Impact of COVID-19 On Migrants

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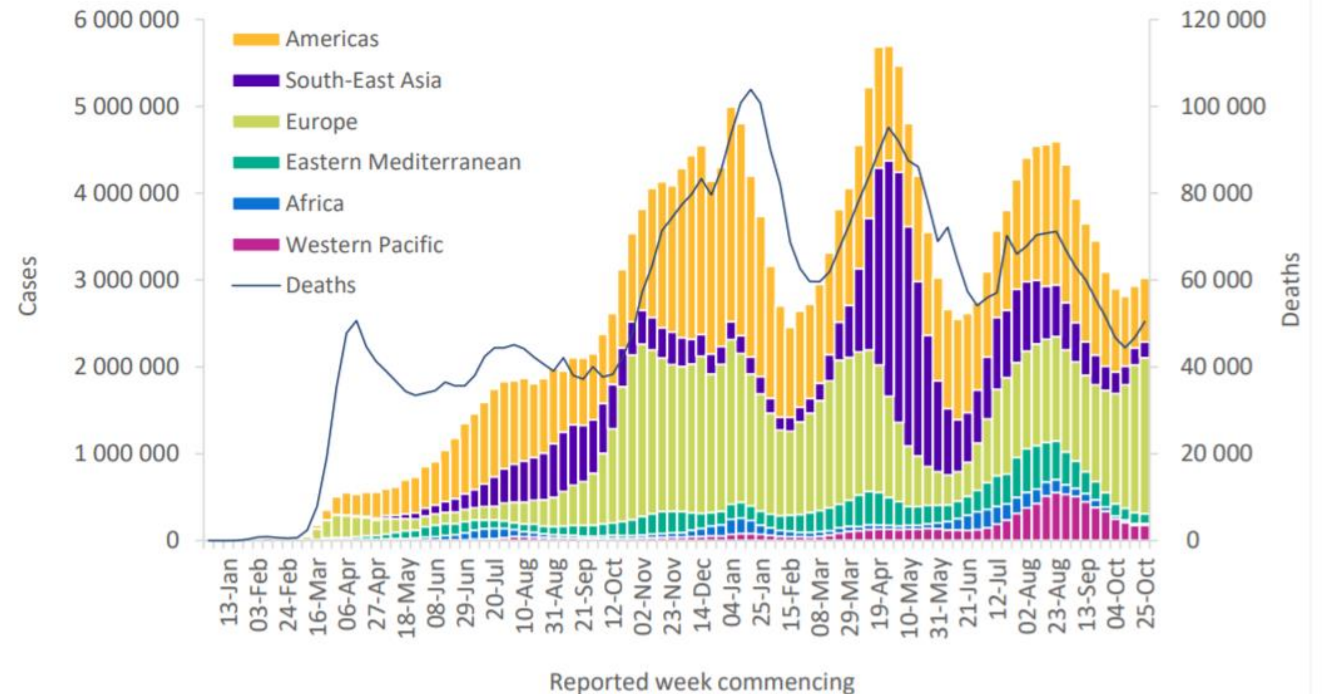
Outline

- Overview of epidemiologic situation of COVID-19
- Overview of COVID-19 vaccination
- Migrant and refugee situation in MENA/EMRO
- IOM response to COVID-19
- Impact of COVID-19 on migrants
- IOM-WHO joint efforts
- Policy recommendations

Global Overview of COVID-19

As of 3rd November 2021;

- Cumulative cases: 248,330,567
- Cumulative deaths: 5,029,740
- Recovered: 225, 023,871

