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PII: S2666-6235(20)30004-0
DOI: https://doi.org/10.1016/j.jmh.2020.100004
Reference: JMH 100004

To appear in: Journal of Migration and Health

Received date: 4 October 2020
Revised date: 10 November 2020
Accepted date: 10 November 2020

Please cite this article as: Behrouz M Nezafat Maldonado, Jennifer Collins, Harriet J Blundell, Lucy Singh, Engaging the vulnerable: a rapid review of public health communication aimed at migrants during the COVID-19 pandemic in Europe, Journal of Migration and Health (2020), doi: https://doi.org/10.1016/j.jmh.2020.100004

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Engaging the vulnerable: a rapid review of public health communication aimed at migrants during the COVID-19 pandemic in Europe

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ABSTRACT:

Background: The World Health Organization recommends national risk communications tools targeting migrant communities to contain the spread of COVID-19. Within Europe, migrants are often left behind in healthcare due to structural barriers driven by hostile environment measures. This study aimed to assess inclusion of migrants in COVID-19 prevention measures by evaluating if governmental risk communications are available in common migrant languages across Europe.

Methods: A rapid review was performed in June 2020 to understand the availability of government produced risk communications across Council of Europe member states, namely: COVID-19 health communications, migrant-specific guidelines and COVID-19 helplines.

Results: 96% (45/47) of countries sampled had online government COVID-19 advice. 30% (15/47) issued information in their official language(s), whilst 64% (30/47) of countries delivered information in additional languages. 48% (23/47) translated information into at least one migrant language. However, information on testing or healthcare entitlements in common migrant languages was only found in 6% (3/47). Half (53%; 25/47) of the countries with COVID-19 helpline offered information in at least one alternative language.

No government produced risk communications on disease prevention targeting people in refugee camps or informal settlements.

Conclusions: There are clear gaps in the availability of translated COVID-19 risk communications across Europe, excluding migrants from the COVID-19 response. Governments must reflect on the inclusion of migrants within their COVID-19 response and seek to engage vulnerable communities. Governments should urgently partner with non-governmental organizations who already play a key role in addressing unmet health needs.
Keywords

COVID-19; Migrant; Health communication; Immigrant; Refugee

INTRODUCTION

By declaring COVID-19 a public health emergency of international concern, the World Health Organisation (WHO) called for immediate action from governments to prepare their populations and health systems through a coordinated international response (1). COVID-19 rapidly became a global pandemic requiring universal precautions to curb its spread (2). Across the world, public health interventions were implemented and communicated through national risk communication strategies.

COVID-19 can be fatal particularly in those with underlying health conditions (2). With no curative treatment or vaccine currently available, the control of COVID-19 relies on public health interventions alone (3). Therefore, ensuring populations have access to accurate information on the prevention, identification and management of COVID-19 is a critical step for any territory hoping to control an outbreak (4). Health communication is an integral public health measure in infectious disease outbreak response (5).

Health communication

Health communication is multifaceted, encompassing the communication between health institutions, health professionals and the wider general public. The European Centre Disease Prevention and Control (ECDC) defines six components of health communication (Table1).
Table 1. Components of health communication, as defined by ECDC (6)

| Component                  | Definition                                                                 |
|----------------------------|----------------------------------------------------------------------------|
| Risk communication         | A sustained communication process with a diverse audience about the likely outcomes of health and behavioural attitudes. |
| Crisis communication       | A reactive communication effort in the event of an unforeseen event.        |
| Outbreak communication     | Communication that aims to bring an outbreak under control as quickly as possible, with as little social disruption as possible. |
| Health literacy            | The capacity an individual has to access and effectively use health related information, in order to promote and maintain good health. |
| Health education           | Teaching that influences a person’s knowledge, attitudes’ and behaviours connected to health in a positive way. |
| Health advocacy            | Raising awareness and promoting health and access to quality healthcare at individual and community levels. |

Health communication activities can have a positive impact on health-related attitudes, beliefs and behaviours and have had success across countries that have been able to control the spread of COVID-19 so far (6,7).

