

WHO Global School on Refugee and Migrant Health

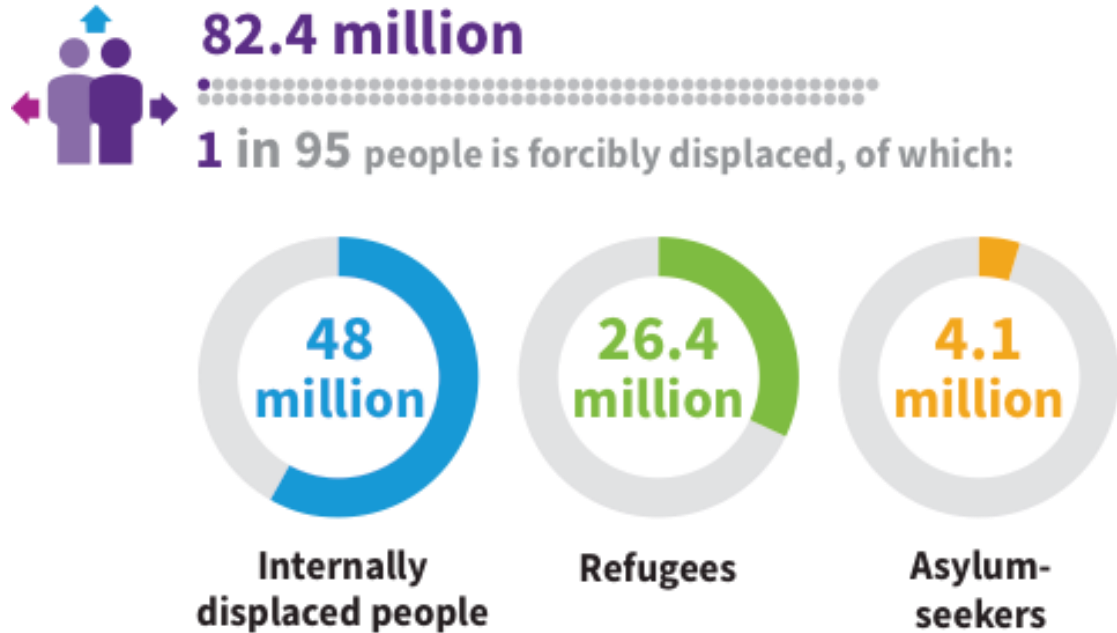


Special vulnerabilities, equitable access to service during a pandemic, tackle stereotypes and misinformation; Apart Together survey results

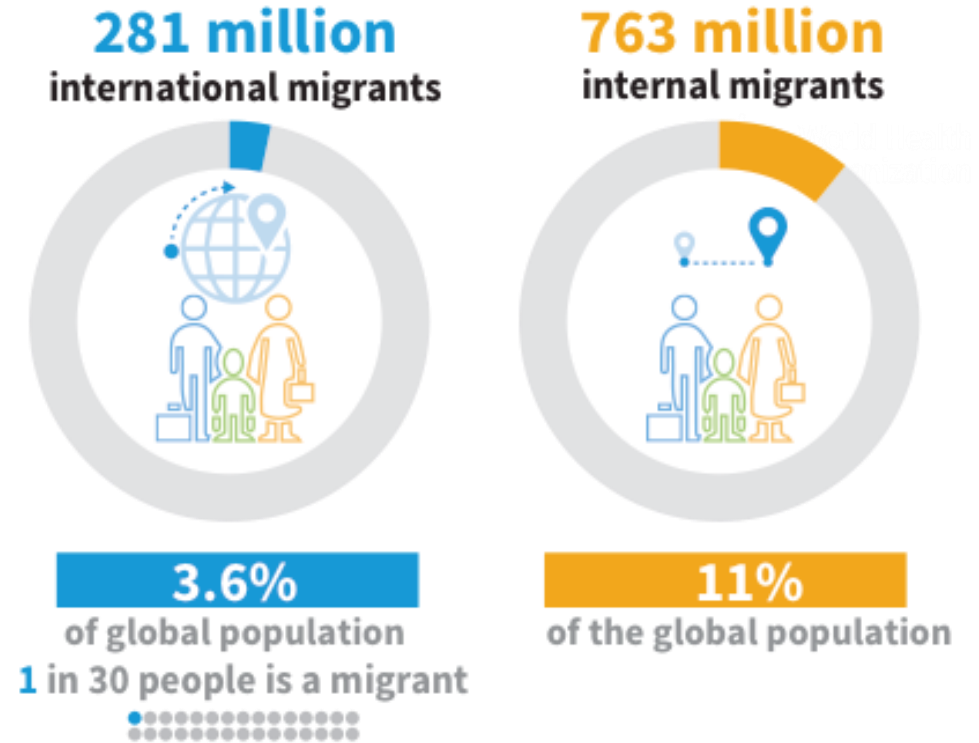
Santino Severoni, Director, Health and Migration Programme, Office of the Deputy-Director General, WHO headquarters

Global Migration in 2020

Over 1 billion people on the move



Source: UNHCR



Source: IOM

Despite the COVID-19 disruptions, displacements and migration are on the grow with increasing number of refugee and migrant families with young children, women and elderly

