

# International Horizon Scanning and Learning to Inform Wales' COVID-19 Public Health Response and Recovery

Report 22, 21/01/2021



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World Health Organization  
Collaborating Centre on  
Investment for Health and Well-being



## Overview

The International Horizon Scanning and Learning work stream was initiated following and informing the evolving coronavirus (COVID-19) public health response and recovery plans in Wales. It focuses on COVID-19 international evidence, experience, measures, transition and recovery approaches, to understand and explore solutions for addressing the on-going and emerging health, wellbeing, social and economic impacts (potential harms and benefits).

The learning and intelligence is summarised in weekly reports to inform decision-making. These may vary in focus and scope, depending on the evolving COVID-19 situation and public health / policy needs.

This work is aligned with and feeding into the Welsh Government Office for Science and into Public Health Wales Gold Command. It is part of a wider Public Health Wales' systematic approach to intelligence gathering to inform comprehensive, coherent, inclusive and evidence-informed policy action, which supports the Wellbeing of Future Generations (Wales) Act and the Prosperity for All national strategy towards a healthier, more equal, resilient, prosperous and globally responsible Wales.

**Disclaimer:** The reports provide high-level summary of emerging evidence from country experience and epidemiology; research papers (peer-reviewed/not); and key organisations' guidance / reports, including sources of information to allow further exploration. The reports don't provide detailed or in-depth data/evidence analysis. Due to the novelty of COVID-19 virus/disease, and dynamic change in situation, studies and evidence can be conflicting, inconclusive or depending on country/other context.

## In focus this week

-  **Genomic sequencing for COVID-19**
-  **Loss of education due to COVID-19**
-  **COVID-19 impact on migrants, refugees and asylum seekers**

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## At a glance: summary of international learning on COVID-19

***“We have to be mindful of the inequalities and we must deliberately promote investment in regional capacities to level the playing field and have meaningful collaboration to begin to address some of the challenges.”***

*Dr John Nkengasong, Director of the Africa Centres for Disease Control and Prevention*

### Genomic sequencing for COVID-19

- ✚ Genomic sequencing is a **vital rapidly-developing tool in the diagnosis, surveillance and control** of COVID-19, including:
  - ✓ Virus’ evolution analysis
  - ✓ Identifying local versus imported cases
  - ✓ Identifying transmission chains to support contact tracing and managing outbreaks
  - ✓ Modelling epidemic growth, and validation of the size and growth rate of an epidemic
  - ✓ Identifying, tracking and understanding the impact of new variants/mutations, with potential effect on transmission, disease severity or effectiveness of control measures
  - ✓ Evaluation of existing and development of new control measures and treatments
  - ✓ Informing vaccine development and efficacy
- ✚ Globally, **49 countries have published more than 100 genome sequences**, with **large variation** in the number of genomic sequences performed **across countries**
- ✚ **The UK and the USA account for the majority** of published genome sequences with sequencing **efforts improving in many countries**
- ✚ COVID-19 genomic sequencing has enabled the identification of several **variations of concern (VOC)**, currently including:
  1. **‘UK variant’** (VUI202012/01)
  2. **‘South African variant’** (501Y.V2)
  3. **Two variants identified in Brazil** (P1 and 20B/S.484K.V2)
- ✚ The **COVID-19 virus (SARS-CoV-2) continues to mutate**, causing international concern
- ✚ To **delay the introduction and spread of new VOC**, countries are advised to:
  - ✓ Perform sequencing of community cases and to monitor the incidence of variants
  - ✓ Monitor for abrupt changes in rates of transmission or disease severity
  - ✓ Conduct data analysis / assessments to identify areas with rapidly changing epidemiology

More information is summarised **on pp. 5-9**

### Loss of education due to COVID-19

- ✚ The first wave of the COVID-19 pandemic has caused an **unprecedented global learning crisis with a broad range of adverse impacts**, such as malnutrition
- ✚ COVID-19 has **further engrained gender inequalities in education, especially in developing countries**
- ✚ There is a **strong link between schooling and children’s health, safety, and future life prospects**
- ✚ School closures have led to a **global reduction in participation** in classes, heightened **risk of students discontinuing** their studies, and **erosion of basic academic skills**
- ✚ Losing access to school, as a protective space, **exposes children to abuse and trauma** if their homes are unsafe, putting both their physical and mental health at risk

- ✚ Learners in the **most marginalised/deprived groups are at a greater risk of discontinuing their studies and falling behind**
- ✚ Many **LGBTQI+ students** may experience exclusion, verbal or physical violence at home, lack of medication, emotional or psychological support, **affecting their education**
- ✚ **Learners with mental health problems** are particularly vulnerable to disruptions in routines
- ✚ **Key mitigation measures** include:
  - ✓ Provide inclusive access to digital learning resources and decent learning conditions
  - ✓ Distribute information and provide online resources in different languages
  - ✓ Ensure support for teachers, as they are among the most important agents of inclusion
  - ✓ Offer equitable access to extra services for vulnerable / deprived students

More information is summarised **on pp. 10-12**

### COVID-19 impact on migrants, refugees and asylum seekers

- ✚ Migrants, refugees and asylum seekers are often **at higher risk of contracting COVID-19**, due to living in overcrowded conditions, lack of access to basic sanitation, and **reduced ability to follow public health measures**
- ✚ **Travel restrictions** and border closures have created **new challenges for migrant populations, while exacerbating existing vulnerabilities**
- ✚ **Data collection on refugee and migrant health is critical** for public health planning and response to epidemics, including COVID-19
- ✚ Migrants, refugees and asylum seekers face **barriers when accessing healthcare and other public services or support**
- ✚ Common **barriers and concerns** include:
  - ✓ Challenges implementing quarantine/isolation measures
  - ✓ Reluctance/fear to contact authorities or search for help
  - ✓ Language barriers
  - ✓ Government distrust and immigration concerns
- ✚ **Key mitigation measures on national level** include:
  - ✓ Include refugees and migrants in national public health and healthcare strategies
  - ✓ Undertake specific mitigation measures to reach marginalised groups
  - ✓ Provide information materials in appropriate languages
  - ✓ Ensure that fear of enforcement will not prevent accessing health care or other support
  - ✓ Provide prevention and practical information; collecting health declarations and contact details at arrival/entry point, to allow for risk assessment and contact tracing if needed
  - ✓ Low digital literacy should be considered when designing digital/tele- health services
  - ✓ Helplines should be more proactive

