

First, Save Lives: Solutions for the COVID-19 Pandemic and New Solidarity with Migrants and Refugees

A Global Civil Society Statement

7 April 2020

During this current global COVID-19 pandemic, civil society organizations are grateful for frontline responders and essential workers serving the public, as healthcare professionals, producers and sellers of essential goods, agriculture and food chain workers, cleaners and sanitation workers, transport providers, humanitarian aid workers, and many others. **A large number of these caregivers and workers are migrants and refugees**,¹ caring for sick people in hospitals and at home. Migrants and refugees are essential to public health in this crisis, risking their own health and lives to serve society.

And yet, the precarious situation of many migrants, refugees and their families across the globe further jeopardizes their health and lives during this pandemic, and reduces the possibility of what they may offer as solutions to this crisis, from healthcare to social and economic recovery. A fully inclusive, whole-of-society approach is essential to an effective response to this pandemic.

As leaders and organizations of civil society around the world - many of us ourselves migrants and refugees or their children and grandchildren - we urgently call on States and government authorities at all levels to protect migrants and refugees in this crisis.

Civil society is proud to already work with States, local authorities and other stakeholders that have put at the core of their intervention the protection of the health of all, regardless of migration status, and who have undertaken specific measures to support the most vulnerable, including migrants and refugees. We offer the following cooperation and solutions:

1) Urgent and Over-Arching Principles

- a) **First, save lives.** This is the very first principle that governments from every region of the world wrote in the Migrants in Countries in Crisis (MICIC) Guidelines in 2016.² This principle is fundamental and cross-cutting, drawn from international law, and should apply as the cornerstone for all COVID-19 pandemic responses related to migrants. MICIC's Emergency Response guidelines³ also offer clear step-by-step guidance and examples for multi-stakeholder action in such crises.
- b) **Empower and partner directly with migrant and refugee communities** and other civil society leaders to identify, inform, engage with and respond, in accessible languages, to migrants and refugees who are most vulnerable in the pandemic,⁴ especially the elderly, children (including those who are unaccompanied or separated), people with disabilities,

¹ For instance, almost 1 in 3 physicians in the US are foreign-born: "[US Relies Heavily on Foreign-Born Healthcare Workers](#)". Also see: "[Migrant Health Workers Are on the COVID-19 Frontline. We Need More of Them.](#)"

² MICIC Initiative: [Guidelines to Protect Migrants in Countries Experiencing Conflict or Natural Disaster](#).

³ Ibid, Section II. [Emergency Response](#), Guideline 9-13.

⁴ RCCE Working Group: [COVID-19: How to Include Marginalized and Vulnerable People in Risk Communication and Community Engagement](#).

special needs and chronic ailments, victims of human trafficking, and those homeless or living in camps, congested centers and other crowded conditions. Recognize the gendered nature of migration, and respond to the particular challenges faced by migrant women.⁵ Such efforts should persist throughout preparedness, emergency response, and post-crisis planning and measures.⁶

- c) Without discrimination, migrants and refugees have a **right to the highest attainable standard of health⁷ and should be entitled to protection for themselves and their families**, including having access to testing and early detection for COVID-19, and the possibility to apply physical distancing, self-isolation and other appropriate health measures. To ensure effective response to this crisis, migrant and refugee communities must be equally included in countries' pandemic preparedness, monitoring, information-sharing, treatment, and disease recovery.
- d) **Non-discrimination.** The coronavirus is blind to borders, citizenship and migration status. *In order to save lives*, public officials must take the lead in respecting non-discrimination and ensuring equal treatment for all, regardless of migration status. The fight against the virus should not result in situations of discrimination, criminalization or exploitation of migrants and refugees.⁸ Exclusionary public policies, especially based on migration status, make migrants and refugees more vulnerable, and health professionals agree that such policies and responses undermine public health efforts to protect everyone. Measures should also be adopted to change narratives and fight against hate crimes.⁹

