



## **Least Protected, Most Affected:**

Migrants and refugees facing extraordinary risks during the COVID-19 pandemic

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest volunteer-based humanitarian network. With our 192 member National Red Cross and Red Crescent Societies worldwide, we are in every community reaching 160.7 million people annually through long-term services and development programmes, as well as 110 million people through disaster response and early recovery programmes. We act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions.

Our strength lies in our volunteer network, our community based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development, and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people. The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.

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**International Federation  
of Red Cross and Red Crescent Societies**

Chemin des Crêts, 17  
CH – 1209 Petit-Saconnex  
Switzerland

Tel. +41 (0)22 730 4836  
Fax. + 41 22 730 4929  
Website: <http://www.ifrc.org>

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**Cover photo:**

*Thai Red Cross Society is helping migrant workers stay safe by providing protective equipment (reusable cloth face masks and alcohol gel), prevention information and relief kits with food and personal hygiene items. Nearly 400,000 people will benefit from the project implemented in collaboration with IFRC, ICRC, UNICEF and the Migrant Working Group, Thailand. June 2020.*

*Photo credit: Thai Red Cross Society*

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## Executive Summary

**“COVID-19 is a wake-up call to the international community. There is an urgent need for global solidarity to address this pandemic. This crisis connects us all in an unprecedented way. The safety and well-being of each individual are critical for the safety and well-being of the entire world.”**

*Francesco Rocca,  
President, International Federation of Red Cross and Red Crescent Societies*

No one, it seems, is entirely free from the risk of exposure to COVID-19. However, migrants, including people seeking asylum and refugees, face greater risks than others. Many are unable to comply with preventative measures necessary to keep healthy and stay safe and experience significant challenges in accessing appropriate care when falling ill. The circumstances of their journeys, living or working conditions and lack of effective access to essential services make them particularly vulnerable.

COVID-19-related lockdown measures and border closures in some countries prevent migrants from accessing essential services, leaving many stranded or in transit without support, and hinder access to international protection and asylum processes. COVID-19 has also generated stigma and discrimination towards migrants, who are, in some contexts, perceived as bringing the virus to communities, even after living there since well before the pandemic struck. Stigma can lead to social isolation and prevent migrants from seeking assistance, compromising both individual safety and public health efforts to control the pandemic.

Migrants' already limited access to essential services, particularly healthcare, further inhibits their ability to comply with COVID-19 prevention measures. Migrants have long faced considerable barriers in accessing assistance, especially those who are undocumented or deemed “irregular”. Formal and informal barriers exist, including direct exclusion, laws restricting access based on migration status, unaffordable costs, language barriers, and lack of culturally accessible and appropriate information.

All migrants, irrespective of status, require immediate and effective access to COVID-19 screening, testing, tracing and treatment, as well as to services to address existing and underlying health needs that may make them more vulnerable to severe impacts of the virus. Psychosocial support is also necessary to respond to mental health issues exacerbated by the pandemic due to living in increased fear, uncertainty and isolation.

In the face of COVID-19, achieving an adequate standard of living has become even more precarious for migrants who have lost jobs and incomes and do not have access to social supports, leading to risks of exploitation and abuse. More and more migrants are unable to meet their most basic needs of food, shelter and access to healthcare and hygiene facilities – all necessary to ensure their safety, dignity and well-being and to prevent COVID-19 transmission.

Public health responses are only as effective as the extent to which they ensure everyone, including the most vulnerable, has access to the necessary supports to comply with prevention measures. Stopping the virus is in everyone's interest and how each country treats and supports the most vulnerable will affect how the virus spreads and how well the country recovers from the pandemic's multiple effects, including its social and economic impacts.

Everyone must be protected from harm, including migrants, irrespective of status, for an effective public health response to COVID-19.

### **Inclusive action is needed now to safeguard migrants' health and dignity**

1. All migrants, irrespective of status, should be protected from harm and have access to essential health and social care, as well as water, sanitation and hygiene services, without fear of arrest, detention or deportation. This includes ensuring COVID-19 testing, tracing, education and treatment (and any eventual vaccine) is available and accessible to everyone. This also includes lifting requirements that health or other essential service providers and humanitarian actors must report migrants in an irregular situation to migration authorities.
2. All migrants, irrespective of status, should have access to timely, accurate, reliable and culturally appropriate information on COVID-19 and essential services in their own language, including on prevention measures and where and how to access testing, treatment and other support. Misinformation against migrants should be proactively addressed in support of social inclusion and social cohesion.
3. All migrants, irrespective of status, should be included in and have access to social protection measures, such as social insurance schemes, livelihood programs, and cash or in-kind support, where feasible. Where this is not feasible, states should facilitate actions by humanitarian actors to fill this gap. Migrants should be included in socio-economic recovery measures to build back better and minimize secondary impacts on the most vulnerable.
4. Migrant and refugee community-based organizations, local humanitarian actors and National Red Cross and Red Crescent Societies must be included in COVID-19 prevention, response and recovery planning and be enabled to deliver and, if need be, scale up essential services and humanitarian assistance to migrants. Measures to control COVID-19 must not impede the delivery of humanitarian assistance.



# Introduction

*The Colombian Red Cross Society carries out health and disease prevention activities with migrants and helps to restore contact with family members in Riochacha and La Guajira, Colombia during the pandemic.*

*Photo credit: Colombian Red Cross Society*

*“The COVID-19 pandemic has exposed and magnified inequalities, destabilized communities, and reversed major development gains made over the past decade. No one is left untouched, and the most vulnerable are paying the highest price. We have a moral imperative to help people in need. How well we support the most vulnerable will have a direct impact on the health, social and economic wellbeing of affected countries.”*

*Jagan Chapagain,*

*Secretary General, International Federation of Red Cross and Red Crescent Societies*

From the outset of the pandemic, and on a global basis since January 2020, National Red Cross and Red Crescent Societies have been on the ground working to prevent, address and respond to the Coronavirus Disease 2019 (COVID-19) and to reduce the economic, social and psychological impacts of the virus, with support from the International Federation of Red Cross and Red Crescent Societies (IFRC).

The COVID-19 pandemic is both a public health emergency and a humanitarian crisis affecting the lives, health and livelihoods of people and communities around the world. As of the date of this report, it had spread to 188 countries, infecting over 19 million people and killing over 700,000.<sup>1</sup>

For many migrants and refugees, COVID-19 is an unwelcome addition to an already staggering list of threats to their lives, rights and well-being. Well before COVID-19 burst upon the scene, shocking death tolls were being recorded along a number of major migratory routes, fundamental rights (including the specific rights of asylum seekers and refugees) were under increasing strain, and xenophobic attitudes and policies were gaining significant ground at the expense of humane approaches to persons in need.

Whilst migrants have historically faced significant challenges in accessing essential services – including due to exclusion based on legal status, cultural and linguistic barriers, high costs and fear of arrest, detention and deportation, among other barriers<sup>2</sup> – since the outset of COVID-19, these have multiplied exponentially. Pandemic-related policy measures, in some instances, are further restricting access and increasing vulnerability. For example, during COVID-19, we have seen the intentional exclusion of migrants from COVID-19 prevention and support programmes, despite many being among the most affected by the subsequent loss of livelihoods.<sup>3</sup> In addition, in some countries, the principle of non-refoulement is being discounted, with no benefit to public health. Measures to manage COVID-19 should not impact the ability to seek asylum or force people to return to situations of danger or harm.<sup>4</sup>

<sup>1</sup> Johns Hopkins University, Coronavirus Research Centre, [COVID-19 Dashboard](#), Accessed 10 August 2020.

<sup>2</sup> IFRC (2018), [New Walled Order: How Barriers to Basic Services Turn Migration into a Humanitarian Crisis](#).

<sup>3</sup> WHO (2020), [Preparedness, prevention and control of coronavirus disease \(COVID-19\) for refugees and migrants in non-camp settings](#).

<sup>4</sup> UNHCR (2020), [Statement by Filippo Grandi, UN High Commissioner for Refugees, on the COVID-19 crisis](#), 29 March.



Globally, migrants are highly exposed to COVID-19 and its impacts: they face similar health threats from the virus as host communities; however, due to the nature of their journeys, limited employment options, poor and unsafe living and working conditions and often limited access to health, water, sanitation and hygiene services<sup>5</sup>, they are more likely to struggle to comply with basic preventative measures and to face more challenges in accessing support when sick. The UN has warned COVID-19 is having serious and disproportionate effects on migrants, with those who are undocumented in an even more extreme situation of vulnerability.<sup>6</sup>

Although promising practices can be identified, it is the experience of many National Red Cross and Red Crescent Societies that migrants continue to face significant, if not increased, challenges in meeting their basic needs and accessing essential services during the pandemic.

The situation for migrants who are undocumented or “irregular” is of particular concern. Contrary to common perception, these migrants are also protected under international human rights law.<sup>7</sup> The International Covenant on Economic, Social and Cultural Rights (ICESCR) guarantees a right to an adequate standard of living, including adequate food, clothing and housing (Art. 11) and a right to the highest attainable standard of physical and mental health (Art. 12). Most importantly, the ICESCR guarantees a right to non-discrimination in fulfilment of these rights, underscoring their equal applicability to all migrants, irrespective of status.<sup>8</sup> Furthermore, in 2018, the overwhelming majority of UN Member States adopted the Global Compact for Safe, Orderly and Regular Migration (GCM), committing – under Objective 15 – to “ensure that all migrants, regardless of their migration status, can exercise their human rights through safe access to basic services”.<sup>9</sup>

This paper describes the barriers migrants face in accessing essential services during COVID-19, with a particular focus on those who are undocumented or irregular, and other migrants, including people seeking asylum and refugees, whose survival, dignity, or physical and mental health and well-being is under immediate threat.

5 WHO (2020). [Preparedness, prevention and control of coronavirus disease \(COVID-19\) for refugees and migrants in non-camp settings](#).

6 UNCHR/MW (2020). [Joint Guidance Note on the Impacts of the COVID-19 Pandemic on the Human Rights of Migrants, UN Committee on the Protection of the Rights of All Migrant Workers and their Families and UN Special Rapporteur on the human rights of migrants](#).

7 There are some limited circumstances in which international human rights law specifically differentiates between citizens and regular and irregular migrants. For example, under the International Covenant on Civil and Political Rights, the right to freedom of movement is reserved for those “lawfully within the territory of a state” (Art 12), and the right to vote and to take part in public affairs is reserved for citizens (Art 25). Likewise, Art 2.3 of the ICESCR provides that “[d]eveloping countries, with due regard to human rights and their national economy, may determine to what extent they would guarantee the economic rights recognized in the present Covenant to non-nationals.” However, the drafting history makes clear that this provision was intended to be read quite narrowly and only about rights related to earning a living. See Ben Saul et al, *The International Covenant on Economic, Social and Cultural Rights: commentary, cases and materials*, 217 (2014).

8 For a comprehensive review of state obligations to meet the economic social and cultural rights of migrants, see OHCHR (2014), [The Economic, Social and Cultural Rights of Migrants in an Irregular Situation](#).

9 [Global Compact for Safe, Orderly and Regular Migration](#) (2018). Other relevant objectives include Obj. 3: access to information, Obj. 4: proof of legal identity and adequate documentation; Obj. 6: facilitate fair and ethical recruitment and safeguard conditions that ensure decent work; Obj. 7: address and reduce vulnerabilities in migration; Obj. 14: enhance consular protection, assistance and cooperation throughout the migration cycle; Obj. 17: eliminate all forms of discrimination and promote evidence-based public discourse to shape perceptions of migration and Obj. 21: co-operate in facilitating safe and dignified return and readmission, as well as sustainable reintegration.