Key Public Health Issues

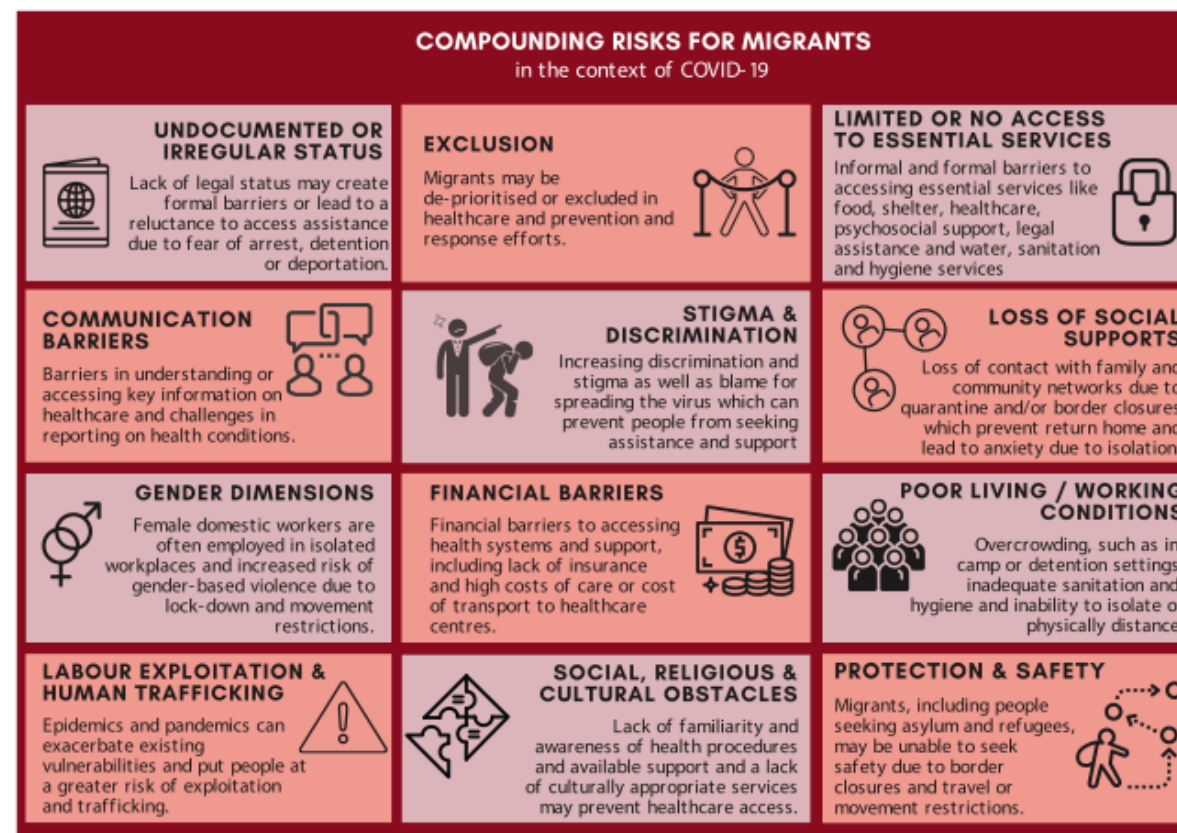
Overview

- Health system capacity and economic impact
- Access to health services and health-system access barriers (gender, cultural, financial, social and linguistic)
- Access to vaccination for COVID-19 and other vaccine-preventable diseases
- Health risk assessment, preparedness, exposure to hazards and public health implication for migrants and resident community
- State of health of migrants: changing health profile, Communicable Diseases & Noncommunicable Diseases, re-emerging neglected diseases
- Migration policy and integration, Universal Health Coverage (UHC)
- Public health data collection/generation, knowledge sharing, research agenda
- Political sensitiveness

Special Vulnerabilities of Refugees and Migrants

Overview

- Refugees and migrants face similar health threats from COVID-19 as their host population, but may be more exposed to the virus
- The pandemic exacerbated pre-existing vulnerabilities and generated new ones
- Refugees and migrants at greater risk include
 - migrants in an irregular situation
 - asylum seekers
 - those who are in immigration centres or confined in camps
 - exploited migrant workers and victims of human trafficking



Source: Least protected, most affected: migrants and refugees facing extraordinary risks during the COVID 19 pandemic. Geneva: International Federation of Red Cross and Red Crescent Societies; 2020

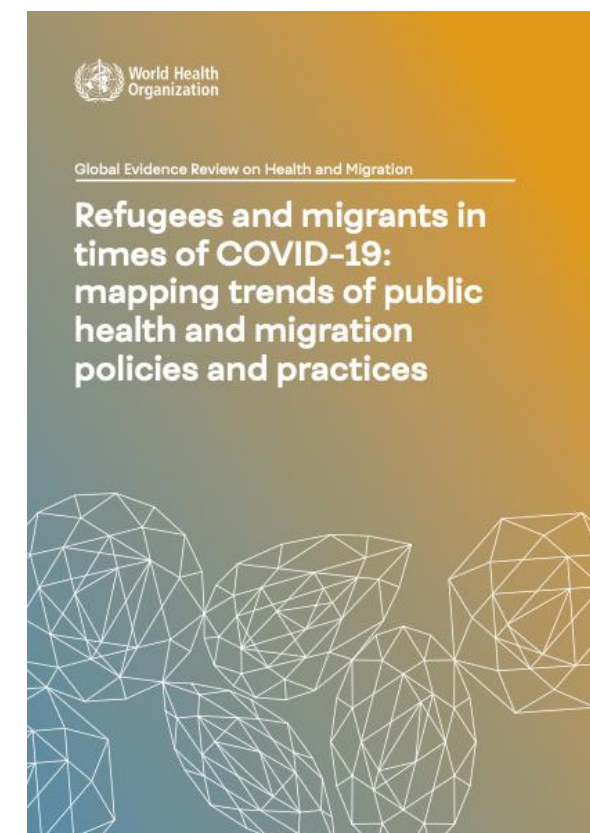
Trends in COVID-19 Global Response

Overview

- Responses varied widely across countries and over time
- Entry conditions more common than entry restrictions (restrictions subject to exception in most cases)