More information is summarised **on pp 13-15**

## Genomic sequencing for COVID-19

### Overview<sup>123</sup>

- **A genome**, an organism's genetic material, contains all the information needed to make and maintain it, written in special code (DNA or RNA)
- **Virus genomes constantly alter (mutate)**, changing a few 'letters' at a time, as they spread by infecting more people
- **COVID-19 virus (SARS-CoV-2)** has a **single short RNA strand (code)** with 30,000 'letters', which can be 'read' one by one, using a technique called **sequencing**
- The **first SARS-CoV-2 whole-genomes and associated data** was released to the world by China on 10<sup>th</sup> January 2020
- **Genomic sequencing is a vital rapidly-developing tool in the diagnosis, surveillance and control of COVID-19**
- The **World Health Organization (WHO)** routinely assesses variants of SARS-CoV-2 for changes in **transmissibility, severity, clinical presentation** and monitors the potential impacts on measures, such as **diagnostics, therapeutics and vaccines**<sup>4</sup>
- The **GISAID Initiative**<sup>5</sup> provides open free-of-charge platform for sharing data on SARS-CoV-2 and influenza viruses, including genetic, clinical, epidemiological and geographical
- Agreement has been reached to establish a global **WHO-hosted platform for sharing and coordination of emerging vaccine research information on efficacy and safety**<sup>6</sup>

### Genomic sequencing applications<sup>1</sup>

- **Virus' evolution analysis**, tracking the origins and spread in different places or groups of people, using rapid large-scale genomic sequencing
- Identifying **local versus imported cases**, using global databases of viral genomes
- Identifying **transmission chains with unique genetic sequence**, shared by those infected by a single variant, providing additional information to **contact tracing** and **managing outbreaks** in communities, hospitals and other care settings
- **Modelling epidemic growth**, also used for validation of the size and growth rate of an epidemic, when cases are under-reported (e.g. if lots of asymptomatic cases)
- **Identifying, tracking and understanding the impact of new genetic variants (mutations)**, which can have significant effect on the course of infection, speed of transmission, severity of disease, or the effectiveness of control measures
- **Evaluation of existing and development of new control measures and treatments**
- **Informing vaccine development and efficacy** – to be kept 'up-to-date' with new strains of the virus

<sup>1</sup> <https://coronavirusexplained.ukri.org/en/article/und0001/>

<sup>2</sup> <https://www.nature.com/articles/s41564-020-0771-4>

<sup>3</sup> [https://www.cell.com/cell/fulltext/S0092-8674\(20\)30820-](https://www.cell.com/cell/fulltext/S0092-8674(20)30820-5?returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS0092867420308205%3Fshowall%3Dtrue)

<sup>4</sup> <https://www.who.int/csr/don/31-december-2020-sars-cov2-variants/en/>

<sup>5</sup> <https://www.gisaid.org/>

<sup>6</sup> <https://www.who.int/news/item/16-01-2021-scientists-tackle-vaccine-safety-efficacy-and-access-at-global-r-d-forum>

## COVID-19 genomic sequencing across countries<sup>7</sup>

- **Globally, 49 countries** have published **more than a 100 genome sequences**, with limited or no genomic screening reported in other countries (as of September 2020)
- The **number of genomic sequences performed (per reported COVID-19 cases) varies widely** among countries (*Figure 1*)
- **Iceland has sequenced the highest proportion** of reported cases
- **The UK and the USA accounted for the majority of all published genome sequences** (93,817)

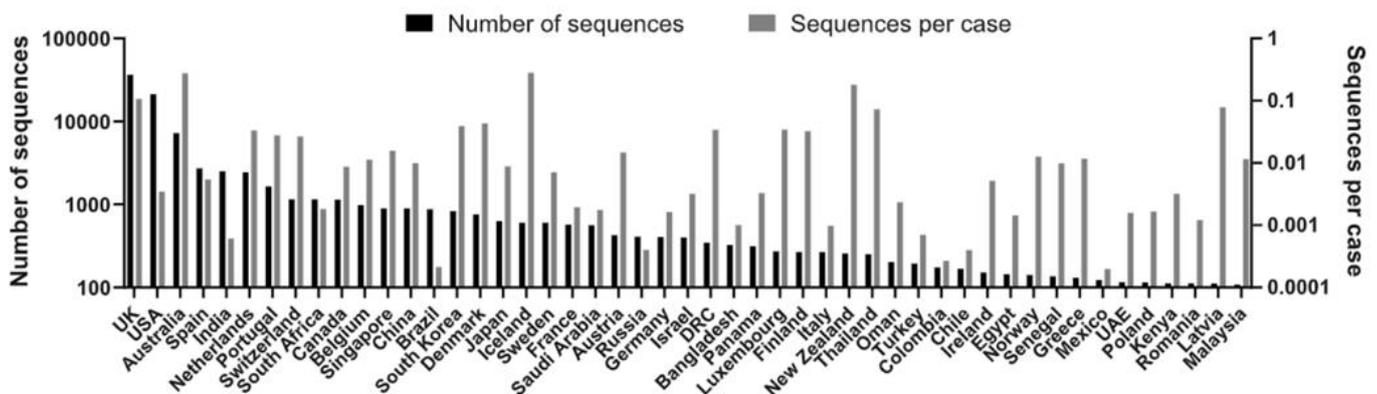
**Genomic sequencing approaches can be assessed** using the following criteria:

- 1. Fraction:** the number of viral sequences of samples collected by the time the cumulative number of COVID-19 cases had reached 1000 in each country
- 2. Timeliness:** how many sequences have been published by the time the cumulative number of COVID-19 cases had reached 1000 in each country
- 3. Openness:** the time gap between sample collection and sequence data submission used as a surrogate to gauge willingness to make data open. This indicator can also be affected by the **sequencing capacity of each country**

