Promoting the health of Migrant Workers in the WHO European Region during COVID-19

Interim guidance

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Introduction

The impact of the COVID-19 (SARS-CoV-2) pandemic has moved beyond a global public health emergency to a human, social and economic crisis affecting all countries in different ways. COVID-19 compounds existing social and economic inequities by particularly impacting financially insecure households and those living and working in inadequate, overcrowded or unsafe conditions; migrant workers are at risk in both groups [1]. Migrant workers may be temporary or permanent, documented or undocumented, and if documented may hold any type of legal status (3).

As in many crises, migrant populations may be susceptible directly and/or indirectly to the impact of COVID-19 through issues such as their living and working conditions, ability to access health-care services, limited local knowledge of host communities, lack of information, inadequate hygiene facilities and practices, and limited social networks (4–6). Moreover, migrant workers are disproportionately found to be employed in occupations with high safety and health risks, in precarious and temporary working conditions, with limited or no access to social benefits, and with less wage or labour protection than their host communities. Hence, they are more likely to need to keep working during this pandemic in roles that may increase their risk of contracting COVID-19. Migrant workers may also be more vulnerable to adverse effects from COVID-19 measures, such as travel restrictions and border regulations, which may leave some stranded with limited social protection or personal networks.

In 2019 and before the onset of the pandemic, over 96 million international migrants lived in the WHO European Region (7); most were migrant workers (5), accounting for 17.8% of the working population in northern, southern and western Europe, 9.0% in eastern Europe, and 11.1% in central and western Asia in 2017 (8). The Russian Federation is a major destination country in the Region (hosting over 9 million migrants of working age) (7,9). Most of the migrant workers in the Russian Federation come from neighbouring countries or from members of the Commonwealth of Independent States. More noticeably, migrant workers in both high- and low-skilled occupations migrate from eastern and southern Europe to western Europe (5).

Migrant workers are often employed in low-skilled, temporary, informal or unprotected work, which makes them vulnerable to COVID-19 infection and job loss during the pandemic. In many countries, migrant workers occupy a significant portion of the workforce, making important contributions to host communities and economies, often working in high-risk roles in crucial industries such as health care, transport, construction, agriculture and agro-food processing (10).

Preliminary data indicate that the severe impact of the COVID-19 pandemic on economies and labour markets around the world will persist for years to come (11,12). Since migrant populations face unique challenges and vulnerabilities, it is crucial to support national governments and other stakeholders in the WHO European Region in designing and implementing interventions and programmes to promote the health and social support of migrant workers and their families.

Addressing the challenges faced by migrant workers will require coherent economic, social protection and employment policies and stronger cross-border collaboration among Member States to collectively improve the health of migrant workers and that of host populations. As the pandemic is actively evolving, policy-makers, employer organizations and health-care providers will benefit from this guidance, which highlights policy recommendations supported by case examples in the WHO European Region.

The purpose of this interim guidance is to build on previous WHO and Inter-Agency Standing Committee guidance publications related to COVID-19 and migrant populations living in non-camp urban settings in the WHO European Region (13). In addition, WHO guidance related to public health measures for COVID-19 in workplaces (14), occupational safety and health (15) and mental health (16) will be applied in addressing the needs of migrant workers.

This interim guidance is intended to support WHO European Region Member States and partners in promoting the health of migrant workers in particular through effective approaches and best practices in enhancing preparedness, prevention and control of the

[1] A migrant is not defined under international law but is based an understanding of a person moving away from their place of usual residence; this document limits use of the term to those who cross an international border. Migrant worker refers to "a person who is to be engaged or has been engaged in a remunerated activity in a State of which he or she is not a national" (1). The International Labour Organization defines migrant workers as "all international migrants who are currently employed or unemployed and seeking employment in their present country of residence" (2).

COVID-19 pandemic as well as considerations for mitigating the negative socioeconomic impact of the pandemic. The targeted audience includes governments, employers and workers organizations, health authorities and health-care providers, nongovernmental organizations serving migrant populations, and other key stakeholders that have an influence and impact on the health and well-being of migrant worker populations in the Region.

