SITUATIONAL BRIEF: THE HEALTH OF ASYLUM SEEKERS & UNDOCUMENTED MIGRANTS IN FRANCE DURING COVID-19

Authors Anne Gosselin[1,2,3,4] Annabel Desgrées du Loû[1,3], Sara Casella-Colombeau [1], Nicolas Vignier[1,2,5],Maria Melchior[1,2]

BRIEF MIGRATION COUNTRY CONTEXT

France has long been a destination country for migrants, asylum seekers and refugees, and in 2018 migrants represented 9.7% of the total population (6.5 million people) with almost half of them (46%) born in an African country[6]. Migrants are individuals born in a foreign country, with a non-French citizenship at birth, whatever their current legal status or nationality currently is. In France, they generally have less favourable living conditions than French natives: for instance, they are twice as likely to be unemployed compared with non-migrants, (with unemployment rates of 14% among male and 17% among female migrants, versus 8% on average among non-migrants[7]). The proportion of women migrating to France has always been high and has increased in recent years (in 1946, 45% of migrants were female versus 52% in 2018). Additionally, a growing proportion of women migrate to France alone, rather than to reunite with a spouse/family member.

Since 2015, the country has seen an increase in registered asylum applications (around 123,000 in 2018, and 132 000[8] in 2019), however only one quarter of total applicants obtained refugee status[9]. Many asylum seekers who have arrived in France recently in order to escape armed conflicts, violence and persecution in their home country have had their asylum claim rejected and find themselves undocumented, living in extreme precariousness with no access to social housing, financial support or other basic services. This has resulted in the emergence of numerous encampments and 'illegal' settlements – where people live in horrendous conditions mainly in makeshift shelters - on the outskirts of Paris and Calais (North of France), which are regularly evicted by the police. 'The Jungle', an informal settlement in Calais which housed around 10,000 people at its peak[10] was perhaps the most famous of these settlements, and was cleared and demolished in late 2016 with a government plan to transfer some residents to temporary reception centres.[11] However, many migrants fled to other parts of northern France, living in informal encampments and some ended up moving to a camp in Dunkirk called Grande-Synthe. [12] Since 'The Jungle 'was destroyed there have been more than 1,301 recorded evictions in Calais, and 173 evictions in neighbouring camps in Grande-Synthe. As of October 2019 there were around 1,500 migrants living between Calais and Dunkirk, including 250 unaccompanied children and an increasing number of families. [13] The UN special rapporteur on migrants' rights, Felipe González, described the eviction and destruction of settlements in France as propagating "substandard" living conditions that do not offer any durable solutions.[14]

In parallel, for all migrants access to long-term residency status has become increasingly difficult to get and retain[15] (for instance renewal of residency status is annual, insufficient staff in administrative offices for foreigners, lack of information, frequent changes in criteria to apply for residency status etc.). Although the number of undocumented persons is difficult to estimate and a sensitive subject with a political dimension, the following figures are available: in 2014, about 300 000 persons benefited from the State Medical Aid, a specific social assistance created in 2000 and dedicated to undocumented migrants[16]. However, not all undocumented persons access this Aid. The recent "Premiers Pas" study found that only 51% of those eligible actually take up State Medical Aid.[17]

[1] French Collaborative Institute on Migrations/CNRS, France
[2] Social Epidemiology Team (ERES), IPLESP, Faculté de Médecine de Saint Antoine, Inserm S11 36, France
[3] CEPED (Université Paris Descartes, IRD, Inserm)
[4] Email: anne.gosselin@college-de-france.fr
[5] Centre d'Investigation Clinique Antilles Guyane, CIC INSERM1424, Centre Hospitalier Andrée Rosemon, 97300 Cayenne, French Guiana
[6] https://www.insee.fr/fr/statistiques/3633212
[7] https://www.insee.fr/fr/statistiques/3633212#en-six-questions
[8] https://ofpra.gouv.fr/sites/default/files/atoms/files/rapport_dactivite_2019.pdf
[9] Eurostat https://ec.europa.eu/eurostat/statistics-explained/index.php?title=File:Figure_7_Distribution_of_first_instance_decisions_on_(non-EU)_asylum_applications,_2019_(%25).png&oldid=474325; http://www.asylumineurope.org/reports/country/france/statistics
[10] http://pure-oai.bham.ac.uk/ws/files/48979639/Davies_et_al_2017_Antipode.pdf
[11] https://helprefugees.org/news/the-calais-jungle-three-years-on/
[12] https://web.archive.org/web/20180929013758/https://www.theguardian.com/world/2016/nov/05/refugees-northern-france-dunkirk-calais-camp-demolished
[13] https://helprefugees.org/news/the-calais-jungle-three-years-on/; https://helprefugees.org/wp-content/uploads/2018/08/Police-Harrassment-of-Volunteers-in-Calais-1.pdf; https://www.amnesty.org/en/press-releases/2019/06/france-police-harassing-intimidating-and-even-using-violence-against-people-helping-refugees/
[14] https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=22240&LangID=E
[15] https://www.lacimade.org/publication/a-guichets-fermes/
[16] http://www.assemblee-nationale.fr/14/rap-info/i3196.asp#P120_16960
[17] https://www.irdes.fr/english/issues-in-health-economics/245-access-to-state-medical-aid-by-undocumented-immigrants-in-france-first-findings-of-the-premiers-pas-survey.pdf

