

SITUATIONAL BRIEF: MARGINALIZED MIGRANTS IN ISRAEL DURING THE COVID-19 PANDEMIC

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In Israel, as in other countries, the COVID-19 outbreak highlights existing structural inequities, which compromise the health of some migrant groups. The Israeli case also demonstrates how strong NGOs successfully advocate for the protection of migrants' health amidst the crisis, made possible by a certain level of cooperation with the Israeli Ministry of Health. Hence, measures for COVID-19 preparedness in Israel's marginalized migrant communities mostly result from pressure from civil society, against the backdrop of a generally exclusionary approach toward migrants.⁴ Over time, the Israeli Ministry of Health thus shifted from acknowledging the need to include migrants in preparedness measures toward the realization that particular needs and circumstances among migrant communities in some instances require special responses. Given a legacy of neglect and exclusion, this creates challenges for both the authorities and the migrant communities.

CONTEXT: MARGINALIZED MIGRANT POPULATIONS IN ISRAEL

Israel's migrant population is very heterogeneous. Alongside Jewish immigrants who obtain citizenship and full social rights upon arrival, Israel is also home to several marginalized migrant groups, who are barred from becoming legal residents. As a result, they have limited access to social and public health services. Among these groups are a) migrant workers, b) asylum-seekers, c) undocumented migrants, d) Palestinians without residency status in Israel, and e) children of either of the aforementioned groups (in the following: non-citizen minors). This document will focus on these groups and will not attend to the case of Jewish immigrants; nor will it relate in detail to the case of Palestinian workers arriving from the Occupied Palestinian Territories (OPTs) and related responsibilities. (For information on the health of Palestinian refugees in the OPTs during the Covid-19 pandemic, see ⁵.)

As of 2019, the migrant groups discussed here total about 235,000 persons (2.5% of the Israeli population):

- a. Migrant workers: 101,992 persons in total, including 22,857 persons working in agriculture (most of them from Thailand); 57,111 persons working in domestic care (most of them from the Philippines); and 15,192 persons working in construction.
- b. Asylum-seekers: 31,547 persons in total, most of them from Eritrea and Sudan. Out of these approx. 14,000 live in the poorer neighborhoods of South Tel Aviv-Yafo.
- c. Undocumented migrants: estimated 76,000 in total, among them 17,484 persons who overstayed/lost a work visa, and 58,200 persons who entered Israel on a tourist visa.
- d. Palestinians without residency status in Israel: 15,000-20,000 persons in total. Out of these approx. 8,000 hold temporary permits; e.g., permits for the purpose of family unification, which imply inclusion in the public health insurance scheme, or permits due to acknowledged prosecution in the OPTs, with no social rights attached. The remaining 7,000-12,000 hold no permits. In addition, over 50,000 Palestinians from the OPTs work in Israel on temporary (daily or weekly) permits.
- e. Non-resident minors: approximately 10,000 persons, out of these 7,000 are children of Eritrean and Sudanese asylum-seekers.⁶

The above groups have in common that they struggle to access adequate health care due to their exclusion from National Health Insurance.⁷ Parallel arrangements that were put in place for non-resident workers and minors cover only part of the population. Many migrants remain uninsured and rely on humanitarian healthcare provision, including the few designated responses offered by the Ministry of Health: a refugee clinic that provides urgent care for asylum seekers; a mental health care clinic for asylum seekers, and TB and HIV treatment for all uninsured migrants. Substandard living and working conditions (including cramped, dilapidated housing, inadequate sanitary facilities, lack of options for hygiene at work, lack of

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⁴ Ehud Eiran: Israel: Politics and Identity in Coronavirus times. POMEPS Studies 39, April 2020.

⁵ Kaloti et al., SITUATIONAL BRIEF: PALESTINIAN REFUGEES IN THE OCCUPIED PALESTINE TERRITORIES DURING COVID-19. Available: https://1bec58c3-8dcb-46b0-bb2a-fd4addf0b29a.filesusr.com/ugd/188e74_8006040d3d2c4fe9a705e1d22b5453a8.pdf

⁶ Data on foreigners in Israel. Summary report for 2019. Population & Immigration Authority; March 2020.

