

Impact of COVID19 on Migrants, Refugees, and other displaced populations

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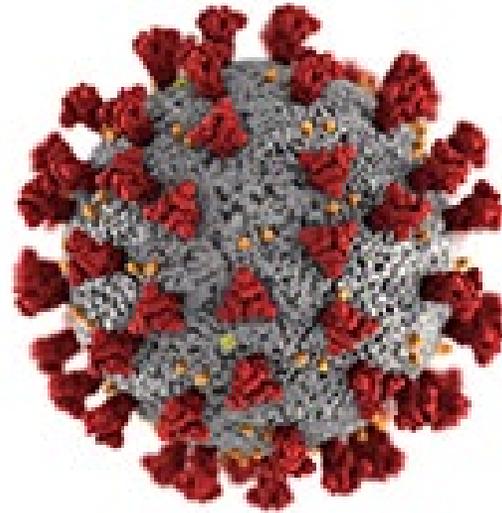


Pre-existing Chronic diseases

Human behavior and personal perception to health



Socioeconomic status, poverty



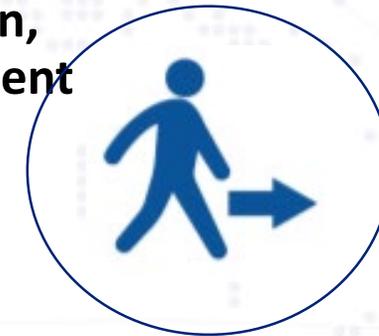
Environmental conditions



Public policies and "politization" of the context



Human mobility, migration, displacement



Access to health services



Race, ethnic identity, systemic inequalities





“leaving no
one behind”



“if someone is
left behind, no
one will move
forward”.

High mortality rates

- **Unsanitary and crowded conditions**
 - crowded camps, informal settlements, slums, collective shelters, dormitories and immigration detention centres
- Physical distancing measures are impossible.



- Disruption of health services
 - 71% disruption of routine immunization
 - 66% disruption of health services for NCDs
 - 34 countries - disruption ARV (June 2020)
 - 24 countries - critical low stock ARVs (June 2020)

- **Migrant workers seen as “essential”**
- **Not necessarily recognized for their work**
- Poorly managed quarantine measures
 - lockdowns and harsh containment measures
 - limited access to healthcare and basic services
 - poor working conditions
 - exploitative labour systems
- **Lack of income security** - incentive to work while sick - further spread of the virus.



*“Open the economy!!
I’ll send my employee to
work!”*



The crisis impacts people on the move in the form of three (+1) interlocking crises

Health – Socioeconomic- Protection- **Perception**

Socio-economic crisis

- Unemployment - US
 - Migrant women 4,3% to 18%
 - Migrant men from 3% to 15,3%
- No job – no visa – no support - stranded
- Remittances ↓ by \$109 billion (2020)



Protection crisis

- No Access to communities
- Protection programs suspended
- Funding uncertainty

Perception crisis

- Stigma – Discrimination
- Misinformation, fake news
- Measures based on xenophobia

“ Our greatest enemy right now is not the virus itself. It’s fear, rumours and stigma. Our greatest assets are facts, reason and solidarity.

WHO Director General, [Opening remarks](#) at the media briefing on COVID-19, 28 February 2020



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Gulbahar Begum (R) says [Mahibul Hoque/Al Jazeera]

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Lesbos coron refugee camp

Wave of anti-migrant vio care - and more vulnerab



▲ 20,000 people are currently living

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8 April 2020



Hundreds of African residents and from hotels and apartments for Ch authorities for di city dey rollout te leaders tell BBC.

Stopping coronavirus spread in Syrian refugee camps is 'mission impossible,' Turkish ambassador says

Turkey's U.S. ambassador also said the E.U. must help his country absorb Syrian refugees after Ankara said it won't stop refugees from crossing into Europe.



Migrants wait with their children in the buffer zone at the Turkey-Greece border near the Pazarkule crossing gate in Edirne, Turkey, on Thursday, March 5, 2020. Bulent Kilic / AFP - Getty Images file

“its all about
building TRUST”

Healthcare access

- Increased need to bolster public health services in low-income and humanitarian settings
- FBOs and religious leaders are trusted and provide an interface between grassroots level and the state.
- There are positive approaches relating to all faiths and confessions: humanity, hope, love and acceptance.



Public Health only
works when everyone
is included

Thank you!

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