Using these criteria, an **assessment of international sequencing efforts** showed:

- The Netherlands, Iceland, the UK and the USA, released genome sequence data within two weeks of sample collection (calculating the median days of the time gap for the first 100 sequences in each country)
- Iceland, the Netherlands, and the Democratic Republic of the Congo published more than a 100 sequences by the designated time point
- The UK, the USA, Australia, and Iceland sequenced more than 50% of the first 1000 cases in each country
- Sequencing efforts keep improving in many countries

**Figure 1: Genome sequencing of SARS-CoV-2 across countries (as of 6<sup>th</sup> September 2020)<sup>7</sup>**



**Figure 1.** Number of genomic sequences of SARS-CoV-2.

Countries in which more than 100 genomic sequences had been published as of September 2020 are listed in order of the number of sequences. The number of SARS-CoV-2 genomic sequences per reported COVID-19 case in each country is also shown. UK, the United Kingdom; USA, the United States of America; DRC, the Democratic Republic of the Congo; UAE, the United Arab Emirates.

<sup>7</sup><https://reader.elsevier.com/reader/sd/pii/S1201971220325571?token=7F2D6C1D738A71CC7BE3275C7EE0D9D8D3AA741A0D59230DE4FC2D94175835F6015281F96615D9BECDCD85C6040FE82D>

## SARS-CoV-2 variants and spread

- COVID-19 genomic sequencing has enabled the identification of **several variations of concern (VOC)** (*Table 1 and Figure 2*), including:
  4. **'UK variant' - VUI202012/01**
  5. **'South African variant' - 501Y.V2** (named due to a N501Y mutation)
  6. **Two variants identified in Brazil - P1 and 20B/S.484K.V2**
- Calls for greater **collaboration and consistency in the naming conventions** have been made due to **international confusion and inconsistencies**<sup>8</sup>
- **SARS-CoV-2 has continued to mutate**<sup>9,10</sup> (*Figure 3*)
  - ✓ 19A was the dominant strain at the start of the pandemic (June-October 2020)
  - ✓ 20A and 20B have been the most dominant variants over the course of the pandemic
  - ✓ There has been a continued increase in the prevalence of the 20G, 20H/501Y.V2 and 20I/501Y.V1 variants
  - ✓ D614G variant in particular, dominated large outbreaks in Europe and America in early 2020, largely replacing previously circulating strains, and led to the suggestion that this variant is more transmissible<sup>11</sup>
  - ✓ The UK and South African variants emerged independently and are different, yet they share similarities in mutations<sup>12</sup>. Research is under way to establish potential impacts on their transmissibility and ability to generate immune response, which might potentially influence vaccine efficacy
  - ✓ The first Brazilian variant has 17 unique mutations (including three in the receptor of the 'spike' protein), some of which may affect its transmissibility and the body's immune response when introduced to it, e.g. might have an impact on vaccine efficacy
  - ✓ The variants, emerging from mink farms in Denmark and the Netherlands, have circulated rapidly across farms and communities, but do not appear to be more transmissible than others<sup>13</sup>

## Prevention of COVID-19 variants' spread

To **delay the introduction and further spread of new VOC**, countries are advised to<sup>14</sup>:

- Perform **targeted and representative sequencing** of community cases to allow for early detection, and to monitor the incidence of variants
- Continue to **monitor for abrupt changes in rates of transmission or disease severity**, as part of the process of identifying and assessing the impacts of variants
- Conduct **data analysis and assessments** of the local, regional and national situation to be performed to **identify areas with rapidly changing epidemiology**

<sup>8</sup> <https://www.nature.com/articles/d41586-021-00097-w>

<sup>9</sup> <https://www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/scientific-brief-emerging-variants.html>

<sup>10</sup> <https://www.who.int/publications/m/item/weekly-epidemiological-update---19-january-2021>

<sup>11</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7709189/pdf/nihpp-2020.10.25.20219063.pdf>

<sup>12</sup> <https://www.who.int/csr/don/31-december-2020-sars-cov-2-variants/en/>

<sup>13</sup> <https://www.ecdc.europa.eu/sites/default/files/documents/RRA-SARS-CoV-2-in-mink-12-nov-2020.pdf>

<sup>14</sup> <https://www.ecdc.europa.eu/en/publications-data/covid-19-risk-assessment-spread-new-sars-cov-2-variants-eueea>

**Table 1: Emerging COVID-19 VOC<sup>1516171819</sup> (see also Figure 2)**

Variant name	Alternative name	Date location identified /	Method	Mutations	Characteristics	Identified in other countries
<b>VUI202012/01, also referred to as 20I/501Y.V1</b>	<b>UK variant</b>	December 2020, Kent, UK	Retrospective analysis from samples taken in September 2020	Mutation in the receptor binding domain (RBD) of the spike protein at position 501, where the amino acid asparagine (N) is replaced with tyrosine (Y) – in short N501Y	May be more transmissible  No evidence currently to suggest that the variant has any impact on the severity of disease or vaccine efficacy	Identified globally with the highest submission count for the variant in the UK (12,801), Denmark (121), the US (70); Israel, Portugal and the Netherlands (all have over 50)
<b>501Y.V2</b>	<b>South African variant</b>	December 2020, South Africa across the regions of the Eastern Cape, Western Cape and KwaZulu-Natal	Retrospective analysis from samples taken in October 2020	Multiple changes in the spike protein, including amino-acid modification N501Y which is also present in VOC 202012/01 (UK variant)	Higher viral load and a faster spread which may increase transmissibility  No evidence currently to suggest that the variant has any impact on the severity of disease or vaccine efficacy	Identified globally with the highest submission count for the variant in South Africa (310), UK (28) and Botswana (6).  Other countries have a submission count less than two
<b>P.1 or 20J/501Y.V3</b>	<b>Brazilian Variant 1*</b>	January 2021, Tokyo Also identified in Manaus, the largest city in the Amazon region in samples from December 2020	Routine testing of Brazilian citizens at Tokyo Airport	17 unique mutations, including mutations N501Y, E484K, K417T, and deletion in ORF1b in the spike protein	May increase transmissibility or susceptibility to infection  May affect the ability of antibodies (immune system) to defend against infection	Europe, China, Australia, Canada
<b>20B/S.484K.V2</b>	<b>Brazil variant 2</b>	November, Brazil	Genome sampling	Spike mutation 484K	Unclear	Identified globally with the highest submission count for the variant in Brazil (112), UK (10) Japan, Canada, USA and Argentina (5- 10) Norway, Denmark, Singapore and Ireland (under 5)