The interim guidance aims to address the two following main questions.

- What are some of the current and potential implications of COVID-19 preparedness, response and recovery activities on the health and well-being of migrant workers in the WHO European Region?
- What policies and interventions can be considered to help to mitigate the negative impact of the COVID-19 pandemic on the health of migrant worker populations in the WHO European Region?

Guiding principles

Based on the WHO draft global action plan 2019–2023, Promoting the Health of Refugees and Migrants (17), the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region (18), the Global Compact for Safe, Orderly and Regular Migration (19), and the Global Compact on Refugees (20), this interim guidance will reiterate and build on the following guiding principles, as they apply to migrant workers and their families:

- health for all and universal health coverage with the right to equitable access to health services for all;
- the right to decent work, safety and health at work, fair wages, job protection and equal treatment at the workplace;
- people-centred, inclusive, gender- and migrant-sensitive health systems; and
- whole-of-government and whole-of-society approaches.

Refugee workers are included in this document because they may have the right to work (depending on national laws and policies) and/or are participating in the labour market and make important contributions to host countries [2].

Overview of available evidence

Evidence of the impact of COVID-19 on health of, and challenges faced by, migrant workers

Migrant workers, as all individuals, have the fundamental right to the highest attainable standard of health. To achieve this objective, access to occupational safety and health services should be ensured for all migrant workers irrespective of age, gender, nationality, occupation, type of employment or size or location of the workplace.

Data on the reported incidence of COVID-19 in migrant worker populations are limited in the Region because the majority of Member States do not disaggregate COVID-19 data by migrant status. This gap of information is addressed in the policy recommendations. However, the vulnerabilities of migrant workers in relation to the COVID-19 pandemic can generally be understood through three broad scenarios: (i) migrant workers working in key sectors, which will vary from country to country, who may be less likely to lose their jobs during the pandemic but may be at higher direct risk of exposure to the virus (i.e. health and social care, long-term care); (ii) those working in areas less essential for COVID-19 response, who may be at higher risk of job loss or inability to adopt teleworking arrangements (e.g. manual labour sectors such as agriculture, transport, construction and other service sector roles) (24); and (iii) migrant workers who did not reach their destination because of travel restriction and border closures, who may be at risk of job loss or violating immigration laws. In addition, migrant workers who were stranded and unable to return home or reach destination countries may be unable to do so safely because of travel restriction, and this may place them at high risk of exploitation or trafficking (25). In all instances, irregular migrants or those who have fallen into irregular status and are working in the informal economy experience compounded vulnerabilities (26).

Migrant workers working in high-risk sectors

The COVID-19 pandemic is exacerbating inequities in occupational safety and health outcomes (27) for migrant workers across the Region that have long persisted. Occupational health hazards result from the physical and psychosocial risks of the work environment and may manifest as physical injuries and morbidity, psychiatric ill health or deaths (28). Migrants are more likely to work in exploitative conditions and have a high burden of work-related diseases and injuries (29). Migrant workers, particularly those from low- and middle-income countries, often occupy jobs characterized by the three Ds (dirty, dangerous or demanding) (30); they are more likely to have precarious working conditions, insecurity, unpaid sick leave and long hours with low pay (31). Occupations without paid sick leave tend to also have a higher level of physical proximity, which is an issue in this pandemic (e.g. personal care and service, construction and extraction, transportation, food preparation and service, sales, health care and care support) (32). Female migrant workers employed in these positions are in a particularly high-risk group for COVID-19 as they can suffer from harassment, violence, vastly reduced income security and lack of social protection (33).

[2] For the purpose of this guidance, the term refugees should be understood broadly, as defined in the 1951 Convention Relating to the Status of Refugees and the 1967 Protocol (21), and includes refugees who are recognized and granted lawful status to remain in host country as well as refugees who have not yet been recognized but who seek international protection. See also the International Labour Organization's guiding principles on access to the labour market and 2020 policy brief on protecting refugees' rights during the pandemic (22,23).