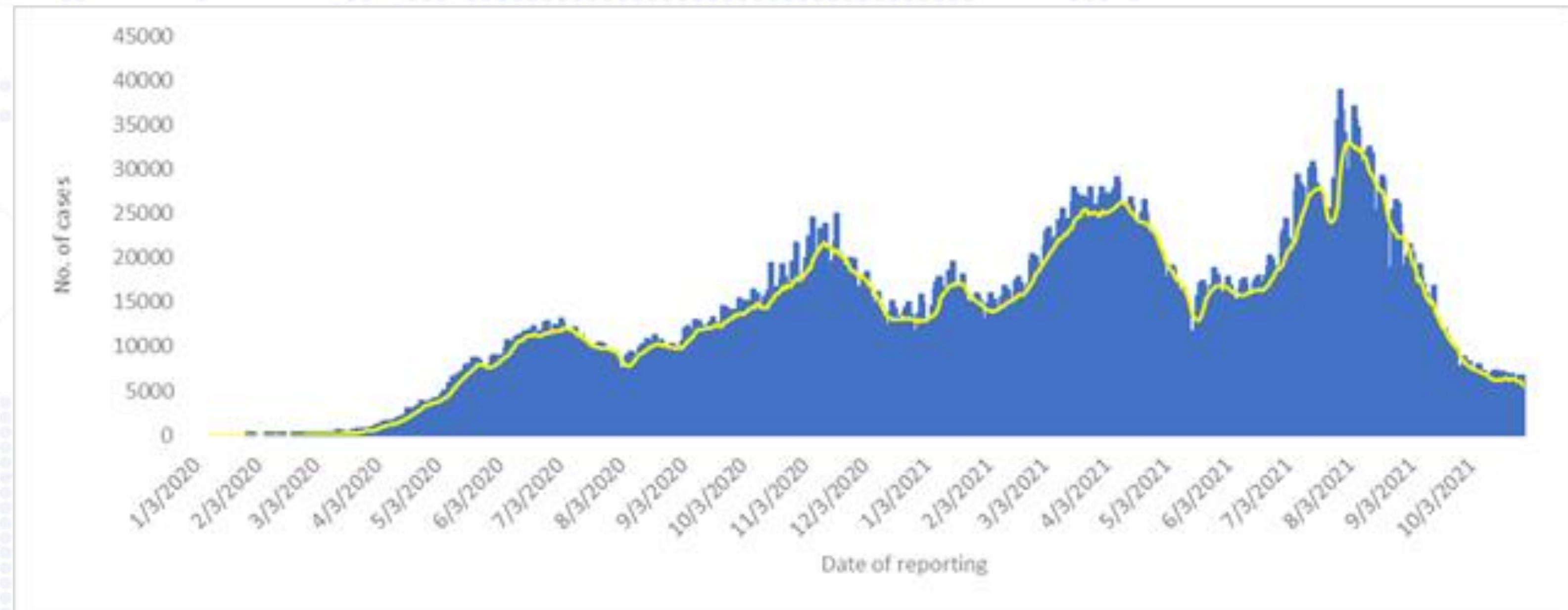


Source: WHO-weekly_epi_update_64

Regional overview of COVID-19; MENA

As of 31st October 2021;

- Cumulative cases: 8,707,805
- Cumulative deaths: 138,704
- Case fatality Ratio: 1.6%

