



# Strengthening the COVID-19 response within refugee and migrant communities:

Improving programming, tackling misinformation, and building inclusion

International Rescue Committee | November 2021

## **Acknowledgements**

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Contributions and review kindly shared by Kristen Aster, Genevieve Caston, Niamh Nic Carthaigh, Olivia Sundberg, Imogen Sudbery and Natalie Stanton.

Special thanks also to Olivia Anderson, Erica Bouris, Valentine Burkart, Susan Donovan, Sabela González García, Heather Hansen, Petra Suric Jankov, Yagoub Kibeida, Stefan Lehmeier, Jamie Martin, Brian Street, Martha Roussou, Fanny Trang, Maria Cristina Urbano, Anneleen Vos, and our excellent webinar speakers: Tatjana Andrews, Dr. Omar Aziz, Marika Carlucci, Evelyn Calderon, Tanja Contino, Beth Farmer, Cheikh Gueye, Holly Herrera, Michelle Lee, Mark Libby, Susanna Lubanga, Drocella Mugorewera, Anila Noor, Briana Orr, Missy! Orr, Nikolaos Panagiotopoulos, Jess Seline, Kate Steger, Maro Verli, Amal Warsama and Leena Zahra.

The International Rescue Committee is grateful to the US Mission to the European Union for funding provided by the United States government, as well as their ongoing support and participation in the webinar series.

Company Limited by Guarantee  
Registration Number 3458056  
(England and Wales)

Charity Registration Number  
1065972

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**Front cover:** Rania, a 19 year-old refugee from Damascus, Syria, distributes meals to people experiencing food insecurity in Elizabeth, NJ during the COVID-19 pandemic. A. Oberstadt/IRC.



# **Strengthening the COVID-19 response within refugee and migrant communities: Improving programming, tackling misinformation, and building inclusion**

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# 1. Executive summary and recommendations for the European Union

**The unprecedented global COVID-19 pandemic is now in its second year, and the world continues to grapple with its wide-ranging consequences. From its direct impact on peoples' health and lives, to the far-reaching political, social, and economic fallout, the most vulnerable people and communities – as ever – continue to be hardest hit.**

With displacement soaring to a record 82.4 million in 2020<sup>1</sup>, refugees and displaced people have been particularly impacted by the pandemic. These groups have faced significant new challenges. An 'infodemic', or an overabundance of information – some accurate, some not – has spread rapidly alongside COVID-19, allowing misinformation narratives to flourish. Myths surrounding COVID-19 often undermine public health advice, and where communities experience linguistic, cultural and practical barriers to accessing healthcare services, their impact can be particularly pronounced. Meanwhile, pre-existing barriers to seeking safety and international protection, securing decent work, and integrating into local communities have been exacerbated.

Coordinating the response has required governments, NGOs and multilateral institutions to seek new approaches that can mitigate the pandemic's impact. For example, new partnerships have been forged – notably with refugee and migrant-led organisations – in order to better reach populations in need of public healthcare. Meanwhile, innovations in refugee resettlement and integration programming have enabled, and given momentum to, the remote delivery of services. For instance, the use of videoconferencing for refugee case interviews was implemented by the European Asylum Support Office (EASO) at the Resettlement Support Facility (RSF) in Turkey during the pandemic. This report draws on content from transatlantic exchange sessions which explored the COVID-19 response and makes evidence-based recommendations to policy makers in the European Union (EU).

Recent developments mark an encouraging shift towards increasingly resilient programming models, which are stronger, better able to withstand crises in the future, and most importantly, equipped to meet the needs of refugees and other migrants. Embedding new approaches and learnings into policy making and programming will not only help states 'build back better' after the pandemic but deliver progress towards global and regional frameworks such as the Sustainable Development Goals (SDGs), Global Compact on Refugees and EU Action Plan on Integration and Inclusion (2021-2027).

While some of the COVID-19 related obstacles faced by refugees seeking to build lives in new communities can be addressed through existing policy frameworks, such as the Integration Action Plan, gaps remain in the overall policy response and practice. In particular, more needs to be done to account for the specific needs of refugees and migrants in countering misinformation and providing equitable access to healthcare – including, critically, the COVID-19 vaccine.

With this in mind, the report calls for urgent action from the European Commission and member states to support and capitalise on innovations in resettlement programming, counter misinformation and promote equitable access to healthcare, and facilitate substantive opportunities for refugee participation in decision making – not just within their communities, but in programming and policy making.

In doing so, policy makers have the opportunity not only to effectively respond to the challenges posed by COVID-19 but to chart a more inclusive way forward beyond the upheaval of the pandemic. A Europe that prioritises protection, tackles misinformation in refugee and migrant communities, and works in partnership with these groups, will succeed in fostering more inclusive and welcoming societies. This could be transformative for new arrivals and receiving communities alike.

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## Recommendations

### Resilient resettlement and integration programming

Innovations in **resettlement and integration programming are crucial to ensuring their resilience and relevance to protecting and supporting refugees.** Implementing new and innovative approaches can support the European Union and its member states to uphold their commitments to the most vulnerable, ensure that resettlement is a success for all, and demonstrate the bloc's critical role in refugee protection and integration.

#### The EU and its member states can do this by:

- **Adopting flexible resettlement processing modalities (for example, hybrid approaches and remote interviewing) for refugees, particularly as regards emergency places and medical cases.** This can help minimise the risk of COVID-19 complications and ensure more timely and cost-efficient processing of resettlement cases. Such innovations can also support EU member states in meeting their resettlement pledges.
- **Providing funding to increase access to technology for refugees both through trainings in digital literacy and the provision of IT equipment.** In the medium to long-term, member states should consider fully integrating digital literacy training into cultural orientation courses. This can help address some of the pre-existing digital inequalities that have been brought to the fore by COVID-19.
- **Releasing interim funding specifically to cover rent and utilities for refugees and extending the duration of integration programming support.** This would help address the increased challenges facing refugees due to COVID-19 in securing decent livelihoods and maintaining self-reliance.

### Countering misinformation and promoting equitable access to healthcare

Policy makers must take urgent action to **counter misinformation and facilitate equitable access to healthcare for refugees and migrants during the COVID-19 pandemic and beyond.** This is critical to ensuring an effective pandemic response in Europe, improving integration outcomes and driving progress towards ambitious global frameworks such as the SDGs.

#### The European Commission can do this by:

- **Developing specific policy guidance on countering misinformation in refugee and migrant populations, including on COVID-19.** While the EU has developed guidance on tackling disinformation and misinformation, it currently lacks a targeted focus on the specific needs of refugees and migrants. This work could, for example, be undertaken by DG Migration and Home Affairs in relation to the health outcome in the EU Action Plan for Integration and Inclusion (2021-2027). When developing this guidance, the Commission should draw on existing and emerging best practice. For instance, empowering refugee-led and community-based organisations to create and communicate messages, as well as strengthening trust in and access to institutional responses.
- **Adding countering misinformation and access to healthcare as a topic for the newly formed Expert Group on the Views of Migrants.** This innovative and diverse advisory group established in 2020 assists the Commission in relation to the preparation and implementation of Union legislation and policy initiatives. It has the potential to inform and strengthen the Commission's policy guidance on countering misinformation and strengthening access to healthcare.



Sifa reunites with her husband, Kakule, at Salt Lake City international airport. Due to violence, Sifa and her family were forced to leave the Democratic Republic of Congo. A.Oberstadt/IRC

- **Promoting and supporting an exchange with member states before the end of 2021 on countering misinformation and facilitating equitable access to healthcare and information provision for asylum seekers, refugees and other migrants.** This could be done, for example, via the existing European Integration Network. This brings together representatives of national public authorities working on integration from across the 27 EU member states.
- **Pooling expertise and increasing coordination with other organisations working in this area such as the Council of Europe and the Committee of the Regions.** This could support addressing barriers to equitable access to healthcare, and in particular, access to the vaccine, in refugee and migrant communities.

#### EU member states can do this by:

- **Swiftly and fully implementing the EU Action Plan on Integration and Inclusion (2021-2027), with health as one of its priority outcome areas.** In this context, particular attention should be paid to ensuring tailored information provision for, with, and by, refugees and migrants.
- **Supporting public health authorities and home affairs departments to facilitate long-term, multi-stakeholder partnerships that can increase trust in the institutional response to COVID-19 and other health issues.** This can be done through the provision of more predictable and sustainable funding as well as the consistent engagement of trusted organisations, such as NGOs and particularly migrant and refugee-led networks.
- **Supporting public health and home affairs departments to work together to address bureaucratic and practical barriers to the provision of inclusive healthcare.** Working with service providers will be essential to address stringent documentation requirements for receiving a vaccine (e.g. requiring a social security number or health card) and to identify alternative methods for reaching vulnerable populations, such as mobile health clinics.
- **Ensuring that public health institutions work with home affairs departments, local government and NGOs to deliver linguistically and culturally appropriate COVID-19 healthcare information.** Greece is one example of where guidance on COVID-19 still has to be provided in the main languages of refugee and migrant communities to increase access to information. Across the EU, priority should be given to working with digital platforms to counter the rapid spread of misinformation online. At the same time, funding for community healthcare workers and supporting the engagement of community leaders in healthcare campaigns should be ramped up.

