## SITUATIONAL BRIEF: MIGRANTS IN ITALY DURING THE COVID-19 PANDEMIC

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BACKGROUND: MIGRATION IN ITALY IN THE CONTEXT OF COVID-19

1.1 On 30th January 2020 the World Health Organization (WHO) declared the outbreak of coronavirus disease 2019 (COVID-19) in the People's Republic of China to be a Public Health Emergency of International Concern (PHEIC) under the international Health Regulations [1]. The following day, the Italian Government declared a state of emergency, stopping all flights to and from Chinese airports [2].

1.2 On 7th April the foreign, interior, transport and health ministers signed a decree under the International Convention on Maritime Search and Rescue stating that Italian ports could no longer be classified as places of safety for foreign naval units, including NGO-run migrant rescue ships, operating outside the Italian Search and Rescue (SAR) area [3]. Despite the national lockdown and the closure of ports to international rescue vessels in the Mediterranean Sea, small ships departing from Libya and Tunisia have continued to sail towards the Italian coastline. According to the United Nations High Commissioner for Refugees (UNHCR), during the period 1st January – 12th April, 2020 there were an estimated 3,229 sea arrivals in Italy (Figure 1) [4].

Figure 1. Estimated daily sea arrivals in Italy. 1st January – 10th May 2020 [4]
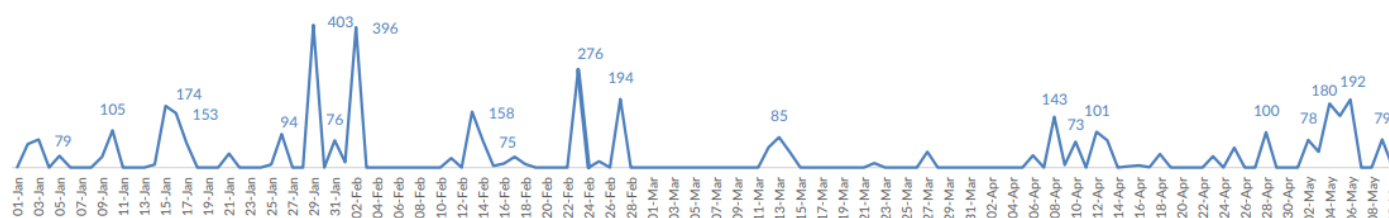
1.3 Due to its proximity to the Libyan coast, Italy's southernmost island of Lampedusa is a major transit point for migrants from Africa, the Middle East and Asia seeking to enter Europe. Italy is the first point of contact for the majority of refugees and asylum seekers who reach Europe by crossing the Mediterranean Sea. However, frequently, Italy does not represent the final hosting country for these individuals, who then aim to reach northern European countries such as Sweden, Germany and the United Kingdom [5].

1.4 Upon arrival in Italy, irregular migrants enter in a stepwise reception process which begins with a phase of first aid and assistance run by First Aid and Reception Centres (CPSA), where migrants are identified and can request international protection. Then, according to their status, migrants can be transferred to a Center for First Assistance (CDA), to a Center for Immigrants Asking for Political Refugee Status (CARAs) or to a Center for Identification and Deportation (CIE). Overall, 4 CPSAs, 14 CDA/CARAs and 5 CIEs are distributed throughout Italy.

1.5 With the aim of promoting social integration, until October 2018 the Italian reception system also provided the so-called SIPROIMI (System of International Protection and for Unaccompanied Foreign Minors) under which migrant inclusion projects were run by local administrators and by the volunteer sector. Under the Interior Minister Decree Law n.113 "Security and Immigration" of the 4th of October 2018, SIPROIMI was removed from the Italian reception system, exacerbating the social marginalisation of migrants and increasing the risk of them resorting to unregulated work.

1.6 According to the International Rescue Committee (IRC), Italy hosts an estimated 491,000 undocumented migrants [6].

RISKS & IMPACTS OF COVID-19 FOR MIGRANT POPULATIONS IN RECEPTION CENTERS OR NEW ARRIVALS

There are at least four aspects of COVID-19 which may have an impact on Italy's migrant population, either those arriving or already settled in the country's reception centers:

2.1 The first is the risk that migrants may be returned to unsafe conditions in Libya's detention camps by the local coast guard. This is currently happening in a majority of cases, as the rescue ships run by non-governmental organizations which were once patrolling the central Mediterranean - the deadliest route - have been forced to suspend operations due to the abovementioned decree of the 7th April that declared the Italian ports as no "place of safety".