For health communication to be a successful component of an outbreak response, entire populations of affected countries must be able to access, understand and comprehend the
information being communicated (8). It is essential that in the context of COVID-19 there is effective health communication with the whole population, following a “the health of one is the health of all” mindset. This includes health communication adapted to meet the needs of marginalised populations, such as migrants.

**Migrant populations**

Since 2015 more than a million people, predominantly asylum seekers, have risked their lives entering Europe (9,10). This has come at a high cost; since 2017 over 2,700 people are believed to have gone missing or died whilst crossing the Mediterranean sea alone (11).

Simultaneously, exclusive policy and practice towards migrants has fostered a hostile environment throughout Europe, widening health and social inequalities between migrant communities particularly within the realms of accessibility, acceptability, availability and quality of health services (12,13).

COVID-19 is of particular concern in the context of the health of migrants. Migrants show poorer health outcomes due to the impact of social determinants of health (14). Almost 1 in 10 people living within the WHO European Region is an international migrant, a population known to be disproportionately affected by both communicable diseases, including vaccine preventable diseases, and non-communicable diseases (15). Migrants and refugees are overrepresented within homeless populations, exposing them to overcrowded conditions without the ability to social distance, quarantine or practice basic hygiene measures vital for the prevention of infectious disease transmission. In addition, they are often seen as a ‘hard to reach’ group when it comes to public health communications and if not targeted appropriately, public health advice may not address linguistic or cultural barriers adequately. Migrant workers, many of Black, African and Minority Ethnic (BAME) background, have been identified to be at a higher risk of mortality from COVID-19 (16). An analysis by Public Health England on COVID-19 and its impact on BAME communities highlights the effects of racism and discrimination faced by this community as a root cause affecting health, and exposure
risk and disease progression risk (16). In addition, this analysis evidences the detrimental effects of a hostile environment against migrants that continue to have adverse health effects (17).

Addressing these inequalities is a key element in pandemic preparedness and response, with efforts aimed at whole populations needed to effectively control an outbreak (18).

**Study Rationale**

In efforts to address various migrant health concerns within Europe, it has been acknowledged that there is a need for clear materials that are translated and culturally adapted (19,20). The WHO ‘Risk communication and community engagement for COVID-19’ guideline encourages that migrants and refugees are amongst the primary target audience for COVID-19 information messaging (15).

As such, COVID-19 risk communications should be specifically tailored, available and accessible to migrant groups across Europe.

**Aim**

This study aims to characterise whether or not national governmental public health communications on COVID-19 are publicly available and accessible in the most common native languages of migrant groups across Europe. This work assesses common themes of public health communications, in order to evaluate effective engagement of migrants by governments through public health communications on COVID-19.

**METHODS:**

This study was conducted through a quantitative rapid review to synthesise current evidence around COVID-19, migrant groups and public health communication. This review evaluated official government public health communications across all 47 member states of the Council of Europe (COE).
UN DESA defines migrant as “any person who changes his or her country of usual residence” (21). This definition for migrants was used for all data collection. Demographic data (Table 2) was obtained from the World Bank and the United Nation (UN) DESA Population division (22).

47 websites of all Council of Europe government ministries were screened by all authors to determine: whether a COVID-19 helpline was available; what languages that helpline was available in and what COVID-19 public health communications were available online and in which languages. In addition, particular resources that were explicitly aimed at migrant communities were identified from official government websites. Data collection was completed on the 12/06/2020.

A thematic framework was developed and used to code and then collate themes and sub-themes of the available written COVID-19 government resources, in order to analyse the collated data (Table 2).

