

Letter to the Editor

Migrants in the Middle East and North Africa during the COVID-19 pandemic

Kolitha Wickramage, , PhD¹, Chiaki Ito, , PhD², Mahmoud Hilali, , PhD³, Sally Hargreaves, , FRCPE⁴, Ana Requena-Méndez, , PhD^{5,6,*} and on behalf of the Migrant Health MENA working group

¹International Organization for Migration, Geneva, Switzerland, ²IOM Regional Office for Middle East and North Africa (MENA), International Organization for Migration, Cairo, Egypt, ³Blue Nile National Institute for Communicable Diseases, University of Gezira, Gezira, Sudan, ⁴Migrant Health Research Group, Institute for Infection and Immunity, St. George's, University of London, London, UK, ⁵Barcelona Institute for Global Health (ISGlobal, Hospital Clínic-University of Barcelona), Barcelona, Spain and ⁶Department of Medicine Solna, Karolinska Institutet, Solna, Sweden

*To whom correspondence should be addressed. Email: ana.requena@isglobal.org

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Greenaway *et al.* suggested that there are little data on the impact of COVID-19 on morbidity and mortality among migrants, but specifically in migrant living in refugee camps, detention centres and reception centres.¹ No where is the impact of this under-reporting seen so starkly as in the Middle East North African (MENA) region, and area with the largest population of forcibly displaced migrants housed in camps and in detention centres along the North African coast, and these are closed settings known to be high-risk for COVID-19 transmission.¹ As Greenaway *et al.* suggest that migrants may have been more severely impacted by COVID-19 compared with the host population due to loss of livelihoods, lockdowns, other restrictions on movement including the halting of the asylum system and resettlement process from the region.^{1,2} In addition, access to health and vaccination systems for migrants is often severely restricted or non-existent, due to their lack of entitlement, and/or structural barriers to accessing basic health care or discrimination, particularly for very marginalized groups such as undocumented migrants.² Migrants are known to have multiple risk factors and vulnerabilities for COVID-19 and may have experienced higher morbidity and mortality than other groups in some settings.²

Ensuring migrant populations in the MENA region have equitable access to the COVID-19 vaccine which is now an imminent challenge. WHO has called for low-income migrant workers, irregular migrants and those living in migration centres or camps as priority groups.³ IOM has called on governments to make every effort to address and reduce vulnerabilities faced

by migrants by ensuring that regardless of their status, migrant can access COVID-19 vaccines; and to mitigate potential barriers to migrants' accessing services and vaccines such as the identification card's requirements in place in many vaccination-points. Jordan was one of the first countries in the world to prioritize refugees in its vaccination programme, and since January 2021, has now vaccinated up to one third of refugees living in camps in the country, ~13 455 individuals.⁴ A recent UNHCR survey among asylum seekers and refugees in Algeria on knowledge and interest on COVID-19 vaccination indicated that only 70% surveyed were aware of the ongoing COVID-19 vaccination campaign, yet only 30% expressed an interest in getting vaccinated.⁵ This highlights the need for innovative and tailored mechanisms for vaccine roll-out in such contexts to not only ensure meaningfully inclusion but also address vaccine hesitancy. Strengthening community engagement with such groups and ensuring effective coordination with health authorities, UN, NGOs and civil society groups, is critical. To date, poor data collection in the MENA region⁶ has severely hampered efforts to understand the real effects of COVID-19 on these marginalized groups, with immediate implications for vaccine roll-out in these populations. Current routine vaccination surveillance systems in the MENA region are in urgent need of strengthening. Greenaway *et al.* highlight that this will require the routine collection of public health data, disaggregating by migrant status, which is not currently available in most countries,¹ and almost inexistent in the MENA region.⁶

Renewed focus must be placed on exchanging and sharing experiences across countries in this region in responding to the COVID-19 pandemic from a mobility perspective. As COVID-19 vaccine roll-out begins in this region, the Sustainable Development Goal mantra of leaving no one behind has never been so important. Although there are some positive recent developments, COVID-19 has shown a spotlight on the major health inequities and health system exclusion experienced by migrant populations in the MENA region, with an urgent need to monitor vaccine uptake in these groups and ensure their meaningful inclusion in the COVID-19 response.

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Conflict of interest

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