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2.2 Secondly, living conditions in CDAs and CARAs are precarious and overcrowded, with a lack of ventilation systems, water and electricity making even the most basic hygiene recommendations, like frequent hand-washing, nearly impossible (Figure 2) [7]. Therefore, an outbreak within a migrant facility would be devastating for local healthcare services, which are already struggling with the coronavirus emergency and with structural problems, especially in the poorer south of Italy, where many migrants work as agricultural labourers.

Figure 2. Migrant living conditions in the CDA of Cona, Italy (photo credit: Gianni Rosini) [7]

2.3 The third potential impact is due to the fact that Italy may be at a different stage of the COVID-19 pandemic compared to migrants' countries of origin. After the Decree of the Italian Prime Minister of April 26th, Italy moved into the so-called "phase two", an intermediary period between the current strict lockdown, and "phase three", during which the country will begin its gradual return to normality. However, many African countries are instead in "phase one" i.e. an exponential growth of cases [8]. As migrants arriving in Italy by sea cross through multiple African countries (figure 3) [9], the potential risk of contagion along this route, as well as the risk of epidemic amplification in Libya's detention camps due to poor living conditions, also represents a risk of COVID-19 reintroduction in CARA and CDAs.

Figure 3. Central Mediterranean migration routes [9]
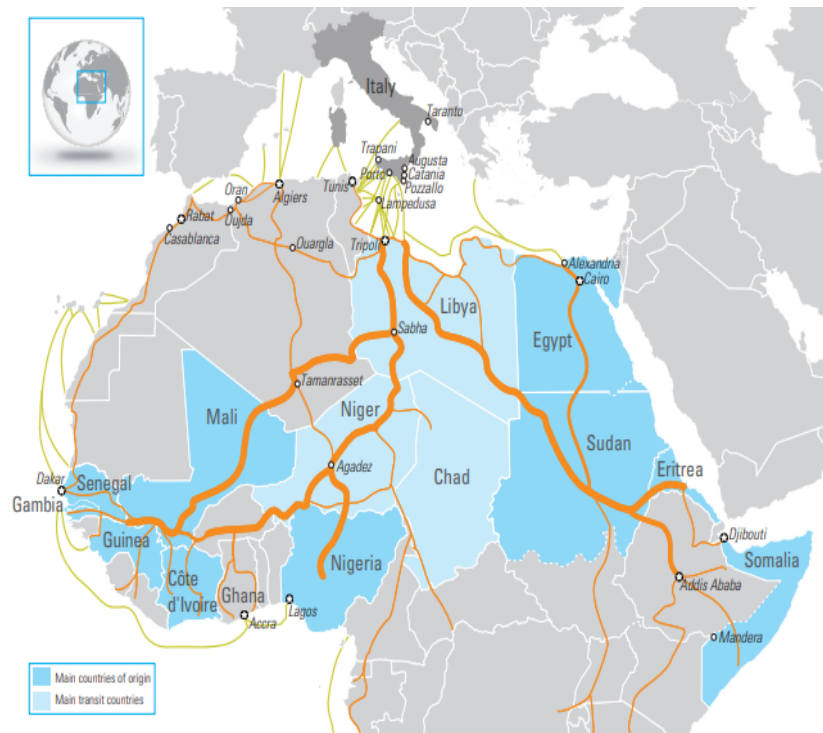
2.4 Finally, in the event that migrant settlements and reception facilities become places of high transmission, there is a risk of increased stigma and xenophobia. From a public health perspective, the rise of exclusion and stigmatization may result in migrants hiding their symptoms rather than seeking treatment, causing further and possibly undetected spread of the virus.

This risk has been further amplified by the removal of SIPROIMI and its associated social inclusion projects, which has also worsened access to health information. Small outbreaks have been already reported in Italian migrant reception centres of Catania and Milano with a total of 12 positives to COVID-19, resulting in the quarantine of the whole centre [10,11].

