**Special Rapporteur on the human rights of migrants: Report on the impact of COVID-19 on the human rights of migrants**

 **SUBMISSION**

The impacts of COVID-19 have not been borne equally: pervasive gender inequalities coupled with systemic racism, xenophobia and other forms of discrimination mean that for many migrant women around the world, the pandemic has had a devastating impact on their livelihoods and health, and led to an increase in human rights violations, including sexual and gender-based violence. Many migrant women have lost their jobs while others have faced an increased risk of exposure to COVID-19 because remote working has simply not been an option. Even before the pandemic only around 22 per cent of migrant workers worldwide were covered by social protection,[[1]](#footnote-1) and most COVID-19 response measures taken by countries to mitigate for lost income are not available to migrant women and their families. Moreover, many migrant women struggle with language barriers and lack of access to information and health, police, justice and social services.

The COVID-19 pandemic has further increased women’s risk of sexual and gender-based violence at all stages of migration, particularly for those with irregular migration status as well as for sexual and gender minorities who are less likely to report violence due to discrimination or fear of arrest or deportation.[[2]](#footnote-2) Given that many migrant women have been affected by increased unemployment rates, economic insecurity, lack of financial support from governments, and growing debt from paying exorbitant placement fees[[3]](#footnote-3), they have been under greater pressure to accept precarious working conditions, increasing their risk of labour and human rights violations, including to sexual harassment and violence at work. A UN Women rapid assessment found that civil society organizations in South East Asia observed a 37 per cent increase in violence by employers, and a 21 per cent increase in violence by family members.[[4]](#footnote-4) Levels of domestic violence have been magnified by forced coexistence, cramped and confined living conditions, economic stress, and fears about contracting COVID-19.

Migrant women and girls who are victims of gender-based violence have struggled to access healthcare and essential support services due to COVID-19 containment measures, movement restrictions, closed clinics or disrupted service delivery,[[5]](#footnote-5) which are acutely critical for victims of sexual assault and rape in need of prompt medical assistance, i.e. emergency contraception to avoid pregnancy and Post Exposure Prophylaxis (PEP) to prevent HIV infection which need to be administered within 72 hours.[[6]](#footnote-6)

While the arrival of COVID-19 vaccinations offers hope to many around the world, we know that billions of people, particularly in the Global South, continue to lack access. Even in countries where vaccinations are more readily available, the barriers that migrant women face in accessing healthcare – language, lack of information, limited or no transportation, living in rural or more isolated areas – can drastically impede their abilities to get vaccinated. It is therefore critical that steps are taken to address this disparity, including by involving migrant women’s organizations and community outreach workers in efforts to vaccinate migrant women,[[7]](#footnote-7) to help ensure that they are able to fully enjoy their human rights in the face of continued adversity.

1. UN Women. 2020. “[Leaving no one behind: Access to social protection for all migrant women](https://www.unwomen.org/en/digital-library/publications/2020/01/access-to-social-protection-for-all-migrant-women)” New York. [↑](#footnote-ref-1)
2. UN Women. 2020. “[Guidance note: Addressing the impacts of the COVID-19 pandemic on women migrant workers](https://www.unwomen.org/en/digital-library/publications/2020/04/guidance-note-addressing-the-impacts-of-the-covid-19-pandemic-on-women-migrant-workers)”. New York. [↑](#footnote-ref-2)
3. UN Women. 2021. “[COVID-19 and Violence Against Women: The Evidence Behind the Talk”](https://data.unwomen.org/publications/covid-19-and-violence-against-women-evidence-behind-talk). New York. [↑](#footnote-ref-3)
4. UN Women. 2020. “[Rapid Assessment: Impact of COVID-19 on Women’s Civil Society Organizations](https://asiapacific.unwomen.org/en/digital-library/publications/2020/06/rapid-assessment-impact-of-covid-19-on-womens-civil-society-organizations)” Bangkok. [↑](#footnote-ref-4)
5. Ibid [↑](#footnote-ref-5)
6. ILO and UN Women. 2020. “[COVID-19 and Women Migrant Workers](https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/briefingnote/wcms_746979.pdf)”. Bangkok. [↑](#footnote-ref-6)
7. <https://www.migrantclinician.org/blog/2021/apr/faq-covid-19-vaccine-and-migrant-immigrant-and-food-farm-worker-patients.html> [↑](#footnote-ref-7)