JOINT ICRC-IFRC GUIDANCE
ON THE INCLUSION
AND PROTECTION OF MIGRANTS
IN THE FACE OF COVID-19 PANDEMIC IN
EUROPE AND CENTRAL ASIA
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Introduction

As the COVID-19 pandemic expands, States are facing an exceptional public health challenge, compelling them to adopt increasingly stringent measures. Against such a backdrop, the management of migratory movements adds another layer of complexity to ensure that migrants are not disproportionately affected both by the pandemic itself, and by the various measures legitimately adopted by States to respond to it. Numerous governments are already developing innovative and solidarity-based solutions to ensure the inclusion of migrants, irrespective of legal status, in their responses and to abide by their international obligations even in such exceptional times (see further in the section on “Guidance, recommendations and documents already published by different actors”). Migrants in transit, those in need of international protection or without legal status are likely to be particularly vulnerable, as well as those who are homeless, held in detention, living in camps, formal or informal settlements or otherwise precarious conditions.

National and international law foresees the possibility for States to take exceptional measures when the exigencies of situations of “public emergency threatening the life of a nation”. These extraordinary measures, however, cannot be contrary to obligations under international law and cannot be discriminatory.

In light of these developments, the purpose of this document is to support advocacy-oriented communications and to provide talking points for IFRC, ICRC and National Societies in Europe and Central Asia when engaging with governments, donors, humanitarian and development organizations, making sure that the protection of migrants and their obstacles in accessing key and basic services is considered upon the introduction and elaboration of any new extraordinary measure. The development of a migration inclusive response will benefit the entire community.

Main concerns for migrants in Europe and Central Asia resulting from the spread of COVID-19

Develop migrant-inclusive responses and ensure migrants’ access to health and other essential services

The inclusion of migrants, irrespective of legal status, in COVID-19 responses is not only essential to reduce the impact of the pandemic on migrants themselves but is also core to public health management. The specific vulnerability of migrants should therefore be factored into any national plan to respond to COVID-19.

The spread of COVID-19 will disproportionally impact migrants and exacerbate their vulnerability, including in their ability to access basic services. Because of their legal status, in many contexts, migrants may not have equal access to national health services or may face barriers in accessing these, or other social protection measures, which from the start will severely impact their possibilities to receive necessary health treatment or other preventive measures at the time of COVID-19. Migrants in an

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1 The International Red Cross and Crescent Movement, uses a deliberately broad description of “migrants” to include all people who leave or flee their home to seek safety or better prospects, and who may be in distress and need protection or humanitarian assistance. Migrants may be workers, students and/or foreigners deemed irregular by public authorities. They can also be refugees, asylum seekers and/or stateless persons. We seek to ensure that all migrants, including refugees and asylum seekers, receive the protection they are entitled to under international and domestic law, but we adopted an inclusive description to reflect our operational practice and emphasize that all migrants are protected under several bodies of law.

2 Protection definition: all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. HR law, IHL, refugee law)”- Inter-Agency Standing Committee – IASC
irregular situation are particularly vulnerable to the spread of COVID-19 given their limited, if any, to information and essential services. If national response plans do not include migrants, irrespective of legal status, and address the particular risks they face, the impact will be very severe, excluding different groups of migrants from testing, awareness-raising and treatment for COVID-19.

Their often-precarious living conditions – in the streets, in formal or informal camps settings, collective reception sites, immigration detention – mean many migrants are likely to be excluded from prevention measures and have limited or no access to adequate health care in case of health deterioration. Regular preventive measures such as social distancing and handwashing, access to clean water, sanitation is difficult, if not impossible to implement at many of these sites. Furthermore, the implementation of lockdown measures, and subsequent police control, may encourage them to try to avoid police controls, to hide and disperse and thereby make them more difficult to reach out to for humanitarian actors. Migrants, in particular those who are homeless or living in informal settlement, are furthermore at times harassed by law enforcement agencies for not being able to comply with social prevention measures, such as the prohibition of gatherings or lockdown, without safe housing alternative being offered to them.