Table 2: Thematic framework

| Themes               | Sub-themes                              |
|----------------------|-----------------------------------------|
| **Changing social behaviours** | Limitation of movement - lockdown       |
|                      | Public spaces                           |
|                      | Public transport                        |
|                      | International travel                    |
|                      | Protecting employees and customers      |
| **Disease education** | Testing                                 |
|                      | Transmission                            |
|                      | Seeking help – helpline, treatment centres |
### Signs and symptoms

- Treatment
- Vaccination

### Disease prevention

- Handwashing
- Facemask
- Respiratory hygiene
- Physical distancing

### Maternal and child health

- Pregnancy
- Childbirth
- Child health – physical, social and mental wellbeing
- Violence against women

### Mental health and wellbeing

- Coping strategies
- Psychological support available

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**RESULTS:**

**Country demographics**

Across the 47 countries studied there were 42 official languages. The most commonly identified migrant languages across European countries were: Arabic (n=11), German (n=10), Ukrainian (n=10) and Russian (n=10) (21,22). Small border countries had the highest proportion of migrant populations – Monaco (68%) and Lichtenstein (67%). However, the highest absolute number of migrants within a population were in Germany (n=13,016,207), followed by Russia (n=11,558,244) and the UK (n= 9,370,908).
Table 3 outlines countries included in the study (n=47).
Table 3: Baseline characteristics (UN DESA Population Division, The World Bank)

| Country                | Migrant (%) | Official Language(s)            | Most Common Migrant Languages                          |
|------------------------|-------------|---------------------------------|-------------------------------------------------------|
| Albania                | 1.7         | Albanian                        | Greek, Italian, English                               |
| Andorra                | 58.5        | Catalan                         | Spanish, French, Portuguese                           |
| Armenia                | 6.4         | Armenian                        | Azerbaijani, Georgian, Russian                       |
| Austria                | 19.9        | German                          | German, Serbian, Turkish                              |
| Azerbaijan             | 2.5         | Azerbaijani                     | Armenian, Georgia, Russian                            |
| Belgium                | 17.2        | Dutch, French, German           | Arabic, French, Dutch                                 |
| Bosnia and Herzegovina | 1.1         | Bosnian, Serbian, Croatian      | Croatian, Serbian, Montenegrin                        |
| Bulgaria               | 2.4         | Bulgarian                       | Russian, Arabic, Turkish                              |
| Croatia                | 12.5        | Croatian                        | Bosnian, Serbian, German                              |
| Cyprus                 | 16          | Greek, Turkish                  | English, Georgian, Greek                              |
| Czech Republic         | 4.8         | Czech, Slovak                   | Ukrainian, Slovak, Vietnamese                       |
| Denmark                | 12.5        | Danish                          | Polish, Arabi, German, Turkish                       |
| Estonia                | 14.4        | Estonian                        | Russian, Ukrainian, Belarussian                      |
| Finland                | 6.9         | Finnish, Swedish                | Estonian, Swedish, Arabic                            |
| France                 | 12.8        | French                          | Arabic, Portuguese, Italian                          |
| Georgia                | 2.0         | Georgian                        | Russian, Armenian, Ukrainian                         |
| Germany                | 15.7        | German                          | Polish, Turkish, Russian, Arabic                     |
| Greece                 | 11.6        | Greek                           | Albanian, German, Georgian                           |
| Hungary                | 5.5         | Hungarian                       | Romanian, Ukrainian, Serbian                         |
| Iceland                | 15.8        | Icelandic                       | Polish, Danish, English                              |
| Ireland                | 7.1         | English, Irish                  | English, Polish, Lithuanian                          |
| Italy                  | 10.4        | Italian                         | Romanian, Albanian, Arabic                           |
| Latvia                 | 12.4        | Latvian                         | Russian, Ukrainian, Belarusian                       |
| Country                  | Population % | Official Language(s)     | Other Languages                |
|-------------------------|--------------|--------------------------|--------------------------------|
| Liechtenstein           | 67           | German                   | German, French, Italian, Turkish|
| Lithuania               | 4.2          | Lithuanian               | Russian, Ukrainian, Belarusian |
| Luxembourg              | 47.4         | French, German, Luxembourg | Portuguese, French, German, Italian |
| Malta                   | 19.3         | English, Maltese         | English, Italian, Somali       |
| Monaco                  | 68           | French                   | French, Italian               |
| Montenegro              | 11.3         | Montenegrin              | Bosnian, Serbian, German      |
| Netherlands             | 13.4         | Dutch                    | Turkish, Arabic, Dutch, Polish |
| North Macedonia         | 6.3          | Macedonian, Albanian     | Albanian, Turkish, Serbian    |
| Norway                  | 16.1         | Norwegian, Sami          | Polish, Swedish, Lithuanian, Somali |
| Poland                  | 1.7          | Polish                   | Ukrainian, Belarusian, German |
| Portugal                | 8.7          | Portuguese               | Portuguese, French            |
| Republic of Moldova     | 2.6          | Romanian                 | Ukrainian, Russian            |
| Romania                 | 2.4          | Romanian                 | Romanian, Italian, Spanish    |
| Russian Federation      | 8            | Russian                  | Ukrainian, Kazakh, Uzbek      |
| San Marino              | 16.3         | Italian                  | Italian                        |
| Serbia                  | 9.4          | Serbian                  | Bosnian, Montenegrin, Croatian |
| Slovak Republic         | 3.4          | Slovak                   | Czech, Hungarian, Ukrainian   |
| Slovenia                | 12.2         | Slovene                  | Bosnian, Croatian, Serbian    |
| Spain                   | 13.1         | Spanish                  | Arabic, Romanian, Spanish, English |
| Sweden                  | 20           | Swedish                  | Arabic, Finish, Polish, Farsi |
| Switzerland             | 29.9         | French, German, Italian, Romansh | German, Italian, Portuguese, French, Turkish |
| Turkey                  | 7            | Turkish                  | Arabic, Bulgarian, German     |
| Ukraine                 | 11.3         | Ukrainian                | Russian                        |
| United Kingdom          | 14.1         | English                  | Hindi, Polish, Urdu            |
Availability of government COVID-19 phone helpline

