

WEBINAR on

The Impact of COVID-19 on Migrant and Refugee Health.

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WHO, Geneva
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28 January 2021, 15:00 CET
Zoom

Migrants and refugees' health in the context of COVID-19



- ▶ According to the latest UN DESA [International Migration 2020 Highlights](#), the disruptions caused by the COVID-19 pandemic may have reduced the number of international migrants by around 2 million globally by mid-2020, corresponding to a **decrease** of around **27%** in the growth expected from July 2019 to June 2020.
- ▶ Most refugees and migrants face **similar health threats from COVID-19** as the host populations but may have higher vulnerabilities due to:
 - conditions of their journeys;
 - poor food and nutrition status;
 - limited access and livelihood opportunities;
 - overcrowded and poor living and working conditions;
 - inadequate access to water, sanitation and other basic services.
- ▶ Migrants, **in particular undocumented migrants**, are often excluded from national programmes for health promotion, disease prevention, treatment and care, as well as from affording financial protection for health and other social protection services.

Challenges and health needs identified



- ▶ Some of the measures Member States put in place to fight the 'second wave' of the COVID-19 pandemic, **disproportionally affected migrants, asylum seekers and refugees**.¹
- ▶ Conditions in camps and camp-like settings are concerning. **Basic public health measures**, such as social distancing, proper hand hygiene, and self-isolation **are thus not possible or extremely difficult to implement** in refugee camps.
- ▶ Official statistics on refugees' deaths due to Covid-19 **are not clear** and according to available data, fatalities in refugee camps have been far less than expected. As of December 2020, only 32,000 refugees worldwide had been registered as having the virus, out of 26 million and, for example, in the largest refugee settlement camp in Bangladesh, only 356 Rohingya refugees had contracted the virus from the 860,000 there.
- ▶ Lockdowns in camps are often stricter, with social integration limited by lack of work and the focus on prevention. Therefore, **socio-economic consequences of COVID-19** seem to be the ones affecting the refugee communities the most.²
- ▶ The ability to **access health-care services** in humanitarian settings is usually compromised and exacerbated by shortages of medicines and lack of health-care facilities.
- ▶ **Labour migrants** face specific issues. They can be affected by income loss, health-care insecurity, as well as legal and social insecurity due to postponement of decisions on their legal status or reduction of employment, legal, and administrative services.
- ▶ There is also scarce **culturally and linguistically accessible** information about COVID-19. In Europe, for example, there are clear gaps in the availability of translated COVID-19 risk communications, excluding migrants from the COVID-19 response.²

[1] Coronavirus pandemic in the EU - Fundamental Rights Implications - Bulletin 6

[2] 2020, refugees and Covid-19: an interwoven tragedy

[3] Engaging the vulnerable: A rapid review of public health communication aimed at migrants during the COVID-19 pandemic in Europe

What does the available evidence say?



- ▶ **Data on COVID-19** cases and deaths are plentiful, but disaggregated data on COVID-19 by age, sex, or ethnicity and race are scarce and should be available routinely and automatically:
 - UNHCR reports some **38,500 cases of COVID-19** globally among forcibly displaced people, as of December 2020.¹
 - **National Health Service** health-care staff from ethnic minority groups seem to have died in disproportionate numbers from COVID-19.²
 - According to the latest **OECD report**³, the COVID-19 pandemic has disproportionately affected migrants. They are twice as likely to contract the virus than the rest of the population.
 - Nearly half of **Singapore**'s migrant workers residing in dormitories have had COVID-19, indicating the virus spread much more widely among those living in these accommodations than the official case tally shows.⁴
 - Recent data showed that of the total health-care workers infected with COVID-19 **in Spain and Italy**, 72% and 66% respectively, were women.
 - In terms of mortality, in the **U.K.**⁴ the biggest relative increase was for people born in Central and Western Africa (4.5 times higher in 2020 than in 2014 to 2018). This group of countries includes Nigeria, Ghana and Somalia.
 - In **Chicago**, nearly 52% of deaths from COVID-19 were among African Americans, although they represent only about 30% of the city's population

[1] UNHCR Global COVID-19 Emergency Response, 22 December 2020

[2] Sharpening the global focus on ethnicity and race in the time of COVID-19. Lancet. 2020

[3] What is the impact of the COVID-19 pandemic on immigrants and their children?

[4] <https://www.reuters.com/article/health-coronavirus-singapore-dormitories/half-of-singapores-migrant-workers-in-dormitories-have-had-covid-19-idUSL4N2IV0LF>

[5] Public Health England. Disparities in the risk and outcomes of COVID-19

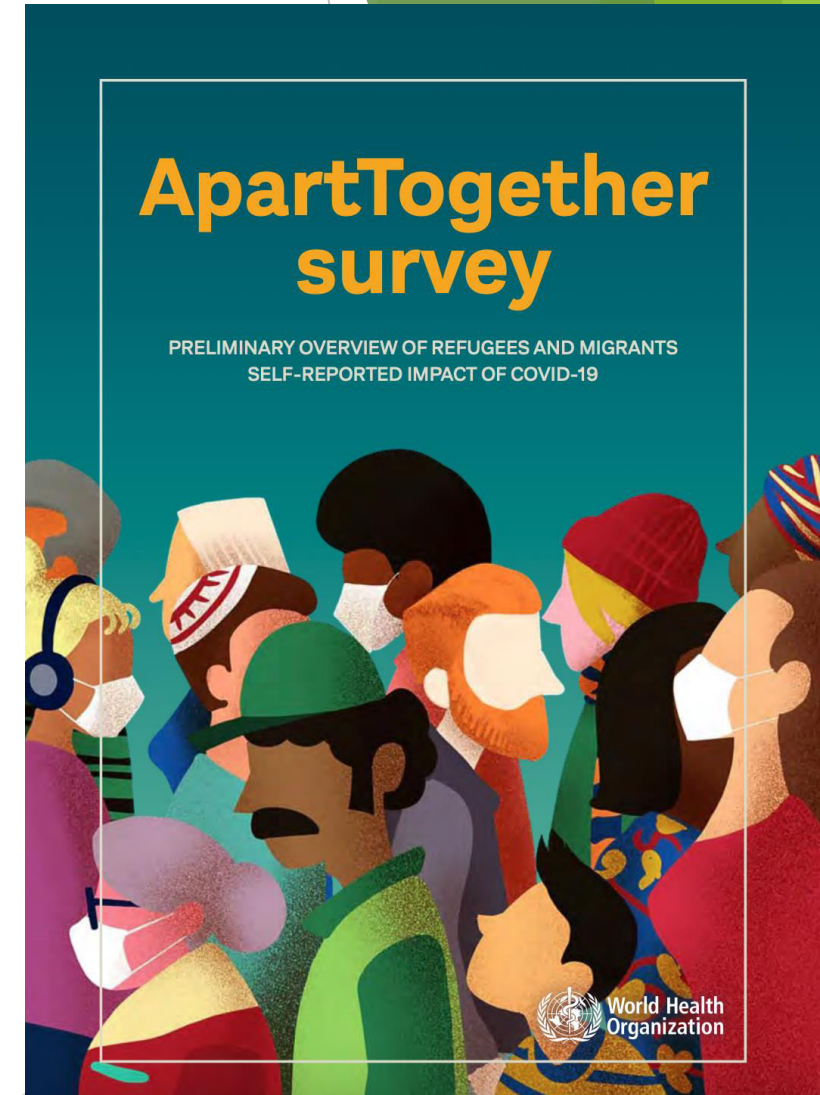
Apart Together survey

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

18 December 2020

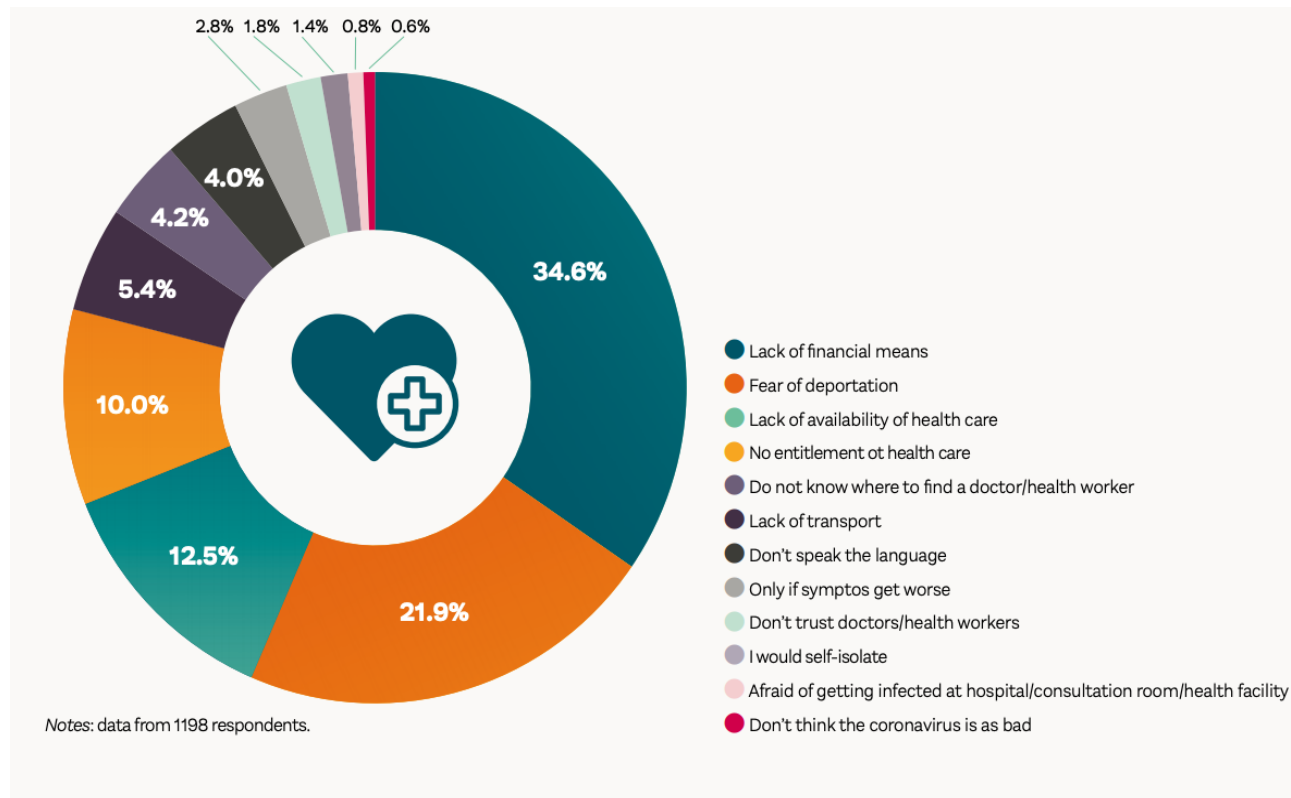


- Aims to capture voices of refugees and migrants
- Collaboration with research centres led by Ghent University (Belgium) and the University of Copenhagen (Denmark)
- Snowball sampling
- Online questionnaire in 37 languages
 - Sociodemographic characteristics
 - COVID-19 health status
 - Daily stressors
 - Social well-being
 - Psychological well-being
- Over 30 000 respondents from almost all WHO Member States participated to the first survey on COVID-19 pandemic impact on refugees and migrants.