As of 26 October 2020

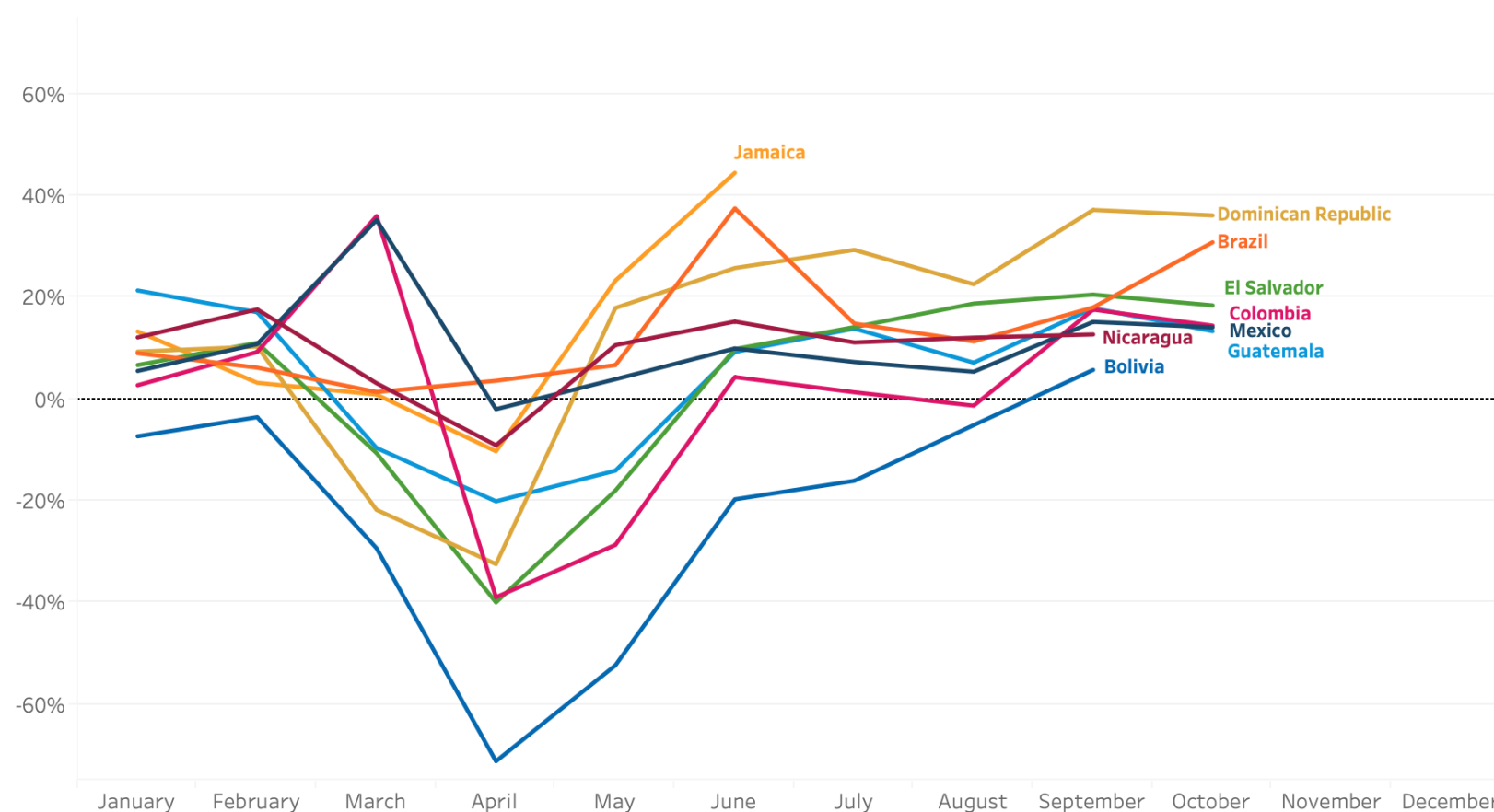
- **219 countries, territories and areas** have issued **96,202 travel-related measures**
- **27,800 entry restrictions** for passengers from certain countries, territories or areas
- 68,402 COVID-19 related conditions for authorized entry - 64% were medical measures
- **681 exceptions** issued by 167 countries (entry bans subject to conditions)
- **156 states** implemented full or partial border closure (*as of September 2020*) breaching international refugee laws



Source: Refugees and migrants in times of COVID-19: mapping trends of public health and migration policies and practices. Geneva: World Health Organization; 2021

While remittances dropped sharply in the wake of COVID-19, in many LAC countries they recovered quickly and are now even outpacing 2019 flows.

Percent change in remittances (compared to the same period in 2019)



Source: Data from national central banks.

