

# Impact of **COVID-19** on Migrants and Refugees in the Arab Region

## Technical Paper



Shared Prosperity Dignified Life



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# Introduction

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Migrants and refugees are among the social groups most impacted by the COVID-19 crisis, and are suffering disproportionately from its social and economic consequences. They are at the forefront of the pandemic, providing essential services, including health, cleaning, domestic work, agriculture and food production, and ensuring the continuity of supply chains across the Arab region. The pandemic has also exacerbated the vulnerability of refugees and asylum seekers in urban, rural and camp contexts, while negatively impacting humanitarian assistance.

Countries are called upon to take direct steps to protect and empower migrants and refugees, and enable them to overcome the immediate and longer-term impacts of the COVID-19 pandemic, thus ensuring that no one is left behind. Countries are also called

upon to recognize the contribution of migrants and refugees to the societies and economies of the region and to their countries of origin, and are urged to fight xenophobia and discrimination towards them.

This present technical paper examines the effects of the COVID-19 pandemic on migrants and refugees. It focuses on several relevant areas including health, income security, the economy and education. It also addresses return and voluntary repatriation, and trafficking in persons during the pandemic. The paper focuses on the impact of the pandemic on specific groups, namely women, children and refugees. It concludes with a set of actionable short- and medium-term policy recommendations that could guide countries' responses.

## I. Why focus on migrants and refugees

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The immediate effects of the pandemic included restrictions on mobility, imposed by countries to limit human-to-human transmission of the virus. As a result, many migrants and refugees have been left stranded in host countries, without food, shelter, access to essential services or the ability to return home. Moreover, many asylum seekers have not been able to access asylum countries to seek protection. Numerous migrants are also

at risk of falling into an irregular situation, as they are unable to meet legal requirements or access visa processes.

The pandemic has increased stigma, xenophobia and discrimination, and migrants have been accused of contributing to the spread of the disease. Furthermore, migrant families and communities in countries of origin are expected to be significantly

impacted owing to a drop in remittances, particularly affecting food security, nutrition, and access to basic services, such as health care and education.

Specific groups of migrants and refugees are at particular risk, including individuals in an irregular administrative situation or without documentation, low-income migrants, migrant and refugee women, girls with special needs, those without family/ community support, children, persons with disabilities and stateless persons. Ensuring that migrants and refugees are not left behind is essential to achieving the objectives of the Global Compact for Safe, Orderly and Regular Migration (GCM), the Global Compact on Refugees (GCR), and the 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals (SDGs).

**SDG target 3.8:** Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

**GCM objective 15:** Provide access to basic services for migrants.

**GCR paragraph 72:** In line with national health care laws, policies and plans, and in support of host countries, States and relevant stakeholders will contribute resources and expertise to expand and enhance the quality of national health systems to facilitate access by refugees and host communities, including women and girls; children, adolescents and youth; older persons; those with chronic illnesses, including tuberculosis and HIV; survivors of trafficking in persons, torture, trauma or violence, including sexual and gender-based violence; and persons with disabilities.

### Over 40 million migrants and refugees were hosted in the Arab region in 2019

**15 %**  
of all migrants and refugees worldwide are hosted in the Arab region



### Around 32 million migrants and refugees originated from Arab countries by 2019

**50 %**  
of migrants and refugees from Arab countries stayed in the Arab region



The GCC subregion had the highest proportion of migrant workers as a share of the national workforce worldwide in 2017

**2 out of 5**  
of all workers in the Middle East were migrants in 2017



## II. Health: a primary concern for migrants and refugees during the pandemic

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Universal health coverage is essential, especially during a pandemic when access to health services is a major challenge. Migrants and refugees, regardless of their legal status, should have access to COVID-19 testing and treatment.

Many Arab countries exclude migrants and refugees from national health insurance health schemes provided to citizens. In most cases, obtaining health insurance is either the responsibility of the employer or of migrants and refugees themselves. In some Arab countries, refugees and asylum seekers have been included in national COVID-19 response plans, including in Jordan. However, in some instances, applying migration legislation to refugees prevents them from accessing the health services they require, although in practice some refugees with specific nationalities receive differentiated and more positive treatment.