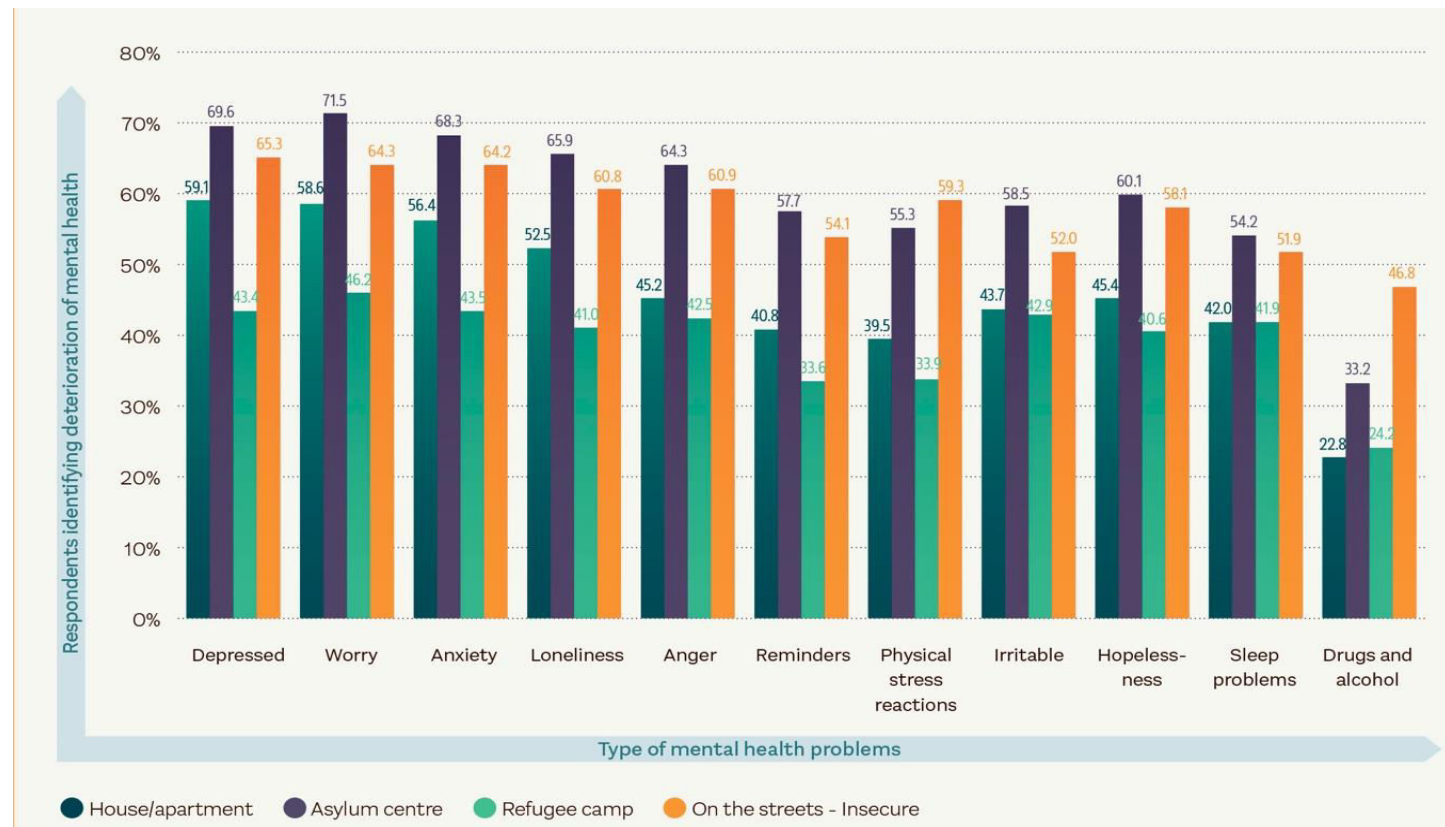
Apart Together survey

- People living in more precarious housing situations had less sources of information on COVID-19
- 35% of migrants and refugees who indicate not seeking health care reported financial constraints prevented them from seeking health care, and a further 22% fear of deportation



Apart Together survey

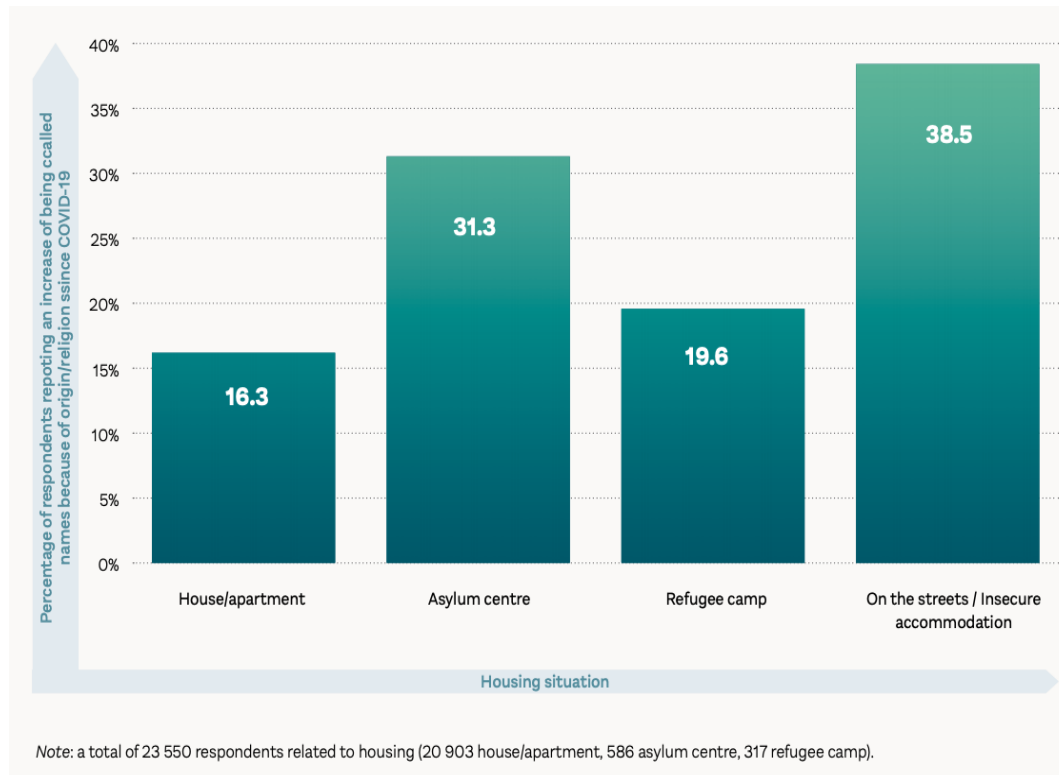
- Refugees and migrants living on the street, in insecure accommodation or in asylum centres are at high risk of experiencing mental health problems in the aftermath of the COVID-19 pandemic
- At least 50% of the respondents indicated that COVID-19 brought about greater level of depression, worry, anxiety and loneliness. One in five respondents also expressed deterioration of mental health in terms of drug- and alcohol-related issues.



Respondents identifying deterioration of mental health since the COVID-19 pandemic according to their housing condition

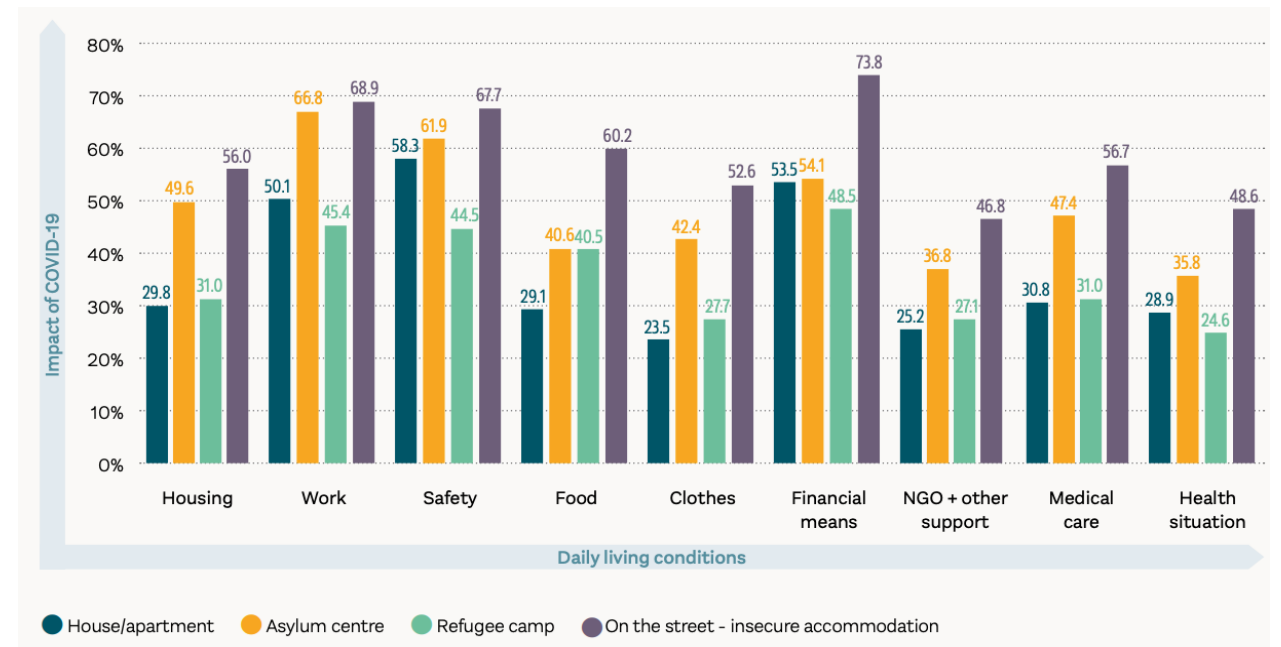
Apart Together survey

- Nearly 40% of those living in asylum centres, on the streets or in insecure accommodation indicated being affected the worst in terms of perceived discrimination.



Respondents identifying deterioration of perceived discrimination according to their housing status.

- COVID-19 has significantly impacted refugees and migrants on their access to work, safety and financial means.
- Around 60% of the respondents living on the streets, in insecure accommodation and in asylum centres and irregular migrants suffered the worst impact of COVID-19 on their daily lives.



Respondents identifying deterioration of access to various living conditions due to COVID-19 according to their housing situation.

What we have learned



The coronavirus pandemic negatively affected more than 2.7 million migrants, particularly women and girls but **new practices** have emerged to protect those on the move:

- ▶ While some States have **suspended returns** owing to unsafe conditions, others have made efforts to ensure that those returning or who have been deported are supported.
- ▶ Initiatives by countries such as **extending residence** and work permits, **regularizing the status** of undocumented migrants, and pursuing alternatives to detention.
- ▶ The pandemic has highlighted the **value of migrant labour**, urging countries to recognize their contributions, by ensuring fair and ethical recruitment, decent work, and access to health care and social protection.
- ▶ **National health policies** and supporting legislative and financial frameworks should promote migrants right to health
- ▶ **Universal Health Coverage**, as a universal right - Fewer than one in two countries (43%) provide access to health services to all migrants, regardless of their legal status. Refugees and migrants should be included in governments' vaccine allocation and distribution plans and ongoing essential health services.
- ▶ Health systems should be **sensitive to migrants needs, languages** and problems
- ▶ Strengthened health systems and **increase resources for health, especially primary health care**
- ▶ **Good health monitoring and data** are needed to understand health needs and set priorities
- ▶ **Collaboration between countries** and sectors is essential
- ▶ **Social inclusion and cohesion** should be strengthened between host communities and migrants, and discrimination issues addressed.



Thank you



Dr. Santino Severoni
Director WHO Global Migration Programme
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HUMANITARIAN HEALTH



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of PUBLIC HEALTH

COVID-19, Public Health Orders and Migration and Health in the U.S.

Paul Spiegel MD, MPH

Director, Center for Humanitarian Health
Professor of Practice, Department of International Health
Johns Hopkins Bloomberg School of Public Health

FY

2018

2019

2020

2021 (FYTD)

FY Southwest Land Border Encounters by Month



	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	
2021 (FYTD)	71,726	71,462	73,513										216,701
2020	45,139	42,643	40,565	36,585	36,687	34,460	17,106	23,237	33,049	40,929	50,014	57,674	458,088
2019	60,781	62,469	60,794	58,317	76,545	103,731	109,415	144,116	104,311	81,777	62,707	52,546	977,509
2018	34,871	39,051	40,519	35,905	36,751	50,347	51,168	51,862	43,180	40,149	46,719	50,568	521,090

Mar 20, 2020

Public Health Orders & Asylum Law

March 20, 2020

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)**

**ORDER UNDER SECTIONS 362 & 365 OF THE PUBLIC HEALTH SERVICE ACT
(42 U.S.C. §§ 265, 268):**

**AMENDMENT AND EXTENSION OF ORDER SUSPENDING INTRODUCTION OF
CERTAIN PERSONS FROM COUNTRIES WHERE A COMMUNICABLE DISEASE
EXISTS**

I. Introduction

I am amending the Order Suspending Introduction of Certain Persons from Countries Where a Communicable Disease Exists, issued on March 20, 2020 (hereinafter, March 20, 2020 Order or Order) and extended on April 20, 2020 (hereinafter, April 20, 2020 Extension or Extension), to clarify that it applies to all land and coastal Ports of Entry (POEs) and Border Patrol stations¹ at or near the United States' border with Canada or Mexico that would otherwise hold covered aliens in a congregate setting. I am extending the duration of the Order until I determine that the danger of further introduction of COVID-19 into the United States has ceased to be a serious danger to the public health, and continuation of the Order is no longer necessary to protect the public health. Every 30 days, the Centers for Disease Control and Prevention (CDC) shall review the latest information regarding the status of the COVID-19 pandemic and associated public health risks to ensure that the Order remains necessary to protect the public health. Upon determining that the further introduction of COVID-19 into the United States is no longer a serious danger to the public health necessitating the continuation of this Order, I will publish a notice in

Public Health Orders and Asylum Law cont

reliefweb

SEARCH UPDATES COUNTRIES DISASTERS ORGANIZATIONS TOPICS JOBS TRAINING

RW COVID-19 page: Find latest updates on global humanitarian responses

USA + 1 more

Public Health Experts Urge U.S. Officials to Withdraw Order Enabling Mass Expulsion of Asylum Seekers

Source: [Columbia University](#) • Posted: 19 May 2020 • Originally published: 18 May 2020 • Origin: [View original](#)

LETTER TO HHS SECRETARY AZAR AND CDC DIRECTOR REDFIELD SIGNED BY LEADERS OF PUBLIC HEALTH SCHOOLS, MEDICAL SCHOOLS, HOSPITALS, AND OTHER U.S. INSTITUTIONS

Alex Azar
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Robert R. Redfield, MD
Director
Centers for Disease Control and Prevention
1600 Clifton Road

[Download report](#)

Primary country:
United States of America

Other country:
Mexico

Source:
Columbia University

Format:
News and Press Release

Themes:

<https://reliefweb.int/report/united-states-america/public-health-experts-urge-us-officials-withdraw-order-enabling-mass>, accessed Jan 27, 2021

Public Health Experts Urge U.S. Officials to Withdraw Proposed Rule That Would Bar Refugees from Asylum and Other Humanitarian Protections in the U.S.

