



# HEALTH CARE FOR IRREGULAR MIGRANTS, ASYLUM SEEKERS AND REFUGEES IN SERBIA DURING THE COVID-19 PANDEMIC

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## EXILES<sup>1</sup> IN THE COVID-19 PANDEMIC

The COVID-19 pandemic, declared on 11 March 2020, brought about changes worldwide in different aspects of life, both for individuals and for communities, for states and for various regions. We are often said to be living the “new normality”, substantially different from what we were accustomed to. This “new normality” continuously requires us to endure, to restrain ourselves, to adjust, to learn to cope with uncertainty and lack of support which was often not even perceived as an important aspect of everyday life when it was available.

Besides, the pandemic has had an impact on migration and mobility worldwide, including those who migrate forcibly, and usually irregularly. The initial measures to restrict human mobility took effect in January 2020, when some countries closed their borders with China and discontinued flights to China. The measures were soon expanded to other countries and regions and included health screening or mandatory quarantine in the management and control of human mobility worldwide. By the time pandemic was declared on 11 March 2020, 90 out of the 246 United Nations countries issued more than 1,800 measures to restrict or ban the movement of travellers from specific countries and regions, in an attempt to contain the spread of the virus.<sup>2</sup> By the end of 2020, the figure reached as many as 111,879 measures, of which one

<sup>1</sup> In this paper, the term “exiles” refers to all irregular migrants, asylum seekers, refugees who have entered, transited or stayed in Serbia.

<sup>2</sup> Benton Meghan et al., COVID-19 and the State of Global Mobility in 2020, Migration Policy Institute and International Organization for Migration, Washington D.C. and Geneva, 2021, p. 8. Available at: <https://publications.iom.int/books/covid-19-and-state-global-mobility-2020>.



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quarter of the measures imposed total entry bans, and the remaining measures stipulated specific requirements for granting entry to the territory.<sup>3</sup> During the first three months of the pandemic, the world seemed to have come to a halt, with suspension of cross-border mobility (with exceptions for nationals and residents, as well as health care workers, diplomatic and international organizations' staff) and restrictions on internal mobility, as many states introduced curfews or other measures to suspend in-country movement. During that period, irregular migration underwent significant change as well, chiefly owing to the restrictive measures in transit countries, which left, irregular migrants, asylum seekers and refugees stranded there, and owing to border closures barring migrants from continuing their journeys. Same was witnessed by European Border and Coast Guard Agency's (FRONTEX) data, showing that April 2020 saw the lowest ever number of illegal border crossings into the European Union.<sup>4</sup>

Nevertheless, irregular migration was not entirely brought to a halt by the onset of the pandemic and the initial suspension of national and international mobility; rather, it was briefly slowed down, opening up space for revival and intensification of old migration routes, as well as emergence of new ones. Especially in the context of the aforesaid measures introduced to contain the spread of the virus, it may be observed that in some countries, those measures were indubitably aiming at decelerating, preventing and controlling the migration of exiles. Thus, on 7 April 2020, at a time when Italy had the largest number of COVID-19 cases in the world, its government declared its ports unsafe for the landing of migrants rescued by boats flying a foreign flag, citing concerns that "those being rescued could include people who have contracted COVID-19". This decision also coincided with the announcement that at least 10 boats carrying migrants fleeing from Libya were in the vicinity of Italian waters at that moment.<sup>5</sup>

Despite restriction, deceleration and reduction of cross-border mobility, more than 3000 migrants were reported dead or missing on migrant/refugee routes to Europe in 2020, showing, on the one hand, that they increasingly resorted to irregular migration and on the other, that the routes taken had become riskier and more uncertain.<sup>6</sup>

In addition to the journey itself, the pandemic also had a significant impact on irregular migrants, asylum seekers and refugees' reception, living conditions and integration in transit and destination countries. The pre-existing vulnerabilities, such as poverty, marginalization, discrimination, limited scope of rights, difficulties in accessing health care, were further exacerbated and deepened by the COVID-19 pandemic. These, combined with other socio-economic factors, hindered migrants' ability to cope, access treatment and protection from COVID-19, while living conditions in collective facilities often precluded compliance with prevention measures. In many cases, reception centres had poor sanitation, inadequate resources and possibilities for maintaining personal hygiene and hygiene of the facilities. In addition, it was almost impossible to maintain physical distance in those centres where the number of occupants exceeded the capacity, as was the case in Greece, Italy, and sporadically also in Serbia, especially during the first wave of COVID-19 and resultant lockdowns, i.e. introduction of curfews and suspension or restriction of freedom of movement. Thus, a survey on the impact of the COVID-19 pandemic on refugees and asylum seekers in Greece revealed that during the first epidemic wave, from February to June 2020, the risk of COVID-19 infection in irregular migrants, asylum seekers and refugees was as much as 28 times higher than in the local general population.<sup>7</sup> During subsequent waves, the gap in risk of disease narrowed and, according to assessments, in the first nine months of the epidemic, the migrant population in Greece was at a 2.5–3 times higher risk of COVID-19 than the local general population. Further, it was shown that risk of disease increased as asylum seekers and migrants' living conditions deteriorated.<sup>8</sup> In most countries, access to health care, crucial in a pandemic, was difficult or unfeasible for the migrant population, despite the local and international normative framework, which provides for the right to health care in the context of COVID-19, relevant health care services, testing, diagnostics, treatment and vaccination.<sup>9</sup> Yet, as it turned out, the language barrier, irregular status, financial capacities and

3 Frank Laczko, *Migration policy practice*, Vol. 11, No. 1, 2021, p. 5. Available at: <https://publications.iom.int/books/migration-policy-practice-vol-xi-number-1-january-february-2021>.

4 About 900 attempted illegal border crossings were recorded, constituting an 85% decrease relative to March 2020 and the lowest figure recorded since FRONTEX started collecting data in 2009, FRONTEX, *Situation at EU external borders in April – Detections lowest since 2009*, 05 December 2020. Available at: <https://frontex.europa.eu/media-centre/news/news-release/situation-at-eu-external-borders-in-april-detections-lowest-since-2009-mJESUv>.

5 Gabriella Sanchez & Luigi Achilli, *Stranded: the impacts of COVID-19 on irregular migration and migrant smuggling*, Policy Briefs, 2020/20, 2020, Migration Policy Centre, p. 4. Available at: [https://cadmus.eui.eu/bitstream/handle/1814/67069/PB\\_2020\\_20\\_MPC.pdf?sequence=1&isAllowed=y](https://cadmus.eui.eu/bitstream/handle/1814/67069/PB_2020_20_MPC.pdf?sequence=1&isAllowed=y).

6 Laczko, *op. cit.*, p. 6.

7 Elias Kondilis, "The impact of the COVID-19 pandemic on refugees and asylum seekers in Greece: A retrospective analysis of national surveillance data from 2020", in *EclinicalMedicine*, Vol 37, 2021, p. 4. Available at: [https://pubmed.ncbi.nlm.nih.gov/34258570/#:~:text=The%20risk%20of%20acquiring%20COVID,Ci%3A%202.64%2D3.10\)%2C](https://pubmed.ncbi.nlm.nih.gov/34258570/#:~:text=The%20risk%20of%20acquiring%20COVID,Ci%3A%202.64%2D3.10)%2C).

8 *Ibid.* p. 5.

9 WHO, *Refugees and migrants in times of COVID-19: mapping trends of public health and migration policies and practices*, Geneva, 2021, p. 27. Available at: <https://www.who.int/publications/i/item/9789240028906>.



administrative barriers compromised the right to health care, even during the pandemic, when individual health had a large bearing on public health.

The COVID-19 pandemic has affected the lives of individuals, communities and groups at many different levels, and some of its consequences will only become apparent in the coming years. Given the complexity of the matter and the interdisciplinary approach required to assess the COVID-19 pandemic and its impact in the area of migration and asylum, this paper and the underlying research are focused specifically on the impact of the COVID-19 pandemic on health care for irregular migrants, asylum seekers and refugees in Serbia. The paper attempts to understand this population's position in the context of the chronology of epidemic in Serbia; it then presents the right to health care, mechanisms of its realization in Serbia, as well as changes in this respect owing to the epidemic; finally, it offers an overview of COVID-19 protection measures implemented on a system-wide basis. As this is the first research of this type in Serbia, the idea is to provide a basis for further research into the crucial and highly complex matter of health care provision during the COVID-19 pandemic.

