Refugee and migrant health in the context of the COVID–19 pandemic

Assessment tool for response at municipal level in the WHO European Region

World Health Organization
Europe
REGIONAL OFFICE FOR

REFUGEE AND MIGRANT HEALTH IN THE CONTEXT OF THE COVID-19 PANDEMIC

ASSESSMENT TOOL FOR RESPONSE AT MUNICIPAL LEVEL IN THE WHO EUROPEAN REGION

ABSTRACT

This assessment tool is to support municipalities and local authorities in identifying the risks and vulnerabilities that refugees and migrants face and to identify gaps where possible methods to minimize the impact of the pandemic exist so that they can be prioritized within local policy processes. Specific challenges arise from the increased diversity in health determinants, needs and health-seeking cultures and behaviours of these populations: many refugees and migrants in vulnerable situations tend to live and work in crowded settings; experience inadequate access to water, sanitation, housing and other basic services; and often lack adequate access to health care. Given this context, a migrant-sensitive municipality is essential to promote the health and well-being of refugees and migrants during the COVID-19 pandemic.

CONTENTS

ACKNOWLEDGEMENTS

INTRODUCTION

Cities are at the forefront of the SARS-CoV-2 (COVID-19) pandemic *(1)*. As COVID-19 spreads across the world, some cities have become national epicentres of the pandemic, amplifying the spread and transmission of infection through their dense population and transport networks *(2,3)*. However, they are also in a paramount position to reduce the spread and transmission of the disease through well-maintained municipal functions.

Most important, cities not only need to deal with an unprecedented public health crisis but also have to deal with the social and economic implications, which call for the implementation of exceptional measures in each phase of the emergency management cycle: preparedness and readiness, response and recovery, and for periods between epidemic peaks.

Cities are the primary destinations for refugees and migrants across the world *(4)*. The contribution of these populations to cities is highly important, not only socially and economically but also for cultural diversity and human development. However, specific challenges also arise from the increased diversity in health determinants, needs and health-seeking cultures and behaviours of these populations *(5)*. Many refugees and migrants in vulnerable situations tend to live and work in crowded settings; experience inadequate access to water, sanitation, housing and other basic services; and often lack adequate access to health care *(6)*. Consequently, it is difficult for some refugees and migrants to adhere to physical distancing or to apply recommended prevention and control measures; this can lead to increased risk of contracting COVID-19. In addition, income loss can occur in the absence of social protection mechanisms, further increasing the vulnerability of these populations *(6)*. Refugee and migrant populations may also have limited access to information because of language and cultural barriers and the marginalization of their communities.

Inclusion of the refugee and migrant population into public health actions is needed to avoid inequities and inefficiency *(7)*. Failure to include these populations in early detection, testing, diagnosis, contact tracing and health-care access for COVID-19 may make it difficult to control the spread of the virus. It is important to ensure that health systems are sensitive to the needs of refugees and migrants and deliver affordable and accessible services *(8)*; such services should include support to help to maintain quarantine and isolation when needed, to obtain or renew legal

documentation and to ensure easy access to appropriate housing and food and the continuation of education. This will require supportive legislation and adequate funding.

In this context, a migrant-sensitive municipality is essential to promote the health and well-being of refugees and migrants as well as the host population during the COVID-19 pandemic. This assessment tool is intended to guide municipalities to identify what areas they need to prioritize within their local policy processes in order to fulfil their role for refugee and migrant health.

METHODOLOGY

A literature review was conducted using Applied Social Sciences Index and Abstracts (ASSIA), EconLit, Embase, Google Scholar, PAIS Index and SCOPUS, between 15 February 2020 and 15 May 2020; further updating occurred during the writing stage up to August 2020 because of the rapidly evolving nature of the pandemic and the regular output of information online. Search terms included combinations and variations of "covid19", "coronavirus", "SARS-CoV-2", "2019-nCoV", "municipality", "cities", "urban", "local government", "local authority", "government", "Europe", "refugee", "migrant", "immigrant", "health" and "urban health". Documents were limited to those in English, French or Russian published between December 2019 and August 2020 that pertained to policies, processes, mechanisms and funding for refugee and migrant health in municipalities of Member States of the WHO European Region during the COVID-19 pandemic. Results included national, regional and local policy frameworks and plans, including multisectoral and participative governance, the involvement and role of different stakeholders (international agencies, voluntary sector and nongovernmental organizations), funding and financing best practices, and the existence of relevant programmes and initiatives.