⁷ Gottlieb, N., Filc, D. & Davidovitch, N. Medical humanitarianism, human rights and political advocacy: the case of the Israeli Open Clinic. *Social Science & Medicine* 2012, 74: 839-845; Gottlieb, N., Ghebreyesus, H. & Gebreyesus, T. Asylum seekers' access to health care in Israel. *Lancet* 2016, 386: 25.

protective gear and safety instructions in the relevant languages) have also been reported for some of the aforementioned groups.^{8,9}

COVID-19 RESPONSE IN ISRAEL

From early February 2020, Israel enacted stringent measures to contain the COVID-19 outbreak, including border closures, closing of schools and universities, limitations on the public and private sector, up to a general lockdown. Health information and instructions were disseminated, including guidelines on social distancing, hygienic measures and self-quarantine, yet mainly in Hebrew. A shortage of SARS-Cov-2 tests initially hampered comprehensive monitoring in the Israeli population though. Until today, tests are rationed by testing mainly symptomatic persons who either return from abroad, or were in contact with confirmed patients. Asymptomatic persons are tested if related to special settings such as healthcare facilities, elderly homes and schools during suspected outbreaks. As of 23rd June, there have been 21,246 confirmed cases and 307 deaths from COVID-19 in the total Israeli population. Israel started a phased lockdown exit strategy on 19th April, with gradual opening of the education system from 3rd May. Since then the numbers of confirmed cases increased, with a gradual rise in the number of severe and ventilated cases and a small rise in the number of deaths.

PREPAREDNESS FOR COVID-19 IN MIGRANT POPULATIONS

Preparedness in migrant populations was low. There is no reference to migrant communities in Israel's pandemic preparedness plan from 2007.¹⁰ No particular measures were taken to protect vulnerable groups including migrants as part of the COVID-19-response; and marginalized population, such as Israeli Arab communities, were not well represented in the COVID-19 testing system.¹¹ It took advocacy efforts by the NGO Physicians for Human Rights Israel (PHRI) for the government to address preparedness among migrant communities. On 13th March, following civil society pressure, the Ministry of Health instructed all healthcare providers that COVID-19-related treatment shall be given to all persons, regardless of insurance or other status.¹² On 28th March, the National Security Council stated that there was "no choice" but to include migrants in COVID-19-related measures¹³, acknowledging that not doing so would put the Israeli population at risk.

PUBLIC HEALTH INFORMATION

As with other marginalized groups, there was an initial lack of health information in the relevant languages and minimal outreach efforts; and there were little to no capacities for medical interpretation (including online/telephone interpretation). Hence, translation and dissemination of public health information was carried out by NGOs until, over time, the Ministry of Health stepped in.

PREVENTION/PHYSICAL DISTANCING

Among all migrant groups discussed here, living conditions often do not allow for the implementation of preventive measures; e.g., overcrowded housing limits the possibility for self-isolation and physical distancing; shared use of cooking and sanitary facilities by many persons sets limits to hygiene. Community representatives report that some migrants continue to work, against COVID-19-related instructions, due to pressure from their employers.¹⁴ Caregivers and those employed in elderly homes were supposed to self-quarantine, some of them in their workplace, as the elderly population became particularly prone to COVID-19. In the absence of clear instructions, this caused a lot of distress.¹⁵

⁸ See, e.g., Rajiman, R. and Kemp, A. (2016). "The institutionalization of labor migration in Israel". *Arbor*, 192 (777): a289;

<https://www.hrw.org/report/2015/01/21/raw-deal/abuse-thai-workers-israels-agricultural-sector>;

<https://www.mevaker.gov.il/sites/DigitalLibrary/Documents/65c/2015-65c-221-OvdimZarim.pdf>

⁹ Feinstein International Center, 2012. Refugee Livelihoods in Urban Areas: Identifying Program Opportunities. Case study Israel. Feinstein International Center, Tufts University, Boston. p. 20; <https://www.haaretz.com/israel-news/.premium-asylum-seekers-in-petah-tikva-to-have-power-cut-off-as-city-seeks-to-run-them-out-1.5493553>

¹⁰ Israeli Ministry of Health. The Ministry of Health: Preparedness Plan of the Health Care System for Pandemic Influenza. Jerusalem: Ministry of Health; 2007.