## About Us – Working with and for Migrants

The International Federation of Red Cross and Red Crescent Societies (IFRC) has significant experience working with governments, host populations and migrants. Our approach to migration is strictly humanitarian, focusing on the needs, vulnerabilities and potentials of migrants, irrespective of their legal status, type, or category. We do not seek to encourage, prevent or dissuade migration ([IFRC Policy on Migration, 2009](#)). As part of our *Global Migration Strategy 2018-2022: Reducing Vulnerability, Enhancing Resilience*, the IFRC aims to save lives and ensure dignity by supporting migrants to receive the necessary humanitarian assistance and protection at all stages of their journeys, including access to essential services. IFRC's commitment and responsibility to support the most vulnerable exists independent of the pandemic, yet we bear witness to the increasing risks and vulnerabilities migrants often face due to COVID-19 and related policy measures.

National Red Cross and Red Crescent Societies are on the ground in 192 countries and are deeply engaged in responding to COVID-19. Through our network of nearly 14 million community-based volunteers, we work to facilitate prevention measures and address misinformation and rumours, supporting affected communities to maintain access to essential services.

The role of National Societies in cooperating with authorities in pandemic prevention and control was endorsed by states parties to the Geneva Conventions in Resolution 3 of the 33<sup>rd</sup> International Conference (IC) in 2019: *Time to Act – Tackling Epidemic and Pandemic Together*. Resolution 3 on Migration of the 31<sup>st</sup> IC in 2011 calls for states to take legal and procedural steps to ensure National Societies have access to migrants, regardless of legal status, and enable them to provide humanitarian assistance and protection.

As auxiliaries to the public authorities in the humanitarian field, we stand ready to assist and support states to address COVID-19 and its impacts on the most vulnerable.

Our approach is based on our Fundamental Principles – in particular, the principle of humanity.



## What we are seeing













*More than 53,000 Turkish Red Crescent Society volunteers and staff are supporting vulnerable communities, including migrants and displaced people in Turkey, during the pandemic. Red Cross teams are producing masks and face shields, delivering meals and sharing prevention messaging.*

*Photo credit: Turkish Red Crescent Society*

As local actors with a global reach, and as part of the largest humanitarian network, National Red Cross and Red Crescent Societies bear witness to the disproportionate impacts of COVID-19 and its associated control measures on migrants, including people seeking asylum and refugees, which amplify vulnerabilities and exacerbate challenges in accessing essential services.

This is echoed by the UN, which has described COVID-19 as involving three inter-locking crises for people on the move: a health crisis, a socio-economic crisis, and a protection crisis.<sup>11</sup>

Our experience on the ground in 192 countries and in responding to the pandemic across the globe has shown us that the following risk factors exist for migrants during the pandemic.

| <b>COMPOUNDING RISKS FOR MIGRANTS</b><br>in the context of COVID-19  |   |   |
|--|---|---|
|  <p><b>UNDOCUMENTED OR IRREGULAR STATUS</b></p> <p>Lack of legal status may create formal barriers or lead to a reluctance to access assistance due to fear of arrest, detention or deportation.</p> |  <p><b>EXCLUSION</b></p> <p>Migrants may be de-prioritised or excluded in healthcare and prevention and response efforts.</p>   |  <p><b>LIMITED OR NO ACCESS TO ESSENTIAL SERVICES</b></p> <p>Informal and formal barriers to accessing essential services like food, shelter, healthcare, psychosocial support, legal assistance and water, sanitation and hygiene services</p> |
|  <p><b>COMMUNICATION BARRIERS</b></p> <p>Barriers in understanding or accessing key information on healthcare and challenges in reporting on health conditions.</p>                                 |  <p><b>STIGMA &amp; DISCRIMINATION</b></p> <p>Increasing discrimination and stigma as well as blame for spreading the virus which can prevent people from seeking assistance and support</p>                               |  <p><b>LOSS OF SOCIAL SUPPORTS</b></p> <p>Loss of contact with family and community networks due to quarantine and/or border closures which prevent return home and lead to anxiety due to isolation.</p>                                      |
|  <p><b>GENDER DIMENSIONS</b></p> <p>Female domestic workers are often employed in isolated workplaces and increased risk of gender-based violence due to lock-down and movement restrictions.</p>   |  <p><b>FINANCIAL BARRIERS</b></p> <p>Financial barriers to accessing health systems and support, including lack of insurance and high costs of care or cost of transport to healthcare centres.</p>                        |  <p><b>POOR LIVING / WORKING CONDITIONS</b></p> <p>Overcrowding, such as in camp or detention settings, inadequate sanitation and hygiene and inability to isolate or physically distance.</p>   |
|  <p><b>LABOUR EXPLOITATION &amp; HUMAN TRAFFICKING</b></p> <p>Epidemics and pandemics can exacerbate existing vulnerabilities and put people at a greater risk of exploitation and trafficking.</p> |  <p><b>SOCIAL, RELIGIOUS &amp; CULTURAL OBSTACLES</b></p> <p>Lack of familiarity and awareness of health procedures and available support and a lack of culturally appropriate services may prevent healthcare access.</p> |  <p><b>PROTECTION &amp; SAFETY</b></p> <p>Migrants, including people seeking asylum and refugees, may be unable to seek safety due to border closures and travel or movement restrictions.</p>   |

## How safe can migrants keep themselves?

The overwhelming guidance has been to ‘stay home’, practice social or physical distancing and ensure good hygiene. However, this is challenging for many migrants in transit, stranded, living in camps or in inadequate quarantine or detention facilities, or working in unsafe and overcrowded environments. In these situations, vulnerabilities are magnified and following public health measures to prevent infection is extremely difficult. Similarly, many migrants have limited access to water, sanitation and hygiene facilities during their journeys, making it hard to practice handwashing. In the Horn of Africa, for example, 37% of children and young people on the move do not have access to basic sanitary facilities.<sup>12</sup> Migrants are also disproportionately employed in sectors that have remained operational during COVID-19:

<sup>11</sup> UN (2020), [UNSG Policy Brief : COVID19 and People on the Move](#). 4 June.

<sup>12</sup> UNICEF (2020), [Children on the Move in East Africa: Research insights to mitigate COVID-19](#).

agriculture, construction, logistics and deliveries, healthcare and cleaning services. The inability to work remotely and close proximity to others leads to increased risks.<sup>13</sup> Risks are further compounded by the limited culturally and linguistically accessible information available on COVID-19.<sup>14</sup>

## Impacts of “lockdowns” and closed borders

Nearly all countries have put in place travel or movement restrictions to contain the spread of COVID-19. Within the first three months of the pandemic, 64,571 restrictions on mobility were adopted in 219 countries, territories or areas.<sup>15</sup>

Rapid border closures have forced some migrants to make immediate travel decisions with limited preparations, increasing risks of COVID-19 infection. For example, at the outset of the pandemic, migrants in Thailand returned to neighbouring countries, but were caught in large crowds and forced to wait in cramped locations given closed borders.<sup>16</sup>

Migrants who have lost jobs due to COVID-19 movement restrictions and quarantine now have few options for income, leading to increased risk of destitution, exploitation, unsafe work and an inability to meet basic needs and stay healthy.

Social or physical distancing measures further limit access to essential services and lockdowns have resulted in the closure of public spaces and community centres, which migrants often rely on for basic services.<sup>17</sup>

Migrants have also found themselves stranded without support, unable to continue onward journeys or return home. In Djibouti, traffickers have abandoned migrants.<sup>18</sup> In the Gulf region, thousands of migrant workers have lost jobs but have been unable to return home due to flight cancellations and border closures.<sup>19</sup> In Latin America, migrants have been stuck in transit countries.<sup>20</sup>

### National Society in Action:

The **Chilean Red Cross** and **IFRC**, with financial support from UNHCR, provide humanitarian assistance to vulnerable migrants in coordination with local authorities and partners. Since April, in Calama, the El Loa branch has provided cooking and bathroom facilities to approximately 200 stranded Bolivian migrants per day, as well as emergency shelter to women and children. The branch also offers basic health assistance and food to migrants camped outside the Bolivian Consulate awaiting return; over 50 volunteers have been involved in the 24-hour operation.

13 IOM(2020), [MRS No. 60 – Migrants and the COVID-19 pandemic: An initial analysis](#).

14 Klug, H., Jakab, Z., Bartovic, J., D’Anna V., Severoni, S, [Refugee and migrant health in the COVID-19 response](#), *The Lancet*, 31 March 2020.

15 IOM (2020), [COVID-19 Disease Response Situational Report](#), 18 May– 5 June.

16 Chia, J. and Poh, Y. H. (2020), [‘Amid COVID-19 Crisis, Southeast Asia’s Migrant Workers Fall Through the Cracks’](#), *The Diplomat*, March 31.

17 IOM (2020), Research Series No. 60: [Migrants and the COVID-19 Pandemic, an Initial Analysis](#).

18 BBC News (2020), [Letter from Africa: Spare a thought for stranded migrants](#), 17 May.

19 BBC News (2020), [Coronavirus leaves Gulf migrant workers stranded](#), 16 May.

20 UNICEF (2020), [UNICEF Panamá COVID-19 – Situation Report No. 1](#), 29 April.

Border closures have also made it difficult to apply for international protection. At least 99 countries have made no exceptions for admission of people seeking asylum at closed borders and pushbacks have been reported.<sup>21</sup> In March, IOM and UNHCR announced resettlement travel for refugees was suspended,<sup>22</sup> though it has since slowly started to resume.<sup>23</sup>

### National Society in Action:

The **Sudanese Red Crescent Society** (SRCS) provides humanitarian assistance to residents of UNHCR's Kassala Safe house (for survivors of human trafficking and people with SGBV-related protection risks). For residents, the global suspension of UNHCR resettlement due to COVID-19 was highly stressful. To support their psychosocial wellbeing while waiting for resettlement to recommence, residents have been involved in the pandemic response by making hand sanitiser and soap for distribution by SRCS volunteers and social workers to migrants and refugees in Eastern Sudan.

## Stigma and discrimination disproportionately impacting migrants

Across all regions, National Red Cross and Red Crescent Societies have witnessed increasing stigma and discrimination towards migrants due to COVID-19. Recent research<sup>24</sup> and reports<sup>25,26</sup> support this. For example, undocumented migrants from Tunisia in the UK initially thought the requirement to wear facemasks was intended to discriminate against them due to rumors migrants were transmitting the virus.<sup>27</sup> Stigma has also taken the form of verbal and physical assaults and exclusion.<sup>28,29</sup> Migrants returning to Nepal have reported cases of harassment and refusal of access to food and water.<sup>30</sup> In Guatemala, returning migrants, alongside organizations providing assistance face stigma, threats and violence.<sup>31</sup> In Asia, stigma and discrimination are reportedly undermining COVID-19 testing.<sup>32</sup>

Fear of being stigmatized or discriminated against may complicate how, if, or where migrants access healthcare and other essential services. Stigma may create an environment where cases go undetected and people do not seek treatment, contributing to further transmission, even if unknowingly.

21 UN (2020), [UNSG Policy Brief: COVID19 and People on the Move](#), 4 June, p.4.

22 UN News (2020), [COVID-19: Agencies temporarily suspend refugee resettlement travel](#), 17 March.

23 UNHCR, IOM (2020), [Joint Statement: UN refugee chief Grandi and IOM's Vitorino announce resumption of resettlement travel for refugees](#), 18 June.

24 van Dorn, A. Coone, E., & Sabin, M. (2020) [COVID-19 exacerbating inequalities in the US](#), *The Lancet*, Vol. 395, Issue 10232, P. 1243-1244, 18 April.

