

SITUATIONAL BRIEF: COVID-19 RESPONSE & MIGRANT HEALTH IN PORTUGAL

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CONTEXT: MIGRANTS IN PORTUGAL IN THE CONTEXT OF COVID-19

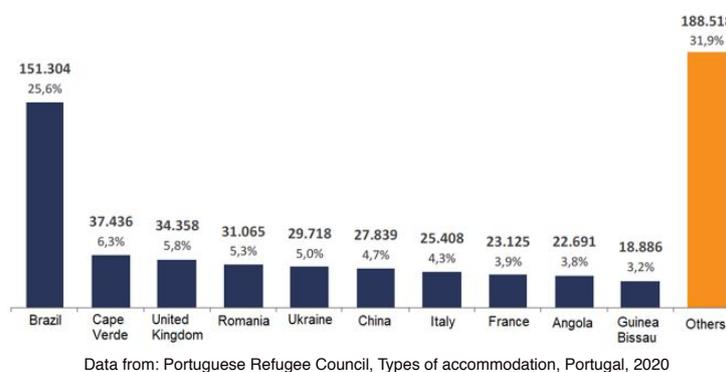
1.1 COVID-19 Country context

- Portugal took early action to control the COVID-19 epidemic, declaring the State of Emergency on 18th March 2020 [1], and imposing restrictions on economic activity and social life when there were only 62 cases of COVID-19 per million inhabitants and no COVID-19 deaths. The Government of Portugal, which is a national sovereignty body with political, legislative and administrative functions, learning from the fast growth of the epidemic and its impact in Italy and Spain initiated the response to COVID-19 in an early phase of the epidemic and the population followed recommendations [2].
- International comparison of the ‘Stringency Index’ [3] indicates that in mid-March Portugal implemented stringent containment and mitigation measures including the cancellation of public events, closure of schools, universities and other education institutions, and workplaces, as well as restriction of national and international movement.
- Although Portugal successfully “flattened the curve” and avoided the collapse of the healthcare system [4], in the recent weeks where economic and social activities resumed, the virus has been spreading in specific neighbourhoods in the suburbs of Lisbon [5,6].

1.2 Migration context

- In 2018, the foreign-born population represented 8.6% of the total population in Portugal (10 295 909 residents) [7, 8], resided mostly in Lisbon district, comprised 15.5% of the total population in the capital (Lisbon) [9,10]. The most representative nationalities of migrants in the country are Brazilian, Cape Verdean, British (UK), Romanian and Ukrainian (Figure 1) [11].

Figure 1. Most representative nationalities of the foreign population in Portugal, in 2019^[11]



- Regular migrants (migrants with authorised residence permit from the Immigration and Borders Service - SEF) residing in Portugal increased 22.9% from 2018 to 2019 [11]. In Portugal there are no official statistical or administrative data to account for irregular migrants (migrants with undocumented and/or non-regularized resident status) living in the country. In terms of socioeconomic characteristics, migrants in Portugal work predominantly in industrial, construction, agriculture and low wage work [12] (namely, in restaurants, auxiliary and cleaning services in health

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centres, hospitals, nursing homes and housekeeping services). In 2017, the proportion of unemployment was higher among migrants – 7.3% among those from EU28 and particularly among those from extra-EU, 15.2%, compared to 6.4% among national citizens [13].

- Compared to the other European countries, a small number of refugees and asylum seekers live in Portugal. Sea or land arrivals are not common in Portugal [14]. Between January 2015 and April 2018, Portugal relocated 1 552 people seeking asylum from Greece and Italy, mostly families of Syrian nationality [15]. Additionally, in 2018 and 2019 Portugal reinstated 1010 refugees from Turkey and Egypt under UNHCR protection and received 1 849 applications for international protection, the majority being from the African continent [11]. In the current asylum reception system, there are three Refugee Reception Centres from the Portuguese Refugee Council (CPR) that offer appropriate housing and reception conditions during admissibility, with capacity up to 300 persons, and other small reception centres and accommodations offered by institutions and non-governmental organizations. Additionally, refugees and asylum seekers can be accommodated in private apartments, hotels or hostels under agreements between CPR, several municipalities and local institutions [11].