¹¹ Daoud et al. Access to healthcare services in minorities during the COVID-19 outbreak: the case of Arabs in Israel. *Lancet* (under review).

¹² Medical directorate, document no. 20397632012, 13.03.2020.

¹³ Landau N, Peleg R, Yaron L. 'For Lack of Choice,' Israel to Treat Asylum Seekers as Citizens in Coronavirus Crisis. *Ha'aretz*; March 29th 2020. Available:

<https://www.haaretz.com/israel-news/.premium-for-lack-of-choice-israel-to-treat-asylum-seekers-as-citizens-in-covid-19-crisis-1.8720327>.

¹⁴ The Prime Minister's Office Round Table. Protocol, 24.03.2020.

¹⁵ The Prime Minister's Office Round Table. Protocol, 24.03.2020.

TESTING

Those migrant workers and asylum-seekers who hold employment-based health insurance can in theory seek testing through their insurance policy. Yet, a variety of barriers exist to getting tested, such as language barriers, fear of losing their job, stigma and geographical distance from testing facilities. Caregivers in particular are afraid of losing their work visas for being "contagious" and thus "un-employable". For the majority of migrants who are not insured, there are few options to get free testing. Since April 9th, one facility in South Tel Aviv has intermittently offered free of charge testing. Yet, uptake among migrants was initially low, due to fears of (assumed) costs, of social stigma, and of personal information getting shared with the Ministry of Interior for the purpose of immigration law enforcement.¹⁶ Uptake increased only after the local authorities established a designated coordination office to address aspects of testing, quarantine, and other social needs among marginalized migrant communities.

TREATMENT

In theory, medical treatment in case of a COVID-19 infection is available for all, following respective instructions from the Ministry of Health.¹⁷ In practice, it took several "test cases" and more detailed explanations that the Ministry of Health will cover COVID-19-related treatment costs for uninsured persons¹⁸ to make treatment de facto universally available. Humanitarian clinics for uninsured patients reduced their activities to essential services and adapted their mode of operation to mitigate risks to staff and patients.¹⁹ The related lack of services is felt especially in the areas of specialist and antenatal care. The clinics have requested and received extra equipment, protective gear and medicines from the government.

RISKS & IMPACTS OF COVID-19 FOR MIGRANT POPULATIONS IN ISRAEL

The COVID-19 outbreak itself initially affected migrant communities only lightly, with few persons infected and most with mild symptoms. However, since Israel's exit from the general lockdown, among other hotspots, one concentration of new cases was found among migrant workers and asylum-seekers tested in the Tel Aviv-Yafo area (e.g., out of 2,721 samples taken between May 27th and June 13th from uninsured migrants in South Tel Aviv, 8% (210) tested positive). Moreover, the socioeconomic "collateral damage" of the outbreak has longterm devastating effects on migrant groups.

HEALTH RISKS RELATED TO LIVING AND WORKING CONDITIONS

Prior investigations, including a state comptroller report, have exposed inadequate housing and working conditions among labor migrants and Palestinian workers in the agriculture and the construction sector. This includes crowded housing, sharing of inadequate kitchen and sanitary facilities by many persons, lack of options for hygiene at work (e.g., running water), lack of protective gear and of safety instructions in the relevant languages, and lack of access to healthcare.²⁰ With regard to asylum-seekers, it has similarly been reported that many live in crowded, substandard housing for lack of other options.²¹ As most COVID-19 transmissions take place on household level, such living conditions raise the risk of infection and rapid dissemination for the inhabitants and their environment.²² Moreover, representatives of the migrant communities report on a rise in domestic violence in the context of the COVID-19 lockdown.²³