Thirteen per cent of key workers in the European Union (EU) are migrants, and in some sectors this figure is much higher (24). The largest five categories of key occupations in the EU are teaching professionals, agricultural workers, science and engineering associates, personal care workers, and cleaners or helpers (34). First-generation migrants (individuals with a foreign background) are prominent in these groups and are more likely to work in the poorest-quality jobs such as caretakers, cleaners and helpers, delivery workers and porters (35). More than 33% of cleaners and helpers are migrants, mostly women and often from outside the EU; almost 20% of personal care workers and 10% of health professionals are migrants (24). At least 10 Member States in the Region (Belgium, France, Italy, Germany, Ireland, Luxembourg, the Netherlands, Spain, Switzerland and the United Kingdom) depend on foreign-born[3] workers in health-care services (38). In 2016 as many as 41% of doctors and 26% of nurses in Ireland were foreign born, and as low as 1% of doctors and 0.5% of nurses in the Slovak Republic were foreign born (38).

Seasonal migrant workers and migrant workers in the informal economy

The Seasonal migrant workers (e.g. those working in agriculture) are particularly at risk as they often lack safety and health protection at work and live in crowded, substandard employer-provided housing (e.g. dormitories and temporary housing), which frequently has inadequate access to basic services such as water, soap, disinfectants and personal protective equipment. All increase the risks for COVID-19 (39–43). Moreover, many migrant workers work in close interpersonal proximity within industries that may not follow recommended physical distancing measures, such as meat processing (44) and farming (40).

Legal status is a major determinant in accessing affordable and adequate health services for migrants in a country (45). Those working in the informal economy may lack legal protection and sufficient information about their rights, which makes them vulnerable to exploitation and abuse from employers and authorities (26)[4]. Sectors with a significant number of informal workers in the Region include tourism and hospitality, construction, domestic services and care work. Migrant sex workers face increased risks during the pandemic as they may be forced to work in risky situations in order to make a livelihood (46). This subgroup of migrant workers can have a precarious migration status, be ineligible for income support and may face barriers in accessing health-care services even prior to this pandemic; they may also be targeted by law enforcement in jurisdictions where sex work is illegal.

COVID-19 risk in relation to age and ethnicity

There is no uniform categorization or collection of data by migrant status in the WHO European Region; migrant status is not always used as an indicator for disaggregating labour data and often national and non-national (or foreigner) are the terms used in official statistics. Academic studies often combine ethnicity or ethnic minority status with migrant status in mapping health issues, leading to overlap of these groups for data collection (47,48). However, to a certain extent, they can face similar issues of social exclusion that can impact their health outcomes compared with the majority/host population (49). Emerging data suggest that COVID-19 is having serious effects in ethnic minority populations (which may include migrants) at a younger age than the majority populations (50). Since migrants are, on average, younger than host populations and can originate from various countries, within and beyond the Region, standard guidance on COVID-19 risk factors for majority populations may not capture their vulnerabilities. Preliminary data from the United Kingdom (51,52) found that those with COVID-19 infections from the Black, Asian and Minority Ethnic (BAME)[5] communities were, on average, 10 years younger than white patients (63 years versus 73 years of age) and had higher likelihood of pre-existing hypertension and diabetes (53). The reason for these differences may be related to socioeconomic factors that reduce the ability to maintain physical distance, poorer access to care, quality of care and/or higher rates of severe disease among infected people; these are all factors that lower-skilled migrant workers can experience (50) As more data emerge on COVID-19, recognizing how the virus impacts different subpopulations at different age groups is an important consideration in understanding who is at risk and at what point in their working lives risks occur.

Impact of COVID-19 response policies on access to quality health-care and psychosocial services, including continuity of health services for migrant workers

Entitlement for, and access to, health services for various groups are determined by national context, priorities and legal framework, which vary from country to country (54). In the EU, migrant workers who are EU citizens have the same entitlements to health and social services as nationals in host countries (55,56); however, some migrants, particularly those lacking documentation, can face barriers in accessing health and social services (57). Migrant workers can face challenges in accessing social protection in countries of origin, transit and destination. The COVID-19 pandemic is highlighting the importance of universal health coverage, where affordable quality health care is provided to all, both during times of outbreaks and for maintaining essential services.