Because of their location, legal, social status or inability of humanitarian organisations to access migrants themselves, migrants may not receive adapted, actionable or comprehensible information to protect themselves from contamination and may lack social support networks to help them face the new threat. Additionally, the increased movement restrictions linked to the fight against COVID-19 can have further negative implications by limiting access of humanitarian organisations, including Red Cross and Red Crescent staff and volunteers, trying to access migrants and to continue or scale up essential humanitarian services for them). As a result, migrants may become further isolated from the host society and language barriers can further limit their access to information and other coping mechanisms at the time when these are critical. Moreover, requirement made to health providers in some countries to report irregular migrants to law enforcement and migration authorities further limits their access to health services.

The already worrying health condition of migrants across Europe and Central Asia, added to inadequate access to food and other resources, can lead to increased risks and possible deterioration of their situation and health status. In the current situation migrants may even be disproportionally impacted by movement restrictions, reduced access to markets and livelihoods and loss of income as a result of COVID-19. Healthcare can be prohibitively expensive, in particular for migrants. As national economies are impacted by the COVID-19 pandemic, governments may be reluctant to provide vulnerable migrants (e.g. irregular migrants) with equal access to response measures introduced to mitigate the social impact of the economic downturn (or may consider reducing resources currently allocated to vulnerable migrants).

As the COVID-19 pandemic grows, patterns of and acceptance of migration and foreigners may change. Migrants, refugees and other marginalized groups may also experience xenophobia, stigma or de-prioritization. Certain nationalities and migrants in general are also at risk of becoming the scapegoats of failing political authorities. Against a backdrop of already prevalent discrimination, some migrants are likely to be blamed in public and official discourses for the propagation of the pandemic, with a risk of violence by the local population or xenophobic groups in a number of contexts, possibly aggravated by the unwillingness or inability of the authorities to fulfil their obligation to protect. Fear of stigma or discrimination may impact access to health care for these vulnerable groups and contribute to a situation where the virus is likely to spread more, not less, by driving people to hide their condition to avoid discrimination.
Reconcile the imperative of protecting public health while ensuring respect for migrants’ rights

In the current context of spread of COVID-19, the risk of an unnecessary and/or disproportionate use of force by authorities may increase. This may take place in situations in which military forces are used in a law enforcement role, as they may not be properly trained and/or equipped. It may also occur in relation to containment of people in particular in overcrowded places, such as places of detention, camps, etc. and in situations of border management aimed at preventing crossing of migrants.

Close monitoring is required to ensure that restrictions on freedom of movement are applied in a non-discriminatory manner. Blanket border closures have already impacted the capacity of those in need to access and benefit from international protection. With the spread of COVID-19, increased risks of violation of the principle of non-refoulement are observed in Europe and Central Asia, along push-back and expedited return procedures. In fact, exceptions are being made to the closed border policies to allow for the forced return of migrants and the implementation of assisted returns of a non-strictly voluntary nature, with a risk of further propagation of the virus in countries where health systems are already weak. Resettlement procedures have moreover been suspended worldwide, even for life-saving and otherwise critical cases. Concerning the release of migrants detained, in several States a widening of enforcement measures has been observed with an increase in supervision as a covert form of “prolonging” detention decisions. People released are often not entitled to benefits leaving them in a situation of destitution. Furthermore, the disruption in a number of administrative and social services, including offices in charge of the management and processing of asylum claims, will also impact the reception conditions and security of residence of migrants.

Lastly, the risk of misuse of personal information and geolocation data is also growing. Governments are discussing with internet service providers how to get access to the geolocation service of mobile users and obtain “anonymized” location data to map the expansion of the pandemic. Even with strong data protection and privacy protocols in place, anonymization remains relative and the risk of re-identification is present. This could open the door to abuses in terms of profiling, surveillance and stigmatization of migrant populations by using personal information on individuals without their consent or without proper legal basis.

The crisis could also impact the protection of personal data of vulnerable populations such as migrants. Based on the state of emergency and other exceptional measures, government authorities and private actors may request humanitarian actors to share data on individuals in order to help them monitor medical status or disrespect of quarantine / isolation or lockdown measures. All in all, such approaches and practices run the risk of blurring the lines between people surveillance and disease surveillance with the possibility that these exceptional measures put in place in the specific context of the COVID-19

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3 Regardless as to whether such returns may be called (e.g. “assisted voluntary return”), this includes ‘induced returns’, ‘constructive/ disguised expulsions’ and assisted returns which are not of a strictly voluntary nature and/or that follow a decision of expulsion. Reference is made here to measures whereby States ‘induce’ or ‘incentivize’ returns by creating circumstances that have the effect of leaving a migrant with no real alternative other than returning, or that are intended to do so (e.g. dire living conditions; indefinite detention; lack of safety in host State). When a State cannot return a migrant in accordance with the principle of non-refoulement through direct measures (order to leave - effective remedy against the order – if lawful, enforcement of the order by State authorities), it should not take indirect or disguised measures that have the same effect.