<sup>15</sup> <https://www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/scientific-brief-emerging-variants.html>

<sup>16</sup> <https://www.who.int/csr/don/21-december-2020-sars-cov2-variant-united-kingdom/en/>

<sup>17</sup> <https://www.gisaid.org/phylogenetics/global/nextstrain/>

<sup>18</sup> <https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-risk-related-to-spread-of-new-SARS-CoV-2-variants-EU-EEA.pdf>

<sup>19</sup> <https://www.who.int/publications/m/item/weekly-epidemiological-update---19-january-2021>

Figure 2. WHO countries, territories and areas reporting VOC 202012/01 (UK) and/or 501.Y.V2 (South African) variants (as of 19<sup>th</sup> January 2021)<sup>20</sup>

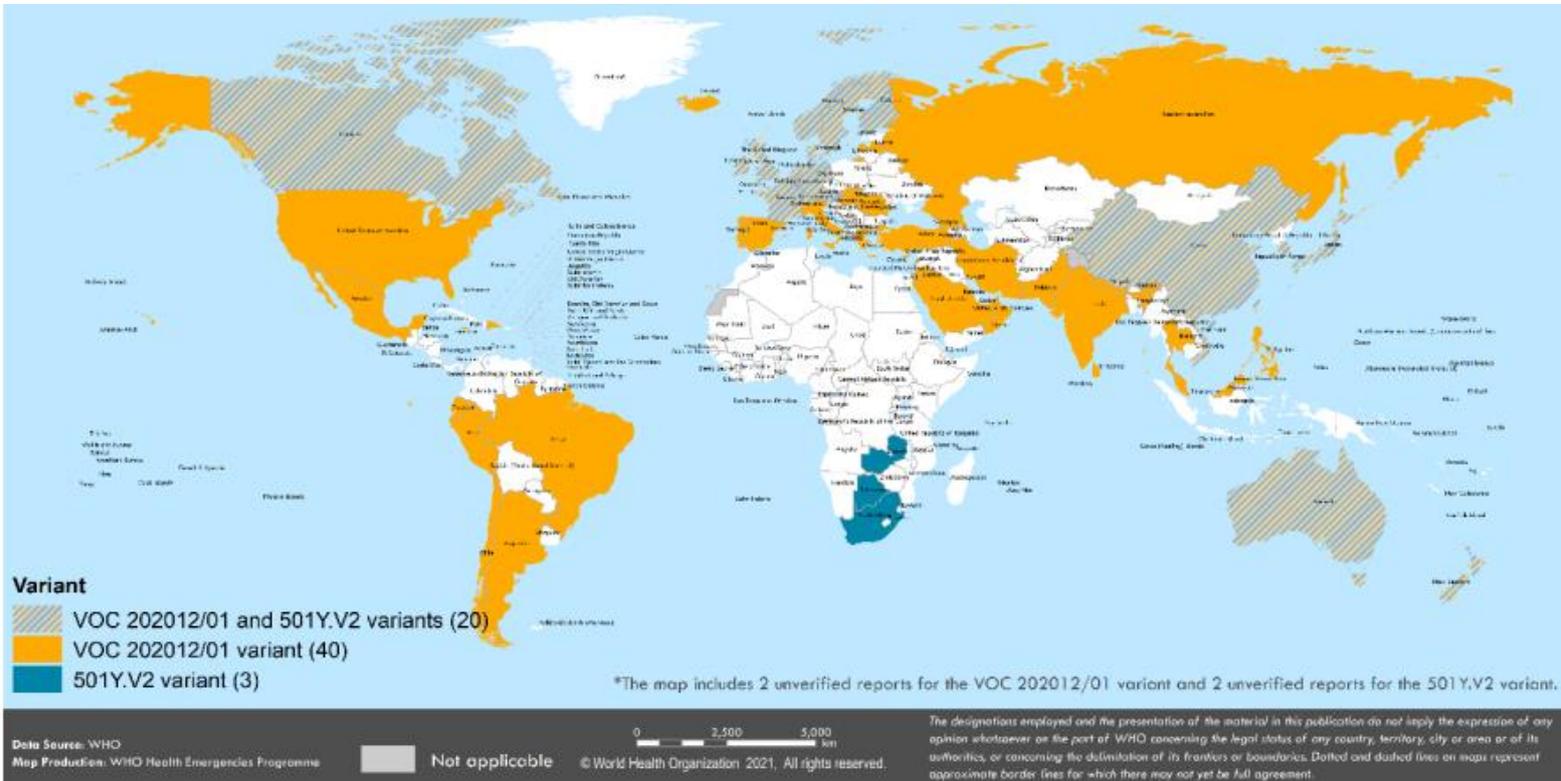
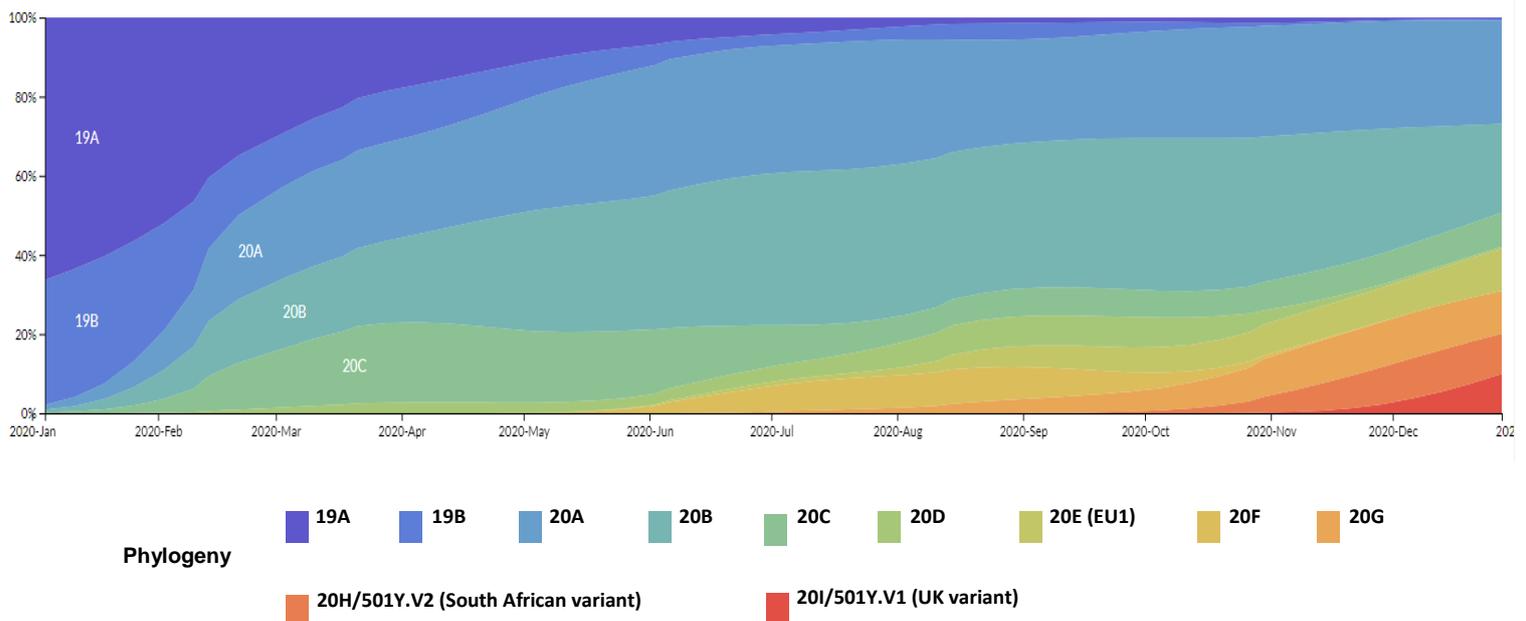