Source: UNDP

Trends in COVID-19 Global Response

Focus on equitable access to healthcare

- **Equitable access** is recognized but there are not effective nor cohesive policies (at global and even regional level)
 - Many countries provide equal access to health care to the whole population, including refugees and migrants
 - Tendency to lift the financial burden and cover COVID-19-related services
 - Adopted policies in some cases do not explicitly mention refugees, migrants or asylum seekers
- **Communication** often recognized as a tool to improve the accessibility of health care for refugees and migrants and limit the spread
 - Dissemination of information on emergency health care and other available services
 - Awareness raising about COVID-19 and preventive measures

Trends in COVID-19 Global Response

Focus on equitable access to healthcare

In a number of countries

- Specific measures in **camp and camp-like settings**
 - Policies adopted include preventive measures to create preparedness and minimize the risk of contamination (e.g., mapping the areas most at risk and taking mitigating measures prioritizing the vulnerable population)
- Initiatives to increase **migrant workers**' protection in the time of COVID-19
 - short-term solutions (e.g., protection equipment and other preventive measures at the workplace)
 - mid- and long-term solutions with involvement of health insurance and social protection policies

COVID-19 Immunization in Refugees and Migrants

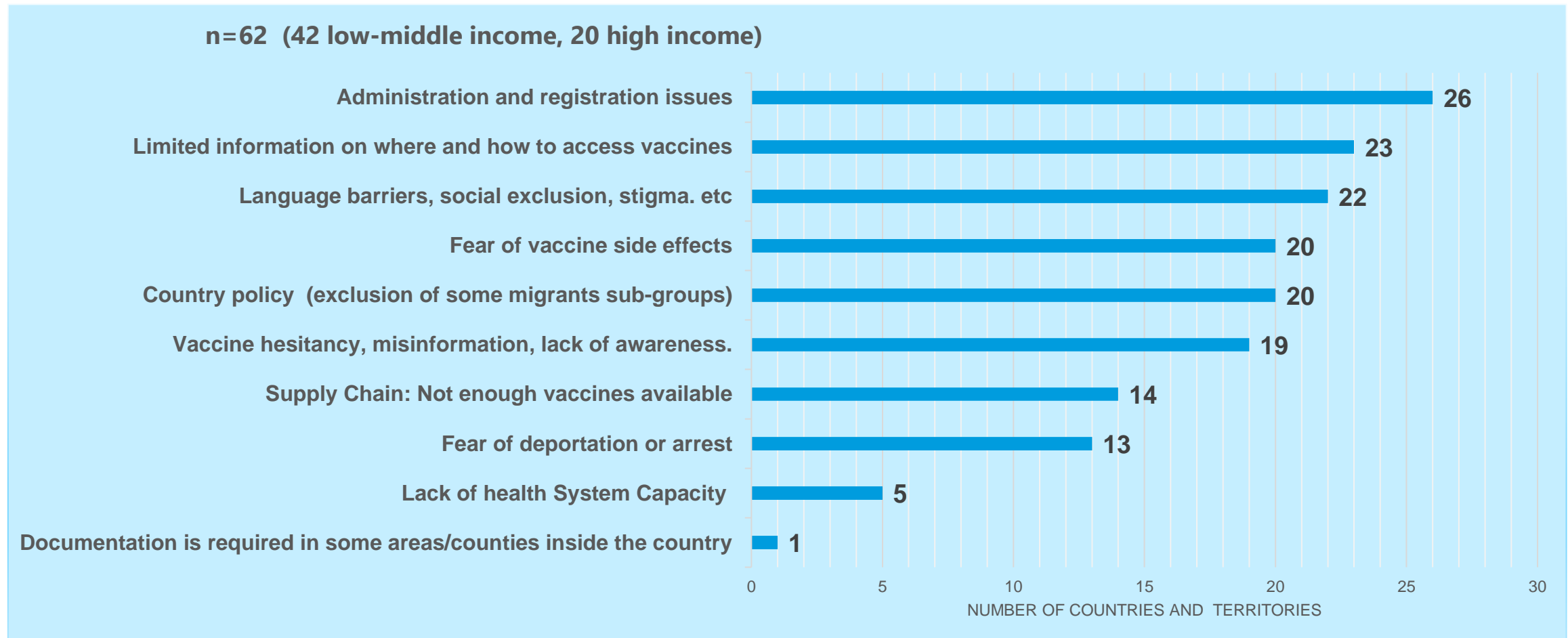
Key challenges in planning and rollout

- Global vaccine supplies, vaccine distribution and operational bottlenecks
- Exclusion of these populations in the National Deployment and Vaccination Plans (NDVPs) and prioritization of target populations
- Barriers in accessing to vaccination services (e.g., administrative, costs, security, access, health system capacity, etc.)
- Hesitancy to receive vaccine
- Lack of target population (e.g., irregular migrants), and coverage data