[3] For various policy interests, most governments and institutions measure migrant populations around two characteristics: country of citizenship and country of birth. Foreign-born population in this dataset includes people born abroad as nationals of their current country of residence *(36)* although most foreign-born usual residents in a country have migrated into it from their country of birth. At present, foreign-born population is one of the most commonly used measures for migrant stock *(37)*.

[4] The United Nations is currently preparing the 2020 COVID-19 health equity impact policy brief on informal workers.

[5] This terminology and acronym is commonly used in the United Kingdom but may not be generalizable or representative of the population makeup in other Member States in the Region.

Migrants are likely to experience higher rates of job loss compared with workers from host populations; EU data from 2019 before the pandemic had an unemployment rate for people aged 20–64 years of 12.3% for those born outside the EU, 7.3% for those born in another EU Member State and 6.0% for the native-born population (58). In the Russian Federation, for example, 10% of workers from the host population lost their jobs after the introduction of lockdown measures compared with up to 30% of migrants (59). Migrant groups experienced xenophobia, discrimination and inequitable access to health services even before the pandemic began (60,61). The stigma associated with an infectious disease such as COVID-19 can exacerbate inequities in accessing affordable quality health care that have long persisted.

Migrant workers can be excluded from necessary social protection measures during COVID-19

Migrants, regardless of status, should have equitable access to quality health services. Undocumented workers and those working in the informal economy are gravely vulnerable to the socioeconomic impacts of the pandemic as they do not have the legal right to access national health insurance schemes nor are they eligible for unemployment benefits or the wage protection schemes that several countries in the EU have put in place (62). Migrant workers left without protection or documentation status may become victims of trafficking (25). The loss of income from sickness leave and quarantine can also make it more difficult for migrant workers to stay home if unwell. Compounding the income insecurity linked to lower wages, migrant workers often also send a large share of their earnings to their families in countries of origin, leaving them with limited savings (63,64). Consequently, disruptions in their wages can have a knock-on effect on their ability to afford out-of-pocket payments for health-care services and medications and on their ability to apply protective measures against COVID-19.

Impact of COVID-19 response policies on access to quality health-care and psychosocial services, including continuity of health services, for migrant workers

Improving universal health coverage in the Region is key to mitigating the direct and indirect impacts of COVID-19, particularly for vulnerable populations such as migrant workers with existing health conditions. COVID-19 response measures such as lockdowns, curfews and travel restrictions disproportionally impact the most vulnerable groups in society. The pandemic has had a negative effect on the continuity of health services, including routine screening, immunization and programmes to control both noncommunicable diseases (NCDs) and infectious diseases such as HIV and tuberculosis. Migrant workers in eastern Europe are disproportionately affected by tuberculosis and tuberculosis (65) as are migrant sex workers (66). The COVID-19 pandemic is severely disrupting the prevention and treatment services for NCDs globally, and this is of great concern because people living with NCDs are at higher risk of severe illness or death from COVID-19 infection. The prevalence of NCDs such as diabetes in migrant populations in the Region is an increasing issue (67,68).

Impact of lockdown measures on mental health and well-being

The process of migration and post-migration adjustment can be stressful for individuals and families, with the potential for generating mental health problems (69–71). Hence, ensuring the mental health of migrant workers should not be neglected in COVID-19 preparedness, response and recovery efforts. Those who are in irregular situations, working in the informal economy, living in inadequate and overcrowded accommodation and working in high-risk situations without proper protection measures face specific stressors. Fear, job loss, uncertainty about the future, high labour intensity, interactions with authorities and employers, language barriers and vulnerability to different forms of abuse and exploitation can all lead to an overall increase in mental health conditions (72), including depression, anxiety, post-traumatic stress disorder and substance abuse, and increase the need for mental health and social services (73,74).