## COVID-19 IN SERBIA: FROM THE STATE OF EMERGENCY TO NORMALIZATION OF RESTRICTIONS AND DISCRIMINATION

The coronavirus epidemic was declared in Serbia on 10 March 2020, one day before the declaration of the pandemic.<sup>10</sup> The state of emergency was declared only five days later and lasted almost three months, from 15 March to 6 May 2020.<sup>11</sup>

<sup>12</sup> In parallel with this, a range of measures were introduced, bringing substantial changes to the daily functioning of all people who stayed in Serbia at that moment, as well as those who intended to enter Serbia, including irregular migrants, asylum seekers and refugees. This marked the beginning of the "new normality", laden with uncertainty, restrictions, denial and violation of rights, discrimination, racism and xenophobia.

In line with the measures introduced worldwide, Serbia was among the first countries to impose restrictions on movement in the form of suspending or restricting cross-border mobility, as well as internal mobility, chiefly by imposing curfews of varying duration, depending on the assessed severity of the epidemiological situation. However, special measures in respect of exiles were adopted, entirely suspending their freedom of movement.<sup>13</sup> The centres occupied by irregular migrants, asylum seekers and refugees became closed-type facilities and occupants were barred from leaving them, except in special circumstances (such as visits to doctors and specialists). Irregular migration, which had been present in Serbia and the region, was abruptly decelerated to a significant extent, and even temporarily halted. Those not staying in reception and asylum centres, but rather in private housing or informal settlements, in border areas, as well as in urban communities (all who were found outside centres) were often forcibly<sup>14</sup> placed in reception centres, whose accommodation capacities were already almost filled at that time.<sup>15</sup> While the rationale was that such decision and

10 Odluka o proglašenju bolesti COVID-19 izazvane virusom SARS-CoV-2 zaraznom bolešću, [Decision on Declaring COVID-19 Disease Caused by SARS-CoV-2 Virus a Contagious Disease], (Sl. glasnik RS, 23/20). Available at: <https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/vlada/odluka/2020/23/1/reg>.

11 Odluka o proglašenju vanrednog stanja, [Decision on Declaring a State of Emergency], (Sl. glasnik RS, 29/2020). Available at: <https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/predsednik/odluka/2020/29/1/reg>.

12 Odluka o ukidanju vanrednog stanja, [Decision on Lifting the State of Emergency], (Sl. glasnik RS, 65/2020). Available at: <https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/skupstina/odluka/2020/65/1/reg>.

13 Odluka o privremenom ograničavanju kretanja tražilaca azila i iregularnih migranata smeštenih u centrima za azil i prihvatnim centrima u Republici Srbiji, [Decision on Temporary Restriction of Movement of Asylum Seekers and Irregular Migrants Accommodated in Asylum Centers and Reception Centers in the Republic of Serbia], (Sl. glasnik RS, 32/2020). Available at: <https://www.propisi.net/odluku-o-privremenom-ogranicavanju-kretanja-trazilaca-azila-i-iregularnih-migranata-smestinih-u-centrima-za-azil-i-prihvatnim-centrima-u-republici-srbiji/>.

14 Such actions were systematically carried out throughout 2020 and 2021 by the Ministry of the Interior (Mol) and the Commissariat for Refugees and Migration (KIRS). They received extensive media coverage, laden with sensationalist rhetoric that contributed to fostering negative attitudes towards migration and hostility towards exiles, such as articles accompanied by photographs and videos of the actions, negatively connotated language ("illegals", "caught", "concerns about citizens' personal safety and security of their assets", etc.). Novosti, *Telegraf*, *Blic*. More information available at: J.Bekić, "AKCIJA GRADA SOMBORA, KOMESERIJATA ZA IZBEGLICE I POLICIJE: Oko 300 migranata dislocirano na jug Srbije", Novosti, 29 January 2021, [www.novosti.rs/srbija/vesti/959646/akcija-grada-sombora-komeserijata-izbeglice-policije-ok-300-migranata-dislocirano-jug-srbije](http://www.novosti.rs/srbija/vesti/959646/akcija-grada-sombora-komeserijata-izbeglice-policije-ok-300-migranata-dislocirano-jug-srbije), *Telegraf*, "Pronađeno 335 migranata kod Sombora: Sa šest autobusa prevezeni u Prihvatni centar u Preševu", 3 February 2021, [www.telegraf.rs/vesti/srbija/3297229-pronadjeno-335-migranata-kod-sombora-sa-sest-autobusa-prevezeni-u-prihvatni-centar-u-presevu](http://www.telegraf.rs/vesti/srbija/3297229-pronadjeno-335-migranata-kod-sombora-sa-sest-autobusa-prevezeni-u-prihvatni-centar-u-presevu), *Blic*, "Policija pronašla 126 ILEGALNIH MIGRANATA, biće prevezeni u prihvatne centre", 17 June 2021, [www.blic.rs/vesti/beograd/policija-pronasla-126-ilegalnih-migranata-bice-prevezeni-u-prihvatne-centre-video/h6jbmwp](http://www.blic.rs/vesti/beograd/policija-pronasla-126-ilegalnih-migranata-bice-prevezeni-u-prihvatne-centre-video/h6jbmwp).

15 As of January 2020, the capacity of all accommodation centres (reception and asylum centres) within the mandate of the Commissariat for Refugees and Migration totalled 6140 beds. However, two centres (those in Divljana and Dimitrovgrad) were not operational, resulting in the actual available capacity of 5770. In the same month, the occupancy rate was over 92%, as 5313 people on the move were accommodated in them at the time. Serbian Commissariat for Refugees and Migration. More information available at: <https://kirs.gov.rs/media/uploads/Azil/profil-centara/PC-SR-2020-01.pdf>.

actions were aimed at preventing the spread of COVID-19, they had the opposite effect, resulting in an almost disastrous risk of infection. Within only a few days, the accommodation centres' population grew by almost 70% to over 9000 people, far exceeding the designed capacities<sup>16</sup> Given the severe shortage of accommodation capacities, people were placed in communal areas, hallways, tents in centres' open spaces (Rubb Halls, as well as smaller tents), where they often slept on the floor, without beds, blankets or heating.<sup>17</sup> Even after the state of emergency was lifted, when the number of those staying in centres sharply declined, some centres remained overcrowded. During 2021, the situation was the most difficult in the Sombor reception centre, with about 500 refugees staying in the centre itself, and up to 1000 people in tents outside the centre.<sup>18</sup> In other centres, all available capacities were not fully used for unknown reasons. Thus, refugees were placed in overcrowded dormitories, and their requests to let them use the remaining capacities, primarily with a view to protection against COVID-19 and keeping physical distance, were bluntly denied.<sup>19</sup>

In addition to shortage of space, the already poor conditions for maintaining hygiene – crucial in a pandemic – dramatically deteriorated. Using special protection measures, protective masks or sanitizers was not even remotely possible. People on the move staying in centres were only sporadically – and certainly not frequently enough – provided with sanitizers and a few masks. However, the bottles were often almost empty or long expired. The same applied to regular hygiene supplies, such as soap, shampoo, toothpaste, etc.<sup>20</sup> That situation persisted even after the state of emergency was lifted. Although centres' occupancy rates quickly returned to normal levels as people left for border areas, significant numbers of people staying in centres during 2020 and 2021 complained about extremely poor living conditions. The abovementioned shortage of hygiene supplies, as well as hot water shortage, faulty showers, inadequate numbers of functioning toilets and dirty blankets at times even led to rising numbers of people complaining about skin infections and inability to get treatment for them.<sup>21 22</sup> Women and children were not spared either, especially in the Vranje reception centre, where one of the most common complaints by families staying there (as many as 60% of all occupants) concerned frequent power cuts and hot water supply interruptions, even during winter months, resulting in their inability to maintain personal and children's hygiene.<sup>23</sup>

During the state of emergency, the army was engaged to "secure the centres", which, in practice, consisted in preventing occupants from leaving and reacting if anyone attempted to do so. In one such case, the army even discharged a firearm into the air in order to intimidate a family that attempted to escape from the Krnjača asylum centre.<sup>24</sup> With armed and fully masked soldiers, helicopters, fly-bys<sup>25</sup>, as well as rude, harsh and aggressive treatment by the Commissariat for Refugees and Migration (KIRS) staff<sup>26</sup>, the atmosphere in the centres was increasingly tense and incendiary, in particular given that this was a retraumatizing experience for many people, as they had come from war-afflicted, unstable and unsafe areas. In one case, the situation even culminated in a police intervention, use of tear gas and excessive use of force.<sup>27</sup>

16 On 8 May 2020, at a meeting of the Refugee and Migrant Child Protection Working Group, the KIRS shared the information that, at that moment, a total of 9073 people were accommodated in reception and asylum centres run by them, APC/CZA.