Large numbers of migrants and refugees, particularly those in an irregular administrative situation, do not have health insurance or the financial means to access health services. They may also be reluctant to access such services for fear of arrest, detention and deportation. Consequently,

in most cases, their access to health services depends on humanitarian programmes.

Migrant workers in remote locations and migrant domestic workers face challenges in accessing health services. Migrant workers and refugees often live in congested settings, camps, dormitories, settlements, or informal and overcrowded accommodation, with limited access to clean water and sanitation, thus increasing the risk of contracting COVID-19. Moreover, migrant workers, especially low-income workers, often face language barriers that hinder their ability to comprehend hygiene and health directives and practice preventive measures.

**Saudi Arabia:** Providing health insurance for migrant workers prior to their arrival is mandatory for recruiting companies or institutions. A royal decree extended access to free emergency services and to COVID-19 testing and treatment for migrant workers in an irregular situation.

**Bahrain:** The Ministry of Labour and Social Development issued an administrative circular setting out the responsibilities of employers and workers (including those in labour camps) in the private sector, to ensure a reduced number of workers per room in labour accommodation, physical distancing between workers, and improved sanitation facilities.



Migrant workers and refugees are more likely to be engaged in the informal economy as daily wage workers. Loss of livelihood opportunities as a consequence of COVID-19 containment measures could therefore translate into acute hunger and malnutrition, which can also lead to weakened immune systems and heightened risk of COVID-19 infection and more serious illness.

The safety, health and dignity of migrants, asylum seekers and refugees in detention in the context of COVID-19 are also of great concern. In some cases, in addition to already existing risks, such as sexual and gender-based violence, migrants and persons of concern to the United Nations High Commissioner for Refugees (UNHCR) have been stranded in overcrowded facilities with

limited access to preventive measures and personal protective equipment, sometimes for a prolonged period, thus heightening infection risks for all involved: detainees, detention staff, their families and their communities.

The COVID 19 pandemic is especially worrying for migrants and refugees with disabilities, older persons and those living with chronic diseases, undocumented or stateless persons, and those who cannot access treatment. It holds particular dangers for migrants living with HIV who are forced to live and work in an irregular administrative situation if they are in a country where their HIV status is grounds for deportation, which could lead to prolonged detention while awaiting transfer to their country of origin in view of pandemic-related travel restrictions.

### III. Socioeconomic impact of COVID-19 on migrants and refugees

During the second and third quarters of 2020, an estimated 17.3 and 12.1 per cent of global working hours (equivalent to 495 million and 345 million full-time jobs), respectively were lost owing to the COVID-19 pandemic. In 12 Arab countries,<sup>1</sup> the loss of working hours amounts to 16.9 and 12.4 per cent (10 million and 8 million full-time jobs) of all working hours, respectively.<sup>2</sup> Employment across GCC countries could fall by an estimated 13 per cent, with peak-to-trough job losses of

900,000 in the United Arab Emirates and 1.7m in Saudi Arabia.<sup>3</sup>

**Kuwait, Lebanon, Saudi Arabia and the United Arab Emirates** have extended work and residence permits/visas that expire during lockdowns.

The Ministry of Human Resources and Emiratization of the **United Arab Emirates** has enabled migrants to transfer more easily to another employer through the establishment of a virtual labour market.

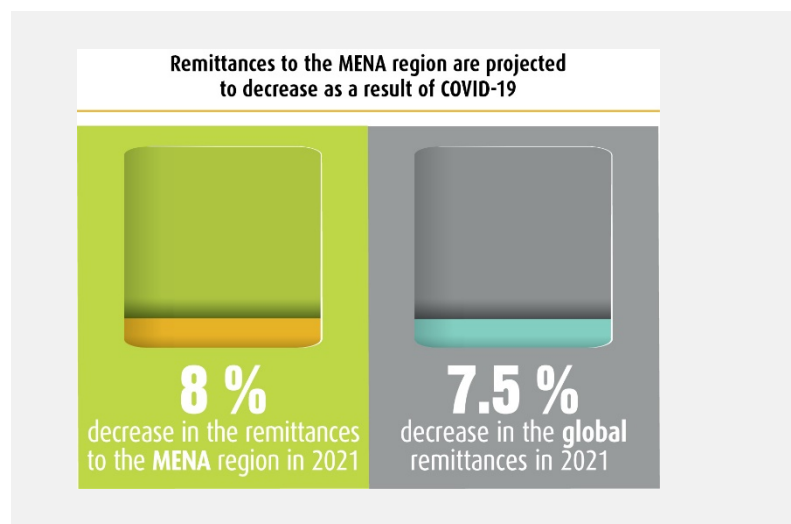
1. The six GCC countries and Iraq, Jordan, Lebanon, the State of Palestine, the Syrian Arab Republic and Yemen.