2) Essential Healthcare and Other Protections

- a) **Remove obstacles that discriminate** against migrants, refugees and their families residing in the country regarding access to healthcare, other emergency services, and shelter (including suspending evictions). Obstacles may also include legal, regulatory, or documentation requirements, language, cultural barriers and other deterrents. Migration status should not be a ground to prevent migrants from accessing health care.¹⁰
- b) **Erect “firewalls” against immigration enforcement.** Migrants and refugees should not be prevented from accessing essential healthcare for fear of immigration enforcement, including the possibility of the loss of immigration status or access to public services, detention, family separation, or deportation.¹¹
- c) Include migrants and refugees in plans to address increases in **sexual and gender-based violence and harassment due to isolation measures and other pandemic-related stresses.** Because of the strong correlation between isolation and an increase in

⁵ Ibid, “When we don’t recognize gendered dynamics during outbreaks, we limit the effectiveness of risk communication efforts.”

⁶ See the European Website on Integration (EWSI) of the European Commission, which has a webpage on community impact and outreach for migrant communities, and national-level initiatives: [COVID-19’s impact on migrant communities](#)

⁷ [International Covenant on Economic, Social and Cultural Rights](#), Article 12. [Right to Health, Fact Sheet No. 31](#), page 18, Section D. Migrants.

⁸ As stated by the 38 UN member agencies of the UN Network on Migration, “migrants must be seen as both potential victims and as an integral part of any effective public health response.” [COVID-19 Does Not Discriminate: Nor Should Our Response](#)

⁹ OHCHR: [States should take action against COVID-19-related expressions of xenophobia, says UN expert](#)

¹⁰ For example, on 28 March 2020, Portugal initiated a special measure enabling undocumented people with pending residence applications to access public services and social security benefits on the same level as nationals until at least 1 July 2020. [Portugal to treat migrants as residents during coronavirus crisis](#).

¹¹ As outlined in the widely adopted [Global Compact for Safe, Orderly and Regular Migration](#), Objective 15, para 31(b).

SGBVH¹² as well as the abuse and exploitation of children,¹³ authorities should guarantee that services, including preventive measures, safe houses, case management and referral to psycho-social support and justice, are available to all children, women, and men at risk, including migrants and refugees.

- d) With respect to migrants and refugees who have died from COVID-19 within the country, **permit religious or other funeral activities** on a basis **equal to citizens**, and where requested facilitate essential public health and other consular arrangements for the **return of their remains** to their countries of origin.
- e) Global collaboration should prevent this pandemic from rolling back decades of efforts to **raise international health standards**, defeat poverty, and achieve the UN Sustainable Development Goals.¹⁴ In addition, implement medical safety measures to **mitigate future COVID-19 resurgence**, including access to any future vaccines against the coronavirus, and ensure that migrants and refugees, regardless of status, have access to them.

3) Prevention and Other Effective Community Health Strategies

- a) **Decongestion in camps and camp-like settings.** Physical distancing is almost impossible for many who are incarcerated, detained, homeless, or living in camps, camp-like settings or informal settlements. Many further lack running water and hygiene supplies. Those concentrated in detention facilities are at particularly high risk for contracting COVID-19. Plans for site decongestion must be developed to prevent infections. The UN's Inter-Agency Standing Committee (IASC) has provided relevant guidance to UN field workers, refugee camp managers, and public health specialists on how to battle the spread of COVID-19, which includes site decongestion.¹⁵
- b) **Release from detention.** Across regions, legal authorities, public health and other experts have called on responsible authorities to review the situation of unsuccessful asylum seekers and irregular migrants in immigration detention, and to release them to the maximum extent possible.¹⁶ Concrete solutions include:
 - i) **Migrants detained for immigration-related reasons should be released from detention facilities,**¹⁷ and safe alternative accommodation should be provided, where confinement or monitoring requirements do not increase risks of transmission for themselves or others.
 - ii) **Children should never be detained.** The UN Committees for Migrant Workers and the Rights of the Child, have jointly confirmed that immigration detention is never in the best interests of the child and always a violation of children's rights.¹⁸ Civil society

¹² CARE: [Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings](#)

¹³ UNICEF: [COVID-19: Children at heightened risk of abuse, neglect, exploitation and violence amidst intensifying containment measures](#)

¹⁴ UNDESA: [Sustainable Development Goals](#)

¹⁵ IASC: [Scaling-Up COVID-19 Outbreak Readiness and Response Operations In Humanitarian Situations Including Camps and Camp-Like Settings](#), Version 1.1, March 2020, page 5.

