SITUATIONAL BRIEF: COVID-19, MIGRATION AND CHILDREN IN WEST AFRICA

Paula Raquel Santana de Sousa[1], Alasdair Kennedy[2], Mary Ani-Amponsah[3], Hayat Imam Mohammed Gommaa[4], Stephen Owusu Kwankye[5], Delan Devakumar[6], Bukola Salami[7]

MIGRATION CONTEXT

West Africa comprises 16 countries with a population of just over 390 million in 2019.[1] It has varying degrees of poverty, from 72% of Niger's population to 3% of Cape Verde's living in extreme poverty, defined by the World Bank as living on less than $1.90 per person per day.[2,3] West Africa has an estimated 8.4 million migrants moving around the region both internally and internationally.[4,5] It is estimated that one-third of people from West Africa live outside their village of birth.[6] West Africa has a well-established system of cross-border free movement, thanks to the Economic Community of West African States (ECOWAS) founded in 1975 during the treaty of Lagos by 15-member states.[4,7] ECOWAS aims to promote economic integration as well as free movement of people. The ECOWAS Free Movement Protocol, which promotes free entry, settlement and establishment of ECOWAS citizens in member states has facilitated a process where many ECOWAS nationals live outside their countries of origin. For example, thanks to the protocol, an estimate based on population census results from receiving countries in West Africa indicated 347,487 Ghanaian emigrants living in ECOWAS countries alone.[8]

Intra- and inter-state migration in West Africa is mainly for economic or labour reasons but can also be for a multitude of other reasons such as conflict, terrorism, escape from harmful traditional practices, desertification, land degradation and drought.[5,7,9] Eighty four percent of all migratory movements are within the region.[4] This is seven times greater than flows from West African countries to other parts of the world.[5,10] Cote d'Ivoire, Ghana and Nigeria host the largest numbers of migrants who have mostly migrated to seek employment opportunities.[10] Overall, migration in West Africa has enhanced trade, commerce and strengthened ECOWAS.[10,11] Nevertheless, complete freedom of movement is not yet fully realised as some domestic laws in member states remain in contradiction with ECOWAS protocols. In some of these countries, migration policies are non-existent or non-compliant with existing laws. Migrants are experiencing harassment at border crossing points, difficulties in acquiring information and documentation, reduced access to employment and poorly established residency laws.[4,10] ECOWAS proposes to bridge this gap by standardising procedures and harmonising policy on migration. In 2013 it received support from the Free Movement of Persons and Migration (FMM) West Africa Project.[4, 10]

West African countries that have either been through a civil war or hosted refugees fleeing conflict since the 1990s have received support from the United Nations High Commissioner for Refugees (UNHCR) alongside their hosting governments.[12] In 2018, the UNHCR Global Trends report on forced displacement indicated that there were over 3.7 million refugees, asylum seekers, internally displaced people and others of concern originating from West Africa.[13] The ongoing political instability in Mali has led to the displacement of people internally and regionally making it the main country of origin of refugees and internally displaced persons.[5]

Nigeria, with over 2.3 million, and Côte D'Ivoire, with approximately 700,000, are the countries that host the highest number of forcibly displaced people.[13] Niger has also seen an increase in migrants coming from neighbouring countries attempting to reach Libya and Algeria, fleeing insecurity in northern Nigeria, and currently hosts approximately 390,000 forcibly displaced people.[5,13] On the other hand, the UNHCR Global Trends report indicated that 250,000 Ivorian refugees fled to Ghana, Guinea, Togo and Liberia at the height of the post-election civil war in the new ref country.[14] Some of these refugees from Cote d'Ivoire and Liberia continue to live in Ghana today.

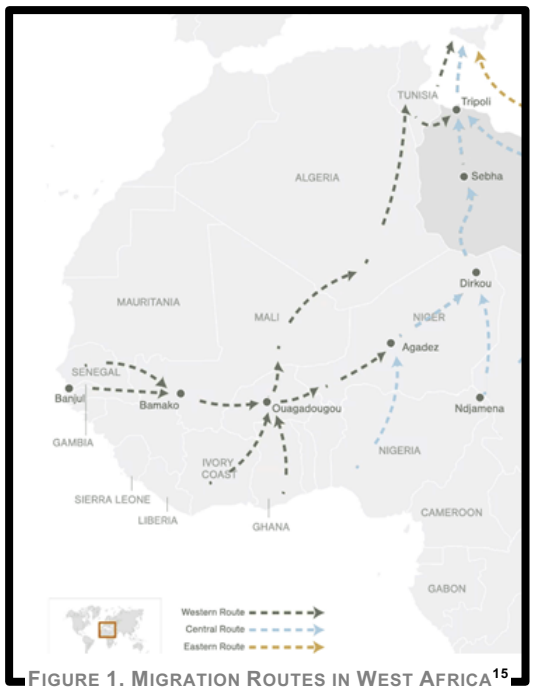

FIGURE 1. MIGRATION ROUTES IN WEST AFRICA[15]

