

Collaboration in times of crisis: a case-study from Mexico

Gabrielle Low

The COVID-19 pandemic has generated new thinking as those working with forced migrants try to secure safe accommodation and access to basic services for asylum seekers and refugees despite the challenging context.

Before the emergence of COVID-19, UNHCR had been working for several years in the southern Mexican city of Tapachula on ways to engage with local health authorities to improve access to health services for asylum seekers and refugees. The onset of the pandemic in Tapachula in March 2020 compelled both sides to step up that collaboration.

Located approximately 30km from the border with Guatemala, Tapachula is the main gateway into Mexico for migrants, asylum seekers and refugees travelling overland from Central and South America, making it a strategic point for the delivery of assistance to persons in need of international protection. Of the 41,223 asylum applications received by the Mexican Commission for Refugee Assistance (COMAR) in 2020, over 60% were registered in the state of Chiapas,

the majority in Tapachula.¹ However, Chiapas is also one of the states that ranks lowest in socioeconomic indexes, with over 76% of the population living in poverty.² Economic opportunities and public services are limited, which means that efforts to assist asylum seekers and refugees must be combined with providing support to public institutions.

Accommodation

When COVID-19 struck, one of the first ways UNHCR was able to work with local health authorities centred on a local budget hotel in Tapachula. Since 2016, UNHCR has rented rooms at an 80-room private hotel as an alternative shelter option for asylum seekers and refugees, for use when the main shelters in the city reach capacity or to accommodate families with children and people with specific protection or security needs. Many of

the individuals housed at the hotel are asylum seekers released from immigration detention.³

When the pandemic began, most shelters in Tapachula and throughout the south of Mexico either suspended operations or stopped receiving new arrivals. In this context, it became increasingly important for UNHCR to ensure that asylum seekers and refugees had access to a safe space in order to follow the government's 'stay at home' recommendation. UNHCR increased the number of rooms it rented at the hotel, and made them available to all asylum seekers and refugees in need of temporary accommodation.

For local health authorities, this was useful in several ways. Tasked with addressing the situation of homeless people in Tapachula, health authorities were able to refer homeless asylum seekers and refugees for shelter at the hotel. Fewer people on the streets lowered the risk of infection among the general population.

Very soon the referrals expanded to include asylum seekers and refugees who had either been exposed to COVID-19 or had tested positive but did not have serious symptoms requiring hospitalisation. The hotel provided a place where they could quarantine or self-isolate, something that local health authorities were not able to provide. Patients were monitored every day by a doctor hired by UNHCR specifically for the COVID-19 response, while doctors from the public health system also conducted periodic checks either in person or by phone. All those with COVID-19 who had been referred to the hotel spent their period of quarantine and isolation without significant issues and without any known onward transmission of the virus.

In June and July 2020, as the number of COVID-19 cases rose, free room and board were offered in a separate wing of the hotel to frontline health personnel serving at the city's main COVID-19 facility. This helped health workers avoid any potential contagion in their households. Indirectly, the daily contact with frontline health personnel gave UNHCR a unique vantage point to observe how the response to the pandemic was unfolding.

For the hotel to provide these services safely, UNHCR developed COVID-19 Standard Operating Procedures (SOPs) specifically for its work at the hotel. These covered aspects such as separate zones for different profiles and needs, and the provision of items ranging from cleaning materials to mobile phones and emergency numbers. Asylum seekers and refugees were kept informed of the latest COVID-19 developments, including what services had been affected. All personnel were trained in COVID-19 prevention measures. In addition, local health authorities provided support with the chlorination of the hotel's water supply.

Primary health-care services

In Tapachula, UNHCR's engagement with local health authorities has helped ensure that asylum seekers and refugees are able to access basic public health services free of charge as long as they present identification documentation issued by either COMAR or the immigration authorities, a Unique Population Registry Code (CURP)⁴ and proof of their place of residence. This is significant given that in some other cities, asylum seekers and refugees still face challenges in receiving treatment at public health facilities.

However, as the pandemic hit its first peak in Mexico between April and September 2020, public health services were overstretched. As the authorities diverted resources to prioritise emergency care, most primary care services provided at local health centres were suspended. This had a significant impact on many asylum seekers and refugees, whose limited social support networks and economic resources made it difficult for them to afford private health care. Crucially, prenatal health services were put on hold and pregnant women could only access medical attention shortly before childbirth or if there was an emergency.