25 Coates, M. (2020), [COVID-19 and the Rise of Racism](#), *BMJ* 2020;369:m1384.

26 EuroHealthNet (2020), [What COVID-19 is teaching us about inequality and the sustainability of our health systems](#), Accessed 8 June.

27 University of Birmingham (2020), [Forced migration, SGBV and COVID-19: Understanding the impact of COVID-19 on forced migrant survivors of SGBV](#), May, p. 11.

28 Devakumar D., Shannon, G., Bhopal, S. & Abubakar, I. (2020), [Racism and discrimination in the COVID-19 response](#), *The Lancet*, 11-17 April; 395(10231): 1194.

29 Bauomy, J. EuroNews (2020) [COVID-19 and xenophobia: Why outbreaks are often accompanied by racism](#), 3 June.

30 Al Jazeera (2020), [The ticking time bomb of Nepal's returning migrant workers](#), 10 June.

31 Janetsky, M. VOA News (2020), [Guatemalan Deportees from US Face Coronavirus Stigma, Threats and Violence](#), 19 May.

32 Japan Times (2020), [Social stigma and harassment undermine COVID-19 testing efforts across Asia](#), 13 May.



## Common barriers preventing migrants from accessing health care and other essential services

*At the request of the Italian authorities, the Italian Red Cross assisted 183 migrants rescued at sea in the Mediterranean and placed in quarantine on the Rubattino ferry outside Palermo. The Italian Red Cross provided health, psychological support, COVID-19 tests, restoring family links services (connecting migrants with their families by phone), cultural mediation, distribution of hygiene kits and masks and food distribution.*

*Photo credit: Italian Red Cross*

## Formal and informal barriers

Where access to essential services for migrants is limited, it is often due to restrictive legal and policy frameworks that explicitly or implicitly exclude migrants, in particular those who are undocumented or irregular. Legal approaches vary across the world. Italian laws on access to healthcare, for example, extend to “all people”<sup>33</sup>, thereby including migrants, irrespective status. At the other end of the spectrum, there are laws that exclude migrants, including those with resident status, from eligibility for public assistance if they have been in the country for less than a required number of years.<sup>34</sup> The European Union Agency for fundamental rights notes, for example, “access to healthcare beyond emergency care is typically linked to some kind of documented status (e.g. legal residence status, insurance status, registered employment, registration in local registry).”<sup>35</sup> These are requirements that undocumented migrants, in particular, often cannot meet, given lack of a national or locally provided form of identification.

Even in countries where frameworks are relatively open and migrants are granted access to essential services on an equal basis to citizens in law, they continue to face barriers in practice. Some challenges are also encountered by marginalised members of host societies, such as high costs, complexity of processes, as well as lack of information about available services and entitlements. However, these issues are compounded for migrants, who often lack the necessary paperwork. Barriers to access commonly experienced by migrants include linguistic and cultural obstacles, physical/geographic obstacles, as well as discrimination.

As a result, migrants are at increased risk of COVID-19 and its health impacts. Where migrants do not enjoy equal access to healthcare as citizens, they may not be covered for COVID-19 testing or treatment. A lack of inappropriate health insurance combined with limited financial resources may negatively impact their ability to take preventative measures. Moreover, for many, the right to remain in a country is tied to their job. Losing a job due to COVID-19 – for example, either due to contracting the virus or due to business closures or lockdowns – means losing legal status and, consequently, access to essential services.

In a global survey by the Mixed Migration Centre, only 38% of migrants and refugees surveyed reported they would be able to access healthcare if they had COVID-19 symptoms. The main barriers identified were lack of money (38%); not knowing where to go (26%), and discrimination against foreigners (25%). Lack of legal documentation was also noted as a challenge.<sup>36</sup> In past epidemics, fear of contracting a virus has been documented as a reason people may not seek treatment.<sup>37</sup>

33 *Italian Constitution*, Article 32 guarantees access to health for all “individuals”. [https://www.senato.it/documenti/repository/istituzione/costituzione\\_inglese.pdf](https://www.senato.it/documenti/repository/istituzione/costituzione_inglese.pdf).

34 See, for example, the *Personal Responsibility and Work Opportunity Reconciliation Act of 1996* (United States Federal Law) section 403.











35 European Union Agency for Fundamental Rights (FRA), *Fundamental Rights of Migrants in an Irregular Situation in the European Union* (Luxembourg, 2011), pp. 73–74.

36 Mixed Migration Centre (2020), *COVID-19 Global Update No. 3 – 27 May 2020. Impact of COVID-19 on refugees and migrants*.

37 Furhman S, Kalyanpur A, Friedman, S et al (2020), *Gendered implications of the COVID-19 pandemic for policies and programmes in humanitarian settings* *BMJ Global Health* 2020; 5:e002624.



**Common Barriers to Healthcare Encountered by Migrants<sup>38</sup>**

|   |  |
|---|--|
|  <p>Laws that limit eligibility based on status or citizenship</p>   |  <p>High costs of services and ineligibility for public assistance</p>  |
|  <p>Discrimination based on nationality, religion, ethnicity / race, income, education level, disability, sex or health status</p>   |  <p>Costs related to missing work or travelling to a health centre</p>  |
|  <p>Cultural and social norms, including those related to gender and age (such as autonomy of women in decision-making, access by adolescents to sexual and reproductive health service)</p> |  <p>Language barriers (including lack of translation / interpretation service)</p>  |
|  <p>Administrative complexities combined with limited support for navigating the health system</p>   |  <p>Lack of awareness by health professionals administrative staff and migrants themselves about health entitlements</p> |
|  <p>Lack of trust and fear that privacy and confidentiality will not be respected</p>  |  <p>Fear of being reported to immigration authorities, losing one's job or being deported</p>                           |

**Addressing fear of arrest, detention and deportation – firewalls and data protection**

If migrants fear arrest, detention, deportation or family separation, they may be less likely to seek healthcare or share information on their health status, which has serious implications for their individual health as well as that of the wider community in preventing COVID-19 transmission. This is particularly true where government frameworks require public service providers or humanitarian actors to share details of undocumented migrants with migration authorities.

Migrants who do not have the necessary documents may fear reprisals if they make themselves known in order to access services or report abuses.<sup>39</sup> They may also be

<sup>38</sup> IFRC (2018), [New Walled Order: How Barriers to Basic Services Turn Migration into a Humanitarian Crisis – Summary Report](#).

<sup>39</sup> See, e.g., Katie Mettler, (2016), [“This is really unprecedented”: ICE detains woman seeking domestic abuse protection at Texas courthouse](#), Washington Post, February 16.

particularly fearful of responding to COVID-19 contact-tracing questions and participating in tracing efforts given their lack of legal status. Undocumented migrants, for example, have reported being anxious about seeking medical help and fearful of charges or being reported to immigration authorities and deported in the UK. Some have suspected that support initiatives are intended to identify and deport them.<sup>40</sup>

The establishment of 'firewalls' between immigration enforcement and service providers (including health services and state justice mechanisms), and eliminating requirements for mandatory reporting of irregular migrants are key steps that can facilitate access to essential services.<sup>41</sup> In the Global Compact for Migration, states commit to providing all migrants, regardless of their migration status, equal access to basic services, including by "ensuring that cooperation between service providers and immigration authorities does not exacerbate vulnerabilities of irregular migrants by compromising their safe access to basic services or by unlawfully infringing upon the human rights to privacy, liberty and security of person at places of basic service delivery."<sup>42</sup>

There are a number of examples of good practices across states relating to prohibitions on disclosure of personal data to the police (with exemptions around certain classes of criminal offences),<sup>43</sup> in particular for health and education authorities,<sup>44</sup> or specifically to protect the information of children of undocumented or irregular migrants.<sup>45</sup> Some municipalities have also taken steps to develop privacy laws, such as the sanctuary laws in the US, some of which are framed around privacy rights.<sup>46</sup> The UK has also publicly announced that no immigration checks will be made when seeking COVID-19 testing or treatment in order to encourage migrants, irrespective of status, to access support.<sup>47</sup>

This is not only an issue for government actors, but also for humanitarian actors who may be obliged by local legislation or by contractual obligations to share personal and sensitive data about migrants with authorities. In a number of countries, National Red Cross and Red Crescent Societies have sought to develop Memoranda of Understanding (MOUs) with governments exempting them from such obligations, with mixed success. This is despite the fact that the state parties to the Geneva Conventions committed in 2011 through a Resolution on Migration to put the necessary procedures in place to enable National Societies "to enjoy effective and safe access to all migrants without discrimination and irrespective of their legal status."<sup>48</sup>

40 University of Birmingham (2020), [Forced migration, SGBV and COVID-19: Understanding the impact of COVID-19 on forced migrant survivors of SGBV](#), May, p. 9.

41 Crépeau F. and Hastie B. (2015), [The Case for 'Firewall' Protections for Irregular Migrants](#), *European Journal of Migration and Law* 17, p. 157-183. Also The European Commission against Racism and Intolerance (ECRI), [General Policy Recommendation No. 16 on Safeguarding Irregularly Present Migrants from Discrimination](#), adopted on 16 March 2016, Council of Europe, Strasbourg, CRI (2016).

42 Objective 15, [Global Compact for Safe, Orderly and Regular Migration](#), 2018.

43 Spain's *Organic Law on Data Protection*, referenced in Crépeau F. and Hastie B. (2015 p. 182. Op cit).

44 For example, in Italy, Finland and the Netherlands – Crépeau and Hastie, p 182 Ibid.

45 In Portugal the Ministry of Social Affairs reportedly has a database of children of undocumented parents, which is inaccessible to immigration enforcement – Crépeau and Hastie, p 182 Ibid.

46 See, for example, the approach taken by New York City – Crépeau and Hastie, p 182 Ibid.

47 See: <https://www.gov.uk/guidance/coronavirus-covid-19-get-support-if-youre-a-migrant-living-in-the-uk#if-you-need-medical-treatment-in-the-uk>, Accessed 20 June 2020.

48 [Resolution 3, 31st International Conference of the Red Cross and Red Crescent](#) (2011).

## Countering mistrust

Trust is a pre-condition for successfully including migrants in COVID-19 prevention and control efforts. Establishing data protection mechanisms, such as firewalls, can help reduce fears of arrest, detention or deportation and increase trust. This is particularly important during the pandemic given that data on people's health is being shared among a range of institutions to trace the spread of the virus.

Data protection and privacy are key to ensuring trust. Various mechanisms are available to ensure standards of protection of personal data are afforded to migrants. These can include:

- Agreements between non-governmental organisations and governments about the manner in which personal data is to be collected, transmitted, and managed;
- Common protocols that outline data sharing across state borders, whether with transit or host countries, and between governments, the humanitarian sector, or other service providers;
- Assurances of confidentiality for migrants through the development of agreements around the extent and limits of confidentiality of personal information, requirements for written and express consent where information is to be shared.

There are a number of common tools and guiding principles to assess data sharing in order to minimise risk of harm to migrants accessing services. For example, the ICRC's Handbook on Data Protection in Humanitarian Action outlines key standards, which should be applied to all data collected from migrants.<sup>49</sup>

### National Society in Action:

When the government planned to undertake COVID-19 screening at accommodation centres for migrant workers, many of whom had no current identification documents, the **Maldivian Red Crescent** (MRC) issued Beneficiary Cards, each with a unique number, so migrants could participate in the process. MRC established an agreement with local authorities that information collected would only be shared with the Ministry of Health for contact-tracing purposes and that migrants' legal status would not be provided. When the government established Incident Command Posts to support people in quarantine, MRC proposed a post specifically for migrants. With government support, MRC established the Migrant Support Centre, where MRC volunteers, including migrants, operated a COVID-19 call centre, managed food distribution and advocated for improved accommodation and healthcare access. A 'firewall' was agreed to so MRC would not be required to provide information about migrants' status to the government in this context.