1 Paediatric Specialist Trainee, Health Education Kent Surrey and Sussex, UK
2 Honorary Clinical Research Fellow Brighton and Sussex University, UK
3 Maternal and Child Health Department, College of Health Sciences, University of Ghana, Ghana
4 Department of Nursing Sciences, Faculty of Allied Health Sciences, Ahmadu Bello University, Nigeria
5 Regional Institute for Population Studies (RIPS), College of Humanities, University of Ghana, Ghana
6 Associate Professor in Child and Adolescent Health, University College London, UK
7 Associate Professor, Faculty of Nursing, University of Alberta, Canada

A more recent trend has been the migration of ECOWAS nationals to Europe through North Africa as illustrated in Figure 1.[15] The most common migratory routes are irregular and have decreased since 2016 due to stronger border controls and increased policy attention. Conversely, regular migration has increased slightly from 125,811 migrants in 2016 to 153,966 migrants in 2017.[4, 16] Overall, migration to the EU has decreased since 2016 and resident permits for work issued by European countries to West African migrants declined by 58% between 2011 and 2017.[16] A 2016 United Nations Children's Fund (UNICEF) report noted that one in 45 children in the world are migrants, with one in five of these being from Africa.[7]A 2020 UNHCR report estimated that there were 3 million displaced children in West and Central Africa.[17]Many migrant children in West Africa are unaccompanied or separated from their carers and are considered *de facto* adults with attendant responsibilities.[7, 18] Some of these children migrate voluntarily and some are coerced.[7,5, 18]

COVID-19 RISK TO PUBLIC HEALTH

The number of COVID-19 cases and deaths in West Africa is rising exponentially with all countries having been affected.[19] The majority of children who contract COVID-19 appear to have less severe symptoms and lower mortality rates than other age groups.[20] However, there are many other ways migrant children will be impacted by COVID-19 both in the short and the long-term, adding to the risks this vulnerable group is already exposed to.[20] Between 2013 and 2016, the Ebola virus disease (EVD) epidemic of West Africa affected 28,600 individuals and caused 11,000 deaths.[21] EVD has different characteristics compared to COVID-19. However, its impact on the region can help identify the possible repercussions COVID-19 may have in West Africa:

1. **Neglect of and rise in other health conditions**

During the current pandemic, not only could health systems prioritise and become overloaded with COVID-19 patients but people may be less likely to attend hospitals and other preventative and curative healthcare facilities due to fear of the virus. This may have the added effect of undermining the health improvements made over previous years.[22] During the EVD epidemic, healthcare systems in Guinea, Sierra Leone and Liberia were overwhelmed and routine services such as HIV testing and childhood vaccinations declined. Sierra Leone had an estimated excess 2,800 deaths from complicated malaria, HIV and tuberculosis (TB) between 2014-15. Similarly, following a reduction in the utilisation of family planning services, antenatal care and postnatal care services, the country had 3,600 excess deaths in maternal and neonatal healthcare sectors including stillbirths.[20,23] In April 2020, the Ghana Health Service reported an outbreak of cerebrospinal meningitis (CSM) in five of sixteen administrative regions in the country. However, notwithstanding the higher death toll recorded from CSM in comparison with COVID-19 at the time, CSM received a slow pace of national response due to an overstretched national health team managing COVID-19.[24]

As is usual when the rainy season begins in West Africa, infection rates due to endemic conditions such as malaria will rise. This may be a bigger threat than usual if healthcare systems prioritise COVID-19. Outbreaks of infectious diseases such as Lassa fever with higher mortality rates than COVID-19 may receive reduced public health attention and funding.[25] In addition, should there be a reduction in the number of children being vaccinated, there may be a rise in cholera, measles, meningitis and diarrhoeal illnesses. Migrant children have a pre-existing vulnerability to these conditions which could be exacerbated during the pandemic.[26] In Nigeria, the last case of wild polio virus was reported in August 2015 after a successful eradication programme. The campaign faced more challenges in the north, which has a high prevalence of internally displaced children from insurgency, due to low immunisation rates.[27] Migrant children in regions such as this may be vulnerable to resurgences.