Of the 47 European countries studied, we found that the majority (n=43) had a dedicated COVID-19 helpline telephone number. Summary of results is available in Supplementary File 1. Approximately half of these helplines were available exclusively in the official language(s) of the country (n= 20). However, there were examples where the helplines were available in additional alternative languages (n=23), most commonly English. However, only 19% (n=9) countries had the option to access a COVID-19 helpline in at least one of the three commonest migrant languages of that country through the telephone (Table 4).

Table 4: Translation of risk communications tools

| Risk Communication Intervention | % of countries with information available in official language | % of countries with information available in additional alternative language | % of countries with information available in common migrant language |
|-------------------------------|-----------------------------------------------------------|-------------------------------------------------|-----------------------------|
| COVID-19 Helpline             | 91% (43/47)                                               | 49% (23/47)                                    | 19% (9/47)                  |
| Hand washing Poster          | 36% (17/47)                                               | 26% (12/47)                                    | 6% (3/47)                   |
| Face masks Poster            | 26% (12/47)                                               | 13% (6/47)                                     | 9% (4/47)                   |
| Respiratory hygiene Poster   | 34% (16/47)                                               | 28% (13/47)                                    | 17% (8/47)                  |

Availability of written, on-line governmental COVID-19 materials

It was possible to find written, online governmental COVID-19 material for 96% of countries (n=45). In 11 countries this material was only available in the official language(s). However, in 28 countries there was also material available in alternative languages, and in 23 countries this included at least one of the three most common migrant languages of that
country. The most common European languages of the material included English, French and German. Arabic, Turkish and Farsi were the most common non-European languages across all themes.

**Themes of written, online government COVID-19 materials**

The most common themes of written, online government COVID-19 materials across all countries, irrespective of language, were disease education and information on changing social behaviour to prevent disease spread. Table 2 is a summary of the thematic framework from our results.

Materials aiming to promote COVID-19 prevention measures such as handwashing, use of face masks and respiratory hygiene were common examples of health communications. The breakdown of how these were translated into alternative and common migrant languages of each country are summarised in Table 4.