<sup>49</sup> ICRC (2017), [Handbook on data protection in humanitarian action](#).



## Access to information – how to keep healthy, stay safe and access services

*Community volunteers from Bangladesh Red Crescent Society share COVID-19 prevention messages with host communities in Cox's Bazar. Since the start of the outbreak, they have been going door-to-door and have also been providing food, hygiene kits and other protective materials.*

*Photo credit: Bangladesh Red Crescent Society*

The pandemic has been accompanied by what the WHO has called an “infodemic”: an overabundance of information – some accurate and some not – making it difficult to identify trustworthy sources and guidance.<sup>50</sup> COVID-19 prevention necessitates that reliable and accurate information on the virus be readily shared through channels used and trusted by migrants.

It is critical to communicate the most up-to-date information relevant to the country and location where migrants currently live or are transiting through. Migrants are often unable to access services due to a lack of information about their rights and entitlements, including what services exist and how to obtain them. Those travelling through multiple countries are often unaware of different practices and laws along the route.

Moreover, the most accessible information for migrants in their own language is often from their home country rather than from public health messages in their current location, which may lead to misinformation and confusion during the pandemic. Without access to timely, accurate and reliable information, migrants cannot keep themselves or their communities safe, and misinformation and rumours are likely to spread, hampering COVID-19 prevention efforts.

## The importance of language

Migrants often do not receive accurate and reliable information in formats they can understand and use to best protect themselves. The IFRC works with Translators without Borders (TWB), an international NGO that translates emergency information materials into other languages. They have conducted extensive research on information and language needs, finding that even the humanitarian community does a poor job of addressing the information needs of migrants and refugees. In Italy and Turkey, for example, TWB found none of the 46 humanitarian organizations consulted routinely asked refugees and migrants what their native language is or which other languages they understood.<sup>51</sup> During COVID-19, TWB has received an unprecedented number of requests from local organizations to translate information for non-English speaking community members, including translating travel ban information for refugees and migrants, translating what social distancing means, and translating infection prevention and control information.<sup>52</sup> Undocumented migrants have also reported finding it difficult to access adequate information on the virus from government websites, relying on multilingual information offered by NGOs instead.<sup>53</sup>

Ensuring information is contextually, culturally and linguistically accessible is one of the reasons the IFRC Policy on Migration outlines a commitment to include members of migrant communities as staff and volunteers.<sup>54</sup>

50 WHO (2020), [COVID-19 Situation Report](#) No. 13, 2 February.

51 Translators Without Borders (2017), [Putting Language on the Map in the European Refugee Response](#), Sept 2017.

52 TWB (2020), [TWB tackles COVID-19 “infodemic”](#), 8 April.

53 University of Birmingham (2020), [Forced migration, SGBV and COVID-19: Understanding the impact of COVID-19 on forced migrant survivors of SGBV](#), May 2020, p.11.

54 [IFRC Policy on Migration: Guidance note 3.3](#) notes that “Linguistic and cultural barriers can prevent migrants from representing their own needs, interests and aspirations effectively. They also might misunderstand the role of the International Red Cross and Red Crescent Movement in their host country and mistrust its national staff. By adopting policies to ensure the diversity of their staff and volunteers, National Societies can overcome such barriers and support social inclusion”.

### National Societies in Action:

The **Egyptian Red Crescent** has translated health promotion and psychosocial support messages into languages most widely spoken by migrants and for persons with low literacy, information is disseminated through social media platforms. Over 200 migrant volunteers were engaged to support migrant communities and provide assistance in local languages.

The **New Zealand Red Cross** has translated basic COVID-19 information and resources in various small ethnic community languages using crisis translation processes with internal staff members in order to respond rapidly with up-to-date information.

The **Libyan Red Crescent Society** facilitates COVID-19 awareness sessions for migrants and displaced communities and has started a campaign reaching internally displaced people and migrants both inside and outside detention centres.

**Australian Red Cross** has developed posters and audio recordings in multiple community languages explaining COVID-19 public health messages, working with migrant and refugee communities to conduct outreach and share information. Australian Red Cross has also reached out to existing clients to understand COVID-19 impacts on their families and, in particular, family connections overseas and their access to digital communications. This has been supported by community outreach activities by Restoring Family Links teams and bi-cultural support and health workers and volunteers

### How should information be provided?

Communication and outreach should be a two-way process and leverage connections through and informed by existing community-based and migrant and refugee-led organizations.

During the pandemic, strong risk communication and community engagement is key, including timely and accurate information in appropriate forms and accessible languages, and community involvement in the design of readiness and response plans. Lessons learned from past outbreaks highlight that meaningful community engagement is crucial to ensuring public health strategies are effective.<sup>55</sup>

Clear and unequivocal messages should be provided focusing on what people can do to reduce risk or which actions to take if they think they may have COVID-19. Perceptions, rumours and feedback should be monitored and responded to, especially to address negative behaviours and stigma.<sup>56</sup>

<sup>55</sup> Hargreaves, S et. al (2020), [Targeting COVID-19 interventions towards migrants in humanitarian settings](#), 20 April.

<sup>56</sup> IFRC, WHO, UNICEF (2020), [COVID 19 Global Response Risk Communication & Community Engagement \(RCC\) Strategy](#), May 2020.

### National Societies in Action:

As part of the Community Based Migration Programme, **IFRC** works with the **Turkish Red Crescent Society** (TRCS) to operate 16 Community Centres supporting refugees and local communities. TRCS has disseminated COVID-19 prevention information, provided psychosocial support and created a new website on COVID-19 ([www.kizilay.org.tr/corona/](http://www.kizilay.org.tr/corona/)) in Turkish, English and Arabic. TRCS is maximizing outreach through online meetings with the Community Centre Advisory Committees to understand the knowledge, attitude and information needs on COVID-19 and preferred communication channels for refugees and host communities.

**IFRC in Peru** operates a WhatsApp Business line staffed by two doctors and two communicators from 8am to 6pm daily to share COVID-19 information. Primary concerns raised by migrants have been the need for economic support and for information on COVID-19 prevention and symptoms. Many migrants are unable to meet basic needs such as food or shelter due to quarantine measures and the inability to work. User access is simple: migrants can write to +51 953 746 543 or click <http://bit.ly/LineaCRoja>.

The **Philippine Red Cross** helps migrant workers reduce COVID-19 risks through the 'Virtual Volunteer' web-based application now updated with the latest information, including frequently asked questions, location of quarantine facilities, government memos and contact details of key agencies. This is complemented by in-person support to migrants prior to departure at welfare desks in international airports and seaports.

## COVID-19 and the digital divide

COVID-19 has further exposed the digital divide and associated barriers to information access. Physical or social distancing and lockdown measures have led to greater reliance on digital technology. However, access to internet connectivity and mobile phones varies. Research by UNHCR indicates refugees are less likely to have access to internet connectivity than host communities. It is, therefore, important that a variety of communication channels are used to effectively deliver key messages to ensure migrants and refugees without digital access are not left behind.<sup>57</sup>

### National Societies in Action:

The **Maldivian Red Crescent** provides information on COVID-19 through face-to-face outreach with migrants and host communities. This includes dissemination of key messages in languages understood by migrants via printed materials, social media and in-person information sessions delivered by the National Society's Maldivian and migrant staff and volunteers.

The **Nepal Red Cross**, in coordination with the Ministry of Health and Population and other organisations, disseminates key risk awareness and safety messages to migrants and communities through face-to-face/door-to-door interventions.

<sup>57</sup> UNHCR (2016), [Connecting Refugees: How Internet and Mobile Connectivity can Improve Refugee Well-Being and Transform Humanitarian Action](#).



## Health services

*A community mobilizer from Bangladesh Red Crescent Society shares life-saving information on COVID-19 prevention with a camp community member in Cox's Bazar. March 2020*  
*Photo credit: Ibrahim Mollik / IFRC*



## Health and mental health needs

An effective public health response to this pandemic requires investing in and scaling up prevention, mitigation and control efforts and a global commitment to ensure equitable access to screening, testing, treatment and eventual vaccine. Likewise, continuous access to health services to treat non-COVID-19 issues is critical. In a recent survey by the IFRC and Turkish Red Crescent, 61% of refugee households in Turkey reported COVID-19 has affected their ability to access hospitals, for example.<sup>58</sup> Similarly, clinic access for 12,000 refugees in a camp between Syria and Jordan ended due to border closures and restrictions.<sup>59</sup> The living quarters of migrant workers in the Middle East were sealed off after cases of COVID-19 were detected and migrants left in overcrowded conditions with limited healthcare access.<sup>60</sup> Pandemic control measures must not weaken the approach to addressing other health needs, or more migrants may die from secondary impacts than from the virus itself.

### Physical health

Migrants, like host communities, need access to screening, testing, treatment, and eventual vaccination for COVID-19. However, these are not the only health needs to be addressed. Migrants with pre-existing conditions such as HIV, malaria, tuberculosis, diabetes, or hypertension may find treatment interrupted by service closures, the inability to access services due to movement restrictions or resource reallocations diverted to the pandemic. As a result, these migrants may be more susceptible to severe cases of COVID-19. Combined with increased likelihood to be affected by respiratory diseases linked to travel or living conditions<sup>61</sup>, these factors make some migrants highly vulnerable to infection and serious health complications. It is likely that COVID-19 will exacerbate existing gaps in access and result in new ones, increasing migrants' vulnerability to the virus and other health conditions.

#### National Societies in Action:

The **Pakistan Red Crescent Society** (PRCS) has deployed health teams at border crossing points with Iran and Afghanistan, where COVID-19 screening is conducted. PRCS ambulances with first aid staff and volunteers have also been deployed to Lahore, Quetta and Islamabad International Airports, to the National Institute of Health in Islamabad, and to the Torkham border with Afghanistan to transport suspected COVID-19 cases to further treatment.

In Italy, all 600 branches of the **Italian Red Cross** are actively engaged in responding to COVID-19. Italian Red Cross is, by law, an operating structure of the Civil Protection System and more than 70% of the ambulances nationwide are warranted by the Italian Red Cross, including doctors, nurses and operators. A free-to-call 24-hour telephone line has been put in place called "CRI PER LE PERSONE" which provides support, information, and services to anyone, including migrants.

58 IFRC & TRCS (2020). [Emergency Social Safety Net \(ESSN\) Programme, Monthly Report](#): April.

59 The New Humanitarian (2020), [Coronavirus and aid: What we're watching](#), Accessed 4 June.

60 The Guardian (2020) [Covid-19 lockdown turns Qatar's largest migrant camp into 'virtual prison'](#), 20 March.

61 WHO Regional Office for Europe, [Migration and health: key issues](#), Accessed 11 June 2020.

**Mexican Red Cross Society** has responded to the pandemic by providing basic medical care to returned migrants; delivering self-care messages on the migration route; delivering drinking water; distributing COVID-19 prevention information; and offering psychological support at migrant assistance points.

In the middle of the “Parque del Agua” in Bucaramanga, Santander, the **Colombian Red Cross Society** provides primary healthcare to migrants during medical days. While waiting, migrants receive material and advice from National Society volunteers on what COVID-19 is and how to prevent it.