2. **Negative impact from containment measures and restrictions**

Strict population restrictions and containment measures, commonly known as lockdowns, may result in reduced access to healthcare services and food. Conditions such as malnutrition are worsened due to reduced access to food and therapeutic feeds.[20, 28] Good nutrition has been associated with a better prognosis with COVID-19 in the inpatient setting.[28, 29]
The impact of COVID-19 on migrant children with HIV/AIDS and TB is not yet known but access to medication may be hampered.[20] Migrant children from remote areas may not be able to access healthcare services due to reduced availability and increased public transport fares during 'lockdown' periods.[30-33] Travel restrictions and containment measures may also restrict the distribution of provisions, such as food from NGOs, to migrant children.

3. **Rise in abuse and teenage pregnancy rates**

During the EVD epidemic, spikes in sexual abuse cases were reported and teenage pregnancy rates rose. Female children turned towards transactional sex to pay for day to day needs.[20] Without access to contraception and safe abortion services, this often led to teenage pregnancy which increased by 65% over the course of the outbreak.[20] We may see a similar pattern

during COVID-19 in young migrant persons due to containment measures including school closures, travel restrictions, country-wide economic strains and reduced access to healthcare facilities.

4. **Reduced school attendance and increased child labour**
In response to the pandemic, some countries have imposed school closures. Many children are now reliant upon their caregiver to meet their developmental needs. This is unlikely to be achievable in some migrant families.[34] During the EVD epidemic, many older children were forced to drop out of school to care for younger siblings or frail elders.[20] Prior to the COVID-19 pandemic, refugee children were twice as likely to be out of school. Now, reduced access to educational facilities and a loss of family income may increase child labour.[20] In the long-term, persistent economic precarity for families may lead to forced child labour preventing children from returning to school long after the pandemic has ended. Schools are often a safe haven for vulnerable migrants, refugees and internally displaced children, providing a platform for safeguarding but also for information about COVID-19.[30] Migrant children may have also been excluded from the huge flurry of social media content regarding prevention and detection of COVID-19 due to poor access to online content. With learning being switched from face to face to online delivery, it is likely that many children will not be able to access these remotely. For example, in sub-Saharan Africa, 89% of learners do not have household computers and 82% lack internet access.[16]

5. **Increased abandonment and orphan rates**
During the EVD epidemic, it was reported that in Guinea, Liberia and Sierra Leone, 22,000 children lost one or both parents.[20] Many migrant children may be orphaned due to their carers dying of COVID-19. During the current pandemic, children may be temporarily left without care if parents are hospitalised due to COVID-19.[20] Children with either suspected or confirmed COVID-19 are also at risk of being abandoned by their own carers due to fears associated with the virus and without a robust social care system, their safety and future is compromised.[20] Abandoned or orphaned migrant children may become vulnerable to exploitation, abuse, violence, forced begging and child labour.[20] They are less likely to have extended family nearby to turn to for help, leaving them to fend for themselves.[35]

6. **Migrant children from the poorest communities may be hardest hit**
A large proportion of families are on very low incomes and are ill-equipped financially to cope with the impact of the COVID-19 pandemic.[36] This may result in children becoming hungry and a rise in crime as families become desperate to survive. [37, 38] Ongoing threats to food security, such as the current locust swarms in East Africa, may exacerbate the situation.[39] An estimated 19 million people will face an annual climate related food shortage from June to August in the Sahel and West Africa – a 77% increase - without factoring in the impact of COVID-19.[40] Living conditions for migrant children may become even more precarious due to overcrowding in accommodation and transport systems, water shortages and inadequate sanitation.[41] This has been described in concentrated populations of internally displaced persons in camps, camp-like settings and host communities in North Eastern Nigeria.[42] These factors make social distancing and self-isolation almost impossible. Following the eventual end of the COVID-19 pandemic, it is unlikely that migrant families and children will be included in economic recovery initiatives.[16]