Aug. 06 2020

LETTER TO DHS SECRETARY WOLF AND ATTORNEY GENERAL BARR SIGNED BY LEADERS OF PUBLIC HEALTH SCHOOLS, MEDICAL SCHOOLS, HOSPITALS, AND OTHER U.S. INSTITUTIONS

[Download letter](#)

Chad F. Wolf
Acting Secretary
U.S. Department of Homeland Security
301 7th Street, S.W.
Washington, D.C. 20528

William Barr
Attorney General

RELATED FACULTY

<https://www.publichealth.columbia.edu/public-health-now/news/public-health-experts-urge-us-officials-withdraw-proposed-rule-would-bar-refugees-asylum-and>, accessed Jan 27, 2021

Public Health Orders & Asylum Law



FEDERAL REGISTER

The Daily Journal of the United States Government



July 9, 2020

PH Proposed Rule

Security Bars and Processing

A Proposed Rule by the Homeland Security Department and the Executive Office for Immigration Review on 07/09/2020



PUBLISHED DOCUMENT

Start Printed Page 41201

AGENCY:

U.S. Citizenship and Immigration Services, Department of Homeland Security ("DHS"); Executive Office for Immigration Review, Department of Justice ("DOJ").

ACTION:

Notice of proposed rulemaking.

SUMMARY:

This proposed rule would amend existing DHS and DOJ (collectively, "the Departments") regulations to clarify that the Departments may consider

DOCUMENT DETAILS

Printed version:

PDF

Publication Date:

07/09/2020

Agencies:

Department of Homeland Security
Executive Office for Immigration
Review

Dates:

Comments must be submitted on
or before August 10, 2020.

Comments Close:

08/10/2020

Document Type:

Proposed Rule



84160 Federal Register / Vol. 85, No. 247 / Wednesday, December 23, 2020 / Rules and Regulations

DEPARTMENT OF HOMELAND SECURITY

8 CFR Part 208

RIN 1615-AC57

[Docket No: USCIS 2020-0013]

DEPARTMENT OF JUSTICE

Executive Office for Immigration Review

8 CFR Part 1208

[Dir. Order No. 11-2021]

RIN 1125-AB08

Security Bars and Processing

AGENCY: U.S. Citizenship and Immigration Services, Department of Homeland Security ("DHS"); Executive Office for Immigration Review, Department of Justice ("DOJ")

ACTION: Final rule.

danger to the security of the United States. Finally, the rule modifies the process in expedited removal proceedings for screening aliens for potential eligibility for deferral of removal (who are ineligible for withholding of removal as subject to the danger to the security of the United States bar).

DATES: This final rule is effective January 22, 2021.

FOR FURTHER INFORMATION CONTACT:

FOR USCIS: Andrew Davidson, Asylum Division Chief, Refugee, Asylum and International Affairs Directorate, U.S. Citizenship and Immigration Services, DHS; telephone 202-272-8377 (not a toll-free call).

For EOIR: Lauren Alder Reid, Assistant Director, Office of Policy, Executive Office for Immigration Review, telephone (703) 305-0289 (not a toll-free call).

SUPPLEMENTARY INFORMATION:

I. Executive Summary

82260 (December 17, 2020) ("Third-Country Transit Final Rule"), streamlining screening for potential eligibility for deferral of removal in the expedited removal process to similarly allow for the expeditious removal of aliens ineligible for deferral, and (3) as to aliens determined during credible fear screenings to be ineligible for asylum and withholding of removal on the basis of the danger to the security of the United States bars or ineligible for asylum for having failed to apply for protection from persecution in a third country where potential relief is available while en route to the United States pursuant to the Third-Country Transit Final Rule, but who nevertheless establish that they are more likely than not to be tortured in the prospective country of removal, allowing DHS to utilize its prosecutorial discretion to either place the aliens into asylum-and-withholding-only removal proceedings under 8 CFR 208.2(c)(1) and 8 CFR 1208.2(c)(1) ("asylum-and-withholding-

<https://www.federalregister.gov/documents/2020/07/09/2020-14758/security-bars-and-processing>, accessed Aug 30, 2020

<https://www.federalregister.gov/documents/2020/12/23/2020-28436/security-bars-and-processing>, accessed Jan 27, 2021

Public Health Orders and Asylum Law cont


 Free Newsletter

25 years of


Migration News 29 June 2020

Briefing: Coronavirus and the halting of asylum at the US-Mexico border

'Even if the coronavirus abates, we don't really expect the administration to lift these restrictions.'



US policies put in place during the pandemic have effectively cut off access to asylum at the US-Mexico border

 Eric Reidy
Freelance journalist focused on migration

https://www.thenewhumanitarian.org/news/2020/06/29/Mexico-US-coronavirus-mass-expulsions-asylum-halt?utm_source=twitter&utm_medium=social&utm_campaign=social, accessed Jul 25, 2020



COVID-19 public health orders should not target asylum seekers

BY ORIT ABRAHAM AND DR. PAUL SPIEGEL, OPINION CONTRIBUTORS — 04/22/20 06:30 PM EDT
THE VIEWS EXPRESSED BY CONTRIBUTORS ARE THEIR OWN AND NOT THE VIEW OF THE HILL

125 SHARES

f SHARE t TWEET

Just In...

Sunday shows - Democrats target Trump as violence flares
SUNDAY TALK SHOWS — 8M 48S AGO

Meadows: 'Most of Donald Trump's America is peaceful'
SUNDAY TALK SHOWS — 14M 48S AGO

Dates — and developments — to watch as we enter the home stretch
OPINION — 20M 29S AGO

FDA chief says he supports fast-tracking



© Getty Images

The recent move to [expel 10,000 asylum seekers](#) from U.S. Customs and Border Patrol (CBP) facilities at the U.S.-Mexico border is no act of

<https://thehill.com/opinion/immigration/494155-covid-19-public-health-orders-should-not-target-asylum-seekers>, accessed Aug 30, 2020

Recommendations

- Strengthen public health decision-making, contingency planning and funding for public health authorities and humanitarian actors along border
 - Numbers crossing will have major impact on feasibility
- Improve non-pharmaceutical interventions (e.g. masks, distancing, hygiene)
- Adapt and reduce border processing to minimize delays
- Increase testing capacity
- Expand quarantine and isolation capacity
- Avoid/minimize holding persons in congregate facilities
- Stop abusing public health orders to further anti-migration and anti-refugee policies and discrimination

Migration Detention Standards Project

Project Aims:

- 1) **Collate** existing public health standards
 - 2) **Conduct** a comparative analysis of minimum PH stds
 - 3) **Document** current M&E and compliance mechanisms
 - 4) **Examine** implementation of the standards
- **Focus Countries:** US, UK, Greece, Libya, Italy
 - **U.S Detention Bodies:** ICE, CBP, ORR
 - **Public Health Domains:** health, hygiene, shelter, food & nutrition, protections, M&E



COVID-19 and migrants, refugees and asylum seekers stranded in Greece

Dr.Apostolos Veizis .Director of Medical Operational Support Unit

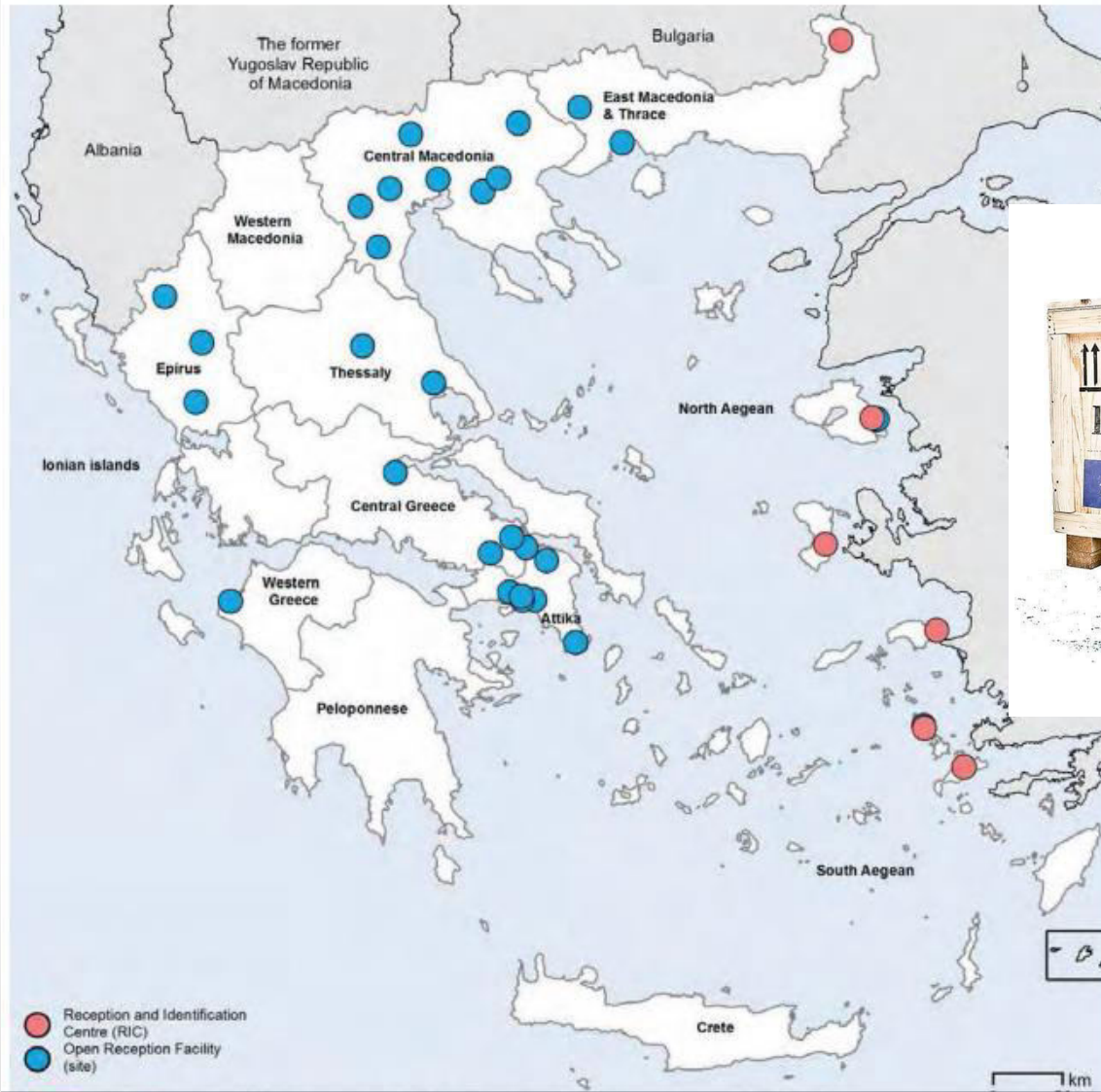


Greece

- Total Population: 10,816,286 (census 2011)



- 120,000 asylum seekers and refugees following the “refugee crisis” 2015





HELLENIC REPUBLIC
MINISTRY OF CITIZEN PROTECTION
NATIONAL COORDINATION CENTER FOR
BORDER CONTROL, IMMIGRATION AND
ASYLUM (N.C.C.B.C.I.A.)

Athens, 25/1/2021

NATIONAL SITUATIONAL PICTURE REGARDING THE ISLANDS AT EASTERN AEGEAN SEA (24/01/2021)

PLACE/LOCATION	LESVOS		CHIOS		SAMOS		LEROS		KOS		OTHER ISLANDS		TOTAL	
	OCC.	CAP.	OCC.	CAP.	OCC.	CAP.	OCC.	CAP.	OCC.	CAP.	OCC.	CAP.	OCC.	CAP.
R.I.C.	6741	10000	2410	1014	3382	648	644	860	458	816			13635	13338
OTHER ACCOMODATION FACILITIES	1149	1300					0	0					1149	1300
HELLENIC POLICE FACILITIES	P.D.C.								354	474			354	474
	DETENTION FACILITIES	11	1		0		0		2		13		27	
MINISTRY OF MIGRATION AND ASYLUM	728	822	279	320	0	0	0	0	0	0	21	52	1028	1194
N.C.S.S.	146	148	12	18	10	17							168	183
OTHER N.G.O.s	0	0											0	0
MAKESHIFT CAMPS	0		0		0		0		0		0		0	
MIGRANTS PRESENT ON THE ISLAND	8775		2702		3392		644		814		34		16361	
ARRIVALS	0		0		0		0		0		0		0	
TRANSPORTS TO THE MAINLAND	1		2		17		10		0		3		33	
DEPARTURES (EU-TURKEY STATEMENT)	0		0		0		0		0		0		0	
DEPARTURES (I.O.M.)	0		0		0		0		0		0		0	
TOTAL DEPARTURES FROM THE ISLAND	0		0		0		0		0		0		0	

CAP. CAPACITY
OCC. OCCUPANCY
R.I.C. RECEPTION AND IDENTIFICATION CENTRE
N.C.S.S. NATIONAL CENTRE FOR SOCIAL SOLIDARITY
P.D.C. PREDEPARTURE DETENTION CENTRE









2021/1/18 09:18













Refugees and migrants are generally in good health...

