Covid-19 and the impact on migration

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Defining challenges

Many migrants are:

Facing barriers in reaching out to health care

Lacking access to health information and promotion

Not included in public health strategies and plans

Living in overcrowded areas and lacking access to basic sanitation and hygiene

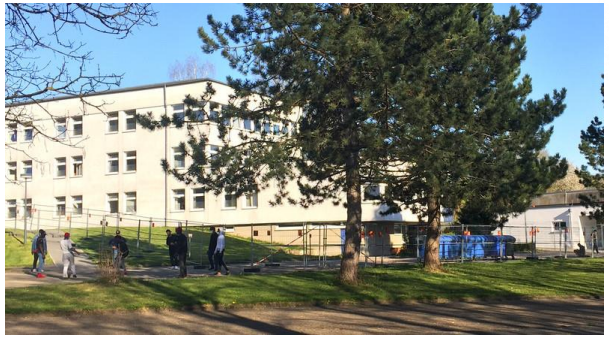
Lagging behind the UHC

Unprotected against emergencies

Suffering from unfavourable health determinants

City news headlines report COVID-19 toll

Half of refugees at German camp test Covid-19 positive



EUobserver

Mexico City Sex Workers Left Homeless Without Benefits as Coronavirus Spreads

HEADLINE APR 10, 2020

What data do we have to help meet this challenge?

Data on COVID-19 cases and deaths are plentiful, but detailed data on COVID-19 by age, sex, or ethnicity/race are scant but should be available routinely and automatically

In the UK on May 1, 2020, 2,300 (34%) of the 6,770 critically ill COVID-19 patients were from migrants and refugees groups

National Health Service (NHS) health-care staff from ethnic minority groups seem to have died in disproportionate numbers from COVID-19

Raj Bopal The Lancet 2020

In Chicago, nearly 52% of deaths from COVID-19 were among African Americans, although they represent only about 30% of the city's population

Reason for action:COVID-19 sharpened the focus on structural and societal inequalities that have long existed

World Health Organization

Socioeconomic environmental explanations:

- Refugees and migrants hold essential jobs in health and social care, retail, public transport, and other sectors, putting them on the front line and at risk of exposure to COVID-19
- They have been segregated in overcrowded urban housing centres and workplaces are less likely to have health insurance
- Routine large-scale data on the risk factors and potential underlying causes of COVID-19 are not available globally as yet
- Public health messaging, early diagnosis, and treatment of COVID-19 might be less effective, culture, multigenerational households, variation in social interactions might also have a role in increased risks of COVID-19

Biological explanations:

- Chronic conditions, especially diabetes, are comparatively common in African and South Asian minority groups
- High prevalence of chronic diseases among refugees and migrants reflects social and economic disadvantages, as diet, cigarette smoking, alcohol use, and exposure to psychosocial stressors

Refugee and migrant health policies are a responsibility of the national level but local level is the closest to the resident population and their action on addressing vulnerabilities

What can be done?

Ensure WASH infrastructure, adequate housing and services are in place and accessible

Provide adequate, culturally and linguistically accessible information

Establish clear communication against stigmatization and xenophobia

Include refugees and migrants in health systems

Ensure financial and legal protection

Be part of collaborative networks (WHO Healthy Cities)

Share and learn about previous experiences and best practices

Provide equal rights, be innovative, include refugees and migrants in response and recovery plans

Thank you

World Health Organization

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