7. **Impact on mental health and stigma**
Children and caregivers around the world will experience huge amounts of stress, anxiety and fear which will impact on their emotional and psychological health. Incidences of violence at home may increase due to stresses on families, particularly whilst in quarantine and during "lockdowns". Isolation and the inability to socialise with peers may also negatively affect children's mental state.[43] Social workers during the EVD epidemic played a critical role by providing space for vulnerable families to express their fears and request basic needs.[20] The stigma attached to COVID-19 may result in reluctance from carers to seek medical attention for children with symptoms. This may make it harder to contain the virus in overcrowded accommodation and put infected children at risk should a complication occur.[23] Children who have recovered from COVID-19 or have been exposed to the virus may be shunned due to the stigma and fears that the child might still be infective. This may be worse for migrant children who do have a community around them and may impact their mental health.[20] What's more, children left behind at home by migrant parents are more vulnerable to mental health conditions and the uncertainty of when families will be reunited may exacerbate this problem.[44]

8. **Changes in border status**
As detailed in the section entitled "response" below, border closures and an inability to register may impact on migrant children.[45] Returning to their country of origin or the ability to flee conflict may be impossible. A lack of asylum or civil registration may impede access to safety, protection and services.

9. **Increased risk to migrant children from West Africa in high income countries**
Migrants from West Africa in high income countries may already suffer threats and fear of detention and deportation by immigration authorities.[16] Children from this group may be exposed to additional risks as a consequence of the current

pandemic. For instance, in Marseille, France, many unaccompanied minors were left unprotected prior to the COVID-19 pandemic and public child protection services have been halted since its commencement. As a result, unaccompanied migrant children have been forced to live in the streets or in unsanitary overcrowded squats.[16] The perception of migrants as carriers of COVID-19 has further marginalised this group and caused a rise in xenophobia. The resulting discrimination may cause further health inequalities and movement restrictions.[46]

10. Reduced COVID-19 preparedness

Having drawn from the experience of the EVD epidemic and, more recently, Lassa fever outbreaks, some West African nations have been able to better prepare for the COVID-19 pandemic.[47] However, a shortage of ventilators and Personal Protective Equipment (PPE) added to an already pressurised healthcare system with a chronic shortage of doctors and an unreliable electricity supply means they remain vulnerable.[48] The ReadyScore can be used to illustrate this point.[49] The score, which determines a country's ability to "find, stop and prevent epidemics", qualifies a country as "not ready" if it is less than 39 or having "work to do" if between 79 and 40. As an example, in 2019 a Joint External Evaluation (JEE) of Nigeria reported a ReadyScore of 46.[50] In Sierra Leone, a country far more impacted by the EVD epidemic than Nigeria, it was lower at 43. The least prepared country was Burkina Faso at 34, with all countries in the region ranging between 34 and 46. This is in contrast to Belgium's score of 85 and the United States of America's score of 87, two of the hardest hit countries by COVID-19. What's more, foreign aid may not arrive as readily as before to support these systems. A report by the Organisation for Economic Co-operation and Development (OECD) on the socio-economic implications of COVID-19 in Africa, states the aid budget from donor countries may be impacted as higher income nations are facing challenges themselves.[51] The potential impact of overwhelmed healthcare systems with limited external support on vulnerable groups, such as migrant children, could be devastating.

In summary, COVID-19 is an additional threat to migrant children's physical and mental health in West Africa. These children do not necessarily live within a robust community or family unit and are therefore vulnerable to abuse and exploitation. Education and access to COVID-19 information may be reduced and they may be victims of stigmatisation, especially if their carer or a family member contracts or dies from COVID-19. Migrant children are more likely to be from poorer communities which are likely to suffer the worst of the economic impact of COVID-19.

RESPONSE TO COVID-19 BY GOVERNMENTS, MULTILATERAL & HUMANITARIAN ORGANISATIONS

Internal, ECOWAS and community responses

Government responses to the COVID-19 pandemic have varied across West Africa. Some nations, such as Sierra Leone, were already implementing quarantine measures on air travel before some European countries.[52] Some states have chosen to impose lockdowns or partial lockdowns as a means to flatten the infection rate curve. In many ECOWAS countries, borders have remained closed for approximately two months.[45] Some of these steps were implemented without instituting the necessary supportive measures as other African countries have successfully done, such as Rwanda,[53] for instance dispensing of food and funds.