## Mental health and psychosocial support<sup>62</sup>

Mental health and psychosocial support (MHPSS) measures must be included in the COVID-19 response to mitigate the effects of the outbreak on the mental health and psychosocial well-being of migrants. Research on past epidemics has highlighted the negative impact of outbreaks of infectious diseases on people’s mental health.<sup>63</sup>

Migrants face a number of stressors during COVID-19, in addition to those faced on a daily basis in normal circumstances. Migrants may fear infection, dying, and losing family members. Maintaining access to medication or essential health services (for example, antiretroviral medication to treat HIV) may also increase stress and anxiety. At the same time, many have lost or are at risk of losing their livelihoods, have been socially isolated, experienced stigma or discrimination or been separated from family. Misinformation about the virus as well as uncertainty about the future are also sources of distress. In a survey by the Mixed Migration Centre, 60% of migrant and refugee respondents reported more stress as the main impact of COVID-19 on their lives.<sup>65</sup> Such stress is a well-established risk factor for poor mental health outcomes. The Inter-Agency Standing Committee (IASC) has recommended a range of key actions to minimize and address the impacts of COVID-19 on mental health and psychosocial well-being.<sup>66</sup>

<sup>62</sup> Resolution 2 of the 33rd International Conference in 2019 outlines states commitments to work with National Red Cross and Red Crescent Societies to address the health and psychological needs of people affected by armed conflict, natural disasters and other emergencies. See Resolution 2: [Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies](#), International RCRC Movement (2019).

<sup>63</sup> UN (2020), [Policy Brief: COVID-19 and the Need for Action on Mental Health](#), 13 May.

<sup>64</sup> Ibid.

<sup>65</sup> Mixed Migration Centre (2020) [COVID-19 Global Update No. 3 – 27 May 2020, Impact of COVID-19 on refugees and migrants](#).

<sup>66</sup> IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings (2020), [Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak](#), Version 1.5, February 2020.

### National Societies in Action:

The **Swedish Red Cross** (SRC) runs six treatment centers for persons affected by war and torture and a health referral clinic for undocumented migrants. Due to COVID-19, all treatment centers now offer digital/web-based meetings with patients but remain open with protective preventive measures in place, for those that want and can visit them. The SRC health referral clinic for undocumented migrants remains open with expanded hours, as does the clinic's telephone support hotline. In March, 80% more incoming calls were received compared to the same month last year; in April, the figure was 73%. New groups have approached the SRC, such as migrants and tourists who cannot return home due to closed borders and cancelled flights and who have no access to public services such as healthcare. Persons released from immigration detention in a situation of limbo and destitution, without access to basic services, have also attended the clinic. A national support hotline staffed by professional healthcare staff and trained volunteers was established to prevent isolation and loneliness and to provide psychosocial support and information about relevant services during the pandemic to anyone in need.

**New Zealand Red Cross** (NZRC) provides support to vulnerable communities alongside the Civil Defense – National Emergency Management Agency. The Red Cross Disaster Welfare Support Team is active in delivering meals, medical supplies from pharmacies, essential needs as well as Psychological First Aid to communities, including migrants and former refugees. The NZRC Pathways to Settlement service was recognized as an essential service during lockdown. Online Psychological First Aid for COVID-19 training was delivered and resources to support emotional and social wellbeing shared with communities. The Refugee Trauma Recovery team continued mental health support to former refugees.

### Limitations on access to healthcare for migrants

In low- and middle-income countries, migrants often face similar challenges to marginalised host country populations in accessing essential and life-saving health services. However, the situation is often substantially more challenging for migrants given 'migrant-unfriendly or migrant-indifferent' legal frameworks that put migrants at a relative disadvantage, rendering them invisible, deprioritised or excluded from national health frameworks.<sup>67</sup>

In the context of access to healthcare, state legal frameworks can generally be divided as follows:

- a) States where emergency care is inaccessible due to immigration status, e.g. where identity documents are needed to access hospitals,<sup>68</sup> or where presentation for assistance would result in arrest.

<sup>67</sup> ODI (2016), [Health, migration and the 2030 Agenda for Sustainable Development](#).

<sup>68</sup> In Costa Rica, while the Constitutional Court has consistently ruled that all inhabitants must be guaranteed access to health services, access to health care for irregular migrants is particularly challenging as the procedure for obtaining it requires a residence card or a work permit. UN OHCHR (2014), [The economic, social and cultural rights of migrants in an irregular situation](#), p 42.

- b) States where even emergency care is inaccessible because it is prohibitively expensive. This includes states offering health care only within detention centres.<sup>69</sup>
- c) States who give all migrants, including irregular migrants the right to access emergency care (only) free of charge.
- d) States that give more than this – such as maternal and prenatal care, access to basic health services.<sup>70</sup>

## High costs as a barrier to health care

COVID-19 is exacerbating the already critical issue for many migrants around the cost of healthcare, which is a significant barrier, particularly for those who are undocumented. The latest numbers from the World Bank and WHO estimate that in 2015, 926.6 million people incurred catastrophic health spending, defined as out-of-pocket health spending exceeding 10% of the household budget. As a result, 89.7 million people were pushed into extreme poverty.<sup>71</sup> Migrants, whose livelihoods may have already been precarious prior to the pandemic and who have now been impacted by COVID-19 are particularly vulnerable when it comes to out-of-pocket payments.

While most high-income states, in theory, guarantee migrants' access to emergency healthcare, this is often not the case for migrants without regular status.<sup>72</sup> For example, in 2011 the EU Agency for Fundamental Human Rights found that irregular migrants were entitled to emergency healthcare in 19 out of 27 EU member states, however, in 11 of these states, irregular migrants were expected to pay for the cost of their treatment, often rendering treatment inaccessible.<sup>73</sup>

Migrants are often excluded from insurance-based schemes even in high-income countries. A study found that migrant workers in EU member states received 70% of the health service entitlements received by nationals, dropping to 59% for people seeking asylum and 35% for irregular migrants.<sup>74</sup> Similarly, recent studies from the United States show low rates of insurance coverage for migrants who are undocumented and who are ineligible for most public forms of health insurance coverage.<sup>75</sup>

A distinction can be made between direct costs associated with treatment and indirect costs such as those attached to transportation, medication, and loss of income due to time involved in seeking treatment or in being placed under mandatory quarantine due to COVID-19.

69 In 2012, Cuadra found that Malta and Romania only provided access to health care for migrants in detention, while others, such as Sweden, Bulgaria and the Czech Republic, required repayment of emergency care at full cost. Carin Björngren Cuadra, [Right of access to health care for undocumented migrants in EU: a comparative study of national policies](#), European Journal of Public Health, Volume 22, Issue 2, 1 April 2012, Pages 267–271.

70 Examples from 2012 who provided more than emergency care included Germany, Hungary, Denmark and Greece. Carin Björngren Cuadra, [Right of access to health care for undocumented migrants in EU: a comparative study of national policies](#), European Journal of Public Health, Volume 22, Issue 2, 1 April 2012, Pages 267–271, Argentina's Migration Law (2004), for example, grants all migrant workers access to health services, irrespective of their status, UN OHCHR (2014) [The economic, social and cultural rights of migrants in an irregular situation](#).

71 The World Bank and WHO (2019), [Global Monitoring Report on Financial Protection in Health 2019](#) – Advanced Copy.

72 Parikh N. S. (2010), [Migrant Health in Japan: Safety-Net Policies and Advocates' Policy Solutions](#).

73 European Union Agency for Fundamental Rights (2011) [Fundamental rights of migrants in an irregular situation in the European Union](#).

74 IOM (2016), [Recommendations on access to health services for migrants in an irregular situation: an expert consensus](#).

75 See Artiga S. & Diaz M. (2019), [Health Coverage and Care of Undocumented Immigrants](#) and UCLA Centre for Health Policy Research (2012), [Undocumented Immigrants and Health Care Reform](#).

## Promising practices: Extending healthcare access

Several states or territories have taken measures to ensure migrants, irrespective of status, have free access to COVID-19 testing and screening, at a minimum:

- [Portugal](#) initiated a special measure enabling undocumented migrants with pending residence applications to access public services and social security benefits, until at least 1 July 2020.
- [Qatar, Saudi Arabia and Malaysia](#) provide free screening and testing for migrants irrespective of status.
- [Ireland](#) is offering financial and healthcare support to migrants, regardless of status.
- The [UK](#) provides free COVID-19 testing and treatment to anyone in the UK, irrespective of status and has announced that immigration status will not be requested when accessing this support.
- [Colombia](#) granted Venezuelan migrants to access healthcare during the COVID-19 crisis and pledged to continue to focus on vulnerable migrants and ensure priority access to essential services.
- [Australia](#) has encouraged migrants regardless of status to access free COVID-19 testing and treatment offered by all states and territories.
- [New York](#) announced that all low-income immigrants, regardless of status, would have access to COVID-19 testing, evaluation and treatment as services.
- [Peru](#) approved temporary health coverage migrants suspected of or testing positive for COVID-19.
- [France](#) extended all residence permits by three months, intending to ensure health care access and other forms of social security.

### National Society in Action:

**Australian Red Cross** works closely with sector partners and engages directly with national and local authorities to provide advice and feedback on the impact of COVID-19 on migrants on temporary visas and people who are undocumented. Following advice from relevant groups, Red Cross staff, clients and volunteers who are from diverse backgrounds, Australian Red Cross raised issues around gaps in support and barriers in accessing services for migrants. Engagement has included advocating for the inclusion of migrants, regardless of status, in free COVID-19 screening, testing and treatment, which is now provided across Australia.

## Access to maternal health services

Studies have found that migrant women, on average, have higher rates of pregnancy-related complications and caesarean sections. This is often for reasons related to reduced access and lower standards of care, resulting in higher rates of stillbirth, maternal and neonatal death.<sup>76</sup>

This is the case not only in low-income countries but also in high-income countries. According to UNICEF “Seven EU Member States make no specific provision for maternity care for migrants at all (Bulgaria, Cyprus, Finland, Lithuania, Luxembourg, Poland and the Slovak Republic) although it is assumed that all of them will include giving birth within the definition of emergency care”.<sup>77</sup>

Resources diverted from sexual and reproductive health to COVID-19 response efforts could also result in a rise in pregnancy complications, maternal deaths, and unsafe abortions<sup>78</sup> as could the closure of essential health services. Data from the International Planned Parenthood Federation shows more than 5,600 mobile clinics and community-based centres offering sexual and reproductive healthcare have shut in 64 countries due to COVID-19.<sup>79</sup>

## Access to health care services for children

Following consultations by the IFRC and Terre des Hommes with 69 agencies in Central America, it was found that the health needs of migrant children vary according to where children are along their migration journey and become more complex as they face different risks while migrating.<sup>80</sup>

Migrant children experience specific and multiple barriers to healthcare, including access to vaccinations. Those who have fled conflict have sometimes missed vaccinations in their country of origin.<sup>81</sup> For example, of 1,764 children seen in medical clinics in 2016 across Europe and Turkey, 30 to 40% were not vaccinated against tetanus, hepatitis B, mumps, measles and rubella and whooping cough.<sup>82</sup>

A study by Johns Hopkins University projects that between 42,000 and 192,000 more children worldwide, as well as between 2,000 and 9,450 more mothers, could die each month due to COVID-19's indirect impacts on health and food access.<sup>83</sup> Reductions in routine health service coverage due to COVID-19 could result in an additional 1.2 million under-five deaths in just six months, with children on the move and in conflict-affected countries most at risk.<sup>84</sup>

76 ODI (2016), [Health, migration and the 2030 Agenda for Sustainable Development](#).

77 UNICEF (2017), [Refugee and migrant crisis in Europe: Is health care accessible?](#) Advocacy Brief, January 2017.

78 UNFPA (2020), [UNFPA Policy Brief: Bayanihan to Heal As One Act \(COVID-19 Response\)](#), 17 April.

79 IPPF (2020), [COVID-19 pandemic cuts access to sexual and reproductive healthcare for women around the world](#), 9 April.

