

Statement by the World Health Organization (WHO) Regional Director for the Eastern Mediterranean Dr Ahmed Al-Mandhari and the International Organization for Migration (IOM) Regional Director for the Middle East and North Africa, Mrs Carmela Godeau

To effectively tackle COVID-19 and other public health threats, universal health coverage needs to include all migrants and displaced persons, regardless of their legal status

26 July 2020, Cairo – There are 18 million internally displaced people in the Eastern Mediterranean Region according to the latest statistics – an increase of 2 million on last year’s total. This high figure is mostly due to the ongoing conflicts in Afghanistan and Yemen. There are also 46 million professional and low-income labour migrants in the Region.

Many migrants and displaced people live in crowded conditions where physical distancing and access to clean water, sanitation and hygiene are luxuries, creating a ripe environment for COVID-19 outbreaks. The pandemic is also exacerbating threats to migrants’ mental and psychosocial health, as many have now lost their jobs and are unable to provide for themselves or their families back home.

The health and livelihood of migrants and displaced people continue to be affected by border closures, travel restrictions and internal lockdowns. Many have not received a paycheck in months and are unable to afford the most basic necessities such as food. They are also often subject to discrimination and stigmatization. Sexual exploitation and abuse remain high among female temporary contractual workers, and displaced populations, while their access to support services for gender-based violence is very limited.

WHO, IOM and other international agencies have been monitoring the situation among these vulnerable populations and raising the alarm in countries where the number of COVID-19 cases continues to rise, particularly among temporary contractual workers. But reliable and timely data remain limited in the Region, hampering agencies’ efforts to provide evidence-based guidance.

WHO and IOM have been working closely together for decades. In 1999 we signed a formal memorandum of understanding, and 20 years later we signed an updated version. In December

2019, we marked the first anniversary of the Global Compact for Safe, Orderly and Regular Migration, which all the countries in the Region have endorsed and which recommends access to basic services across migration routes. Ensuring that migrants can access health services is also recognized as a core aim of the Salah Declaration on Universal Health Coverage 2018, in which all Member States of the Region reaffirmed their commitment to achieving universal health coverage, meaning that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

That commitment is more important than ever in the current challenging times, as the pandemic threatens to have an unprecedented and devastating impact on migration, human mobility and displacement, disrupting regimes for border and migration management while simultaneously worsening the situation of people on the move.

WHO and IOM strongly advise Member States to advance the provision of universal health coverage, including for migrants, and to provide timely and accurate disaggregated data on migration status. We also recommend that during the COVID-19 pandemic, migrants and displaced people have voluntary access to testing as well as isolation and treatment, in the case of positive diagnosis, with full respect for their dignity, human rights and fundamental freedoms.

To avoid the further spread of the disease, all migrants set to return should be tested prior to their departure and, if found positive for COVID-19, treated. Only once a patient no longer tests positive should they be sent to their country of origin.

Both agencies continue to advocate for continuity of essential services offered to displaced populations and migrants, including mental health and psychosocial support and the management of noncommunicable diseases. Initiatives against gender-based violence should be enhanced for all populations during the pandemic, to stem the rise in violence and provide support for victims. We also urge that any migrants detained without sufficient legal basis are released immediately.

Lastly, we appeal to governments to create the necessary conditions for migrants and returnees to be able to seek health care without fear of legal repercussions, including deportation, so they can protect themselves, their community and the host community from infection.

For more information please see:

[WHO interim guidance note on health system response to COVID-19 in the context of displaced populations, migrants and returnees in the Eastern Mediterranean Region](#)

[IOM response to COVID-19](#)

About the World Health Organization

The World Health Organization provides global leadership in public health within the United Nations system. Founded in 1948, WHO works with 194 Member States, across six regions and from more than 150 offices, to promote health, keep the world safe and serve the vulnerable. Our global goal for 2019-2023 is to ensure that a billion more people have universal health coverage, to protect a billion more people from health emergencies, and provide a further billion people with better health and well-being.

About the International Organization for Migration

Established in 1951, IOM is the UN related organization in the field of migration. With offices in over 100 countries, IOM is dedicated to promoting humane and orderly migration for the benefit of all. IOM also works to help promote international cooperation on migration issues, to assist in the search for practical solutions to migration problems and to provide humanitarian assistance to migrants in need, including refugees and internally displaced people. Its activities include the promotion of international migration law, policy debate and guidance, protection of migrants' rights, migration health and the gender dimension of migration.

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