1.3 Migrant health and access to health services

- Portugal has a National Health Service (NHS) with nationwide, universal coverage (all Portuguese citizens, as well as foreign, stateless and refugee residents have access), which is mostly free at the point of delivery (mainly publicly funded by taxes but includes small user fees for tests and consultations)[16].
- Migrants with a residence card, people with refugee and subsidiary protection status and asylum-seekers have access to the NHS under equal conditions as the nationals. All are given Portuguese National Health Service ID numbers (important for administrative purposes), except asylum seekers and people waiting for their Subsidiary Protection until their status is approved [17], although this doesn't compromise access to healthcare. Irregular migrants have free access to the NHS for specific medical needs, including an emergency medical situation that endangers themselves or the public health, vaccinations, maternal and/or paediatric care [18], as long as they present a statement from their Parish Council residence area attesting that they have been living in Portugal for over 90 days [19].
- Evidence from Portugal, as with other European countries, shows that while the health of migrants (regular and undocumented) when they arrive is good and generally better than similar population groups in the country, over time their reported health status tends to deteriorate, with an increase in chronic diseases, infectious diseases and mental health issues [16, 19, 20, 21].
- Despite acknowledgement that Portugal has some of the most inclusive health policies for migrants, research indicates an underuse of health services among some migrant groups, especially those most socially vulnerable, new arrivals and undocumented migrants [22, 23, 24]. Related barriers include a lack of information on migrants' health rights and services available, language and cultural differences, stigma, economic constraints, and structural and administrative barriers [23, 25].

RISKS & IMPACTS OF COVID-19 ON MIGRANT POPULATIONS IN PORTUGAL

2.1. Employment

- Some migrant communities feel forced to remain at work, even when presenting with mild symptoms, as a loss of income or losing their job is too much of a risk for people and can have important short-term impact. Most need to continue using public transportation in order to travel to their workplaces.
- Many migrant workers have more than one job and they frequently work in health centres, hospitals and nursing homes in auxiliary and cleaning services, which have a high turnover of workers increasing contact with several people. Migrant women are mostly the backbone of housekeeping services, often working in multiple residences.
- In construction and agricultural work, subcontracted and/or seasonal work is common, and heavily relies on migrant populations. This is often a context of increased risk of infection due to working conditions: these jobs frequently

involve crowded transportation and accommodation, lack of protective equipment and complete health checks, and difficult conditions to ensure proper physical distancing and use of masks.

- Some migrants are not given a work contract or don't pay taxes. As such, some migrants who tested positive for COVID-19 test may not be covered by the social security compensation programs available to COVID-19 patients, meaning they may continue working despite public health recommendations.

2.2. Lack of appropriate information and administrative barriers

- Lack of access to appropriate information about healthcare and public health relating to COVID-19, especially among migrants recently arrived, undocumented and not fluent in English or Portuguese, may hinder ability to adhere to recommended public health measures. Legal status, cultural differences, discrimination and language barriers can limit access to available information and healthcare and social support.
- To date, there are still some administrative obstacles to register migrants without a Portuguese NHS ID number in the COVID-19 surveillance and clinical follow-up platforms. National citizens and migrants with a NHS ID number simply receive a text message with a code to schedule and do the test in a lab. On the other hand, migrants without an NHS ID number can be prescribed with a test through temporary registration, but they have to pick up the prescription in a health centre before going to the sample collection location, frequently by public transport, with the inherent risks associated.
- Case management and contact tracing can be less effective due to language barriers that lead to misunderstanding, and to conflicting public health messages regarding the importance of case and contact isolation, even if asymptomatic. Public health messages that are disseminated via social media without working with community leaders or not communicated clearly and in a culturally sensitive way are less likely to be effective. In addition, this can be more challenging where communities may not trust health professionals [26] and health authorities, and therefore people may be less inclined to share their contacts information.

2.3. Living conditions

- Measures of isolation and physical distancing may be particularly difficult for migrant population to follow due to living conditions. The most socioeconomically vulnerable migrants (particularly those unemployed, undocumented and asylum seekers) frequently live in overcrowded accommodation with poor sanitation making adequate hygiene practices difficult to implement and self-isolation virtually impossible. Additionally, based on fieldwork experience with migrant populations, many live in communities with strong social ties and dynamics of proximity that make it more difficult to implement social distancing to prevent spread.
- There have been reports of outbreaks in crowded accommodations and workplaces, for instance among irregular migrant seasonal agricultural workers [25, 27]. Following the identification of COVID-19 cases amongst people living in crowded conditions, several accommodation buildings have been put under collective quarantine (with infected persons being moved to separate specified areas) in adapted environments such as closed schools [28] and hostels [29].
- Although there is a lack of published data on the geographic distribution of infections and cases amongst the migrant population, it seems that there is a concentration of new cases in deprived neighbourhoods with a high proportion of migrants in the Lisbon Region [30, 31]. It has also been observed that some of the neighbourhoods in Lisbon suburbs with recent increased transmission may coincide with areas where Tuberculosis incidence has historically been higher in the region [32, 33].