Materials from international organizations (e.g. the European Centre for Disease Prevention and Control, European Commission, International Organization for Migration, UN-Habitat (the United Nations Human Settlement Programme) and WHO), and publications on official local government websites were used to supplement the limited number of studies found in peer-reviewed journals specific to COVID-19 response at the municipality level. Further literature was identified through reference lists within identified publications and recommendations from reviewers.

The purpose of the literature review was to understand overall what economic, health and social priorities at the municipality level are currently being addressed for the COVID-19 pandemic and how these policies may be improved to ensure the health and well-being of refugees and migrants in the WHO European Region.

The process of developing the assessment tool involved validation through internal and external consultation processes with members of the Healthy Cities Network, representatives from Turkish unions and municipalities, and experts from the International Organization for Migration, UN-Habitat and WHO.

THE ASSESSMENT TOOLKIT

Aim

The toolkit is intended to assess municipal capacity for addressing refugee and migrant health during the COVID-19 pandemic. It will support municipalities and local authorities in tracking progress against the goals in the toolkit and in ensuring that appropriate measures are in place to protect refugee and migrant health throughout the COVID-19 pandemic emergency phases.

Target audience

The toolkit is intended for stakeholders within municipalities in the WHO European Region, including those who belong to or have an influence on sectors related to health and social services, such as housing, the employment and labour market, and education.

Considerations in toolkit development

Important considerations that informed the development of this toolkit were as follows.

- The term refugees and migrants refers to refugees and all groups of migrants (as in other WHO documents) *(9,10)*.

- Refugees and migrants are people who may have various degrees of vulnerability and diverse needs that are determined by their age, gender, cultural and ethnic background, their education and professional skills, their living conditions, their migration and their legal status *(11)*.

- The health of refugees and migrants refers to all aspects of human health, including access and barriers to health services, the health care provided and physical health and mental well-being.

- The focus of the tool is on refugees and international migrants who have settled or are in transit in cities within the WHO European Region.

- The emergency cycle phases for the COVID-19 pandemic are addressed: preparedness, readiness, response and recovery.

- A Healthly Cities +*(12)* approach is applied to the specific public health challenges that refugees and migrants face *(13)* during the COVID-19 pandemic in cities *(14)*.

Effective protection and promotion of the health of refugees and migrants who live in cities in the WHO European Region must be approached in a structured and systematic manner during the COVID-19 pandemic. Municipalities should work to conceive a systematic and robust strategy to pursue action areas, recognizing the needed context, adaptation and long-term work.

The vastly different settings of municipalities across the WHO European Region mean that not all detailed aspects can be addressed by local authorities. Nevertheless, developments in health interventions and access to services for refugees and migrants during the COVID-19 pandemic can be promoted as a whole, including delivery of community-led solutions to ensure supply of quality local services and support for socially cohesive communities.

A human-rights approach to all areas and to all pandemic actions will benefit both the public health response and the lives of refugees and migrants. Ensuring human rights are being protected during the implementation of exceptional measures by local governments and relevant stakeholders is a way of preventing harm and unintended effects within an already disproportionally affected population.

How to use the assessment toolkit

1. Form an assessment team with members of the municipality from several sectors (administration, health, housing and urban planning, nutrition, social services, labour, finance, legal, social), representatives of the third sector/civil society, private sector and academia; representatives of refugees and migrants; and external advisors.

2. Appoint an experienced coordinator as the team leader, who will supervise the overall process and be responsible for coordinating the whole assessment and ensuring that the timeline is respected.

3. Have the assessment team go through the toolkit together to come to a common understanding of the approach and determine how the appropriate information will be collected. The method must ensure participatory, cross-sectoral and temporospatial data collection.

4. Use the first section of the assessment to identify and describe both the city and the health, social and economic impacts of COVID-19 on the population (including refugees and migrants) in detail.