Information on COVID-19 testing procedure, how to access healthcare during the pandemic or whether entitlements to health services had changed during state of emergency were rarely (n=3) available in common migrant languages through health communication tools. Public Health England, Denmark and the Netherlands did provide migrant-specific guidance in 40 languages on what health entitlements were during the COVID-19 pandemic.

Maternal and child health information during the COVID-19 pandemic was available across only 15% (7/47) of countries. This information was translated into at least one migrant language in all cases found.

Belgium was the only country to provide posters on mental health and wellbeing and COVID-19 with translated versions in Dutch, English, French, German, Albanian, Amharic, Arabic, Armenian, Arabic, Armenian, Berber, Bulgarian, Chinese, Dari Farsi, Hebrew, Italian, Kinyarwanda, Lingala, Pashto, Polish, Portuguese, Russian, Serbian-Croatian, Somali, Spanish, Swahili, Tigrinya, Turkish and Urdu.
Government-provided mental health helplines or specific information regarding mental health in the context of the COVID-19 pandemic targeting migrant groups were not available in any of the countries included.

**Specific information for migrant communities in refugee camps or informal settlements:**

Although guidance on COVID-19 prevention in refugee camps, detention centres or informal settlements is available from WHO (24), no public health communications in the form of posters or infographics on disease prevention targeting specifically migrant groups and their health needs was found across the 47 European countries included in the study.

**DISCUSSION:**

With COVID-19 clusters reported in migrant dominated workplaces across Europe by mainstream media sources (25), it is essential that migrants have access to COVID-19 advice and information to help stop the spread of infection. Migrant communities are often stigmatised and are already inequitably served by many healthcare systems in Europe (26). Living conditions for migrants across Europe are often overcrowded and migrants have been highlighted to be at a higher risk of communicable disease outbreaks than the general population (27). Barriers to accessing healthcare have also been raised as a concern for migrant health (19). It is therefore imperative that appropriate preventative health messaging which is tailored to these specific migrant needs is clear during COVID-19 if the already existing barriers are to be overcome.

Reports suggest that 15% of the refugee population are children who are likely to suffer from indirect consequences from the COVID-19 pandemic (28), it is concerning that those most vulnerable within European society will suffer most from gaps in the COVID-19 response. This study was conducted as a rapid review during a developing pandemic and
due to time constraints posed, focused specifically on the availability of translated online materials from governments and not the quality. There is a gap in the current research body for further research in this area to understand the quality and appropriateness of the translated materials being produced by governments for migrant populations. However, the authors believe that due to the time sensitive nature of information in a pandemic this research will assist in understanding the initial response of governments in the pandemic, with specific regards to public health communications for migrants.

The creation of a national migrant targeted risk communication to slow and contain the spread of COVID-19 is recommended by the WHO (29). However, with a minority of governments in Europe having produced these, or migrant focused health promotion material, many non-government organisations have been fulfilling this recommendation. Doctors of the World UK together with the British Red Cross have produced, and frequently updated, a comprehensive guidance specifically for migrant communities, which was based on government guidance and translated into 61 languages (30). The International Organization for Migration (IOM) have published translated COVID-19 advice to inform Migrant communities (31). The WHO Regional Office for Europe produced communications relating to the pandemic in 42 languages (32). Despite the availability of these publications many European governments have failed to sign-post to these resources on national web pages, in the absence of nationally created communications. This calls into question the commitment of governments to reach its migrant populations in their COVID-19 communication strategies.

There is a human rights obligation for governments to act on the needs of migrants in the pandemic including but not limited to translation of public health communications. A joint statement from UNHCR, IOM, OHCHR and WHO was released stressing the need to protect migrant, refugee and stateless person’s during this pandemic (33). International aid
organisation Médecins Sans Frontiers have made similar calls relating to their concerns over the spread of COVID-19 in refugee camps in Greece (34). Doctors of the World UK has called for the UK government to produce and maintain accessible COVID-19 guidance in languages that reflect the country multilingual communities (35). It is clear that civil society organizations support increased government focus on migrant groups during this pandemic and moving forward.

