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In focus 2: The impact of the on-going COVID-19 pandemic on asylum and reception systems

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In focus 2: The impact of the on-going COVID-19 pandemic on asylum and reception systems

Since the outbreak in 2020, the COVID-19 pandemic and related restrictions have continued to strongly affect asylum and reception systems globally. EU+ countries employed a variety of methods and approaches to ensure access to protection to those in need and efficient processing of new and pending applications amidst public health measures which aimed to curb infection.279

During 2021, countries broadly transitioned from rapid responses and urgent, ad hoc measures that characterised the first months of the emergency to more systemic solutions. A key trend was to embed new innovative working methods inspired and triggered by the pandemic into regular operations of asylum and reception authorities, for example with the integration of digital innovations *(see In focus 1).*

A series of situational updates 280 published by EASO documented the new processes which were implemented by EU+ countries and summarised commonalities in approaches.

COVID-19 vaccinations for applicants for international protection

Access to COVID-19 vaccinations and the rollout of national inoculation campaigns were fundamental in limiting the number of infections, with several stakeholders, such as UNHCR, the IOM and the UN Security Council, calling for equitable access to vaccinations 281 and warning against the risks of a 'vaccine gap'.282 The COVAX initiative was launched by the World Health Organization (WHO), Gavi and the Coalition for Epidemic Preparedness Innovations to ensure that vaccines reach people around the world, with the intention to cover 20% of the global population, particularly in lower-income countries.

At the EU level, the European Centre for Disease Prevention and Control (ECDC) elaborated key aspects and conceptual approaches on the introduction and prioritisation of vaccinations.283 Campaigns to vaccinate asylum seekers have followed these general principles, prioritising the

elderly, vulnerable and immunocompromised individuals, in addition to people in collective accommodation settings due to the higher risk of contagion in such environments. Many national authorities offered vaccinations directly in reception centres.

All EU+ countries provided vaccinations free of charge and on a voluntary basis. Some countries also unfolded targeted vaccination information campaigns, aimed at promoting its benefits among asylum seekers and combatting misinformation. The campaigns used a variety of channels and formats to inform, raise awareness and enhance community engagement.284

Some countries also introduced measures to vaccinate undocumented migrants as part of the national vaccine rollout, a move commended by UNHCR. Although statistics are not available on the exact number of vaccinated asylum seekers in EU+ countries, the general uptake has been considered satisfactory, although some countries have reported challenges in mobilising asylum seekers to get vaccinated.285

Remaining COVID-19 measures in asylum and reception systems

With the gradual rollout of vaccines since the end of 2020, COVID-19 restrictions were eased. While temporary solutions introduced to mitigate COVID-19 significantly receded, many specific arrangements continued throughout 2021 in several areas of the asylum procedure.286 Nonetheless, restrictions in cross-border movement inhibited effective access to territory and access to the asylum procedure for people seeking protection.287,288

At the registration/lodging stage, preventive health and safety measures – such as the use of disinfecting products, distancing and face masks – were in place in all EU+ countries. Asylum authorities maintained access at staggered hours, limited the number of people present at the same time, used plexiglass barriers and continued with body temperature checks in their premises. Some countries also maintained tests and quarantine on arrival, especially at times when infections peaked. In terms of information provision, large gatherings were avoided and replaced with individual consultations and meetings in small groups, by phone or online. In continuation of an already-common practice, the notification of decisions was done electronically, by post or through a legal representative.

The implementation of Dublin transfers which relies on the physical movement of individuals between countries was naturally affected by COVID-19-related restrictions. In general, Dublin transfers were subject to the same entry requirements as for general travel to EU+ countries (negative COVID-19 test, vaccination certificate, quarantine, etc.). The DubliNet platform was used to share relevant documentation and arrange reception where quarantine or self-isolation was required. No delays in transfers were documented due to the administration of vaccines as most countries reported that asylum seekers subject to a transfer were not vaccinated prior to implementing the transfer. Challenges were, however, noted with organising tests prior to travel and the communication of relevant medical information *(see Section 4.2.)*.

Due to their setup and requirements, personal interviews were strongly affected by COVID-19 measures. Where physical interviews continued, strict safely protocols were applied in terms of social distancing, the use of masks and sanitizers, specific requirements for interview space size, frequent breaks and enhanced airing of rooms. Many countries moved to remote interviews and invested in specialised equipment and secure software *(see Section 4.4.)*.

Preventive measures at the appeal level in courts and tribunals largely mirrored procedures which were developed by asylum authorities at first instance. Many countries shifted to remote or hybrid hearings, while in-person hearings and other activities were guided by general preventive health and safety measures.

In reception, general measures included medical screening, possible quarantine for newly-arrived asylum seekers and positive and symptomatic cases, rapid testing, and a revised maximum occupancy rate to allow for social distancing.

