



EDITORIALS

Europe's migrant containment policies threaten the response to covid-19

Policy makers must include migrant camps in their national plans

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The world has watched the growing global health crisis caused by covid-19 with alarm, fear, and desperation. One after another, governments, healthcare systems, and individuals are adopting increasingly restrictive measures, with “social distancing” now the norm in most countries. Yet for many people, and especially migrants who have been displaced from their homes, this is not possible.

Several tens of thousands of people are living in migrant camps around the Mediterranean. These are often run well beyond capacity and in suboptimal conditions, including lack of basic infrastructure or hygiene, making them a high risk environment for coronavirus spread. Médecins Sans Frontières (MSF) has called on the Greek government to immediately evacuate its camps, particularly older people and those with chronic diseases, so far without response.¹

People held in immigration detention centres are also affected. Demands from 10 refugee and detention charities for UK detainees to be released on public health grounds have been ignored.² And there are thousands of migrants forcibly detained along the north African coast, intercepted en route to Europe, living in appalling conditions and lacking food, water, and access to healthcare. These are only some of the displaced migrants living in camps, reception centres, and private and public detention facilities within and around Europe's borders—all victims of European policies of deterrence to stop uncontrolled migration.^{3,4}

Breaking the chain of transmission

Pathogens can cross national frontiers with ease and are undeterred by barriers around these camps. The case for breaking the chain of transmission within them is not just altruism; it is in the interest of Europe's governments. The World Health Organization is calling on every country and individual to do everything they can to stop transmission. Yet we know that

conditions of overcrowding and poor hygiene in many migrant camps around the Mediterranean have increased the risk of infectious disease outbreaks in the past, including varicella, measles, and hepatitis A.^{5,6}

This is hardly surprising since MSF has highlighted that in parts of the Moria camp in Greece, outside the formal reception centre, there is one tap (and no soap) for every 1300 migrants and people are living among rubbish with poor or no sewage systems.¹ The numbers of showers and toilets are well below the recommended minimum standards for an emergency setting, with up to 5000 people currently without any access to water, showers, toilets, or electricity. Vital strategies to contain covid-19 are almost impossible in such settings, yet European governments do not seem to have included migrant camps in their national plans. If migrants are unable to adopt the preventive measures recommended to others, the consequences will be dire.

No access to healthcare

In addition to the urgent need to tackle migrants' living conditions, universal access to healthcare—a key tenet of the UN's sustainable development goals—becomes even more critical now. Commentators in the US have, rightly, drawn attention to the 28 million uninsured Americans as a weak link in the response to covid-19. Millions of migrants are completely excluded from mainstream national health systems.^{7,8} They have to depend on services from non-governmental organisations as they are confronted by ever more restrictive health policies.

Even though Europe's governments are committed to universal health coverage as part of the 2030 agenda for sustainable development,⁹ in many European countries “universal” does not include certain migrant groups,¹⁰ and even those eligible for care may face serious difficulties accessing it because of

cultural-linguistic or provider barriers. Again, the case for action includes altruism and self-interest. Regional targets for control of infectious diseases such as tuberculosis, hepatitis, and vaccine preventable diseases will not be met if we fail to create health systems that are truly inclusive, and ignoring the urgent need to include these groups in healthcare access will jeopardise efforts to control the covid-19 pandemic.

Many examples of good practice exist, but the needs of migrant populations are not always considered. Policy makers must ensure that public health initiatives explicitly consider the diverse migrant groups in Europe in their plans, including disseminating information in multiple languages and accessible formats.¹¹ Timely diagnosis and access to treatment for tuberculosis, for example, which disproportionately affects some migrant populations in Europe, will continue to be hindered if these groups are unable to register with local health systems, free from the fear of detention or deportation, and present as and when symptoms arise. No public health emergency can be overcome unless everyone, including migrants, is able to access health services in a non-discriminatory manner.

Some efforts are under way to support the world's refugees and internally displaced people during the current pandemic,¹² but efforts are inevitably concentrated in low to middle income countries, where 80% of global refugees reside. Yet European governments, many of which are contributing to the global effort, also have a duty of care to the migrants within their borders. As Filippo Grandi, UN high commissioner for refugees, said: "It is our collective responsibility to ensure that the global response [to covid-19] includes all people."

It is imperative that migrants contained in camps and other high risk settings in Europe are included in national surveillance and response planning and activities. There must be zero tolerance of xenophobia and racism towards migrant groups, even more

so during a global pandemic, when, as history reminds us, it is often all too common.

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