ITALIAN PREPAREDNESS & RESPONSE TO PUBLIC HEALTH NEEDS OF MIGRANTS DURING COVID-19

3.1 To mitigate the risk of COVID-19 outbreaks within the Italian reception system, the Interior Ministry issued Circular n. 3393 on 18th March 2020 which requires a 14-day isolation period for migrants arriving in Italy within dedicated CPAS spaces, after which they can be relocated to CARAs, CDAs or CIE [12]. The Ministerial Circular also emphasises strict application of hygiene and control measures in reception centers, and that migrants must remain within the centers even if they have been unsuccessful in their asylum claim and are due to be transferred to CIE. In addition to this, the 12th April Civil Protection Decree regulated quarantine and surveillance procedures, defining that moored boats could be used for the quarantine period in the event that CPAS' capacity is exceeded.

3.2 Despite the Italian lockdown due to COVID-19 and the suspension of international rescue vessels, migrants have continued to arrive through the Mediterranean route. These individuals should undergo a two-week quarantine, but availability of isolation rooms is decreasing, and on the 10th of April new arrivals in Lampedusa were made to wait the whole night in the harbour; the island does not appear to have the capacity to receive migrants in the long term while maintaining full compliance with the health protocols required by the COVID-19 emergency [13]. Additionally, the 14-day quarantine does not guarantee prevention of further spread of the virus, as asymptomatic people can transmit the pathogen [14-18] during this quarantine period to other migrants who then may develop symptoms once relocated into CARAs and CDAs, thus potentially spreading the virus into vulnerable contexts.

3.3 In parallel to the official response of the Italian government, a range of different organizations, including NGOs, have implemented programs to respond to the public health needs of migrants in the context of the COVID-19 pandemic:

● UNHCR and the Association of Social Promotion (ARCI) launched a website to provide information in 14 languages about the COVID-19 emergency to refugees, asylum seekers and migrants living in Italy. The multilingual portal includes a section dedicated to migration and asylum procedures during the lockdown, and a section explaining COVID-19 hygiene and prevention measures. The material is available in English, French, Spanish, Arabic, Greek, Bengali, Chinese, Farsi, Russian, Somali, Urdu, Somali, Tigrinya, as well as in Italian [19].
● UNICEF launched a platform called 'U-Report on the Move' and organizes Facebook Live Sessions helping migrants to access information about their residency permit procedures during the pandemic [20].
● The Association for Legal Studies on Immigration (ASGI) released a document on the impact of the COVID-19 pandemic on the rights of migrants, asylum seekers, homeless people, and workers in rural settlements, outlining possible solutions [21].
● The International Organization for Migration (IOM) developed a multilingual information brochure on COVID-19 prevention measures [22].
● Save the Children developed a multilingual document to explain COVID-19 to children [23].
● Doctors for Human Rights (MEDU) have launched special multimedia services and tutorials aimed at supporting migrants further marginalized by the epidemic [24].

3.4 Several organizations are also working in the field to support the Italian Government in providing healthcare assistance to vulnerable populations:

● Médecins Sans Frontières (MSF) has expanded its activities in response to COVID-19 in Italy, setting up bed facilities that provide a space in which migrants and homeless people can isolate, receive medical care and be transferred to hospital [25].
● The Italian NGO Emergency has opened an Intensive Care Unit at the Field Hospital in Bergamo managing a 12-bed ICU ward with 34 staff members, which also provides care to marginalised populations [26].

URGENT MIGRANT HEALTH AND HUMANITARIAN NEEDS: BROAD RECOMMENDATIONS

Based on the Lancet Migration Global Call to Action to include migrants and refugees in the COVID-19 response [27], the following recommendations should be considered in addition to those already implemented, also taking into account the WHO guidance for refugee and migrant health in relation to COVID-19 in the WHO European region [28]:

Ensure urgent access to healthcare for all migrants & refugees throughout the response to Covid-19
R1. Suspension of Articles in the Decree-Law on Immigration and Security (132/2018) that limit access to healthcare services to unregistered migrants: in order to improve public health, consider:
(a) suspension of legislations that limit access to healthcare services to unregistered migrants;

(b) regularisation of irregular migrants regardless of the length of time they have spent in Italy to facilitate their access to healthcare, employment and social assistance whilst guaranteeing they will not be targeted by the immigration services when accessing healthcare. All residency permits should be extended for at least 6 months, with the potential to extend further.