19, even if temporary, will be very difficult to roll back (ex. measures on surveillance on communication linked to 9/11 counter-insurgency legislations).

**Dialogue with authorities and key messages**

Facing such situations, NSs should ensure, as much as possible and feasible, their capacity to analyze, prioritize, and react to violations of the rights of the individuals they are assisting, in fulfillment of the Fundamental Principle of Humanity and as auxiliary to the authorities in providing impartial humanitarian assistance. The “Minimum Protection Approach” (MPA) provide NSs and other Movement partners with guidance on how to ensure a minimum level of response to the protection needs identified through the course of their work.

Indeed, regardless of whether COVID-19 outbreaks have already been identified, a dialogue with authorities in relation to the issues covered in this guidance is highly recommended. Preventive messages and jointly developed contingency plans can also be shared in advance in view of potentially rapid developments once a country is hit. If needed, the ICRC and IFRC stand ready to support National Societies in adopting and contextualizing them.

Please find below a summary of main issues and related key messages:

- **Inclusion of all migrants, irrespective of legal status, in national plans of response to COVID-19 and access to essential services** (in terms of access to information, capacity to implement and benefit of prevention measures, access to health care for those who are sick).
  - **Inclusion of migrants**
    - Authorities should ensure that migrants, including asylum-seekers and refugees are included in all COVID-19 national, provincial and local contingency, prevention and response plans and interventions. Not doing so would cause further harm, not only to migrants themselves, but also to national and international health.
  - Migrants are often the first responders and frontline advocates for their protection. **They should be included in decision-making** and have access to all relevant information.
  - Migrants must be included in the socio-economic response developed by States to address the economic downturn resulting from COVID-19. To mitigate the immediate needs and to restore income of vulnerable households in communities affected by the outbreak or containment efforts cash support programs may be introduced or the ongoing cash programs expanded. Rather than suspension, the continuation and expansion of these programs will be critical to strengthen social protection of vulnerable households.

- **Migrants’ access to services and reliable information**
  - Barriers impeding migrants’ access to prevention measures and healthcare services need to be addressed as a matter of urgency. This is necessary to protect migrants themselves as well as the health of the host populations. Any person, whatever their legal status or nationality, tested positive to COVID-19 should receive the same treatment.

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5 Please refer to: The “Minimum Protection Approach” Beyond do no harm - responding to protection concerns: a minimum approach (Protection Advisory Board June 2019)

6 The ICRC elaborated public “Note on the protection of migrants in the face of covid-19 pandemic”. Those messages can be used both in dialogue with relevant authorities and as part of public communication efforts. Translations in French and Spanish are already available.
- Authorities should take necessary measures to make sure that, alike other vulnerable communities, migrants, including asylum-seekers and refugees, are reached with reliable information. This requires developing, adapting and sharing the information in languages they understand. Authorities should make it possible that communications with different groups of migrants are enhanced, including through expanded networks, hotlines/call centers and internet platforms in accordance with internationally accepted data-protection and privacy standard.

- Requirements that health service providers, other essential services and humanitarian actors report migrants in an irregular situation to law enforcement or migration authorities should be lifted, as they may deter migrants from seeking help.

- Essential health services must be accessible, free of charge and without fear of detention or deportation, including for migrants in an irregular situation. Specific outreach activities to mitigate the obstacles faced by vulnerable groups should be considered in order to make sure that they are reached with awareness-raising messages.

**Access of humanitarian organizations to migrants, irrespective of legal status**

- Access for humanitarian organizations, including Red Cross and Red Crescent societies, should be provided to all migrants, irrespective of legal status, with a view to making sure that they can continue and scale up their essential humanitarian services in a manner that protects the health of staff and beneficiaries.

