbos may differ due to reporting time lapse)

Main themes of the COVID-19 response for asylum seekers and refugees

- Stricter and earlier restriction of movement in the RICs and mainland camps (March 18th until currently) – not proportionate to PH need
- Minimal transfers of vulnerable individuals
- Restriction of movement having impact on food provision, medical care, living conditions
- Indication that government will continue indefinitely and move into closed detention centres
- ‘Lockdown’ conditions increases risk of infection from COVID-19 due to overcrowding and poor sanitation, as well as limited access to healthcare



ECDC Report

(16) Guidance on infection prevention and control of COVID-19 in migrant and refugee reception and detention centres in the EU/EEA and the UK, <https://www.ecdc.europa.eu/en/publications-data/covid-19-guidance-prevention-control-migrant-refugee-centres>

COVID-19 in reception and detention centres for migrants and refugees

1. There is no evidence to suggest that transmission of the virus that causes COVID-19 is higher amongst migrants and refugees. However, environmental factors such as overcrowding in reception and detention centres may increase their exposure to the disease.

3. There is no evidence that quarantining people in reception and detention settings effectively limits transmission of the virus that causes COVID-19 or, provides any additional protective effects for the general population outside those that could be achieved by conventional containment and protection measures.

2. All principles of physical distancing applied in the community should be applied in migrant reception and detention settings. If physical distancing and risk-containment measures cannot be safely implemented, measures to de-congest and evacuate residents should be considered.

4. Providing free and equitable prevention, testing, treatment and care to migrants and refugees in settings of reception and detention is critical at all times.





Political will



Conclusions

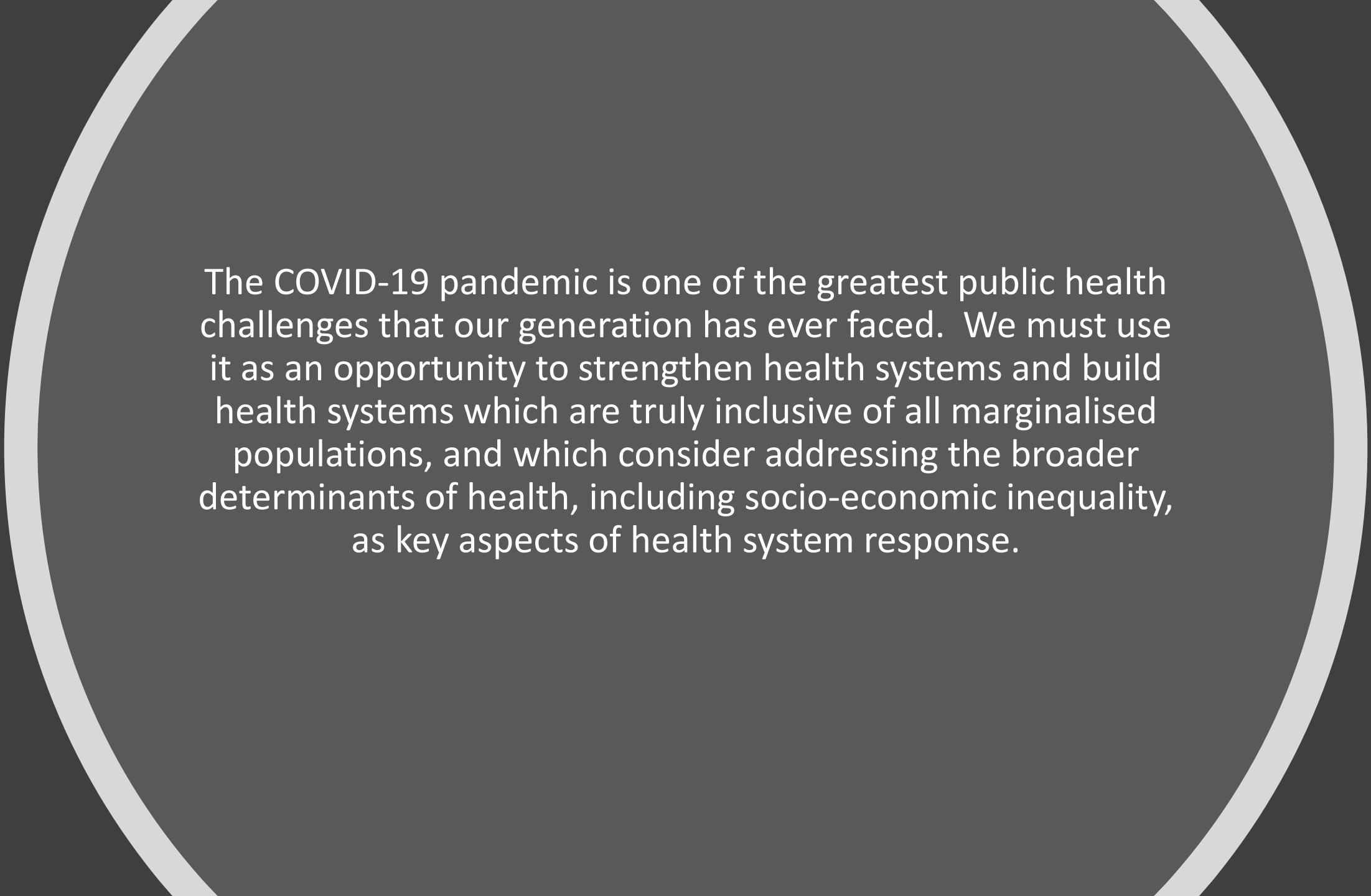
Lancet Migration has called for:

- 1. Urgent access to healthcare for all migrants and refugees throughout the response to COVID-19, including**
 - Immediate suspension of legal and administrative barriers that limit migrants and refugees access to health services and economic support programmes.
 - Ensure ability to physical distance, access food, WASH, health services
 - Migrant-inclusive health services, health systems and medical-humanitarian response
- Special focus during lockdowns, in order to ensure that these measures do not disproportionately disadvantage these populations.

2. Inclusion of all migrant and refugee populations in prevention, preparedness and response to COVID-19

- Including: urgent transfer of migrants & refugees held in overcrowded reception, transit and detention facilities to safer living conditions; and temporary *suspension* of deportations

- **3. Responsible, transparent and migrant-inclusive public information strategies, with a focus on linguistically and culturally appropriate information.**
 - Governments to actively counter racism, xenophobia and discrimination that fuels exclusion of migrant & refugee populations.



The COVID-19 pandemic is one of the greatest public health challenges that our generation has ever faced. We must use it as an opportunity to strengthen health systems and build health systems which are truly inclusive of all marginalised populations, and which consider addressing the broader determinants of health, including socio-economic inequality, as key aspects of health system response.

Thank you

m.orcutt@ucl.ac.uk