¹⁶ Alon A., Number of foreigners infected with Corona higher than reported. "Afraid to get tested". Ynet; May 31st 2020. Available: <https://www.ynet.co.il/articles/0,7340,L-5739346,00.html>

¹⁷ Medical directorate, document no. 20397632012, 13.03.2020

¹⁸ Ministry of Health, internal communication, 24.03.2020

¹⁹ See, e.g., the Physicians for Human Rights' Open Clinic: <https://www.phr.org.il/en/our-clinic-remains-open/?pr=46>

²⁰ See, e.g., Rajman, R. and Kemp, A. (2016). "The institutionalization of labor migration in Israel". *Arbor*, 192 (777): a289;

<https://www.hrw.org/report/2015/01/21/raw-deal/abuse-thai-workers-israels-agricultural-sector>;

<https://www.mevaker.gov.il/sites/DigitalLibrary/Documents/65c/2015-65c-221-OvdimZarim.pdf>

²¹ Feinstein International Center, 2012. Refugee Livelihoods in Urban Areas: Identifying Program Opportunities. Case study Israel. Feinstein International Center, Tufts University, Boston. p. 20; <https://www.haaretz.com/israel-news/.premium-asylum-seekers-in-petah-tikva-to-have-power-cut-off-as-city-seeks-to-run-them-out-1.5493553>

²² Bedford J, Enria D, Giesecke J et al. COVID-19: towards controlling of a pandemic. *The Lancet* 2020; 395: 1015–1018.

²³ The Prime Minister's Office Round Table. Protocol, 24.03.2020

RISKS RELATED TO INADEQUATE ACCESS TO HEALTH SERVICES AND INFORMATION

Migrants face numerous obstacles to accessing health services and information. They are excluded from National Health Insurance, because eligibility for public health insurance is based on legal residency status. Parallel insurance arrangements that have been put in place for non-resident workers and minors:

- The law obliges employers of non-resident workers to buy commercial health insurance for their employees. Less than half of the said migrant population thus has access to health care via employment-based private health insurance, which offers limited coverage. Moreover, some have lost their coverage due to lockdown-related lay-offs.
- The majority of non-resident minors (9,700 persons) are insured through a state-subsidized arrangement with a public health fund i.e., as long as their parents continue payments, they have access to healthcare similar to Israeli children. However, since 2018, the Ministry of Health has changed the terms of eligibility for this insurance plan, rendering hundreds of children without access to healthcare, except for emergencies.²⁴ Uninsured migrants depend on the limited services of two humanitarian walk-in clinics in South Tel Aviv-Yafo (PHRI's Open Clinic and the TEREM refugee clinic) and on public hospitals for life-saving treatment in medical emergencies.²⁵ This limited range of available services leaves medical needs (e.g. chronic diseases) unmet.

The health care system's strong focus on COVID-19 has reduced service provision for non-COVID-19-related issues such as chronic diseases. Related limitations in availability and access to care are more severe for populations who faced difficulties in obtaining health care even under "normal circumstances"; for example, uninsured migrants in need of chemotherapy.²⁶ Migrants who speak languages other than Hebrew, Arabic and English face language barriers as interpretation services are not for the most part unavailable in Israeli health institutions. For migrants who live and work in the periphery and/or who are under a high level of control by the employer (such as Thai workers in agriculture or Palestinian workers without permit) it can be difficult to take time off work and overcome the geographical distance to healthcare providers.²⁷

HEALTH RISKS RELATED TO FEAR OF CONTACT WITH THE AUTHORITIES

Some migrants (such as Palestinians without permit and undocumented migrants) are particularly hesitant to contact state institutions, including healthcare facilities, for fear of being deported. This fear has become a major obstacle to testing and treatment during the pandemic, as all COVID-19-related procedures required contact with the Israeli authorities, including the provision of a passport number and home address.