2. ILO monitor: COVID-19 and the world of work. Sixth edition, 2020.

3. Oxford Economics, Africa and Middle East: GCC expat exodus – from a trickle to a deluge, 2020.

Previous crises, such as the 2008 global financial crisis, have shown that migrants and refugees are at a greater risk of arbitrary dismissal from their jobs or are more likely than nationals to be subject to deteriorating working conditions, including non-payment of or reduction in wages. The following features are particularly applicable to the Arab region:

- Low-income migrants and refugees in the Arab region are frequently employed in temporary and precarious work. Those who lose their jobs rarely have access to social protection schemes, and are likely to experience considerable difficulties in finding alternative employment in the adverse economic climate triggered by COVID-19, leaving them vulnerable to mistreatment, including sexual exploitation and abuse;
- On losing their jobs, migrants and refugees normally fall into an irregular status, which is also a consequence of the *kafala* (sponsorship) system in several Arab countries, making them subject to fines, arrest, detention or deportation;
- Migrants and refugees employed in the informal economy and low-income jobs have been especially affected by the pandemic, and many have lost their livelihood. They face the risk of not affording food or rent. They are also at heightened risk of adopting negative coping strategies, including lower food consumption, selling off assets, survival sex, child labour, and child marriage;
- The adverse economic effects of the pandemic include reduced remittances. The impact on countries of origin especially dependent on remittances from their nationals abroad will likely be severe. For example, remittances to Nepal, where remittances constituted just under a quarter (23 per cent) of the country's GDP, are projected to decline by 12 per cent in 2020;
- The education of refugee children and young people has been significantly affected by the pandemic, because of school and training centre closures and the corresponding learning loss, and the expected increase in school drop-outs owing to the socioeconomic impact on vulnerable children, adolescents and young people.



## IV. Return and voluntary repatriation during the pandemic

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The pandemic has greatly complicated return and voluntary repatriation processes for migrants whose contracts have been terminated by their employers or who have decided to leave their jobs, and for refugees wishing to return to their country of origin:

- Migrants and refugees have become stranded in destination countries because of border closures during lockdowns, or suspended commercial flights back to their countries;
- Migrants in an irregular situation and refugees and asylum seekers awaiting deportation or those held in immigration detention facilities, including children, are being confined for longer periods. This increases their risk of contracting COVID-19 since conditions in such facilities are often overcrowded, thus also placing them at risk of sexual and gender-based violence, and lack adequate health care, water, sanitation and hygiene facilities;
- Where voluntary repatriation is possible, countries of origin are experiencing challenges in absorbing large numbers

**Kuwait:** The Kuwaiti Minister of Interior issued a decision allowing migrants in an irregular situation to leave the country within a specified period during April 2020, without being fined for their irregular stay or paying for their travel in view of the exceptional circumstances imposed by the pandemic.

of their nationals owing to a lack of financial, medical and human resources, including PCR testing, and the inability to provide suitable quarantine facilities for migrants upon their return;

- In the Syrian Arab Republic, returning refugees are included in ongoing humanitarian programmes at the community and village levels, including internally displaced person (IDPs), returning IDPs and vulnerable individuals from host communities. Owing to the impact of COVID-19, refugee returns to the country declined dramatically. During the first eight months of 2020, some 25,000 refugees returned, a decrease of over 60 per cent compared with the same time period in 2019.

## V. Impact of COVID-19 on women migrants and refugees

COVID-19 has had a disproportionate impact on women, who are often on the frontlines of the fight against the pandemic as health workers or caregivers.

The *kafala* system creates a power imbalance and a high level of dependency by workers on their employer, which is especially high in the case of migrant domestic workers, the majority of whom are women, placing them at risk of sexual exploitation, abuse, harassment and other forms of gender-based violence (GBV). Migrant domestic workers face a number of additional challenges and risks, mostly resulting from confinement by their employers in the household.