5. Go through the questions within the Information to be reviewed section prior to the assessment and answer each with a short statement, including (if available) means of verification (policies, protocols, plans, lists, inventories, guidance, manuals, information, education and communication materials, or videos).

6. After completing the assessment questions, mark the areas that need improvement in section containing a checklist of areas needing improvement.

7. From the areas that need improvement, formulate a comprehensive list of actions needed to address the identified gaps.

8. The output of this assessment can be included in the next update of the city's operational preparedness, response and recovery plan, as well as for improving future resilience.

9. The assessment tool can be repeated periodically to assess and monitor the progress of the city's response to the COVID-19 pandemic and the health of refugees and migrants.

INFORMATION TO BE REVIEWED PRIOR TO THE ASSESSMENT

COVID-19 specific information

COVID-19 preparedness and response plan

Functional multilevel governance coordination mechanism for COVID-19 preparedness and response

COVID-19 risk communication and community engagement plan, with an active and formal coordination mechanism

Report on COVID-19 laboratory test capacity

Report on essential health services maintained during the pandemic and its location

Epidemiological indicators:
- weekly number of new confirmed cases within the city/municipality, disaggregated by age group and sex

- weekly number of new confirmed deaths from COVID-19 disaggregated by region/locality, age group and sex

- weekly number of new confirmed individuals hospitalized due to COVID-19 disease, disaggregated by region/locality, age group and sex

- case fatality among confirmed COVID-19 cases, disaggregated by age group and sex

- weekly number of new confirmed COVID-19 infections in health-care workers, disaggregated by sex

- weekly number of people tested for COVID-19, disaggregated by age group and sex

- weekly ratio of positive tests for COVID-19, among all tests performed.

Migration status indicators (wherever available):
- weekly number of new confirmed cases nation/region and local-wide, disaggregated by country of origin

- weekly number of new confirmed cases nation/region and local-wide in refugee and asylum-seeking populations

Policies and regulations	Existing national/ regional/local policies/regulations relating to refugees and migrants which cover all the areas of interest of the present assessment at municipality/region levels
	Brief description of the local economy and labour market
	Brief description of financing programmes/mechanisms related to international donors that work in the region, as well as local revenues
	Relevant national/local data and statistics, as well as surveys and reports that include migrant data on specific issues: health and well-being, discrimination, access to services and support, skills development, economic integration, housing, education and food
	Relevant national/local preparedness and response plan for public health emergencies
Structures and services	Structures and services that support refugee and migrant populations in health, social, legal, linguistic, educational, occupational issues: municipal/locally based regional structures or third sector
	Mapping of health service providers including private, public and nongovernmental organizations
	Mapping of flows of care, systems for referral, existence of protocols for this population
	Existence of communication programmes to inform refugees and migrants of how to access services, health risks and health promotion
Other specific information	Information-sharing mechanisms between all health and non-health actors involved in providing health care to refugees and migrants
	Available basic refugee and migrant data: socioeconomic status, spatial distribution
	Existing Health in All Policies strategies or policies
	Coherence among policies of different sectors that may affect migrants' ability to access health and social services

ASSESSMENT QUESTIONS

Health interventions and access to health services during the COVID-19 pandemic

COVID-19 early detection, testing and care

Are there any specific programmes to promote COVID-19 early detection, testing and care for refugees and migrants?

Support questions
• Is there any programme to promote early detection of COVID-19 infections in people in vulnerable situations, including refugees and migrants?

• Where feasible, are suspect cases in both the general population and refugee and migrant populations detected within 48 hours of symptom onset and testing performed within 24 hours of detection?

• Is COVID-19 testing and care easily accessible for refugees and migrants in your city, regardless of legal status and ability to pay?

• Is guidance made available for refugee and migrant populations, as well as relevant stakeholders, regarding care of patients with COVID-19, including self-care for those with mild COVID-19 and acute care for those with severe disease?

Public health management of cases and contacts

How effectively is isolation and quarantine being implemented, including for refugees and migrants, as well as monitoring of symptoms by public health teams?