SOCIO-ECONOMIC IMPACTS OF THE LOCKDOWN

According to NGOs, over 70% of asylum-seekers have lost their job due to the lockdown. The lockdown has plunged many individuals and families into extreme poverty. NGOs have identified at least 2,000 families who cannot ensure food, medicines, diapers. Community representatives say they fear homelessness within their communities as people become unable to pay their rent.²⁸ Together with their job, those migrants who had private health insurance lose their health coverage, unless they continue to pay private contributions. Those who can afford paying these contributions are liable to lose their coverage at the end of the 90-days "in between employers" period. Migrant and Palestinian workers in care-giving, agriculture and construction have for the most part not been subject to COVID-19-related lay-offs. Yet, care workers, in many cases, were prevented from leaving their work places. Approximately 50,000 Palestinians from the OPTs, who were working in Israel on temporary permits, were unable to commute due to the border closure. They had to choose between either staying in Israel (and not returning home for an unforeseeable period) or returning to the OPTs and thus lose their livelihood. A petition by a coalition of NGOs (the Association for Civil Rights in Israel, the Workers' Hotline, and PHRI)

²⁴ Moss D, Gutzeit Z, Mishori R, et al. Ensuring migrants' right to health? Case of undocumented children in Israel. *BMJ Paediatrics Open* 2019;3:e000490. doi:10.1136/bmjpo-2019-000490

²⁵ Shachaf et al. Utilization profile of emergency department by irregular migrants and hospitalization rates: lessons from a large urban medical center in Tel Aviv, Israel. *International Journal for Equity in Health* 2020; 19:56. doi: 10.1186/s12939-020-1152-6; Gebreyesus et al. Barriers to contraceptive care-seeking: the experience of Eritrean asylum-seeking women in Israel. *Ethnicity & Health* 2017. doi: [10.1080/13557858.2017.1418299](https://doi.org/10.1080/13557858.2017.1418299).

²⁶ Physicians for Human Rights Israel. Urgent plea for aid for statusless patients in need of dialysis in times of Corona; 5.4.2020.

²⁷ Gottlieb et al. Applying a community-based participatory research approach to improve asylum-seekers' access to healthcare in Israel. *Israel Journal of Health Policy Research* 2017; 6(61). doi: 10.1186/s13584-017-0185-9.

²⁸ The Prime Minister's Office Round Table. Protocol, 24.03.2020.

compelled the Israeli government to issue emergency regulations that require employers to ensure proper living and working conditions and provide private health insurance for the time of the COVID-19 pandemic.

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

While the Israeli government swiftly addressed COVID-19-related medical risks, its response to the pandemic's socioeconomic consequences has been weak. This affects all population groups; but it hits the migrant groups described here hardest, due to generally low incomes and lack of social security. Most interventions in migrant communities have been carried out by the civil society sector; few have resulted from dialogue between NGOs and the authorities. NGOs often act as the main information channel between the communities and government, as they convey relevant information to the migrant communities whilst updating the authorities on emergent problems in migrant communities.

RESPONSES ADDRESSING ACCESS TO MEDICAL TREATMENT

On April 5th, PHRI warned of lack of preparedness in overcrowded urban areas such as South Tel Aviv-Yafo, including the lack of testing and of options for self-isolation.²⁹ The organization called upon the Ministry of Health to remove the particular barriers impeding asylum-seekers' access to COVID-19-related services³⁰, and organized a joint meeting of government officials and community representatives. As a result, a special Ministry of Health coordinator was designated to facilitate asylum-seekers' access to COVID-19 protection and response measures. The process built some trust amongst migrant communities and contributed to more effective responses to the COVID-19 outbreak. A designated testing facility in South Tel Aviv-Yafo was established by the Tel Aviv-Yafo municipality and Tel Aviv's largest public hospital. Since its opening on 9th April it has been offering universal and free-of-charge SARS-CoV-2 testing for thousands of marginalized migrants. PHRI also alerted the Ministry of Health and the Ministry of Interior to the risk that migrants may forego testing and treatment out of fear from costs and/or arrest.³¹ The Ministry of Health consequently released instructions on universal provision of COVID-19 testing and treatment³²; and it assured that personal information will be used only for providing medical treatment. Still, some level of suspicion remains among some migrant groups and continues to create barriers to COVID-19 testing and treatment.

