Preparedness, prevention and control of coronavirus disease (COVID-19) for refugees and migrants in non-camp settings

Interim guidance

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World Health Organization

Background

Most refugees [a] and migrants [b] live in individual and communal accommodations in cities, towns, industrial and urban areas. They face similar health threats from coronavirus disease 2019 (COVID-19) as their host populations. However, due to the conditions of their migratory journeys, limited employment opportunities, overcrowded and poor living and working conditions with inadequate access to food, water, sanitation, and other basic services, refugees and migrants may have specific vulnerabilities. Many migrants are often excluded from national programmes for health promotion, disease prevention, treatment and care, as well as from financial protection schemes for health and social services. This exclusion makes early detection, testing, diagnosis, contact tracing and seeking care for COVID-19 difficult for refugees and migrants thus increasing the risk of outbreaks in these populations, and that such outbreaks may go unchecked or even actively concealed. These conditions present an additional threat to public health.

Aligned with the WHO COVID-19 Strategic Preparedness and Response Plan[1] and WHO Technical Guidance for COVID-19,[2] this document offers guidance to Member States and partners, and aims to contribute to the global public health efforts to prevent COVID-19. It calls for the inclusion of refugees and migrants, as part of holistic efforts to respond to COVID-19 epidemics in the general population. These efforts should be in accordance with the objectives of the global response to the pandemic and aligned with many legal instruments, including international human rights obligations, refugee law, international labour standards and other relevant international and regional instruments and standards.

This document is informed by current guidance and knowledge of COVID-19 outbreaks in different countries and settings, as well as World Health Assembly resolutions 61.17 (Health of migrants) and 70.15 (Promoting the health of refugees and migrants),[3,4] global compacts regarding migration and refugees,[5,6] the framework of priorities and guiding principles to promote the health of refugees and migrants,[7] the global action plan for promoting the health of refugees and migrants[8] and WHO regional resolutions and action plans.[9] This guidance compliments the Interim Guidance Scaling-up COVID-19 outbreak, readiness and response operations in humanitarian situations including camps and camp-like settings.[10]

WHO will continue to update these recommendations as new information becomes available in close collaboration with its partners.

Guiding principles

1. **The right to the enjoyment of the highest attainable standard of physical and mental health.**[c] All states have an obligation to protect and promote the right to health for all people on their territory, without discrimination,

[a] Article 1 of the 1951 Convention relating to the Status of Refugees states that: "the term 'refugee' shall apply to any person who … owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it".

[b] There is no universally accepted definition of the term migrant. Migrants may be granted a different legal status in the country of their stay, which may have different interpretations regarding entitlement and access to essential health care services within a given national legislation. However, international human rights law makes clear that migrants, regardless of their status, are entitled to the right to the highest attainable standard of health. The United Nations Committee on Economic, Social and Cultural Rights has clarified that protection from discrimination cannot be made conditional upon an individual having a regular status in the host country.

[c] As declared in the preamble to the Constitution of the World Health Organization. Also, the International Covenant on Economic, Social and Cultural Rights, Article 2.2 and Article12, recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

and this includes refugees and migrants. This refers to the right to access health-care services, such as testing[11], diagnostics, care and treatment and referral as well as prevention and health promotion-related activities for COVID-19. Refugees and migrants regardless of their legal status are entitled to this and other universal human rights. Moreover, they should not be scapegoated, stigmatized or otherwise targeted with specific, discriminatory measures.

2. **Equitable access to health services and non-discrimination**. The right to COVID-19 preparedness, prevention and control for refugees and migrants should be exercised through non-discriminatory, child- and gender-sensitive comprehensive laws and national policies and practices. The health conditions experienced by refugees and migrants, including those with COVID-19 infections, should not be used as an excuse for imposing arbitrary restrictions, stigmatization, detention, deportation and other forms of discriminatory practices.