During the pandemic, there has been a lack of consistency in some aspects of border status, access to asylum and civil registration and freedom of movement policy between West African nations.[45] According to an UNHCR COVID-19 protection dashboard published on the 15th April 2020, Benin still held an open border status for asylum seekers whereas Niger was closed with access to asylum.[45] The remaining nations' borders were still closed. Only Guinea, Sierra Leone, Liberia and Mali still had access to asylum registration. There was freedom of movement in Liberia, Ghana, Mali and Benin but not in Sierra Leone, Senegal and The Gambia. Only Liberia and Ghana provided full access to civil registration and documentation. Border closures and inability to register may impact migrant children.[45]

According to the same UNHCR report, there has been a consistent response in the region with regard to certain aspects such as repatriation, access to health care services and education.[45] There have been no cases of refoulment and facilitated voluntary repatriation of refugees has been suspended across the region.[45] All countries have allowed access to health care services and have closed schools and universities. Some countries are going one step further by developing national distance education programmes.[45] For the first time since it was founded, ECOWAS nations are seeing the Free Movement policy paralysed.[54] ECOWAS through the West African Health Organization (WAHO) is providing technical and financial support to member states to facilitate labour migration.[55]

Local private organizations are supporting communities. In Sierra Leone, for example, a local juice brand and pharmacy students have started manufacturing hand sanitiser.[56,57] In Ghana, local plumbers and engineers have designed handwashing sets comprising water storage barrels, with built in basins and drainage systems. These sets are either

manually operated or solar powered to allow non-touch technique.[58] Community run projects such as tailors manufacturing face masks for sale and donation to vulnerable communities and food distribution by religious organisations and individuals are bringing communities together despite their socioeconomic differences.[59] Chiefs, queen mothers, community elders, and celebrities are playing key roles in behaviour change communication related to handwashing, social distancing, handshaking, distribution of food items and care for orphaned children.

International response

Some International aid organisations and governments, such as the People's Republic of China, have already donated generous amounts of medical supplies.[60] The International Organization for Migration (IOM) are working towards a co-ordinated response to mitigate the socio-economic and humanitarian effects of the pandemic and support longer term-recovery in West Africa.[61] They have 12 main areas of intervention ranging from disease surveillance to tracking mobility impacts.[61] They have made a pledge to create a humanitarian corridor for the voluntary return of migrants who show no signs of COVID-19 and for those who have already undergone the mandatory two-week quarantine.[62,63] The United Nations (UN) is also assessing the need for this humanitarian corridor to facilitate movements of UN personnel and transportation of goods for the provision of humanitarian aid across the region.[63]

IOM has developed a brochure in various languages about COVID-19 prevention and continues to support migrants in West Africa. In Niger, they are currently supporting 2,371 migrants who have been stranded during the COVID-19 pandemic and have reported an increasing number of migrants arriving in the country despite a nationwide lockdown.[63] They have installed hand washing stations, set-up awareness raising programmes and carry out regular checks for symptoms. As of the 2nd of April 2020, in collaboration with Médecins Sans Frontières (MSF), they are also supporting 764 migrants in Assamaka in Niger who have travelled from other West African Nations, including children.[63] One of the difficulties MSF is having with new arrivals is setting up quarantine areas separate from the pre-existing groups. They are also reporting that border closures have resulted in migrants being abandoned by smugglers. For example, 256 migrants from Nigeria, Ghana and Burkina Fasso were abandoned at Libyan borders. With borders closed and internal movements somewhat curtailed, there will be a huge strain on host communities.[63]

The UNHCR continues to support refugee camps and acknowledges that West African nations are taking measures to prevent the spread of the virus. However, these measures do not necessarily take into consideration refugees, internally displaced persons, stateless people and refugee returnees.[44] The UNHCR has made a plea to encourage screening, testing, quarantine and other measures to manage the arrival of asylum seekers and refugees in a safe manner while respecting international refugee protection standards.[62] They are willing to work directly with national authorities to mitigate any negative impacts.[44]

UNICEF and the ILO-International Programme on the Elimination of Child Labour (IPEC) are advocating the termination of child trafficking during this pandemic and are addressing issues of violence in migrant and displaced children in Cote d'Ivoire.[9,16] UNICEF has also released statements that it is keeping migrant, refugee and internally displaced children at the forefront of its campaign and is supporting governments in the expansion of the availability and access to sanitation in areas where migrant and displaced children live.[30] It has also released the U-Report chatbot which intends to reach over 5 million young people in communities, including refugees and migrants, to provide life-saving information and to reduce misinformation.[30] There are still many non-governmental organizations on the ground and many still supporting remotely.[40] Terre des Hommes, for example, supports migrant children during the pandemic and is providing innovative solutions such as the *Gravit'eau*, a hand washing facility, in refugee camps in Mali and Burkina Fasso.[9, 64]