- Humanitarian organizations should be supported in their outreach activities to mitigate the challenges faced by vulnerable groups as a result of restrictions on work, mobility and social connections. Rather than suspending their services due to confinement, humanitarian organizations should be allowed to find alternative solutions (e.g. set-up of hotline services, soup kitchens, home visits of groups at risk, re-organization of assistance and other activities in a manner that protects the health of staff and beneficiaries).

- Access to emergency shelters/housing, suitable for the implementation of COVID-19 prevention and control measures, should be urgently secured for those who do not have alternative accommodation such as those who are homeless, released from detention or evacuated from camps. Priority should be given to those who are more vulnerable to complications derived from COVID-19 (e.g. children and families).

✔ Maintain access to asylum and humanitarian exceptions to travel restrictions

- States are entitled to take measures to ascertain and manage public health risks, including those that could arise in connection with non-nationals arriving at their border. Restrictions of movement and emergency border measures must comply with international law. They must be non-discriminatory, as well as necessary, proportionate and reasonable to the aim of protecting public health.

- When protection is not available in-country, cross-border displacement is often the only available option for people to avoid violations of fundamental rights, notably in situations of armed conflict and other situations of violence. Therefore, avenues for asylum seekers

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7 UNHCR, Key Legal Considerations on access to territory for persons in need of international protection in the context of the COVID-19 response, 16 March 2020, available at: https://www.refworld.org/docid/5e7132834.html [accessed 4 April 2020].
to access international protection should be maintained. The systematic rejection of all foreigners at the border in a manner that precludes the admission of individuals in need of international protection, without measures to protect them against *refoulement*, are incompatible with States’ obligations under international refugee law (IRL) and international human rights law (IHRL). Because the principle of *non-refoulement* protects absolute and non-derogable rights, denial of access to territory without safeguards cannot be justified on the grounds of any health risk. If such a risk is identified for an individual or a group of individuals, other measures can be implemented, such as testing and/or quarantine, which enables authorities to limit health risks to host populations, while respecting their international obligations.

- **Humanitarian exceptions to travel restrictions should be maintained**, for instance to allow access to life-saving or otherwise critical medical care or family reunifications when a person is highly dependent and requires help to conduct daily activities. Resettlement procedures of a life-saving or otherwise critical character should resume without further delay.

- Even in such exceptional circumstances, the right to seek asylum must be preserved. Asylum procedures should resume considering that and safe means of implementation can be deployed as already did in some other European States.

**Preserve family unity and prevent migrants from going missing**

- States should take all feasible measures to prevent family separation and the risk of migrants going missing or dying, including during management of border crossings, medical evacuations, and application of quarantine and other measures implemented in response to the outbreak of COVID-19.

- In case family separation is required on health grounds, authorities should ensure that this is done in an orderly manner, and for the strictly necessary amount of time, while maintaining the possibility to communicate and maintain family contact. Measures should be taken, such as the systematic registration of persons admitted into medical/health or quarantine facilities, with a view to facilitate family reunification wherever possible or inform family members in-country or abroad in case of death.

- In the case of deceased migrants, coordination among countries for the collection, handling and exchange of information is fundamental, and therefore binational and regional mechanisms should be strengthened, including the families of the deceased. A good example is the coordination between the member countries of the Regional Conference on Migration in Latin America, which are exchanging recommendations on regional mechanisms for coordination and information exchange in the search for missing migrants in the context of migration.

- Considering that countries of return are mostly countries with weak health systems, forced returns and returns which are not of a strictly voluntary nature should be suspended, with a view to preventing the spread of the virus.

- Comprehensive contingency plans that follow public health guidance are urgently required for collective sites, camps, formal and informal settlements, as well as immigration

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detention facilities. Any lockdown, quarantine, or isolation measures that may be justified in such settings should be accompanied by adequate prevention measures and appropriate medical preparedness and response. These measures are extremely important to avoid exposing noninfected individuals to people infected by COVID-19 and ultimately increasing preventable morbidity and mortality among migrants, staff and the community.

✓ In order to reduce or eliminate the circumstances of detention\(^9\) that may increase the risk of transmission, and as done in a number of jurisdictions already, authorities should: take all possible measures to reduce the number of people subjected to new immigration detention orders; consider releasing people from immigration detention; and/or consider closing immigration detention facilities inadequate for the prevention and control of the infection and the management of individuals who fall sick\(^{10}\). Anyone diverted or released from detention should have access as needed to shelter, health and other essential services.