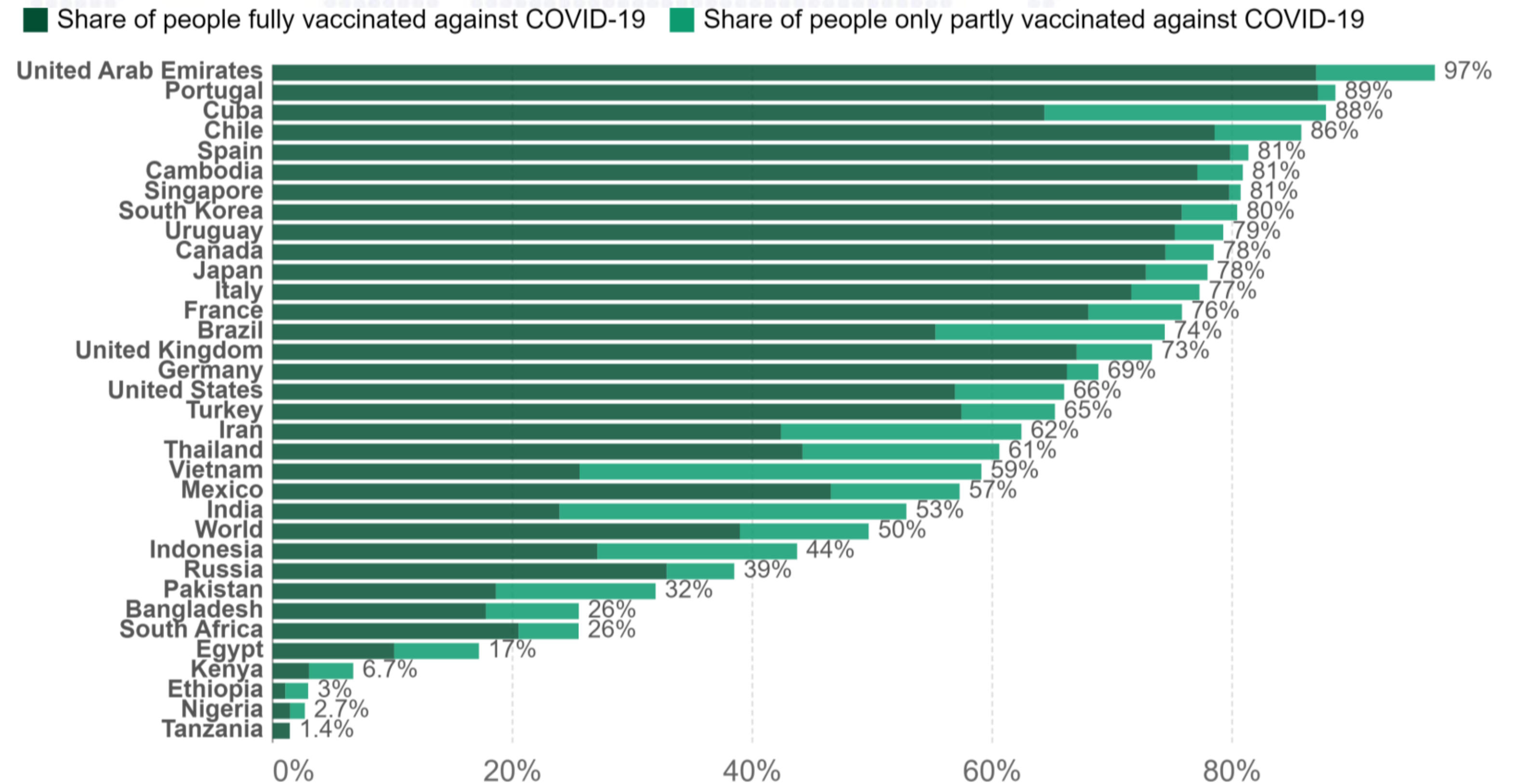


MENA Countries: Iraq, Morocco, Jordan, UAE, Tunisia, Lebanon, Saudi Arabia, Kuwait, Libya, Egypt, Oman, Bahrain, Qatar, Algeria, Syria, Sudan and Yemen