RECOMMENDATIONS TO ADDRESS THE HEALTH NEEDS OF MIGRANT CHILDREN IN WEST AFRICA DURING COVID-19

The current COVID-19 pandemic is wide-reaching and has affected all parts of society in many countries around the world. It does not discriminate between population groups, yet migrant children may be amongst the most vulnerable to both the direct and indirect consequences of the virus. Governments in West African countries should devise and implement inclusive policies and we propose the following recommendations:

1. **Urgent access to healthcare for all migrants & refugees throughout the response to COVID-19**

R1. Together with international organisations and the private sector, governments should prioritise support for child health programmes, with particular attention to non-COVID-19 related morbidity and other indirect consequences of the pandemic.

R2. Ensure that everyone, including migrants and refugees have free access to healthcare facilities, particularly to access routine healthcare programmes such as national immunisation, nutrition programmes and mental health support.

R3. Any ECOWAS country that has laws limiting or removing access to public healthcare systems for migrants should immediately suspended these.

2. **Inclusion of all migrant & refugee populations in prevention, preparedness for and response to COVID-19:**

R1. Migrant and refugee populations must be urgently included in all relevant national and regional public health policies relating to COVID-19: Migrants should be provided with access to adequate testing, contact tracing, personal protective equipment (PPE), quarantine measures that preserves the family unit and must not be arbitrarily applied.

R2. Immediately improve the living standards in reception centres, camps and informal settlements, including the provision of access to clean water, ventilation, enough nutritious food and adequate sanitation services in order to limit the risk of an outbreak.

R3. Continue to strengthen collaboration with international and inter-governmental organisations such as ECOWAS and unify policies relating to migration between and amongst West African countries.

R4. Monitor and mitigate the negative side-effects of preventative measures, such as containment measures, by assessing pre-existing vulnerabilities and continue to address these using the EVD epidemic as a model to predict and reduce the negative effects on child migrants.

R5. Use the effects of COVID-19 on migrant children to highlight the risks they are exposed to and to lobby for additional funding. Organisations from higher income countries should continue to fund and, where possible, scale-up current successful projects that support migrant children with creative strategies, whilst providing governments with technical and political leadership.

R6. Invest in robust social care networks, with the assistance of humanitarian agencies, to identify orphaned children early and support them with social inclusion, foster families, minimizing discrimination and economic burdens.

R7. Urgently increase and improve protection mechanisms within and between ECOWAS nations to limit sexual exploitation and trafficking of migrant children.

R8. Ensure that border closures do not block children's right to seek asylum or return to their families and communities.

R9. High income migrant recipient countries should provide legal protection to arriving child migrants from West Africa: including placing a moratorium on all deportations, temporarily extending residency permits, ensuring there is no refoulement and suspending laws that limit access to healthcare for all migrants. These are a threat to children's rights and a public health risk. For instance, Portugal, is leading by example by granting temporary residency permits to all migrants, refugees and asylum seekers.[16]

R10. Prioritise the safe opening of schools. This will have a positive impact on migrant children's mental and social well-being.

3. **Responsible, transparent and migrant inclusive public information strategies**

R1. All governments should immediately facilitate public health campaigns to provide information on COVID-19 that are transparent, linguistically and culturally appropriate to migrant and refugee children. This should be done using a variety of mediums in order to ensure migrant children can effectively access the information.

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1 Paediatric Specialist Trainee, Health Education Kent Surrey and Sussex, UK

2 Honorary Clinical Research Fellow Brighton and Sussex University, UK

3 Maternal and Child Health Department, College of Health Sciences, University of Ghana, Ghana

4 Department of Nursing Sciences, Faculty of Allied Health Sciences, Ahmadu Bello University, Nigeria 5 Regional Institute for Population Studies (RIPS), College of Humanities, University of Ghana, Ghana 6 Associate Professor in Child and Adolescent Health, University College London, UK

7 Associate Professor, Faculty of Nursing, University of Alberta, Canada

8 Honorary Associate Professor, Institute for Global Health, University College London