RESPONSE TO MIGRANT HEALTH BY GOVERNMENT AND ORGANIZED CIVIL SOCIETY DURING COVID-19

3.1 Migrants access to health care in the NHS during COVID-19

- The Directorate-General of Health (DGS) issued an Information (Information No. 010/2020, of May 8th 2020, in Portuguese language, directed to professionals who provide assistance and support to migrant and refugee populations) stating that all administrative barriers to access the NHS WERE removed and reassuring migrants and

refugees, that regardless of their status, whether they are documented or not, have the right to access the NHS free of charge in the interests of public health protection [34].

- Following complaints regarding persistent difficulties for migrants to access health services despite the Ministry of Health's decree, the Health Regulatory Authority (ERS) issued a warning [35] to clarify that the NHS must guarantee all migrants' access to health care as they would for Portuguese citizens. In addition, the decree stated that all migrants should have access to medical care related to public health, for instance care for pregnant women, for family planning, children and vaccination even if they do not have the normally required documentation.

3.2. Migrants administrative status

- The Government determined by the Decree-Law No. 10-A/2020, as of March 13th, that all foreign citizens and asylum-seekers with pending applications to the Immigration and Borders Service (SEF) before March 18th 2020 would be granted temporary residence status between March 27th to July 30th 2020, which would give them access to certain rights, including health, social support, employment and housing [36].
- Documents necessary to legitimize migrants' stay in Portugal were made available online by the SEF and the government and are valid for all public services, allowing easy access to a Portuguese health number that is necessary to access some health care services in the NHS.
- The Government also decreed that legal documents due to expire after February 24th 2020 would remain valid until June 30th 2020. This measure was amended by the Decree-Law No. 22/2020 [37], of May 16th, which establishes that documents like visas related to the permanence in national territory, among other documents, will remain valid until October 30th of 2020 for national and foreign residents and after October 30th if the holder proves that he/she had already scheduled the renewal of the document.

3.3. Information & materials related to the measures taken in response to COVID-19 were made available by governmental organizations in multiple languages, including Arabic, Bangla, French, Hindi, Mandarin, Nepalese, Romanian and Russian, as well as English and Portuguese, and these included:

- High Commission for Migration (ACM, I.P.)'s Contingency Plan, that identifies the measures to take into account in a situation of suspected or confirmed infection in ACM, of its staff members and the citizens (clients) that daily access the public services made available by this Institute.
- Practical Guide on the Order No. 3863-B / 2020, of March 27, determined that the management of services provided and scheduling of appointments so as to safeguard unequivocally the rights of all foreign citizens with pending cases before the Immigration and Borders Service (SEF), in the context of COVID-1
- Information Table of the Plan for Lifting Lockdown
- Information Leaflet "State of Calamity | Plan for Lifting Lockdown"
- Information Leaflet on the Exceptional Support Measures – Self-employed Workers of the Social Security Institute (ISS, I.P.)
- Materials of the #SecurityInIsolation Campaign, promoted by the Commission for Citizenship and Gender Equality (CIG)
- Information Leaflets for Migrants about COVID-19 disease and the psychological wellbeing in an isolation situation – by the International Organization for Migrants (IOM) [38].

3.4. Partnerships of Public Health Authorities, government services and community associations to adapt or improve effectiveness of implemented measures

- Risk monitoring and support: The network of National Support Centre for the Integration of Migrants (CNAIM) and Local Support Centre to the Integration of Migrants (CLAIM) of the High Commission for Migration, with the Portuguese Refugee Council and other institutions established agreements with immigrant and Roma associations to monitor the risks and support needs of people in the affected areas [39].
- Health care workers and others are advised to use intercultural mediators and telephone hotlines, namely through the Migrant Support Phone Line of the High Commission for Migration.