In France all migrants are theoretically entitled to healthcare:
Migrants with legal residency permits, or French nationality:

- Have access to the regular universal social security system in France providing a basic health insurance coverage, and for those with low income a free complementary health insurance coverage named "Complementary Health Solidarity" (Complémentaire Santé Solidaire, CSS).

Asylum seekers:

- Migrants who have registered their asylum demand are considered with legal residency permit. They have the same rights to Universal Healthcare Insurance than all the other migrants with residency permits mentioned above, but after a period of 3 months without coverage.

Undocumented migrants:

- Undocumented migrants are entitled to "State Medical Aid" (Aide Médicale d'Etat, AME) but it is restricted to those who arrived in France more than 3 months ago and with a very low income. Those undocumented migrants who are awaiting health insurance but need to access healthcare quickly can theoretically visit the Primary Care Healthcare Access Centres (Permanences d'Accès aux Soins de Santé, PASS) at their nearest public hospital.

Although access to health insurance and healthcare are supposed to be universal, NGOS report problems in access because of administrative obstacles and discrimination[18]. There were an estimated 21 000 unaccompanied children in France in 2017; they are an extremely vulnerable population and most struggle to access healthcare services[19].

PREPAREDNESS FOR COVID-19 IN MIGRANT POPULATIONS

The existence of Primary Health Healthcare Access Centres (PASS) for people without health insurance and the fact that the poorest and undocumented migrants can theoretically access health insurance are the two main policies that supposedly guarantee access to care to migrants and should limit the impact of expected or unexpected health events. That said, the regular occurrence of epidemic situations, notably measles, chickenpox and influenza among the most precarious migrant people, questions the effectiveness of these healthcare access system.[20]

POTENTIAL RISKS AND IMPACTS OF COVID-19 FOR MIGRANT POPULATIONS

a. Migrants at risk of contracting COVID-19

For various reasons, migrants are more exposed than non-migrants to the COVID-19 epidemic:

- Previous research also shows that migrants in France are more likely have certain chronic conditions that appear to be associated with worse outcomes in case of COVID-19 infection (i.e. diabetes mellitus[21], hypertension, obesity and tuberculosis).
- Migrants could have more difficulty in accessing and understanding prevention messages because they cannot find information in their own language or because they have low health literacy. In the French context, medical instructions in case of COVID-19 are complex: stay at home in case of light-moderate symptoms; in case of deterioration, call medical emergency services (15) rather than go directly to an emergency department. As the information is not necessarily disseminated in their language and in the media they use, migrants could be unaware of or misunderstand these instructions, resulting in delays in healthcare access. Moreover, fear of SARS-CoV-2 infection and systematic police controls in confinement context could discourage undocumented migrants from accessing healthcare services.
- Finally, the share of migrants in occupations that continue working during lockdown (nursing assistant, cashiers, delivery persons, etc.) is higher than among the natives, which could result in a higher exposure to Covid-19.It should be noted that it has been very difficult in France to obtain disaggregated figures for migration status among persons infected by of SARS-CoV-2. However the National Institute of Statistics finally published national figures on migration and Covid 19 on the 7th of July 2020, much later than many countries. The report reveals that the excess of all-cause mortality

[18] https://www.medecinsdumonde.org/fr/actualites/publications/2019/10/15/observatoire-de-lacces-aux-droits-et-aux-soins-2018
[19] https://www.senat.fr/notice-rapport/2016/r16-598-notice.html and https://www.msf.org/france
[20] 1/ Godefroy R and al. Measles outbreak in a French Roma community in the Provence-Alpes-Côte d'Azur region, France, May to July 2017. J Infect Dis . 2018 Nov;76:97-101.
2/ Jones G, Haeghebaert S, Merlin B, Antona D, Simon N, Elmouden M, Battist F, Janssens M, Wyndels K, Chaud P. Measles outbreak in a refugee settlement in Calais, France: January to February 2016. Euro Surveill. 2016;21(11):30167. doi: 10.2807/1560-7917.ES.2016.21.11.30167.
3/ Varicella outbreak in Sudanese refugees from Calais. Lesens O, Baud O, Henquell C, Lhermet Nurse A, Beytout J. J Travel Med. 2016 Jul 4;23(5)
[21] Fosse-Edorh, S., A. Fagot-Campagna, B. Detournay, H. Bihan, A. Gautier, M. Dalichampt, et C. Druet. 2014. « Type 2 Diabetes Prevalence, Health Status and Quality of Care among the North African Immigrant Population Living in France ». Diabetes & Metabolism 40 (2): 143-50. https://doi.org/10.1016/j.diabet.2013.11.005

between March and April 2020 was twice higher among migrants than among the natives (+54% for persons born in North Africa, and +114% for persons born in sub-Saharan Africa)[22].