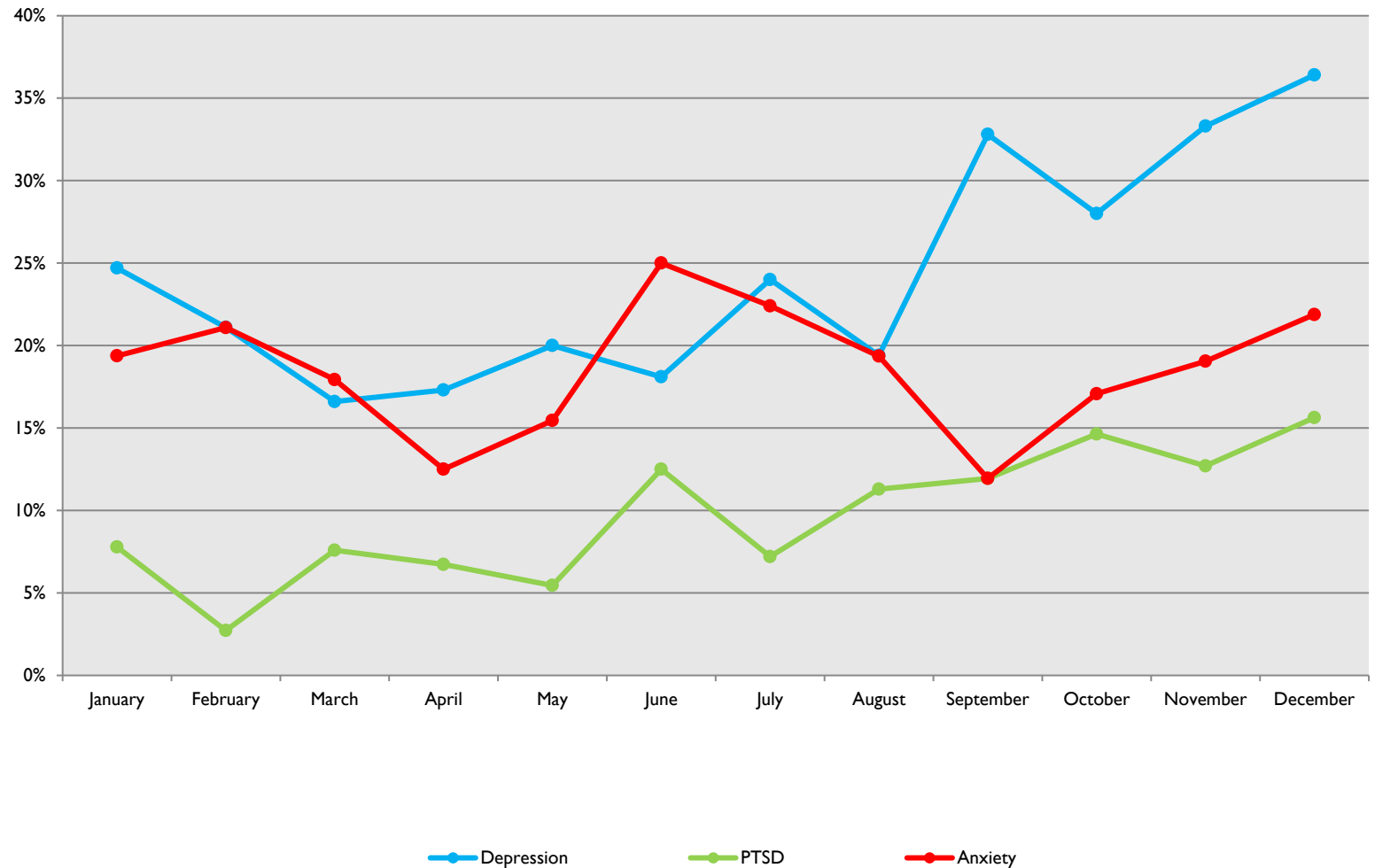
But they are at risk of falling sick in transition or while staying in new countries due to, for example:

- ➔ poor living conditions
- ➔ inadequate food and water
- ➔ increased stress
- ➔ lack of integration

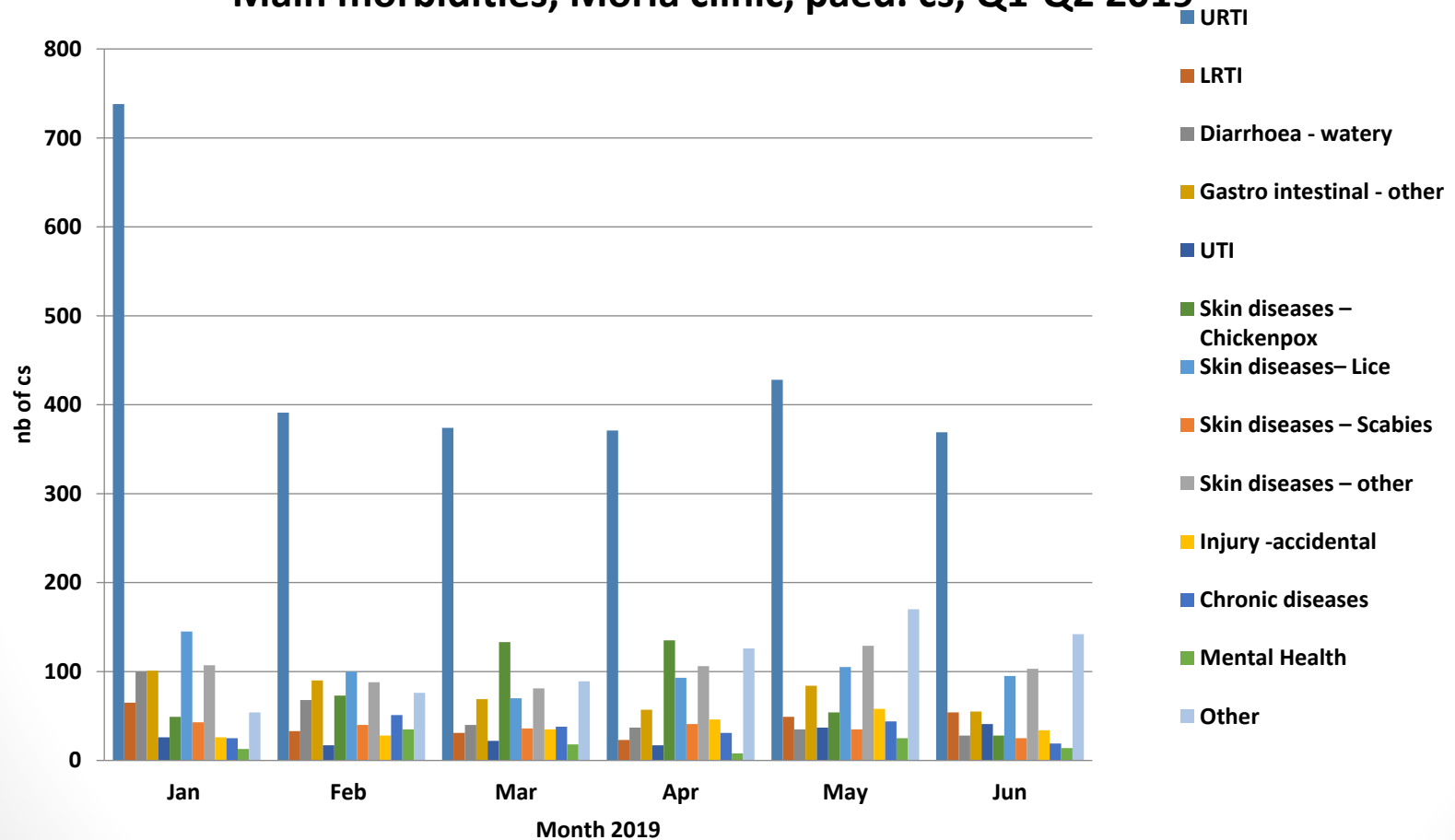


REPORT ON THE HEALTH OF REFUGEES AND MIGRANTS
IN THE WHO EUROPEAN REGION

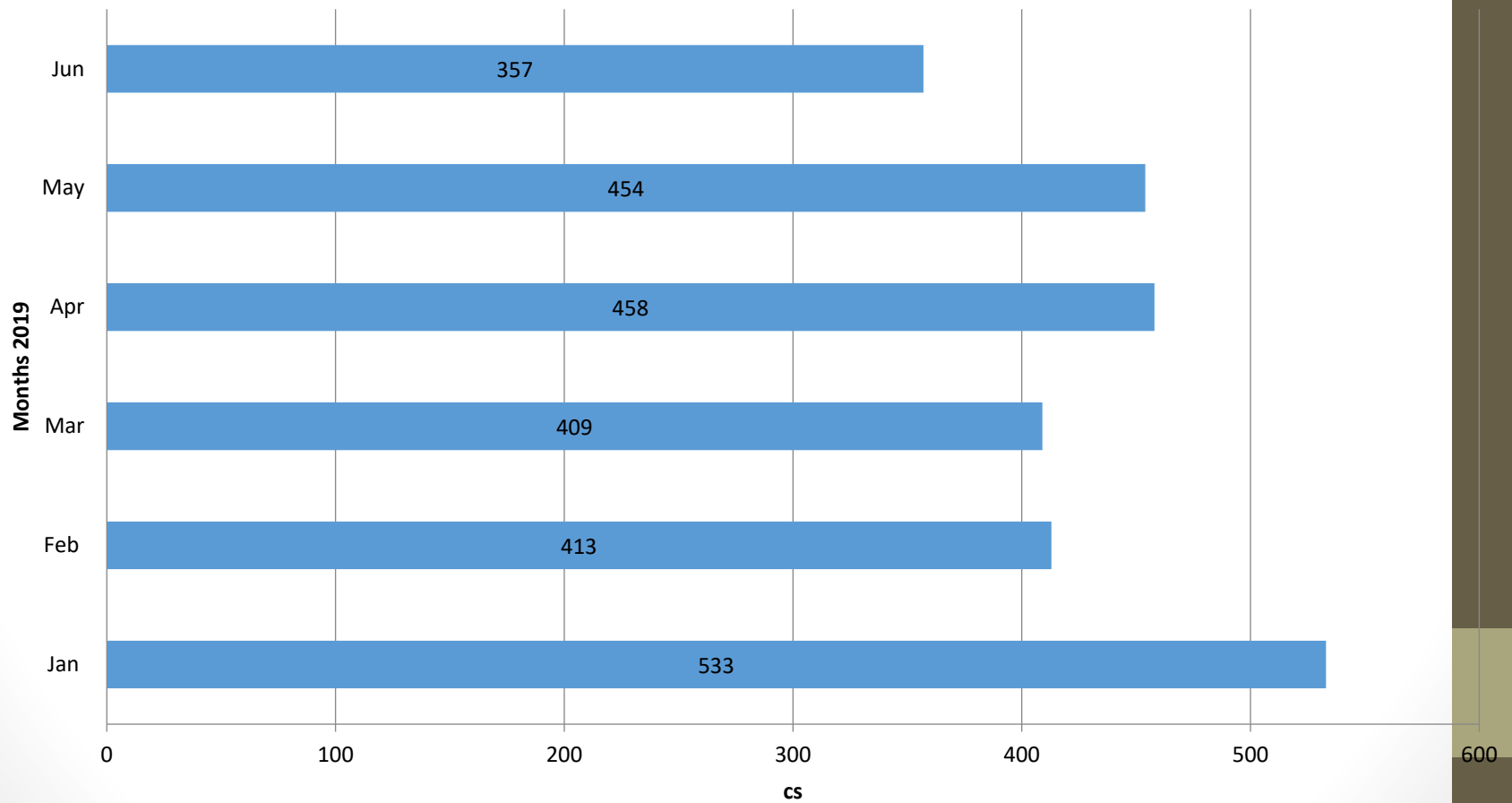
Proportion of most common reasons for MH consultations



Main morbidities, Moria clinic, paed. cs, Q1-Q2 2019



Hygiene related morbidities, Moria clinic, Jan-June 2019



Day Care Center,NCD

Morbidity	N	% of Patients
Hypertension	85	36.3%
Pregnancy induced HT	0	0.0%
Diabetes type I	10	4.3%
Diabetes type II	96	41.0%
Gestational diabetes	0	0.0%
COPD/Asthma	41	17.5%
Epilepsy	15	6.4%
Hypothyroidism	51	21.8%
Cardiovascular disorder	20	8.5%
Heart failure	0	0.0%
Total morbidities	318	

پیشگیری از ویروس کورونا



دست‌ها را بشوید
بها را مرتباً با آب و صابون (20 ثانیه) بشوید.