- Health communication: Public Health Units, in partnership with local NGOs, community associations and local municipalities established door-to-door awareness campaigns in neighbourhoods where COVID-19 clusters had been detected, including those with significant migrant populations. Nonetheless, these actions were generally more reactive to already existing COVID-19 cases, instead of taking a proactive preventive approach.
- Health literacy: Some Public Health Units and health centres developed health literacy activities in “health community groups” in deprived areas with high proportion of migrants before the pandemic and created deeper ties between local health services, NGOs and communities, which facilitated stakeholders’ mobilization for prevention of transmission. Local Health Plans also allowed for partners to gather around common health objectives under the umbrella of the Public Health Units.

3.5. Management of COVID-19 cases and contact tracing in migrants, and public health interventions

- The network of public health authorities ensures coherence in the response to migrants’ public health situation while allowing for the necessary flexibility in approach for COVID-19 prevention and control with different partners and in different municipalities.
- Portugal has a centralized system for monitoring cases and tracing contacts (Trace-COVID-19) by Public Health Units and family doctors. COVID-19 testing results are centrally registered in a digital platform called SINAVE Lab. The National System of Epidemic Surveillance in Portugal allows for good quality surveillance through laboratories and clinical notifications that are validated by Public Health Units. Afterwards, the Public Health Units conduct the contact tracing and apply the appropriate control measures. However, there have been difficulties in registering migrants in this digital platform for follow-up when they lack an NHS ID, despite the efforts by the Public Health Authorities to overcome these administrative issues.
- A free COVID-19 test is available for everybody with a prescription from the NHS. All citizens with an NHS ID receive a text message with a code to schedule the exam in a lab. Nevertheless, lack of knowledge, communication barriers and/or fear of contact with the authorities may hinder access to COVID-19 testing among migrants. In case of undocumented migrants and migrants without a NHS ID number, to date they have to pick up the prescription in a health centre.
- Testing has been promoted in some ‘high prevalence’ residential areas and settings to raise awareness and detect and isolate positive cases more efficiently. This measure has been used more frequently since the incremental reopening of social and economic activities.

3.6. Social support, work and housing

- Exceptional Support Measures of Social Security Institute: Social Security, in the context of the epidemic crisis of COVID-19, provided several exceptional measures aimed at the social protection of citizens. The measures, on an urgent and temporary basis, cover the Employing Entities, but also the Independent Workers as well as Domestic Workers and many migrants may work in these activities. Included are measures covering employment support, family assistance and social protection for isolation and illness.
- Support for Work and Employment: The Government determined a number of temporary and simplified measures for employment support and for companies, related to the protection of jobs (lay off), moratorium on credit agreements, credit support, among others. However, these measures don’t apply to irregular migrant workers.
- Social support: Social support is provided to COVID-19 positive migrants and their families if they lack resources like food or hygiene products but is dependent on the resources locally available in the municipalities, Public Health Units or NGOs.
- Housing: Alternative housing for COVID-19 positive migrants and refugees that live in overcrowded homes and/or lack sanitation or hygiene facilities exists but depends on local or regional availability from the civil protection authorities, the municipalities or NGOs.
- Suspension of deadline for rental contracts: The Government approved an exceptional and temporary regime which defines the suspension of calculating the time in rental contracts or of their renewals during the vigilance periods in a

situation of need, state of emergency or other state of exception declared under legal and constitutional terms until September 30th, guaranteeing the continuity of the contracts, as well as the rights and obligations from both parties, which protects those in financial hardship, including migrants.

3.7. Security recommendations concerning Domestic Violence during isolation: The National Support Network for Victims of Domestic Violence has been working on security recommendations concerning domestic violence during isolation, including a free help line via SMS, email and call for complaints. The Commission for Citizenship and Gender Equality (CIG) has an email service for questions, requests for assistance and emotional support that is accessible for migrant populations and language sensitive.

3.8. Migrants Reception Centres: These facilities were informed by the Ministry of Health by the Information No. 010/2020, of May 8th 2020, that they must implement Contingency Plans that allow the accommodation, food, hygiene and health of their users, in strict compliance with precautionary measures and infection control, namely, social distance, hand hygiene and respiratory hygiene. These plans specifically contemplate the implementation of the measures recommended in DGS Guideline 014/2020 and are monitored by the Public Health Units.

RECOMMENDATIONS TO IMPROVE MIGRANT HEALTH DURING COVID-19

ENSURE EASY ADMINISTRATIVE ACCESS TO HEALTHCARE AND SOCIAL SUPPORT FOR ALL MIGRANTS AND REFUGEES THROUGHOUT THE RESPONSE TO COVID-19 IN PORTUGAL:

R1. Immediately identify and remove remaining obstacles that limit migrants and refugees' access to healthcare services and social support programmes. These include facilitation of the same tools for migrants and refugees as for national citizens for contact tracing and for easy prescribing of tests through phone text message or email in multiple languages. In addition, special social support compensation programmes for migrants who cannot access social security protections because of their irregular employment status should be created during the COVID-19 crisis.

