

WHO EURO technical guidance – Promoting the Health of Migrant Workers in the WHO European Region during COVID-19

The impact of the COVID-19 pandemic has moved beyond a global public health emergency to a human, social and economic crisis affecting all countries in different ways. COVID-19 is compounding existing social and economic inequities by particularly impacting financially insecure households and those living and working in inadequate, overcrowded or unsafe conditions such as migrant workers¹. Migrant workers can be temporary or permanent, documented or undocumented, and if documented may hold any type of legal status¹.

As in many crises, migrant populations may be susceptible directly and/or indirectly to the impact of COVID-19 - due to several factors including: their living and working conditions, ability to access health care services, limited local knowledge of host communities, lack of information, inadequate hygiene facilities and practices, and limited social networks^{ii,iii,iv}. Moreover, as migrant workers are disproportionately employed in occupations with high safety and health risks, in precarious and temporary working conditions, with limited or no access to social benefits, and wage and other labour protection than host communities, they are more likely to need to keep working during the pandemic in roles that may increase their risk of contracting SARS-CoV-2. Migrant workers may also be more vulnerable to COVID-19 measures, such as travel restrictions and border regulations which may leave some stranded, with limited social protections and personal networks.

Before the pandemic, over 96 million international migrants lived in the WHO European Region as of 2019^v. Most migrants are migrant workers^{vi}. Migrant workers accounted for 17.8 per cent of the working population in Northern, Southern and Western Europe, 9 per cent in Eastern Europe, and 11.1 per cent in Central and Western Asia respectively^{vii} in 2017. The Russian Federation is a major destination country in the Region^{viii}, and hosts over nine million migrants of working age^{ix}. Most of the migrant workers come from neighbouring countries, members of the Commonwealth of Independent States. Moreover, migrant workers in both high skilled and ‘low-skilled’ occupations emigrate from Eastern and Southern Europe to Western Europe^x.

Migrant workers are often employed in low-skilled, temporary, informal or unprotected work, which make them vulnerable to COVID-19 infection and job loss during the pandemic. In many countries, migrant workers occupy a significant portion of the workforce making important contributions to host communities and economies, in frontline roles in healthcare, transport, construction, agriculture and agro-food processing^{xi}.

Preliminary data indicates that the severe impact of the COVID-19 pandemic on economies and labour markets around the world will persist for years to come^{xii,xiii}. Since migrant populations face unique challenges and vulnerabilities, it is crucial to support national governments and other stakeholders in the WHO European Region in designing and implementing interventions and programs to promote the health and social support of migrant workers and their families.

¹ Migrant worker refers to “a person who is to be engaged or has been engaged in a remunerated activity in a State of which he or she is not a national”; see [United Nations. International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families](#) (1990), Article 2(1). Migrant workers in this document refers to international migration workers. The International Labour Organization (ILO) defines migrant workers as: “all international migrants who are currently employed or unemployed and seeking employment in their present country of residence” ([ILO, 2015](#))

Addressing the challenges faced by migrant workers will require coherent economic, social protection and employment policies and stronger cross-border collaboration among Member States to collectively improve the health of migrant workers and that of host populations. As the pandemic is actively evolving, policymakers, employer organizations and healthcare providers will benefit from this guidance which highlights policy recommendations supported by case studies in the WHO European Region.

ⁱ [Simon J, Kiss N, Łaszewska A, Mayer S. Public health aspects of migrant health: a review of the evidence on health status for labour migrants in the European Region. Copenhagen: WHO Regional Office for Europe; 2015 \(Health Evidence Network synthesis report, No.43\).](#)

ⁱⁱ WHO (2020) COVID-19 Strategy Update. April 2020, Geneva. (Accessed 4 June, 2020) <https://www.who.int/publications/i/item/covid-19-strategy-update---14-april-2020>

ⁱⁱⁱ IOM (2019) *World Migration Report 2020*, UN, New York. (Accessed 10 June, 2020) <https://doi.org/10.18356/b1710e30-en>.

^{iv} Kluge, Hans Henri, Zsuzsanna Jakab, Jozef Bartovic, Veronika D’Anna, and Santino Severoni. 2020. “Refugee and Migrant Health in the COVID-19 Response.” *The Lancet*. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30791-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30791-1/fulltext).

^v International Migrants Stock 2019. New York: United Nations Department of Economic and Social Affairs, Population Division; 2019 (<https://www.un.org/en/development/desa/population/migration/data/estimates2/estimates19.asp>, accessed 9 June 2020).

^{vi} IOM (2019) *World Migration Report 2020*, UN, New York. (Accessed 10 June, 2020) <https://doi.org/10.18356/b1710e30-en>.

^{vii} ILO (2018) [Global Estimates on International Migrant Workers – Results and Methodology. 2nd ed. International Labour Office – Geneva](#). Note: all 53 WHO European Region Member States are accounted for in the three listed ILO subregions, see ILO subregion groupings: <https://ilostat.ilo.org/resources/methods/classification-country-groupings/>

^{viii} United Nations Economic Commission for Europe (2018) Statistics on international migration in Russia: the current situation. Geneva. https://www.unece.org/fileadmin/DAM/stats/documents/ece/ces/ge.10/2018/mtg1/RUS_Chudinovskikh_ENG.pdf

^{ix} International Migrants Stock 2019. New York: United Nations Department of Economic and Social Affairs, Population Division; 2019 (<https://www.un.org/en/development/desa/population/migration/data/estimates2/estimates19.asp>, accessed 9 June 2020).

^x IOM (2019) *World Migration Report 2020*, UN, New York <https://doi.org/10.18356/b1710e30-en>.

^{xi} ILO (2020). *Protecting migrant workers during the COVID-19 pandemic: recommendations for policy-makers and constituents*. Geneva. (Accessed 11 June, 2020) http://www.ilo.org/global/topics/labour-migration/publications/WCMS_743268/lang--en/index.htm

^{xii} World Bank (2020) The global economic outlook during the COVID-19 pandemic: a changed world. 8 June 2020. <https://www.worldbank.org/en/news/feature/2020/06/08/the-global-economic-outlook-during-the-covid-19-pandemic-a-changed-world>

^{xiii} World Bank (2020) *Global Economic Prospects*, 8 June 2020. Washington, DC: World Bank. DOI: 10.1596/978-1-4648-1553-9.