Policy actions for European Union members:

The European Union is in a privileged position in regard to coordinating a comprehensive response to the COVID-19 pandemic. The European Commission has pushed for a European coordinated response to counter the economic impact of COVID-19 and it should strive to implement a harmonized health communication response through agencies like the European Centre for Disease Prevention and Control (ECDC).

Recommendations:

1. Create national migrant targeted risk communications
   Members states must produce health risk communications tools in all migrant languages to ensure health promotion, protection and education messages reach vulnerable groups.

2. Distribution of standardised health risk communication through the European Centre for Disease Prevention and Control (ECDC).
   The ECDC has produced health messages in different European languages (36). However, these messages are not available in common migrant languages. The ECDC is an ideal platform to produce and distribute standardised risk communications tools in migrant languages.

3. Working with non-governmental organisations (NGOs) and migrant community groups
   Countries must engage with NGOs and members of migrant communities to provide
appropriate information on COVID-19 and deliver acceptable, appropriate, accessible health services to migrant groups.

4. **Accessible COVID-19 Helplines**

Member states must strive to deliver COVID-19 available in different migrant languages. This would be best delivered in partnership with NGOs and community groups.

5. **Engagement of migrants in refugee camps or informal settlements**

Specific health communication strategies must be implemented to address the health needs of migrants living in refugee camps or informal settlements.

6. **Optimise social protection to mitigate the impact of COVID-19 on health inequalities and financial security**

As countries commence to reopen their economies, migrant communities must be included in the legal and social protection measures regardless of their immigration status.

**Limitations of the rapid review:**

This rapid review serves as comprehensive analysis of how Council of Europe members engaged migrants during the first wave of the COVID-19 pandemic. However, it is only reflective of the work carried out by governments up to June 2020. We recognise that countries have continued to build their health communications tools since then and progress in this field may not have been included. In addition, due to the time constrains of this rapid review, we only focused on national level work. We acknowledge that there will be work done at regional or local level that we have not been able to capture. The broad scope nature of the review means only risk communications tools implemented by national governments have been included and we have not addressed further work done by non-governmental organisations.
Further research:

Future work should continue to explore how migrant communities are reached during the COVID-19 response. We suggest further qualitative analysis of the health communications tools used, exploring how health communications are adapted to target specific populations and the effectiveness of these communications. In addition, we encourage further study of the impact of COVID-19 on migrant groups. Our results indicate wide gaps in the information currently available to migrant communities. When designing pandemic response, policy efforts from national governments must include migrant communities themselves as well as non-governmental organizations in order to be truly responsive to migrant communities and beyond.

The use of health communications as a public health response to COVID-19 has been varied across Europe, especially with regards to government engagement with migrant communities. Countries have focused their health communications on hand washing, use of facemask and respiratory hygiene. However, there is a clear gap in the availability of materials on COVID-19 testing and health entitlements in migrant languages or focused towards migrants, despite this being a key step in the WHO National COVID-19 response plan recommendations.

CONCLUSION:

We highlight a great variation in the availability of appropriate health communication in common migrant languages during the first wave of the COVID-19 pandemic across Council of Europe members. There is urgent need for further research into the quality and availability of health promotion materials made available by European governments during the COVID-19 pandemic, as a well as the role of other stakeholders. Migrants without a secure immigration status are already facing structural barriers across the region and will suffer most from the consequences of the COVID-19 outbreak. Effective health communications that engage the whole population following a “health of one is the health of all” mindset is
key to pandemic response and a strategy that all governments should commit to as we face further surges in COVID-19 cases.

**Funding:**

The authors received no specific funding for this work.

**Conflict of interest:**

The authors declare that there are no conflicts of interest regarding the publication of this paper.

**Acknowledgements:**

The authors would like to thank the reviewers for the constructive feedback received during peer review. We also thank Anna Miller and Yusuf Ciftci for useful discussions.

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