آداب سر راه / عطسه
هنگام سر راه یا عطسه دهان خود بپوشانید.



چشمان، بینی، دهان
تنفس را جفایان بسیار را لمس می‌کنند و می‌تواند به ویروس کرونای موجود در آنجا منتقل شود. اگر ویروس می‌تواند وارد بدن شما شود و شما را بیمار کند.



در سلام و احوال پرسی از تماس نزدیک پرهیز کنید.



اگر بیمار هستید
اگر علائم شبیه ویروس کرونای در شما به نظر می‌رسد، به پزشک مراجعه کنید.



طرق الوقاية من فيروس الكورونا



غسل اليدين
اليد مرتباً مع الماء وكمية كافية من الصابون لمدة 20 ثانية على الأقل.



آداب السعال والعطاس
استعمل منديل لتغطية الفم عند السعال أو العطاس. أو استخدام مرفق الذراع.



التعويض والآنف والفم
تجنب اللمس المباشر للعين والأنف والفم. تجنب مشاركة الأغذية والمشروبات. تجنب لمس أسطح الأماكن العامة. تجنب الذهاب إلى الأماكن المزدحمة.



تفادي الاتصال مع الآخرين عند إلقاء النفايات عليهم



عند اكتشاف أعراض المرض
في حال اكتشاف أعراض مرضية تشبه تلك التي تظهر عند الإصابة بالكورونا، تجنب الاتصال مع الآخرين في أماكن التجمعات العامة.



PRÉVENTION DU CORONAVIRUS



SE LAVER LES MAINS
Lavez-vous les mains régulièrement avec de l'eau et beaucoup de savon pendant au moins 20 secondes.



EN CAS D'ÉTERNUEMENT/TOUX
Couvrez-vous la bouche lorsque vous éternuez ou toussiez avec un mouchoir ou l'intérieur de votre coude.



YEUX, NEZ, BOUCHE
Ne pas toucher les yeux, le nez ou la bouche car le virus pourrait pénétrer dans votre organisme et vous infecter.



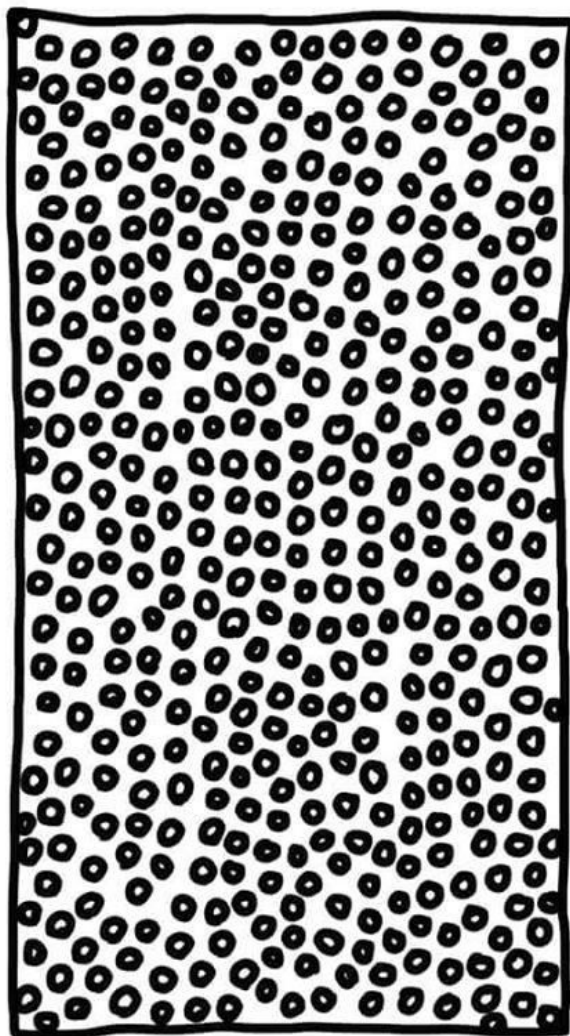
GARDER UNE DISTANCE DE SÉCURITÉ QUAND VOUS SALUEZ QUELQU'UN ET ÉVITER LE CONTACT



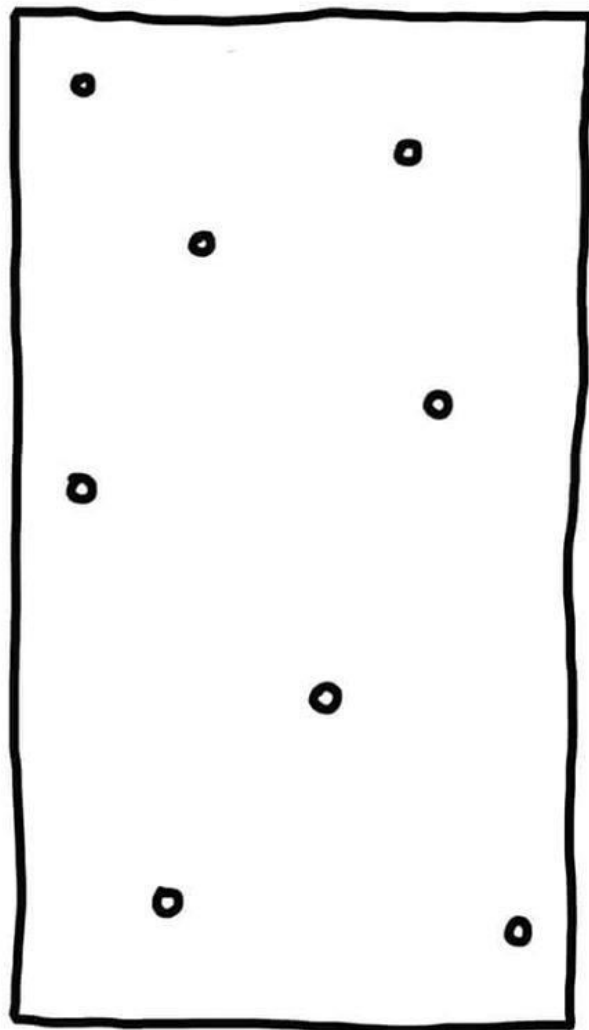
SI VOUS ÊTES MALADE
Si vous souffrez d'une maladie semblable à la grippe, informez-en votre entourage. Si les symptômes s'aggravent, consultez un médecin.



REFUGEE CAMP



SUPERMARKET



Restrictions on movement in the country's migrant reception centers March 17th,2020 following a joint decision of many ministries and the National Committee for the Protection of Public Health against COVID 19

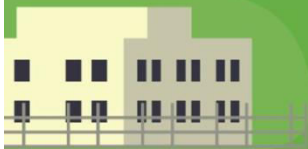
COVID-19 in reception and detention centres for migrants and refugees

1.
There is no evidence to suggest that transmission of the virus that causes COVID-19 is higher amongst migrants and refugees. However, environmental factors such as overcrowding in reception and detention centres may increase their exposure to the disease.

3.
There is no evidence that quarantining people in reception and detention settings effectively limits transmission of the virus that causes COVID-19 or, provides any additional protective effects for the general population outside those that could be achieved by conventional containment and protection measures.

2.
All principles of physical distancing applied in the community should be applied in migrant reception and detention settings. If physical distancing and risk-containment measures cannot be safely implemented, measures to de-congest and evacuate residents should be considered.

4.
Providing free and equitable prevention, testing, treatment and care to migrants and refugees in settings of reception and detention is critical at all times.