Remaining COVID-19 measures in resettlement

EU+ countries resumed resettlement activities in 2021, turning to ad hoc solutions. Many of these can be expected to become long-term practices once formalised.289

Many EU+ countries continued to use remote selection missions to select refugees to be resettled in EU+ countries during 2021. To overcome technical challenges related to the online setting, mixed modalities were also used, such as selection based on dossiers and increasing the quota of refugees through dossier selection. Pre-departure orientation and cultural orientation programmes were mostly carried out online, and the content of the programmes was adapted to include COVID-19-related topics, in particular information on the health measures in place in the country of resettlement.

Additional health checks related to COVID-19 were included in travel arrangements in most countries, as well as other measures such as isolation periods and protective equipment. In some countries, social distancing requirements meant that capacity in reception centres was reduced, and new solutions and new partnerships were set up to address this challenge. As a key trend, active coordination intensified at the national level (between different national ministries, including consulates and health authorities) and with UNHCR, the IOM and local authorities in the countries of first asylum.

Judicial review of COVID-19-related developments and measures

Courts and tribunals maintained a crucial role in scrutinising COVID-19 measures and in the implementation of CEAS standards during the pandemic. Court rulings have had a direct impact on a number of aspects related to CEAS, such as the assessment of applications for international protection, the Dublin procedure, returns to third countries and the possibility of family reunification for beneficiaries of international protection.290

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address the situation and the interim solutions which were put in place: European Union Agency for Asylum. (2020, June 2). COVID-19 emergency measures in asylum and reception systems. https://euaa.europa.eu/sites/default/files/covid19-emergency-measures-asylum-reception-systems.pdf; European Union Agency for Asylum. (2020, July 15). COVID-19 emergency measures in asylum and reception systems: Issue No 2. https://euaa.europa.eu/sites/default/files/publications/covid19-emergency-measures-asylum-reception-systems-issue-2.pdf; European Union Agency for Asylum. (2020, December 7). COVID-19 emergency measures in asylum and reception systems: Issue No 3. https://euaa.europa.eu/sites/default/files/publications/COVID-19%20emergency%20measures%20in%20asylum%20and%20reception%20systems-December-2020_new.pdf

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- 281See: European Union Agency for Asylum. (2021, May 12). Follow-up: COVID-19 vaccination for applicants and beneficiaries of international protection. Situational Update, Issue No 2. https://euaa.europa.eu/sites/default/files/publications/EASO-situational_update-COVID-vaccination-May-2021_0.pdf
- 282See: European Union Agency for Asylum. (2021, September 13). State of play of COVID-19 measures on international protection procedures (including the vaccination of asylum seekers). Situational Update, Issue No 4. https://euaa.europa.eu/sites/default/files/publications/EASO_situational_update_COVID_September
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- 284For details on national vaccination campaigns and related communication strategies, see: European Union Agency for Asylum. (2021, March 31). COVID-19 vaccination for applicants and beneficiaries of international protection. Situational Update, Issue No 1. https://euaa.europa.eu/sites/default/files/publications/EASO_Situational_Update_Vaccination31Mar
- 285European Union Agency for Asylum. (2021, September 13). State of play of COVID-19 measures on international protection procedures (including the vaccination of asylum seekers). Situational Update, Issue No 4. https://euaa.europa.eu/sites/default/files/publications/EASO_situational_update_COVID_September
- 286For a detailed overview and specific country examples, see: European Union Agency for Asylum. (2021, September 13). State of play of COVID-19 measures on international protection procedures (including the vaccination of asylum seekers). Situational Update, Issue No 4. https://euaa.europa.eu/sites/default/files/publications/EASO_situational_update_COVID_September
- 287Refugee Rights Europe. (July 2021). The exacerbation of a crisis: The impact of COVID-19 on people on the move at the French-Italian border. https://refugee-rights.eu/wp-content/uploads/2021/07/RRE-Progetto20k_TheExacerbationOfACrisis.pdf
- 288Refugee Rights Europe et al. (June 2021). Pushbacks, homelessness and human rights abuses: Greece during COVID-19. https://refugee-rights.eu/wp-content/uploads/2021/06/RRE_pushbacks-homelessness-and-human-rights-abuses.pdf

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- 290A brief analysis of case law related to COVID-19 is available in: European Union Agency for Asylum. (2021, September 13). State of play of COVID-19 measures on international protection procedures (including the vaccination of asylum seekers). Situational Update, Issue No 4. https://euaa.europa.eu/sites/default/files/publications/EASO_situational_update_COVID_September A full overview of asylum case law is offered on the EUAA Case Law Database and specifically on COVID-19 related cases available via search EUAA Case Law Database.

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