Data shows that reported incidents of GBV have increased during the pandemic as a result of home confinement, lockdowns, and restricted movement. This has created a greater need for protection and assistance services to women and girls, including migrant women and girls, at a time when access to these services is more difficult because of the health crisis.

Women migrants and refugees who lose their employment, and thus often their accommodation, face a range of other challenges. They may be compelled to resort to negative coping mechanisms such as survival sex, and are susceptible to sexual exploitation, abuse, harassment and trafficking.

- As at 30 June 2020, around 77,000 Egyptian citizens stranded abroad since the start of the pandemic had been repatriated, according to the Minister for Civil Aviation;
- As at 24 June 2020, the Government of India had repatriated over 220,000 migrant workers, many from GCC countries;
- As a result of the pandemic, the Government of Nepal estimates that up to 500,000 migrant workers may return from Malaysia and GCC countries; while the Government of Ethiopia estimates that around 600,000 migrant workers may return from GCC countries and Lebanon.

**COVID-19 has a disproportionate impact on women and girls**

**1 out of 3** of migrants and refugees in the Arab region are women and girls in 2019



Women migrant domestic workers face the following risks:

- **Increased risk of contracting COVID-19** given that migrant domestic workers are fulfilling caring responsibilities during the pandemic;
- **Increased risk of gender-based violence because** under lockdown conditions, female migrant and refugee domestic workers are continuously exposed to abusive employers;
- **Increased stress levels** since the permanent presence of all household members during lockdown can trigger excessive work demands, leading to psychosocial risks and exhaustion;
- **Limited access to support networks** in their host or home country, and limited access to helplines and online support, eroding their capacity to cope with stress;
- **Limited access to health services** because of their dependence on employers, including reproductive health care. Even if migrants, asylum seekers and refugees have access to health care, the availability of routine health services, including pre- and post-natal health care and contraceptives, and critical provisions for clinical management of rape, may not be ensured if health-care facilities are overwhelmed with COVID-19 cases.

## VI. Impact of COVID-19 on migrant and refugee children on the move

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Children’s vulnerabilities are linked to their age and risks associated with the migration and refugee context. While migrant workers are less likely to include persons under the age of 18 in the Arab region, children of migrant workers, either accompanying their parents or left behind in countries of origin, are impacted by the COVID-19 pandemic directly and indirectly.

Migrant and refugee children face increased risks from the immediate and longer-term impact of COVID-19,<sup>4</sup> particularly unaccompanied and separated children. They have more difficulty accessing

protection, shelter, water, sanitation, food, health care, education, documentation and information. In a number of Arab countries, services provided by the Government and civil society organizations were restricted by lockdowns and curfews. Language and technological barriers often experienced by migrant and refugee children further limit their access to information and distance learning opportunities during the pandemic.

As a result of travel restrictions and border closures, or illness of family members, children on the move may get separated from their parents or their family

4. United Nations, Policy Brief: The Impact of COVID-19 on Children, 2020. Available at [www.un.org/sites/un2.un.org/files/policy\\_brief\\_on\\_covid\\_impact\\_on\\_children\\_16\\_april\\_2020.pdf](http://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_children_16_april_2020.pdf).

reunification may be delayed. Lockdowns and movement restrictions often limit the operations of social workers and case managers, thus reducing their capacity to assess children's vulnerabilities and identify appropriate care options.

In the context of the pandemic, children are especially vulnerable to violence and exploitation, including sexual violence and abuse. Unaccompanied and separated children wishing to continue their journey or return to countries of origin find themselves unable to do so because of travel restrictions. Consequently, the likelihood of trafficking, smuggling and other forms of exploitation may increase, leading to risks of statelessness. Children may also be at higher risk of engaging in child labour, including worst forms of child labour, as migrant households suffer economic losses, stagnation, and increased pressure.

Children of migrant workers who were unregistered prior to the pandemic are at particular risk of not accessing basic services. Moreover, children left behind in countries of origin experience longer periods of separation from their migrant worker parents due to travel restrictions, while a drop in remittances and the related

economic fallout has a secondary impact on children's opportunities.