- **Collaborating with technology and communication specialists, including those working in the aid sector, to identify targeted and effective communication channels.** These avenues include social media platforms such as Facebook, Telegram and Twitter, as well as NGO-led initiatives such as Refugee Info or Signpost.

#### Refugee engagement and participation

The COVID-19 crisis has revealed the multiple impacts of existing structural inequities, such as greater barriers to accessing healthcare. At the same time, the response in certain areas has also allowed more **inclusive partnerships to flourish and greater opportunities for refugee and migrant participation in policy making and programming.** There is the opportunity for policy makers to build on this work and support deeper systemic change.

#### Policy makers at national and EU level can do this by:

- **Involving refugee and migrant-led organisations as equal partners in planning the long-term response to COVID-19.** Participation should be meaningful, involving substantive opportunities to influence policy and practice. Convenors should ensure that such engagement is ethical, safe and compensates participants for their time, including financially.
- **Concretising opportunities for refugee participation in policy frameworks and processes in the long-term.** For instance, by identifying opportunities for engagement in frameworks such as the Global Compact on Refugees and the SDG Agenda.
- **Ensuring that public funding to increase refugee and migrant participation in decision making processes is accessible to refugee and migrant-led organisations.** To this end, undue administrative burdens should be removed, such as very tight turnaround times for submission and rigid pre-registration requirements. There would also be a benefit to delivering tailored capacity-building support on accessing EU funds.

The European Union has an opportunity to translate learnings and innovations from the COVID-19 response effort into concrete policy change that impacts practice in communities and countries across the bloc. Implementing the recommendations outlined above can strengthen the pandemic response, set a more inclusive way forward and deliver long-term benefits for refugees, other migrants and receiving communities.



## 2. Introduction

**The unprecedented global COVID-19 pandemic is now in its second year, and the world continues to grapple with its wide-ranging consequences. From its direct impact on peoples' health and lives, to the far-reaching political, social, and economic fallout, it is the most vulnerable people and communities that have been hardest hit.**

Other complex global challenges have also been impacted by, and influenced the pandemic. These include record levels of global displacement, and what the World Health Organisation has termed an 'infodemic', or an overabundance of information – some accurate, some not – which has spread alongside the COVID-19 outbreak.<sup>1</sup> Not only has the pandemic accentuated needs and created an environment where misinformation narratives flourish, it has also revealed deep structural inequities. Indeed, even in high income countries COVID-19 has disproportionately impacted communities of colour, including refugee and migrant communities. These inequities underpin the numbers and communities that experience the highest burdens of COVID-19 cases and deaths<sup>ii</sup>. Meanwhile for refugees, challenges in seeking safety and international protection, securing decent work, and integrating into local communities have only been exacerbated.

Even as societies have slowly opened up across the latter half of 2021 the cost for many continues to be extraordinarily high. The European Union (EU) and the United States (US), as two of the world's largest economies and influential

global actors<sup>v</sup>, have a critical role to play in ensuring a more inclusive, long-term response to the pandemic, including among refugee and migrant communities. On both sides of the Atlantic, practitioners and policy makers have adapted their approaches to resettlement and integration programming to combat the impact of COVID-19 in refugee and migrant communities. This response has generated insights that can improve resettlement and integration practice in several areas, including adaptations to existing programming, countering misinformation, supporting equitable access to healthcare, and fostering refugee participation and engagement.

While the COVID-19 crisis continues to create significant challenges, it has also been one of the factors forcing societies to better reckon with long-lasting inequalities. Coordinating the response has required governments, NGOs and multilateral institutions to seek new approaches that can mitigate the pandemic's impact. For example, to better reach populations in need of public healthcare new partnerships have been forged, notably with refugee and migrant-led organisations, while innovations in programming have enabled the remote delivery of public services. These developments



Walk-in COVID-19 testing centre in Arizona. IRC



Across the NYC metro areas the IRC and World Central Kitchen have partnered to provide free meals to people most impacted by COVID-19. S.Higgins/IRC.

point the way towards more resilient programming models, rooted in greater participatory decision making and generating increased trust between health institutions and refugee and migrant communities. Embedding new approaches and learnings into policy making and programming can support 'building back better' and deliver progress towards frameworks such as the Sustainable Development Goals, Global Compact on Refugees and EU Action Plan on Integration and Inclusion (2021-2027).

Recognising that greater coordination and knowledge sharing can support effective policy making in this area, the US Mission to the EU partnered with the International Rescue Committee (IRC) to facilitate transatlantic exchange on the themes above. Online sessions were held from May-July 2021 for practitioners and government stakeholders. Content from these discussions, desk-based research, and analysis shared by key informants, forms the basis of this report. It explores three strategies for strengthening the COVID-19 response along the resettlement and integration pathway. These are:

- 1) Adaptation and resilience: resettlement and integration programming during crisis
- 2) Inclusive COVID-19 information provision: multi-stakeholder partnership approaches
- 3) Refugee and migrant participation and civic engagement during COVID-19

The report highlights promising practices shared during these exchanges and identifies how learnings from programming

can strengthen policy responses in the EU. While policy frameworks such as the EU Action Plan on Integration and Inclusion (2021 – 2027) offer ways forward to address some of the COVID-19 related obstacles facing refugees on their integration pathway, critical gaps remain in the overall response. In particular, more needs to be done to account for the specific needs of refugees and migrants in countering misinformation and providing equitable access to healthcare, including the COVID-19 vaccine.

The paper starts with an analysis of the context for the transatlantic exchange sessions, before outlining learnings developed in its course. It concludes by making evidence-based recommendations to policy makers across the European Union. These call for swift action from the European Commission and member states to support and capitalise on the delivery of resilient resettlement programming, counter misinformation and promote equitable access to healthcare, and facilitate substantive opportunities for refugee participation in decision making.

In doing so, policy makers have the opportunity not only to effectively respond to the challenges posed by COVID-19 but to chart a more inclusive way forward beyond the upheaval of the pandemic. A Europe that prioritises protection, tackles misinformation in refugee and migrant communities, and works in partnership with these groups, will succeed in fostering more inclusive and welcoming societies. This could be transformative for new arrivals and receiving communities alike.



# 3. Setting the scene: responding to the impact of COVID -19

## 3a) COVID-19's impact on refugees and other migrants seeking safety in the European Union

The COVID-19 pandemic has disproportionately impacted vulnerable groups everywhere, including across the EU. Migrants and refugees tend to meet many of the vulnerability criteria that put them at greater risk of COVID-19. Socio-economic conditions and immigration status can combine and result in migrants living in more crowded spaces and working in sectors where social distancing is a challenge.<sup>v</sup> They are also more likely to experience challenges in accessing healthcare, including the COVID-19 vaccine. This is partly due to the absence of tailored health information strategies for diverse communities, stringent documentation requirements and practical barriers such as lack of access to transportation.<sup>vi</sup> Evidence shows that even in high income countries, this group has been overly represented in COVID-19 cases and deaths.<sup>vii</sup> We also know that refugees and migrants face greater livelihood and income insecurity<sup>viii</sup> as well as experiencing detrimental mental health impacts.<sup>ix</sup>

The pandemic has also had a broader impact on refugee protection efforts. For instance, in the EU and beyond, COVID-19 related obstacles brought resettlement to a standstill last year. Whilst programming has resumed, many member states have yet to meet their targets. Although the Union's original pledge was to resettle 30,000 refugees in 2020,<sup>x</sup> this target was then carried over into 2021, and as of June 2021, only 13,500 places had been provided by EU states and the UK.<sup>xi</sup> This has had devastating impact on vulnerable refugees who have been trapped in limbo, unable to reach safety.

**Migrants and refugees tend to meet many of the vulnerability criteria that put them at greater risk of COVID-19. Socio-economic conditions and immigration status can combine and result in migrants living in more crowded spaces and working in sectors where social distancing is a challenge.**

## 3b) Key themes of the COVID-19 response

Responding to COVID-19 has had implications for those working in resettlement and integration, from pre-departure activities to long-term integration actions. It has had significant consequences for the lives of both refugees and migrants – from addressing barriers to the processing of resettlement cases, to supporting the provision of, and access to more inclusive healthcare in host communities. The response has drawn together key themes, including adapting existing programming approaches, supporting more equitable access to healthcare, countering misinformation, and fostering meaningful refugee participation. This section explores each of these efforts in turn.

