

Barriers to accessing services and assistance during COVID-19: learning from those directly affected

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Recent research across a number of countries highlights significant disparities in access to basic public health services during the COVID-19 pandemic. States have a responsibility to learn from the current pandemic and address the barriers that exist.

In many ways, the COVID-19 pandemic had created solidarity across countries and within communities in efforts to address public health risks and minimise the socio-economic impacts of the virus. After significant advocacy and engagement with governments undertaken by a range of actors, some good practices have emerged; these include expanding free access to COVID-19 testing, treatment and vaccines for all migrants, regardless of status, and enabling stranded migrants and people without visas to access basic services. Yet, while these policy developments are to be welcomed, championed and replicated, we must also reflect on what this extraordinary situation and global public health emergency have meant for those facing continuing barriers to accessing basic services – including COVID-19 vaccines – and how this intersects with both individual and public health outcomes.

Research coordinated by the Red Cross Red Crescent Global Migration Lab on how COVID-19 policy has affected migrants' access to basic services demonstrates that despite policymakers frequently voicing that “we are all in this together”, the voices of those a long way from home tell a different story.¹ While the research focused on all migrants, here we focus on people seeking asylum² and refugees: their heightened risk factors for COVID-19 infection and

transmission, and the challenges they face in keeping safe and healthy.

Long-standing access barriers, as well as new challenges posed by movement restrictions and lockdowns, have the potential to compromise public health efforts. The research was conducted by National Red Cross and Red Crescent Societies in eight countries: Australia, Colombia, Egypt, Ethiopia, the Philippines, Sudan, Sweden and the UK (and insights from the Sahel region were also considered).³ The findings conclude that inclusive approaches for reaching and supporting migrants and refugees must be embedded in national and local pandemic preparedness, response and recovery plans, both to end the pandemic and to ensure everyone has the opportunity to receive assistance in a dignified and supportive way. If inclusive policies are not complemented by operational guidance to address barriers in practice, public health risks will remain.

Legal exclusion

Exclusion based on legal status was identified as a key barrier to accessing basic services, including health care, during the pandemic. In Australia, for example, 67% of undocumented migrants interviewed explicitly cited ineligibility due to visa status as the main barrier to accessing support, while 100% faced some degree of difficulty

in accessing basic services including medical care, food, accommodation or financial assistance. And while most countries studied eventually offered free access to COVID-19 testing and treatment to everyone (though not necessarily to wider public health services), health and safety concerns and fear prevented many from accessing support. In the UK, for example, immigration checks are carried out (and fees applied) for people with insecure immigration status when they seek secondary health care; although this is not the case for COVID-19 testing and treatment, the fear of immigration enforcement remains real, hindering people's willingness to engage with health services. In Australia, a health service provider explained how "people will not present to hospital even though they are violently unwell because they are fearful of reporting and deportation or detention", despite free access to COVID-19 testing and treatment.

The research highlighted inconsistent application of relevant laws and policies; this reflects the need for policy changes to be paired with operational guidance for frontline staff. In Egypt, for example, the government extended the period for renewing residency permits for refugees and allowed expired permits to be used to access certain services, including health care. However, respondents explained that this national-level policy was not always mirrored at the local level in frontline service delivery and some were denied access to support. This was also evident in Australia, where one service provider explained: "[there is] confusion around free COVID-19 testing... among clients and service providers. One client went to a private clinic because he was directed by a public health [official] to go there. This affected access not just for him but also possibly his community. He had to pay for the test... this gave the impression the testing is not free.. This creates a barrier [and] future reluctance to get tested."

Information access

The lack of accessible information on COVID-19 in languages spoken and channels used by migrant and refugee communities

relates directly to individual and community health. As one refugee in the UK described: "People are very confused... they are not getting the right information... They do not know what to do or even where to go to get information..." In Egypt, National Society staff and volunteers supported the government in translating official public health messaging from Arabic into languages spoken by migrant and refugee communities, recognising that key information was not reaching these communities. Without the availability of accessible information on COVID-19 prevention and on where and how to access testing and treatment, risks of increased prevalence or transmission are heightened.

