
Refuge, Covid-19 and Global Health: the struggle of those who were already vulnerable

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Travel bans, closing borders and social distancing: although this is what the world looked like for most people for the last two years, 1.4 million people still left their home countries looking for refuge elsewhere in the year 2020 only. According to data from the United Nations High Commissioner for Refugees - UNHCR, by the end of 2020, the amount of refugees worldwide had reached over twenty-six million people.

The measures against Covid-19 have greatly affected human mobility around the world, including humanitarian corridors and refugee rescue operations (KLUGE et al., 2020). Even though there has been a lot of talk about Global Health, the universal right to healthcare and the compromise of leaving no one behind, there hasn't been enough attention directed towards what is one of the most vulnerable groups when talking about health matters and resources to fight Covid-19: refugees.

What is Global Health?

In a straightforward definition, Global Health means “collaborative trans-national research and action for promoting health for all” (BEAGLEHOLE; BONITA, 2010, p. 1). After two years in a pandemic, it is not hard to see why Global Health matters. Even though pandemics have happened in past centuries, there has been a change in perspective regarding healthcare and health rights during the last few decades.

The term “Global Health” has become popular recently, and that is due to changes in the international system as well. The tendencies that come with globalization — increase in speed of travel and communication, interdependence between countries and their economic systems — are forces that are now shaping the health of populations around the world (KOPLAN et al., 2009). The rapid spread of Covid-19 and the global mobilization that took over is good testimony to the changes that are happening, even if many of the border closing measures weren't that effective in containing the dissemination of the virus.

The right to health for all has been assured multiple times in international and internal law (LEGIDO-QUIGLEY et al., 2019), as well as reaffirmed in the United Nations Sustainable Development Goal number 3: ensure healthy lives and promote well-being for all at all ages. Its goal number 3.8 is especially relevant in the debate concerning refugee access to healthcare: “achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all” (UN, 2015).

However, although nations have reinstated its compromise in the pursuit of universal health coverage for all, this is often not what translates into reality. Many migrant people and refugees still struggle with access to healthcare even when already settled at destination countries. They still face multiple challenges regarding their right to health, wellbeing and healthcare — and it hasn't been different with the spread of Covid-19. What is most alarming is that this situation sometimes includes obstacles imposed by the governments themselves (LEGIDO-QUIGLEY et al., 2019).

What are the issues stopping refugees from getting healthcare?

In an effort to understand the health conditions of refugees worldwide, it's important to first bring up a definition of social determinants of health (SDH). The World Health Organization (WHO) defines social determinants of health as non-medical factors that influence health outcomes. It includes conditions in which people live daily, such as education, housing, income, social protection, work and food (WHO, 202-?).

It's important to state that being a migrant is not in itself a risk to health, but it is the vulnerability associated with forced migration that may aggravate poor health conditions. Matters such as gender, education, work, and violence are social determinants that often leave refugees in quite vulnerable positions. According to data from UNHCR, 48% of child refugees remain out of school; and even before Covid-19, young refugees were around 30 percent less likely to complete primary school, and half as likely to complete lower-secondary school. In addition to that, enrollment rates were always higher for the male gender (STATISTICS..., 2022).

In the article “Healthcare is not universal if undocumented migrants are excluded”, Legido-Quigley (et. al, 2019) points out the many struggles that are faced by migrants when getting adequate healthcare. It's argued that policies for migrants often take place in silos, such as security, immigration enforcement, education, and housing, but the health sector is often excluded or marginal, which shows political incoherence (LEGIDO-QUIGLEY et al., 2019).

Still, a lack of attention to refugees' needs in order to achieve their wellbeing is not the only obstacle these people face regarding access to healthcare. Financial struggles are also common: while enrollment in health insurance schemes often depends on citizenship or legal immigration status, migrants that are not yet regularly documented often can't afford payments (LEGIDO-QUIGLEY et al., 2019).

Additionally, it is common that these people face a lack of cultural awareness from healthcare providers, and the language barrier is a well recognised problem. Finally, there are other social and psychological factors that may push refugees away from seeking appropriate healthcare. Unawareness of their rights, authorities and society behavior can influence refugees' behavior when looking for healthcare by causing fear of deportation or a lack of entitlement: the idea that they are "undeserving" (LEGIDO-QUIGLEY et al., 2019).