3. **People-centred, inclusive child- and gender-sensitive health systems for refugees and migrants**. Health systems should aim to deliver culturally, linguistically and child-, gender- and age-responsive COVID-19 services that are accessible to all populations. Refugees and migrants are particularly vulnerable to public health risks and some of them may need special service provisions. These include provisions for people with underlying conditions and/or disabilities, the elderly, people experiencing sexual violence, abuse and exploitation and other forms of gender-based violence, as well as unaccompanied or separated children, as well as people in detention.

4. **Equal treatment at the workplace.** It is critical that international labour standards and fundamental rights are upheld, including that refugee and migrant workers are provided with fair working conditions, included in health care and social insurance programmes, and basic entitlements. Workers and employers have important duties at the workplace in time of crisis, including COVID-19 outbreaks. Employers should be flexible and explore different options for leave and pay arrangements.

5. **Whole-of-government and whole-of-society approaches and partnership**: Preparedness, prevention and control of COVID-19 outbreaks in refugee, migrant and host populations should be considered in the context of broader government policy and coordination between national, local and other levels of government and sectors such as health, sanitation, urban planning, workers' organizations and trade unions. Partnership and cooperation among and within countries, the United Nations system and other stakeholders, including civil society and the private sector, are critical to ensure harmonized and coordinated responses to the COVID-19 pandemic.

6. **Participation and social inclusion of refugees and migrants**. Refugees and migrants should be involved and engaged in the design of the national and sub-national COVID-19 readiness and response plans, decision-making processes and be recognized as co-developers as well as providers of health and other essential services and prevention efforts.

Recommendations

Coordination and planning

1. **Review national COVID-19 and/or emergency preparedness and response plans, national and local capacity, legal framework and regulatory requirements for providing health services to refugees and migrants.** Refugees and migrants' health cannot be separated from the health of the general population Their health care must be included in the COVID-19 programmes, national health systems, policies and planning to ensure essential services. Guidance on operational planning to support country preparedness and response.[12]

2. **Identify/map health and isolation facilities available for refugees, migrants and surrounding populations.** Health facilities should be assessed for readiness, response capacity, policy and protocols using the WHO hospital readiness checklist for COVID-19. Any barriers based on migration status identified, which create inequality between host populations and refugees and migrants, must be removed for effective COVID-19 response efforts. Health facilities and critical infrastructure must be safe, prepared, well maintained and resilient to avoid the disruption of basic services.[d]

3. **Enhance capacity to address the determinants of health to ensure effective COVID-19 preparedness and response actions.** This applies to countries of origin, transit, destination and return for refugees and migrants, and requires continued provision of basic services such as health care, including mental health and psychosocial support and occupational health; and other public services such as housing, water and sanitation, education, gender-based violence, social and child protection services.

4. **Accelerate progress towards achieving universal health coverage.** Refugees and migrants should be progressively integrated into the existing local and national health structures. They also should be integrated into existing risk pooling mechanisms, the same as nationals. Universal coverage and solidarity in health-service financing[e] can be ensured by providing free testing and referrals as an emergency procedure and by avoiding excessive reliance on out-of-pocket payments for COVID-19-related health services.

5. **Improve preparedness and resilience to public health crises, and adapt all-hazards approach in prioritizing the preparedness, prevention and control of COVID-19 for refugees, migrants and host population.** This should ensure comprehensive risk management for these populations in different settings. This also involves policy

[d] Sendai Framework for Disaster Risk Reduction 2015–2030, target D.

[e] The costs of access to affordable health care should be borne collectively through broad risk pooling mechanisms and should be financed "by regular periodical payments which may take the form of social insurance contributions or of taxes, or of both" (International Labour Organization Medical Care Recommendation 1944, No. 69).

and regulatory frameworks, urban/territorial planning and slum upgrading to support good public health. National governments should work closely with local governments and provide technical expertise to support governors and mayors to play their roles in the preparedness, prevention and control of COVID-19 outbreaks, while keeping public services functioning.

6. **Strengthen partnerships as well as intersectoral and interagency coordination, as part of the overall COVID-19 response**. Coordination of refugee/migrant community networks with local government authorities, public health units and pre-hospital and hospital care services should be strengthened. Information on the existing chain of command and those responsible for provision of refugee and migrant health care should be shared. The COVID-19 Partners Platform.[13]

7. **Strengthen international cooperation on the health of refugees and migrants**. Provision of necessary assistance could be considered through bilateral and international cooperation to those countries hosting and receiving large populations of refugees and migrants to prepare, prevent and respond to COVID-19 outbreaks in refugees, migrants and host populations.