### Adapting programming

Resettlement and integration practitioners have sought to ensure the resilience of programming despite COVID-19 related challenges, both to keep pathways to protection open and to continue to make progress on integration outcomes. With a focus on problem solving, providers have explored innovative and remote options. For instance, the [Cultural Orientation Resource Exchange \(CORE\)](#), which is a technical assistance programme connecting refugee resettlement staff globally, has delivered cultural orientation classes online during the pandemic to help refugees achieve self-sufficiency. In some cases, however, the solutions themselves have created additional complications. For instance, moving integration services online can inadvertently widen the digital divide and create further opportunities for misinformation to flourish. By specifically addressing the needs of refugees and migrants and supporting service providers with this transition, government agencies can play an instrumental role in ensuring these vulnerable populations are not left further behind.<sup>xii</sup>

**Facilitating equitable access to healthcare requires that the specific needs and vulnerabilities of particular groups are further and consistently prioritised. Bespoke information provision and strategies to counter misinformation are one fundamental element of safeguarding the right to health for refugees and migrants.**

## Equitable access to healthcare

Equitable access to healthcare is a key determinant in securing the right to health. Pre-pandemic global frameworks had already recognized the significance of equitable access for refugee and migrant populations. For instance, the Global Compact on Refugees calls for *'affordable and equitable access to adequate quantities of medicines, medical supplies, vaccines, diagnostics, and preventive commodities'*,<sup>xiii</sup> while the WHO identified equitable access as key to attaining Sustainable Development Goal (SDG) 3, focused on ensuring healthy lives and promoting wellbeing for all and at all ages.<sup>xiv</sup> In the European context, various legal instruments oblige member states to respect and protect the right to life, the right to the protection of health, and the principle of equitable access to healthcare.<sup>xv</sup> Moreover, the Council of Europe has recently launched an Action Plan on Protecting Vulnerable Persons in the Context of Migration and Asylum in Europe (2021-2025), which includes support for increasing access to healthcare,<sup>xvi</sup> particularly in the context of COVID-19.

However, as with other vulnerabilities, the pandemic has exacerbated and highlighted structural inequities that too often result in refugees and other migrants receiving inadequate standards of care.<sup>xvii</sup> The vaccine roll-out in Europe is a case in point. For instance, the Bureau of Investigative Journalism reported that as of September 2021 nearly 4 million undocumented migrants in Europe remain unvaccinated. Bureaucratic hurdles hinder access for migrants in Germany, Spain, Norway and Bulgaria, which require a form of ID, health card or a residency permit, which many migrants do not have, while other countries, such as Belgium, Slovakia and Greece, require a social security number.<sup>xviii</sup>

Facilitating equitable access to healthcare requires that the specific needs and vulnerabilities of particular groups are further and consistently prioritised. Bespoke information provision and strategies to counter misinformation are one fundamental element of safeguarding the right to health for refugees and migrants. Moreover, insufficient access to healthcare acts as a barrier to integration, as refugees that experience health problems may struggle to find employment or participate in education.<sup>xix</sup> In the context of the COVID-19 pandemic, remarkable challenges have surfaced in the provision of inclusive healthcare, as explored in the following section.

## Misinformation, the 'infodemic' and vaccine hesitancy

The COVID-19 pandemic has demonstrated the speed with which disinformation and misinformation narratives can spread, particularly online. For instance, when the widely discredited video *Plandemic: The Hidden Agenda Behind COVID-19* was released, it was viewed tens of millions of times before being removed by Facebook and YouTube.<sup>xx</sup> The volume and speed of such online narratives can 'crowd out' public health advice and negatively impact the COVID-19 response effort.<sup>xxi</sup> In this paper, we define misinformation as false information that is created or spread unintentionally, as opposed to disinformation where information is deliberately falsified to cause harm.<sup>xxii</sup> We also take 'infodemic' to refer to an 'overabundance of information – both factual and misinformation' – that occurs during health emergencies.<sup>xxiii</sup> While misinformation surrounding COVID-19 has been widespread across the population, including among long-term residents and EU nationals, in contexts where strategies and narratives are not specifically tailored to reach refugee and migrant groups, or their particular barriers to healthcare are not addressed, they become particularly vulnerable to the impacts of misinformation.

Analysis shows that misinformation flourishes where there are conditions of uncertainty, a lack of knowledge or lower levels of digital literacy.<sup>xxiv</sup> Therefore, for refugees and migrants who often experience cultural, technological, and linguistic barriers to accessing public health information, navigating the 'infodemic' can present considerable challenges. For instance, in Slovakia, a campaign financed by the Ministry of Healthcare to reduce public scepticism around the vaccine overlooked migrants in its design. As part of the campaign, celebrities shared their support for the vaccine but the project drew criticism for failing to include migrants and minority groups in the figures involved and for being in one language, Slovak.<sup>xxv</sup> Indeed, researchers from the Global Exchange at the University of Oxford note that, in the absence of accessible information, some migrant groups have resorted to public health advice from their country of origin, which may not mirror that of their country of asylum or resettlement.<sup>xxvi</sup> Exploring vaccine hesitancy offers further insights into combatting misinformation in refugee and migrant communities. For instance, exposure to vaccine misinformation online can increase hesitancy and negatively impact acceptance of the vaccine.<sup>xxvii</sup> As understood by Larson et al. vaccine hesitancy is 'behaviour, influenced by a number of factors including issues of confidence (e.g. low level of trust in vaccine or provider), complacency (e.g. negative perceptions of the need for, or value of, vaccines), and convenience (e.g. lack of easy access)'.<sup>xxviii</sup>

**Exploring vaccine hesitancy offers further insights into combatting misinformation in refugee and migrant communities.**

The plight of undocumented migrants in Europe, as highlighted by the Bureau of Investigative Journalism<sup>xxxix</sup> demonstrates some of the barriers to easy access and other challenges identified by IRC include access to technology to schedule a vaccine appointment, and transportation to a vaccine site. However, the issue of trust is also key. Historical examples of unethical medical research and practice experienced by some forcibly displaced persons and persons of colour may contribute to distrust of government-driven medical campaigns, including the vaccine.<sup>xxx</sup> Cases such as *Madrigal v. Quilligan* in the US, which revealed how medical professionals coerced Latinas to undergo sterilizations in Los Angeles, serve as one such example.<sup>xxxi</sup> In Europe, the controlled experiments carried out by British Army scientists on British Indian Army Soldiers to test the impact of mustard gas serve as another.<sup>xxxii</sup> Furthermore, individuals in refugee and migrant communities may have already experienced traumatic arrivals and negative interactions with authorities, which can contribute to a climate of mistrust. While public health authorities have rightly been identified as key stakeholders in challenging misinformation in the European Union,<sup>xxxiii</sup> this approach needs to be nuanced for the specific needs of refugee and migrant communities. Government stakeholders and practitioners must underpin information provision and strategies to counter misinformation with efforts to increase trust in the political and institutional response. In this paper we identify promising practices in this regard, with refugee engagement and participation already noted as an impactful strategy. We explore this theme further in the next section.

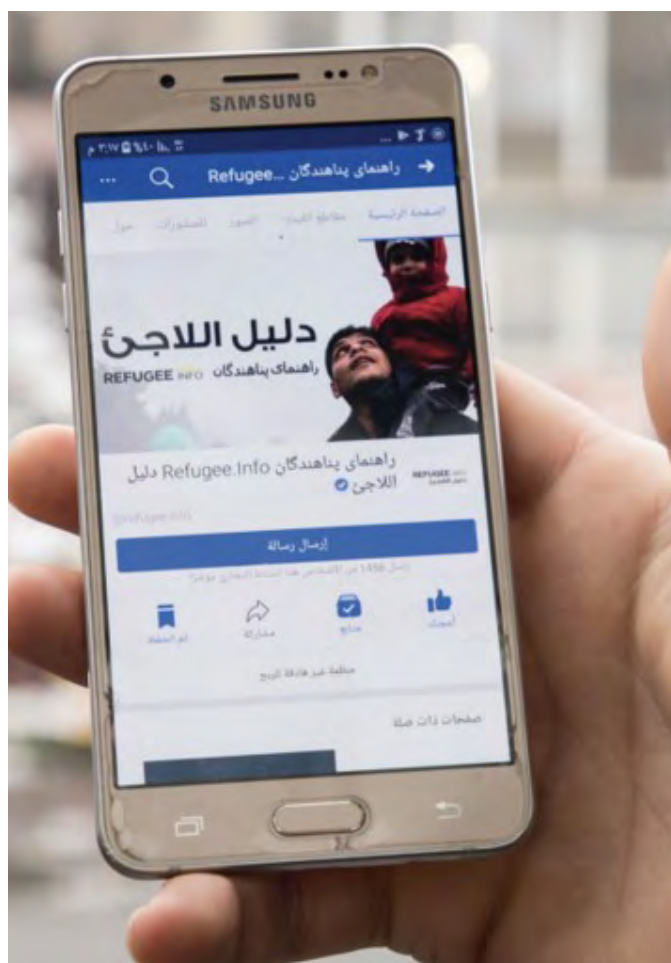
## Refugee engagement and participation

Responding to COVID-19 requires swift action on behalf of refugees, but as has been noted elsewhere, recognising, facilitating and promoting the refugee-led response is also vital.<sup>xxxiv</sup> Various commitments at the global level affirm the significance of refugees' participation across programme and policy areas. For instance, the Grand Bargain committed to a 'Participation Revolution' and raised the profile of the accountability to affected populations (AAP) agenda.<sup>xxxv</sup> Meanwhile the Global Compact on Refugees aims to 'provide a basis for predictable and equitable burden- and responsibility-sharing among all United Nations Member States, together with other relevant stakeholders... including... refugees themselves'.<sup>xxxvi</sup> At the Global Refugee Forum in 2019, states, international organisations and several other actors also took the Global Refugee Network's Refugee Participation Pledge.<sup>xxxvii</sup>