Given their previous traumatic experiences, migrant and refugee children are particularly susceptible to experiencing high levels of stress when facing the COVID-19 crisis. In addition to data collected through UNHCR country operations in the MENA region, recent studies on the psychological impact of the pandemic among children in the Middle East show that 88 per cent of displaced children report psychosocial distress related to the pandemic.<sup>5</sup> This toxic stress resulting from increased anxiety and uncertainty can have damaging effects on learning and behaviour, leading to stress-related diseases and cognitive impairments. Children in institutional settings (mental institutions or in isolation) are also particularly exposed to severe psychosocial distress, especially when separated from their families.

According to the Multi-sectoral Rapid Needs Assessment, jointly conducted by the World Food Programme (WFP), the United Nations Children's Fund (UNICEF) and UNHCR in May 2020, 41 per cent of all respondents in Jordan witnessed a negative impact on their children's wellbeing as a result of the COVID-19 crisis and curfew.<sup>6</sup>

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5. Norwegian Refugee Council, *Stressed: Report on the psychological impact of COVID-19 among children in the Middle-East*, 2020. Available at [www.nrc.no/shorthand/stories/stressed/index.html](http://www.nrc.no/shorthand/stories/stressed/index.html).

6. WFP, UNICEF and UNHCR, *Multi-Sectoral Rapid Needs Assessment: COVID-19 - Jordan*, 2020. Available at [www.wfp.org/publications/multi-sectoral-rapid-needs-assessment-covid-19-jordan](http://www.wfp.org/publications/multi-sectoral-rapid-needs-assessment-covid-19-jordan).

## VII. Impact of COVID-19 on trafficking in persons

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Trafficking in persons in the Arab region, as in many other regions, is characterized by several forms of violence and brutality. Initial data suggest that travel restrictions are not stopping the movement of people fleeing dangerous and inhumane conditions, who generally have no option but to use migrant smugglers.<sup>7</sup> Loss of employment and legal status also increases vulnerability to irregular migration and the potential for trafficking. Moreover, statelessness could be both a cause or a consequence of trafficking.

Restrictions on movement during the pandemic have posed additional challenges for victims of trafficking:

- Access to existing government or civil society protection, support and referral schemes, including legal aid and social work case management services, has been significantly limited by the closure of services considered 'non-essential' or because of movement restrictions. Trafficked persons receiving assistance, such as accommodation, food, medical care, psycho-social support, legal assistance and livelihoods support

In **Morocco**, the High Judicial Council has adopted distance court hearings to ensure access to justice to vulnerable populations.

In **Tunisia**, the National Commission for the Fight against Human Trafficking, with the support of international partners, has organized monthly distributions of basic necessities for migrants and communities particularly at risk during the crisis.

through various means will likely face disruptions owing to decreased staff capacity, movement restrictions, and stay-at-home orders;

- Traffickers are better able to hide their operations and act with greater impunity given that Governments are diverting resources to address the pandemic, and the police have been given new tasks to enforce lockdowns, which can affect normal operations, including combatting trafficking;
- Criminal trafficking and smuggling networks are filling the void created by COVID-19 economic shocks, and presenting options to migrants and refugees who are without income or the ability to move;

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7. United Nations Office on Drugs and Crime (UNODC), How COVID-19 restrictions and the economic consequences are likely to impact migrant smuggling and cross-border trafficking in persons to Europe and North America, 2020. Available at [www.unodc.org/documents/data-and-analysis/covid/Covid-related-impact-on-SoM-TIP-web3.pdf](http://www.unodc.org/documents/data-and-analysis/covid/Covid-related-impact-on-SoM-TIP-web3.pdf).

- Traffickers and smugglers may choose more clandestine and dangerous routes to bypass travel restrictions. Moreover, increased abuse and exploitation by traffickers and smugglers, including GBV, have been reported;<sup>8</sup>
- Victims or persons at risk of being trafficked are facing additional challenges in accessing asylum and protection.

## VIII. COVID-19 and refugees in the Arab region

The COVID-19 crisis is exacerbating vulnerabilities among refugees and host communities. Despite the generosity of host countries in the region, the extremely large number of refugees remains challenging, particularly given that the refugees have acute protection and socioeconomic needs. While poverty, informal employment and unemployment rates among refugees were high prior to COVID-19, these populations are now facing greater challenges in earning a livelihood to cover basic needs, such as shelter, food, and health services, owing to employment loss or reduced income during the pandemic, and increased risks to their occupational safety and health.