- In all these cases, as well as when applying any alternatives to immigration detention, it is important not to confuse restrictions on public health grounds with restrictive measures linked to migration.

✓ Authorities should avoid establishing new camps\(^{11}\) where it can be expected that adequate prevention measures\(^{12}\) will be impossible to implement. Serious consideration should be given, notably in situations of overcrowding or otherwise precarious living conditions, to either decongest the sites, with the priority evacuation of suspected cases of COVID-19 infection and vulnerable individuals, or to evacuate camps and settlements (be they formal or informal) as a whole. Camp closure as a contingency measure enabling people to leave overcrowded areas should be planned thoroughly with respect to public health guidance.

Important: None of the above-mentioned recommendations should be interpreted as promoting deportations, \textit{a fortiori} expedited procedures of deportation nor pre-existing policies of dismantlement of camps, notably informal settlements. The recommended measures should solely be grounded on the objective to protect public health and the well-being of the individuals concerned. Ensuring participation of migrants and host community in decision-making and implementation is furthermore at the core of the success of such measures. It is important not to confuse restrictions on public health grounds with restrictive measures linked to migration. Indeed, policies that further contribute to increase vulnerabilities of migrant (dismantlement of camps, return, harassment...) cannot be justified on the grounds of any public health risk.


\(^{11}\) To be noticed that the ICRC will soon issue a new public note on camps and formal/informal settings. This note will be available on the ICRC public website.

**General advice on the interaction with authorities**

*Possibilities to continue or seize new opportunities for dialogue with authorities during COVID-19*

Based on the Minimum Protection Approach, NSs should also envisage to develop a dialogue with their authorities in case violations have been witnessed and documented. In many contexts as a result of national measures to respond to COVID-19, regular channels for policy dialogue may be suspended. Face to face meetings and gatherings are reconsidered in line with the health guidelines. Other means of communications (e.g. phones, video calls and conferences, etc.) can provide an alternative to continue the dialogue with authorities. However, messaging app and video conference platforms such as Zoom - which present many weaknesses in terms of security - also carry risks in terms of data protection and data hacking. Staff should therefore apply extra care and caution in terms of the tool use and the type of information shared over those digital channels. Before using those tools, staff should ideally carry out a data protection impact assessment and define mitigating measure to ensure the do no harm principle.

Additionally, staff responding in the field should be trained and informed and regularly updated on key messages in line with local or national authorities. Given the potential sensitivity of data and information collected on the field, especially personal data, it is essential to ensure that during these interactions, this information is collected and shared in a way that it is protecting people’s lives, their physical and mental integrity, their rights and their dignity. Collecting and handling information containing any personal data needs to be in accordance with the rules and principles of international law and relevant regional and national laws on data protection. The minimum protection approach, especially “do-no-harm” principle must be respected in this process and specific standards for the management of personal data and information must be upheld in order to avoid misuse any of it at unsecure platforms.

National Red Cross and Red Crescent societies as auxiliaries to the government in the humanitarian field should be included in multi-sectoral governmental coordination mechanisms and communication channels for this health emergency. Their auxiliary role in the humanitarian field and this coordination should be used as an entry point for these discussions. If appropriate, National Societies, IFRC and ICRC can identify relevant themes for joint advocacy that resonate with key partners and allies and pursue advocacy goals in collaboration with them in order to widen the potential reach and increase potency of these messages.

**Movement Civil-Military Relations (CMR) during COVID-19**

During the COVID-19 crisis, civilian health and other responders (including RCRC National Societies) are coming under extreme pressure. In many countries police, military and other armed actors are being used by National Authorities to support the C-19 response. In some cases, they are primary responders, especially where a state of emergency exists. State authorities, and humanitarian actors themselves, should put in place national-level safeguards to preserve the latter’s independence vis-à-vis the implementation of migration policies, and to delineate what belongs to humanitarian work, and what belongs from sovereign prerogatives of States (e.g. enforcement of sanctions or reporting of violation of the rules related to lockdown or quarantine; controlling / tracking movements of people, etc.).