In light of the dire socio-economic situation of migrants in South Tel Aviv-Yafo, the Ministry of Health forewent a second lockdown on the relevant neighborhoods, as was first announced on June 12th. Instead it stepped up its efforts to identify and isolate positive cases, and to accommodate persons in need of quarantine in hotels across the country. This was also a strategic decision aimed at mitigating the stigmatization and scapegoating of migrant communities. The said quarantine arrangements had principally been open to migrants since the beginning of the outbreak. Yet, various adjustments were needed to overcome fears (related, e.g., to connotations with migrant detention centers and fears that the government will deport those infected instead of treat them) and to ensure that migrants receive adequate monitoring while in quarantine (e.g., information and language mediation).³³ The quarantine arrangements are part of a designated nation-wide protocol for quarantine and follow-up for uninsured migrants, enacted on May 1st. The protocol parallels the one enacted for persons covered by the public health insurance scheme. However, involving Ministry of Health district branches and private health service providers instead of public health service providers, its separate character emphasizes the principle exclusion of migrant populations.

Regarding Palestinian workers from the OPTs: following NGO advocacy, on 5th May, the government extended the legal duty to provide private health insurance (originally for overseas migrant workers) to Palestinian workers from the OPTs, as long as they remain in Israel due to the pandemic. Regarding non-resident minors: with the onset of the COVID-19 outbreak, PHRI demanded that the Ministry of Health allow all non-resident children (back) into the above described health insurance arrangement, and to forego terminating existing policies for children, whose parents become unable to pay the premiums.

²⁹ Physicians for Human Rights Israel, internal communication, 5.4.2020

³⁰ Physicians for Human Rights Israel, internal communication 12.4.2020

³¹ Physicians for Human Rights Israel, internal communication, 8.3.2020 and 12.4.2020

³² Medical directorate, document no. 20397632012, 13.03.2020 and internal communication, 24.3.2020

³³ Ministry of Health, Administration for Strategic and Economic Planning, 14.04.2020; The Prime Minister's Office Round Table. Protocol, 24.03.2020.

Yet, the Ministry of Health refused to include children of undocumented migrants in the insurance arrangement, leaving them exposed in times of the pandemic. As per the second demand, the Ministry of Health agreed to not terminate existing policies when payments have been paused. Yet, this has not yet been sufficiently communicated to the health fund. Moreover, parents will face accumulated financial burdens when they must eventually cover the debts to the health fund.³⁴ The overall issue of health insurance for non-resident minors is pending in court since a High Court petition by PHRI in 2019.

RESPONSES ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH

NGOs (including the Association for Civil Rights Israel (ACRI), the Workers' Hotline, the Aid organization for refugees and asylum seekers in Israel (ASSAF), the African Refugee Development Center (ARDC), and PHRI) and the Tel-Aviv municipality welfare unit for migrants (MESILA) jointly demanded that the government relieve the most severe economic hardship among migrants who have lost their job due to the lockdown. To this end, they proposed among other things the disbursement of asylum-seekers' "deposit funds". The 2017 Deposit law required all employers of asylum-seekers to deduct 20% of their monthly salaries into this designated fund. The amount is supposed to become available upon the migrants' departure from Israel. In 2017, a coalition of NGOs led by the Workers' Hotline had contested the law in a petition to the Israeli Supreme Court.³⁵ On 23rd April 2020, the Supreme Court ruled on the law's immediate cancellation and the release of the funds within 30 days. To the surprise of migrants and activists, the authorities began implementing this ruling shortly after. The authorities further suggested that unemployed migrants shall be employed in sectors that are lacking staff due to the COVID-19 outbreak; for example, in nursing and agriculture. The Ministry of Interior stated that it will suspend law enforcement against the employment of migrants without work visa in the nursing sector.³⁶ A hotline for persons threatened by domestic violence in theory offers universal services. Following a meeting with community and NGO representatives, the welfare office committed to looking into options to overcome language barriers that currently hamper access to this service.³⁷

PROPOSED SOLUTIONS TO URGENT HEALTH AND HUMANITARIAN NEEDS OF MIGRANTS DURING THE COVID-19 PANDEMIC

1. Access to healthcare for all migrants throughout the response to COVID-19:

R1. Ensure health coverage for non-resident minors regardless of their parents' status and ensure continuity of the insurance plan in case that parents become unable to pay contributions due to the economic crisis.