Surveillance, case investigation and management, and infection control

8. **Prevent human-to-human transmission and reduce mortality and morbidity from COVID-19 among refugee, migrant and their host populations**. Inclusive public health measures and interventions are required to save lives and reduce the further spread of the disease among all populations including refugees and migrants. While rapid and effective responses are essential for saving lives, relieving suffering and reducing further spread of the virus, long-term planning is needed to ensure a more systematic and development-oriented approach. Guidance on critical preparedness, readiness and response actions for COVID-19.[14]

9. **Include refugees and migrants in COVID-19 surveillance and health information systems**. New cases of COVID-19 infection should be rapidly detected and reported, and the resulting data should be disaggregated by age and gender. **Community-based surveillance** should be encouraged. Epidemiological information should be collected and used to conduct risk assessments and guide preparedness and response measures in COVID-19 outbreaks in refugee and migrant settings. Cross-border collaboration for sharing COVID-19 information should cover people crossing borders, meanwhile respecting their right to privacy and personal data protection. Global guidance on surveillance for COVID-19.[15] A handbook for public health capacity-building at land crossings and cross-border collaboration.[16]

10. **Respond to COVID-19 outbreaks in refugee and migrant populations.** As for the general population, all those with suspected or confirmed COVID-19 infection should be screened, triaged tested and provided with care. Active case finding, contact tracing and monitoring help to identify contacts that may need quarantine and patients who need to isolate in line with WHO guidance and the national guidelines. The operational considerations for case management of COVID-19 in health facilities and the community;[17] Guidance on responding to community spread of COVID-19.[18] In case of culturally diverse communities, information on proper care of the dead and their burial may need to be provided.

11. **Prepare for a surge in the demand for health-care facilities and their use to ensure the provision of essential services and continuity of care and referrals for refugees and migrants.** Support will be needed for the provision of medical, nutritional and psychosocial care[19] for refugees and migrants with COVID-19 and their families. High-risk groups with underlying conditions such as HIV/AIDS, tuberculosis, chronic health conditions and disabilities should be identified and paid particular attention. Essential services should be maintained to ensure continuity of care for these conditions as well as for COVID-19.[20]

12. **Mobilize and train health staff in case management and infection prevention and control measures at health facilities**. Operational plans should be developed and implemented for monitoring health workers exposed to COVID-19 infection, including health workers serving refugees and migrants. Guidance on infection prevention and control and online training courses are available.[21] Frontline health workers responding to COVID-19 should be aware of gender-based violence risk mitigation, protection from sexual exploitation and abuse, safe and ethical disclosure and referrals for survivors. Guidance for gender-based violence risk mitigation on COVID-19.[22]

13. **Strengthen community hygiene[23], particularly in informal urban areas and settlements.** Such areas are often inhabited by vulnerable migrant populations. Local authority and community efforts to improve access to clean safe water, sanitation and waste management, and to promote good hygiene measures should be supported. Guidance on water, sanitation, hygiene and waste management for COVID-19.[24]

Points of entry screening and quarantine safeguards

14. **COVID-19 screening at points of entry**. Outbreaks of COVID-19 have spread across borders and prompted demands for travel restrictions. **Safeguards should be in place to ensure non-discrimination, non-stigmatization,** as well as respect for the privacy and dignity of all populations including refugees and migrants with regard to screening at borders. International laws exist for asylum-seekers and refugees in terms of access to territory. For example, there are no legal grounds to refuse entry to people because they have recovered from COVID-19 infection. Guidance on Management of ill travellers at Points of Entry.[25]

15. **WHO recommendation regarding contacts of patients with laboratory-confirmed COVID-19.** Such contacts should be quarantined for 14 days from the last time they were exposed to the patient. When quarantine or isolation is not possible, emphasis should be on restriction of contact with others and limitation of movements outside of home. This applies to all populations including refugees and migrants, without discrimination. In addition, health care, including mental health care and psychosocial support, and other essential services such as food and water should be

provided to all under quarantine including refugees and migrants. Considerations for quarantine of individuals for coronavirus disease (COVID-19).[26]

16. **Increase public health capacity for immigration and border/port health staff**. Priority locations should be identified for the implementation of public health emergency measures including the provision of essential services such as safe water for drinking and handwashing and sanitation facilities. Population movements should be mapped and partners provided with relevant information on mobility and cross-border movements of refugees and migrants. Specific information on any changes to border migration policies including entry and exit should be shared.