Refugee-led organisations (RLOs) and refugee community leaders in Europe and the US have already formed a crucial part of the COVID-19 response effort, acting as key partners, frontline responders and messengers. Impressive examples are plentiful, including the collaboration between Mosaico Action for Refugees in Italy with the Turin municipality on crisis management efforts and the provision of critical healthcare information to refugees during the pandemic.<sup>xxxviii</sup> In the US, Refugee Congress has provided information on COVID-19

and assistance with accessing services.<sup>xxxix</sup> Facilitating the meaningful participation<sup>xl</sup> and engagement of refugee leaders and refugee and migrant-led organisations is an integral part of shaping a holistic and effective response to the pandemic. Doing so impacts the way that information is received and helps support the adaptation of services in meeting needs. Moreover, the involvement and participation of refugees in decision making can also support the design of more effective policies.<sup>xli</sup>

The COVID-19 crisis has required that traditional actors (e.g. governments, multilateral bodies such as the WHO and others, UN agencies and international NGOs) seek new partnerships and open up or expand the space for refugee leaders and refugee-led organisations to not only influence but help shape the response. Identifying best practice models of participatory influence can support the long-term response to the pandemic, as well as point the way in mitigating some of the more entrenched, structural, top-down power dynamics so often reinforced by state, multilateral and at times traditional civil society approaches. Now the challenge ahead for practitioners and policy makers is to effectively translate the many lessons learned during the COVID-19 pandemic into systemic change that centres the meaningful involvement and participation of migrant and refugee communities, and responds to the diverse needs and strengths of these groups.



Refugee.Info's Facebook page for mobile. *Refugee.Info*



### 3c) The European Union: policy context

In the EU policy landscape, while important efforts have been made to address countering misinformation and promoting inclusive healthcare, policy makers will need to strengthen the existing tools available to respond to these new challenges.

Recognising that the spread of disinformation and misinformation can have serious consequences on democracies, polarise debates, and put the health, security, and environment of EU citizens at risk,<sup>xiii</sup> the Union has launched several initiatives to tackle this growing phenomenon. However, it has placed a greater focus on addressing the dangers of disinformation rather than misinformation (Action Plan on Disinformation; European Democracy Action Plan; Strategic Agenda 2019-2024<sup>xiii</sup>). For example, the European Democracy Action Plan<sup>xiv</sup> 2020 states that misinformation can be tackled by proactive communication, providing reliable information, and raising awareness of the need to critically assess content and sources, but otherwise focuses more keenly on combatting disinformation.

Indeed, where there are opportunities within existing guidance to better counter misinformation, far more needs to be done to facilitate the inclusion of refugees and other migrants. For instance, the European Commission and High Representative's Joint Communication, 'Tackling COVID-19 disinformation - Getting the facts right'<sup>xv</sup> includes guidance on misinformation and notes that particular attention should be paid to empowering and raising the awareness of citizens, but the targeted inclusion of refugees and other migrants remains absent. Further policy and practice guidance from the Commission that specifically addresses the needs, vulnerabilities and capacities of these groups would strengthen the COVID-19 misinformation response.

**The Action Plan recognises that a lack of information and familiarity with the healthcare system is a key barrier to migrants' access to healthcare services. The European Commission commits to support exchanges between member states on prevention and health promotion programmes specifically targeting migrants, with suitable outreach tools.**

Efforts to counter misinformation, access to inclusive healthcare and stronger integration outcomes can be supported by fully implementing other existing EU policies beyond those specifically focused on the 'infodemic'. For instance, the EU Action Plan on Integration and Inclusion (2021-2027),<sup>xvi</sup> one of a package of measures contained in the New Pact on Migration and Asylum of September 2020, identifies health as one of the main sectoral areas for action. The Action Plan recognises that a lack of information and familiarity with the healthcare system is a key barrier to migrants' access to healthcare services. The European Commission commits to support exchanges between member states on prevention and health promotion programmes specifically targeting migrants, with suitable outreach tools. The Action Plan also calls for 'more migrants and EU citizens with a migrant background [to] participate in consultative and decision making processes at local, regional, national and European levels'<sup>xvii</sup> and commits to financing projects to support this, as well as drawing on the expertise of the Commission's Expert Group on the Views of Migrants.

Legislative competency for integration lies with member states<sup>xviii</sup> and robust action at the national level will be crucial in supporting refugees and migrants in overcoming COVID-19 related obstacles on their pathway to integration. A cross-sectoral, coordinated approach that avoids siloes and that joins up key organisations, agencies, institutions, government departments and relevant EU bodies working to address misinformation and improve access to healthcare and advance integration is also essential.

#### Box 1. Resettlement and Integration Programming at IRC

The IRC works to support people in crisis survive, recover and rebuild their lives. The organisation brings resettlement and integration expertise from its programming in the United States and Europe. The IRC's European programmes are based on evidence and best practice that include a technical assistance model, designed to support local service providers to improve the quality and effectiveness of integration support measures and services, ensuring that refugees and asylum-seekers can participate and thrive in local countries and communities, whether on a temporary or permanent basis. This work is currently implemented through IRC country offices in Bosnia and Herzegovina, Germany, Greece, Italy, Serbia and the UK, as well as through an expanded network of 19 additional countries through the European Resettlement and Integration Technical Assistance (EURITA) project.

## 4. Lessons from transatlantic exchange sessions

The IRC, in partnership with the US Mission to the European Union, hosted a series of [webinars](#) between 6 May and 6 July, 2021. The series featured speakers from civil society, national government, and multilateral agencies, as well as breakout sessions. Participants explored how to counter the spread of misinformation amongst refugee and migrant populations during the COVID-19 crisis, support inclusive healthcare, and deliver resilient resettlement and integration programming. Responding to the pandemic has required great innovation from a variety of actors and the webinars were designed as a space to reflect on lessons learned and identify best practices through transatlantic exchange.

Three themes had been identified as underpinning efforts by governments, multilateral institutions and civil society organisations to respond to COVID-19. These were explored across the three webinars:

- 1) Adaptation and resilience: resettlement and integration programming during crisis
- 2) Inclusive COVID-19 information provision: multi-stakeholder partnership approaches
- 3) Refugee and migrant participation and civic engagement during COVID-19

In what follows, the paper identifies the best practices and learnings resulting from each webinar<sup>xix</sup> and makes recommendations to policy makers based on these. The report's analysis is also informed by desk-based research and discussions with key informants.

### 4a) Adaptation and resilience: resettlement and integration programming during crisis

To ensure the resilience of resettlement and integration programming during COVID-19, practitioners have sought to adapt and innovate their services, from the processing of cases to supporting refugees integrate into their new communities. This section identifies new approaches to resettlement processing and the delivery of resettlement services. It also explores how digital information platforms have adapted to counter misinformation and support integration. Promising practices for replication are highlighted as well.

#### Delivering remote processing of resettlement cases

COVID-19 related obstacles to travel and application processing have severely impacted resettlement activities during the pandemic.<sup>1</sup> However, these challenges have also meant that practitioners have sought new ways of continuing programming and given momentum to exploring new approaches. For instance, the use of videoconferencing as a means of conducting refugee case interviews was one innovation that had garnered the interest of several EU+ countries before the outbreak of COVID-19 and was then implemented by the European Asylum Support Office



IRC staff prepare hygiene promotion activities in Lesvos. L. Gouliamaki/IRC

(EASO) at the Resettlement Support Facility (RSF) in Turkey during the pandemic.

In adopting a strategy for remote processing, EASO sought to ensure resettlement operations were maintained, secure the quality and integrity of the processing of cases and adapt to the different requirements of member states' programmes. By designing different options for processing (that were sensitive both to the needs of refugees and member states) EASO and its implementing partners were able to meet some of the challenges posed by the pandemic. Three different approaches to processing are outlined below:

### Processing approaches:

- **RSF-based:** refugees able to travel to the RSF have their applications processed with the support of interpreters and staff onsite.
- **Decentralized:** refugees travel to an office within reach of their residence.
- **Fully remote:** this was dependent on access to Wi-Fi and refugees having the relevant technological skills.

Learnings highlighted that greater preparation is required to meet the logistical and health and safety challenges of COVID-19, and increased flexibility is important in supporting member states with differently structured resettlement programmes and varying travel situations.

EASO found that remote processing has the benefit of cost efficiency, speeding up the process for refugees and could be particularly valuable in allocating emergency places. However, it requires a greater investment of time in the preparation stage and raises some additional considerations of confidentiality. Feedback from member states also indicated that hybrid approaches, which include some in person and some remote elements, have been particularly appreciated.

### Opportunities for the remote delivery of resettlement services

As with the processing of resettlement cases, the pandemic has posed significant challenges in the delivery of other resettlement activities, such as cultural orientation (CO)<sup>i</sup> and case management upon arrival. At the same time, new arrivals have been likely to experience greater barriers to accessing public assistance and securing a sustainable livelihood due to the impact of lockdown restrictions. Examples shared by the Bureau of Population, Refugees and Migration (US PRM), EASO, IRC, and the Resettlement Support Center, Latin America, highlight how programmes can adapt to remote delivery and build on promising practices to enable greater flexibility in the future.