b*. Migrants at risk in relation to lockdown measures*

- Poor living conditions and lack of appropriate accommodation and overcrowding is also more frequent among migrants, which makes physical distancing and maintaining basic hygiene standards impossible to follow and can make the lockdown more difficult to bear in terms of mental health.
- Non-EU migrants are more often unemployed than non-migrants (24% versus 9%[23]), which make them at higher risk of food deprivation. Migrants who experience unstable or disadvantaged socioeconomic position are at risk of job loss and food deprivation during the lockdown, in particular migrants who work in the informal sector. Some charities/NGOs have closed down, they cannot resort to these structures anymore for food at a moment when financial resources go down.
- Finally, anyone going out during the lockdown which started on the 17th of March can be controlled by the police and has to show identity papers and a certificate indicating why he/she goes out (i.e. : medical reasons, buying essential goods, etc.). One of the direct consequences of this is that undocumented migrants could be afraid to go out, for fear of police or deportation[24], which means they would be extremely unlikely to seek appropriate preventative healthcare and more likely to hide their symptoms, affecting individual and public health.

c. Particular situation of detention centres and camps

Detention centers:

- In France, undocumented migrants can be detained up to 90 days and detention centres (Centres de Rétention Administrative, CRA) are evacuated but not entirely.

Reception centres:

- In the Paris region, although informal camps on the outskirts of the city were evacuated by the end of March, it is estimated that between 50 and 100 people "missed" the operation and were left on the street. Additionally, outside of Paris many informal camps remain. After evacuation, homeless migrants were accommodated, sometimes in gymnasiums where rapid contamination can be feared because of possible overcrowding. Moreover, any special housing facilities will close down as soon as lockdown rules are relaxed.

Informal settlements:

- In Calais and Grande-Synthe, dispersed camps near the cities gather about 1500 persons in completely insufficient sanitary conditions, in terms of access to water and soap in particular. At the beginning of April, the evacuation of Grande-Synthe had started. However, the last news from these camps are alarming.
- In Calais, NGOS report that only 300 refugees are accommodated in special housing facilities and that many NGOs have pulled out and state food provision has reduced by 50%[25]. According to the NGO Care4Calais, the virus rapidly spreads within the camp where it is impossible to adopt the right protection behaviour because of bad sanitary conditions and overcrowding.

RESPONSE TO COVID-19 TO DATE BY GOVERNMENT & HUMANITARIAN ORGANISATIONS TO PUBLIC HEALTH NEEDS OF MIGRANTS

Examples of government response relevant to the public health needs of migrants:

- Extension of validity of all social insurance (including AME), social allowances for three months and legal residence permits for three to six months.
- Maintaining open free "access to health care" centers (Permanences d'accès aux soins de santé -PASS-).
- Creation of departmental COVID-19 mobile health teams with a regional coordination.
- Opening of special shelters to prevent increase in homelessness – among whom a large proportion of migrants – from catching COVID-19, as well as providing shelters for persons in collective housing facilities have COVID-19.
- Launch of research funding calls on COVID-19 (pluridisciplinary) e.g. ANR Flash COVID and RA COVID.

Example of NGOs and CBOs response relevant to the public health needs of migrants:

[22] https://www.insee.fr/fr/statistiques/4627049
[23] INSEE data https://www.insee.fr/fr/statistiques/3676614?sommaire=3696937
[24] https://amnestyfr.cdn.prismic.io/amnestyfr/10799550-b926-4e77-b95c-12bfab03bd74_Usage+ill%C3%A9gal+de+la+force+et+pratiques+discriminatoires_+analyse+de+pratiques+polici%C3%A8res+pendant+le+confinement.pdf and https://theconversation.com/peur-et-resilience-paroles-dimmigres-confines-en-situation-de-precarite-137926
[25] https://care4calais.org/

- Digital guide of available social resources during lockdown for 8 departments (http://www.solinum.org/category/info-coronavirus/).
- Improvement in access to information on COVID-19 and citizens' rights: design and dissemination of short videos in several languages (Vers Paris Sans Sida, Mairie de Paris, Département de la Seine-Saint-Denis[26]), as well as multilingual information leaflets (Santé Publique France[27]).
- NGOs such as Médecins Sans Frontières (MSF) have been providing mobile clinics to migrants and the homeless during the COVID-19 response, and provided medical support to health authorities in the city and suburbs around Paris. They are also helping to ensure access to routine medical care is maintained for people surviving on the streets[28].

