



## Statement by the EUPHA Migrant and ethnic minority health section on COVID-19 – CALL FOR ACTION

### Reducing the impact of the coronavirus crisis on those ‘left behind’ – Disadvantaged Migrants and Ethnic Minorities (MEM)

*The EUPHA Migrant and Ethnic Minority Health section comprises of more than 1800 practitioners, scholars and researchers across Europe and beyond (81 countries). This statement and call for action has been prepared by the EUPHA MIG Section Steering Committee <https://eupha.org/migrant-and-ethnic-minority-health> on behalf of the membership.*

- It is time to act together to bring COVID 19 under control. Individuals, families, communities, health care systems and countries are all grappling with a common problem: how to break the chain of transmission and to reduce the toll on human life.
- Amidst the calls for unity, solidarity and protection in battling the pandemic, there are those ‘left behind’ who might be completely forgotten. The chain of preventive measures is only as strong as its weakest link as not to do so spells greater disasters. Ignoring or forgetting these groups might cost them not only their lives but will undoubtedly have an impact on controlling the pandemic.
- In Europe, migrants and ethnic minorities (MEM) vary greatly in their origins, culture, health status, health literacy, economic status as well as in their entitlements and access to health and social services. A large majority are productive members of their host countries. Some of them are an essential part of the work force, including delivery of health care not only at the frontline but also behind the scenes. Others are detained, marginalized, segregated, whereas some are discriminated against and remain in the shadows at the fringes of society. The situation of disadvantaged groups makes them particularly vulnerable.
- Previous evidence has shown that disadvantaged MEM groups face barriers in accessing health care services. Now their risk might have increased because symptomatic individuals may not contact health authorities, others (such as some Roma people) do not have access to water/sanitation; and, undocumented migrants are not entitled to health care services, and may not be able to self-isolate due to financial barriers or lack of suitable home/ housing facilities.
- At particular high risk are those living in very crowded conditions with lack of adequate water or sanitation and are at risk of both contracting the illness and of major outbreaks. An obvious example are refugees in overcrowded camps.
- The contact of different MEM groups with health care systems and society at large, differs as does their access to knowledge, information and protection about COVID 19. Furthermore, many may not have the socio-economic means or the technical know-how (online systems) to provide for themselves and their families during lockdowns and isolations.

## THE EUPHA MIG SECTION CALLS FOR

1. **PROTECTION** - Measures to protect migrants in camps, immigration detentions or reception centres. It is critical these groups are included in the national plans and measures currently undertaken. These are a high-risk group because they cannot "self-isolate" or practice "social distancing". As the risk is higher, the need to protect them is greater and necessary to protect the rest of society. We urge authorities to adhere to WHO guidelines <http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/news/news/2020/3/preventing-covid-19-outbreak-in-prisons-a-challenging-but-essential-task-for-authorities>
2. **INCLUSION** - Inclusion of all MEM in Europe into the ongoing protective measures, information campaigns and health services provision is essential. We call for temporary suspension of any policies that may exclude migrants from accessing these measures. It is imperative that no one should feel under the threat of prosecution or deportation during this period and safeguards need to be in place.
3. **COMMUNICATION** - Target **Health promotion, health education and guidelines** especially regarding measures to protect oneself and others in this epidemic. Official advice must be translated into all relevant languages and the participation of migrants must be encouraged. Despite critical overload of the health services, cultural competence and diversity sensitivity in health care provision are imperative. For dissemination of information, appropriate communication channels should be used including civil society, NGOs and migrant-related institutions but in order for them to do so, sufficient funding must be made available.
4. **COLLABORATION**- Establishing multi stakeholder national networks to ensure that measures taken for the majority population also reach disadvantaged groups including distribution of preventive, protective materials and basic needs such as food, water and soap. Individual professionals and NGOs and others working with migrant communities must be involved. National efforts must engage the whole population and accord everyone in each country the same rights and responsibilities when it comes to preventing Covid-19 transmission and receiving appropriate and humane care.
5. **ADVOCACY** - Advocates for an **amendment to the EU response to Covid-19**. Ensure that all MS have an allocated budget for **improving the health literacy of and fostering the access to HC services for disadvantaged groups**

**COVID 19 does not discriminate between migrants and non-migrants so let us work together to prevent inhumane conditions, preserve human dignity and address the needs of those who are most disadvantaged. Xenophobia and racism must always be confronted with a zero tolerance approach. This is particularly true during a global disease pandemic of this nature.**

*The EUPHA MIG Section Steering Committee is extremely grateful and appreciative to all the valuable contributions from the section members and non- members. In particular we would like to acknowledge; the JAHEE WP7 members, David Ingleby, Laurence Gruer, Esperanza Diaz, Bernadett Varga, Anne Macfarlane, Manuel Carballo and Nadav Davidovitch among others.*

24 March 2020



For more information, please contact Dr Bernadette Kumar, EUPHA section president, [BernadetteNirmal.Kumar@fhi.no](mailto:BernadetteNirmal.Kumar@fhi.no), or Dr Dineke Zeegers Paget, EUPHA executive director, [office@eupha.org](mailto:office@eupha.org).

The European Public Health Association, or EUPHA in short, is an umbrella organisation for public health associations in Europe. Our network of national associations of public health represents around 20'000 public health professionals. Our mission is to facilitate and activate a strong voice of the public health network by enhancing visibility of the evidence and by strengthening the capacity of public health professionals. EUPHA contributes to the preservation and improvement of public health in the European region through capacity and knowledge building. We are committed to creating a more inclusive Europe, narrowing all health inequalities among Europeans, by facilitating, activating, and disseminating strong evidence-based voices from the public health community and by strengthening the capacity of public health professionals to achieve evidence-based change.

**EUPHA** - European Public Health Association

**E-mail** [office@eupha.org](mailto:office@eupha.org)

**Internet** [www.eupha.org](http://www.eupha.org)

**Twitter** @EUPHActs



This activity received co-funding under an operating grant from the European Union's Health Programme (2014-2020).