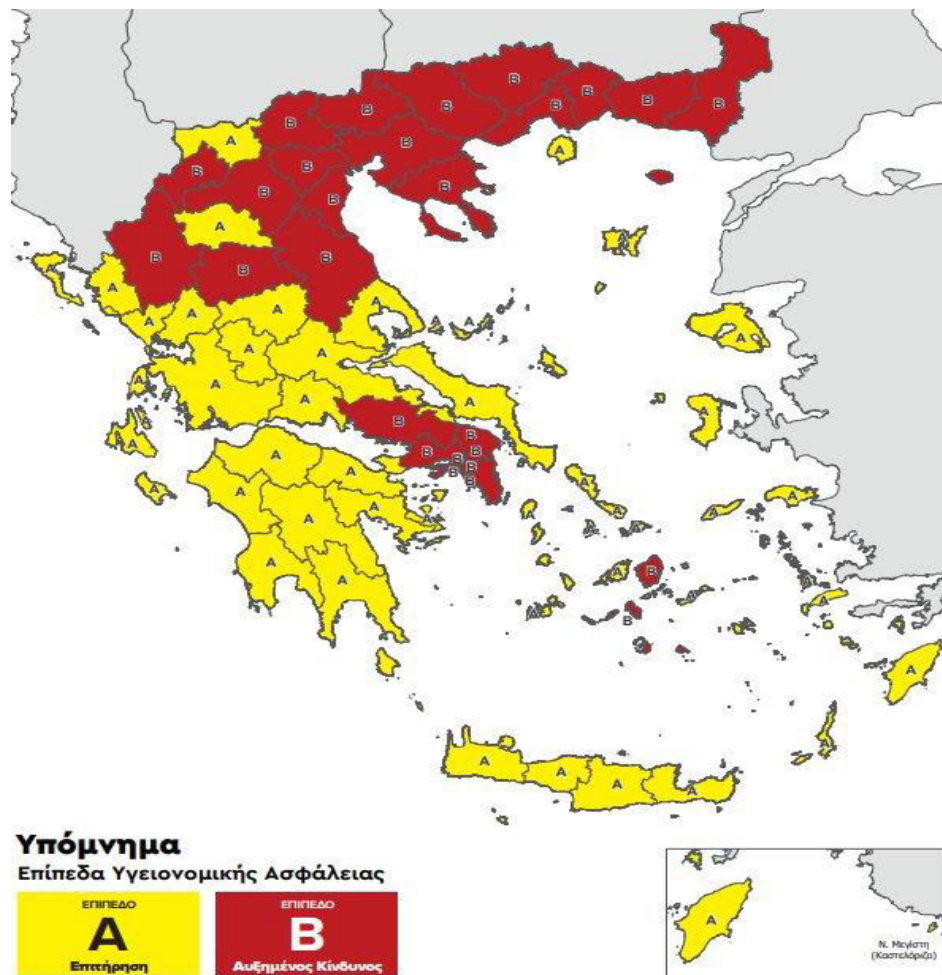


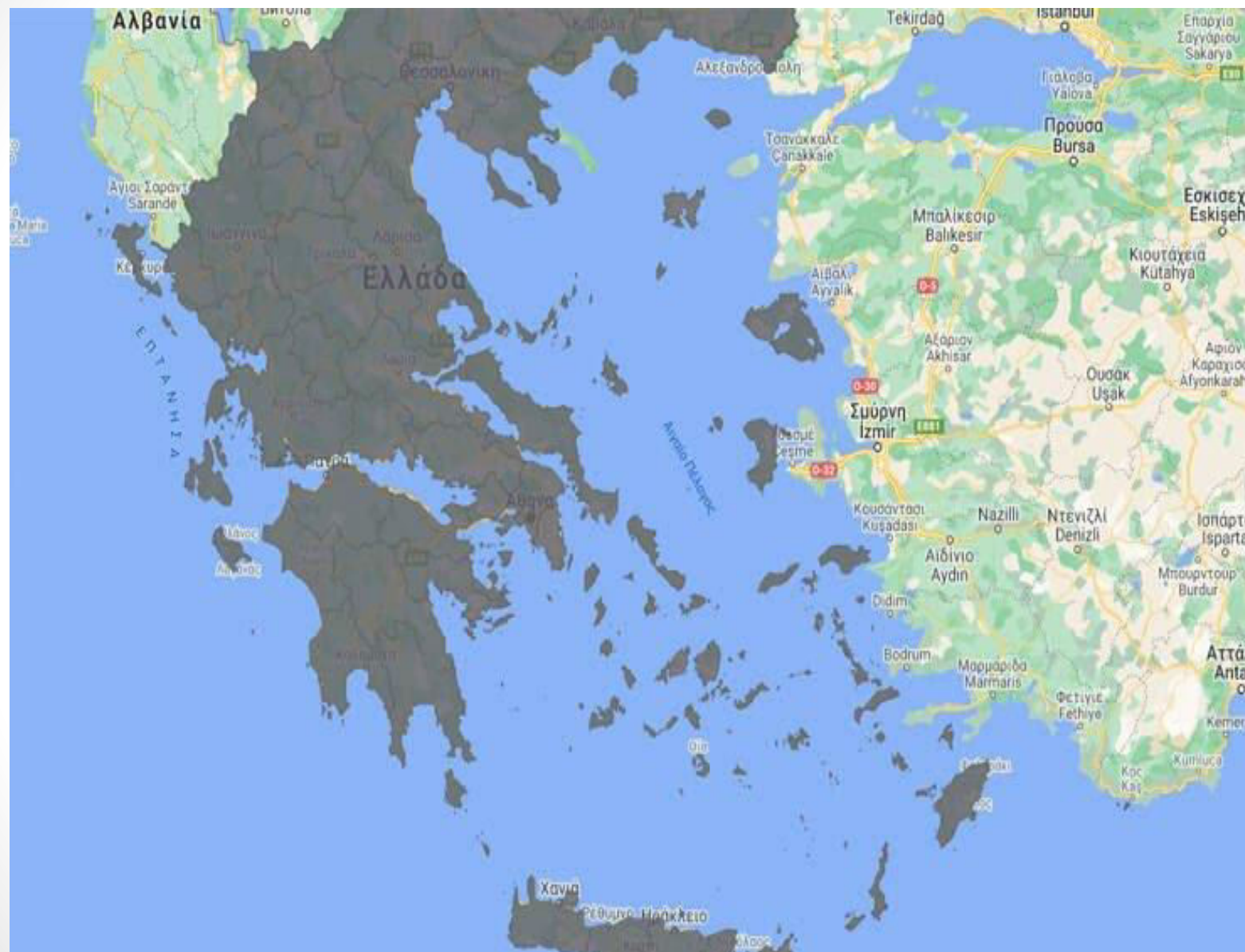
ecdc.europa.eu

#COVID19

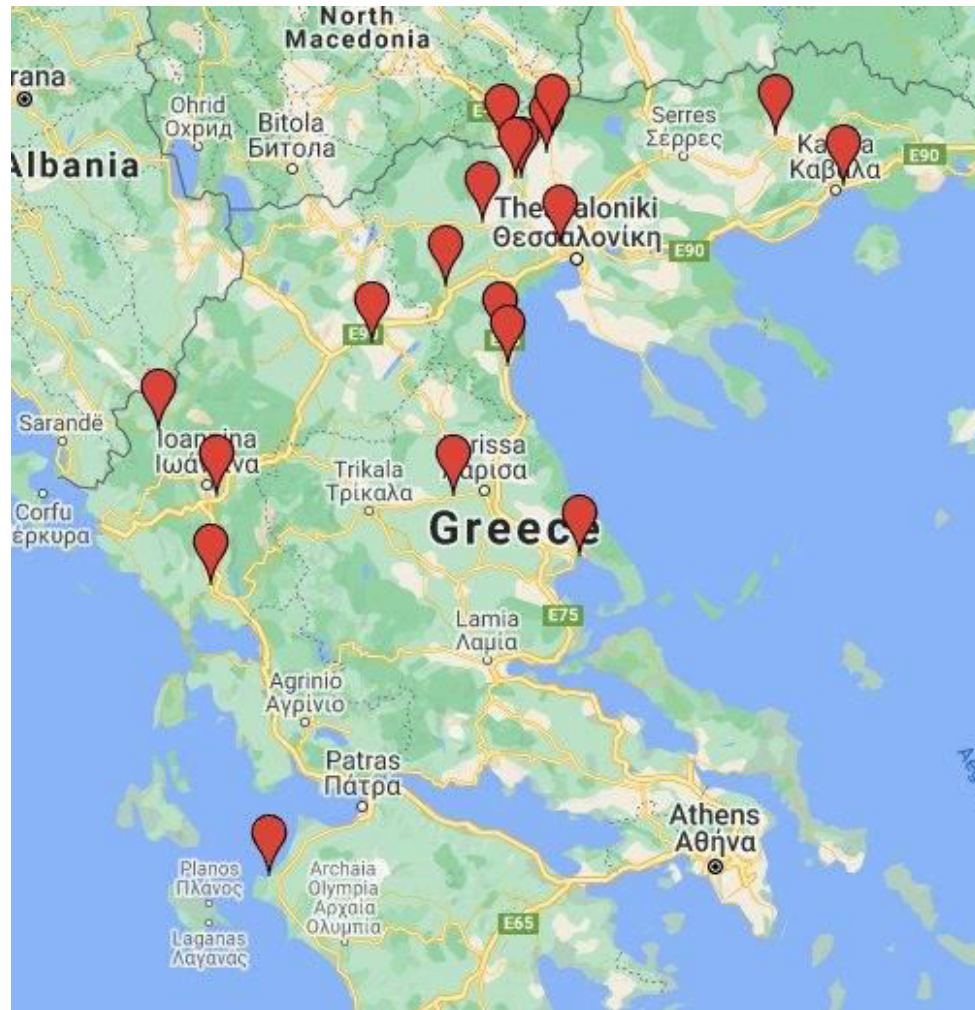


New health security map COVID-19 for Greece Asylum seekers and refugees that are living in facilities in the yellow (A) zone can move out 15% of people per facility, max 750 a day. Asylum seekers and refugees living in facilities in the red (B) zone can not move out of facility.





No doctors/irregular visits at Grevena, Katsika, Lavrio, Vaiochori, Veria, Volvi, Pyrgos camps, Samos RIC, Chios RIC



Chalkida Hospital continues to refuse to see patients coming from Oinofyta, Ritsona camps without COVID 19 negative test. They don't do that for the local population. There have been reports to the Ombudsman, Ministry of Migration and Asylum , Ministry of Health.Apartheid 2020,EU



COVID-19

- Adapting the current programme
- Call for evacuation of vulnerable people
- “Green zone”
- Improving WASH
- Contribution to COVID-19, triage, isolation
- Testing?
- Quarantine of camps...??!!

Updated data of COVID-19 Risk Groups in the Islands RICs

Island	Risk Groups	# of Individuals Risk Group	# of Households	Total # Individuals including family members	Total # Individuals with Geographical Restriction (as of 29 Nov 2020)	Total # Individuals without Geographical Restriction (as of 29 Nov 2020)
Lesvos	Elderly	38	37	81	77	4
	Medical	103	112	371	364	7
	Total	141	149	452	441	11
Chios	Elderly	6	13	16	16	0
	Medical	44	55	101	99	2
	Total	50	68	117	115	2
Samos	Elderly	3	3	16	3	13
	Medical	18	18	49	35	14
	Total	21	21	65	38	27
Kos	Elderly	0	0	0	0	0
	Medical	6	6	11	9	2
	Total	6	6	11	9	2
Leros	Elderly	0	0	0	0	0
	Medical	0	0	0	0	0
	Total	0	0	0	0	0
Total (5 RIC Islands)	Elderly	47	53	113	96	17
	Medical	171	191	532	507	25
Grand Total		218	244	645	603	42

* Geographic restriction information is based on data available as of 29th November.



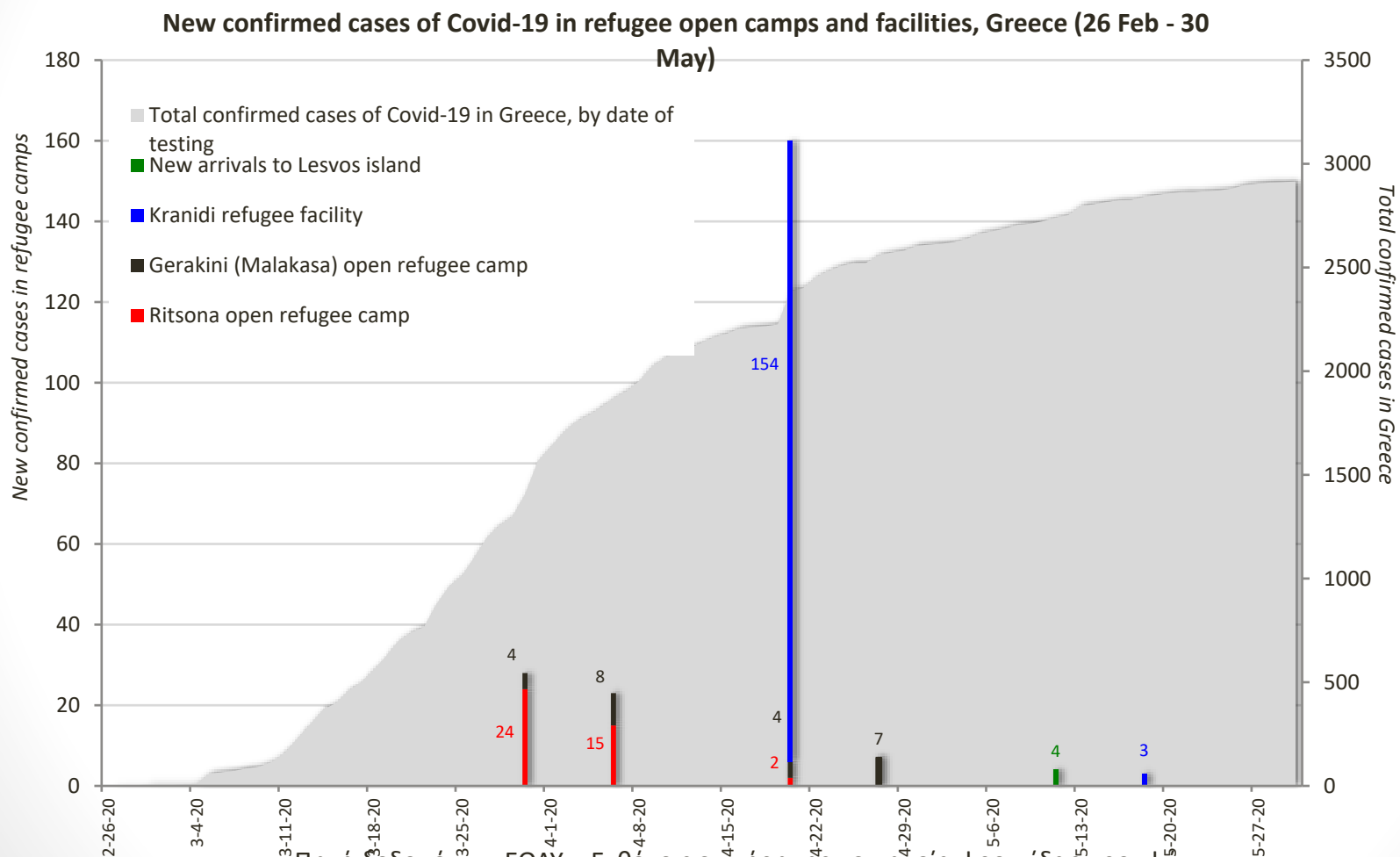








Covid-19 and refugees (1st epidemic wave)

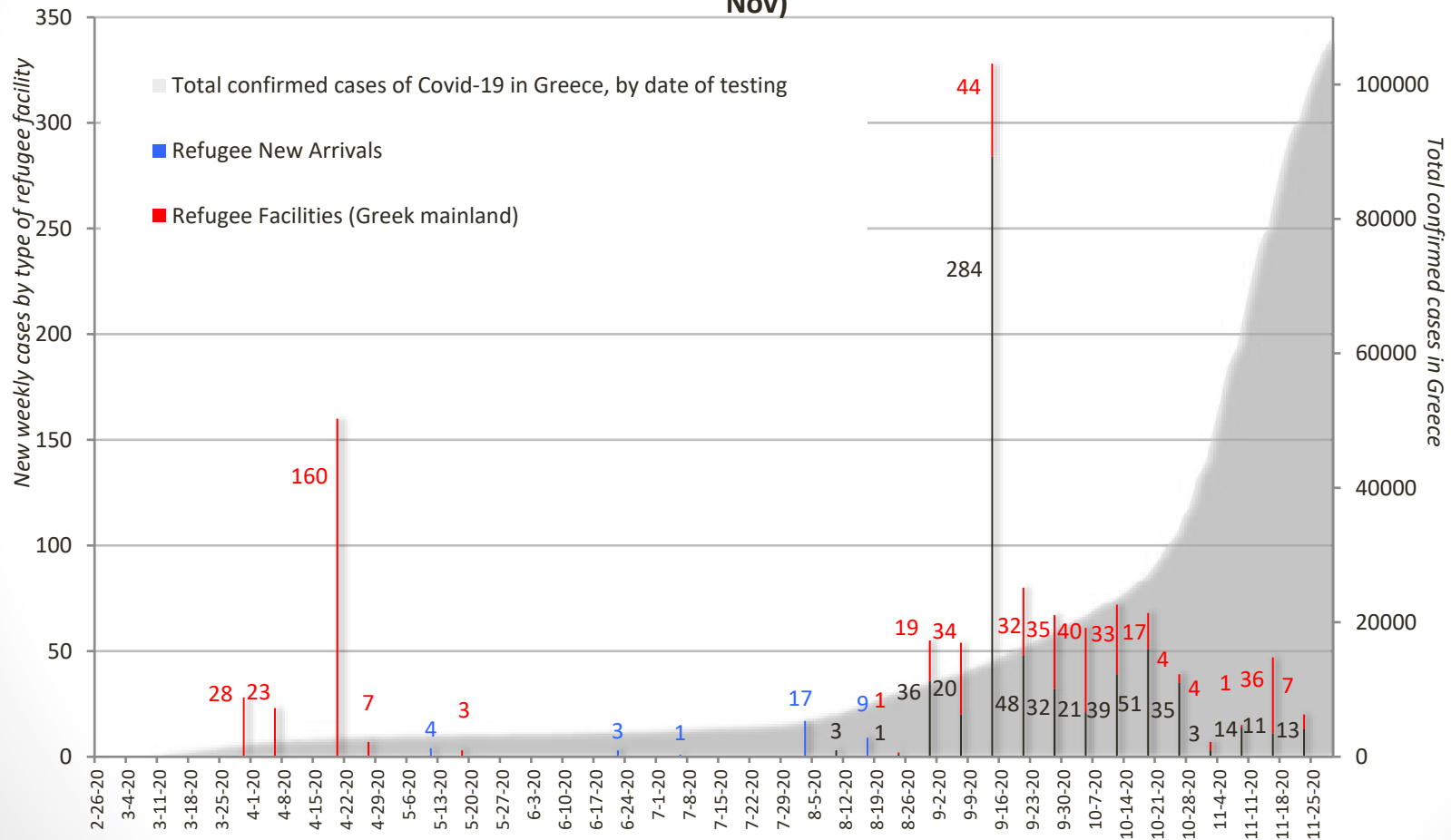


Πηγή δεδομένων: ΕΟΔΥ – Εκθέσεις επιτήρησης σε σημεία φροντίδας προσφύγων

Επεξεργασία και ανάλυση των δεδομένων: ΚΕΠΥ- The Centre for Research & Education in Public Health, Health Policy & Primary Health Care [CEPH]