Global overview of COVID-19 Vaccination

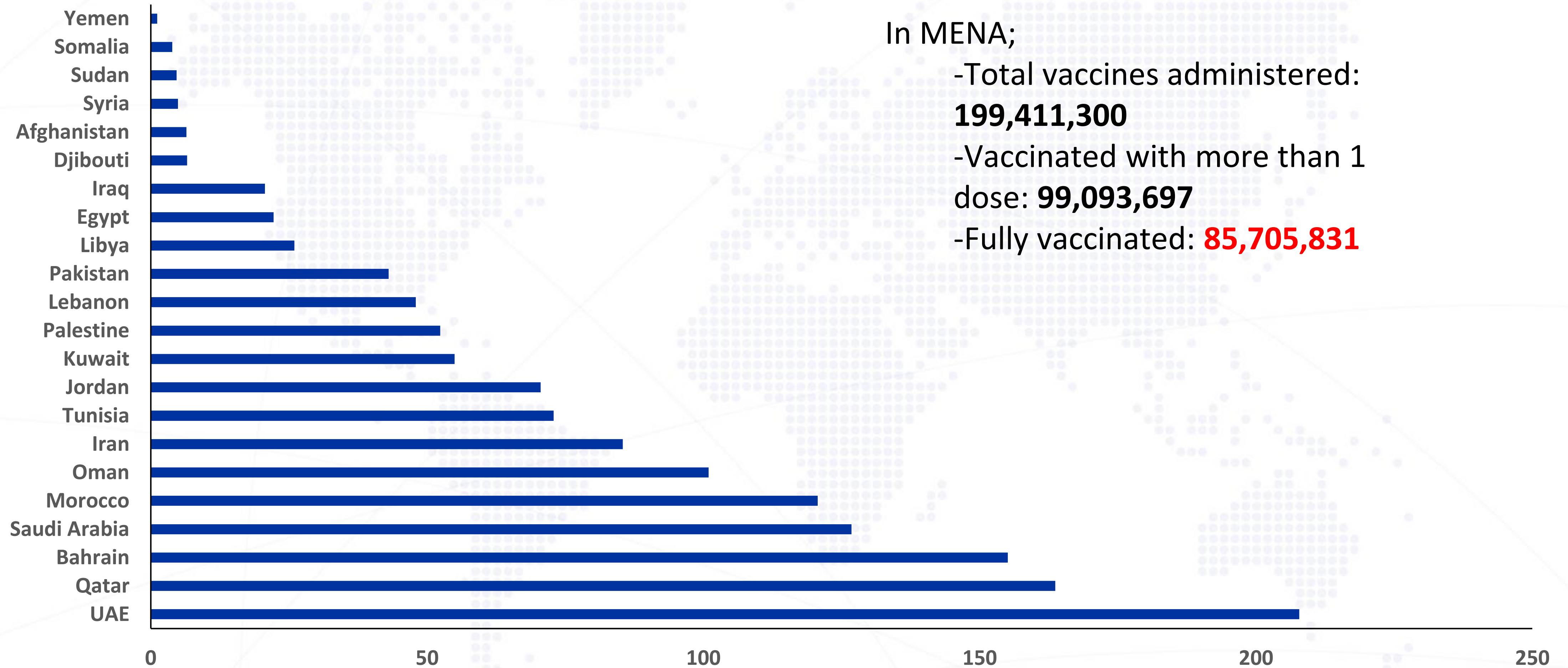
As of 3rd November 2021;

- 49.7% of the world population has received at least one dose of a COVID-19 vaccine.
- 7.13 billion doses have been administered globally, and 27.81 million are now administered each day.
- Only 3.9% of people in low-income countries have received at least one dose



Data source: Our World in data

Vaccine doses administered per 100 Population



In MENA;

-Total vaccines administered: **199,411,300**

-Vaccinated with more than 1 dose: **99,093,697**

-Fully vaccinated: **85,705,831**

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Partial and Full Vaccination coverage-EMRO

Achieved >= 40%	6
Achieved 20% to 40%	6
Achieved 10% to 20%	1
Less than 10%	9

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Courtesy: Regional COVAX WG

Vaccination among Vulnerable populations

- COVID-19 vaccination coverage among vulnerable populations still low
- Challenges with data availability

Country	Vulnerable populations	# of Doses	# of vaccinations (1 dose)	# of vaccinations (2 dose)
Djibouti	33,320	-	-	-
Egypt	329,309	-	-	-
Iraq	1,554,428	2,483	-	-
Jordan	702,506	29,491	9,784	19,707
Lebanon	887,845	246,593	-	-
Libya	322,400	-	-	-
Morocco	13,551	-	-	-
Palestine	5,703,521	244,288	62,246	182,042
Somalia	2,991,964	-	-	-
Sudan	3,608,505	70,130	36,829	33,301
Syria	6,886,070	-	-	-
Tunisia	6,320	-	-	-
Yemen	4,179,641	-	-	-
Total	**27,219,380**	**592,985**	**108,859**	**235,050**