17 Photographs showing living conditions in the Banja Koviljača asylum centre in late March 2020. APC/CZA Twitter account, available at: [https://twitter.com/APC\\_CZA/status/1242130506969382914](https://twitter.com/APC_CZA/status/1242130506969382914).

18 APC/CZA, Pushbacks januar-jun 2021, monitoring izveštaj sa severnih i zapadnih granica Srbije, 2021, p. 3. Available at: <https://www.azilsrbija.rs/wp-content/uploads/2021/12/PUSHBACKS-Sever-Srbije-jan-jun-2021-f.pdf>.

19 APC/CZA, Migracije na jugu Srbije, monitoring izveštaj o pushbackovima i stanju u prihvatnim centrima na jugu Srbije, APC/CZA, 2021, p. 7. Available at: <https://www.azilsrbija.rs/wp-content/uploads/2021/12/Monitoring-Jug-Srbije-jan-jun-2021-f.pdf>.

20 Photographs of hygiene supplies and sanitizers expired in 2018, which were distributed by the KIRS to asylum and reception centre occupants, APC/CZA Twitter account. Available at: [https://twitter.com/APC\\_CZA/status/1243499281002237952](https://twitter.com/APC_CZA/status/1243499281002237952), [https://twitter.com/APC\\_CZA/status/1246410573304266752](https://twitter.com/APC_CZA/status/1246410573304266752).

21 APC/CZA, Southern camps and push-backs 2020, monitoring izveštaj sa južnih granica Srbije, APC/CZA, 2021, p. 7. Available at: <https://www.azilsrbija.rs/wp-content/uploads/2021/07/Pushbacks-South-2020.pdf>.

22 APC/CZA, Push-backs 2020, monitoring izveštaj sa severnih granica Srbije, APC/CZA, 2021, p. 4. Available at: <https://www.azilsrbija.rs/wp-content/uploads/2021/05/PUSH-BACKS.pdf>.

23 APC/CZA, Southern camps and push-backs 2020, monitoring izveštaj sa južnih granica Srbije, op. cit., p. 8.

24 More information available at APC/CZA Twitter account, [https://twitter.com/APC\\_CZA/status/1247793501376372740](https://twitter.com/APC_CZA/status/1247793501376372740).

25 More information and a video available at APC/CZA Twitter account, [https://twitter.com/APC\\_CZA/status/1247929883621298176](https://twitter.com/APC_CZA/status/1247929883621298176).

26 Hereinafter: KIRS.

27 The incident occurred when a Syrian boy aged 14 was hit by a centre security guard when he tried to request pyjamas from the management of the Krnjača centre. The Arab camp community was outraged and protested against the management's violent practices. The police arrived in the centre several hours later and forced the people to return to their barracks by using tear gas and excessive force. During these events, one woman lost consciousness and one man had his arm broken. APC/CZA. More information, photographs and videos available at [https://twitter.com/APC\\_CZA/status/1248629794851426304](https://twitter.com/APC_CZA/status/1248629794851426304).

Lifting the state of emergency did not also entail lifting the measures to suspend freedom of movement. Thus, for reasons that are insufficiently known on the same day the Ministry of Health issued a new order (which entered into force on 7 May 2020), whereby, in addition to a ban on leaving reception centres, other individuals were barred from approaching and entering asylum and reception centres, thus hindering the access of exiles to local organizations and its representatives engaged in providing support and protecting their rights.<sup>28</sup> The order did not remain in force for long and was repealed one week later. Nevertheless, even after that, KIRS staff in different centres resorted to different practices to ban and hinder occupants from leaving the centres, by introducing “permits” for occupants for leaving centres.<sup>29</sup> That practice, somewhat more common in 2020, when the management of some centres even imposed arbitrary quarantine measures on refugees<sup>30</sup>, became a means of coercion, blackmail and exploitation in 2021. Thus, occupants of the Preševo reception centre were required to clean or perform other physical labour in the centre in order to expedite issuance of their permits to leave the centre or permits to travel to Belgrade, as well as to be provided with humanitarian assistance in the form of clothing, footwear and hygiene supplies by the camp management. Those who did not participate were denied these benefits.<sup>31</sup>

Another form of intimidation, mainly directed at those staying in the south of Serbia, was the threat of being pushed back to North Macedonia. During 2020, the systematic pushing of exiles back to North Macedonia was observed. In 2021, this practice became even more common and different forms of violence and intimidation (including using dogs for intimidation) were used with increasing frequency, almost regularly. In addition to being pushed back from the mere border, exiles were sometimes pushed back to North Macedonia even in cases when they were found in the streets of Preševo or attempted to get accommodation in the Preševo reception centre.<sup>32 33</sup>

Beside tightened restrictions and rising violence in the border area, the state of emergency also presented an opportunity to start building a fence on the border with North Macedonia. More specifically, amid crisis caused by the COVID-19 pandemic, in August 2020, it was observed that a wire fence – quite like that on the border between Serbia and Hungary – was being built.<sup>34</sup> No details were provided in response to requests from the local media, since the information was designated by competent authorities as “strictly confidential”, according to media reports.<sup>35 36</sup>

As regards the asylum system, the COVID-19 pandemic has had a significant impact on the already difficult access to asylum protection and slowed down the already remarkably inefficient asylum process. In 2020, during the state of emergency, in response to the developments, the asylum system was suspended in Serbia, the registration process was halted, as were all other procedural actions (submission of applications, hearings, issuing of decisions etc.), leading primarily to a decrease in the number of registered asylum seekers. However, it should be noted that trend of tolerating irregular status of most of the exiled population had characterized Serbia’s approach to migration challenges in last years followed with the even deliberate institutional inaction. That resulted not only in the declining numbers of those registered and in absence of virtually any records on them, but also resulted in the protracted disadvantaged and risky

28 *Naredba o ograničenju kretanja na prilazima otvorenom prostoru i objektima prihvatnih centara za migrante i centara za azil* [Order for Restriction of Movement in Open Spaces and in Facilities of Reception and Asylum Centers], (Sl. glasnik RS, 66/21). Available at: <https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/ministarstva/naredba/2020/66/2/reg>.

29 For a long time, the Banja Koviljača asylum centre had a rule limiting the daily number of people allowed to leave the centre for a few hours. At a time when this rule was most stringently enforced, each occupant could have his/her turn to leave the centre once every two weeks. APC/CZA.

30 In the Vranje reception centre, every new occupant was required to quarantine for two weeks, while the Banja Koviljača asylum centre had a separate rule for those leaving the centre to go to the local community and other for those seeking permits to travel to Belgrade. The latter were required to quarantine for seven days upon return. APC/CZA.

31 APC/CZA, *Migracije na jugu Srbije, monitoring izveštaj o pushbackovima i stanju u prihvatnim centrima na jugu Srbije*, op. cit., pp. 8–10.

32 APC/CZA, *Southern camps and push-backs 2020, monitoring izveštaj sa južnih granica Srbije*, op. cit., p. 4.

33 APC/CZA, *Migracije na jugu Srbije, monitoring izveštaj o pushbackovima i stanju u prihvatnim centrima na jugu Srbije*, op. cit., p. 4.