Covid-19 and refugees (2nd epidemic wave)

New confirmed cases of Covid-19 in refugee camps and facilities, Greece (26 Feb - 29 Nov)

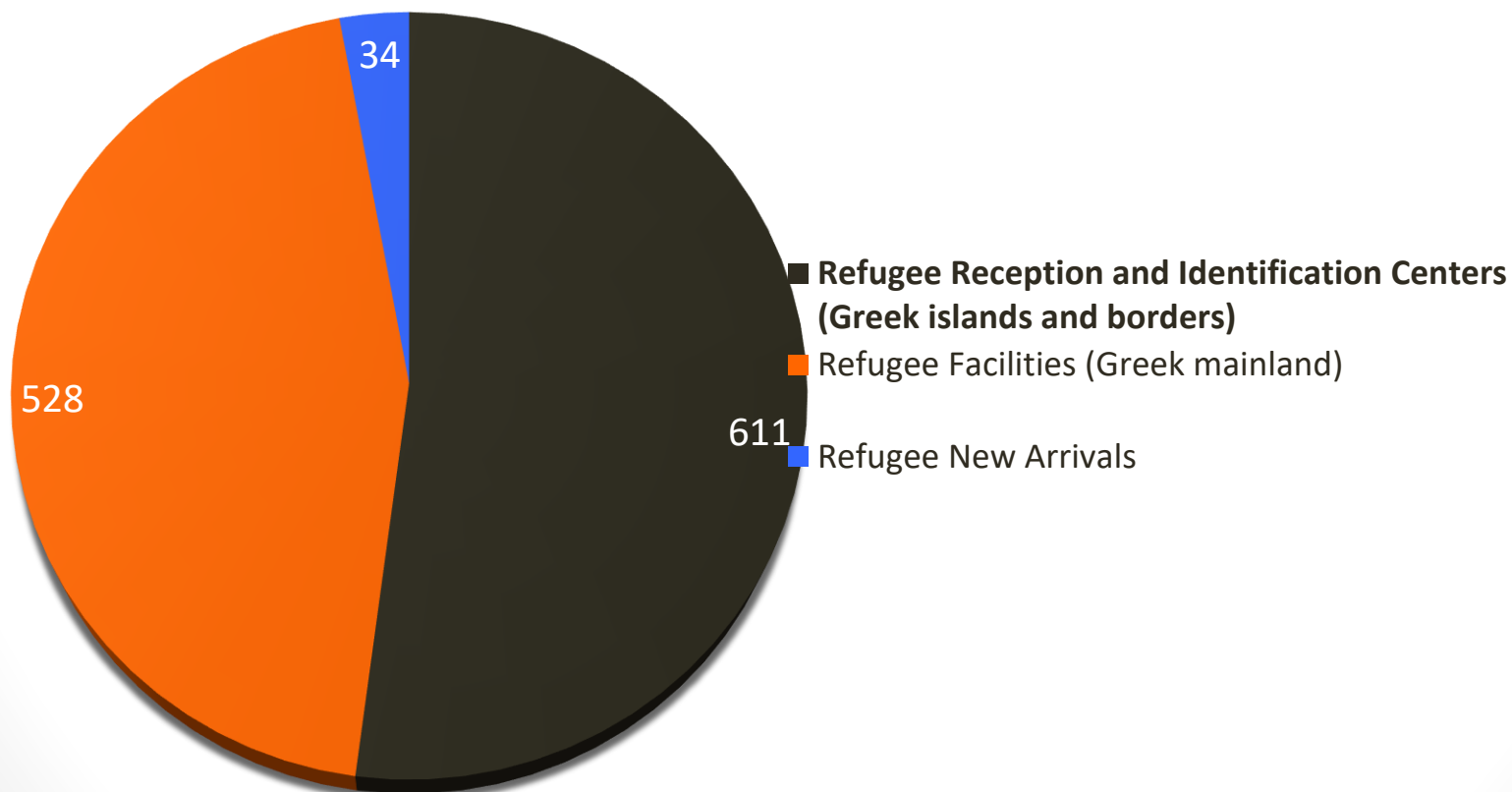


Πηγή δεδομένων: ΕΟΔΥ – Εκθέσεις επιτήρησης σε σημεία φροντίδας προσφύγων

Επεξεργασία και ανάλυση των δεδομένων: ΚΕΠΥ

Covid-19 and refugees in Greece

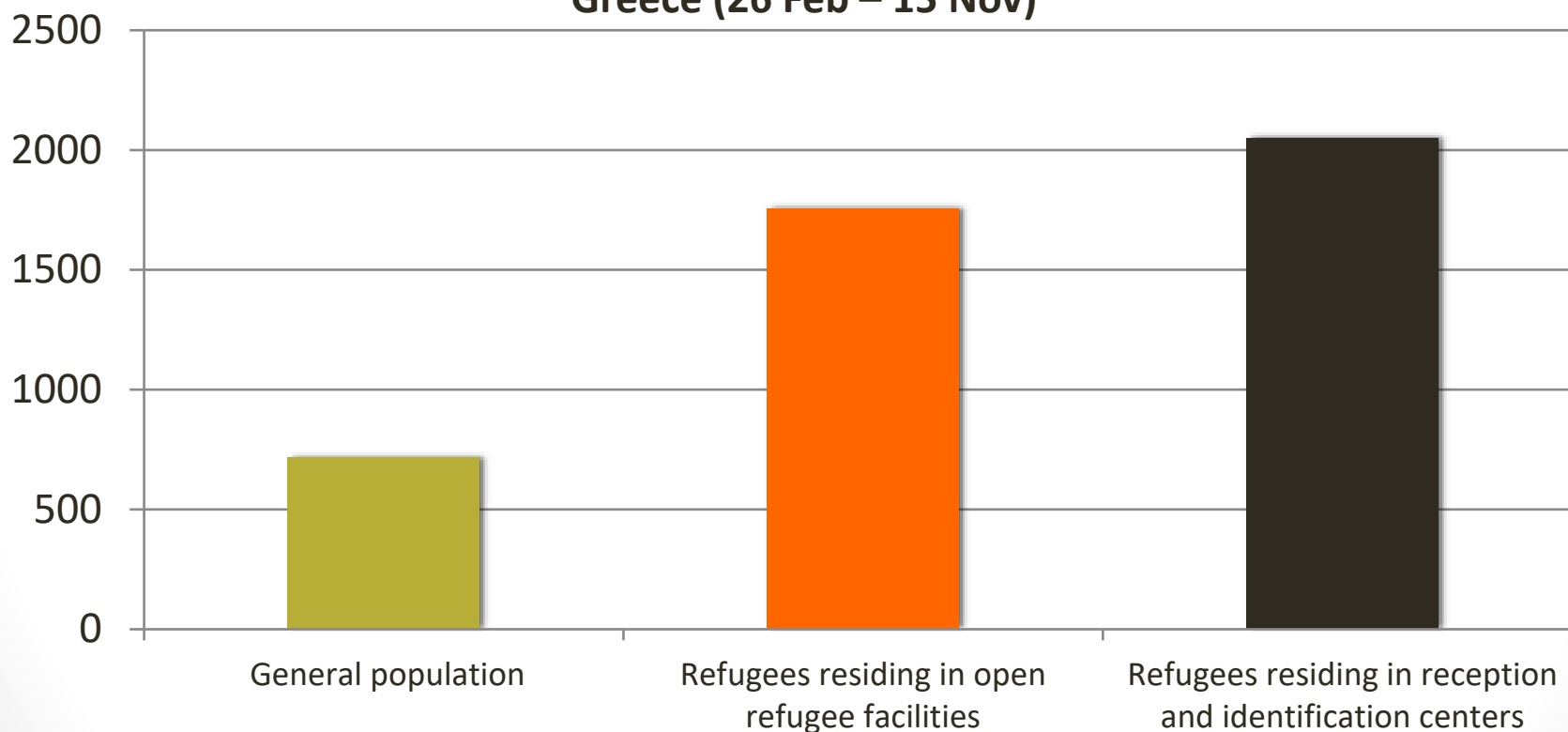
Total Covid-19 confirmed cases by type of refugee facility, Greece (26 Feb - 29 Nov)



Πηγή δεδομένων: ΕΟΔΥ – Εκθέσεις επιτήρησης σε σημεία φροντίδας προσφύγων
Επεξεργασία και ανάλυση των δεδομένων: ΚΕΠΥ

Covid-19 and refugees in Greece

Covid-19 confirmed cases per 100,000 population,
Greece (26 Feb – 15 Nov)



Πηγές δεδομένων: (1) ΕΟΔΥ – Εκθέσεις επιτήρησης σε σημεία φροντίδας προσφύγων (2) ΓΕΕΘΑ. Εβδομαδιαίες ανακοινώσεις | Επεξεργασία και ανάλυση των δεδομένων: ΚΕΠΥ | Σημείωση: ο υπολογισμός της επίπτωσης του Covid-19 σε ΚΥΤ και λουπές προσφυγικές δομές έγινε βάσει του μ.ο. του πληθυσμού σε αυτές τις δομές κατά την υπό εξέταση χρονική περίοδο

17/09/2020

- Almost half of COVID 19,patients hospitalized in Attica are from hosting sites and the city center
- Sotiria hospital, out of 103 patients, 40 are refugees
- Evaggelismos, 36 out of 66 patients are refugees
- Amalia Fleming 10 out of 20 are refugees
- Attikon 26 out of 26 are refugees
- At least 10 refugee patients have escaped from hospitals

THE RIGHT TO HEALTH MEANS LEAVING NO ONE BEHIND



Refugees' and migrants'
health should **never be**
considered separate
from the overall health of
the population

#StandUp4HumanRights



LEAVE NO ONE BEHIND

**Without real action,
it's just a slogan**

GREECE HAS BENEFITED FROM €2.81 BILLION OF EU SUPPORT SINCE 2015



ΔΙΑΧΕΙΡΙΣΗ ΤΗΣ ΜΕΤΑΝΑΣΤΕΥΣΗΣ
Οικονομική στήριξη της Ελλάδας
από την ΕΕ

ΝΟΕΜΒΡΙΟΣ 2020



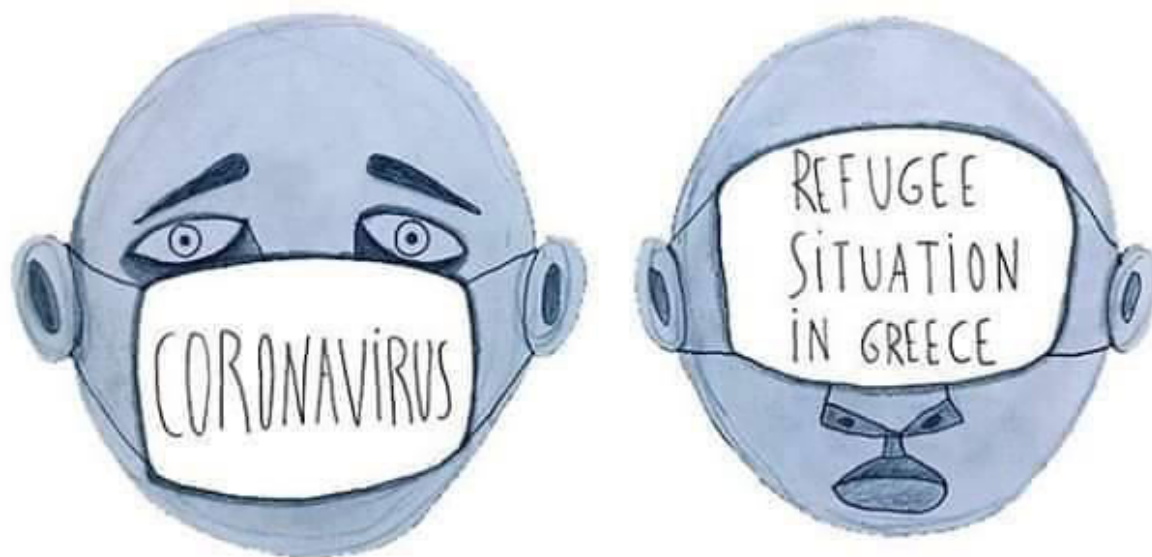
**VACCINÉ
CONTRE**

l'indifférence



How to ensure equitable access to vaccination during the current and future pandemics? The Council of Europe [Committee on Bioethics](#) has made today a number of recommendations. 22/1/2021