Figure 3: Summary of COVID-19 sequencing data submitted to GISAID\*, by date of submission and variant type (phylogeny), global (4<sup>th</sup> January to 28<sup>th</sup> December 2020)<sup>21</sup>



<sup>20</sup> <https://www.who.int/publications/m/item/weekly-epidemiological-update---19-january-2021>

<sup>21</sup> <https://www.gisaid.org/phylogenetics/global/hexstrain/>

\*The GISAID platform summarises independent submissions of genome sequences, and statistics is subject to sampling and reporting biases and does not necessarily reflect prevalence

## Loss of education due to COVID-19

### Impact of school closures<sup>2223242526</sup>

- Most countries have enacted some form of **school closure as a containment measure** to limit the spread of COVID-19
- During the first wave of the COVID-19 pandemic, **more than 1.5 billion children** were affected by school closures, causing an **unprecedented global learning crisis** with a **broad range of adverse impacts**, such as malnutrition
- The pandemic has **sharpened global inequities, hitting children in poorer countries** particularly hard (*Figure 4*)
- COVID-19 has **further engrained gender inequalities in education**, especially in developing countries, leading to increased risk of sexual exploitation, early pregnancy, Female Genital Mutilation (FGM), and child marriage
- **Schools have not been identified as super-spreading settings**, except in a few examples where mitigation measures were not well enforced
- There is a **strong link between schooling and children’s health, safety, and life prospects**
- School closures have led to a **global reduction in participation in classes** and heightened risk of students discontinuing their studies
- Students can experience **erosion of their basic academic skills** due to lack of practice, difficulty in re-engaging with education activities, demotivation, and uncertainty
- **Children are at risk of being left behind** due to school closures and lower relative ‘direct’ investment in social protection
- **Country examples** of impact of school closures are presented in *Table 2*

### Impact on vulnerable students

- Losing access to school, as a protective space, **exposes children to abuse and trauma if their homes are unsafe**, putting both their physical and mental health at risk
- Learners in the **most marginalised/deprived groups**, who may have limited access to digital education resources or lack the resilience to learn on their own, may struggle to maintain their learning pace from home, and are at a **greater risk of discontinuing their studies and falling behind**<sup>27</sup>
- Many **LGBTQI+** (lesbian, gay, bisexual, transgender, queer and intersex, etc.) students may experience **exclusion and even verbal or physical violence at home**
- **Transgender students**, lacking family or community support, may struggle to access hormones needed and emotional or psychological support, impacting on their education<sup>28</sup>
- **Learners with mental health problems**, such as depression or bipolar disorder, are particularly vulnerable to disruptions in routines and their usual pattern of daily life

<sup>22</sup> <https://openknowledge.worldbank.org/handle/10986/34700>

<sup>23</sup> <https://reliefweb.int/report/world/global-analysis-covid-19-impact-education-thematic-series-education-november-2020>

<sup>24</sup> [https://www.unicef.org/publications/pdf/Supporting%20Families%20and%20Children%20Beyond%20COVID-19\\_Social%20protection%20in%20high-income%20countries.pdf](https://www.unicef.org/publications/pdf/Supporting%20Families%20and%20Children%20Beyond%20COVID-19_Social%20protection%20in%20high-income%20countries.pdf)

