



REGIONAL OFFICE FOR

**World Health  
Organization**

**Europe**

**Interim guidance for  
refugee and migrant health in relation  
to COVID-19 in the WHO European Region**

Guidance issued as of 25 March 2020

Note: This will be regularly revised and updated as the epidemiological situation of COVID-19 evolves

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## Introduction

This guidance is intended for use by health authorities to guide the actions taken by health-care providers for refugees and migrants in relation to the novel coronavirus (COVID-19) outbreak. This document is intended to address the needs and rights of refugees (1) and migrants (2) living in all types of setting.

General recommendations made by WHO in the COVID-19 response (link [here](#)) are the superseding guidelines. Unfounded measures regarding testing, health screening and quarantine should not be imposed on refugees and migrants.

## The rights of refugees and migrants

International migrants make up approximately 10% of the population in the WHO European Region (3). Around 7% of migrants in the Region are recognized as refugees (4), which provides them with specific legal protections under the 1951 Refugee Convention and the 1967 Protocol (1). All people, including refugees and migrants regardless of migratory status, are protected by articles in Human Rights Law (5), in the WHO Constitution (6) and in other relevant declarations, resolutions and frameworks.

## Particular concerns

Refugees and migrants may have more health-related risks and vulnerabilities than the general population and often face particular barriers to accessing health care. These must be considered when responding to emergencies such as infectious disease outbreaks.

This is particularly relevant to ensure that disease surveillance, early warning, response systems, access and provision of health care and risk communications are in place. This population as a group is also particularly at risk of stigmatization and discrimination due to measures that may be implemented during an emergency response.

Refugees and migrants **may** live under conditions that make them particularly vulnerable to respiratory infections, including COVID-19. These include situations such as overcrowded living and working conditions; physical and mental stress; and deprivation due to lack of housing, food and clean water.

Barriers to accessing health services increase their health risks, including language barriers, physical barriers to accessing facilities and legal, administrative and financial obstacles.

## Specific elements to consider during the COVID-19 outbreak

1. During an outbreak, refugees and migrants may experience barriers to receiving information. Ensuring that Member States have the ability to develop health-related messages that reach everyone in the community contributes to promotion of behaviours that can contain or stop the outbreak. Particular attention should also be paid to avoiding any stigmatization and discrimination of this population. In this regard, it must be stressed that evidence has proved that in general refugees and migrants show a very low risk of transmitting communicable diseases to host populations, but that they experience potentially greater risks themselves due to their social determinants of health (7).
2. Strategic Priority Area 4 of the Strategy and action plan for refugee and migrant health in the WHO European Region, which was unanimously adopted in 2016 (8), has a particular focus on achieving public health preparedness and ensuring an effective response. The 2019 Global

action plan promoting the health of refugees and migrants (9) under Priority 1 (c) supports that all activities during communicable disease outbreaks are aligned with international legal responsibilities and commitments related to the International Health Regulations (2005) (10).

### Recommendations for COVID-19 outbreak readiness and response operations

1. All national health-care initiatives must be afforded to all migrants to ensure the protection of the human right to health.
2. The adherence to disease control measures recommended by WHO must be afforded to refugees and migrants without imposing unfounded testing and quarantine measures (11). (Read more about quarantine guidance [here](#).)
3. Ensure that prevention, diagnostic and infection control measures such as hygiene recommendations in relation to respiratory infections, including influenza and COVID-19, should include refugees and migrants in national strategies and plans during outbreaks and have specific measures to reach marginalized or hard-to-reach groups.
4. Provide information in appropriate languages by translating written materials (12) (see [here](#), and see "other languages" for Arabic, Farsi, Pashto, Urdu, Roma and more) as much as possible, with checks for accuracy and cultural relevance by involving members of refugee and migrant communities. As community-based organizations or ethnic/religious media may be trusted more by certain communities, consider empowerment of these actors and in-person communications if appropriate.
5. Identify appropriate communication technologies as migrant and refugee groups may not be able to access scientific online resources. Flyers, call centres or in-person channels may be more effective. These groups may indeed benefit from texting or social media key messages. For further information or contact to Risk Communications during COVID-19, please contact Cristiana Salvi ([salvic@who.int](mailto:salvic@who.int)) or Simon Van Woerden ([vans@who.int](mailto:vans@who.int)).
6. Ensure that fear of registration for some groups of migrants and refugees will not prevent them from seeking health care, which could pose a direct threat to the individual and the community.
7. General interventions at points of entry should focus on providing prevention recommendation messages and practical information on how to access health services, collecting health declarations at arrival and collecting contact details to allow for a proper risk assessment and possible contact tracing should it be needed (13). (See also guidance on Points of Entry [here](#).)

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