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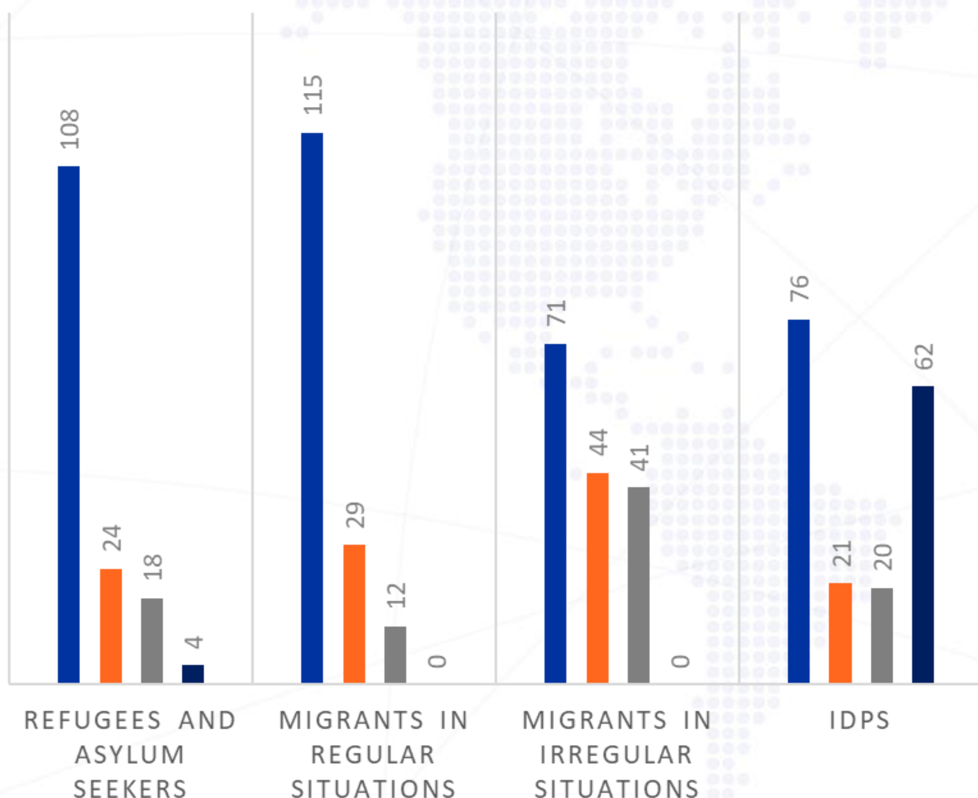
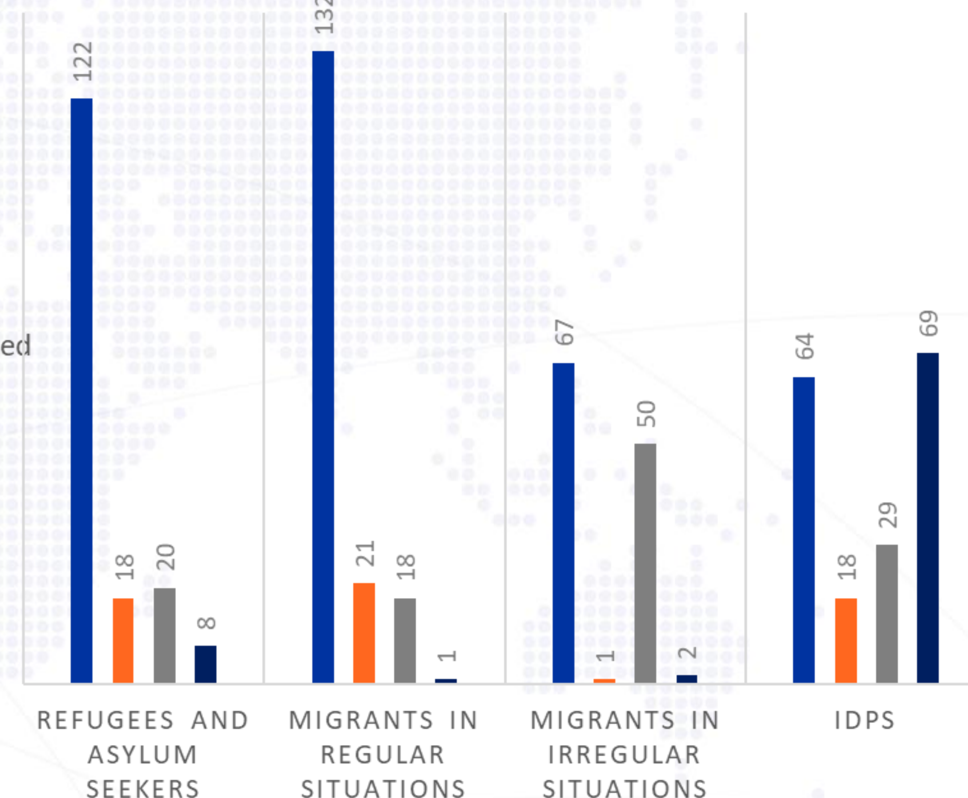
Source: COVAX RWG