¹⁶ Council of Europe: [Commissioner Calls for Release of Immigration Detainees While COVID-19 Crisis Continues](#)

¹⁷ [Italy](#) has granted automatic extension of all residence permits expiring during the lock-down. [Ireland](#) confirmed that undocumented migrants will be able to access health care and social services. [Belgium](#) and the [Netherlands](#) released hundreds of individuals from migration detention, and [Spain](#) announced that all migration detainees will be released by 6 April 2020.

¹⁸ [Joint general comment No. 4 \(2017\) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No. 23 \(2017\) of the Committee on the Rights of the Child on State obligations regarding the human rights of](#)

organizations partner with governments widely and effectively on practical, non-custodial alternatives to detention.

iii) Measures presently taken to **reduce over-crowding and provide physical distancing in prison and other detention facilities**, must *equally* benefit migrants and refugees who are detained for **non-immigration-related reasons**.

c) **Moratorium on immigration detentions.** Detention of persons for whom there are deportation/removal orders should be suspended in line with public health and coronavirus transmission concerns. Detention when return is not possible is also arbitrary, and therefore unlawful.¹⁹ Rescue at sea must continue, but interceptions at sea should be halted immediately, disembarked individuals should be released in conditions that allow them to apply COVID-19 prevention and curative measures, and they should be provided humanitarian assistance.

d) **Border governance.** As recently stated by UN agency officials, "There must be **no forced returns and refoulement justified by or based on fears or suspicion of COVID-19 transmission**, especially because there is estimated to be low risk of transmitting communicable disease from refugee and migrant populations to host populations in the WHO European region."²⁰ Border controls must comply with international law, including respect without exception for the right to seek asylum and the non-refoulement of people fleeing persecution, conflict, and serious abuse of human rights.²¹ Closure of borders should be lifted as soon as possible to avoid the risk of implementing restrictive migration measures.

e) **Restrictions on freedom of movement to mitigate COVID-19 transmission.** These measures should be applied equally to, and not unduly affecting migrants and refugees in **a non-discriminatory way**, in accordance with human rights and international law.²² Mitigation measures are necessary to counter the adverse effects of containment measures on migrants and refugees.

4) Economic and Social Solutions

a) **Respect the need for decent work.** Ensure that enforcement of isolation measures, curfews, etc. does not punish those who must work to survive. Mechanisms put in place to control the spread of COVID-19 should not undermine the livelihoods of those living in the informal economy, and reliant on daily income.

b) **Fundamental labor rights** of ALL workers, including migrant workers, must be scrupulously respected. Safeguards should be put in place against forced labor – where migrants and refugees are coerced or forced to work against their will, or wages are

[children in the context of international migration in countries of origin, transit, destination and return](#), para. 9-12. [Convention on the Rights of the Child](#), Article 37.

¹⁹ As governments' limitations to cross-borders movements make the implementation of removal orders de facto impossible, detention is no longer justified under international human rights law and would become arbitrary. [Report of the Working Group on Arbitrary detention](#), A/HRC/13/30, para 63.

²⁰ The Lancet: [Refugee and Migrant Health in the COVID-19 Response](#).

²¹ UNHCR: [Key legal considerations on access to territory for person in need of international protection in the context of the COVID-19 response](#)

²² Human Rights Watch: [Human Rights Dimensions of COVID-19 Response](#). "[E]nsure quarantines, lockdowns, and travel bans comply with rights norms."

reduced or withheld. **Occupational safety and health** for all workers, including migrant workers, must be a priority. They must be provided with the necessary safety equipment (masks, gloves, sanitizers etc.) and accommodations made in workplaces for physical distancing, hand washing, and other public health measures.