In the US, PRM demonstrated how government stakeholders can adapt their approach to a changing environment and meet the needs of newly resettled refugees. For instance, recognising the challenge of securing livelihoods due to the pandemic, PRM responded by making emergency funding available to refugee resettlement agencies and requiring that 100 percent of this was spent on rent, utilities, and technology for refugee clients. Access to technology and digital literacy have been vital during the pandemic. This has been demonstrated by the IRC's experience of delivering remote case management during the crisis. Some of the programme adaptations included conducting home visits with an interpreter via WhatsApp; supporting access to public benefits and social security through phone interviews; virtually delivering English as a Second Language (ESL), CO and school enrolment workshops and sharing 'how to' videos in clients' languages to enhance digital literacy.

In the European context, EASO has worked with member states to adapt its pre-departure orientation models. For instance, EASO prepared a script with information for refugees on COVID-19 that was shared with member states. Moreover, it invested in peer-to-peer support by creating a digital platform for countries to share information with each other on the COVID-19 response. In the US, CORE and others noted that the pandemic had encouraged CO providers to start directing their clients to digital resources beyond information on COVID-19.

The adaptation of service delivery due to COVID-19 has pointed the way to strengthening programming in the future. Working remotely has sped up some processes and service providers are considering how to permanently integrate digital literacy into CO trainings. Participants also emphasised the potential in utilising hybrid approaches. This could include, for example, setting homework to be done online, which can support in-person lessons, so that the interactive elements of learning are not lost.

### Box 2: Promising practices in implementing remote CO: Resettlement Support Center, Latin America

The following were highlighted as best practices in the delivery of remote CO: holding an initial assessment for digital literacy and a pre-session to set out the format; instructions on using the online platforms and structure of the course; utilising visual guides; including active breaks; reading out loud; using direct questions and encouraging clients to share their experiences on the CO topics. For example, cultural similarities and differences between Latin America and the resettlement country.



## Countering misinformation: digital information platforms

The pandemic created two key challenges for information providers: firstly, how to deliver timely, accessible and accurate health information for all, and secondly, how to counter the 'infodemic' and associated misinformation narratives. At the same time, COVID-19 also exacerbated difficulties for refugees in accessing critical information. For instance, in Greece, poor connectivity, often due to lack of free WiFi or coverage for 4G connections, coupled with limitations on movement both for aid workers and refugees, created restricted access to information. Additionally, the official COVID-19 information [website](#) is available only in Greek. Examples shared by [Signpost](#) and [Refugee.Info Greece](#) show how digital information platforms have responded to these challenges.

Community responsive information was found to play an impactful role in countering misinformation. Signpost is a participatory platform, with a focus on empowering people to make informed decisions. It is an umbrella initiative hosting 13 programmes in different countries in Latin America, the Middle East, Europe and Africa.<sup>iii</sup> In Italy, Signpost utilized the existing [Refugee.Info](#) platform, where IRC staff could quickly share information on COVID-19 and challenge rumours. At the same time the platform sought to address other concerns, such as the expiry of residency permits, threats of eviction and restrictions on movement. In this way, the platform prioritised addressing questions from the community as opposed to pushing out approved messages. This ability to respond to a range of needs increased trust in the platform and helped position Signpost to combat misinformation.

In Greece, [Refugee.Info](#) found that delays in the translation of official communications undermined trust in government advice and the vaccine, allowing myths to flourish. To counter this, the platform implemented the following strategies:



Diana is the owner of Clean Technologies and a contractor with Cisco Systems. During the pandemic, she created a company that helps people of colour and immigrants have a better digital presence. C. Roarke/IRC

**Lessons from the project included not only the importance of creating messages in the right language, but also ensuring that communications strategies are developed with an understanding of clients' context, culture and the platforms and online communities that they engage with. This due diligence on identifying the correct social media platforms should be supported by a user-centred approach to design, where clients can provide feedback before a project reaches the implementation stage.**

utilizing a journalistic approach and conducting multiple fact checks; participating in the Ministry of Health's taskforce on COVID-19 messaging; developing text to speech technologies for the website so that online content could be listened to as well as read; sharing COVID-19 articles and Facebook content in eight languages; collaborating with the World Health Organisation to verify content; and tracking the content that users share to help the platform capture and predict the type of content they will need in the future. In reviewing the impact of this project, survey respondents demonstrated high levels of trust in the initiative, with 92 percent of those interviewed responding positively in this regard.<sup>iii</sup>

Lessons from the project included not only the importance of creating messages in the right language, but also ensuring that communications strategies are developed with an understanding of clients'<sup>iv</sup> context, culture and the platforms and online communities that they engage with. This due diligence on identifying the correct social media platforms should be supported by a user-centred approach to design, where clients can provide feedback before a project reaches the implementation stage. The programme is now due to be refreshed, and one key area the team has identified to build on is collaboration with the Greek authorities, to conduct the smooth dissemination of information.

### Next steps

The innovations identified can support strengthened resettlement and integration outcomes. They point the way to supporting EU member states in meeting their resettlement pledges and ensuring the continuation and success of programming. In order to meet commitments and facilitate a sustainable increase in refugee resettlement, governments should be flexible in their approach to processing and consider funding support that is tailored to the unique challenges posed by COVID-19. For example, lack of access to technology. The pandemic has also highlighted the role of digital information platforms in keeping pace with the 'infodemic' and the value of community responsive and user-centred approaches. For policy makers, ensuring close coordination with providers such as these can support the delivery of tailored healthcare information and 'myth busting' initiatives.

## 4b) Inclusive COVID-19 information provision: multi-stakeholder partnership approaches

Facilitating collaboration and partnerships between diverse stakeholders is key to creating and adapting resources for refugee and migrant communities. This approach has already been identified as one method of delivering information during COVID-19 in a timely manner.<sup>lv</sup> This section explores how government agencies and civil society organisations can work together on effective messaging and information dissemination. In particular, it explores the role of collaborative approaches in mobilising the COVID-19 response, addressing myths and vaccine hesitancy, and facilitating equitable access to healthcare. Lastly, the section highlights promising practices and ways to support collaboration going forward.

### Mobilising the COVID-19 response

Partnerships developed before COVID-19 were leveraged in useful ways in the response to the pandemic. One example is that of the US government's Bureau of Population, Refugees and Migration's (PRM) formation of a strategic working group between PRM, the Centre for Disease Control and Prevention (CDC), Cultural Orientation Resource Exchange (CORE), the Office of Refugee Resettlement (ORR) and International Organization for Migration (IOM) to address the increased vulnerabilities of resettled refugees in the US. The group collaborated to synergize healthcare messaging, promote resources and identify gaps. Existing working relationships helped the group pivot successfully, while regular meetings encouraged accountability. Two successful examples of collaboration were:

- **Thermometers:** The working group identified that while much of the early public health guidance on identifying COVID-19 centred on temperature checks via thermometers, refugees rarely had access to these and often would not have used Fahrenheit before. In response, the group coordinated on disseminating the thermometers and a welcome booklet that included instructions on how to read them.
- **Translation:** The working group collectively determined which federal public health resources needed to be translated into which languages, preventing duplication of work.

Partnerships have also increased both the capacity and reach of public health departments, as well as trust in the institutional response. The work of the National Resource Centre for Refugees, Immigrants and Migrants (NRC-RIM), which is led by the University of Minnesota in partnership with the Minnesota Department of Health, Migrant Clinicians Health Network, and IRC, and funded by CDC and IOM, has provided promising practices in this regard. NRC-RIM seeks

to build the capacity of state and local health departments and leverage and support the work of community-based organisations (CBOs). These organisations can bring their expertise in engaging with refugee and migrant communities to prevent and mitigate COVID-19. Some examples of NRC-RIM's work include:

- **Promoting promising practices for outreach to refugee and migrant communities.** For example, CBOs can co-brand a vaccine or testing event with a local health department to increase trust and simultaneously offer other support services beyond healthcare, including food assistance.
- **Community responsive resources and dissemination strategies.** For example, creating materials based on questions arising from refugee and migrant communities, and that are designed and disseminated in partnership with these communities. These resources allow flexible branding so that other organisations can use them and add their own brand.


### Addressing myths and vaccine hesitancy

The work of NRC-RIM in the US has also generated learnings around understanding myths, community driven information and refugee engagement in preventing misinformation. Programme staff noted that historical examples of unethical medical research and practice experienced by some forcibly displaced persons and persons of colour may contribute to distrust of the vaccine.<sup>lvii</sup> Refugee and migrant individuals and communities have expressed worries about side effects, safety, and myths such as the vaccine impacting a person's DNA or their fertility. In some communities there is a perception that the vaccine may be tested on people of colour first, or that they are getting the "not good" vaccine.