Inclusion Plans Versus Practice: Global Overview





This graphic compares vaccine access for migrants as stated *on National Deployment and Vaccination Plans* (NDVPs) – based on WHO analysis, where available, or IOM analysis – against observations made by IOM regarding access *in practice.*

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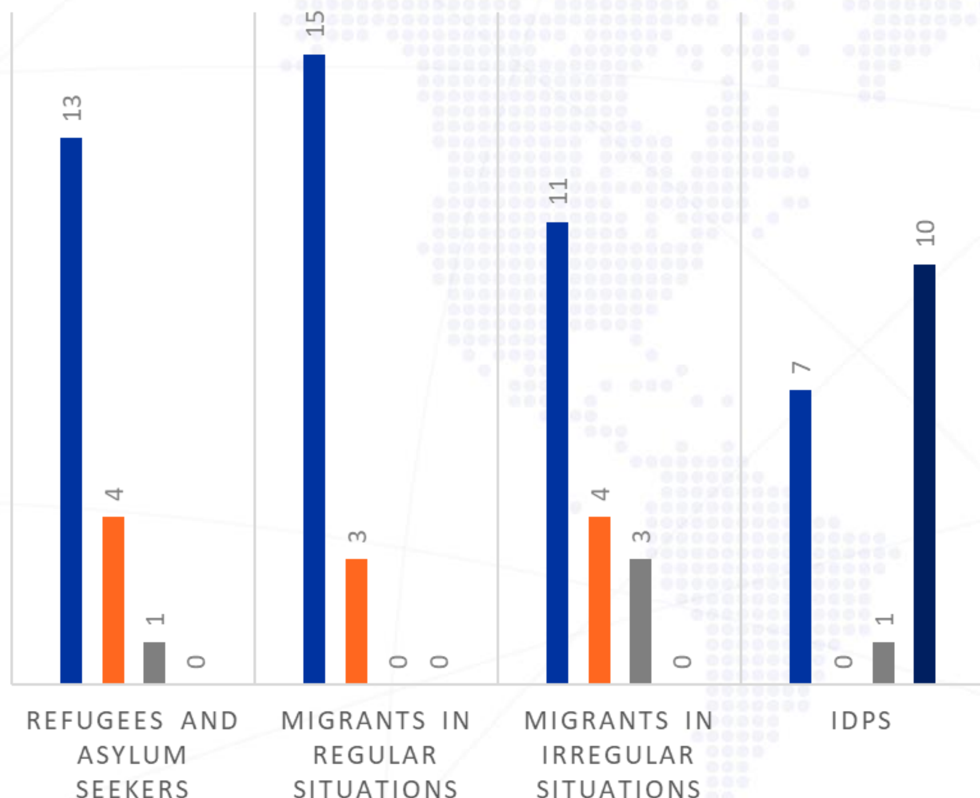
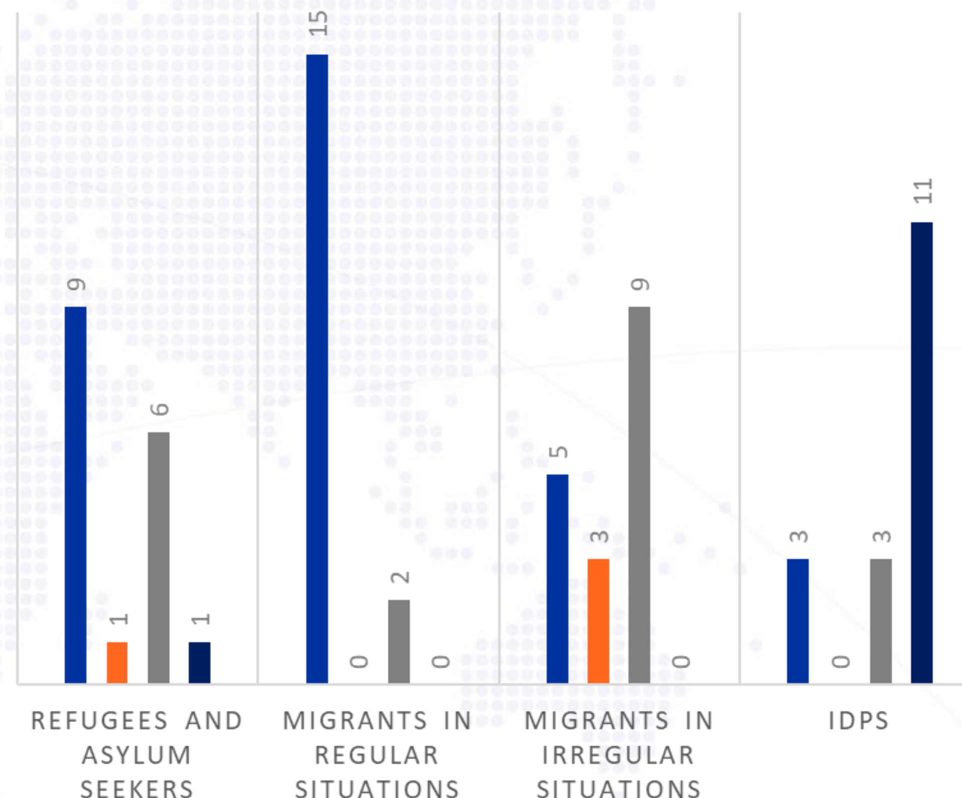
This analysis is based on 153 national plan analyses and 177 country practice observations.