Support questions
• Are there trained community-based response teams to immediately investigate cases and clusters, scale-up case management, conduct individual isolation of infected people and scale-up contact tracing and quarantine of contacts?

- Are contact tracing teams able to identify and follow up, and whenever possible quarantine, contacts for the 14-day incubation period of the virus in the refugee and migrant population?

- Are high-risk communities actively engaged in contact-tracing activities?

- Does your city have temporary emergency accommodation that can be used by those who are living in places where isolation or quarantine is not possible, including refugees and migrants?

- Do refugees and migrants in isolation or quarantine have access to adequate food, water and hygiene provisions?

Mental health and psychosocial support

Community services not only need to be in place but refugees and migrants also need to know about them and about how to access them *(15)*.

How are community mental health support services (re-)designed and available to cover issues related to the COVID-19 pandemic (e.g. physical distancing, isolation, domestic violence, substance abuse, disadvantaged youth, job loss or unemployment), as well as those related to migration?

How are these services made available for refugees and migrants?

Support questions
- Has a rapid assessment been conducted by local authorities recently of the context and of culturally specific mental health and psychosocial issues, needs and available resources?

- Has a technical working group on mental health and psychosocial support been created or adapted for the COVID-19 pandemic to support the local population, including refugees and migrants?

- Have mental health and psychosocial considerations been integrated into the local COVID-19 response activities, including for refugee and migrant populations?

- Does your city have mental health support services that deliver a strategy for those with COVID-19 and for survivors, contacts (particularly those in quarantine), family members, frontline workers and the broader community, with special attention to the needs of refugees and migrants?

- Is there a functioning referral pathway for people with mental health conditions that is activated between all sectors involved?

- Do refugees and migrants know of and are able to access mental health and psychosocial support services?

- Do all workers, including refugee and migrant workers, responding to COVID-19 have access to psychosocial support services?

Risk communication and community engagement

How are effective and appropriate risk communication actions at the municipal level being implemented to cover refugee and migrant populations?

Is there any information translated into multiple and relevant languages?

Support questions
- Does your city prepare local evidence-informed messages, tailored to all subpopulation groups?

- Does your city have any health promotion materials specifically developed for refugees and migrants?

- Are there any tailored COVID-19 information materials developed specifically for refugees and migrants, targeting a group's native language?

- Does your city work with media professionals on refugee/migrant-related issues?

- Are messages being disseminated to refugee and migrant communities for preventing transmission, promoting psychosocial well-being and on how to seek out health-care support?

- Does your city have inclusive community engagement processes to motivate healthy, preventive practices within refugee and migrant populations?

- Does your city have health communication programmes for migrants? Do refugees and migrants contribute to the development process of these programmes?

- Are there any interventions that embrace information and communications technology, including mobile technology and social media, as a means to disseminate information and for refugees and migrants to actively seek information?

- Is your city communicating information about COVID-19 to travellers, including for people who visit family and relatives?

- Are systematic community feedback mechanisms established to guarantee informed response measures?

Migrant-sensitive health services

Are your local health services migrant-sensitive, addressing gender, age and social-based issues?

Support questions
- Does your city collect relevant, comprehensive and up-to-date data on migrant health, even during the COVID-19 pandemic, in order to shape health programmes for this population for all emergency cycle phases, as well as to expand knowledge about this emerging disease?

- Do health-care providers have recourse to information about the higher burden of some diseases in specific migrant groups, and how some diseases can affect their COVID-19 outcomes?

- Are plain-language health information initiatives being implemented for navigation of the health-care system, specifically for COVID-19?

- Does your city promote stakeholder dialogue (relevant advocates, agencies and community organizations and partnerships) in the development and design of health services and programmes for migrants, even during the COVID-19 pandemic?

- Are migrant women involved in the design of health programmes and as mediators to support migrants in making the best use of COVID-19 health services?

- Are child-friendly spaces provided at health-care facilities, in line with COVID-19 recommendations?

- Do migrants continue to have access to essential health services, including immunization and screening programmes, diagnosis, treatment and follow-up for noncommunicable diseases and other acute or long-term health needs?

- Are specific health services provided at community level to reduce barriers of costs and transportation for refugees and migrants? If needed, are there any referral mechanisms in place for this population?

