

**High Level Virtual Policy Discussion
to commemorate Universal Health Coverage Day 2020**

***Advancing Migrants' Access to Universal Health Coverage
in times of COVID-19***

Thursday, 10 December 2020, 3:00 pm - 4:30 pm UTC+1



**Intervention by Alyna C. Smith, Advocacy Officer,
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on Undocumented Migrants (PICUM)
(also on behalf of Civil Society Action Committee)**

Thank you for the opportunity. I would like to raise 2 points:

First: Our discussion is about UHC, but COVID-19 has shown how inextricably linked public health is with income security and social protection, living conditions, employment and working conditions

- In the context of this pandemic, let us not forget that what drives vulnerability to infection and poor outcomes for migrants is often these related to these factors
 - o For instance, pandemic has given greater visibility to the fact that migrants often work essential sectors and are therefore on the frontline of the pandemic (e.g. domestic and care work, agriculture, hospitality, cleaning)
 - Often in jobs characterised by low wages, poor working conditions - now additional health and safety risks
 - Insecure work situation puts people at great least of job loss - with no corresponding access to social/income protection, resulting in destitution
 - For others, who survive day to day, not working is not an option.
- What this means: our policy response must target those factors that put migrants at risk of the devastating health and economic effects of this pandemic - which are deeply interconnected

- We've heard great examples today of national level initiatives that move in the right direction (from Portugal, Morocco, Bangladesh); Ireland is also among those that extended its social safety net to undocumented workers (Pandemic Protection Program)
- *How do we move from a logic of crisis response, so that such promising practices form the basis of sustainable reforms that permanently fill the gaps in our health and social protection systems?*

Second: Specifically, on access to health care, we are far from universal coverage for undocumented people in most European countries, even in regular times

- In most of the EU, if you're undocumented, you have extremely limited access to health care, including (accessible) preventative/primary health care, coupled with extremely low confidence in public institutions because of risk of deportation
 - ➔ means limited access to health-related information about risk and available supports, and to GP or other health professional (outside NGO/community clinics) to advise on risk/testing
- Now that the UK has started vaccinations (this week) and BE and other EU MS will start as a January, question remains: **who is advocating on behalf of migrants withing governments and advisory bodies deciding on the vaccination implementation strategy?**
- Distribution plans must consider specific and known factors limited undocumented people's access to services:
 - o How to reach people with insecure residence status people who are uninsured? People who may have distrust of the health system, and in some cases face a risk of deportation if they seek care? People who may not have ready access to health information or to a primary health care professional?
 - o How do we reach people - including undocumented - living in homelessness or insecure housing situations?
- Vaccines are emblematic of what is at stake, individually and collectively, if health systems fail to reach people who are undocumented
 - o National (and global) vaccine strategies provide a concrete challenge and opportunity to address very specifically the systemic barriers to universal coverage for undocumented people
 - o *How can IOM in its discussions with UN member states on the vaccine advocate for a public health that is truly inclusive, emphasising that it must extend to people with insecure residence status? How can we make sure that these strategies are developed with the input of affected people and the organisations that often work to fill the gap in access to services?*