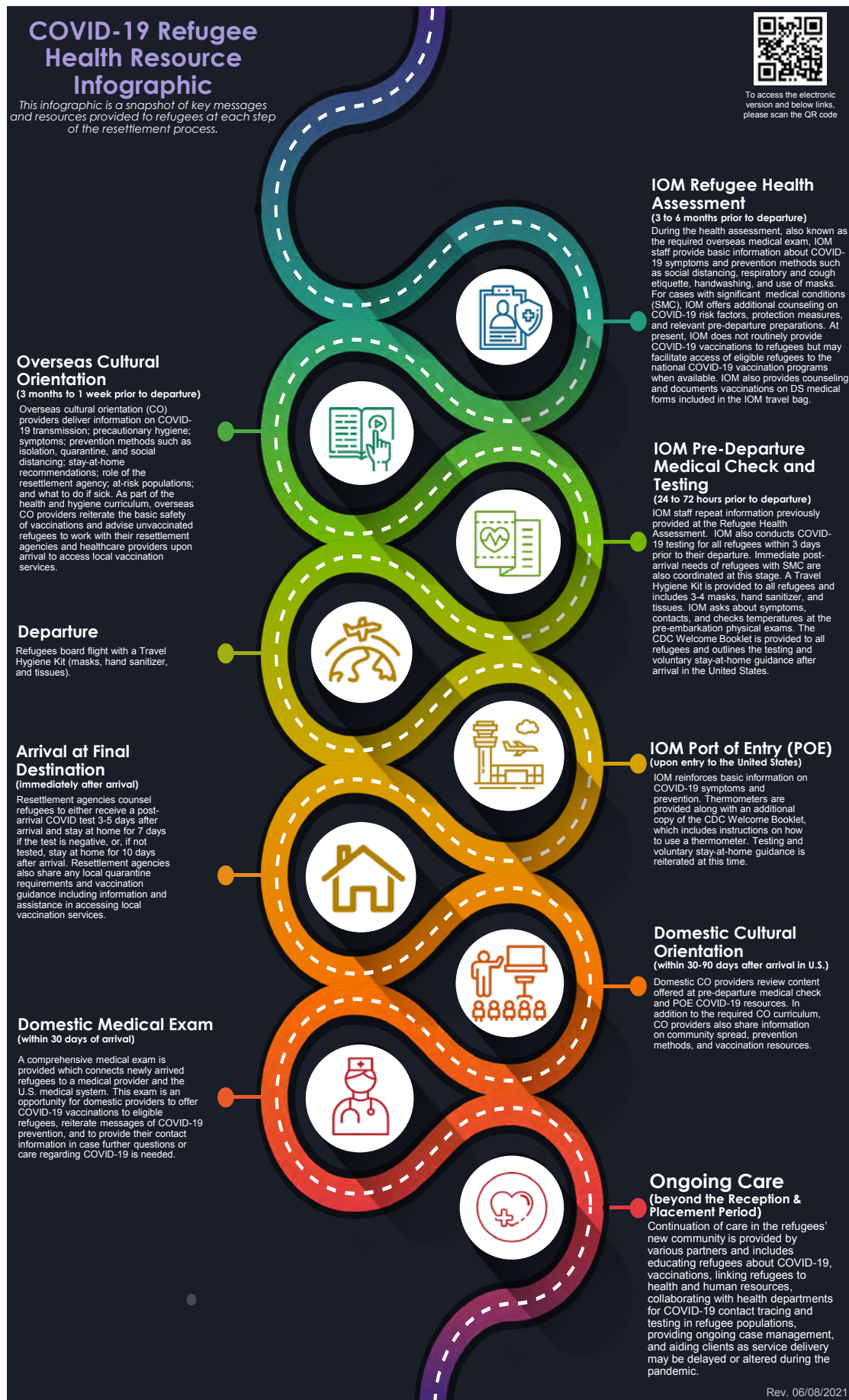
One of NRC-RIM's main approaches has been to develop linguistically accurate and culturally acceptable messages in partnership with refugee and migrant communities, and to distribute them via preferred methods such as SMS, WhatsApp and YouTube. NRC-RIM also found that by engaging refugees and migrants in the strategies to address misinformation, the initiative could identify the most appropriate methods of information dissemination. For example, individuals from the Rohingya community in Texas voiced their preference for audio and visual materials. Refugee focus group participants highlighted the importance of hearing the information from a trusted community member. Thus, having recordings of community members to disseminate, as well as sharing customizable scripts with refugee and migrant-led organisations, public health departments and others to adapt to their local context was instrumental in driving trust in vaccines. Employing content reviewers from refugee and migrant communities was also helpful in supporting information provision.<sup>lviii</sup>

## COVID-19 Refugee Health Resource Infographic

*This infographic is a snapshot of key messages and resources provided to refugees at each step of the resettlement process.*



To access the electronic version and below links, please scan the QR code



### Overseas Cultural Orientation

**(3 months to 1 week prior to departure)**

Overseas cultural orientation (CO) providers deliver information on COVID-19 transmission; precautionary hygiene; symptoms; prevention methods such as isolation, quarantine, and social distancing; stay-at-home recommendations; role of the resettlement agency; at-risk populations; and what to do if sick. As part of the health and hygiene curriculum, overseas CO providers reiterate the basic safety of vaccinations and advise unvaccinated refugees to work with their resettlement agencies and healthcare providers upon arrival to access local vaccination services.

### Departure

Refugees board flight with a Travel Hygiene Kit (masks, hand sanitizer, and tissues).

### Arrival at Final Destination

**(immediately after arrival)**

Resettlement agencies counsel refugees to either receive a post-arrival COVID test 3-5 days after arrival and stay at home for 7 days if the test is negative, or, if not tested, stay at home for 10 days after arrival. Resettlement agencies also share any local quarantine requirements and vaccination guidance including information and assistance in accessing local vaccination services.

### Domestic Medical Exam

**(within 30 days of arrival)**

A comprehensive medical exam is provided which connects newly arrived refugees to a medical provider and the U.S. medical system. This exam is an opportunity for domestic providers to offer COVID-19 vaccinations to eligible refugees, reiterate messages of COVID-19 prevention, and to provide their contact information in case further questions or care regarding COVID-19 is needed.

### Ongoing Care

**(beyond the Reception & Placement Period)**

Continuation of care in the refugees' new community is provided by various partners and includes educating refugees about COVID-19, vaccinations, linking refugees to health and human resources, collaborating with health departments for COVID-19 contact tracing and testing in refugee populations, providing ongoing case management, and aiding clients as service delivery may be delayed or altered during the pandemic.

### IOM Refugee Health Assessment

**(3 to 6 months prior to departure)**

During the health assessment, also known as the required overseas medical exam, IOM staff provide basic information about COVID-19 symptoms and prevention methods such as social distancing, respiratory and cough etiquette, handwashing, and use of masks. For cases with significant medical conditions (SMC), IOM offers additional counseling on COVID-19 risk factors, protection measures, and relevant pre-departure preparations. At present, IOM does not routinely provide COVID-19 vaccinations to refugees but may facilitate access of eligible refugees to the national COVID-19 vaccination programs when available. IOM also provides counseling and documents vaccinations on DS medical forms included in the IOM travel bag.

### IOM Pre-Departure Medical Check and Testing

**(24 to 72 hours prior to departure)**

IOM staff repeat information previously provided at the Refugee Health Assessment. IOM also conducts COVID-19 testing for all refugees within 3 days prior to their departure. Immediate post-arrival needs of refugees with SMC are also coordinated at this stage. A Travel Hygiene Kit is provided to all refugees and includes 3-4 masks, hand sanitizer, and tissues. IOM asks about symptoms, contacts, and checks temperatures at the pre-embarkation physical exams. The CDC Welcome Booklet is provided to all refugees and outlines the testing and voluntary stay-at-home guidance after arrival in the United States.

### IOM Port of Entry (POE)

**(upon entry to the United States)**

IOM reinforces basic information on COVID-19 symptoms and prevention. Thermometers are provided along with an additional copy of the CDC Welcome Booklet, which includes instructions on how to use a thermometer. Testing and voluntary stay-at-home guidance is reiterated at this time.

### Domestic Cultural Orientation

**(within 30-90 days after arrival in U.S.)**

Domestic CO providers review content offered at pre-departure medical check and POE COVID-19 resources. In addition to the required CO curriculum, CO providers also share information on community spread, prevention methods, and vaccination resources.

Rev. 06/08/2021

Refugee health resource shared by US PRM during the transatlantic exchange sessions.



### Box 3: Tackling vaccine hesitancy through engaging community leaders, IRC.

One promising practice identified by IRC as part of its work with NRC-RIM was the targeting and sharing of information on the vaccine with community leaders by trusted sources, in a safe space, in their own language. For instance, in one case, Swahili-speaking community leaders from multiple US states engaged with a well-regarded Swahili-speaking doctor in a virtual meeting where they raised questions and concerns about the COVID-19 vaccine, as well as provided feedback on how to relay healthcare information. This resulted in seven out of ten leaders going on to receive the vaccine. Two members of the group also said they would be prepared to record a testimony on reasons for their original hesitancy and what changed for them, so that it could be shared within the community.<sup>lviii</sup>

### Facilitating equitable access to healthcare

The Mitigating the Impact of COVID-19 in Communities of Colour (MC3) programme at the Pima County Health Department in Tucson, Arizona is another example of a strong partnership with refugee and migrant service providers like the IRC. MC3 sought to expand COVID-19 testing and other public health resources to communities of colour.