Recommendations

Public health responses to COVID-19 are constantly changing with the changing circumstances. Regardless of the resilience of migrant worker communities in the Region, it is important to ensure that no one is left behind. Policy-makers, employers, workers and health-care authorities and providers will benefit from the following policy recommendations, where possible and appropriate, depending on available resources, context and national policies, strategies and priorities. The recommendations below take into account the different vulnerabilities of migrant workers in the Region

Government authorities and policy-makers

Adhere to WHO guidelines on disease control measures targeting migrant worker communities and substantiate human rights

Some migrant workers, particularly in temporary and precarious roles in the Region, may live in labour accommodation or crowded housing. There is no evidence that quarantining entire facilities or centres will effectively limit transmission of COVID-19 any more than conventional containment and protection measures. Where accommodation is provided by employers, authorities should implement WHO guidelines for quarantine and home isolation measures and ensure that employers are following these and do not violate human rights:

- ensure access to adequate temporary housing (apartments, houses or hotels) that allows migrant workers to self-isolate, avoid congestion and evacuate if necessary, with access to health care, social and psychosocial support, and sufficient food, clean water, sanitation and hygiene provisions; and
- ensure adequate air ventilation and filtration systems in workplaces and migrant worker accommodation facilities.

Include migrant workers at all levels (national, subnational, local) within COVID-19 response and recovery periods

- Ensure equitable access to health care and health information for all migrants, regardless of status, citizenship, age, ethnicity, sex, and gender (e.g. Portugal).
- Provide access to wage and social protection for migrant workers (both regular and irregular) affected by COVID-19 in order to mitigate socioeconomic vulnerabilities associated with risk of COVID-19 infection and treatment (e.g. Ireland).
- Prepare COVID-19-related occupational safety and health guidance, in consultation with employers and workers organizations, through an adequate regulatory framework consistent with national legislative frameworks by using a variety of legal and technical instruments, with particular focus on migrant workers (75).

Ensure strong and efficient coordination among relevant actors at the community, national, regional and global levels, particularly for coordinating cross-border efforts and at points of entry

- Conduct rapid assessments to identify needs for testing, surveillance and contact tracing at points of entry for migrant workers, including those arriving in large groups (both returning home and arriving in destination countries)[6] in line with previous WHO guidance (76).
- Monitor in-country and cross-border movements to inform public health preparedness and response, including mobilizing sufficient workers for testing capacity, providing personal protective equipment, initiating contact tracing, providing isolation facilities and treatment, and providing linguistically appropriate information on risk communication (77) in line with national guidelines.
- Support dialogue and collaboration between countries of origin, transit and destination along with civil society organizations, nongovernmental organizations, migrant networks and other stakeholders for provision of immediate support (e.g. emergency aid, immigration services, advocacy) (see the example from the Russian Federation).

Actively prevent and reduce stigmatization and discrimination against migrant workers through rights-based approaches and positive messaging

Migrant workers are major contributors to social and economic development of societies across the Region, as clearly evident in the COVID-19 pandemic preparedness and response efforts. The fear and uncertainties caused by the COVID-19 pandemic should not be leveraged as a tool to impose repressive policies against migrant populations, including migrant workers (78). Stigma can increase the isolation of these groups and impede people from reporting symptoms, getting tested and seeking medical care (79), which is detrimental for both migrant workers and the population. Public authorities in transit and destination countries should prioritize the prevention of all forms of discrimination against workers and their families. Media campaigns highlighting the positive contributions of migrant workers can combat xenophobic arguments against migrants.