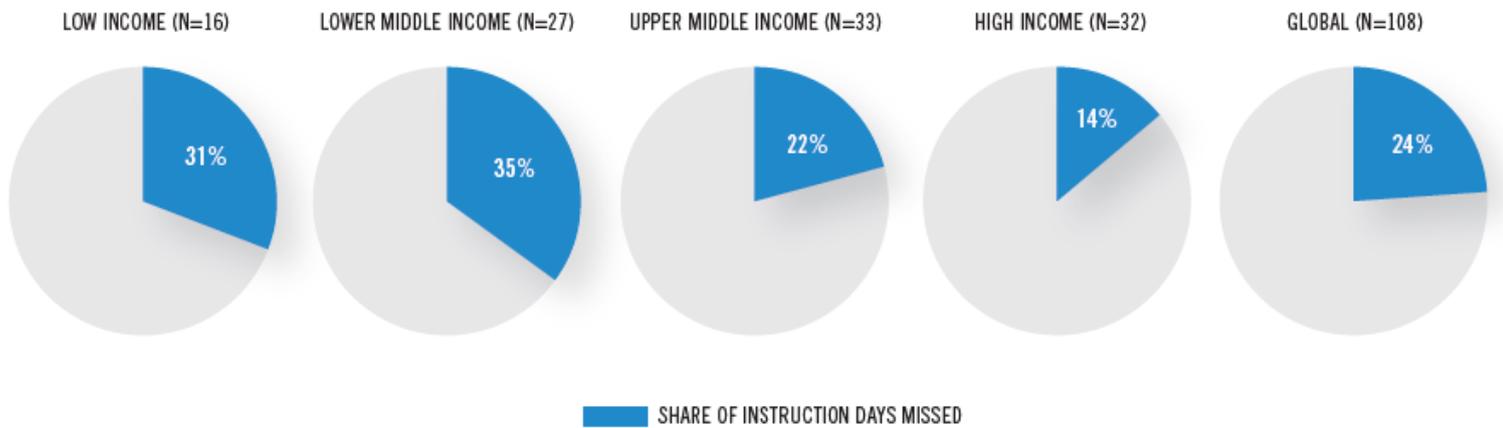
<sup>25</sup> <https://gov.wales/sites/default/files/publications/2020-08/technical-advisory-group-advice-on-face-coverings-for-children-and-young-people-under-18-in-education-settings.pdf>

<sup>26</sup> <https://www.who.int/publications/m/item/weekly-epidemiological-update---19-january-2021>

<sup>27</sup> <https://www.oecd.org/education/the-impact-of-covid-19-on-education-insights-education-at-a-glance-2020.pdf>

<sup>28</sup> [https://read.oecd-ilibrary.org/view/?ref=434\\_434914-59wd7ek29&title=The-impact-of-COVID-19-on-student-equity-and-inclusion](https://read.oecd-ilibrary.org/view/?ref=434_434914-59wd7ek29&title=The-impact-of-COVID-19-on-student-equity-and-inclusion)

**Figure 4: Share of instruction days missed by income level globally (N=number of countries)**



**Table 2: Impact of school closures<sup>293031</sup>: country examples**

Country	Example impact
<b>UK/ England</b>	<ul style="list-style-type: none"> <li>– 50% of teachers in private schools report they are receiving more than three quarters of work back, compared with 27% in the most advantaged state schools, and 8% in the least advantaged state schools</li> <li>– National surveillance data from the UK has shown that school staff are at lower risk of infection in school settings when compared to the general adult population</li> </ul>
<b>France</b>	<ul style="list-style-type: none"> <li>– 5 to 8% of French students could not be reached by their teachers two weeks after school closures</li> </ul>
<b>Germany</b>	<ul style="list-style-type: none"> <li>– Students reduced their daily learning time of 7.4 hours by about half on average.</li> <li>– The reduction was significantly larger for low-achievers (4.1 hours) than for high-achievers (3.7 hours)</li> </ul>
<b>US</b>	<ul style="list-style-type: none"> <li>– In Los Angeles, the nation’s second-largest school district, around 13% of high school students didn’t have any contact with teaching staff three weeks following lockdown</li> <li>– Study, focusing on 57 000 caregivers at childcare facilities, found that there was no increased risk of infection for the caregivers</li> </ul>

### Mitigation against the loss of education

Many governments have implemented **remote or blended learning, new health protocols and reopening plans**. These interventions **vary widely depending on the country’s wealth**. **Examples of measures across countries** is presented in *Table 3* and **key ones** include:

1. Provide **equitable and inclusive access to digital learning resources and decent learning conditions**, especially for vulnerable / deprived students
2. Distribute **information and provide online resources in different languages**, as language can be an important barrier to inclusion of diverse student groups in education, especially those from immigrant or indigenous communities
3. Ensure **support for teachers**, as their skills are irreplaceable, and their daily contact with students places them among the **most important agents of inclusion** in education
4. Offer **equitable and inclusive access to extra services for vulnerable students** in times of crisis, as crucial to **foster equity, inclusion and wellbeing**

<sup>29</sup> <https://www.suttontrust.com/wp-content/uploads/2020/04/COVID-19-Impact-Brief-School-Shutdown.pdf>

<sup>30</sup> [https://read.oecd-ilibrary.org/view/?ref=135\\_135187-1pivq9kc7w&title=Education-and-COVID-19-Focusing-on-the-long-term-impact-of-school-closures](https://read.oecd-ilibrary.org/view/?ref=135_135187-1pivq9kc7w&title=Education-and-COVID-19-Focusing-on-the-long-term-impact-of-school-closures)

