COMMITTEE ON MIGRATION ISSUES OEA/Ser.W

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CONCEPT NOTE

THEMATIC SESSION:

"FOLLOW-UP TO MEASURES TO ADDRESS THE IMPACT OF THE COVID-19 PANDEMIC ON MIGRANTS"

(July 2021)

(Prepared with the Chair of the CAM with the support of the Technical Secretariat)

On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic. As of July 7, 2021, WHO recorded 184,105,272 confirmed cases of COVID-19, including 3,988,565 deaths, and as of July 6, 2021, a total of 2,989,925,974 doses of COVID-19 vaccines had been administered. The Americas had 73,118,205 confirmed cases of COVID-19, including 1,922,926 deaths.[[1]](#footnote-1)

Since the emergence of COVID-19, a wide range of measures to contain the virus and mitigate the consequences of contagion have been implemented by States, including the imposition of confinements, border closures, suspension of payment of public services, moratoriums and bans on evictions, as well as increased social spending to execute cash transfers to households in poverty and provide donations to vulnerable individuals and groups. In the Americas, the first dose of the first approved vaccine against COVID-19 (Pfizer/BioNTech) was administered in New York, United States, on December 14, 2020. In this scenario, the development of vaccination programmes has been in addition to the measures implemented by States to deal with the pandemic. In 2021, the existence of vaccines approved by health authorities and the COVAX initiative, led by the WHO, have contributed to the international distributed of vaccines against COVID-19.

The responses of countries in the region to the COVID-19 pandemic have been mixed, making some countries more under control than others. Factors such as the predominance of informal trade, as well as living conditions and overcrowding in poor neighbourhoods, mean that measures to prevent the spread of COVID-19, such as confinement and social distancing, are not as effective as in other countries, where stronger social safety nets exist. As highlighted in the OAS Guide to Inclusive and Rights-based Responses to COVID-19,[[2]](#footnote-2) despite the wide range of measures adopted by the countries of the region to respond to COVID-19, these measures have not reached all sectors of the population equally: various vulnerable groups have faced the impacts of the COVID-19 pandemic in an aggravated manner, especially migrants and their families.[[3]](#footnote-3)

Migrants and refugees have been especially vulnerable to the impacts of COVID-19 "because they face difficulties in accessing decent health care and health programs because of their nationality or immigration status. They also face challenges in complying with social distancing measures due to the overcrowded situation in which many of them live, or the need to work in the informal market." These factors that hinder access to health and social security services are added language barriers, xenophobia and the fear of facing immigration detention and deportations. In the case of migrants deprived of their liberty in immigration detention centres or confined to camps or illegal settlements, these difficulties deepen. For these reasons, in some countries, migrants have been among the groups with the highest levels of COVID-19 infections and deaths.[[4]](#footnote-4)[[5]](#footnote-5)

The above factors allow us to understand the reasons why COVID-19 has particular consequences on the physical and mental health of migrants, in addition to other labor (unemployment, precarious or informal jobs) and socioeconomic (evictions) impacts. In addition, it should be noted that during the pandemic the sectors or occupations most affected coincide with those that employ a greater number of migrants, for example, the health sector, domestic work, agricultural work, construction and the hospitality industry, of which hotels and restaurants are part.

***State measures to support migrants in the fight against COVID-19***

In response to these situations, the countries of the region have implemented special measures to guarantee migrants' access to health services, as well as to offer them job opportunities. Chile, Colombia and Peru have created regular pathways for regular migrants to benefit from health services to treat Covid-19 and through emergencies for those in an irregular situation. In addition, in order to avoid saturation of health systems, governments such as those of [Argentina,](https://www.boletinoficial.gob.ar/suplementos/2020031201NS.pdf) [Chile](https://www.chilecompra.cl/wp-content/uploads/2020/03/Decreto-N%C2%B06-2020-Salud-que-modifica-Decreto-N%C2%B0-4-2020-que-decreta-alerta-sanitaria.pdf) [[6]](#footnote-6) and [Peru](https://cdn.www.gob.pe/uploads/document/file/606090/DL_1466.pdf) have allowed migrant health professionals with[[7]](#footnote-7) degrees obtained abroad to practice their profession during the health emergency.[[8]](#footnote-8)

Similarly, the digitization of migration services in Chile and the Peruvian Migration Information Registry system have facilitated procedures for migrants, making it possible to meet migration needs without putting migrants and officials at risk of contagion; and providing vouchers to vulnerable families, including those of migrants with the support of UNHCR and IOM in [Peru.](https://gestion.pe/peru/covid-19-venezuela-mre-la-comunidad-de-migrantes-venezolanos-en-peru-recibira-apoyo-economico-adelanto-el-mre-noticia/) [[9]](#footnote-9)For its part, Colombia, in order to alleviate the effects of the closure of the border with Venezuela, has set up humanitarian corridors for the particularly vulnerable population, and distributed goods to ensure the food security of hundreds of thousands of people.[[10]](#footnote-10)

In the United States, the mayor of New York announced in April of this year the establishment of an Emergency Aid program for COVID-19 Immigrants through which a contribution of $400 would be given to irregular or undocumented migrants, thanks to a partnership with the Open Society Foundation. This aid is expected to reach 20,000 undocumented migrant workers and their families affected by covid-19-related job losses. Also in this country, [[11]](#footnote-11)the Centers for Disease Control and Prevention (CDC) extended the term of the national moratorium on evictions that prevents families facing financial difficulties related to the pandemic from being evicted from their homes to July 31, 2021. Migrants have benefited from this measure. [[12]](#footnote-12)It is also important to note that several countries in the region have included migrants, asylum seekers and refugees in their vaccination campaigns against COVID-19.

For its part, the UN Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families, the UN Special Rapporteur on the Human Rights of Migrants, as well as the IACHR Rapporteur on the Rights of Migrants, have highlighted the valuable contributions of migrants to responses to COVID-19 : A large percentage of these migrants, regardless of their immigration status, do so in sectors that have been considered essential during the pandemic. Accordingly, they have made recommendations that measures taken by States in responding to the impacts of COVID-19 should guarantee the human rights of migrants and their families.[[13]](#footnote-13)

States' actions to address the impact of the C pandemicOvid-19 in migrants must be based on thes international human rights obligations of States, as well as on the principle of shared responsibility and the international cooperation. For this reason, it is vitally important to analyse them within the Committee on Migration Affairs. This session will address this issue in order to promote a dialogue among its member States.

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