80 IFRC and Terres des Hommes (2017), *Identifying Causes and Defining Strategies to Address Youth Violence and Legal Protection, with Regards to Migration in the Northern Triangle of Central America*, in IFRC [Protection and Assistance for Children on the Move](#), 2017.

81 These include only receiving 1-2 doses of certain vaccinations, isolated campaigns, and lack of safety for humanitarian agencies to access children. See for example MSF <https://reliefweb.int/report/syrian-arab-republic/syria-tens-thousands-children-left-unvaccinated>.

82 Médecins du monde/International Network 2016 Observatory Report : [Access to healthcare for people facing multiple vulnerabilities in health in 31 cities in 12 countries](#), November 2016.

83 Timothy Robertson, T., Carter, E., Chou, V., Stegmuller, A., et al (2020) [Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study](#), *The Lancet Global Health*, Vol. 8, Issue 7.

84 UNICEF (2020), [As COVID-19 devastates already fragile health systems, over 6,000 additional children under five could die a day, without urgent action](#), Press Release, 12 May.

## Lack of implementation where rights exist

Policy is often not reflected in practice for migrants in vulnerable situations. This follows for COVID-19 public health measures.<sup>85</sup>

While there are examples of good practices from several countries worldwide, it is notable that even in contexts where national frameworks are inclusive, implementation can vary. For example, Thailand offers universal health coverage which includes irregular migrants, having extended the country's existing universal health care policy for nationals to all migrants irrespective of their status.<sup>86</sup> However, this scheme has faced several challenges: uptake has been low among migrants, the scheme has seen differences in implementation between different locations within Thailand, with hospitals in some areas showing greater rates of compliance than others.<sup>87</sup> In Switzerland, the Constitution affords that "anyone who is in need and who is not able to subsist on his or her own has the right to be aided and assisted by receiving the essential resources to lead a dignified human existence." In principle, this means all migrants, irrespective of status, have the right to healthcare; however, in practice, undocumented migrants often cannot afford to pay for the required health insurance or face administrative barriers in doing so.<sup>88</sup> Similarly, in Italy, while undocumented or irregular migrants are granted access to preventive, urgent and essential treatment, significant variation is seen between regional authorities, who have interpreted and implemented legislation in different ways.<sup>89</sup>

### National Society in Action:

Though undocumented migrants have the right to healthcare in Switzerland, access varies across regions. Since 2007, the **Swiss Red Cross** Outpatient Clinic for the Victims of Torture and War in Bern has been running the Sans-Papier Healthcare Centre (GVSP), providing undocumented migrants (or 'sans-papier') with primary healthcare and advice in a confidential setting and without jeopardizing their status. The GVSP clinic has remained open throughout the pandemic and continues to provide primary medical care, counselling, information and, if necessary, safe triage for undocumented migrants to enter the public health system. Suspected COVID-19 cases are sent for tests or into self-isolation and provided information leaflets in language. Those in isolation are called daily.

<sup>85</sup> Institute of Development Studies, Social Science in Humanitarian Action Platform (2020), [Key Considerations for COVID-19 Management in Marginalised Populations in Southeast Asia: Transnational Migrants, Informal Workers, and People Living in Informal Settlements](#).

<sup>86</sup> NPR (2016), [Only One Country Offers Universal Health Care To All Migrants](#).

<sup>87</sup> ODI (2016), [Health, migration and the 2030 Agenda for Sustainable Development](#).

<sup>88</sup> MMS (2019), [When there's no other choice...12 years of Swiss Red Cross experience with healthcare for undocumented migrants in Bern](#), MMS Bulletin #150 July 2019.

<sup>89</sup> European Union Agency for Fundamental Rights (2011), [Migrants in an irregular situation: access to healthcare in 10 European Union Member States](#).



## Adequate standard of living

*Volunteers from Red Cross Society of Niger constructed 550 temporary shelters for migrants returning from Burkina Faso to safely quarantine during the pandemic. May 2020.*

*Photo credit: Red Cross Society of Niger*



Migrants, particularly those who are undocumented or irregular, are often unable to access basic essentials needed for an adequate standard of living, such as shelter, food and other essential non-food items (such as clothing and hygiene products) and often lack access to wider social protection schemes during times of crisis.

## Income & livelihoods

The inability to keep healthy and stay safe for many migrants is also linked to working conditions. If irregular migrants work, they are most likely to be employed in informal jobs where wages are often too low to meet basic needs.<sup>90</sup> Losing their sole source of income is not an option; leaving many migrants no choice but to continue to work, potentially exposing themselves to COVID-19.<sup>91</sup>

Additionally, migrants may have limited access to savings to handle socio-economic shocks and are amongst the hardest hit by job loss and the increasing costs of basic necessities now seen in relation to COVID-19. Over half the refugees surveyed by UNCHR in Lebanon reported having lost their livelihoods due to COVID-19.<sup>92</sup> The Mixed Migration Centre reports 66% of migrants and refugees surveyed globally lost access to work due to COVID-19 and 60% reported loss of income.<sup>93</sup> A recent survey by the IFRC and Turkish Red Crescent Society among refugee households in Turkey revealed 69% had lost employment due to COVID-19; 78% reported facing an increase in expenses to cover additional costs like food and hygiene items; and 82% reported increased debt.<sup>94</sup>

The economic repercussions of COVID-19 and related lockdown measures will likely disproportionately impact migrants already in vulnerable situations, particularly those who are undocumented.

### Promising practices: Cash assistance

Some countries/regions have established measures to support migrants experiencing financial hardship during the pandemic:

- The state of [California](#) has launched a public-private partnership to provide financial support to undocumented migrants impacted by COVID-19.
- The [City of Chicago](#) makes COVID-19 relief funds available to all, regardless of immigration status
- [Chile](#) established a programme on the COVID-19 Emergency Stipend for vulnerable families that targets migrants.
- Ireland provides a [Pandemic Unemployment Payment](#) which offers financial assistance for all workers in Ireland, including regular and irregular migrants

90 OHCHR (2020), [COVID-19 does not discriminate; nor should our response](#).

91 PICUM (2020), [The COVID-19 pandemic: we need urgent measures to protect people and mend the cracks in our health, social protection and migration systems](#).

92 UN (2020), [UNSG Policy Brief: COVID19 and People on the Move](#), 4 June, p.4.

93 Mixed Migration Centre (2020), [COVID-19 Global Update No. 3 – 27 May 2020, Impact of COVID-19 on refugees and migrants](#).

94 IFRC & TRCS (2020), [Emergency Social Safety Net \(ESSN\) Programme, Monthly Report: April 2020](#).

### National Societies in Action:

Through the Emergency Social Safety Net (ESSN) programme, funded by the European Union, **IFRC** and the **Turkish Red Crescent Society** (TRCS) continue to support 1.7 million vulnerable refugees in Turkey.<sup>95</sup> The ESSN programme provides humanitarian support through regular and predictable cash assistance to refugees via prepaid bank cards, enabling them to decide for themselves how to cover essential needs like rent, transport, bills, food and medicine.

Since 2017, the **Italian Red Cross** has been working to improve living conditions and access to services for seasonal migrants in Sicily and to prevent labour exploitation. A camp accommodating around 300 migrants was established where trained volunteers support migrants to access healthcare and use the local job centre. Many migrants do not have regular contracts or valid residence permits and cannot show proof of employment necessary to work while COVID-19 movement restrictions are in place. Labour exploitation has been [increasingly reported](#). The Italian Red Cross continues to provide scaled up services to this vulnerable group during the pandemic.

**Australian Red Cross**, in collaboration with a range of partners, including government, provides emergency relief payments and complex casework support in cases with particularly high needs to migrants on temporary visas, irrespective of status – including international students, migrant workers, and people seeking asylum – who are in financial hardship and do not have access to mainstream supports during COVID-19. The payments are supporting people to meet their basic needs like food, shelter and access to healthcare, including medicines.

## Food security

More than half of the world's refugees and internally displaced persons already live in countries and communities with high levels of food insecurity, even before the COVID-19 pandemic.<sup>96</sup> Migrants are at greater risk of being affected by COVID-19-related food insecurity and increased destitution due to loss of livelihoods linked to reduced agricultural activity, supply chain disruptions, and price increases for essential goods,<sup>97</sup> as well as their exclusion from social protection schemes. The World Food Programme predicts the pandemic could double the number of people facing acute hunger by the end of 2020.<sup>98</sup>

In Libya, an assessment conducted by IOM across 21 regions revealed food security – already a challenge for migrants – was compromised by the threat of COVID-19. Nearly two-thirds (65%) of migrants surveyed had to resort to a stress, crisis or emergency livelihood coping strategy due to a lack of food or means to buy food. Food coping strategies were widely adopted by 63% of migrants due to a lack of food or means to buy food.<sup>99</sup> In Italy,

95 IFRC (2020), [Impact of COVID-19 on Refugee Populations Benefitting From the Emergency Social Safety Net \(ESSN\) Programme](#), 15 May.

96 WFP (2020), [Global Report On Food Crises](#).

97 UN (2020), [UNSG Policy Brief: COVID19 and People on the Move](#), 4 June.

98 WFP (2020), [COVID-19 will double number of people facing food crises unless swift action is taken](#), 21 April.

99 IOM (2020), [Migrant Emergency Food Security Report – Libya \(May 2020\)](#).

for example, several projects providing food and other basic items to migrants have been suspended.<sup>100</sup>

### **National Societies in Action:**

**Qatar Red Crescent Society** provides food to labour migrants and vulnerable communities affected by COVID-19 and subsequent lockdown measures.

**Tonga Red Cross** provides food support to both stranded migrants as well as labour migrants who have lost their jobs or income due to COVID-19. Tonga Red Cross is included in the National Emergency Committee and has been granted an exemption from movement restrictions to continue to provide essential support to communities.

In the Maldives, migrant-run food outlets (many unregistered) were unable to provide services due to COVID-19 lockdown measures. This is affecting the migrant food delivery network – the most common meal arrangement for migrants, who pay a monthly subscription. The **Maldivian Red Crescent** (MRC) raised the issue with the government and proposed that food outlet staff receive a special MRC ID card to continue operations. MRC also launched a “Migrant Relief Fund”, raising over 84,000 USD in one month to support migrant workers with food assistance.

The **Libyan Red Crescent Society** and **Tunisian Red Crescent** have been engaged in supporting migrant workers stranded at the border between Tunisia and Libya with food and non-food items.

## **Shelter**

As migrants lose livelihoods and income, the risk of homelessness and destitution increases, as does the risk of infection and transmission of COVID-19. Inadequate shelter increases the risk of illness by 25% throughout a person’s lifetime, while crowded shelter conditions can greatly increase the spread of infectious disease.<sup>101</sup> As a result, those who are homeless are at high risk, as are migrants in overcrowded immigration detention facilities or dormitories. In Singapore, the second wave of COVID-19 infections has been linked to living conditions in 43 dormitories housing 200,000 foreign workers.<sup>102</sup>

In some countries, migrants, particularly those who are undocumented, are excluded from emergency and crisis accommodation services due to their legal status. Likewise, in many countries, migrants are not eligible for public housing. UN OHCHR has noted, “it is frequently reported that local authorities refuse to accept irregular migrants in centres for the homeless or destitute, and provide no assistance to them, except in the most extreme cases of vulnerability (e.g. new mothers), and then for limited periods only”.<sup>103</sup> A lack of access to suitable shelter inhibits compliance with COVID-19 prevention measures and is a major individual and public health concern.

<sup>100</sup> Thin Lei Win (2020), Thomson Reuters Foundation News, [Help for Italy's refugees and migrants withers with virus lockdown](#), 10 March.