Leverage community-based networks and leaders to disseminate COVID-19-related information in culturally and linguistically appropriate manners among migrant worker communities

COVID-19 health promotion activities, including prevention and risk reduction messaging and screening, should be migrant sensitive, culturally sensitive and linguistically representative, particularly in sectors where migrants are overrepresented. Information should be translated into the languages present in the specific areas and neighbourhoods in a simple and accessible manner. In addition, the development of health promotion messaging should include the targeted communities to ensure effectiveness, build trust and empower community leaders. Where possible, forms of communication should be used that do not rely solely on written information on websites; for example word of mouth, diaspora radio stations, flyers, social media, WhatsApp and text messaging can also be effective. For example, the United Nations High Commissioner for Refugees together with federal and municipal authorities in Austria have developed various COVID-19 information resources, counselling and gender-based violence helplines and materials in multiple languages, such as Arabic, Bosnian, Croatian, Dari, English, Farsi, Kurdish, Romanian, Russian, Serbian and Turkish. In addition, a radio broadcast programme dedicated to COVID-19 prevention information has been developed in five languages. Dissemination of such information will also need to be sustained throughout the response period as new waves of resurgence and outbreaks emerge.

[6] In order to fill labour shortages, such as for harvesting and older-age care, migrant workers may arrive in groups of larger numbers (e.g. to Austria, Germany and the United Kingdom). Returning migrant workers who are stranded in transit or destination countries may also return in large groups and infection prevention and control precautions will also be needed.

Employers and workers organizations

Protect the occupational safety and health of migrant workers by recognizing their different vulnerabilities to COVID-19 in various occupational settings

As lockdowns are being lifted and economic activity is resuming, decent working conditions should be ensured, including safety and health at work, appropriate working hours and staggered breaks to avoid workers congregating in close groups during breaks. Employers in various industries that commonly employ migrant workers or are occupations with a high risk of exposure to COVID-19 should provide appropriate measures based on risk assessment and control, applying engineering, administrative and organizational control measures: ensuring at least 1 metre distance between workers; providing personal protective equipment; considering duration of contact and type of contact at work; and considering contact with others outside of work settings (75,80). Since seasonal migrant workers who work in the agricultural sector and meat industry may live on the farms or in the same accommodation facilities, their work-related exposure to COVID-19 may increase during travel to and from the workplace.

- Conduct COVID-19 risk assessments (23) and provide measures to mitigate risks applying a hierarchy of controls to COVID-19 (75).
- Based on risk assessments, develop COVID-19 prevention strategies and plans.
- Regularly update prevention strategies and plans by periodically conducting risk assessments in light of emerging settings, and involve migrant workers and their representatives in consultation processes to ensure their needs are taken into account.
- Consider the different risks for migrant workers in developing severe COVID-19 illness related to their age, preexisting medical conditions or socioeconomic status.
- Consider the safety and health risk factors specific to migrant workers that may be compounded during COVID-19 (e.g. heavier workload and longer working hours, psychosocial risks, remote work) because of factors such as travel and mobility restrictions or illness, which may impact the usual supply of migrant workers for business operations.
- Ensure that workers are informed of where and how they can access health services and facilitate access to these services.
- Ensure personal protective equipment is provided to all workers at no cost, as well as providing training on its proper usage.
- Encourage the use of "stay home if unwell" policies with access to health care and financial compensation for the loss of income.

Educate and train migrant workers and supervisors on how to reduce the spread of COVID-19 as well as their rights

- Guidelines and standards for working safely during the COVID-19 pandemic should be met to protect the occupational safety of migrant workers, including physical distancing, hand washing and personal hygiene, and personal protective equipment (15).
- Employers and workers organizations should empower migrant workers to know their rights and ensure migrant workers are properly informed on self-assessment, symptom reporting and medical care.
- Support workers who have symptoms and need to stay at home when ill by providing paid sick leave.
- Allow migrant workers to exercise the right to remove themselves from a work situation that presents imminent and serious danger to their life or health (81), including exposure to COVID-19 without adequate protection, and protect migrant workers exercising this right from any undue consequences.

Health-care authorities and providers

Collect and report disaggregated data by migrant status and occupation to improve understanding of the impact of the pandemic on migrant worker populations

Groups at risk of social exclusion, such as migrants, are consistently not included in the electronic health records of national health systems, leaving their needs unaccounted for in policy and service planning. Disaggregated information based on migrant status, sex and age can be an important tool in revealing and addressing inequities in COVID-19 burden in migrant workers. Undocumented migrant workers may avoid seeking medical attention, including testing for COVID-19, for fear of registration which might lead to detention or deportation *(61)*.