- c) Measures to **relieve the social and economic consequences of the crisis** should fully include migrants and refugees without discrimination, including those working in the informal economy, and with full inclusion of migrant women workers, in domestic and care work. These measures can include wage support, insurance, social protection, measures to prevent bankruptcies and job loss, crisis-related worker and unemployment benefits, extensions on payment of taxes, rents, mortgages and other financial obligations, as well as renewal of migrant worker contracts and visas.²³
- d) International Financial Institutions (IFIs) should consider the **effects of lost remittances** for countries where remittances are a significant source of income for families and communities, and include migrants, refugees and members of their families in their provision for COVID-19-related humanitarian and development aid. Financial service providers should ensure migrants and refugees can continue to remit funds, and remittance fees should be reduced during the crisis. States should avoid erecting **protectionist trade walls** that can further exacerbate economic hardships for transnational communities.
- e) **The role of donors in meeting the moment with support.** Donors should step up their support for service providers to provide essential services to all, regardless of migration status. While there have been commendable efforts by States who dedicated resources to those affected by the crisis, **relief packages should explicitly include allocation of funds to address the needs of migrants and refugees without discrimination.** Donors should also engage in dialogue with civil society partners and be flexible with partnership agreement objectives as many frontline humanitarian workers are being impeded from direct contact with the migrants and refugees they serve. Civil society organizations can also be called upon to fill critical resource gaps.

5) A New Solidarity

Because this pandemic affects *everyone*, we have the possibility, all of us — including migrants and refugees — to achieve these solutions together, in a new solidarity. **So let us meet this moment, together: with solutions and solidarity.**

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The list of signatories to this statement is available online:
<https://csactioncommittee.org/statements/civil-society-signatories-covid19/>

²³ Italy's Minister of Agriculture has called for a regularisation of migrant workers as a way to counter a likely labour shortage in the Italian fields, as many migrant workers left the country due to the COVID-19 pandemic. ([Teresa Bellanova: "Raccolti a rischio. I lavoratori stranieri vanno subito regolarizzati"](#)) The calls came after the Minister of Interior Affairs prolonged the temporary residence permits for migrant workers already in the country.

ADDENDUM

Selection of Good Practices by States and Inter-Governmental Bodies

While conditions are still developing fast in global efforts to stop the spread of the pandemic, there is the need to capture and share some good State practices for migrants and refugees wherever these are taking place, so others can learn from them. Below is a non-exhaustive selection of such practices:

Austria

The Austrian Integration Fund (ÖIF), the operational partner of the Federal Ministry for Women and Integration, bundles official information on measures related to containment of COVID-19 on its website, in 14 languages: <http://www.integrationsfonds.at/coronainfo>

Belgium

Belgium has released detained undocumented migrants during the pandemic:
<https://www.demorgen.be/nieuws/300-mensen-zonder-papieren-vrijgelaten-coronavirus-zet-dvz-onder-druk-bf3d626d/>

Germany

The German government provides information about COVID-19 in multiple languages:
<https://www.bundesregierung.de/breg-de/themen/coronavirus/coronavirus-covid>

To ensure that migrant communities have access to all relevant information, German communications are shared through social media channels, through migrant organizations and other existing networks:
<https://handbookgermany.de/de/live/coronavirus.html>

Ireland

Ireland's Minister of Health confirmed that undocumented migrants would be able to access healthcare and social services, "...as the Minister for Health I want to provide an assurance to those people that the health service will treat them with dignity and with absolute privacy and patient confidentiality, as will their social work system, during this time of emergency. We want people to come forward to be tested."
<https://www.oireachtas.ie/en/debates/debate/seanad/2020-03-20/8/?highlight%5B0%5D=undocumented>
<https://twitter.com/MigrantRightsIr/status/1241070050796281859>

Italy

Italy's Minister of Interior prolonged the temporary residence permits of migrant workers:
<https://www.interno.gov.it/it/notizie/cura-italia-immigrazione-e-cittadinanza-sospesi-i-termini-dei-procedimenti-amministrativi>