34 On 20 April 2020, the Government of the Republic of Serbia adopted a decision on the temporary requisition of land owned by individuals and legal entities alongside the state border with North Macedonia and Bulgaria. *Uredba o merama za vreme vanrednog stanja*, Art. 3b. (“Službeni glasnik RS”, Nos 31/2020, 36/2020, 38/2020, 47/2020, 49/2020, 53/2020, 56/2020, 57/2020, 58/2020 and 60/2020.), available at: <https://www.propisi.net/uredba-o-merama-za-vreme-vanrednog-stanja>.

35 In early August 2020, APC/CZA field teams observed fence construction works on the border with North Macedonia. APC/CZA Twitter account, available at: [https://twitter.com/APC\\_CZA/status/1292843863757983745](https://twitter.com/APC_CZA/status/1292843863757983745).

36 More detailed information about the fence, requested from competent institutions, was designated as “strictly confidential”, according to local media reports. Radio Slobodna Evropa, “Srbija diže žičanu ogradu na granici sa Severnom Makedonijom”, 18 August 2020, [www.slobodnaevropa.org/a/srbija-dize-zicanu-ogradu-na-granici-sa-severnom-makedonijom/30789825.html](http://www.slobodnaevropa.org/a/srbija-dize-zicanu-ogradu-na-granici-sa-severnom-makedonijom/30789825.html); Radio Slobodna Evropa, “Žičane ograde ne sprečavaju migracije”, 6 September 2020, [www.slobodnaevropa.org/a/srbija-migranti-ograda-zica-nova-migrantska-politika/30818776.html](http://www.slobodnaevropa.org/a/srbija-migranti-ograda-zica-nova-migrantska-politika/30818776.html); Radio Slobodna Evropa, “Žičana oграда već do graničnog prelaza Srbije i Severne Makedonije, detalji strogo poverljivi”, 25 September 2020, [www.slobodnaevropa.org/a/severna-makedonija-srbija-granica-zicana-ograda-postavljena-strogo-poverljivo/30857508.html](http://www.slobodnaevropa.org/a/severna-makedonija-srbija-granica-zicana-ograda-postavljena-strogo-poverljivo/30857508.html); Deutsche Welle - DW, “Misteriozna oграда protiv migranata”, 24 August 2020, [www.dw.com/sr/misteriozna-ograda-protiv-migranata/a-54670606](http://www.dw.com/sr/misteriozna-ograda-protiv-migranata/a-54670606).

status of exiles as already vulnerable and marginalized group, staying in a grey area, with an unclear scope of rights, lacking efficient protection against their violation and lacking protection against abuse, violence, maltreatment and discrimination.

Given that exiles are constantly circulating in Serbia and the region, especially in view of the increasing frequency of pushbacks, both from neighbouring countries to Serbia and from Serbia to North Macedonia, assessing the annual number of exiles who enter Serbia is fairly tricky. Same especially having in mind that a number of exiles remain completely invisible to the system (beside absence of registration, many are never placed in any of the reception centres run by the KIRS). Yet, according to a rough estimate by APC/CZA, the figure of exiles entering country exceeded 38,000 in 2019, reached almost 40,000 in 2020, and exceeded far over 58,000 in 2021. Every year, the number of registered exiles declines in inverse proportion to the rise in the number of those entering Serbia.

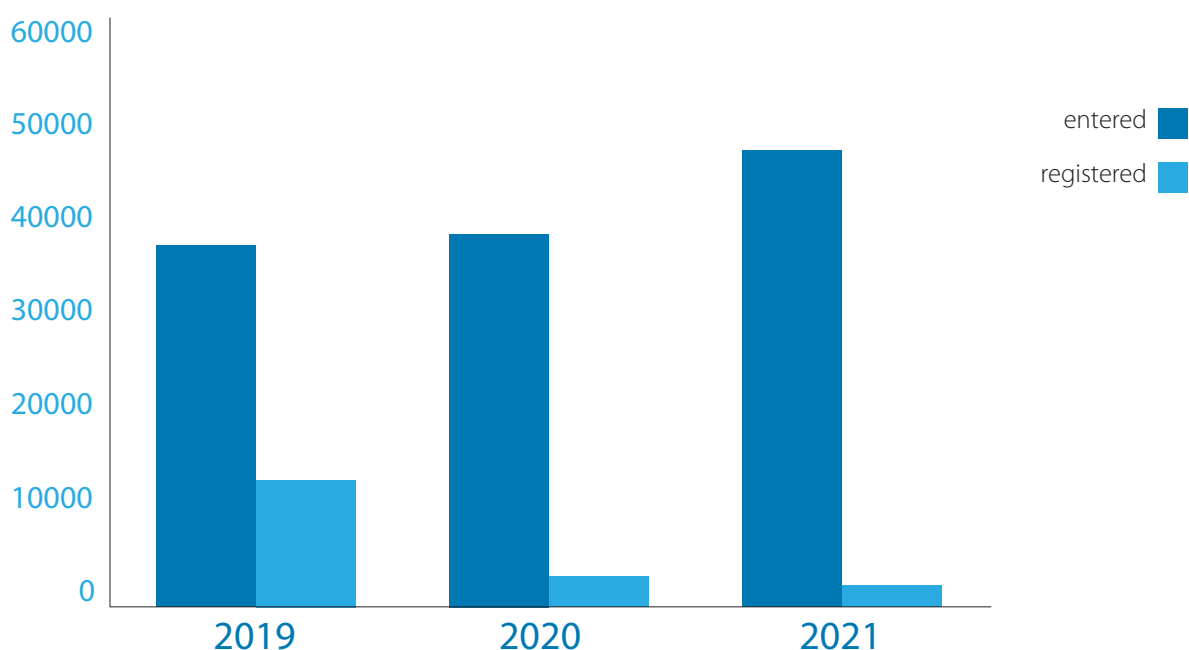


Chart 1: Estimated number of exiles entering Serbia and number of exiles registered in police stations (declaring intent to seek asylum)

A comparison of the data reveals that fewer than 5% of the exiles were registered in 2021, which is, paradoxically, below the figure for 2020, when registration was completely halted for more than a month owing to the state of emergency.

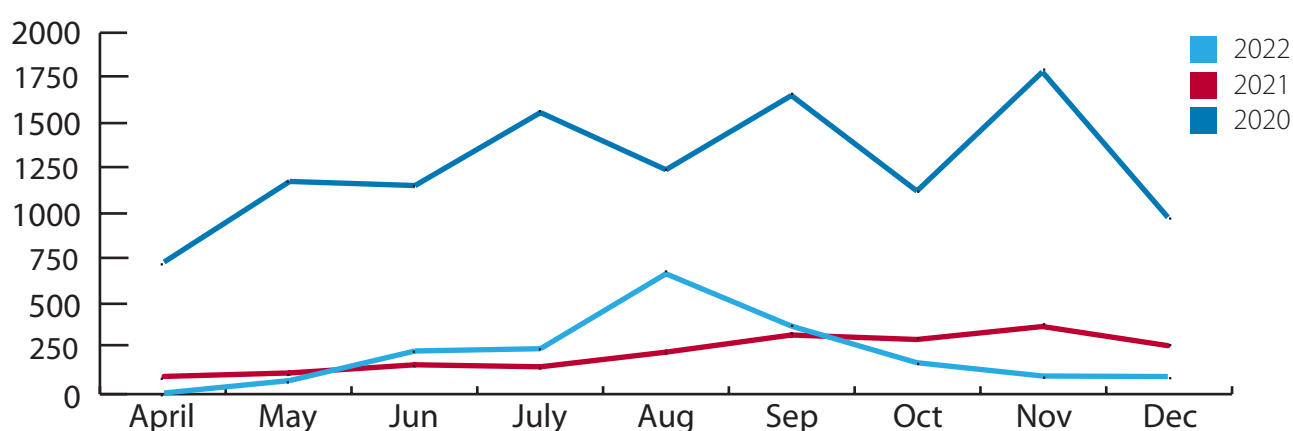


Chart 2: Number of registered exiles by months

An analysis of monthly data gives rise to the conclusion that a slight increase in the number of registered individuals who declared intent to seek asylum occurred only towards the end of 2021, while in the preceding months the figure had remained stable, at below 200.<sup>37</sup>

Other steps in the asylum procedure have been equally inefficient during the COVID-19 pandemic: a comparison of the data for the past three years shows that the numbers of applications submitted, hearings held and affirmative decisions issued are all on the decline. In 2020, only 144 people, i.e. 5.1% of those who declared intent to seek asylum, had an opportunity to submit their applications, while in 2021 the figure was only slightly higher – 172 applications, or 7.5% of all registered exiles who declared intent to seek asylum.