Plans Versus Practice: Middle East And North Africa





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This analysis includes 17 countries and lacks information from one country/territory.

Refugees and IDPs situation in MENA/EMRO

- The global number of forcibly displaced people, including refugees, has doubled since 2010, according to the latest report from the UNHCR.
- At the end of 2020, there were 82.4 million forcibly displaced people in the world
  - 2.7 million refugees and asylum-seekers resided in the Middle East and North Africa region
  - 43% of IDPs are in EMRO
  - 66% of refugees are from EMRO
  - 49% of refugees live in EMRO
  - More displaced people have fled **Syria** than any other country.

Migrant workers

- Population: 46 million
- Profile: unskilled labour
- Origin: 50% from EMRO/MENA

Challenges faced:

1. Poor living conditions
2. Access to health services
3. Documentation

Impact of COVID-19 on Migrants

- Disruption of health services - especially critical life-saving services, as well as continuum of care for chronic diseases and decline in service utilization
- Stigmatization of migrants, especially irregular migrants due to the misconception that migrants (or foreigners in general) are bringing COVID-19
- Diversion of already limited health resources
- Growing distrust by migrants on public health messaging, potentially leading to even more hard-to-reach populations coupled with vaccine hesitancy
- Lack of income due to loss of job resulting in limited out of pocket expenditure especially for health care, when service utilization in the private sector is high in the region

IOM Response to COVID-19

- IOM's approach to disease outbreaks is anchored in IOM's Health, Border and Mobility Management Framework.
- The framework links population mobility with disease surveillance and creates a platform to enhance country-specific and multi-country interventions.
- It emphasizes the importance strengthening health systems along mobility corridors in line with the 2005 International Health Regulations (IHR).
- IOM developed the Strategic Preparedness and Response Plan for COVID-19 consisted of 12 pillars;
  - Coordination and partnerships
  - Tracking Mobility Impacts
  - Risk Communication and Community Engagement (RCCE)
  - Disease Surveillance,
  - Point of Entry (PoE)
  - National Laboratory System
  - Infection Prevention Control (IPC)
  - Logistics, Procurement, and Supply Management
  - Camp Coordination and Camp Management (CCCM)
  - Case Management and Continuity of Essential Services,
  - Protection,
  - Addressing Socio-Economic Impact
  - Infection Prevention and Control