In this context, it is important that RCRC Fundamental Principles and CMR guidelines set out in the [CoD Res 7 - 2005](https://www.icrc.org/en/publication/0999-professional-standards-protection-work-carried-out-humanitarian-and-human-rights) are respected. Movement actors this should be assessed on a country basis, particularly in

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14 Based on internal discussions specifically on this topic, the ICRC and IFRC have developed specific Guidelines and Key Messages on "Movement Civil-Military Relations (CMR) during COVID-19 (C-19)". The below insertion is an excerpt from the document
conflict or unstable context, to ensure a principled approach takes precedence notwithstanding the nature of the pandemic, and particularly where such cooperation may have longer term consequences. Aligned with CoD Res 7 from 2005:

- The Movement must preserve its independence of decision-making and action including being clearly distinguishable by dress and conduct, from the military and police,
- Each Movement component must ensure that it acts, and is seen to act, in accordance with the Fundamental Principles; Humanity, Impartiality, Neutrality and Independence.
- Components of the Movement should only use military or police assets as a last resort and should not use armed protection or escorts to carry out humanitarian activities.

Decisions on engagement with military and police actors must consider the potential consequences for the Movement as whole, both within the specific context and globally. The Minimum Protection Approach, especially the “do-no-harm” principle should be implemented in any such engagement, as auxiliary to the public authorities in the humanitarian field.

**General advice on communication with the media**

In any external public communication, we must balance between raising awareness of the risks that vulnerable migrants, including asylum-seekers and refugees face, while being mindful that our communication does not contribute to xenophobia, discrimination or stigma of people from certain nationalities being associated with COVID-19.

As a general advice to National Societies, utmost attention should be paid to never suggest that there could be a causal link between migratory movements and the COVID-19 pandemic. Instead, it is important to stress that migrants’ health is public health and the positive role that many migrants are playing in the response to COVID-19 (e.g. hospital staff, workers in the field, etc.). Migrants’ inclusion in the national response as well as the roles they often play in the response are essential not only to reduce the impact of the pandemic on migrants themselves, but are also core to public health management, which will benefit national communities and the international community as a whole.

Key external messages with the public on humanitarian challenges and RCRC engagement linked to the COVID-19 pandemic have been developed by the IFRC Communications Team and are updated regularly. Specifically, to address questions from the media on migrants, including refugees and asylum seekers, Annex 2 of this document includes a number of key messages for the media and the public that have been developed as part of the document mentioned to specifically address this issue.

In case you need further information on possible key messages on communication with the public and the media on COVID-19 pandemic please contact Corinne Ambler, Regional Communications Manager in Europe at corinne.ambler@ifrc.org.

**DOS & DON'TS**

- Never speak of “migrants and refugees”, but of “migrants, including refugees”. The International Movement of the Red Cross and the Red Crescent uses a deliberately broad description of “migrants” to include all people who leave or flee their home to seek safety or better prospects, and who may be in distress and need protection or humanitarian assistance. They may be workers, students and/or foreigners deemed irregular by public authorities. They can also be refugees, asylum seekers and/or stateless persons. We seek to ensure that all

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15 Please refer to: The “Minimum Protection Approach” Beyond do no harm - responding to protection concerns: a minimum approach (Protection Advisory Board June 2019)
migrants, including refugees and asylum seekers, receive the protection they are entitled to under international and domestic law, but we adopted an inclusive description to reflect our operational practice and emphasize that all migrants are protected under several bodies of law.

- Don’t put emphasis on the alleged large number of migrants, but on their vulnerabilities
- Refrain from systematic generalizations (not all migrants are vulnerable)
- Never use the expression “migration crisis” (such a crisis does not and never exist)
- Never use the expression “illegal migrants”, but “migrants in an irregular situation” or “irregular migrants”. Pay attention to the fact and emphasis that many irregular migrants are also, at the same time, in need of international protection (they are refugees or asylum-seekers); as a result, it is important not to only portray them as irregular migrants but to remind their international protection needs / their rights. Do not hesitate to remind that irregular entry and stay (i.e. irregular migration) should not be criminalized but considered as an administrative offence.
- **Hammer the fact that migrants’ health is public health and that a migrants inclusive-response is for the benefit of the entire community**
- Pay utmost care not to suggest that migratory movements (and migrants) could play a role in the spread of the virus
- **Emphasis the compatibility of an efficient response to COVID-19 with respect of migrants’ rights**
- Never suggest that Movement components’ presence in countries of origin could contribute to prevent migration