- Are interpretation services provided and guaranteed in health care or for individuals who require support (in person, via video or via telephone)?

Competent health workforce responsive to refugees' and migrants' needs

The workforce may need training regarding community-based health care for refugees and migrants in relation to COVID-19 *(16)*.

Are there any specific training programmes for health professionals and/or other supporting professions covering refugee and migrant health that are already in place but further adapted to COVID-19 challenges?

- Does your city have specific training programmes for health professionals and other frontline workers, regarding COVID-19?

- Do refugees and migrant health professionals also participate in training programmes?

- Are professionals trained to deal with isolation and quarantine, psychosocial care principles, psychological first aid and how to make referrals when needed?

Health and safety of migrant health-care workers

In some cities, migrants can make up a considerable share of workers delivering acute and long-term care *(17–20)*, home care, cleaning and transportation services and may work in many other auxiliary professions *(21)*. They may be more vulnerable to the COVID-19 pandemic than host populations through the type of work that they do, through having lower wages and through having more informal job arrangements and precarious working conditions *(22,23)*.
Consequently, they may be particularly at risk of losing their income *(24,25)* and need more support *(26)*.

Are there any specific provisions to ensure the health and safety of refugee and migrant workers in these settings during the COVID-19 pandemic?

Support questions
- Are there any programmes to ensure that refugees and migrants who work in health and social services are trained to implement infection prevention and control activities?

- Does your stockpile and distribution chain for personal protective equipment cover the capacity needed for infection prevention and control, including auxiliary professions at risk?

- Are assessments being completed to certify standard precautions for all patients at all times, as well as that administrative, environmental and engineering controls are implemented?

- If quarantine or isolation is needed, is your city taking any measures to ensure that refugee and migrant health-care workers do not lose their jobs or their remuneration?

- If quarantine or isolation is needed, is your city making any arrangements to ensure that refugee and migrant health-care workers have an adequate place for this?

Delivery of community-led solutions to ensure the supply of quality local services to migrant populations

Housing

What is local government doing to guarantee access to and availability of adequate housing, including measures to increase housing affordability and security for the general population and for refugees and migrants as many people have been pushed into hardship during the COVID-19 pandemic?

Support questions

- Does your city implement any arrangement to support refugees and migrants who are suffering economic hardship because of the COVID-19 crisis or have worsened financial problems? This can include:
  - cessations on evictions if unable to pay rent or mortgage;
  - introduction of rental stabilization or reduction measures;
  - suspension of utility costs and supplements;
  - development of contingency plans to prevent economic challenges for landlords; and
  - adequate temporary shelter for the homeless or survivors of violence, among others.

- Does your city assist or work with other governmental or nongovernmental service providers to help migrants to access affordable and adequate housing?

- Are refugees and migrants included in local participatory decision-making process regarding adequate housing?

Nutrition and food supply

As many restrictions have been put in place in cities within the WHO European Region as a result of the COVID-19 pandemic, some municipalities have taken steps to ensure that emergency food assistance is in place for vulnerable populations, as well as for people isolated or in quarantine *(27)*.

Are there any specific programmes or mentions of refugees and migrants in existing programmes that ensure access to adequate nutrition and food security during the COVID-19 pandemic?

Support questions

- Are refugees and migrant populations guaranteed adequate nutrition when in isolation and quarantine, particularly those living in migrant accommodation facilities? If not, do they have access to affordable and nutritious food and clean water?

- Does your city continue to support children fed through school food programmes, providing alternative options or continued provision of daily nutrition?

- How is your city supporting and protecting the health of migrant workers employed in agri-food systems and mitigating possible disruptions to the food supply, especially for vulnerable populations including refugee and migrant workers?

Education

Do refugees and migrants have access to education during COVID-19? What are the measures taken to ensure that any initiatives facilitate access for refugees and migrants to overcome potential barriers?

Support questions

- Is access to education, including preschool, ensured for refugee and migrant children? Are there any residency or registration requirements?

- Does your city have programmes in place to continue school activities, even if it is as an online modality? Are these programmes inclusive of refugee and migrant children, who might have constraints due to language, access to electronic equipment or connectivity barriers?