R2. Further extend the visa/residency status of all migrants in Portugal for an additional 6 months to ensure elimination of all administrative barriers that can hinder access to NHS.

ENSURE INCLUSION OF MIGRANTS AND REFUGEE POPULATIONS IN PREVENTION, PREPAREDNESS FOR AND RESPONSE TO COVID-19:

R1. Ensure all migrants are aware of where and how to access healthcare. Promotion of community awareness campaigns, culturally adapted and working with community leaders; to promote trust in health professionals and public health authorities, in particular for new arrivals and undocumented migrants as they may be less likely to trust health professionals.

R2. Improve cases and contact follow-up and testing by strengthening capacities, resources and engagement of local Public Health Units. A stronger role and coordination capacity of Public Health Units at the local level involving community leaders for prevention, management, contact tracing and monitoring of COVID-19 among vulnerable populations would help to overcome limitations in approaching complex social situations. Public health units are under-resourced and under-funded, and its role in coordinating response of scientifically and socially sound and context specific preventive approaches should be reinforced. Guidelines to facilitate contact tracing communication and to address language and cultural/trust barriers should be issued.

R3. Immediately transfer migrants & refugees held in overcrowded housing facilities to safer living conditions. Prioritise evacuation of the most vulnerable groups, such as those with underlying health conditions. Since these settings may be overcrowded with insufficient sanitation and hygiene measures, the spread of COVID-19 has the potential to be rapid among affected populations and those working there. Displaced refugees and disadvantaged migrants need special focus, in order to ensure that they are not disproportionately affected, and that their previous lack of access to shelter, water, sanitation and hygiene, or food is not compounded.

R4. Work closely with migrant communities to prevent transmission in most vulnerable neighbourhoods. Public Health Units and governmental institutions for social protection must build trust and develop a working relationship with the local communities and migrant communities and leaders, NGOs and civil society groups in order to ensure awareness is built up, reinforced and messages passed about risk of transmission, outbreaks and protection measures in neighbourhoods where people tend to be living in crowded conditions and where communities have strong social ties and dynamics of proximity [40], with particular attention to specific disadvantage migrant communities.

R5. Ensure typical migrant employment sectors have prevention mechanisms in place: A culture of prevention should be reinforced in high transmission risk work contexts such as seasonal work, construction or agricultural settings and healthcare facilities or nursing homes. Information should be clear and preventive behaviour (including use of personal protective equipment) should be promoted. Broader testing strategies can be promoted when needed in order to isolate eventual asymptomatic and pre-symptomatic cases, and information about symptoms and the disease should be provided to workers to be aware of any symptoms and to make them sensible to report it to responsible personnel at work, that must comply with workers protection legal framework and link with public health services.

UNDERTAKE RESPONSIBLE, TRANSPARENT AND MIGRANT-INCLUSIVE PUBLIC INFORMATION AND COMMUNICATION STRATEGIES:

R1. Continue providing and disseminating linguistically and culturally appropriate information to improve pandemic awareness and public health understanding amongst the migrant population. The dissemination of information for health promotion and health education that is linguistically and culturally sensitive must use appropriate and effective communication channels including civil society, NGOs and migrant-related institutions, and the participation of migrants is crucial to ensure messages are understood and to impede possible mis/disinformation. Despite critical overload of the health services, diversity sensitivity and cultural competence in health care provision are imperative.

R2. Actively counter racism, xenophobia and discrimination. Racism, stigmatisation and prejudice must be eliminated at all cost. This increases exclusion of migrant and refugee populations and inhibit or delay these populations from reporting symptoms and seeking healthcare.

R3. Ensure quality health data is publicly available and shared with stakeholders at the local, regional and national levels, as well as academia. There is room for improvement in reporting of data (including about COVID-19 among vulnerable groups), to direct and promote inclusive interventions at hot-spot transmission areas promoting a so-called Precision Public Health approach [41]. Furthermore, sharing data with migrant populations can raise awareness in most affected communities and increase compliance with recommended preventions measures. The information must be used in accordance with respecting individual privacy, data protection, and with a communication strategy that promotes inclusion and counters discrimination against specific populations and neighbourhoods.

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