Learnings from the project demonstrated how policy makers and local authorities have a key role to play in facilitating equitable access to healthcare. In Pima County, the MC3 representative noted how a local mask mandate helped reinforce the programme's education and outreach. The MC3 representative also reported that Pima County's Resolution declaring racism a public health crisis<sup>lix</sup> gave extra momentum

to the MC3 programme. Financial support from local government for mobile health programmes was also reported as effective. This is particularly true of the vaccine, where funding this enabled healthcare teams to provide testing and vaccine services in locations convenient for communities of colour.

As with other examples, creating trust was identified as a challenge for government agencies in their relationship with communities of colour, including refugee and migrant communities. Learnings from the MC3 project reiterated the importance of operating through community healthcare workers, trusted organisations and community leaders. Participants also noted that while the agile shifting of priorities is central to crisis response, data sharing and navigating the bureaucracy of other organisations can present hurdles to flexible programming.

### Strengthening collaboration in the future

Webinar participants recognized that inequities that have recently risen to the surface existed before COVID-19 and will prevail, meaning that these partnerships will be equally critical post pandemic. Sustainable funding sources, gaining the long-term trust of communities, best practice sharing through the provision of open-source information, and organisations refraining from 'empire building' were all identified by participants as factors underpinning the efficacy and longevity of multi-stakeholder partnerships. The group also noted the important role of government and multilateral institutions in creating the right environment for multi-sectoral collaboration to flourish. For example, through coordinating a whole of government approach and providing resources.

### कपडा मास्क लगाउँदा

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सबैहरूलाई कीटाणुरहित गर्नुहोस्

शारीरिक दूरी

घरले बस्नुहोस्

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#### कपडा मास्क लगाउँदा

मास्क लगाउनु अघि हात धुनुहोस्

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मास्क लगाउँदा अनुहार न छुनुहोस्

मास्कले नाक र मुख ढाक्नु पर्छ

यदि तपाईंले मास्क छुन गएमा, हात धुनुहोला

कुरा गर्नकालागि मास्क नहटाउनुहोस्

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#### कपडा अनुहार मास्क हटाउँदा

फोहोर मास्क प्रयोग नगर्नुहोस्

डोरीमा समातेर मास्क हटाउनुहोस्

हटाउनु अघि र पछाडि हात धुनुहोस्

नधोइए सम्म मास्क ओलामा राख्नुहोस्

तातो पानी र डिटर्जेंट मा धुनुहोस्

More information available at [Rescue.org/Phoenix](https://Rescue.org/Phoenix)  
Adapted from the Chester County Health Department in Pennsylvania.

\*Nepali

**As with other examples, creating trust was identified as a challenge for government agencies in their relationship with communities of colour, including refugee and migrant communities. Learnings from the MC3 project reiterated the importance of operating through community healthcare workers, trusted organisations and community leaders.**

COVID-19 health resource developed by IRC as part of the Mitigating the Impact of COVID-19 in Communities of Colour (MC3) programme.



Jonathan stands in front of his fleet of vehicles outside his office in Boise, ID. Jonathan is an entrepreneur and a resettled refugee from Cameroon. He is currently the Director of Operations/Owner of Sky Road Medical Transportation. A.Smith/IRC

### 4c) Refugee and migrant participation and civic engagement during COVID-19

Facilitating refugee and migrant participation is vital to creating a holistic and impactful response to the COVID-19 crisis. The contributions of refugees and refugee and migrant-led organisations have already been identified as crucial to countering misinformation and adapting services. This section explores how practitioners and policy makers can further engage refugees and migrants in participatory decision making and civic processes. It discusses the establishment of participatory frameworks, facilitating meaningful participation and influence, and the role of refugee engagement in countering misinformation.

#### Establishing participatory frameworks

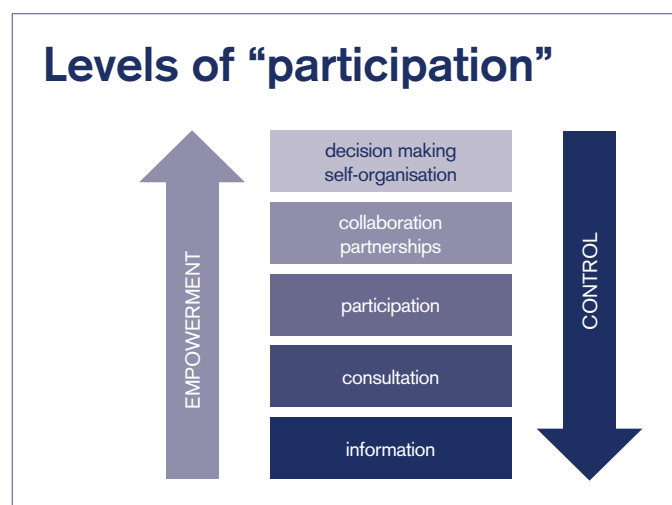
Policy makers at the local, national and regional levels have an important role to play in establishing and encouraging participation and civic engagement of impacted communities in their decision making processes. For instance, state authorities in Minnesota have established a Cultural and Ethnic Communities Leadership Council<sup>lx</sup> which advises the commissioner of the Minnesota Department of Human Services (DHS) on reducing inequalities that affect racial and ethnic groups within DHS programmes. The Council also has a review function and shares an annual report on the equitable delivery of services.

In the European Union, the European Commission established an Expert Group on the Views of Migrants in the Field of Migration, Asylum, and Integration in November 2020.<sup>lxi</sup> Its purpose is to assist the Commission in relation to the preparation and implementation of Union legislation and policy initiatives. Expert Group members, on one hand, have an advisory and meaningful role; however, challenges remain as regards the compensation of participants for

their time.<sup>lxii</sup> This reflects the tension that institutions and other organisations sometimes face in facilitating meaningful participation.

#### Meaningful participation and influence

While refugees and refugee-led organisations (RLOs) are increasingly being invited into relevant fora to participate and represent their views, RLO New Women Connectors, which is a refugee and migrant-led platform focused on inclusion, gender equality and social justice, reported a persistent gap in action in this area, finding that refugees are still not involved in the co-design or development of policies.<sup>lxiii</sup> Failing to substantively include the perspective of refugees and migrants can undermine efforts to counter misinformation or deliver services, as well as create barriers to integration. Instead, meaningful participation is based on the concept of co-creation. New Women Connectors shared the table below which conceptualises different levels of engagement and influence:



Resource shared by New Women Connectors during the transatlantic exchange sessions. Decision making and self-organisation represent the strongest level of participation.

Webinar discussions highlighted successful examples of joint advocacy work with RLOs. For instance, as with [Refugee Congress](#) in the US. This is a national group of refugees and asylees that promote the wellbeing of refugees and vulnerable migrants through story-telling and advocacy. Refugee Congress has participated in several initiatives to elevate the voices of refugees in policy proposals, such as:

- **Resettlement 2.0:** An initiative with Refugee Council USA where refugees participated equally in a process of reimagining the US refugee resettlement programme and making specific recommendations to that effect.  
<sup>lviv</sup> As part of this, refugees' advocacy on housing and homelessness resulted in concerns regarding access to affordable housing being recognised, further funding for homelessness prevention, and a review of quarterly community consultation guidelines.
- **Refugee Advocacy Lab:** The Lab is an initiative hosted at Refugees International and co-founded with the International Refugee Assistance Project, IRC, and Refugee Congress. The lab works with local partners, including refugee organisers, to promote inclusive policies, with some examples of success in temporary medical licensing for refugees (Colorado) and a state-wide language access plan (Virginia).

Fostering the meaningful participation of impacted communities requires the sustained investment of resources by NGOs, governments and multilateral institutions. This includes: investing in refugee leadership capacity; identifying key policy barriers jointly with refugees; the co-design of programmes and policies; and equitably compensating refugee speakers for sharing their experiences. The SHARE Network led by ICMC Europe, which supports refugee and migrant participation in regional and local integration frameworks, has developed 10 key principles intended to guide best practice in this area. This includes a focus on gender sensitive approaches and dedicated budgets for participation. Principles such as these can provide useful guidance to organisations working in this field. It should also be noted that in the European context, accessing public funding can also be a challenge for RLOs. This is largely due to tight turnaround times for submission and rigid pre-registration requirements.

**Fostering the meaningful participation of impacted communities requires the sustained investment of resources by NGOs, governments and multilateral institutions. This includes: investing in refugee leadership capacity; identifying key policy barriers jointly with refugees; the co-design of programmes and policies; and equitably compensating refugee speakers for sharing their experiences.**



#### SHARE Network: 10 Key Principles for Refugee & Migrant Participation

1. Refugees and migrants are 'experts of their own experience', with unique knowledge and perspectives that can improve integration programmes and policies.
2. Sustained and not ad-hoc involvement, wherever possible.
3. Dedicated budgets for participation (policy makers and authorities/organisations working directly with refugees and migrants).
4. Preparation before participation (through skills development and professional orientation).
5. Interpretation and translation support tailored to the language needs of participating refugees and migrants.
6. Gender sensitive approach to ensure the inclusion of refugee women and girls in participatory activities.
7. Refugee and migrants facilitate training and capacity-building for professionals and volunteers facilitated.
8. Peer support and mentoring for refugees and migrants engaging in participatory work, wherever possible.
9. Refugee/migrant participation as a core evaluation criteria for all activities, programmes and policy making designed to benefit them.
10. Compensation for refugees and migrants engaging in participatory work as far as possible, while acknowledging the value of volunteering (especially for vulnerable groups).