Those vulnerabilities and feelings of uncertainty are leading to significant mental health and psychosocial consequences. In Jordan, UNHCR reported a 50 per cent rise in consultations for mental health and

- There are **16 million people** of concern to UNHCR in the MENA region, including refugees, asylum seekers, displaced populations, returnees and stateless persons.
- In 2019, Syrian refugees continued to occupy the top position of refugees worldwide, with around **6.7 million refugees** hosted outside the Syrian Arab Republic.
- Around **5.5 million Palestine refugees** were registered with UNRWA in the region in 2019.

psychosocial support (MHPSS) in April 2020. Refugees with pre-existing mental health conditions are particularly at risk, and alarming cases of suicide have been reported in the Arab region since March 2020.<sup>9</sup>

Mobility restrictions and stricter border management procedures have significantly impacted the ability of refugees and other

8. UNHCR and Mixed Migration Centre, 'On this Journey no one cares if you live or die', 2020. Available at [www.unhcr.org/protection/operations/5f2129fb4/journey-cares-live-die-abuse-protection-justice-along-routes-east-west.html](http://www.unhcr.org/protection/operations/5f2129fb4/journey-cares-live-die-abuse-protection-justice-along-routes-east-west.html).

9. UNHCR, Mental health and psychosocial response during COVID-19 outbreak in the MENA region, 2020. Available at [www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjMv66\\_rlnsAhUUu3EKHZbPCcKQFjAAegQIAhAB&url=https%3A%2F%2Fdata2.unhcr.org%2Fen%2Fdocuments%2Fdownload%2F77112&usg=AOvVaw0nI630RNiyhAhb7Gmd4WqP](http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjMv66_rlnsAhUUu3EKHZbPCcKQFjAAegQIAhAB&url=https%3A%2F%2Fdata2.unhcr.org%2Fen%2Fdocuments%2Fdownload%2F77112&usg=AOvVaw0nI630RNiyhAhb7Gmd4WqP).



persons of concern to UNHCR in accessing potential host countries to seek asylum and protection, with limited options to benefit from the exceptions to border closures implemented in certain countries. For those moving across the MENA region in dangerous crossings towards Europe, additional challenges were identified in rescue and disembarkation processes. There were also reports of delays in responses to boats in distress.<sup>10</sup> Some non-governmental vessels saw their operations temporarily suspended owing to quarantine procedures as part of COVID-19 prevention measures, or for administrative or technical reasons. According to UNHCR, between January and June 2020, the average time between rescue by non-governmental organizations or merchant vessels and disembarkation was four days, negatively impacting the physical and mental health of those on board, and leading to extreme anxiety and suicidal thoughts, in some cases.

Moreover, older people, persons with disabilities, women with protection needs, unaccompanied and separated children, and stateless persons have been identified by protection and health actors as individuals with higher exposure to health and protection risks, including GBV, trafficking and exploitation. This is further exacerbated by the additional barriers to accessing public services and communicating with humanitarian workers.

Under these circumstances, some countries were able to ensure the health and protection rights of asylum seekers, to integrate them in public health responses

**Jordan:** During lockdown, food, water, oil and other necessities were distributed by deploying the armed forces and other security forces to various communities, especially refugee camps.

to COVID-19, and to streamline screening and quarantine measures.

Host countries and vulnerable local communities require continued attention and support owing to the largely urban and protracted nature of forced displacement. This situation has been compounded by the challenging socioeconomic conditions and mounting financial pressures caused by the pandemic. Efforts to respond to the needs of refugees and host communities continue through the Regional Refugee and Resilience Plan for the Syrian crisis, with 270 partners involved in the response. This is the primary coordination, planning, fundraising, advocacy, and programming platform for humanitarian and development actors to respond to the Syrian crisis.

Commitments by host countries, such as Jordan, to open labour markets to refugees and expand access to work documentation are critical policies that should be highlighted as good practices. Jordan has enabled access to education for refugee children, secured work permits for refugees, enabled entrepreneurs in the refugee community to set up home-based businesses, and more recently provided access to health care at the non-insured Jordanian rate for all refugees, including non-Syrians. The COVID-19 crisis has further highlighted the importance of

10. In one incident in July 2020, a boat was photographed close to an Italian coastguard vessel and a merchant vessel, but not rescued until the following day. In another incident in late July 2020, 95 migrants and refugees spent two nights floating on an unseaworthy boat in the Mediterranean, sending distress calls before being rescued by Malta.

such integrated and inclusive approaches to address the health, economic, educational, and social needs of refugees and host communities.