- Conduct rapid assessment surveys, including qualitative anonymized surveys[7], to better understand the impact of COVID-19 on migrant worker populations when routine data collection disaggregated by migrant status and occupation is unavailable. These surveys can be used to inform preparedness and response planning throughout the pandemic and during the recovery period.
- Administer surveys in multiple languages representative of migrant workers, with support from interpreters and cultural mediators during data collection to maximize response rates and data quality.
- Promptly report clusters and outbreaks in settings with high migrant worker presence to WHO, as technical support can be provided to contain the spread of infection in a timely manner.
- Ensure data confidentiality by establishing safeguards between health-care providers and migration authorities to avoid further marginalization and stigmatization of migrant communities.

[7] The WHO Regional Office for Europe is currently preparing a technical guidance on migration health data collection that will support anonymized surveys and methods to ensure language barriers are avoided during data collection.

A good example of supporting migrant workers while ensuring that they can register for support without fears of repercussions comes from Ireland. In March 2020, Ireland introduced a COVID-19 pandemic unemployment payment that provides financial support payments for people aged 18–66 years living in the country who have lost employment due to the pandemic. This financial support is also available for regular and irregular migrant workers and comes with the assurance that the Department of Employment Affairs and Social Protection will not share any data received from applicants to the immigration authorities or the Department of Justice and Equality.

Train health-care workers on migrant-sensitive approaches for identifying different vulnerabilities among migrant workers

- Ensure that COVID-19 vulnerabilities of migrant workers (e.g. living and working conditions, or comorbidities) are recognized early and treated appropriately while applying people-centred approaches to care. For example, in the United Kingdom, guidance on supporting health and safety includes younger people may be more seriously affected by COVID-19 in ethnic minority groups and migrant populations.
- Ensure disease surveillance and contact tracing in areas where migrant workers may be overrepresented and living and working in close proximity, such as seasonal migrant workers on farms, in meat processing plants or in care homes, in efforts of infection prevention and control.
- Provide anonymous on-site testing for COVID-19 in areas with high proportion of irregular migrants.
- Provide timely, affordable and quality health-care services and medicines to migrant workers.
- Apply community approaches to provide up-to-date information regularly to migrant worker communities and clusters on the prevention of COVID-19, ensuring that accessible, culturally and linguistically relevant channels are used *(82)*.
- Train health-care workers in better understanding regarding the health-seeking behaviours and access to and use of health-care services by migrant communities, as it relates to COVID-19 case reporting.

Methods

This document was developed based on a review of the relevant literature on migrant workers in the WHO European Region and COVID-19. A literature review was conducted using MEDLINE, Embase, SCOPUS and Applied Social Sciences Index and Abstracts (ASSIA) between 8 and 11 June 2020 to answer the two main research questions; literature was also continuously updated during the writing stage up until October 2020, to respond to the evolving nature of the pandemic and the regular output of information online. Literature was limited to documents published between December 2019 and October 2020 that pertained to the health and/or socioeconomic impact of the COVID-19 pandemic on migrant workers (international, not internal migrant workers) in Member States of the WHO European Region, as well as drawing lessons learned from other countries globally that can be applied to the Region.

As new evidence is actively emerging, materials from international organizations (European Commission, European Centre for Disease Prevention and Control, International Labour Organization, International Organization for Migration and WHO) and media sources were used to supplement the limited number of studies found in peer-reviewed journals specific to COVID-19 and migrant workers. Literature was also identified through reference lists of publications and recommendations from reviewers. The literature was restricted to those published in English; to address this limitation, review and support was provided by Russian-speaking public health researchers from I.M. Sechenov First Moscow State Medical University. Case examples and best practice initiatives were selected based on their relevance to the topic of interest.

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Declaration of interests

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WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance will expire one year after the date of publication.

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