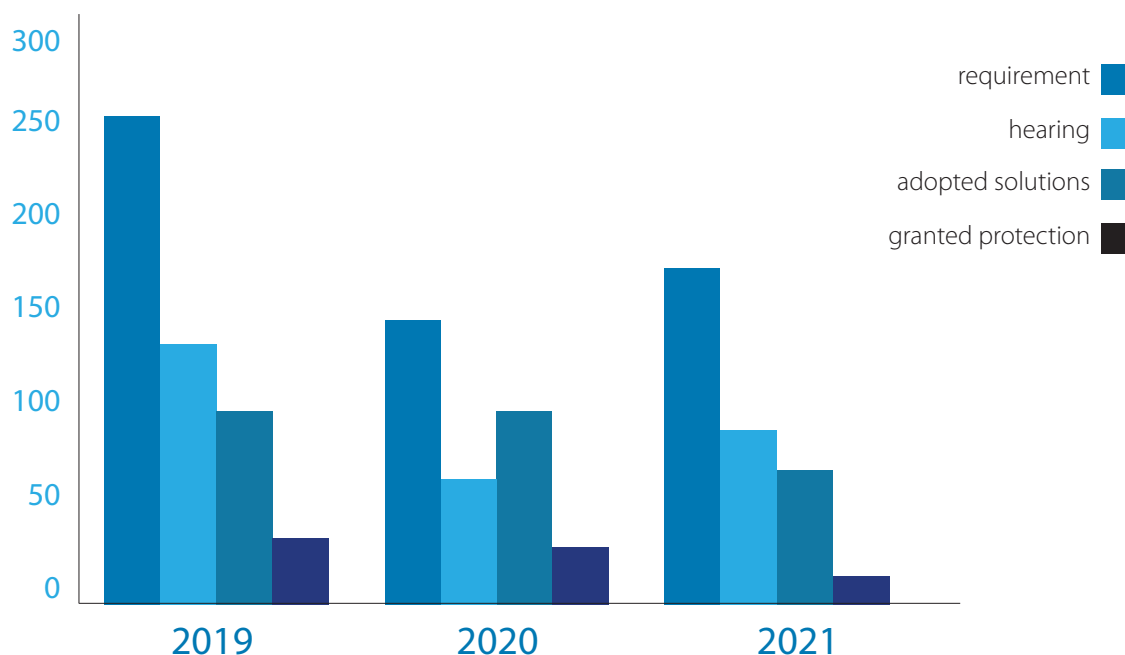


Chart 3: Number of applications submitted, hearings held, decisions issued (protection granted, application denied, application suspended) and number of protections granted (asylum and subsidiary protection)

Beside denial and restriction of rights during and after the state of emergency, the COVID-19 pandemic brought a significant aggravation of the public narrative about exiles and incitement to xenophobia, especially by increasingly prominent and outspoken extreme-right organizations, movements, groups, associations and individuals, in both online and offline public spaces. Immediately before the declaration of the epidemic in Serbia and pandemic worldwide, in February 2020, the first “people’s patrols” were organized, as well as a series of anti-migrant protests in smaller towns and, finally, in Belgrade on 8 March 2020. With incendiary rhetoric, false information, accusing exiles of various crimes, jeopardizing others’ safety, assaulting women, children, the elderly and infirm, a number of members of different extreme groups gathered and organized violent units – “people’s patrols”, which intercepted exiles in Belgrade streets at night and intimidated them by warning them “not to touch women”, “not to move from 10 PM to 6 AM in groups larger than three”, “if they caused problems, they would have a problem”, etc.<sup>38</sup> In some cases, people on the move were even beaten up by these groups, citing “self-defence”. The patrols evolved into an informal group which, in addition to anti-migrant policy, gradually started promoting anti-vax views as well.<sup>39</sup> In addition to that one, another extreme group, Leviathan<sup>40</sup> gained prominence as an instigator of xenophobia, racial, ethnic and religious hatred towards exiles and all migrants. Besides

37 As an illustration, on course of the researching period, between 100 and 150 exiles were daily entering Serbia from North Macedonia alone. APC/CZA.

38 Nemanja Mitrović, “Narodne patrola: Ko patrolira Beogradom u potrazi za migrantima”, BBC news na srpskom, 9 March 2020. Available at: <https://www.bbc.com/serbian/lat/srbija-51761864>.

39 Marija Vučić, “Mržnja, laži i patrola: Srpska antimigrantska brigada se igra vatrom”, Birn, 21 September 2021. Available at: <https://birn.rs/mrznja-lazi-i-patrole-srpska-antimigrantska-brigada-se-igra-vatrom/>.

40 Miljana Rogač, “Razvojni put Levijatana: Od brige za pse do potere za migrantima”, Istinomer, 29 May 2020. Available at: <https://www.istinomer.rs/analize/razvojni-put-levijatana-od-brige-za-pse-do-potere-za-migrantima/>.



taking part in protests and dissemination of false information in the virtual world, they went a step further. One of their members drove a car through the Obrenovac reception centre fence in plain sight of the army members present at the centre, shouting messages of hatred and instigation to “do away with migrants”.<sup>41</sup>

Nevertheless, response by competent institutions was generally missing or too weak. Thus, after the first few patrolling activities by “people’s patrols”, the police interrogated some of the group members, but no formal investigation was launched, while the Leviathan member who drove a car into the reception centre fence was sentenced to eight months’ imprisonment for violent conduct.<sup>42</sup> In the virtual space, the Facebook group *Stop cenzuri* (Stop Censorship) involved in the topic and fostered a discriminatory and racist narrative about migrants and exiles. The alarming figure of 320,000 group members, i.e. one out of ten Facebook users in Serbia<sup>43</sup>, shows that attitudes towards migrants in Serbia are rapidly changing for the worse.

## COVID-19 TESTING, DIAGNOSTICS, TREATMENT AND VACCINATION

The COVID-19 testing protocols have changed in line with the availability of tests and capacities for administering them, as well as the information and knowledge about the virus itself and disease symptoms. Early in the pandemic, the criteria were considerably more stringent than later on, especially after the advent of rapid antigen tests. Irregular migrants, asylum seekers and refugees staying in reception and asylum centres were tested based on assessments by doctors in centres’ health infirmaries, when occupants were coming to the clinic complaining of specific symptoms. A negative coronavirus test was not required for admission to centres. By decision of the Ministry of Labour, Employment, Veteran and Social Affairs, unaccompanied minors were required to have a negative PCR test result upon admission to a social care institution<sup>44</sup>, while that was not required in order to be admitted to a centre run by the KIRS. Despite negative PCR test results, minors were at that time ordered to quarantine for 14 days following admission to a social care institution. Irregular migrants, asylum seekers and refugees who were staying in reception or asylum centres and were suspected to be infected with COVID-19 were mainly tested in local public health institutes, and in Belgrade in the Serbian Institute of Public Health – “Dr Milan Jovanovic Batut”. That protocol didn’t exclude the possibility of testing in local COVID clinics. However, that was uncommon, except for exiles residing in private housing, who, as a rule, received health care services in local primary health care centres, rather than in health infirmary in reception centres.