Similarly, Egypt has committed to ensuring access to education for refugee children and young people as part of its efforts to achieve the SDGs, despite economic challenges. To support such commitments, there is a critical need for sustained and predictable funding to countries that continue to shoulder the responsibility of forced displacement in the region. Extensive efforts to support host communities have been advanced through the expansion of strategic partnerships with

development actors, the private sector, academia and faith-based organizations, to shape the narrative around displacement and mobilize joint advocacy and action.

The Global Compact on Refugees (GCR) offers important guidance in this regard. It is the relevant framework to address the root causes of refugee situations through enhanced international cooperation and solidarity, with four key objectives:

- Ease the pressures on host countries;
- Enhance refugee self-reliance;
- Expand access to third-country solutions;
- Support conditions in countries of origin for return in safety and dignity.

## IX. Policy response

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### A. Short-term recommendations

#### *Health*

- Provide full access to quality health services, including HIV and reproductive health services, to migrants and refugees of all ages, genders and backgrounds, particularly those in vulnerable situations such as migrants and refugees in irregular administrative situations, including those without documentation, domestic workers, and victims of trafficking in persons;
- Ensure access to female health-care providers and separate access to health-care services for women in clinics and hospitals;
- Guarantee access to asylum and protection for individuals with international protection needs, while implementing health and security protocols;
- Extend health insurance schemes to include all migrants and refugees, including migrants and refugees in irregular administrative situations;
- Ensure that employers do not hinder employees from accessing COVID-19 tests and receiving medical care, and that workers who test positive are provided with suitable facilities to self-isolate and are entitled to paid sick leave;
- Train employers on health policy directives to ensure that they are properly implemented in workplaces and worker

- accommodations facilities, and ensure proper monitoring of their implementation;
- Provide COVID-19 prevention and control measures to migrants and refugees in languages they comprehend, including isolation and quarantine services;
  - Raise awareness among migrants and refugees on the importance of seeking health care, regardless of their administrative situation;
  - Implement communication with community strategies to reach migrants and refugees of all ages, genders and backgrounds, and facilitate their access to protection and assistance;
  - Provide training on special context considerations for health workers, community health workers and others responsible for meeting the health needs of migrants and refugees;
  - Guarantee that care-rationing choices should not be made on the basis of nationality or displacement status;
  - Ensure that mental health and psychosocial support, including specialized services for persons with severe mental health conditions, remain available to all migrants and refugees during the pandemic, including those in detention;
  - Ensure that health, mental health and psychosocial support service providers are trained by gender-based violence (GBV) specialists on how to recognize signs that a person may be a GBV survivor; are prepared to deal with GBV disclosures in a safe, sensitive, confidential and survivor-centred manner; and are able to offer psychological support, first aid, and make referrals as needed;
  - Ensure that mental health and psychosocial support continues to be provided remotely, for instance, through tele-counselling services;
  - Protect and promote the human rights of people with severe mental health conditions and psychosocial disabilities, for example, by monitoring whether they have equal access to COVID-19 care;
  - Ensure that national and local COVID-19 preparedness and response strategies and plans include migrants and refugees;
  - Ensure that national strategies for disease infection, prevention and control, and access to essential non-COVID health services include migrants and refugees, and identify ways to reach marginalized or hard-to-reach groups amongst them;
  - Guarantee continued availability of pre- and post-natal health care, contraceptives, and critical provisions for clinical management of rape.