R2. Enable migrants to maintain insurance status of themselves (despite job loss and/or unpaid leave, and economic hardship): potential arrangements include the payment of contributions in smaller rates, no immediate termination of coverage in case of belated payment, extension of the "between employers-period". In the long run, access to health care should be ensured regardless of employment. To this end the current commercial employment-based health insurance should be replaced with a **state-subsidized insurance plan for all migrants**. Such insurance plan could be based on the existing state-subsidized insurance arrangement for non-resident minors.

R3. Provide humanitarian health care for migrants with severe chronic diseases (such as cancer, kidney failure); divide the related economic burden equally across different healthcare providers.

R4. Ensure access to information and to testing and medical treatment for migrants who live outside of Tel Aviv-Yafo (i.e., out of reach of NGOs); among them e.g. Thai agricultural workers, asylum-seeking communities in the periphery.

³⁴ Physicians for Human Rights Israel, internal communication, 22.3.2020 and Ministry of Health, internal communication 27.3.2020.

³⁵ Yaron, L. Israel's Top Court Strikes Down Law Requiring Asylum Seekers to Deposit 20% of Salaries. Ha'aretz 23.04.2020. Available: <https://www.haaretz.com/israel-news/premium-israel-s-top-court-strikes-down-law-requiring-asylum-seekers-to-deposit-20-of-wages-1.8794068>

³⁶ Yaron L. As result of Corona crisis, migrant workers without permit to be allowed to work in elderly homes. Ha'aretz 12.04.2020. Available: <https://www.haaretz.co.il/health/corona/premium-1.8758972>; see also announcement on the facebook page of the Israeli Population and Immigration Authority: <https://www.facebook.com/Pibalsrael/photos/pcb.3075485465828758/3075483375828967/?type=3&theater>

³⁷ The Prime Minister's Office Round Table. Protocol, 24.03.2020

2. Inclusion of migrant and refugee populations in protection, preparedness of and response to COVID-19:

R1. Implement a comprehensive and fair strategy to **cushion the socioeconomic implications of the pandemic and related lockdown**, including financial aid for vulnerable migrant communities to enable them to cover housing expenses, food, insurance payments, and medications. Provide humanitarian assistance for migrants whose livelihoods were affected by Covid-19; e.g., migrants who were laid-off, and migrants who lost income due to extended periods of quarantine.

R2. Enforce legal standards on **adequate living and working conditions**, with special focus on sectors that employ migrant and marginalized populations; e.g., in agriculture, construction, in-house domestic and care work.

R3. Hold regular **information-sharing meetings** between Ministry of Health coordinator for migrant inclusion in COVID-19 preparedness measures and community representatives.

R4. **Address the needs of migrant communities in quarantine facilities**, including linguistic mediation, adequate social services, and services for families with small children.

3. Responsible, transparent and inclusive public information strategies:

R1. Provide **translation of all health-relevant information** and medical interpretation.

R2. Ensure **that information regarding free COVID-19-testing is disseminated widely** amongst migrant population, translated into relevant languages, and distributed via community networks.

R3. Publicly announce that **patient data and info will not be shared/used for immigration enforcement**, including reference to a firewall to protect sensitive data.³⁸

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³⁸ Lancet Migration Global Statement on Covid-19: 'Leaving No One Behind in the Covid-19 Pandemic: A Call for Urgent Global Action to Include Migrants & Refugees in the Covid-19 Response. Available: www.migrationandhealth.org.

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