RECOMMENDATIONS TO ADDRESS THE PUBLIC HEALTH NEEDS OF ASYLUM SEEKERS AND UNDOCUMENTED MIGRANTS IN FRANCE DURING COVID-19

Ensure urgent access to healthcare for all migrants and refugees throughout the response to COVID-19

R1. Fund and implement positions of health mediators and health interpreter in all clinical settings where needed, and in public health information campaigns.

R2. Urgent halting of identity controls during lockdown, clear communication on the absence of identity controls and/or deportation during the epidemic. Additionally, the obligation to register at police stations for certain migrants should be removed and immediate granting of residency rights given to all undocumented migrants.

R3. Support, coordination with national social and healthcare systems and increase funding for the community-based organisations and NGOs who serve migrant populations.

Support inclusion of migrant and refugee populations in protection, preparedness of and response to COVID-19

R1. Ensuring that migrants are taken into account in all aspects of the next plans for action (i.e. social protection in case of job loss, basic needs, housing, psychological support, COVID-19 testing and contact tracing, isolation and care of affected migrants).

R2. Camps should be evacuated and migrants properly accommodated, in the respect of their rights and in satisfactory sanitary conditions.

R3. Ensuring access to housing which is suitable for lockdown, and provides the basic necessities of food, basic hygiene, masks and COVID-19 testing.

R4. Further research and understanding about levels of knowledge and understanding of the COVID-19 epidemic among different migrant groups, as well as mitigating factors and barriers to the implementation of key preventive and healthcare access measures.

R5. Collect data on the country of birth and year of arrival of all COVID-19 positive patients in order to monitor the evolution of the epidemic among migrants in France; publish data disaggregated by country of birth; maintaining confidentiality of the data throughout.

R6. Inclusion of all stakeholders and CBO/NGOs representatives effectively throughout the public health response. Engagement with local community leaders to ensure dissemination of public health information.

Responsible, transparent and migrant inclusive public information strategies

R1. Ensuring migrants' access to clear information about the epidemic, governmental measures and their rights in their language and in the media they use most.

[26] https://www.youtube.com/playlist?list=PL9_ltFWDutwtW6o3VUcFTXLgLEEDZBpxW

[27] https://www.santepubliquefrance.fr/maladies-et-traumatismes/maladies-et-infections-respiratoires/infection-a-coronavirus/articles/coronavirus-outils-de-prevention-destines-aux-professionnels-de-sante-et-au-grand-public#block-240739

[28] https://www.msf.org/vulnerable-must-access-medical-care-during-covid-19-france

ORGANISATIONS AND ACKNOWLEDGEMENTS

This situational brief was authored by Anne Gosselin[29,30,31], Annabel Desgrées du Loû[29,31], Sara Casella-Colombeau [29], Nicolas Vignier[29,30,32] ; Maria Melchior[29,30]; and expert reviewed by Paul Dourgnon, PhD[33]. Overall direction and review on behalf of the Lancet Migration global collaboration was provided by Miriam Orcutt and editorial review by Sophie McCann. This series of situational briefs summaries key aspects of the COVID-19 response in relation to migrants and refugees at country or regional level. They include public health and policy recommendations and perspectives and build on the Lancet Migration Global Statement recommendations to ensure migrants and refugees: have access to healthcare; are included in prevention, preparedness and response; and are part of responsible and transparent public information strategies, during the COVID-19 pandemic. They are intended to be short briefs providing key information on particular migrant and refugee contexts and thematic, rather than fully comprehensive country or regional overviews. Situational briefs have been authored by experts working in academia, operational, or clinical areas of migration and COVID-19, and are hosted on the Lancet Migration website (www.migrationandhealth.org). Lancet Migration is a global collaboration between The Lancet and researchers, implementers, and others in the field of migration and health that aims to address evidence gaps and drive policy change building on the recommendations of the UCL-Lancet Commission on Migration and Health published in December 2018. Situational briefs represent the views of the authors. They are up to date at the time of writing, but will be updated by authors at intervals as feasible.

[29] French Collaborative Institute on Migrations/CNRS, France
[30] Social Epidemiology Team (ERES), IPLESP, Faculté de Médecine de Saint Antoine, Inserm S11 36, France
[31] CEPED (Université Paris Descartes, IRD, Inserm)
[32] Centre d'Investigation Clinique Antilles Guyane, CIC INSERM1424, Centre Hospitalier Andrée Rosemon, 97300 Cayenne, French Guiana
[33] Institut de Recherche et Documentation en Economie de la Santé (Institute for Research and Information in Health Economics), Paris, France