### *Administrative situation*

- Modify visa and permit requirements and provide flexible arrangements for regularization to ensure that victims of trafficking in persons and migrants with temporary documents do not fall into irregular situations;
- Facilitate the safe, dignified and voluntary return of stranded migrants, and ensure that they have access to health services, including COVID-19 testing, adequate housing, water, food, and financial and reintegration support while awaiting return or repatriation;
- Suspend all forced returns during the pandemic, especially of vulnerable migrants and asylum-seekers, including unaccompanied or separated children,

and provide them with health care, temporary residence, psychosocial support services, community-based accommodation, and legal assistance;

- Introduce mandatory individual assessment of children's cases and their best interest by child protection authorities, prior to any decision on return, to ensure the voluntariness of children's return and reunification with family, and the mitigation of risks of abuse, exploitation, GBV and trafficking in the country of origin;
- Ensure continued implementation of resettlement and complementary pathways for refugees to facilitate access to protection and solutions, including access to family reunification, employment opportunities and basic services, safety and security;
- Widen pathways for safe, orderly, and regular migration to promote and protect human rights, including by developing strengthened asylum systems along the Central Mediterranean route and legal migration pathways through family reunification, education and labour mobility.

### ***Education, formal employment and decent work***

- Increase efforts to promote formalization of employment for all segments of society, including migrants and refugees, to achieve inclusive and decent work for all, based on clear employment contracts;
- Ensure protective measures for migrants and refugees in their workplaces, including by revitalizing existing models such as the Jordan Compact;
- Increase the penetration and quality of digital access and promote other measures

that enable the reintegration of migrant and refugee children into the education system and young people into the job market;

- Enhance investment into new forms of remote formal and informal education, training and vocational capacity-building, while ensuring equity in access to learning for both male and female migrant and refugee students of different ages.

### ***Services, information, and complaint and justice mechanisms***

- Ensure access to basic services for migrants, refugees and their families, with a focus on the needs of migrant women, children and others in vulnerable situations;
- Ensure that language and technology barriers are addressed in accessing services;
- Include women among hotline/helpline operators and in national security and law enforcement agencies;
- Organize separate access for men and women to goods, services and distributions, when possible;
- Introduce measures that obligate companies operating and managing labour accommodation facilities to ensure cleanliness, access to food and hygiene facilities, reduce overcrowding and prohibit any form of eviction;
- Establish emergency handwashing facilities and health-care services close to at-risk and underserved migrant workers' neighbourhoods to decrease commuting;
- Provide cash transfers to migrants and refugees most affected by the economic consequences of the pandemic to reduce homelessness and malnutrition;

- Provide support services to victims of GBV and promote awareness of such services among migrant and refugee communities;
  - Ensure effective two-way communication mechanisms, and provision of information and awareness material on basic protective measures and procedures in different languages and tailored to people of different ages, genders and backgrounds, including people with varying literacy levels;
  - Conduct awareness raising campaigns to fight social stigma and confront xenophobia and discrimination by highlighting the positive contribution of migrants and refugees to their countries of origin and destination;
  - Strengthen existing complaint and feedback mechanisms; provide hotlines and other mechanisms in relevant languages for migrants and refugees to report abuse and access information; and promote awareness of these hotlines among migrants and refugees;
  - Safeguard access to justice mechanisms for all migrants and refugees, especially those at risk, and ensure that they can register complaints for delayed or non-payment of wages and other entitlements, such as end-of-service benefits and reimbursement of social security contributions before their departure from the host country;
  - Strengthen the capacity of law enforcement to remain vigilant and address new and evolving human trafficking patterns.
- care, particularly in times of crisis; and include them in health sector policies, plans and strategies;
  - Include migrants and refugees in disaster risk reduction strategies;
  - Promote the regularization of migrants in an irregular situation, undocumented migrants and refugees;
  - Ensure inclusive social protection programmes for all migrants and refugees and their families or, if this is not possible, provide direct assistance such as humanitarian cash transfers that can strengthen and influence social protection systems;
  - Establish or strengthen cross-border cooperation among countries of origin, transit and destination to provide protection-sensitive migration governance mechanisms, and ensure such mechanisms are age and gender sensitive;
  - Support the resilience of education systems and ensure that all learners, including migrants and refugees, have access to equitable quality education;
  - Support independent, objective and quality media reporting to promote evidence-based public discourse that informs public opinion on migration;
  - Implement alternatives to detention for migrants and refugees, prioritizing people with specific needs such as persons with disabilities, older persons, children, victims or persons at risk of being trafficked or exploited, and stateless persons;
  - Support enhanced coordination between countries to facilitate access to protection, assistance and health care for migrants and refugees through legal pathways, and prevent dangerous crossings that regularly lead to the death of vulnerable individuals.

## B. Medium-term recommendations

- Ensure that all migrants and refugees benefit from affordable universal health

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