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Lancet Migration

Global collaboration to advance migration health



Policy brief: Including migrants and refugees in the British government's response to COVID-19

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Key messages and recommendations

1

Ensure urgent universal and equitable access to health systems, preparedness and response

- > Suspension of the NHS visitor and migrant cost recovery programme.
- > Provide data sharing 'firewalls' between the NHS and the Home Office
- > Suspension of 'No Recourse to Public Funds' conditions.
- > Action beyond the nation-state level to uphold human rights and global health security.

2

Ensure inclusion of migrant & refugee populations in health protection responses

- > Closure of detention facilities and suspension of new detentions.
- > Urgent relocation and reunification of unaccompanied minors from Greece to the UK.

3

Introduce responsible, transparent and migrant-inclusive public information strategies

- > Public communication must be linguistically and culturally accessible to all to be effective.
- > The government should actively counter racism, xenophobia and discrimination.

Organisations and acknowledgements

The concept of this brief was developed by the Lancet Migration global collaboration to advance migration health. The brief was written by the following members of Lancet Migration: Parth Patel (Centre for Public Health Data Science, Institute of Health Informatics, University College London), Lucinda Hiam (Institute for Global Health, University College London), Miriam Orcutt (Institute for Global Health, University College London), with inputs from Rachel Burns (Centre for Public Health Data Science, Institute of Health Informatics, University College London), Robert Aldridge (Centre for Public Health Data Science, Institute of Health Informatics, University College London), Delan Devakumar (Institute for Global Health, University College London), and final review by Bernadette Kumar (Norwegian Centre for Migration and Minority Health, Norwegian Institute of Public Health, Oslo, Norway), Paul Spiegel (Johns Hopkins Bloomberg School of Public Health and Johns Hopkins Center for Humanitarian Health, Baltimore, USA), and Ibrahim Abubakar (Institute for Global Health, University College London). This brief represents the views of the authors.

Lancet Migration is a global collaboration between *The Lancet* and researchers, implementers, and others in the field of migration and health that aims to address evidence gaps and drive policy change, building on the recommendations of the UCL-*Lancet* Commission on Migration and Health published in December 2018.

COVID-19 in the UK

The British Government has enacted exceptional measures in the face of the novel coronavirus 2019 pandemic (COVID-19). Yet, without the explicit consideration of its migrant and refugee populations, these measures risk being inequitable and ineffective. An estimated 14.3% (9.34 million) of people living in the United Kingdom are international migrants (1). Evidence shows that exclusion of any persons, including migrant populations, from healthcare leads to difficulty not only in controlling the virus, but can lead to a resurgence of the outbreak (2). For COVID-19 responses to be effective, they must explicitly address the needs of migrants, as outlined by the World Health Organization (WHO) (3), the International Organisation for Migration (IOM), and multiple organisations (4).

The following recommendations are supported by the comprehensive evidence base reported in the UCL-*Lancet* Commission on Migration and Health and beyond (5), contributing to Lancet Migration's global call to action and statement for the inclusion of migrants and refugees in the COVID-19 response (6).

Ensure urgent universal and equitable access to health systems, preparedness and response

1. Suspension of the NHS visitor and migrant cost recovery programme. The UCL-*Lancet* Commission outlined the importance of universal and equitable access to health services for migrants; COVID-19 has brought this need into sharper focus. The UK charging regulations (introduced by the NHS visitors and migrant cost recovery programme) (7) are complex and difficult to implement (8). Evidence shows that exemptions are both insufficient and ineffective (9). For example, whilst migrants diagnosed with COVID-19 are exempt from healthcare charges, not all migrants will be aware of these exemptions and, to be implemented, the exemption first requires a diagnosis. In addition, the emerging paediatric syndrome associated with COVID-19 has occurred in children with both negative and positive tests, meaning not all children with this syndrome would be eligible for free care (10).

The regulations disproportionately affect the most marginalised migrant populations such as those seeking asylum, trafficked and undocumented. Over 60 Members of Parliament (MPs), 6 Royal Colleges and the British Medical Association have called for the immediate suspension of the NHS charging regulations, which threaten both the health of individuals and the population as a whole during the COVID-19 pandemic (11,12,13).

2. Provide data sharing ‘firewalls’ between the NHS and the Home Office. Data sharing ‘firewalls’ between the NHS and the Home Office should be guaranteed and widely communicated to the public to encourage all those who need healthcare to seek it, regardless of their immigration status. Fear of arrest is a consistent reason given by migrants in the UK for not seeking timely healthcare, particularly those in vulnerable circumstances such as refused asylum seekers and other undocumented migrants (14). Migrants receiving healthcare bills are warned that outstanding payments of £500 or more after two months may impact future visa applications, and their personal data are to be shared with the Home Office (15,16,17).

3. Suspension of ‘No Recourse to Public Funds’ conditions. Many non-EU migrants are not entitled to the government’s economic support programmes, such as Universal Credit and housing support, because their visa conditions stipulate they can have ‘no recourse to public funds’. The financial impacts of this are likely to force many migrants to continue working despite the substantial risks to individual and public health. For those unable to continue working, the COVID-19 crisis may lead to extreme hardship (18).

4. Action beyond the nation-state level to uphold human rights and global health security. COVID-19 cannot be controlled within borders. We urge the UK to work with regional and international bodies, such as the European Commission and the UN agencies, to support those living in refugee and refugee-like situations.

Ensure inclusion of migrant & refugee populations in health protection responses

1. Closure of detention facilities and suspension of new detentions. Conditions in detention facilities are unsanitary and crowded, which means they are prone to rapid and devastating outbreaks of infectious diseases such as COVID-19. The release of over 700 UK detainees on public health grounds is welcomed (19), but 368 remain held under immigration powers as of May 12, 2020. The United Nations Network on Migration has outlined the risks and legal implications of immigration detention, calling for the release of all migrants detained into non-custodial, community-based alternatives and a moratorium on new detentions of migrants during the pandemic (20). The UK government must act to implement this expert advice.

2. Urgent relocation and reunification of unaccompanied minors from Greece to the UK. Legal routes for unaccompanied refugee children to join their families in Britain should to be urgently reinstated due to children's increased vulnerability in the inhumane and unhygienic refugee camps in Greece (21). There is insufficient food, protection, and social support in these camps, as aid and support services are operationally and financially limited by the pandemic. At present there are no routes of safe passage for the reunification of unaccompanied children, who thus face an increased risk of smuggling and trafficking.

Introduce responsible, transparent and migrant-inclusive public information strategies

1. Public communication must be linguistically and culturally accessible to all to be effective. Clear, transparent public communication is critical in pandemic response, based on evidence. One example of good practice comes from Doctors of the World UK, who have translated UK Government guidance into 51 languages (22). We encourage government bodies to follow this example and to consider the needs of all members of the population when producing materials.

2. The government should actively counter racism, xenophobia and discrimination. Reports of rising xenophobia and racism since the COVID-19 outbreak (23) have occurred on the background of rising hate crimes (24) and racially motivated attacks on NHS staff (25) since the EU referendum in 2016. Racism and xenophobia lead to discrimination, contributing to poor health outcomes broadly (26), and to the increased risk of death in Black Asian and Minority Ethnic (BAME) people seen during the COVID-19 pandemic (27). Suspending the NHS charging regulations is one way the government could demonstrate commitment to this position, given their equity analysis of the regulations reported evidence that 'non-white people...are on some occasions targets in the application of the 2011 regulations due to speculation or assumption that they are not resident in the UK' (28).

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