IOM Response to COVID-19

- In 2020, IOM developed the Strategic Response and Recovery Plan (SRRP) building on the successes of IOM's 2020 SPRP
- The plan was developed in the recognition that COVID-19 recovery efforts in the region must occur in parallel to the ongoing health emergency and response
- The strategic objectives of IOM SRRP included:
  - Ensure continuation of essential services, mitigate risks and protect displaced persons, mobile populations and host communities,
  - Scale-Up essential public health measures and promote mobility sensitive health systems
  - Mitigate the longer-term socio-economic impacts of COVID 19, contribute to restarting human mobility and empower societies for self-reliance,
  - Inform response and recovery efforts by tracking the impact of COVID-19 on mobility and people on the move and strengthen evidence-based decision-making through data.

IOM Ongoing Activities To Facilitate Migrant Inclusion in COVID-19 Vaccination

Across all regions, IOM is pro-actively working to help ensure COVID-19 vaccines reach migrants, including forcibly displaced people, and is engaging with governments to implement the following interventions:

a. Advocacy for inclusion and to remove barriers
b. Capacity-building for partners
c. Provision of data on migrant stocks and vulnerabilities
d. Social mobilization and outreach to help address vaccine hesitancy
e. Operational support (transport, storage…)
f. Help establish monitoring mechanisms
g. Administering vaccines to (migrant) communities
h. Administering vaccines through the Humanitarian Buffer
i. Administering vaccines to UN staff

At this early stage of the vaccine roll-out, IOM missions are currently focusing mainly on advocacy, capacity-building, data provision in line with privacy principles and regulations, as well as social mobilization and outreach.

Migrant Inclusion in COVID-19 Vaccination: Best Practices Observed

Good initiatives, identified by IOM, with which countries reduce barriers for migrants to access to COVID-19 vaccines:

1. Accepting any form of identification document, no matter its expiration date, with no questions asked about the person's immigration status.
2. Granting residency rights or visa extensions for migrants in irregular situations, to ensure they can access social benefits, including health care.
3. Guaranteeing that there will be no reporting to immigration authorities following immunization (firewall between health and immigration authorities).
4. Openly/clearly naming categories of migrants in NDVPs, across the various priority groups for vaccinations, or as part of a separate priority group.
5. Pro-actively reaching out to migrant communities, in tailored languages and through relevant communication channels to build trust and create vaccine demand.
6. Deploying mobile vaccination teams to reach remote areas where primary health services remain scarce.

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IOM-WHO Joint Efforts

- Joint statement on inclusion of migrants and refugees in UHC and primary health care
- WHO and IOM Co-chair the Regional Taskforce on COVID-19 and Migration/Mobility
- WHO, IOM, UNWRA and IFRC developed a policy paper on Inclusion of Refugees, Migrants and Displaced Populations in COVID-19 National Deployment Vaccine Plans
- A roundtable discussion on Expanding universal health coverage among refugees and migrants: challenges and opportunities was Co-organized by WHO, IOM, UNHCR and UNRWA.

Policy Recommendations

- Interventions need to consider the different phases of migration cycle from pre-departure to return and reintegration, migrant groups, and different vulnerabilities, with no one-size-fits-all approach.
- Regional and cross-regional partnership and cooperation in borders and along the migratory routes/mobility corridor is critical for effective COVID-19 response.
- Integration between mobility data and health data is critical to advance inclusion of migrants into COVID-19 national programming.
- Migrant-inclusive health policies and migrant-friendly services are critical for migrants to come forward to have access to services.
- System-wide coordination including through the Task Force, and cooperation beyond the UN system with other stakeholders, such as civil society, academia, and the private sector