As a result, the role of UNHCR's doctor had to evolve quickly to include running a clinic at the hotel to offer free primary health care to asylum seekers and refugees, including those who were not being housed at the hotel. Up to 45 individuals a week received medical attention, with priority

July 2021

www.fmreview.org/issue67



This hotel in Tapachula became a shelter for asylum seekers and refugees during the global pandemic.

given to prenatal care for pregnant women. The clinic also received a significant number of children suffering from skin disorders and urinary tract infections, and people with chronic conditions.

Local health authorities supported this initiative by including it in the local health surveillance system and providing some medical supplies and medicines while UNHCR waited for its procurement to come through. Importantly, the strong relationship that UNHCR had built with local health authorities meant that UNHCR had a direct line for referring cases that required specialised medical care at a public health facility, with immigration authorities providing emergency transportation.

The health services provided by UNHCR and local health authorities were complemented by UNHCR's cash assistance programme which supported asylum seekers and refugees with payments for medication and medical tests that were not available at the hotel clinic or at a public health facility.⁵ UNHCR also increased donations of medical equipment to local health facilities, ensuring that assistance also benefited the local population.

Lessons learned

The hotel started off as a shelter but was adapted for different uses during the pandemic, reflecting some of the different

ways that non-health spaces can be used for short-term public health interventions in times of crisis. Such adaptations could potentially be applicable in other epidemic or pandemic situations, or in other public health crises such as during a natural disaster. The cost of renting the space, however, can be high. Although the hotel used by UNHCR in Tapachula cost only US\$9 per room per night,⁶ the cumulative cost over time makes it viable only for a limited time. For longer-term needs, UNHCR now has a purpose-built shelter for asylum seekers and refugees on the outskirts of Tapachula.

While it is appropriate, perhaps even necessary, to provide primary health-care services as a stopgap measure in an emergency, this should not be allowed to transform into a parallel service. In providing medical consultations at the hotel, UNHCR aimed to provide the highest possible quality of care under the circumstances. Yet, with limited public health services under additional strain due to the pandemic, this inevitably created a disparity between the services available at public facilities and the services provided by UNHCR. This contrast became apparent as medical consultations offered at the hotel ended. Some of the asylum seekers and refugees expressed disappointment, stating that they would prefer to continue receiving treatment at the hotel's clinic rather than in the local

health facilities. However, local authorities would have little impetus to include asylum seekers and refugees in public health services if there was an expectation that UNHCR would cover these needs. In any event, it is not an efficient use of resources for UNHCR to continue providing health services where the services already exist. What the experience at the Tapachula hotel highlighted was that providing auxiliary health-care services should be kept within a circumscribed time and in specific contexts when public health needs warrant the intervention. It is crucial to know when to scale down operations and to ensure that an exit strategy is in place from the outset.

For asylum seekers and refugees in Tapachula, access to health services is now more predictable and consistent, reflecting a significant advance in the general protection of the population. The close collaboration established during the COVID-19 pandemic is likely to continue in the post-pandemic period. In non-crisis times, efforts should focus on strengthening health services

through capacity building and technical support and through investments in infrastructure, equipment and supplies. For as long as UNHCR continues to have access to funding, it can provide material support to the local health system, while drawing on the local authorities for technical input and assistance. Both parties will continue to benefit from regular coordination and exchange of information.

Gabrielle Low lowg@unhcr.org

Field Officer, UNHCR Tapachula

1. COMAR www.gob.mx/comar/articulos/la-comar-en-numeros-271284?idiom=es
2. The most recent data is from 2018, National Council for the Evaluation of Social Development bit.ly/CONEVAL-data-2018
3. Tapachula is home to Siglo XXI, a detention centre run by the National Institute for Migration. It is one of the largest in Latin America with the capacity to hold 960 people.
4. Clave Única de Registro de Población, a government-issued ID number.
5. Cash assistance for health needs is part of a broader cash assistance programme implemented by UNHCR in Mexico which helps to cover living expenses for people with specific needs.
6. Rooms can accommodate between two and 10 individuals, all for the same rate.