<sup>31</sup> <https://epub.ub.uni-muenchen.de/74221/1/260.pdf>

**Table 3. Mitigation measures: country examples**

Country	Mitigation measures
<b>Australia<sup>32</sup></b>	– The Australian Digital Inclusion Index (ADII) has been created to measure the level of digital inclusion across the Australian population, and to monitor levels over time
<b>Belgium<sup>33</sup></b>	– Free school meals during the summer were offered for all – Schools could decide when and how they re-open with compensation of 25 euros per student per day – Summer schools are recommended to mitigate the loss of education among the disadvantaged to ensure all students start the new school year with equal opportunities
<b>France<sup>34</sup></b>	– Plans to maintain 50% occupancy per class for high schools, combined with virtual classes and autonomous exercises – Student's learning loss will be measured through increased engagement with parents, remote assessments and support provided to summer camps
<b>Germany<sup>35</sup></b>	– A special form of support for disadvantaged young people has been established by means of 5,000 transition coaches divided over 3,000 schools
<b>Greece<sup>36,37,38</sup></b>	– The Ministry of Education launched educational television channel, primarily targeting primary schools – The government reached agreement with three big telecommunication companies to provide unlimited free access to online platforms developed by the Ministry of Education – Students in refugee camps receive weekly homework packages if unable to connect to online platforms
<b>The Netherlands<sup>39</sup></b>	– The government made €70 million available for additional financial support, for educational institutions to apply for, to help students experiencing study delay caused by the closure of schools or institutions
<b>Nigeria<sup>40</sup></b>	– Plans have been made to use sign language when developing education content for digital education
<b>Portugal<sup>38</sup></b>	– An online TV school '#StudyAtHome – the School on Television' was launched to ensure that all students have equal access to education and learning
<b>Romania<sup>38</sup></b>	– The Ministry of Education has developed a digital platform, offering several types of digital resources to support teachers and students to continue learning at home at no cost
<b>Spain<sup>38,41</sup></b>	– Students from the "Second Chance Schools", a network of schools providing 15-29 years old not in education, employment, or training (NEET) benefitted from individualised phone follow-ups – The Ministry of Education and Vocational Training along with technology companies, provided tablets and internet access for learners at risk, one month after providing such support to non-at risk students, as most of the learners at risk are not enrolled in formal education and attend third sector institutions
<b>Turkey<sup>38</sup></b>	– Vocational high schools affiliated to universities are carrying out their lessons via virtual classrooms and online education systems provided by each university
<b>US<sup>34</sup></b>	– Focus on mental health and wellbeing, providing dedicated psychological support and establishing "safe rooms" within facilities

Additional international insight and evidence on the **COVID-19 impact on children and young people, and education**, is available in previous **International Horizon Scanning Reports<sup>42</sup> from: 22Oct2020** (transmission in children and young people); **8Oct2020** (impact on universities and international students); **22Sept2020** (impact on children and young people); **21May2020** (re-opening education).

<sup>32</sup> <https://digitalinclusionindex.org.au/the-index-report/report/>

<sup>33</sup> [https://www.mckinsey.com/-/media/McKinsey/About%20Us/COVID%20Response%20Center/Overview/COVID-19%20Education%20Response%20Toolkit/202010\\_UNESCO-McKinsey%20Response%20Toolkit\\_Remediation\\_VF.pdf](https://www.mckinsey.com/-/media/McKinsey/About%20Us/COVID%20Response%20Center/Overview/COVID-19%20Education%20Response%20Toolkit/202010_UNESCO-McKinsey%20Response%20Toolkit_Remediation_VF.pdf)

<sup>34</sup> <https://www.education.gouv.fr/le-suis-lyceen-comment-m-organiser-entre-cours-distance-et-presentiel-307214>

<sup>35</sup> [https://www.cedefop.europa.eu/files/2020\\_05\\_27\\_llg\\_and\\_pandemic\\_cnet\\_b.pdf](https://www.cedefop.europa.eu/files/2020_05_27_llg_and_pandemic_cnet_b.pdf)

<sup>36</sup> <https://www.minedu.gov.gr/news/44480-29-03-20-ksekina-apo-avrio-f-ekpaideftiki-tileorasi-stin-ert2-meta-ti-syqxroni-kai-tin-asyqxroni-prostheoume-ton-trito-aksona-tis-eks-apostasEOS-ekpaideftsis>

<sup>37</sup> [https://www.cedefop.europa.eu/files/digital\\_gap\\_during\\_covid-19.pdf](https://www.cedefop.europa.eu/files/digital_gap_during_covid-19.pdf)

<sup>38</sup> [https://read.oecd-ilibrary.org/view/?ref=434\\_434914-59wd7ek29&title=The-impact-of-COVID-19-on-student-equity-and-inclusion](https://read.oecd-ilibrary.org/view/?ref=434_434914-59wd7ek29&title=The-impact-of-COVID-19-on-student-equity-and-inclusion)

<sup>39</sup> <https://zoek.officielebekendmakingen.nl/stcrt-2020-28472.html>

<sup>40</sup> <https://www.sciencedirect.com/science/article/abs/pii/S0747563220301771?via%3Dihub>

<sup>41</sup> [https://read.oecd-ilibrary.org/view/?ref=135\\_135187-1piy9kc7w&title=Education-and-COVID-19-Focusing-on-the-long-term-impact-of-school-closures](https://read.oecd-ilibrary.org/view/?ref=135_135187-1piy9kc7w&title=Education-and-COVID-19-Focusing-on-the-long-term-impact-of-school-closures)

<sup>42</sup> <https://ihcc.publichealthnetwork.cymru/en/>

## COVID-19 impact on migrants, refugees and asylum seekers

### COVID-19 impact<sup>4344</sup>

- Migrants, refugees and asylum seekers are potentially **at a higher risk of contracting COVID-19**, as they often live in **overcrowded conditions**, with reduced ability for social distancing, and lack of access to basic sanitation
- Globally, 219 countries, territories and areas have issued 86,722 **travel restrictions** (as of September 2020) to contain and reduce the spread of COVID-19, **creating new challenges for migrant populations, while exacerbating existing vulnerabilities**
- The rapid increase in population movements across borders has brought into focus the need for **extensive data collection on refugee and migrant health**, which is critical for **public health planning and response** to epidemics, including COVID-19
- Migrants, refugees and asylum seekers face **barriers when accessing healthcare and other public services or support**

### Key challenges, barriers and concerns<sup>434445</sup>

#### 1. Challenges implementing quarantine/isolation measures

- Difficult to implement in multigenerational or crowded households
- Migrant women face increased exposure to domestic violence and abuse due to reduced access to shelters and healthcare services

#### 2. Reluctance/fear to contact authorities or search for help

- Some employers in meat and poultry processing plants have been reluctant to provide public health authorities with access to their employees
- Many migrant women are often reluctant to go to the doctor or hospital due to fears they will be reported to immigration enforcement
- Migrant women are often prevented from reporting domestic abuse to statutory services, as perpetrators use immigration status as a form of coercive control
- Four in five migrant women are blocked from entering shelters for domestic abuse victims, and are reportedly often too frightened to access the NHS for healthcare<sup>46</sup>