COVID-19 Immunization in Refugees and Migrants

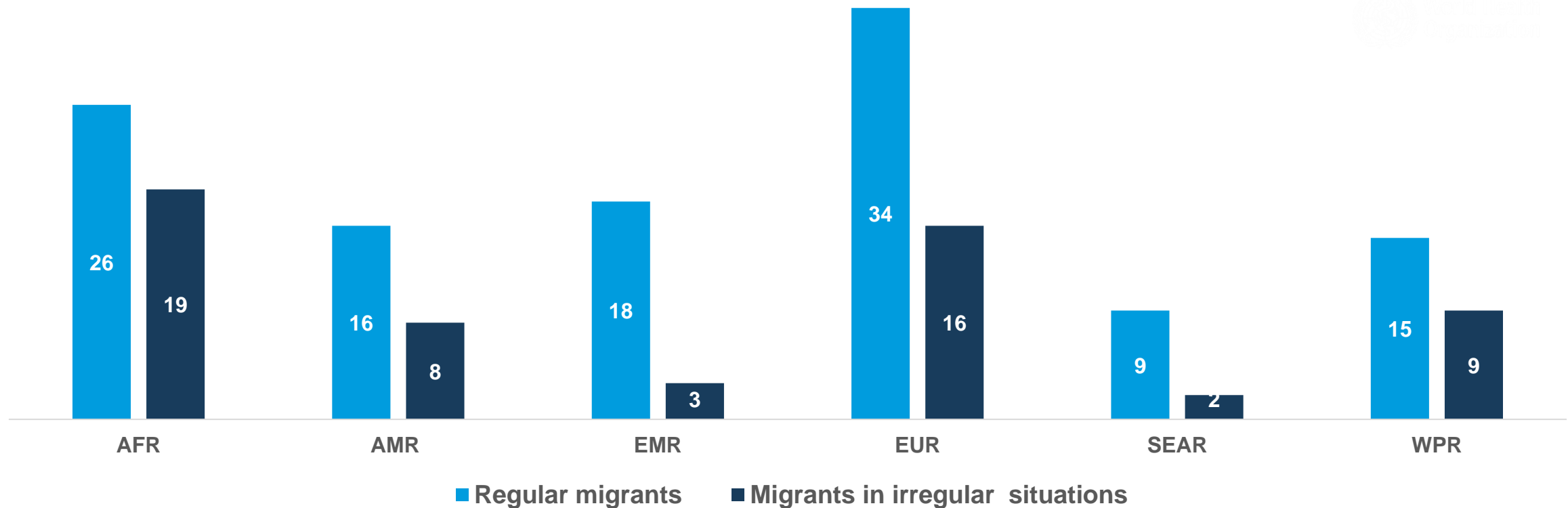
Focus on barriers for these populations in accessing vaccination services



Source: Joint country monitoring by WHO, IOM, UNHCR, UNICEF and IFRC in 196 countries and territories to monitor vaccine rollout and identify barriers in accessing vaccines by migrants

Global Status of COVID-19 Vaccine Rollout in Migrants

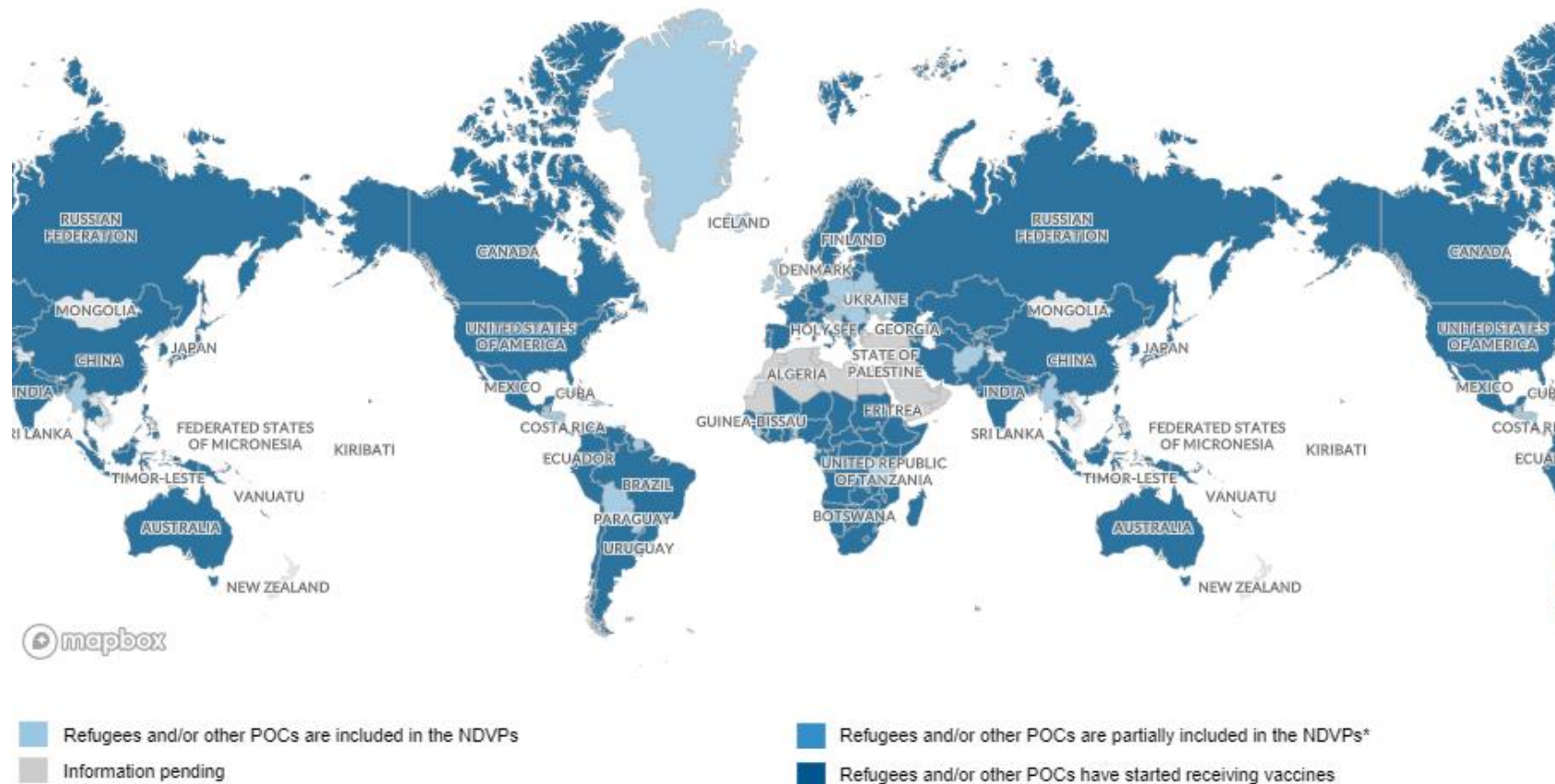
Countries where migrants started receiving vaccine