<sup>101</sup> InterAction (2019), [The wider impacts of humanitarian shelter and settlements assistance](#).

<sup>102</sup> Institute of Development Studies, Social Science in Humanitarian Action Platform (2020), [Key Considerations for COVID-19 Management in Marginalised Populations in Southeast Asia: Transnational Migrants, Informal Workers, and People Living in Informal Settlements](#).

<sup>103</sup> UN OHCHR (2014), [The economic, social and cultural rights of migrants in an irregular situation](#).

## Promising practices: Temporary shelter

- [Odemira](#), a municipality in Portugal, set up housing/quarantine facilities for agricultural migrant workers. Large buildings such as sports halls and pavilions were adapted to accommodate up to 500 workers to prevent COVID-19 transmission.
- [Panama](#) offers shelter to stranded migrants while international travel restrictions are in place.
- To avoid people seeking asylum being displaced and becoming homeless, the [UK](#) introduced emergency measures and the national housing contractor confirmed they would not ask anyone to leave their accommodation for 3 months, even if a person's asylum claim or appeal had been decided. [Leeds City Council](#) further addressed the needs of people seeking asylum whose claims have been refused by providing temporary accommodation to those who are homeless.
- [Montreal, Canada](#) created new shelter facilities for people seeking asylum who may be homeless and kept public libraries open for people to go inside to get warm.

## National Society in Action:

The **Spanish Red Cross** (SpRC) supports housing access for vulnerable migrants and refugees in Spain. SpRC provides advice on renting and the housing market, with volunteers accompanying migrants during rent negotiations and housing searches; housing workshops; and negotiation, advocacy, and coordination with local authorities. As government restrictions ease and COVID-19 transmission slows, SpRC anticipates an increased need for housing support as people leave reception centres and must find independent housing. A key area of advocacy for SpRC is liaising with local administration on housing access and conducting sensitization with real estate agencies and the wider society on how they can support migrants and refugees.

## Camps and camp-like settings

Migrants, including people seeking asylum and refugees, living in camps and camp-like settings may be disproportionately affected by both the pandemic and associated response measures.<sup>104</sup>

Those in camp settings are at higher risk of COVID-19 due to overcrowded conditions, where it is sometimes impossible to maintain physical distancing; poor access to water, sanitation and hygiene facilities and healthcare; and often poor underlying health conditions.<sup>105</sup>

Measures implemented to reduce transmission may include new restrictions on international and local humanitarian access, leading to a reduction in available support. Even without government restrictions, there may be fear for staff and volunteers to enter camps and provide support (especially without personal protective equipment). Migrants in camps may

<sup>104</sup> ICRC (2020), [Recommendations on Including Camps and Camp-Like Settings in the Response to the COVID-19 Pandemic](#).

<sup>105</sup> Some refugee camps have a population density that is 1000 times that of surrounding host communities. See [UNSG Policy Brief: COVID19 and People on the Move \(4 June 2020\)](#).

also be de-prioritised in national health efforts and risks may be exacerbated by service provision methods, which can involve large crowds or standing in long lines.<sup>106</sup>

Furthermore, in many cases there will be secondary impacts: social stigma, discrimination, stress, anxiety and mental health and psychosocial support concerns and decreased livelihoods.

Yet, even these congested and low-income settings there are many ways that people can take simple steps to reduce the risk of virus transmission. When provided with information and the means to take action, communities are best positioned to find solutions that work in their context.

UNHCR, IOM, WHO and IFRC have released interim guidance outlining COVID-19 readiness and response considerations for camps and camp-like settings, calling on host countries to ensure that refugees have equal access to health services and are included in national responses, including prevention, testing and treatment.<sup>107</sup> ICRC has also released recommendations for camps and camp-like settings in the pandemic response.<sup>108</sup>

### National Societies in Action:

More than 850,000 displaced people remain in camps in Cox's Bazar, with approximately 40,000 people living in each square kilometre. **Bangladesh Red Crescent Society** (BDRCS) has been responding to the COVID-19 pandemic in Cox's Bazar by setting up additional handwashing points throughout the camps, conducting ongoing health and hygiene promotion and distributing hygiene kits. BDRCS also engages members of the camp community as volunteers, which has been critical given the current internet and telecommunication restrictions and the reduced footprint of international and other humanitarian workers. Approximately 400,000 people have been reached with risk communication and community engagement information. Given the limited capacity to treat serious COVID-19 cases and the limited isolation facilities, BDRCS has constructed two Severe Acute Respiratory Infection isolation and treatment centres and, in cooperation with IFRC and Partner National Societies, is training the centres' healthcare workers.

The **Jordan Red Crescent Society** (JRCS) has launched an awareness campaign on COVID-19 with video and info-graphics through social media, targeting the most vulnerable communities and Syrian refugees. JRCS is also supporting Syrian refugees in Al-Zaatari Camp – one of the most populated refugee camps in the world – and, with the support of the **Kuwait Red Crescent Society**, has also started distribution of food parcels.

<sup>106</sup> IFRC, IOM, UNHCR, WHO (2020), [IASC Interim Guidance: Scaling up COVID-19 Outbreak Readiness and Response Operations in Humanitarian Situations including Camp and Camp-like Settings](#). Version 1.1, March 2020.

<sup>107</sup> OHCHR, IOM, UNHCR, WHO (2020), [The rights and health of refugees, migrants and stateless must be protected in COVID-19 response](#). Joint Press Release, 31 March.

<sup>108</sup> ICRC (2020), [Recommendations on Including Camps and Camp-Like Settings in the Response to The COVID-19 Pandemic](#).

The White Nile Branch of **Sudanese Red Crescent Society** (SRCS) supports refugees in South Sudanese camps where movement restrictions have significantly affected the scope and quality of services (including healthcare, water, sanitation and hygiene), leading to increased worry and anxiety. Clinics only receive emergency cases; children have no access to school or child-friendly spaces and there is an increased risk of child labour and exploitation; there is also limited access to adequate information in local languages, with rumors spreading; and fear and stigma are preventing health-seeking behaviour. In response, youth supported by SRCS volunteers are leading awareness activities, translating messages, advocating for access and highlighting gaps in basic services. Since humanitarian actors have had to reduce their presence, SRCS has encouraged and equipped youth and other groups to take a proactive role and reach all people with relevant information and key messages.

## Legal aid and access to justice

COVID-19 and the legal and policy responses developed by states to control its spread may affect the ability to access justice in a timely, fair, and effective manner. Certain groups, including women and children at risk of violence, undocumented migrants, refugees, people seeking asylum, and those in immigration detention centres may be most affected.<sup>109</sup>

In addition, in contexts where pandemic response strategies such as states of emergency are enacted, oversight is necessary to prevent excessive or discriminatory use of emergency powers to target certain groups, including migrants and refugees.<sup>110</sup>

Health and humanitarian crises exacerbate gender inequalities and increase risks of sexual violence and abuse.<sup>111</sup> Violence against women and girls is increasing globally as economic and social stress increases, movement restrictions are enforced, and community safety nets are compromised. The closure of schools and domestic violence shelters dramatically decreases access to support and increases protection risks for children and women. Hotlines for victims of domestic violence in Malaysia, for example, have reported a 57% increase in calls since movement restrictions came into place.<sup>112</sup> A rise in domestic violence in camps in Cox's Bazar has also been reported.<sup>113</sup> There are concerning reports of increased violence against women, with surges of 25% in countries with reporting systems in place.<sup>114</sup>

## Legal support and guidance

The provision of legal aid is closely aligned to ensuring access to essential services. Legal services can provide information on rights, guidance on eligibility and how to access benefits, as well as support to fill out forms, particularly for those who do not speak or read the official language, or have no internet access. Documentation is often required to access

<sup>109</sup> UNDP (2020), [Ensuring Access to Justice in the Context of COVID-19](#), 20 May.

<sup>110</sup> Ibid.

<sup>111</sup> Wanqing Z. (2020), [Domestic violence cases surge during COVID-19 epidemic, sixth tone](#), Accessed 11 June.

<sup>112</sup> UN Women (2020), [The First 100 Days of COVID-19 in the Asia Pacific: A Gender Lens](#).

<sup>113</sup> The New Humanitarian (2020), [Coronavirus and aid: What we're watching](#), Accessed 4 June.

<sup>114</sup> UN (2020), [UNSG Policy Brief: The impact of COVID-19 on Women](#), 19 April.

basic services and social protection schemes and legal aid providers can assist migrants to address these barriers.<sup>115</sup>

Moreover, many irregular migrants who suffer abuses do not go to the police due to fear of arrest and detention, resulting in impunity. This can only be addressed through the establishment of firewalls between the police (to whom crimes are reported) and immigration control.

<sup>115</sup> UNDP (2020), [Ensuring Access to Justice in the Context of COVID-19](#), 20 May.



## Returning migrants

*In Huaquillas, on the border between Ecuador and Peru, volunteers from the Ecuadorian Red Cross set up hydration points for migrants to access clean water and deliver food kits and awareness raising activities to prevent COVID-19.*

*Photo credit: Ecuadorian Red Cross*



Lockdowns and border closures have led to the return of large numbers of migrants who have lost support and employment options due to the pandemic.<sup>116</sup> Globally, there are trends towards mass deportation of both documented and undocumented migrants,<sup>117</sup> raising serious concerns around whether safe and dignified return and reintegration measures are in place in efforts to curb the spread of COVID-19.

Returning migrants may face an increased risk of COVID-19 infection given difficulties in ensuring safe practices during the return process and the lack of provision for ongoing support. Primary health care, food, hygiene, safe water, and shelter needs continue to exist for returning migrants, but they may be overlooked upon arrival back home, without systems and services to meet specific needs. There are reports of large numbers of labour migrants deported with no clear arrangements for the provision of basic needs, such as food or shelter, for example.<sup>118</sup> A lack of emergency preparedness and limited cooperation between countries of origin and destination means many migrants are falling through gaps in support. Furthermore, migrants face increasing stigma and discrimination upon return and the use of informal border crossings due to border closures means COVID-19 surveillance and the application of health protocols upon entry are challenging.

A number of National Societies assist migrants upon return, both at the border and in quarantine facilities, to ensure their humanitarian needs are met.

### National Societies in Action:

It is estimated that more than 10,000 migrants returned or were deported to Ethiopia between April and mid-May 2020; due to COVID-19, migrants are transferred directly to quarantine centres. Saba, the Migration and RFL Officer with **Ethiopia Red Cross Society** (ERCS) assists migrants in Addis Ababa: "They are in stress and are feeling lonely. Some arrive barefoot. They have faced challenges during their journey" she says. ERCS, with support from the **Danish Red Cross**, raises awareness on COVID-19 and provides psychosocial support, dignity and hygiene kits and assists migrants to communicate with their families.

To meet the needs of migrants in transit, the **Guatemalan Red Cross** (GRC) provides first-aid and pre-hospital care, facilitates communication with family members, offers food assistance, ensures safe and clean water access and provides a space to re-charge mobile phones. Through the **IFRC Monarch Butterfly Program**, GRC also supports the Ministry of Health and National Institute of Migration during reception, providing basic healthcare, food and hygiene kits to returned migrants at the border. At the isolation centre in Atanasio Tzul, GRC also provides information on COVID-19 prevention and supports primary healthcare delivery in assistance with the Ministry of Health.

<sup>116</sup> IOM(2020), [MRS No. 60 – Migrants and the COVID-19 pandemic: An initial analysis](#).

<sup>117</sup> Ibid.

<sup>118</sup> Singh J., Kazmin A., Parkin B. (2020), [Indian coronavirus lockdown triggers exodus to rural areas](#), *The Financial Times* (London). March 30.