In cases of confirmed COVID-19 infection with mild symptoms, the person in question was isolated within the centre for 10 to 14 days. Quarantine measures were only ordered by the doctor from the centre’s health infirmary. If hospital treatment was needed, the person was referred to the hospital serving the territory concerned or a dedicated COVID hospital, in the same manner as the domicile population.<sup>45</sup> In case of unaccompanied minors who test positive prior to admission to a social care institution, isolation measures were enforced in Miksalište, an informal KIRS exiles screening centre near train and bus stations in Belgrade.

COVID-19 vaccines became available in Serbia in late December 2020. At the time, the first, very small consignment of vaccines was used to vaccinate groups at the highest risk (predominantly health care workers). In line with the vaccine quantities available, in early 2021 recommendations were formulated for the phased vaccination of the population, by risk levels and vulnerability to COVID-19. According to these recommendations, phase 3, in which vaccines would become available to 21–50% of the population, foresaw vaccinating, *inter alia*, “people who are at increased risk of infection

41 Insajder, “Tužilaštvo za Insajder: Muškarac koji je kolima uleteo u migrantski centar tereti se za nasilničko ponašanje”, 7 May 2020. Available at: <https://insajder.net/arhiva/vesti/tuzilastvo-za-insajder-muskarac-koji-je-kolima-uleteo-u-migrantski-centar-tereti-se-za-nasilnicko-ponasanje>.

42 Insajder, “Osam meseci zatvora zbog upada u migrantski centar u Obrenovcu”, 5 June 2020. Available at: <https://insajder.net/arhiva/vesti/osam-meseci-zatvora-zbog-upada-u-migrantski-centar-u-obrenovcu>.

43 Marija Vučić, op. cit.

44 In the past few years, an informal arrangement has been set in place, whereby unaccompanied minors were referred to Miksalište (an informal KIRS screening centre), where an outreach social worker conducts initial interview with them, primarily with a view to providing accommodation. That children referred to a social care institution were PCR-tested and stayed in Miksalište, in austere conditions, while waiting for the results, or in case of a positive result, while waiting until their necessary isolation period ends before being transferred. APC/CZA.

45 In late June 2020, asylum seekers from Burundi, APC/CZA clients, who resided in private housing in Novi Sad, developed symptoms and suspected they were infected with COVID-19. They were tested in the local COVID clinic and, after receiving positive test results, one was hospitalized while others were referred to home treatment and isolation. Also, in an interview conducted for research purposes, representatives of a local centre for social work stated that they had had a case of an unaccompanied minor hospitalized in Arena, a temporary hospital for COVID-19 patients in Belgrade presenting a mild clinical picture. APC/CZA.



owing to their social status, as they cannot maintain physical distance<sup>46</sup>, expressly referring to irregular migrants, asylum seekers and refugees in collective facilities as one of those groups. In parallel, in early January 2021, a system whereby those interested could register for vaccination electronically or by telephone was introduced. As none of the competent institutions took steps towards vaccination of asylum seekers, in early March 2021, after a public campaign for irregular migrant and refugee vaccination<sup>47</sup>, APC/CZA electronically registered the first asylum seekers who expressed an interest to be vaccinated against COVID-19. On 19 March, the first exiled person, originally from Burundi, was vaccinated in the same manner as the domicile population, having previously received a regular vaccine invitation specifying appointment time and location for vaccination.<sup>48</sup> It was only after this story went viral (having initially been posted on Twitter by APC/CZA) that the KIRS, Serbian Institute of Public Health – “Dr Milan Jovanovic Batut” and UNHCR started organizing vaccination in reception and asylum centres in Serbia. That made Serbia the first country in Europe and the second in the world, after Jordan, to launch the vaccination of the refugee population.

## IRREGULAR MIGRANTS, ASYLUM SEEKERS AND REFUGEES’ RIGHT TO HEALTH CARE IN THE REPUBLIC OF SERBIA

Right to health is guaranteed to irregular migrants, asylum seekers and refugees under the international and national legal framework, while notably in the national context by the Law on Health Care<sup>49</sup> and Law on Health Insurance<sup>50</sup>, which govern health care for foreigners and exiles, and by the Law on Public Health<sup>51</sup>. Relevant legislation further includes the Rulebook on Health Checks of Asylum Seekers upon Admission to an Asylum Centre or Other Asylum Seeker Accommodation Facility<sup>52</sup>, foreseeing the health screening procedure upon admission to collective reception facilities. In addition, the Law on Foreigners<sup>53</sup> and Law on Migration Management<sup>54</sup> govern, *inter alia*, KIRS work in collaboration with local-level health care system representatives and lay down the framework for regulated rights and duties with regard to health care provision to irregular migrants, asylum seekers, refugees and foreign nationals. The outlined legal framework provides for the principles of non-discrimination and inclusiveness in the health care system and the provision of health care to the refugee and asylum seeker population in the same manner as to the domicile population. In that respect, after the introduction of the asylum system, in 2008, Serbia local primary health care centres assumed responsibility for providing primary health care to exiles, and secondary and tertiary health care institutions were also obliged to provide health care to exiles in accordance with their own mandate<sup>55</sup>.

The procedure for the provision of primary and other health care services to exiles could start already upon border crossing and entry into Serbia, as needed, and in any case upon admission to an asylum or reception centre. Although a health check should be performed upon admission to an asylum centre in accordance with the Law on Asylum and Temporary Protection<sup>56</sup>, with the scope of such check specified in more detail by the Rulebook<sup>57</sup>, this procedure was, in practice, rarely followed in its entirety. Even during the COVID-19 pandemic, newly arriving refugees were often quarantined arbitrarily, with no screening or any examinations undertaken, and solely by decision of the local accommodation centre management.

46 IZJZ Srbije „Dr Milan Jovanović Batut“, *Stručno-metodološko uputstvo za sprovođenje vanredne preporučene imunizacije protiv COVID-19 u RS*, 2022, p. 30. Available at: <https://www.batut.org.rs/download/smuZaVanrednuPreporucenuImunizacijuProtivCOVID19.pdf>.

47 Danas, Đurović: “Migranti ugrožena grupa, treba da se vakcinišu što pre”, 23 January 2021. Available at: <https://www.danas.rs/vesti/drustvo/djurovic-migranti-ugrozena-grupa-treba-da-se-vakcinisu-sto-pre/>;

BETA, Djurović: “Migranti ugrožena grupa, treba da se vakcinišu što pre”, 23 January 2021. Available at: <https://beta.rs/vesti/covid-19/140385-djurovic-migranti-ugrozena-grupa-treba-da-se-vakcinisu-sto-pre>.

48 APC/CZA Twitter account. Available at: [https://twitter.com/APC\\_CZA/status/1372828215530639362?ctx=HHwWhMCyxaH\\_oY0mAAAA](https://twitter.com/APC_CZA/status/1372828215530639362?ctx=HHwWhMCyxaH_oY0mAAAA).

49 Zakon o zdravstvenoj zaštiti (Sl. glasnik RS, 25/19). Available at: [https://www.paragraf.rs/propisi/zakon\\_o\\_zdravstvenoj\\_zastiti.html](https://www.paragraf.rs/propisi/zakon_o_zdravstvenoj_zastiti.html).

50 Zakon o zdravstvenom osiguranju (Sl. glasnik RS, 25/19). Available at: [https://www.paragraf.rs/propisi/zakon\\_o\\_zdravstvenom\\_osiguranju.html](https://www.paragraf.rs/propisi/zakon_o_zdravstvenom_osiguranju.html).

51 Zakon o javnom zdravlju (Sl. glasnik RS, 15/16). Available at: [https://www.paragraf.rs/propisi/zakon\\_o\\_javnom\\_zdravlju.html](https://www.paragraf.rs/propisi/zakon_o_javnom_zdravlju.html).

52 Pravilnik o zdravstvenim pregledima tražioca azila prilikom prijema u Centar za azil ili drugi objekat za smeštaj tražilaca azila (Sl. glasnik RS, 57/18). Available at: <http://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/ministarstva/pravilnik/2018/57/3/reg>.

53 Zakon o strancima (Sl. glasnik RS, 24/18 and 31/19). Available at: [https://www.paragraf.rs/propisi/zakon\\_o\\_strancima.html](https://www.paragraf.rs/propisi/zakon_o_strancima.html).