- Are there continued learning opportunities accessible for migrants?

- Does your city develop plans to promote the return of children to school that include refugee and migrant children? Specific measures could include:
  - back-to-school campaigns
  - catch-up courses and accelerated learning options
  - delivery of mental health and psychosocial support services by the school
  - procedures in place in case any students or staff develop symptoms.

Employment and labour market

How does local government, as an employer, promote better working environments and job security, including for refugees and migrants?

How has the municipality supported local employers to maintain an open labour market, including for refugees and migrants?

Support questions
- Does your city perform assessments to identify and monitor refugee and migrant health for specific needs in employment and the labour market?

- Does your city provide socioeconomic support to cover the basic needs for employees and families affected by COVID-19, including refugees and migrants?

- Does your city have any local measures implemented to help refugees and migrants to continue accessing job opportunities?

- Are there continued skills development opportunities accessible for migrants?

- Does your city maintain assistance or work with other governmental or nongovernmental service providers (job centres, recruitment agencies) to help migrants to find and keep work?

- Are there opportunities for local businesses to start up?

- Does your city establish a programme to keep specific workplaces open, including the ones owned or managed by refugees and migrants?

- Does your city have in place local services such as affordable childcare to help migrants to find and keep work and was this provision continued during the COVID-19 pandemic?

- Does your city have a specific programme that allows seasonal workers to migrate during the pandemic or extend their residency permit?

- Does your city reduce the use of non-essential workspaces or implemented staggered work times for essential services?

Finance

Are there any financing activities or programmes for local authorities to rethink and reshape urban development (e.g. public transport or housing) during the COVID-19 pandemic that specifically take refugees and migrants into account?

Support questions
- Are refugees and migrants included in local participatory decision-making processes regarding financial activities in times of COVID-19 (e.g. establishment of mutual aid fund to help those in greater need; production of protection and hygiene material for health professionals)?

- Does your city implement any financial support programme for local businesses impacted by COVID-19?

- Does your city implement any cash or voucher assistance programme, and does it include refugees and migrants as eligible population?

Legal status

Even though documentation status and access to health care care are usually national policies, municipalities can advocate for measures to ensure that migrants are entitled to health care regardless of their documentation status.

How is your municipality ensuring that refugees and migrants receive appropriate and adequate support to acquire documented status during the COVID-19 restrictions?

Support questions
- Does your city assist or work with any service providers to maintain support to migrants to obtain documented status? If these services are now online, can refugees and migrants access them?

- Does your city ensure adequate, timely, reliable and accessible consular documentation for refugees and migrants despite COVID-19 associated-restrictions, including identity and travel documents, making use of information and communications technology as well as community outreach?

- Are plain-language information initiatives available concerning how to navigate the system and are they implemented in different languages?

- Are there any measures in place to ensure that migrants without proof of nationality or legal identity are not precluded from accessing basic services or denied their rights?

- Is your city advocating or implementing (if it has the mandate) access to health care for migrants regardless of documentation status?

- Has your city made or changed any administrative procedures for the protection of migrants working in the informal sector (preventing registration and data sharing with immigration agencies) in the interest of providing access to health care?

- Does your city raise awareness among local services/professionals about the legal status and rights of refugees and migrants?

Fostering socially cohesive communities

Protection from stigma and discrimination

How are refugees and migrants protected from stigma and discriminatory actions during this public health emergency?

Support questions
- Does your city have in place campaigns against stigma and discrimination related to COVID-19?

- Does your city provide mental health and psychosocial support services that address stigma and discrimination?

- Does your city promote capacity-building to individuals facing stigmatization, including refugees and migrants?

Accountable and coordinated multisectoral, intersectoral and multilevel approaches

Is multilevel governance coordination implemented in your municipality for refugee and migrant health?

Is there an accountability mechanism in place that allows municipalities to monitor intersectoral actions for the realization of a socially cohesive community?

Support questions

- Does your city have a migrant health focal point?

- Does your city work with other sectors to address socioeconomic issues associated with negative health outcomes (e.g. poverty, poor living conditions, unemployment and need to support families) specifically tailored for refugees and migrants?