Risk communication and community engagement

17. **Support measures to improve communication and counter xenophobia.** Accurate and timely evidence-based information should be provided on the possible impact of COVID-19 outbreaks in refugee, migrant and host communities. This information should seek to dispel fears and misperceptions among host populations regarding refugees or migrants and COVID-19 outbreaks. Where possible, analyses should be conducted of risk perceptions, high-risk groups, potential conflict due to xenophobia, barriers in accessing to health services, risk of exclusion and enablers for effective risk communication among refugee, migrant and host communities.

18. **Provide culturally and linguistically appropriate, accurate, timely and user-friendly information in accessible formats on the health facilities available for COVID-19 care**. Information on how people can seek testing, care and treatment could be provided through local 24/7 COVID-19 telephone hotlines as well as visual and other forms of educational materials. Such information should cover the prevention and triage of people with respiratory symptoms, as well as home care and individual and community hygiene. Mechanisms already in place for receiving feedback from refugees and migrants can be used to improve such provision of information and other services. Guidance on risk communication and community engagement tools.[27]

19. **Identify and work with groups able to communicate well with refugees and migrants.** Community and religious leaders, local and diaspora networks/groups and nongovernmental organizations (NGOs) may be able to encourage refugee and migrant communities to take an active role in national COVID-19 prevention and response efforts. Mechanisms used to communicate on COVID-19 prevention and control measures should be consistent and engage with media, public health and refugee and migrant community-based networks, local government, workers' organizations, trade unions and NGOs.

Occupational health and safety measures

20. **Develop, reinforce and implement occupational health and safety measures.** Refugee and migrant workers should have equal access to mental health and psychosocial support and services in the workplace including personal protective equipment as well as to COVID-19 prevention, treatment and care, referral, rehabilitation and social protection. This should include sick leave for occupationally acquired infections according to national policy and guidelines Guidance on workplaces for COVID-19[28] should be implemented for all workers, including refugee and migrant workers.

21. **Ensure that refugee and migrant health workers enjoy the same level of health and safety protection at work as all other workers.** This includes working hours, rest and recuperation. It also includes access: to infection prevention and control measures, mental health and psychosocial support, occupational health services, health care; and protection from violence, harassment and other occupational hazards. Measures that offer flexibility and protection for migrant health workers, such as temporary extensions to work and residence visas for all refugee and migrant health workers, could be considered to reduce the burden on visa issuance/renewal and reduce uncertainty for those working on the COVID-19 outbreak response. Guidance on coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers.[29]

22. **Strengthen social protection systems for all concerned populations including refugees and migrants.** Sickness benefits and cash transfers for families and/or workers who have lost their livelihood as a result of COVID-19 need special consideration. [f] Lack of income security creates an incentive for people to work while they are sick and increases the risk of further spreads of the virus. Effective communication regarding health and safety in the workplace and the community, including between employers' and workers' organizations should be reinforced.

23. **Provide functional basic utilities such as water, sanitation and hand washing facility) by employers for all workers including refugee and migrant workers**. These should be available for both individual and communal accommodation, with separate dormitory buildings reserved for quarantine of workers with suspected infection and for workers testing positive, respectively. Quarantined areas should have sufficient health, sanitation and logistics personnel. Access to testing should be made available for all workers.

[f] International Labour Organization Member States adopted useful guidance in this respect, see Medical Care and Sickness Benefits Convention, 1969 (No. 130), and Medical Care and Sickness Benefits Recommendation, 1969 (No 134)

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