**Additionally:**
- A guide to preventing and addressing social stigma associated with COVID-19 pandemic, produced jointly by the World Health Organisation (WHO), IFRC and UNICEF is available on the following link: [https://www.communityengagementhub.org/what-we-do/novel-coronavirus/?search=stigma&resource-type=0&region=0](https://www.communityengagementhub.org/what-we-do/novel-coronavirus/?search=stigma&resource-type=0&region=0).
- ICRC public “Note on the protection of migrants in the face of covid-19 pandemic”. Translations in [French](https://www.communityengagementhub.org/what-we-do/novel-coronavirus/?search=stigma&resource-type=0&region=0), [Spanish](https://www.communityengagementhub.org/what-we-do/novel-coronavirus/?search=stigma&resource-type=0&region=0) and [Arabic](https://www.communityengagementhub.org/what-we-do/novel-coronavirus/?search=stigma&resource-type=0&region=0) are available.

**Guidance, recommendations and documents already published by different actors**

- **IFRC**
  - Go Platform of the IFRC with specific sectoral guidance and documents for humanitarian action in response to COVID-19 crisis: [https://go.ifrc.org/emergencies/3972#additional-info](https://go.ifrc.org/emergencies/3972#additional-info)
  - Community Engagement Hub – COVID-19, specific guidance on Community Engagement and Accountability (CEA) and Risk Communication activities and initiatives in response to COVID-19 crisis: [https://www.communityengagementhub.org/what-we-do/novel-coronavirus/](https://www.communityengagementhub.org/what-we-do/novel-coronavirus/). If you need further guidance on possible CEA or Risk Communication activities you can contact Madelon Schneiders at RRRiskComm.Europe@ifrc.org
  - IFRC Regional Guidance materials: Asia Pacific (EN) and MENA (AR) and Americas (SP) – available on the Go Platform

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16 Please note that not all of the above documents has been formally endorsed by the Movement.
ICRC
- ICRC public “Note on the protection of migrants in the face of covid-19 pandemic”. Translations in French, Spanish and Arabic are available.
- ICRC Movement Civil-Military Relations (CMR) during COVID-19 (C-19) - Guidelines and Key Messages:
  - CoD Resolution 2005/7: https://www.icrc.org/en/doc/resources/documents/resolution/council-delegates-resolution-7-2005.htm#gs.s03uyu providing the policy framework from which the above is drawn

IASC Guidance on camps and camp like settings (available on the GO Platform)

EU
- European Commission Guidance on the implementation of relevant EU rules on asylum and return procedures and on resettlement in the context of the coronavirus pandemic.
- European Parliamentary Research Service (EPRS) briefing note on “Tackling the coronavirus outbreak: Impact on asylum seekers in the EU”


Council of Europe: Commissioner calls for release of immigration detainees while Covid-19 crisis continues

IOM dedicated page on COVID19 response (with resources for Migrants): https://www.iom.int/iom-responds-covid-19

OHCHR, IOM, UNHCR and WHO joint press release: the rights and health of refugees, migrants and stateless must be protected in COVID-19 response

UN Migration Network: COVID-19 Does Not Discriminate; Nor Should Our Response

UNHCR resources in response to COVID-19
- UNHCR, Key Legal Considerations on access to territory for persons in need of international protection in the context of the COVID-19 response, 16 March 2020, available at: https://www.refworld.org/docid/5e7132834.html
- UNHCR liveblog capturing numerous information and assistance initiatives linked to Covid 19 at the global scale. You can access it on the following link: https://www.unhcr.org/news/stories/2020/3/5e79e2410/live-blog-refugees-covid-19-crisis.html
High Commissioner for Refugees

UNHCR country offices are currently focusing on making information available to UNHCR persons of concern, including refugees and asylum seekers through this website: https://help.unhcr.org/, where they can find some specific information and advice relative to their national context.

- Information on positive measures implemented by different states responding to COVID-19
  - PICUM, a summary with different measures extending residence permits during the lockdown, as well as other measures on COVID-19 and residence permits.

Who to contact for technical support and additional information?