## Humanitarian actors filling the gaps

*Libyan Red Crescent volunteers provide support to migrants and displaced people during COVID-19, running awareness campaigns both in and outside detention centres and operating humanitarian service points where migrants can access information, food and other basic necessities, and restoring family links services.*

*Photo credit: Libyan Red Crescent*

## Meeting unmet needs

Often, it is humanitarian organizations that fill gaps in service provision, and/or support vulnerable groups, including migrants, to overcome financial and other barriers to access available services. In many cases, humanitarian actors have attempted to establish agreements with governments to ensure unimpeded delivery of humanitarian assistance to migrants, irrespective of status, particularly in light of COVID-19 movement restrictions. In some countries, National Societies have been granted exceptions and have continued to deliver critical services. However, many have had to adapt or suspend programme delivery in the face of COVID-19 restrictions.

### National Societies in Action:

The **Argentine Red Cross** (ARC) was granted an exemption from the government's emergency decree restricting movement, enabling ARC personnel to provide humanitarian assistance to migrants, including food aid, temporary accommodation, non-food items and humanitarian transport. The exemption meant ARC could continue to undertake frequent border crossings to monitor the assistance and protection needs of migrants and refugees.

The Northern State Branch of the **Sudanese Red Crescent Society** (SRCS), supported by the **Danish Red Cross**, is the only humanitarian actor providing assistance and protection to migrants intercepted by the authorities and/or deported from the Libyan border. SRCS provides lifesaving assistance: food, water, clothes, first aid and psychological first aid, COVID-19 awareness, referral, and restoring family links to migrants and returnees in the quarantine facilities. SRCS continues to advocate for the inclusion of migrants in healthcare, accommodation in proper quarantine facilities, and other service provision, like Sudanese citizens, as well as for SRCS' unimpeded access to migrants and displaced persons for humanitarian purposes. SRCS provides services to migrants based on a signed agreement with the state authorities, to ensure protection standards are upheld.

During the pandemic, the **Ecuadorian Red Cross** has developed guidelines for psychosocial support through telecare, including a specific protocol to support 22 temporary shelters for migrants. It further provided telecare through 25 professional psychology volunteers; shared key messages on hygiene promotion, prevention and psychosocial support through television, radio, written media and social networks and delivered water, food and hygiene kits. Nearly 400 families were also reached through the cash transfer program, after adapting delivery methods to ensure support was provided in accordance with necessary health and safety protocols.

## Humanitarian service points

Building on the presence of National Societies along migratory trails as well as on the presence of volunteers in potentially every part of the world, the IFRC concept of humanitarian service points (HSPs) refers to initiatives aiming to provide essential services to vulnerable migrants during their journeys, irrespective of status, without fear of arrest or being reported to the authorities. HSPs can be fixed or mobile and there is no one-size-fits-all model of operation. Services depend on migrants' needs and the resources and capacity of the National Society.

### National Societies in Action:

**Colombian Red Cross Society** (CRCS) has continued to operate humanitarian service points (HSPs) at the border with Venezuela during the pandemic, offering essential services like healthcare, water and sanitation, and psychosocial support. HSPs are well-positioned to raise awareness among migrants about COVID-19 and provide practical information on how to access healthcare and appropriate treatment if infected.

The **Italian Red Cross** operates a number of 'Safe Points' that provide humanitarian assistance, as well as basic health screening, guidance and referral to local services for migrants. During COVID-19, the model continues to be adapted based on needs. For example, shower and washing facilities were introduced at Safe Points in Catania. In Rosarno (Calabria), where migrant workers live in crowded, informal settlements, a mobile service offering clothing, shoes and hygiene kits is run by volunteers. Food is also distributed to those most vulnerable, specifically migrants without regular documents or work contracts, left with no income and no other support during COVID-19.

## Recommendations

### Meeting the humanitarian needs of migrants during COVID-19 and beyond

Responses to COVID-19 must not neglect or exacerbate the humanitarian needs of migrants and refugees in already vulnerable situations. We, therefore, recommend that the steps below be implemented in domestic law, policy and practice.

1

**Guarantee that all migrants, irrespective of status, are protected from harm and have access to essential health and social care, as well as water, sanitation and hygiene services without fear of arrest, detention or deportation. This includes ensuring that COVID-19 testing, tracing, education and treatment (and any eventual vaccine) is available and accessible to everyone. This also includes lifting requirements that health or other essential service providers and humanitarian actors must report migrants in an irregular situation to migration authorities.**

***We will:***

- Continue our existing services to support the most vulnerable for as long as we can and work with governments to support their efforts also.
- Scale up our work in pre-hospital and medical services, community health and care, risk communication and community engagement, mental health and psychosocial support, humanitarian protection and violence prevention and response, ongoing support for healthcare for other critical health conditions, and supporting livelihoods at the community level, as well as e support to ensure continuing and equitable access to inclusive education and learning opportunities.
- Seek to identify particularly vulnerable communities and ensure they have access to services we provide whilst advocating for their access to services provided by others.

***States should:***

- Ensure that testing, tracing, education, treatment (and any eventual vaccine) for COVID-19 is available and accessible to everyone within a country or territory, irrespective of legal status, location or nationality and without fear of arrest, detention or deportation.
- Provide that migrants, irrespective of status, can access essential basic services. This must include essential healthcare, including all emergency services, maternal care (including delivery, as well as ante- and post-natal care) and paediatric services. It must also include access to shelter, water, sanitation and hygiene services, food and essential non-food items.
- Institute firewalls between immigration enforcement and public services, including contact-tracing services, and abolish policies and legislation requiring public service-providers and humanitarian actors to disclose irregular migrants' details to immigration and law enforcement.
- Explicitly state that immigration status does not present a legitimate basis for denying access to essential public services where they are available.

- Implement appropriate data protection rules for all those providing services to irregular migrants, in line with established good practices.
- Develop national action plans to identify and address barriers to accessing essential services affecting vulnerable migrants.
- Monitor outcomes in terms of the number of people who actually receive services from the migrant population, rather than solely whether they have theoretical access, with concrete achievable targets.<sup>119</sup>
- Ensure that migrants are, wherever possible, included in the planning, implementation and monitoring of the services from which members of their community benefit.

## 2

**Guarantee that all migrants, irrespective of status, have access to timely, accurate, reliable and culturally appropriate information on COVID-19 and essential services, in their own language, including on prevention measures and where and how to access testing, treatment and other supports and that misinformation against migrants is proactively addressed in support of social inclusion and social cohesion.**

### ***We will:***

- Work to strengthen our own risk communication and community engagement action to ensure prevention and health promotion messaging is reaching migrants and their communities to help people keep themselves safe and informed.
- Liaise with national health authorities and support migrants irrespective of status to access testing, treatment and support without discrimination.
- Continue to ensure an inclusive approach to developing and disseminating accurate information through community engagement with migrants and cooperation with governments and health authorities.
- Continue to work with and for migrants to ensure they have the necessary information about the disease, consult them on possible solutions, and provide support to them to put these solutions into place.

### ***States should:***

- Invest in risk communication and community engagement at the local level.
- Disseminate information on access to healthcare and other essential services in the relevant languages of migrants and refugees, through the channels of communication most used by and accessible to these groups
- Provide information from trustworthy sources and work to correct misconceptions, address rumours and build trust.
- Ensure an inclusive approach to providing effective and accurate information in a variety of accessible forms and languages accessible by all.

<sup>119</sup> SPHERE standards are a useful example of this: for example, the indicators under access to essential health care services include: "at least 95 per cent of children aged 6 months to 15 years have received measles vaccination" and "at least 95 per cent of children aged 6–59 months have received an appropriate dose of Vitamin A".

**3**

**Ensure that all migrants, irrespective of status, have access to social protection measures, such as social insurance schemes, livelihood programs, cash or in-kind support, where feasible. Where this is not feasible, states should facilitate actions by humanitarian actors to fill this gap. All migrants should be included in socio-economic recovery measures to build back better and minimize secondary impacts on the most vulnerable.**

***We will:***

- Continue to provide support for livelihoods and basic needs and other assistance to protect/restart migrants' livelihoods and to address the socio-economic impacts of the crisis.
- Continue to ensure that migrants are engaged in the design and delivery of preparedness, response and recovery planning and their skills, expertise and contributions are drawn upon to inform and facilitate humanitarian action and advocacy.
- Advocate for and support efforts to ensure inclusion of migrants into relevant public health-related social protection measures, including supporting such schemes to improve their efficiency and coverage in line with our principles and the National Society's auxiliary status.

***States should:***

- Anticipate and address secondary impacts through social protection schemes or safety nets that include migrants who have lost their livelihoods during the crisis period, including preventing evictions and ensuring access to food and water, cash and livelihoods support as well as health insurance, disability support and other crucial social measures.
- Collaborate with local organisations/civil society in these initiatives, including through risk/vulnerability assessment mapping and community engagement to facilitate uptake of such schemes.
- As part of building back better, invest in and improve longer-term social protection systems that include migrants and that promote resilient communities in the face of all types of shocks and ensure the inclusion of migrants in disaster and emergency preparedness, response and recovery strategies.

## 4

**Ensure that migrant and refugee community-based organizations and local humanitarian actors, including National Red Cross and Red Crescent Societies, are included in COVID-19 prevention, response and recovery planning and are enabled to deliver or scale up essential services and humanitarian assistance to migrants. Measures to control COVID-19 must not impede the delivery of humanitarian assistance.**

***We will:***

- Continue to work with states in our auxiliary role to deliver humanitarian assistance and respond to the needs of the most vulnerable, wherever they may be.
- Do our utmost to continue to provide basic humanitarian services as well as respond to the needs created by the pandemic, focusing on preparedness, bringing on board volunteers.
- Endeavour to equip our staff and volunteers with adequate training and to the extent possible with appropriate Personal Protective Equipment (PPE) (in line with WHO recommendations) in order to minimize their possibility of receiving or spreading infection.
- Where included in coordination mechanisms, National Societies commit to ensuring clear articulation of their available capacities and resources to contribute to collective efforts as appropriate at the national level, in line with their Fundamental Principles.

***States should:***

- Ensure that relevant laws, procedures and/or agreements are in place to enable National Societies and other humanitarian actors to enjoy effective and safe access to all migrants without discrimination and irrespective of their legal status.
- Ensure humanitarian exceptions to travel restrictions are maintained, for instance, to allow access to life-saving or otherwise critical medical care or family reunifications when a person is highly dependent and requires help to conduct daily activities.
- Ensure humanitarian assistance is never deemed unlawful.
- Ensure movement restrictions and emergency measures comply with international law.
- Support and partner with humanitarian actors to provide services. Key areas for partnership include information provision, training public authorities and services to restore family links.
- Commit to the establishment of humanitarian service points or 'safe spaces', where humanitarian actors are able to provide essential services to vulnerable migrants, with guarantees that such spaces will be protected from immigration enforcement activities.
- As part of recovery/building back better ensure that humanitarian safe spaces are included in national legislation and training is provided at national, regional and local levels to ensure that protections afforded to humanitarian safe spaces are understood at all levels of immigration enforcement.



# The Fundamental Principles of the International Red Cross and Red Crescent Movement

**Humanity** The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

**Impartiality** It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**Neutrality** In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

**Independence** The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**Voluntary service** It is a voluntary relief movement not prompted in any manner by desire for gain.

**Unity** There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**Universality** The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

**International Federation  
of Red Cross and Red Crescent Societies**

Chemin des Crêts, 17  
CH - 1209 Petit-Saconnex  
Switzerland

Tel. +41 (0)22 730 4836  
Fax. + 41 22 730 4929  
Website: <http://www.ifrc.org>