Source: Source: Joint country monitoring by WHO, IOM, UNHCR, UNICEF and IFRC in 196 countries and territories to monitor vaccine rollout and identify barriers in accessing vaccines by migrants

Global Status of COVID-19 Vaccine Rollout in Refugees

Countries where refugees/persons of concern started receiving vaccine



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

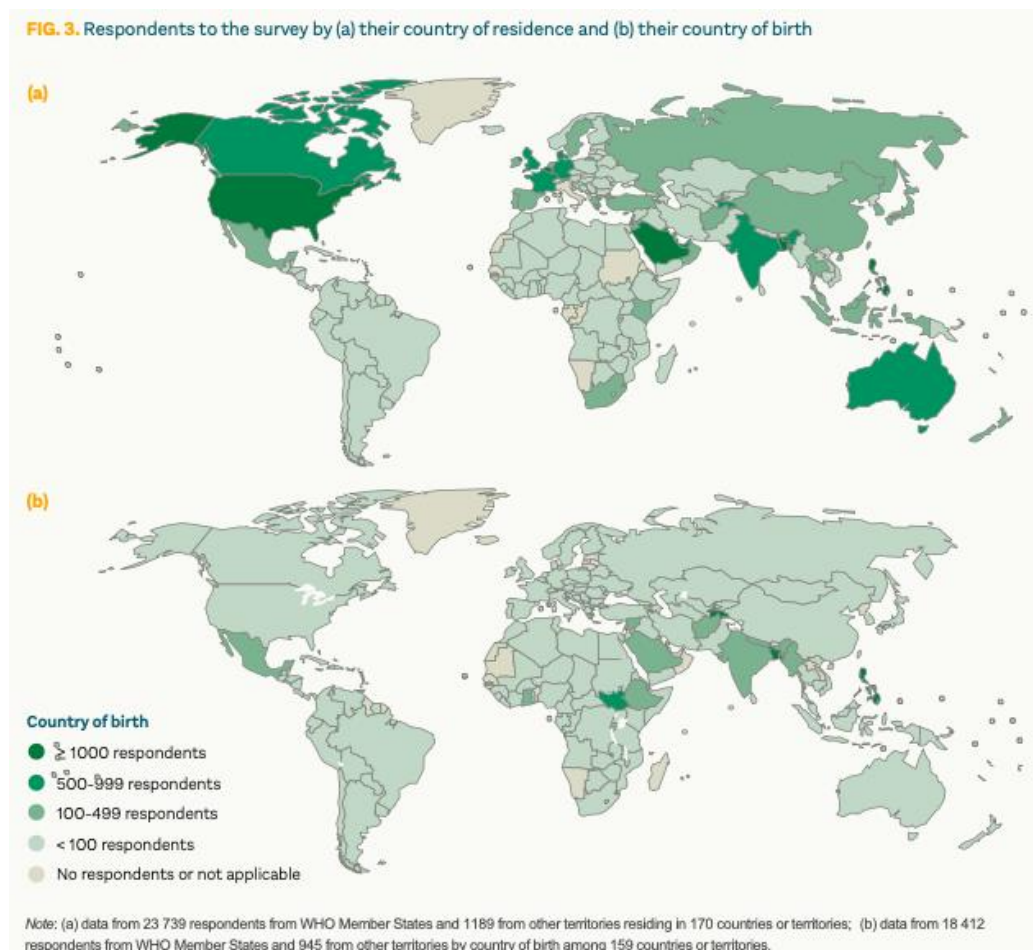
Source: UNHCR as of 2 September 2021

ApartTogether Survey

Preliminary overview of refugees and migrants self-reported impact of COVID-19

30.000 refugees and migrants interviewed living in 170 countries originating from 159 countries and territories

→ Significant impact of COVID-19 on their access to work, safety and financial means as well as their social and mental wellbeing