Financial barriers

It is not just access to health care and information, however, which have the potential to either support or undermine public health efforts to control the virus. Access to health care overlaps with economic impacts. Financial barriers to health care existed prior to the pandemic and have increased during the pandemic due to loss of livelihoods and income. Economic hardship and financial insecurity were one of the main impacts highlighted in the research. As one respondent in Egypt explained, "the main determinant in getting services is money and you get money through work, which was affected by lockdown."

This loss of income was combined with a tendency for migrants without permanent residency status (including refugees and people seeking asylum) to be excluded from socio-economic support measures for nationals or permanent residents, as well as exclusion from mainstream welfare services and access to public housing. Such exclusion increases the likelihood of living in insecure housing, prevents access to medical treatment, and contributes to increased risks of infection and transmission as people are unable to follow public health recommendations (such as to physically distance or isolate). In Australia, 14% of respondents surveyed stated that they had to keep working despite facing risk of exposure to the virus as they

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had no other means of financial support. In the UK and Egypt, because of increased costs and loss of livelihoods, respondents faced difficulties in purchasing soap, hand sanitiser and masks to keep themselves safe.

Recommendations

The evidence suggests that the exacerbation of pre-pandemic barriers to basic services is contributing to disproportionate impacts on the health, safety and well-being of people seeking asylum and refugees. On an individual level, barriers in accessing health support have led to worsening health outcomes, particularly those connected with mental health. As put bluntly by one refugee in Egypt, “[COVID-19] turned our lives upside down ...we already have trauma.” On a community level, barriers to basic services and exclusionary practices continue to place everyone at risk.

It is the primary responsibility of States to respect, protect and fulfil the human rights of all migrants, including their economic and social rights. The research report recommends that States work together with other stakeholders to ensure that all migrants, irrespective of legal status:

- are included in local and national COVID-19 responses that guarantee access to basic services, including health care, housing, food, WASH (water, sanitation and hygiene) services, psychosocial support, education, emergency support and protection services
- can access timely, accurate and reliable information on COVID-19 (and any future pandemics) in a language they understand and through accessible dissemination channels
- are included in, and have equal access to, COVID-19 testing, treatment and vaccination policies
- can access pandemic-related socio-economic support (now and in the future) if they need it.

States also need to continue to adapt existing laws and policies to ensure inclusive access to basic services, and provide operational

guidelines and awareness training for frontline responders to ensure entitlements in law are realised in practice. Furthermore, people seeking asylum and refugees (and all other migrants) must have safe access to humanitarian assistance without fear of arrest, detention or deportation. In all circumstances, the primary consideration should be to treat people humanely, taking into account their specific vulnerabilities and protection needs, and to respect their rights under international law.

As the world looks with hope to vaccines to end the pandemic, it is critical that barriers to accessing basic services are addressed to ensure equal and equitable access for all. We need to collaborate with refugee and migrant communities for a more inclusive approach to pandemic preparedness, response and recovery – including in COVID-19 vaccination policies and rollout strategies. We need to ensure that policymakers understand the impacts of the pandemic on the lives of everyone in society, particularly the most vulnerable. We need to ensure that any recommendations for action are built upon sound evidence and advice from those directly affected. Public health efforts will only succeed if they are considered alongside access to other basic services and support and if they address both formal and informal barriers faced by people seeking asylum and refugees.

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1. Red Cross Red Crescent Global Migration Lab (2021) *Locked down and left out: Why access to basic services for migrants is critical to our COVID-19 response and recovery*
bit.ly/RCRC-2021-Locked-down

2. The authors' use of 'person seeking asylum' rather than 'asylum seeker' is intentional, in line with their approach to follow good practice in using person-first language, whereby terms are not used to define a person by their circumstances.

3. Research in Australia, Egypt, Sweden and the UK specifically considered people seeking asylum and/or refugees.