Resource provided by the SHARE Network during the transatlantic exchange sessions.

### Box 4: Promising Practices for Promoting Civic Engagement, including during COVID-19, IRC Sacramento and Salt Lake City

Through IRC's programming experience in Sacramento, California and Salt Lake City (SLC), Utah, three areas were identified for advancing refugees' civic engagement<sup>lvv</sup>:

- **Provide opportunities for staff with lived experience to shape civic engagement strategies:** For example, IRC SLC & Sacramento held listening sessions with staff early in the project design phase to understand cultural considerations and voting barriers. This informed strategies for new American voter outreach.
- **Partnerships:** Working with other organisations that are already undertaking non-partisan civic engagement work ensures that activity is complementary and mutually beneficial. In addition, NGOs can partner with government stakeholders to strengthen their outreach. For example, IRC Sacramento partnered with the local elections office to translate their official election outreach materials into client languages and to create videos on, for example, voter registration laws.
- **Storytelling:** The power of refugees sharing their stories can play a key part in civic engagement and advocacy. [Refugee Voices](#) is an IRC platform for former refugees to advocate, tell their story, volunteer, or take other actions in support of refugees. Trainings can help combat barriers to civic participation, such as a fear of engaging based on experience with governments in other countries, language barriers, and a concern that input will not be taken seriously.



## Countering misinformation through refugee engagement

Refugee-led organisations have been instrumental in countering misinformation and calling for inclusive healthcare. In Europe, New Women Connectors also developed the Vaccine4All campaign. This campaign has conducted a mapping exercise of access to vaccines in Europe and has two main goals: firstly, to advocate for people of any immigration status to receive the vaccine, and secondly, to address vaccine hesitancy.

Refugee engagement has also been vital to the successful delivery of inclusive healthcare by IOM Italy (WeCare, Ragusa). In Italy, IOM found that misinformation was spreading amongst groups in rural communities that did not find it easy to understand health information in Italian and would often rely on social media information from their home country. The support of cultural mediators who could act as a bridge between public health representatives and refugees was again noted as a successful strategy in countering misinformation. To address this, the training of public health officials in cultural sensitivity was also identified as a promising strategy going forward.

## Next steps

Partnering with refugees and RLOs has been critical to addressing COVID-19 and strengthening the overall response. This reinforces the need for participatory approaches that engage refugee communities on the broad array of decisions that impact their lives and the importance of creating substantive opportunities for engagement. Doing so can support effective programming and policy responses, as well as pointing the way to more inclusive approaches going forward.

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Jacqueline stands outside her home with her son. Jacqueline works as an interpreter, speaking five languages, and helping other refugees adapt to their new community. A.Oberstadt/IRC

# 5. Recommendations for the European Union

## Resilient resettlement and integration programming

Innovations in **resettlement and integration programming are crucial to ensuring their resilience and relevance to protecting and supporting refugees.** Implementing new and innovative approaches can support the European Union and its member states to uphold their commitments to the most vulnerable, ensure that resettlement is a success for all, and demonstrate the bloc's critical role in refugee protection and integration.

### The EU and its member states can do this by:

- **Adopting flexible resettlement processing modalities (for example, hybrid approaches and remote interviewing) for refugees, particularly as regards emergency places and medical cases.** This can help minimise the risk of COVID-19 complications and ensure more timely and cost-efficient processing of resettlement cases. Such innovations can also support EU member states in meeting their resettlement pledges.
- **Providing funding to increase access to technology for refugees both through trainings in digital literacy and the provision of IT equipment.** In the medium to long-term, member states should consider fully integrating digital literacy training into cultural orientation courses. This can help address some of the pre-existing digital inequalities that have been brought to the fore by COVID-19.
- **Releasing interim funding specifically to cover rent and utilities for refugees and extending the duration of integration programming support.** This would help address the increased challenges facing refugees due to COVID-19 in securing decent livelihoods and maintaining self-reliance.

## Countering misinformation and promoting equitable access to healthcare

Policy makers must take urgent action to **counter misinformation and facilitate equitable access to healthcare for refugees and migrants during the COVID-19 pandemic and beyond.** This is critical to ensuring an effective pandemic response in Europe, improving integration outcomes and driving progress towards ambitious global frameworks such as the SDGs.

### The European Commission can do this by:

- **Developing specific policy guidance on countering misinformation in refugee and migrant populations, including on COVID-19.** While the EU has developed guidance on tackling disinformation and misinformation, it currently lacks a targeted focus on the specific needs of refugees and migrants. This work could, for example, be undertaken by DG Migration and Home Affairs in relation to the health outcome in the EU Action Plan for Integration and Inclusion (2021-2027). When developing this guidance, the Commission should draw on existing and emerging best practice. For instance, empowering refugee-led and community-based organisations to create and communicate messages, as well as strengthening trust in and access to institutional responses.
- **Adding countering misinformation and access to healthcare as a topic for the newly formed Expert Group on the Views of Migrants.** This innovative and diverse advisory group established in 2020 assists the Commission in relation to the preparation and implementation of Union legislation and policy initiatives. It has the potential to inform and strengthen the Commission's policy guidance on countering misinformation and strengthening access to healthcare.
- **Promoting and supporting an exchange with member states before the end of 2021 on countering misinformation and facilitating equitable access to healthcare and information provision for asylum seekers, refugees and other migrants.** This could be done, for example, via the existing European Integration Network. This brings together representatives of national public authorities working on integration from across the 27 EU member states.
- **Pooling expertise and increasing coordination with other organisations working in this area such as the Council of Europe and the Committee of the Regions.** This could support addressing barriers to equitable access to healthcare, and in particular, access to the vaccine, in refugee and migrant communities.

### EU member states can do this by:

- **Swiftly and fully implementing the EU Action Plan on Integration and Inclusion (2021 - 2027), with health as one of its priority outcome areas.** In this context, particular attention should be paid to ensuring tailored information provision for, with, and by, refugees and migrants.
- **Supporting public health authorities and home affairs departments to facilitate long-term, multi-stakeholder partnerships that can increase trust in the institutional response to COVID-19 and other health issues.** This can be done through the provision of more predictable and sustainable funding as well as the consistent engagement of trusted organisations, such as NGOs and particularly migrant and refugee-led networks.
- **Supporting public health and home affairs departments to work together to address bureaucratic and practical barriers to the provision of inclusive healthcare.** Working with service providers will be essential to address stringent documentation requirements for receiving a vaccine (e.g. requiring a social security number or health card) and to identify alternative methods for reaching vulnerable populations, such as mobile health clinics.
- **Ensuring that public health institutions work with home affairs departments, local government and NGOs to deliver linguistically and culturally appropriate COVID-19 healthcare information.** Greece is one example of where guidance on COVID-19 still has to be provided in the main languages of refugee and migrant communities to increase access to information. Across the EU, priority should be given to working with digital platforms to counter the rapid spread of misinformation online. At the same time, funding for community healthcare workers and supporting the engagement of community leaders in healthcare campaigns should be ramped up.
- **Collaborating with technology and communication specialists, including those working in the aid sector, to identify targeted and effective communication channels.** These avenues include social media platforms such as Facebook, Telegram and Twitter, as well as NGO-led initiatives such as Refugee. Info or Signpost.

### Refugee engagement and participation

The COVID-19 crisis has revealed the multiple impacts of existing structural inequities, such as greater barriers to accessing healthcare. At the same time, the response in certain areas has also allowed more **inclusive partnerships to flourish and greater opportunities for refugee and migrant participation in policy making and programming.** There is the opportunity for policy makers to build on this work and support deeper systemic change.

### Policy makers at national and EU level can do this by:

- **Involving refugee and migrant-led organisations as equal partners in planning the long-term response to COVID-19.** Participation should be meaningful, involving substantive opportunities to influence policy and practice. Convenors should ensure that such engagement is ethical, safe and compensates participants for their time, including financially.
- **Concretising opportunities for refugee participation in policy frameworks and processes in the long-term.** For instance, by identifying opportunities for engagement in frameworks such as the Global Compact on Refugees and the SDG Agenda.
- **Ensuring that public funding to increase refugee and migrant participation in decision making processes is accessible to refugee and migrant-led organisations.** To this end, undue administrative burdens should be removed, such as very tight turnaround times for submission and rigid pre-registration requirements. There would also be a benefit to delivering tailored capacity-building support on accessing EU funds.

The European Union has an opportunity to translate learnings and innovations from the COVID-19 response effort into concrete policy change that impacts practice in communities and countries across the bloc. Implementing the recommendations outlined above can strengthen the pandemic response, set a more inclusive way forward and deliver long-term benefits for refugees, other migrants and receiving communities.



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- lxv. While civic engagement can encompass both political and non-political action, this work focused on elections at local, state, and federal level.

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