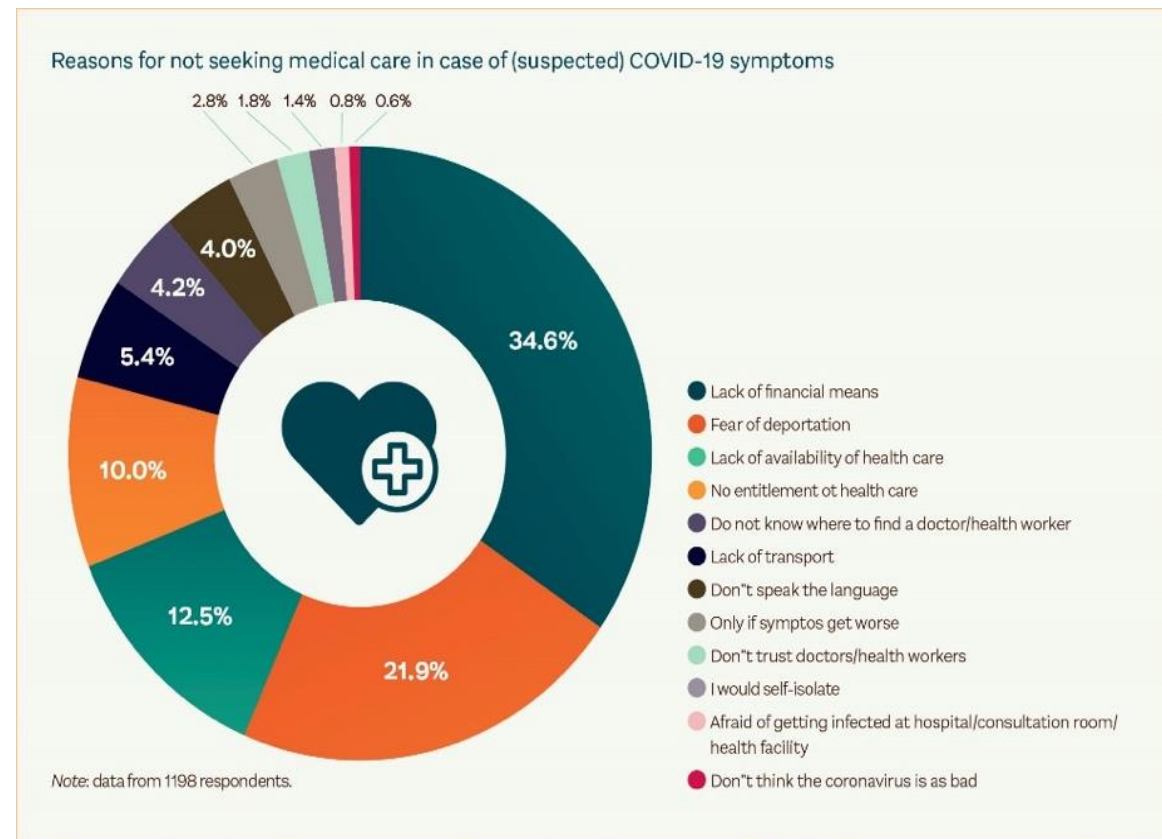


Source: ApartTogether survey: preliminary overview of refugees and migrants self-reported impact of COVID-19. Geneva: World Health Organization; 2020

ApartTogether Survey

Preliminary overview of refugees and migrants self-reported impact of COVID-19

- Refugees and migrants living on the streets, in insecure accommodation, in asylum centres and irregular migrants
 - reported the **worst impact on their daily lives**
 - were also less likely to seek healthcare for suspected symptoms (as well as respondents without any schooling)
- Financial constraints (35%) and fear of deportation (22%)** main reasons for not seeking healthcare

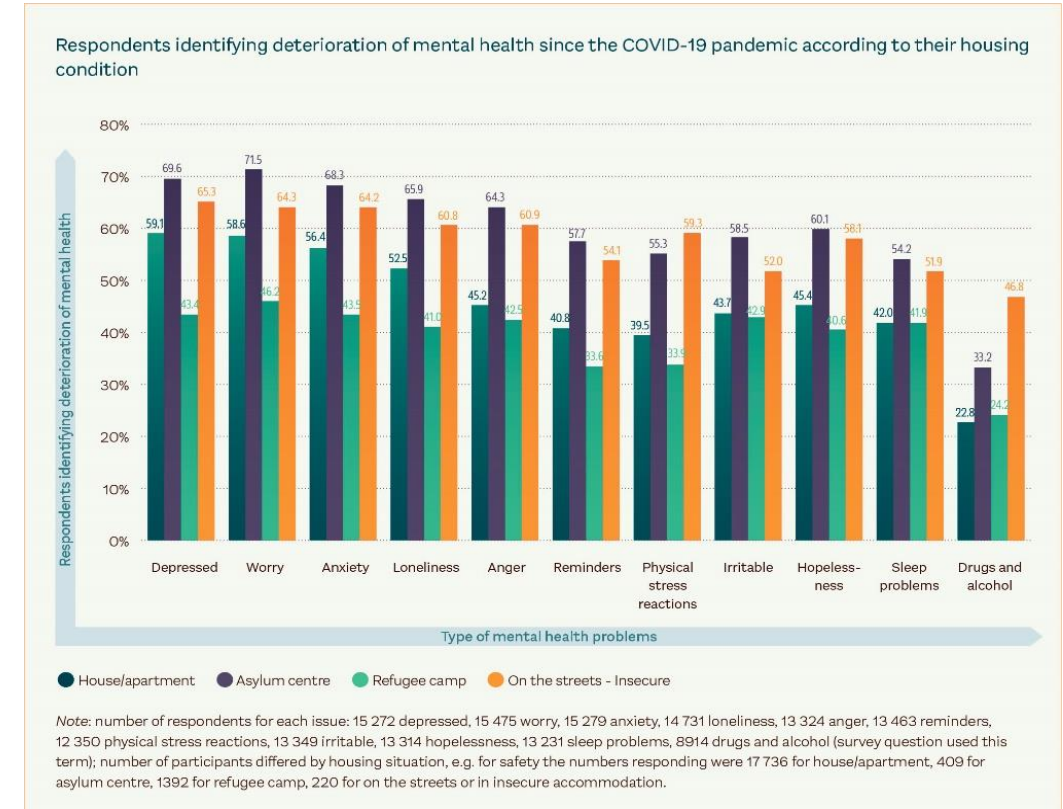


Source: ApartTogether survey: preliminary overview of refugees and migrants self-reported impact of COVID-19. Geneva: World Health Organization; 2020