#### 3. Language barriers

- Cultural and linguistic diversity often includes individuals and households with limited proficiency in the host country language; and varying levels of health literacy
- Effective case investigation and contact tracing requires culturally and linguistically appropriate health communications

#### 4. Government distrust and immigration concerns

- Fear of immigration enforcement and distrust in government agencies may be a barrier to obtaining accurate information; and may limit people from seeking care if they become ill
- Social stigmatisation may encourage illness concealment; delay early detection and treatment; increase distrust in health authorities - lowering the likelihood of compliance and prolonging recovery<sup>47</sup>

**Examples of issues/challenges across countries** are presented in *Table 4*.

<sup>43</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30791-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30791-1/fulltext)

<sup>44</sup> [https://crisisresponse.iom.int/sites/default/files/uploaded-files/IOM%20COVID19%20Appeal-revision\\_9%20September\\_final.pdf](https://crisisresponse.iom.int/sites/default/files/uploaded-files/IOM%20COVID19%20Appeal-revision_9%20September_final.pdf)

<sup>45</sup> <https://www.cdc.gov/coronavirus/2019-ncov/php/rim-considerations.html>

<sup>46</sup> <https://www.independent.co.uk/news/uk/home-news/coronavirus-domestic-abuse-shelters-migrant-women-healthcare-a9432471.html>

<sup>47</sup> <https://www.who.int/bulletin/volumes/98/8/20-271080/en/>

### Mitigation recommendations for countries<sup>48</sup>

- To **include** refugees and migrants in national public health and healthcare **strategies**
- To have **specific mitigation measures** to reach marginalised groups
- To provide information materials in **appropriate languages**
- To ensure that **fear** of enforcement will **not prevent them from seeking health care or other support**
- To provide prevention recommendations and practical information; collecting health declarations and contact details **at arrival/entry point**, to allow for risk assessment and contact tracing if needed
- Low **digital literacy** should be considered when designing digital/tele- health services
- **Helplines should be more proactive** when providing psychological support<sup>49</sup>

### Global initiatives to mitigate the impact of COVID-19 on refugees, migrants and displaced people<sup>50,51</sup>

- An agreement was signed by the WHO and the UNHCR (United Nations High Commissioner for Refugees, the UN Refugee Agency), aiming to **strengthen public health services to protect some 70 million forcibly displaced people from COVID-19** (26 million refugees, 80% of whom sheltered in low/ middle-income countries; and 40 million internally displaced people)
- WHO Eastern Mediterranean Regional Office (EMRO) has developed a **reporting system to monitor the occurrence and trends of COVID-19 among displaced populations** in camps and non-camps settings
- **A Regional Taskforce on COVID-19 and Migration/Mobility** was developed by the WHO EMRO in collaboration with the International Organization for Migration (IOM), Economic and Social Commission for Western Asia (ESCWA) and the International Labour Organization (ILO)
- WHO is promoting **research efforts, evidence gathering and increased availability of refugee and migrant health data** at the country level
- WHO has suggested policy considerations to **strengthen health monitoring** and published **technical guidance on the prevention and control of COVID-19** for refugees and migrants in non-camp settings, including:
  - ✓ *Scaling-up COVID-19 outbreak in readiness and response operations in camps and camp-like settings*
  - ✓ *Preparedness, prevention and control of COVID-19 in prisons and other places of detention*
  - ✓ *Delivery of immunization services for refugees and migrants*

Examples of mitigation approaches across countries are presented in *Table 4*.

<sup>48</sup> [https://www.euro.who.int/\\_data/assets/pdf\\_file/0008/434978/Interim-guidance-refugee-and-migrant-health-COVID-19.pdf](https://www.euro.who.int/_data/assets/pdf_file/0008/434978/Interim-guidance-refugee-and-migrant-health-COVID-19.pdf)

<sup>49</sup> <https://reader.elsevier.com/reader/sd/pii/S0165032720329591?token=A55ED19ED51756D526D21314C718A65669BDF5FF0A058922211E652F40543638975684537C37D63D6524E7E0A201EAC4>

<sup>50</sup> <https://www.who.int/news-room/feature-stories/detail/how-who-is-supporting-refugees-and-migrants-during-the-covid-19-pandemic>

<sup>51</sup> <https://www.who.int/news/item/21-05-2020-who-and-unhcr-join-forces-to-improve-health-services-for-refugees-displaced-and-stateless-people>

**Table 4: Example issues and mitigation approaches employed globally<sup>525354</sup>**

<b>Issue</b>	<b>Mitigation</b>	<b>Countries</b>
Reduced number of judicial proceedings	Adoption of alternative ways of working, such as video conferencing, tele-work and use of electronic tools	EU+
Overcrowding in shelters for newly-arrived asylum seekers	Emergency shelters were created to increase capacity and decrease occupancy	Belgium, Czechia, France, Greece, Ireland, Netherlands, Norway, Germany, Denmark, Switzerland
Self-isolation challenging in shelters	Self-isolation areas created	Austria, Cyprus, France and Ireland
Migrant workers stranded in other countries	Assisted Voluntary Returns programme re-established to allow returns from Mexico to Honduras and El Salvador, and from Haiti to the Dominican Republic	Mexico, Dominican Republic
Inability to use foreign qualifications and work experience in host countries	Germany's "early intervention" scheme assesses asylum seekers' professional skills and competencies through samples of their work, building on their declared work history	Germany
Lack of essential supplies in shelters	Food, personal hygiene kits, cleaning supplies, and furniture (chairs, tables, fans, etc.) delivered	America

<sup>52</sup> <https://easo.europa.eu/sites/default/files/covid19-emergency-measures-asylum-reception-systems.pdf>

<sup>53</sup> <https://rosaniose.iom.int/site/en/blog/what-has-been-done-help-migrants-during-covid-19>

<sup>54</sup> <https://www.odi.org/blogs/17059-uk-s-covid-19-response-can-become-defining-moment-changing-our-approach-refugees>

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