R2. Ensure migrants are aware of where and how to access healthcare and details collected for thorough contract tracing: At all points of entry into Italy, migrants must be immediately provided with specific information (in the relevant language) about COVID-19 prevention and protection and practical information on how and where to access health services. Health declarations should be collected at arrival along with contact details to allow for a proper risk assessment and possible contact tracing should it be needed, which much be fully explained in a culturally and linguistically sensitive and clear way. Dedicated platforms should be developed in order to securely share migrants' information between Health Authorities in charge of the COVID-19 response.

R3. Action beyond the nation-state level to uphold human rights and global health security: The Italian authorities must continue to work with regional and international bodies in responding to the pandemic, in particular to strengthen epidemiological surveillance and responses in Africa along migratory routes to Europe through:

(a) enhancing risk communication and community engagement at points of entry/exit and cross-border areas (land and water), and truck driver stop-points;

(b) strengthening disease surveillance among border communities and at points of entry, points of control and informal crossings;

(c) improving COVID-19 testing facilities to integrate national capacities to test vulnerable groups within general and migrant populations;

(d) enhancing the capacity for infection, prevention and control of the disease in migrant settlements.

Ensure inclusion of all migrant & refugee populations in prevention, preparedness for and response to Covid-19

R1. Establish a screening system to perform rapid screening tests on new arrivals at points of entry, proportionate to the public health need: in order to avoid a subsequent outbreak in CPSAs, CARAs or CDAs it is crucial for all migrants to be tested upon arrival (i.e. real-time PCR on respiratory samples or serological antibody point-of-care testing). This must be carried out whilst respecting dignity and fundamental rights, with clear communication about the need for testing to new arrivals. Those who test positive should be immediately provided with necessary medical care and transferred to safe accommodation for isolation.

R2. Immediate transfer of migrants and refugees living in overcrowded CDAs and CARAs to safe accommodation, prioritising the most 'at risk' and vulnerable to COVID-19: Urgently decongest, the CDAs and CARAs by identifying additional safe accommodation space (e.g. smaller more appropriate structures such as houses, hotels or apartments) so that physical distancing and recommended hygiene practices can be carried out. In particular, for unaccompanied minors protocols need to be defined for their safe relocation into the existing formal and informal community structures, and acceleration of reunification with family members residing in other EU States should occur, as per the Dublin Regulation.

R3. Urgently improve standards of CDAs and CARAs: In line with its own circular n. 3393, the government must (concurrent to decongestion as above) urgently improve and/or increase the ventilation, and availability of water, sanitation and hygiene services in the CDAs and CARAs, in order for hygiene and disease prevention and control measures to be adhered to. This may involve collaborating with NGOs and other organisations.

R4. Immediately increase isolation capacity: the availability of isolation spaces must be rapidly increased for those migrants in CDAs and CARAs who have tested positive for COVID-19, or who are housed in alternative facilities. It is crucial to define a standard operating procedure for case management and response in all migrant reception centres for this to work effectively.

R5. Continue to suspend all deportation procedures: guarantee that all deportations to third countries will remain suspended, ensuring there are no forced returns (refoulment).

Provide responsible, transparent and migrant-inclusive public information strategies

R1. Continue to disseminate and communicate clear and up-to-date public health information in relation to COVID-19 to all migrant populations in Italy: ensure that all information is accessible for and reaching all migrants by ensuring it is linguistically and culturally sensitive and relevant, ideally by working with members of the refugee and migrant communities. Furthermore, employ multiple and relevant dissemination methods (e.g. online, posters/flyers, call centres, group information sharing sessions, text messages and social media). As a starting point, Italian regions have developed websites providing COVID-19 information in different languages [29].

R2. The Italian government must actively counter racism, xenophobia and discrimination towards migrants and refugees, taking a zero-tolerance approach when it does occur: racism, xenophobia and discrimination fuels stigmatisation and exclusion which is likely to inhibit or delay migrants and refugees from seeking healthcare if they have symptoms, thus increasing the risk of a further outbreak, or more severe outcomes for individuals.

Organisations and acknowledgements

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