54 Zakon o upravljanju migracijama (Sl. glasnik RS, 107/12). Available at: <https://www.paragraf.rs/propisi/zakon-o-upravljanju-migracijama.html>.

55 APC/CZA, *Zdravstvena zaštita migranata, azilanata i lica koja su dobila azil u Srbiji*, APC/CZA, 2017, pp. 3–5. Available at: <https://www.azilsrbija.rs/wp-content/uploads/2019/04/Zdravstvena-za%C5%A1tita-migranata-azilanata-i-lica-koja-su-dobila-azil.pdf>.

56 Zakon o azilu i privremenoj zaštiti (Sl. glasnik RS, 24/18), Art. 54. Available at: <https://www.paragraf.rs/propisi/zakon-o-azilu-i-privremenoj-zastiti.html>.

57 Such health check includes medical history taking, objective examination and diagnostic procedures including blood and stool tests and chest radiograph for tuberculosis.

Since the introduction of the asylum system in 2007, other regular health checks, on an as-needed basis and on patients' request, were, as a rule, performed in local primary health care centres. However, with the growing inflow of exiles from 2015, and especially from mid-2017, health infirmaries were established in asylum and reception centres, with health care teams consisting of doctors and nurses. Since then, when it comes to exiles' basic health checks, there has been a strong shift away from local primary health care centres, citing doctors' excessive workload, organizational considerations, lack of resources etc. In parallel, irregular migrants, asylum seekers or refugees requesting to see a general practitioner were increasingly turned away from primary health care centres, as "health care for them is available in the accommodation centres and they should look for a doctor there".<sup>58</sup> Health infirmary in asylum and reception centres and health care teams working there were funded on a project basis by different donors, civil society organizations and international organizations (such as Danish Refugee Council - DRC, Doctors of the World - MDM, Doctors without borders - MSF, etc.), while as of 2019, the Ministry of Health assumed the full responsibility for funding of infirmaries under the European Union project *EU Support in Migration Management in Serbia – Access to Health Services*<sup>59</sup>. The project covered almost the full scope of health care provision (primary health care, emergency medical assistance and transport in case of life-threatening illness or injury, provision of medicines, medical devices and aids, specialist diagnostic examinations, hospital care, vaccination, comprehensive health checks for children for school enrolment purposes, dedicated psychological support and mental health care programmes, etc.). Nevertheless, exiles keep complaining about health care provision arrangements, in particular delays and failure to make appointments for specialist examinations and diagnostic procedures, as well as about the treatment experienced in centres' health infirmaries. The situation was further aggravated in cases where individuals attempt to access health care on their own, that was most often the case with asylum seekers and refugees residing in private housing, rather than in accommodation centres run by the KIRS. In those cases, they were frequently denied health care as a result of poor awareness of the legislation and procedures for health care provision to non-domicile population and population without health insurance. Yet, improvements in same area are visible today, primarily in the referral system, where if proper, assistance by professional organizations or representatives of responsible institutions (such as the KIRS and local centre for social work) facilitates access for exiles to health care more easily and quickly than was the case in the past, when an all-encompassing system for project-based funding of these services was not set in place. Medical and non-medical staff in responsible health care institutions for the territory in which reception or asylum centres are located are informed and aware of irregular migrants, asylum seekers and refugees' right to health care and the pertinent administrative procedure. As a result, delays or denials of necessary services occur less frequently if the person concerned is escorted<sup>60</sup> or if the visit is arranged beforehand. An additional factor conducive to health care functioning, especially in specific cases requiring treatments or aids that go beyond the usual practice, is the presence of Ministry of Health coordinators, who may be approached by all relevant

Regular immunization of irregular migrant, asylum seeker and refugee children, which was initially conducted in the same manner as for the domicile population, was hampered by rising numbers of children and, at one point, slowed down and was temporarily suspended owing to a shortage of vaccines, which presented a major problem in 2017 and 2018, when a measles epidemic broke out in Serbia<sup>61</sup>. Since 2019, immunization has been arranged on a project funded basis, outside the mainstream health immunization system, leading to significant improvements in the delivery of this service to exiles; thus, as of 2021, over 1400 irregular migrant, asylum seeker and refugee children were vaccinated<sup>62</sup>.

58 APC/CZA, *Zdravstvena zaštita migranata, azilanata i lica koja su dobila azil u Srbiji*, op. cit., p. 4.

59 More information available at Serbian Ministry of Health webpage, <https://www.zdravlje.gov.rs/tekst/361716/podrska-eu-u-upravljanju-migracijama-u-srbiji-pristup-zdravstvenim-uslugama-.php>.

60 In cases where APC/CZA played the role of intermediary between the health care system and asylum seekers or refugees, access to and provision of health care was arranged and facilitated in the same manner as for the domicile population. Discrimination was also absent in cases where asylum seekers and refugees obtained statutory health insurance with APC/CZA assistance. According to representatives of a local centre for social work and a social care institution, cooperation with paediatricians in local primary health care centres is very good, access to health care is enabled and there are no hindrances, which is attributed to project-based funding of health care services. It is worth noting that this may be due to the position of APC/CZA as a provider of legal and psychosocial aid and protection to exiles, asylum seekers and refugees, with an institutionalized position in the Serbian asylum system. APC/CZA; Serbian Government Strategy on Migration Management (Official Journal RS, 59/2009), [www.refworld.org/docid/5b43041f4.html](http://www.refworld.org/docid/5b43041f4.html).

61 A measles epidemic was declared in Serbia in October 2017, resulting in intensified oversight and child immunization efforts. Moreover, during this period, the regular immunization of exiled children was temporarily suspended owing to a shortage of vaccines. As collective facilities posed a high risk of new infection hubs and vaccination in reception and asylum centres was vital, immunization was ultimately organized and funded by the international organization MSF. APC/CZA.

62 Institute of Public Health, Dr Milan Jovanović Batut.

Exiles not accommodated in reception or asylum centres, but staying in the open, sleeping in rough and alternative accommodation were not provided with any health checks. They only had access to emergency medical assistance services and sporadic health services provided by mobile clinics operated by international non-governmental organizations such as MDM<sup>63</sup>, MSF<sup>64</sup> and others. All international organizations providing health care services to exiles staying in the open withdrew in late 2019. Only MSF relaunched its mobile clinic again in 2021, albeit at a considerably lower scale than before. On the other side, provision of secondary, specialist, health care or hospital treatment is strictly confined to life-threatening emergencies.<sup>65</sup>

## FIELD RESEARCH

The field research was designed to provide an insight into the experiences of end users, i.e. irregular migrants, asylum seekers and refugees, with respect to access to health care during the COVID-19 pandemic, including infection prevention and protection measures, as well as service providers' experiences, i.e. their adjustment to the new situation.

Further, the inputs of both sides – beneficiaries and service providers – shed more light on the inevitable gap between policies and proposed measures, on the one hand, and reality and practice, on the other. That gave rise to conclusions and recommendations with potential to highlight system's weaknesses and propose possible solutions to enhance system's protection and supporting capacities in a time when the same is acutely needed to satisfy health care needs of vulnerable and marginalized migrant groups, but also to respond to the needs of preserving public health and health of entire local communities.

To fulfil the research ambitions outlined above as completely as possible, the following specific objectives were formulated in order to be addressed:

- Level of awareness of COVID-19 symptoms and prevention measures among irregular migrants, asylum seekers and refugees;
- COVID-19 prevention measures introduced in reception and asylum centres in Serbia;
- Irregular migrants, asylum seekers and refugees' right to health care in case of suspected or actual COVID-19 infection in Serbia;
- Impact of the COVID-19 pandemic on access to the right to health care.

## RESEARCH METHODOLOGY AND TECHNIQUES

Focusing on the above specific objectives, the research was divided into two phases – desk research, i.e. an analysis of the relevant literature, and field research, i.e. interviews with respondents and subsequent analysis of the data collected. The first research phase provided the necessary context for understanding the matter at hand, as well as a basis for further development of the methodology and of specific data collection techniques.