Civil Society Action Committee
www.CSActionCommittee.org

Following that, Italy's Minister of Agriculture called for a regularisation of migrant workers as a way to counter a likely labour shortage in the Italian fields:

https://rep.repubblica.it/pwa/intervista/2020/03/26/news/coronavirus_teresa_bellanova_agricoltura_governo-252414368/?refresh_ce

The Emilia Romagna region has published a webpage with links to numerous municipalities, associations and international organizations providing information in different languages regarding COVID-19:

<https://sociale.regione.emilia-romagna.it/intercultura-magazine/notizie/covid-19-cosa-ce-da-sapere-in-diverse-lingue>

Many Italian regions have guidance on the protection against the virus, translated in many languages:

<http://www.integrazionemigranti.gov.it/Attualita/Notizie/Pagine/Emergenza-Nuovo-Coronavirus-.aspx>

Netherlands

The Netherlands has released detained undocumented migrants during the pandemic:

<https://nos.nl/artikel/2328839-vreemdelingen-vrijgelaten-uit-detentie-vanwege-coronacrisis.html>

Portugal

On 28 March 2020, Portugal initiated a special measure enabling undocumented people with pending residence applications to access public services and social security benefits on the same level as nationals, until at least 1 July 2020: <https://www.reuters.com/article/us-health-coronavirus-portugal/portugal-to-treat-migrants-as-residents-during-coronavirus-crisis-idUSKBN21F0N7>

The municipality of Odemira, Portugal prepared quarantine places for foreign agricultural workers:

<https://ec.europa.eu/migrant-integration/news/portuguese-municipality-prepares-500-quarantine-places-for-foreign-agricultural-workers>

Spain

Spain is gradually releasing all migrants from the detention centers and facilitating suitable accommodation arrangements: https://www.eldiario.es/desalambre/Gobierno-CIE-Madrid-Valencia-Barcelona_0_1007899646.html

Switzerland

Switzerland's State Secretariat for Migration and the Office of Public Health produced multi-lingual materials on COVID-19: <https://www.bag.admin.ch/bag/en/home/krankheiten/ausbrueche-epidemien-pandemien/aktuelle-ausbrueche-epidemien/novel-cov/downloads-in-verschiedenen-sprachen.html>

And the Swiss Federal Administration is cooperating with migrant organizations/media to disseminate the above materials: <https://www.srf.ch/news/schweiz/coronavirus-in-der-schweiz-so-gelangen-migranten-an-die-wichtigen-informationen>

Norway

The National Center for Multicultural Education (NAFO) has gathered information about COVID-19 in several languages, as well as various online learning resources for minority language learners:

https://nafo.oslomet.no/nettressurser-og-informasjon-om-korona/?fbclid=IwAR0_FnxrY2hrvJr60VWaWU92kf7CXBb3nce-CTcpMerYgtLG3zBckJ_8NPQ

United States

The New York State Department of Health announced that all low-income immigrants, regardless of immigration status, would have access to COVID-19 testing, evaluation and treatment as services covered by the Emergency Medicaid program: <https://www.nyc.gov/2020/03/advocates-applaud-new-yorks-move-to-ensure-undocumented-new-yorkers-can-access-emergency-medicaid-coverage-for-covid-19-testing-evaluation-and-treatment/>

Inter-Governmental Initiatives

Europe

The European Website on Integration (EWSI) of the European Commission, has a webpage on COVID-19-related community impact and outreach for migrant communities, including national-level initiatives: <https://ec.europa.eu/migrant-integration/news/covid-19s-impact-on-migrant-communities>

The Council of Europe's Commissioner for Human Rights has issued a call for the release of immigration detainees: <https://www.coe.int/en/web/commissioner/-/commissioner-calls-for-release-of-immigration-detainees-while-covid-19-crisis-continues>
(Releases have been reported in several member states, including Belgium, Spain, the Netherlands and the United Kingdom.)

Note: *This is a non-exhaustive list as of publication.
For an ongoing list of more good practices by States and other bodies that will be updated post-publication, please visit <https://csactioncommittee.org/covid-19-good-practices/>
To send information on other good practices, please email them to: skupien@icmc.net.*