- Does your city activate multilevel governance coordination mechanisms to support COVID-19 emergency preparedness and response at all levels? Does this mechanism include refugee and migrant populations and relevant stakeholders?

- Does your city incorporate the health needs of refugees and migrants in local policies and plans, including ones produced during the COVID-19 pandemic? Have refugees and migrants been involved in the development of these plans?

- Are there any barriers to the participation of refugees and migrants?

- Have metrics and monitoring and evaluation systems been established to assess the effectiveness and impact of planned actions, including the ones tailored for refugees and migrants?

- Has your city mapped community measures and resources available for COVID-19 response?

- Does your city have ways to provide feedback on an ongoing basis to the host community and refugee and migrant populations?

- Are there any independent institutions that receive, investigate and monitor complaints about situations in which refugees and migrants are denied or hindered from accessing essential services?

Social inclusion

What are the programmes and mechanisms in place to facilitate social integration/inclusion of refugees and migrants?
Have these programmes and mechanisms continued during this public health emergency?

Support questions

- Does your city have an established programme for migrants to inform them about rights and obligations, social norms and customs of the community? Has this programme continued to occur during all phases of the pandemic, even in an informal way?

- Does your city support multicultural activities to facilitate understanding and acceptance of cultural differences? During COVID-19, have these activities continued, complying with public health measures (e.g. online)?

- Has your city implemented culturally sensitive parent-support programmes?

- Does your city have a range of intergenerational and diaspora networks to work as sources of emotional, financial and practical support for refugees and migrants? Have these networks assisted also during the COVID-19 pandemic?

- Are there any social enterprises run by refugees and migrants in the community that provide important resources of engagement and social participation?

- Are there any actors from the private sector, academia or civil society providing important resources for engagement and social participation?

- Does your city promote the integration/inclusion and cultural exchange between refugees and migrants and the wider community? How is this maintained during the COVID-19 pandemic?

Involvement of the third sector

The third sector (voluntary and community sectors) plays a fundamental part in rebuilding and restructuring local communities, including those of, or containing, refugees and migrants.

How is the third sector integrated and supported during the COVID-19 pandemic?

Support questions
- Does your city implement any financial programme to assist the voluntary and community sectors supporting refugees and migrants during the COVID-19 pandemic?

- Does your city support any activity run by the third sector that aim to assist refugees and migrants who have confirmed COVID-19 or are contacts of someone with confirmed COVID-19?

- Is the third sector involved in the development of local policies and plans?

- Does the third sector participate in multisectoral and intersectoral bodies?

Empowerment of communities and individuals

How are refugees and migrants supported, encouraged and empowered to participate in processes and forums in order to have a voice and also have influence on decisions that affect their health and well-being during the COVID-19 pandemic preparedness, response and recovery periods?

Support questions
- Are refugees and migrants able to contribute locally to decisions that affect them? How is this being ensured during COVID-19 restrictions?

- How are refugees and migrants represented in local councils?

- Does your city actively work with refugees and migrant communities to understand their needs during COVID-19?

- Do local community groups allow refugees and migrants to get involved?

- Are there any barriers to the participation of refugees and migrants in local communities and wider throughout the city?

CHECKLIST OF AREAS TO IMPROVE

After completing the assessment questions, mark areas that need improvement and develop a plan of action to address each area.

Health interventions and access to health services during the COVID-19 pandemic

	COVID-19 early detection, testing and care
	Public health management of cases and contacts
	Mental health and psychosocial support
	Risk communication and community engagement
	Migrant-sensitive health services
	Competent health workforce responsive to refugees' and migrants' needs
	Health and safety of migrant health-care workers

Delivery of community-led solutions to ensure supply of quality local services to migrant populations

	Housing
	Nutrition and food supply
	Education
	Employment and labour market
	Finance
	Legal status (documentation status and legal/judicial support)

Fostering socially cohesive communities

	Protection from stigma and discrimination
	Accountable and coordinated multisectoral, intersectoral and multilevel approaches
	Social inclusion
	Involvement of third sector
	Empowerment of communities and individuals

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