

Refugees and migrants in times of COVID-19: mapping trends of public health and migration policies and practices



WHO Health and Migration Programme

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Abstract

Refugees and migrants have been disproportionately affected by both the direct effects of the COVID-19 pandemic and the restrictive migration measures put in place, which, in turn, have hampered coordinated and consistent public health responses. This report maps how the needs of refugee and migrant have been addressed in COVID-19 responses across countries and how these have varied considerably from inclusive policies to discriminatory practices. Many countries ensured access to health care for refugees and migrants regardless of migration status, and several countries also suspended forced returns and prioritized alternatives to immigration detention. An integrated approach to migration and public health policies covering protection-sensitive access to territories, a flexible approach to migration status and non-discriminatory access to health care is suggested as a policy consideration to uphold international conventions protecting the right to health without discrimination for refugees and migrants.

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Foreword

Refugees and migrants are the focus of intense political debate worldwide. Population movement, including forced migration, is a complex phenomenon and is a high priority for many WHO Member States. Health is a vital dimension of the necessary policy responses, now given renewed emphasis by the COVID-19 pandemic.

Responding to the health needs of refugees and migrants includes not only providing support during humanitarian emergencies, but also addressing the longer-term implications of large population movements and their ability to access services in host societies.

Refugees and migrants have a fundamental human right to the enjoyment of the highest attainable standard of health. They also have specific physical and mental health needs and vulnerabilities, which often go unrecognized and unaddressed, and which have been exacerbated during the pandemic. These include noncommunicable and communicable diseases; oral health; mental health; care for elderly people and people with disabilities; and trauma from injuries, violence, abuse and trafficking. Women and children, who may be unaccompanied, need special consideration.

Refugees and migrants may also experience challenges because of their highly insecure living conditions and lifestyles and can suffer discrimination, poverty, poor housing and education, poor employment practices, often without access to essential health and other services. Despite global efforts, they may also suffer poor access to COVID-19 vaccines.

The COVID-19 pandemic has shown us the consequences of vulnerability, with increased rates of infection and deaths amongst the poor and the disadvantaged, including refugees and migrants. Evidence suggests that during the COVID-19 pandemic, refugees and migrants have experienced high levels of xenophobia, racism and stigmatization. All these vulnerabilities have been further exacerbated by public health control measures and border closures.

WHO has developed agreed policies and interventions to promote and secure health rights for refugees and migrants. The 2019 WHO Global Action Plan: Promoting the health of refugees and migrants (GAP) provides a comprehensive overview of strategic actions aligned with the United Nations 2030 Agenda for Sustainable Development, the Global Compact on Refugees and the Global Compact for Safe, Orderly and Regular Migration.

To help countries to promote the health of refugees and migrants, WHO is committed to developing norms, standards, guidance and tools on health and

migration, and to promoting a research agenda to generate evidence to support decision-making. There is a strong need to enhance research efforts to better understand the global trends and implications of migration and health, as well as how to address the related needs.

This first Global Evidence Review on Migration and Health will begin a series of evidence reviews aiming to identify and advocate for critical issues related to the needs of specific population groups.

The publication maps policies governing migration, borders and access to health care for refugees and migrants that have been adopted to respond to the COVID-19 pandemic. Policy considerations based on how governments have addressed the health of refugees and migrants in their response to COVID-19 are included to support international dialogue and knowledge-sharing among countries.

This report and those that will follow in the series are 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.

We hope this report will help countries to ensure that refugees and migrants can access health information and public health and health services. Health for all means all people in all circumstances, including refugees and migrants during pandemics.



Dr Tedros Adhanom Ghebreyesus
Director-General
World Health Organization



Preface

WHO's work is guided by the right to health and well-being laid down in 1948 in its Constitution. The right to health is universal, applying to all, including refugees and migrants. To this end, WHO now has an ambitious triple billion target for 2030, aiming to achieve a billion more people with universal health coverage, a billion more people protected from health emergencies and a billion more people with better health and well-being.

The Sustainable Development Goals contain a global expectation to leave no one behind. Identifying and responding to the needs, including health needs, of refugees and migrants are essential. The 2019 WHO Global Action Plan: Promoting the health of refugees and migrants aims to promote and secure health rights for refugee and migrants in the context of the human right to health and universal health coverage.

Progress needs to be equally shared if these expectations are to be met. Refugees and migrants have special needs and requirements in terms of their physical and mental health, and often face challenges in accessing public health and health care. Effective public health interventions and health-care services need to be provided to refugees and migrants in a culturally and linguistically sensitive way, with the avoidance of exclusion, stigma and discrimination.

The COVID-19 pandemic has brought these issues to the fore, showing that equity is of crucial importance in COVID-19 responses. During the pandemic, vulnerable populations are disproportionately affected, and pre-existing vulnerabilities exacerbated. Refugees and migrants have been more vulnerable to infection and death, through lack of financial protection, crowded living conditions, and informal and potentially dangerous labour settings; in addition, they often experience limited access to health care.

At the same time, the lives of refugees and migrants have been impacted by restrictive migratory policies adopted to counter the pandemic. Global mobility and

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