Legido-Quigley (et. al, 2019) summarizes the factors negatively affecting migrant use of health systems in six groups: leadership and governance, healthcare financing, health workforce, medical products and technologies, information and research, and service delivery. In each area, there are barriers that need overcoming. In addition, there are outside factors that influence migrants' healthcare seeking, which may include gender, culture, education, language, perceived health needs, fear of arrest or deportation, etc. It's essential to point out that every person's experience with refuge and healthcare is different and, although there has been an effort of identifying some factors that may cause struggles in some cases regarding access to refugees healthcare, they are not absolute, much less the same worldwide.

Figura 2: Factors affecting migrant use of health systems: barriers and opportunities



What happened to refugees' health during the Covid-19 pandemic?

As borders closed and travel restrictions were up, humanitarian corridors and rescue operations of migrants in areas such as the Mediterranean were compromised. When rescues were possible, migrants were sent straight to quarantine with no attention to their needs, even when they came from countries not yet affected by Covid-19 (KLUGE et al., 2020).

Refugees face increased risk of contracting diseases such as Covid-19 when living in overcrowded conditions without access to basic sanitation. Basic public health measures to contain Covid-19, such as social distancing and proper hand hygiene can be harder in refugee camps where there might be a lack of clean running water and soap, the health worker presence might be insufficient and health information is scarce. Emergency states and lockdowns have also affected volunteer work that might assist such groups (KLUGE et al., 2020).

In May 2020, United Nations humanitarian agencies confirmed the first Covid-19 case in the largest refugee camp in the world, the camp of Kutupalong, Bangladesh, where over 800 thousand people of the rohingya ethnicity that have fled Myanmar currently live. It was informed that the isolation and treatment capacity in the camp was still low, and that information about the disease was still a challenge (Covid-19..., 2020).

Initiatives in improving health conditions in health camps, spreading information about diseases should be priorities if we want to work in a Global Health approach. After all, “access to international protection and safeguarding public health are not and should never be mutually exclusive: States' obligations are not suspended in times of crisis” (UNHCR, 2020, p. 172).

The latest refugee crisis: Ukraine

The world is still learning how to live alongside the virus, although now in better conditions. Vaccination is available in most parts of the world, and there is more information about the disease and what can be effective in order to prevent dissemination. Still, the pandemic is not over, much less the struggles of refugees worldwide.

In the latest episode of the refugee crisis worldwide, over a million refugees left Ukrainian territory less than a week after Russia invaded the country. The amount of Ukrainian refugees reached over three million people in March (UCRÂNIA..., 2022). But according to data from Reuters (2022), the vaccination rate in Ukraine is still less than 40%, which is nowhere close to Brazil, where over 75.5% of the population

is fully vaccinated, or the United States, where the amount of fully vaccinated people equals about 66.1% of its total.

There are many struggles to face. Besides the few about refugees' access to healthcare worldwide that have already been addressed in the previous sections, the spread of fake news about prevention and vaccination are now more urgent than ever. Managing a refugee crisis along with a health crisis in Europe will not be easy and cannot be done effectively if misinformation about both keeps spreading freely.

Finally, inequalities between healthcare in the Global North and the Global South are urgent when addressing Global Health and getting over the current challenges. Although all attention is now in Ukraine, most of the migration that happens on a yearly basis takes place between countries in the Global South. It's not only a matter of regionalizing: after Covid-19, we now know that globalization is affecting health directly and everywhere.

Conclusions

Between pandemics and refugee crises, humanity is currently dealing with two major challenges that are likely to be recurrent in the next few decades, as it is now shown by the example of Ukraine. Although a pandemic is a global public health issue, multiple factors make them increasingly harmful to refugees. Because of the poor conditions in which refuge usually happens, vulnerabilities are added to these groups' situation. Refugees often experience trauma and difficult environments in refugee camps, and reduced or inexistent access to healthcare (MORTENSEN, 2011). In this scenario, infectious diseases can rapidly spread, and healthcare measures, including basic hygiene, are harder to achieve. Not only the virus proliferation is worrisome in such cases, but it may also affect mobility and safety in a number of ways: there may be impacts on humanitarian corridors and rescue operations of migrants in dangerous areas, and humanitarian assistance may be reduced.

In a pandemic context, it is important to take account of these struggles when working toward Global Health. If the meaning behind Global Health and Sustainable Development really is to leave no one behind, then it is crucial to assure that public healthcare efforts to contain infectious diseases are not strangling security, healthcare services or information for such groups (KLUGE et. al, 2020). On top of that, it is key to mind the social determinants of health in order for healthcare measures to be effective when applied to refugees. That means increased advancements are necessary in other development areas such as education, work, income, social services and gender equality.

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