(DOBLE USE MASK)

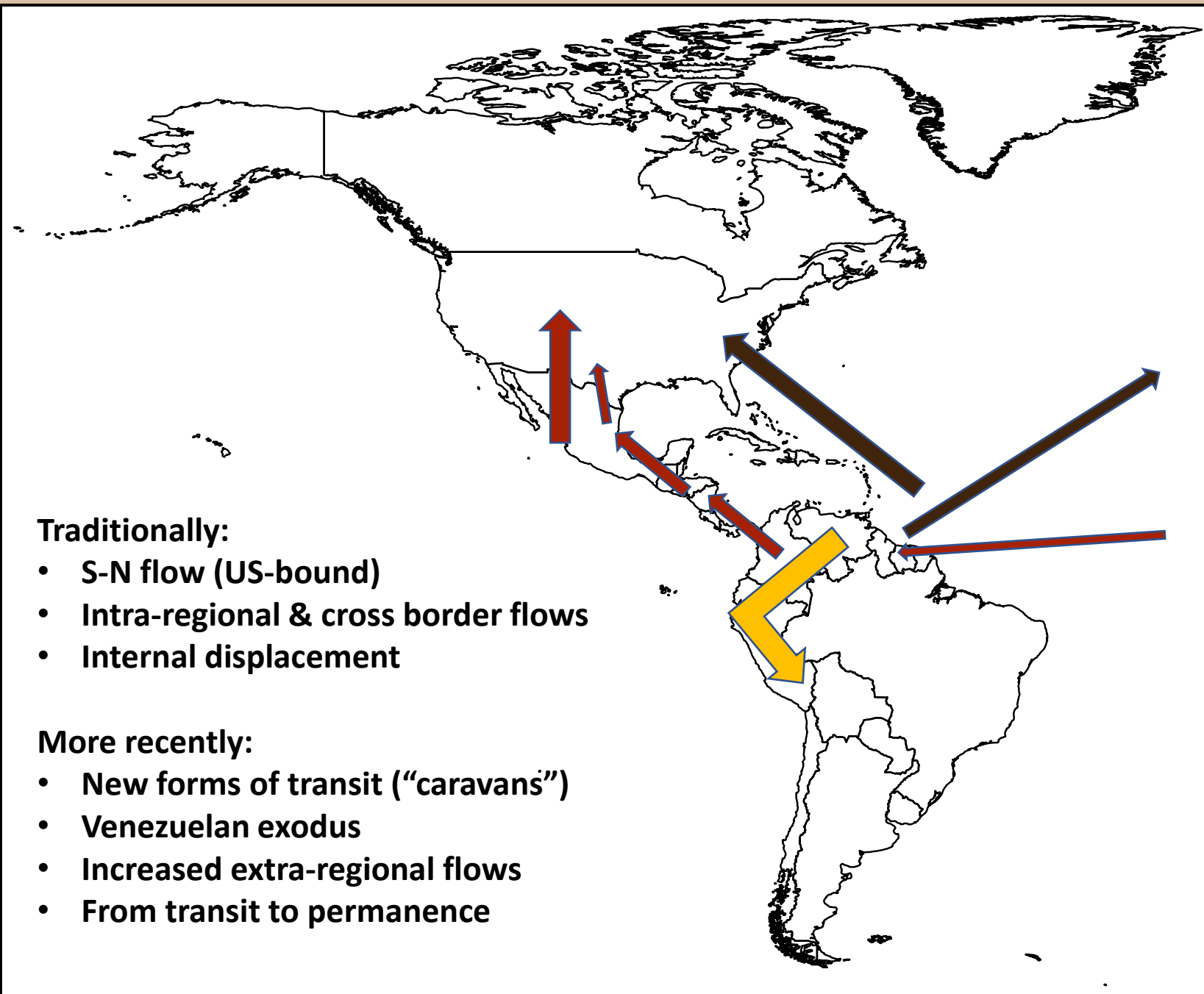
julita
bichabolita

The impact of the COVID-19 pandemic on persons in mobility in Latin America: the case of Mexico

Ietza Bojorquez, PhD
Department of Population Studies
El Colegio de la Frontera Norte, Mexico

Main points

- Health systems in Latin America need to adapt to respond to the changes in mobility (characteristics, patterns)
- The COVID-19 pandemic is an added challenge
- The response in Mexico (so far) focuses on the emergency situation
- A long term vision based on integration is required



Mexico: an uncertain mobility pattern

Factors:

- Impact of US migration policies
 - ... and the response of Mexico, Guatemala, Honduras
- Violence (criminal, political)
- Climate change (disasters)



Mexico: an uncertain mobility pattern

- Mexico-US migration
- Migrants in transit vs immigrants/refugees
- “Caravans”

More women, children, families.
Different languages, cultural differences
Persons with evolving migration projects



Mexico: impact of the COVID-19 pandemic

- Interruption of movement
 - Border closures
 - Increased controls in the US-Mexico border
- Asylum process
 - Delays in Mexico (and US)
- Basic needs
 - Work, income
 - Shelter, housing
 - Education, etc.
- Disjoint between migration policies and health policies and agencies
- Health system
 - Rapid response by CSOs
 - Emergency response by international organizations
 - Governmental response/policies
 - Migrants and refugees are entitled to health services, but administrative barriers remain
 - Unequal distribution of access to care, made worst during pandemic
 - Implementation gap in health policies for migrants/refugees

Main points

- Health systems in Latin America need to adapt to respond to the changes in mobility (characteristics, patterns)
- The COVID-19 pandemic is an added challenge
- The response in Mexico (so far) focuses on the emergency situation
- A long term vision based on integration is required

Why do social determinants of health matter more than ever in the pandemic? The case of Turkey



Ozge Karadag Caman
MD, MSPH, PhD

CSD, Earth Institute
Columbia University

Forced Migration and Turkey`s Experience

- ❧ The migration flow that started in 2011 as a result of the conflict in Syria has been described by UNHCR as the greatest migration wave seen in recent history.
- ❧ Turkey still hosts the largest number of refugees in the world.

Populations affected by Forced Migration



- ❧ Turkey hosts around 3.7 million registered Syrian refugees under the temporary protection regime.
 - ❧ 99% live in urban settings.
 - ❧ Nearly half (47%) are under the age of 18.
- ❧ As of April 2020, there were around 455,000 irregular migrants mainly from Afghanistan, Pakistan and Syria.
- ❧ According to UNHCR, there were an additional 370,000 asylum seekers and refugees under international protection, most of whom were from Afghanistan and Iraq.

Health Care for Refugees in Turkey



- ☞ Persons with temporary protection status and other registered refugees have legal access to public health care.
- ☞ The MoH has established a national network of migrant health centers, which act as publicly owned primary health care centers for refugees living in urban areas.
- ☞ In recent years, the MoH has employed more than a thousand refugee health workers who help in decreasing the language and cultural barriers in health service provision for refugees.

The Pandemic Situation



- ❧ In April 2020, the Turkish Government published a circular announcing that 'COVID-19 related health services' will be provided under the emergency service category for free regardless of registration status, facilitating access to health services for all.
- ❧ According to the circular, every individual who approaches a health care center with a suspected case of COVID-19, regardless of their health coverage under the social security system, shall be granted access to testing and treatment free of charge.

Problems in Primordial and Primary Prevention



- ❧ Increased unemployment and decreased income
- ❧ Need to continue working under risky conditions for the infection
- ❧ Problems with shelter and living environment (overcrowded houses with 4-5 families, problems with social distancing and sanitation)
- ❧ Problems in accessing healthy food, nutritional deficiencies
- ❧ High prevalence of tobacco use and chronic diseases

Problems in Primordial and Primary Prevention



- ❧ Stress provoking factors (higher levels of uncertainty, increased stigma and discrimination during the pandemic)
- ❧ Problems in access to reliable COVID-19 information and information about available services (despite efforts)
- ❧ Problems in accessing personal protective equipment
- ❧ Interruptions and delays in outreach and field work of NGOs
- ❧ Problems in accessing social services because of language barriers, lack of knowledge about continuing services, and limited number of phone-based or online services in multiple languages.

Problems in Secondary and Tertiary Prevention



- While the right to access healthcare may be guaranteed by legislation, migrant groups experience several barriers in access to health care including language barriers, cultural barriers, lack of knowledge about how the health system functions, difficulties in accessing internet, and various socioeconomic factors.

*The virus itself does not discriminate, but
social determinants of health do!*



- ❧ Morbidity and mortality are not simply based on infections or other biological reasons.
- ❧ There are underlying social, economic and cultural factors which in turn conditions the biological, physical and chemical factors so as to cause diseases (*causes of causes*).

(Braveman & Gottlieb, 2014)

COVID-19 Evolving into a Social Disease



- ✧ It would not be wrong to say that COVID-19 has evolved into a worldwide social disease subsequent to infectious diseases such as tuberculosis and HIV/AIDS that are also associated with social factors.
- ✧ Considered from this point, social determinants of health are linked to the prevalence of the infection.
- ✧ Moreover, viewed from the consequences of the infection and public health measures, the social effects of the pandemic manifests itself more distinctively in disadvantaged groups.

(Karadag Caman, O and Karabey, S. "What a Pandemic Reveals: Health Inequalities and Their Reflection on Policies" TESEV Briefs 2020/12)

Artificial Epidemics



- ❧ Following his examination of a typhus epidemic among coal mine workers and their families in Germany in 1848, Virchow, as the father of social medicine defined “artificial epidemics” (Kuntz et al., 2019; Taylar & Rieger, 1985).
- ❧ Virchow who revealed the importance of social factors in the emergence and spread of epidemics concluded that despite the biological causality, the underlying causes of epidemics are the problems in political and social structuring and that disadvantaged groups are particularly vulnerable to both of these problems and the epidemics themselves (Rosen, 1974).



- ❧ In the current COVID-19 pandemic, we clearly see this as most countries are experiencing “artificial epidemics” among disadvantaged groups including migrants and refugees.
- ❧ **Migrants’ health should be on the agenda of policy makers and practitioners for a comprehensive and effective COVID-19 response** because;
- ❧ Physical, mental and social dimensions of health cannot be separated.
- ❧ All three dimensions are strongly linked to social determinants of health.

Key Interventions



- ❧ Linguistically and culturally appropriate health education and risk communication
- ❧ Adequate supply of personal protective equipment
- ❧ Ensuring Universal Health Coverage including full access to services
- ❧ Effective outreach approaches (community leaders, cultural mediators, hotlines, social media interventions, telemedicine including mHealth technologies, mobile services...)
- ❧ Closing the digital divide

Key Interventions



- ❧ Decreasing stigma and discrimination
- ❧ Increasing community participation
- ❧ Sufficient funding and social protection programs
- ❧ Modifying surveillance and reporting systems to analyze population groups according to different vulnerabilities
- ❧ Increasing intersectoral collaboration for more holistic, interconnected and gender sensitive policies and practices

«Health in All Policies»




- ❧ International migration is not a problem to be solved, but a **human reality that needs to be managed**.
- ❧ Migration related policies should be **protective, inclusive and participatory**, and at the same time should aim for **independent and productive migrants** with access to educational and occupational opportunities.

Population groups are interdependent with respect to health, wellbeing and peace



- ❧ Health and wellbeing of migrants and refugees are **not only important for migrants and refugees themselves**, but also important for:
 - ❧ Health and wellbeing of host societies
 - ❧ Human and financial resources of host countries
 - ❧ Building and maintaining peace

Considering the inequalities that the pandemic made more visible and the artificial epidemics created by human beings rather than the virus itself...

 *All countries need to have a human rights based and inclusive approach that leaves no one behind to control the pandemic and to promote health at the country and global level.*