You can visit the Go Platform of the IFRC, where you find weekly operational updates, field reports and the 3W function with information on National Societies activities in response to the COVID-19 crisis: https://go.ifrc.org/emergencies/3972#details

If you need any further information, have inquiries, or need technical support you can contact:

- Sarah Klingeberg, ICRC Regional Migration Adviser for Europe and Central Asia, based in Brussels: sklingeberg@icrc.org
- Anaïs Faure Atger, Head of Migration of the RCEU Office: anais.faureatger@redcross.eu
- Borbála Bodolai, Senior Migration Officer at IFRC ROE: borbala.bodolai@ifrc.org
- Tiziana Bonzon, Migration and Displacement, Global Lead IFRC Geneva: tiziana.bonzon@ifrc.org
Annex 1
IFRC public communication key messages and Q & A on the situation of migrants (as of 31 March 2020)

Q. How are Red Cross and Red Crescent teams helping displaced people and migrant populations prepare for COVID-19?

A. The Red Cross and Red Crescent remains focused on the most vulnerable populations across the globe, and that includes the millions of people who are currently displaced or on the move. Many of these people may be at greater risk of contracting diseases like COVID-19 because of language barriers, legal status, limited access to critical medical care and poor living and working conditions. Red Cross and Red Crescent societies are carrying out a number of activities to help people most at risk stay safe during the COVID-19 outbreak. In many areas, Red Cross and Red Crescent volunteers are taking temperatures and conducting health screenings, providing first aid, disseminating hygiene and preparedness messaging in multiple languages and visual aids, running informational workshops, and connecting people with basic health services along migratory routes and helping to refer severe health cases to medical facilities – regardless of anyone’s legal or citizenship status. We continue to monitor the rapidly evolving situation and adjust our services to best reach those in need.

Q. How are you handling this additional risk of the virus spreading among migrants?

A. Our global humanitarian network is comprised of 14 million volunteers in 192 countries across the world, many of whom are now responding to the COVID-19 outbreak. Our volunteers assist everyone classified as vulnerable – including the elderly, those with health conditions, people displaced from home and migrants. Migrants and internally displaced people who are in vulnerable situations may suffer from poor health already due to exhaustion, lack of nutrition and overcrowded camp conditions. Our volunteers are disseminating reliable and accessible information on COVID-19 to people in their own languages to help keep informed. Many Red Cross and Red Crescent teams are also providing psychosocial support and health guidance.

Q. What is the Red Cross doing specifically to mitigate the risk of a COVID-19 outbreak among migrants?

A. Many Red Cross and Red Crescent societies around the globe have been helping migrants for years under the most pressing circumstances, and we continue to work with the most vulnerable during the COVID-19 outbreak. Here are a few ways Red Cross and Red Crescent teams are helping migrants specifically:

- In Italy, all 600 branches of the Red Cross are actively engaged in COVID-19 work. Volunteers are sharing information on a web radio station run by young migrants and running podcasts on COVID-19. They are also translating materials into migrants’ own languages and sharing them in reception centres as well as operating a toll-free 24/7 phone line for the community.
- Bulgarian Red Cross is translating and disseminating IFRC visual messages for migrants in reception centres.
- Icelandic Red Cross is sharing critical COVID-19 messages via a virtual volunteer phone app.
- In Greece, volunteers working in Athens and Thessaloniki are translating and disseminating preparedness and hygiene messaging for migrants.
- The Syrian Arab Red Crescent is also disseminating hygiene messaging all over the country as well as on social media. The Palestine Red Crescent Society is holding preparedness workshops for local community members and in Palestinian refugee camps in Syria and Lebanon.
Brazil Red Cross and the International Committee of the Red Cross (ICRC) migration project are distributing hygiene kits for the migrant population at risk of COVID-19. Argentina, Chile, Colombia, Ecuador and Peru Red Cross are sharing information on prevention measures at border crossings, shelter centres and communities where there is a high presence of migrants.

Q. Some countries, such as Hungary and Italy, have reportedly associated the spread of COVID-19 to migrants, denied new migrants access to their border camps, and/or imposed quarantine restrictions on migrants. Do you think this justified?

A. The Red Cross and Red Crescent believes it is important that no one – migrants and displaced people included – face stigma and blame for spreading COVID-19. There is no evidence to support any one group of people is responsible for spreading the disease. It is important to keep communities safe by preventing stigma and blame, which can result in people feeling reluctant to come forward and seek critical treatment. National Red Cross and Red Crescent societies, as auxiliaries to their governments, play an important role in advocating for access to assistance and protection with authorities. They are well-positioned to help prevent discrimination and stigma.