



# Pre- Conference

## EUPHA 2021



**Theme 3: Lessons learnt from the long-term consequences of COVID-19**

**Policies to address the long-term impact of COVID-19 in migrants**

Dr. Elisabeth Waagensen, Migration and Health Programme, WHO Regional Office for Europe

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# Agenda for the presentation

1. How have refugees and migrants been affected so far by the pandemic?
2. Acknowledging long-COVID across the region
  - a) Numbers
  - b) Impacts: economic, physical and mental health
  - c) Migrants and long-COVID
3. What is long-COVID?
4. Health policies
  - a) Inclusion and exclusion of refugees and migrants regarding access to health care
  - b) Going forward
    - a) Needs, Multi-disciplinary teams, long-term inclusion
    - b) Rehabilitation: rights and economics

# How have refugees and migrants been affected so far by the pandemic?

## Vulnerabilities and risk

Certain migrant sub-groups have higher rates of pre-conditions that make them particularly vulnerable

Living and working conditions

Ability to access health care and social services

Limited knowledge of health systems

Lack of information

Inadequate hygiene facilities and PPE

Migrant workers are found to be disproportionately employed in high risk settings with little to no protections and/or insurance. This is the largest group of migrants in our region.

Increased stigmatization and discrimination.

Mental health and psychosocial impact has been extensive for a myriad reasons; lack of information, access to health care, restriction of movement, loss of employment.

Lack of disaggregated data means it is difficult to have a true understanding of the size of the affected population, but estimates indicate that refugees and migrants are over represented in certain settings compared to host populations.



# Acknowledging long-COVID across the region

Patient groups that have experienced long-COVID are calling for the 3R's

- Recognition, research and rehabilitation.

1 in 10 that have had COVID-19 infection remain unwell after 12 weeks or longer.

Around 70 million reported COVID-19 cases in WHO European Region, that means approx. 7 million people in the region experience(d) long-COVID.

Early evidence indicates that 35–59-year-olds are most likely to suffer from long-COVID. This directly impacts the ability to work and the economic, physical and mental health of people.

For migrants, this means that the risk of experiencing long-COVID is potentially higher due to existing vulnerabilities to contracting SARS-CoV-2, but the effects of long-COVID will also have severe immediate and long-term effects due to lack of integrated health care, rehabilitation and social protection schemes that are unavailable to migrants when they are unable to continue working or because of lack of access/policies.

# What is long-COVID?

New definition from WHO October 6<sup>th</sup>, 2021

*Post COVID-19 condition occurs in individuals with a history of probable or confirmed SARS-CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms that last for at least 2 months and cannot be explained by an alternative diagnosis. Common symptoms include fatigue, shortness of breath, cognitive dysfunction but also others which generally have an impact on everyday functioning. Symptoms may be new onset, following initial recovery from an acute COVID-19 episode, or persist from the initial illness. Symptoms may also fluctuate or relapse over time. A separate definition may be applicable for children.*

# Health policies

Pre-pandemic inclusion and exclusion

Inclusion during the pandemic

- Emergency care and COVID-19 testing and treatment.
- Best practice examples exist, where immigration status and asylum procedures have been waived or paused.
- European Observatory on Health Systems and Policy Monitoring and the GERHM report on Refugees and migrants in times of COVID-19: mapping trends of public health and migration policies and practices.

# Health policies - Going forward

## Policies and services available

- Continue to address the health needs of refugees and migrants
- Long-term inclusion into national health systems
- Rehabilitation:
  - UHC and SDG Goal 3.
  - Part of long-term planning
  - Economic argument

## Human right to health includes the right to health information

- Dignity and self-care

## Cultural competency

- Pre-pandemic health status
- Culturally and socially acceptable communication and treatment options.
- Understanding entitlements to avoid misunderstandings and mismanaged expectations.



# Thank you!



WHO Regional Office for Europe

UN City  
Marmorvej 51  
Copenhagen Ø  
Denmark



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