ApartTogether Survey

Preliminary overview of refugees and migrants self-reported impact of COVID-19

- Significant impact of COVID-19 on their **mental health conditions**
- **About 50%** reported greater level of depression, worry, anxiety and loneliness
- **One in five respondents** reported increased use of drugs and alcohol as it can trigger past traumatic experiences
- Perceived **worsened discrimination** in the context of the pandemic, particularly for respondents living on the street, in insecure accommodation and in asylum centres



Source: ApartTogether survey: preliminary overview of refugees and migrants self-reported impact of COVID-19. Geneva: World Health Organization; 2020

Conclusion

Key messages



Need for an **integrated and coordinated approach** to migration and public health

National health policies and supporting legislative and financial frameworks promoting migrants right to health

Universal Health Coverage, as a universal right - Fewer than one in two countries (43%) provide access to health services to all migrants, regardless of their legal status. Refugees and migrants should be included in governments' vaccine allocation and distribution plans and ongoing essential health services.

Initiatives by countries such as **suspended returns** owing to unsafe conditions, **extending residence** and work permits, **regularizing the status** of undocumented migrants, and pursuing alternatives to detention.

Pandemic highlighted the **value of migrant labour**, urging countries to recognize their contributions, by ensuring fair and ethical recruitment, decent work, and access to health care and social protection.

Health systems **sensitive to migrants needs, languages**.

Building Back Better: strengthened health systems, **increase resources for health, especially primary health care**

Good health monitoring and data are needed to understand health needs and set priorities

Collaboration between countries and sectors is essential

Social inclusion and cohesion should be strengthened between host communities and migrants, and discrimination issues addressed.

Conclusion

Key messages

- Experience of vaccine rollout and policy response to COVID-19 vaccination in refugees and migrants
- Principles and key considerations
 1. Ensure **universal and equal access to the COVID-19 vaccine** for refugees and migrants regardless of migration status, with access the same as for nationals.
 2. **Addressing barriers** that prevent refugees and migrants from accessing COVID-19 vaccination services and international travel
 3. Promoting **vaccine uptake** and addressing vaccine hesitancy
 4. **Engaging communities** in COVID-19 vaccination planning and implementation and enhancing effective communication to build trust and counter misinformation
 5. Develop **innovative approaches and vaccination strategies** for refugees and migrants living in hard-to-reach area

COVID-19 immunization in refugees and migrants: principles and key considerations

Interim guidance
31 August 2021



Introduction

Although everyone is affected by the COVID-19 pandemic, the impact is not shared equally. This document, which draws on a recent WHO global review of national deployment and vaccination plans and experience from their implementation and the vaccine rollout worldwide plus literature reviews and existing WHO guidance and tools, provides key principles and policy consideration on equitable prioritization and access to COVID-19 vaccines for refugees and migrants.

The document provides information on key challenges and barriers to accessing vaccination services and key considerations in addressing them, as well as good practices. It highlights principles such as global equity for vaccine distribution, national equity and equal respect. It also emphasizes the importance of community engagement and communication to build trust and counter misinformation, fake news and misconceptions, as well as the importance of developing innovative approaches for vaccine delivery. The document is derived from rights and policy and practices and does not offer evidence-based recommendations.

Background

The COVID-19 pandemic has exposed vulnerabilities and exacerbated existing inequalities within and between low- and high-income countries. These inequalities have had the biggest impact on the poorest and most vulnerable people, which may include refugees and migrants (particularly those in irregular situations). These groups often have vulnerabilities that are heightened by this pandemic (1).

Social, political and economic exclusion can result in poverty, homelessness and exploitation, which can create a higher risk of infection with SARS-CoV-2, the virus that causes COVID-19. Refugees and migrants may have to live in close quarters or work in conditions with inadequate protection (such as in overcrowded informal settlements, workers' dormitories, reception and detention centres or insecure housing arrangements) (2-5), with limited ability to physically distance or self-isolate (6,7). Many refugees and migrants work in essential sectors with more exposure to the virus and, consequently, are more vulnerable to infection (8). They may also be more vulnerable because of being outside the dominant population group through factors such as ethnicity, culture, language or race. They may experience poor access to quality health care or have suboptimal health-seeking behaviours, distrust of governments or fear of detention and deportation if seeking health care.

In these contexts, refugees and migrants are more likely to experience a higher burden of COVID-19 infection and be disproportionately represented in cases, hospitalizations and deaths (8). They may also have a high prevalence of underlying health conditions that increase their risk of severe COVID-19 (9).

-1-

Thank you



Santino Severoni
Director, Health and Migration Programme
Office of the Deputy-Director General, WHO headquarters
severonis@who.int

Photo credits: WHO / Tania Habjouqa

www.who.int