For the purpose of interviewing irregular migrants, asylum seekers and refugees, a structured questionnaire was designed, consisting predominantly of closed-ended questions, with open-ended follow-up questions to allow respondents to elaborate on their responses if needed.

Service providers, i.e. relevant stakeholders in the asylum system, were interviewed using semi-structured questionnaires, with a common overall structure and minor modifications to take account of their positions and roles.

Both questionnaire types were administered by experienced interviewers, specifically trained to use these instruments. Interpreters for the languages spoken by respondents participated in interviewing irregular migrants, asylum seekers and refugees. All respondents were first introduced to research objectives and the confidentiality clause and gave their oral consent to take their part in the research.

In addition to research questionnaires, requests for access to public information regarding statistical data, relevant to research objectives, were submitted to responsible and relevant state institutions.

<sup>63</sup> Médecins du Monde, Doctors of the World.

<sup>64</sup> Médecins Sans Frontières, Doctors Without Borders.

<sup>65</sup> Zakon o zdravstvenoj zaštiti (Sl. glasnik RS, 25/19), Art. 240.

## SAMPLE

Respondents from among relevant stakeholders in the asylum system were selected so as to include health care providers, social service providers and accommodation and reception providers. As regards health care providers, semi-structured interviews were conducted with a representative of the Serbian Institute of Public Health “Dr Milan Jovanovic Batut” and the health care coordinator for irregular migrants/refugees staying in the Krnjača asylum centre, who was also an epidemiologist at the “Milutin Ivković” Primary Health Care Centre of Belgrade’s Palilula Municipality. Among social service providers, interviews were conducted with representatives of the Belgrade’s Savski Venac Municipality Centre for Social Welfare and with a representative of the Belgrade’s Center for Unaccompanied Minors “Vasa Stajić”, who was a chief of Department for Accommodation of Unaccompanied Foreign Minors. The planned interview with a representative of the Serbian Commissariat for Refugees and Migration (KIRS), which is in charge of accommodation and reception of irregular migrants, asylum seekers and refugees, was not conducted, as no response to multiple invitations to participate in the research was received from the same institution.

Respondents from among irregular migrants, asylum seekers and refugees were sampled using the convenience sampling method, taking care to ensure representativeness, in particular by interviewing respondents staying in centres in the south of Serbia, in the north of Serbia, in asylum centres and in private housing across the country, as well as those sleeping staying out of formal accommodation centres and often in the open. In addition to location, respondents’ sex and gender was taken into account, to ensure that the minimum number of women participating in the research reflect the proportionate share of women in the exiled population (4–4.5%). Subject to the availability of respondents, the country-of-origin factor was controlled with regard to the largest groups of exiles entering, transiting and/or staying in Serbia (Afghanistan, Syria).

A total of 153 respondents from the exiled population were interviewed. The majority were males, reflecting the overall trend in the past two years, when a decline in the number of women migrating on the Balkan route was observed.

As regards country of origin, almost half of the respondents came from Afghanistan, and a quarter from Syria, the countries accounting for the largest proportion of exiles in Serbia. The next largest group were exiles from Pakistan, at 14%, followed by Burundi and Iraq, with equal numbers of respondents. The remaining respondents came from Algeria, Morocco, Egypt, Palestine, Tunisia, Nigeria, and Ukraine.

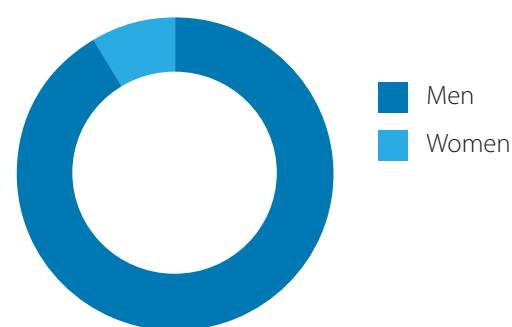


Chart 4: Breakdown of respondents by sex

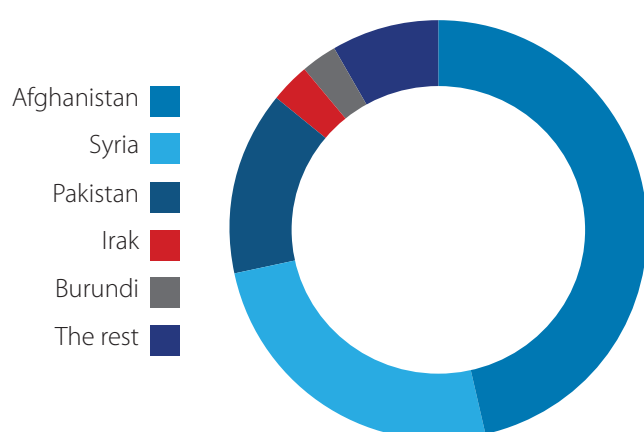


Chart 5: Breakdown of respondents by country of origin

Most respondents had an irregular status and were not registered. They had not even initiated the asylum procedure, as it was often the case with the exiles entering, transiting or/and staying in Serbia. Further, most of exiles stayed in a reception or asylum centres, while a few were staying in informal settlements or squats in the border areas, and very few were staying in private housing.



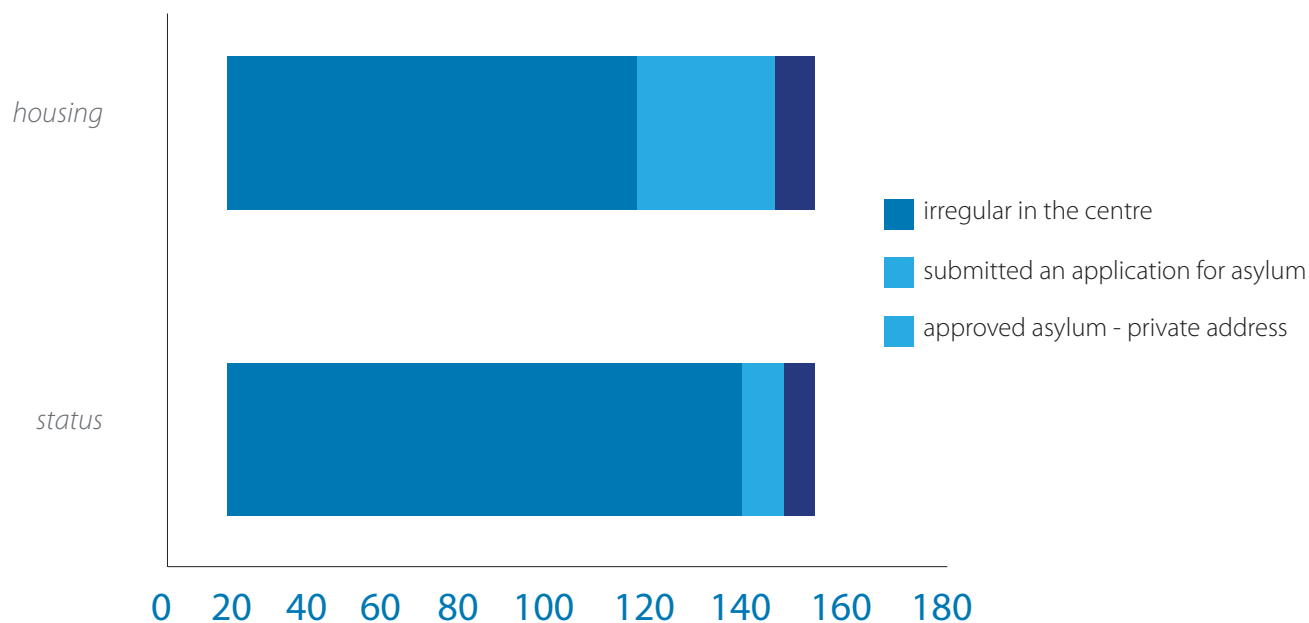


Chart 6: Breakdown of respondents by accommodation and status

Most respondents had an irregular status and were not registered. They had not even initiated the asylum procedure, as it was often the case with the exiles entering, transiting or/and staying in Serbia. Further, most of exiles stayed in a reception or asylum centres, while a few were staying in informal settlements or squats in the border areas, and very few were staying in private housing.

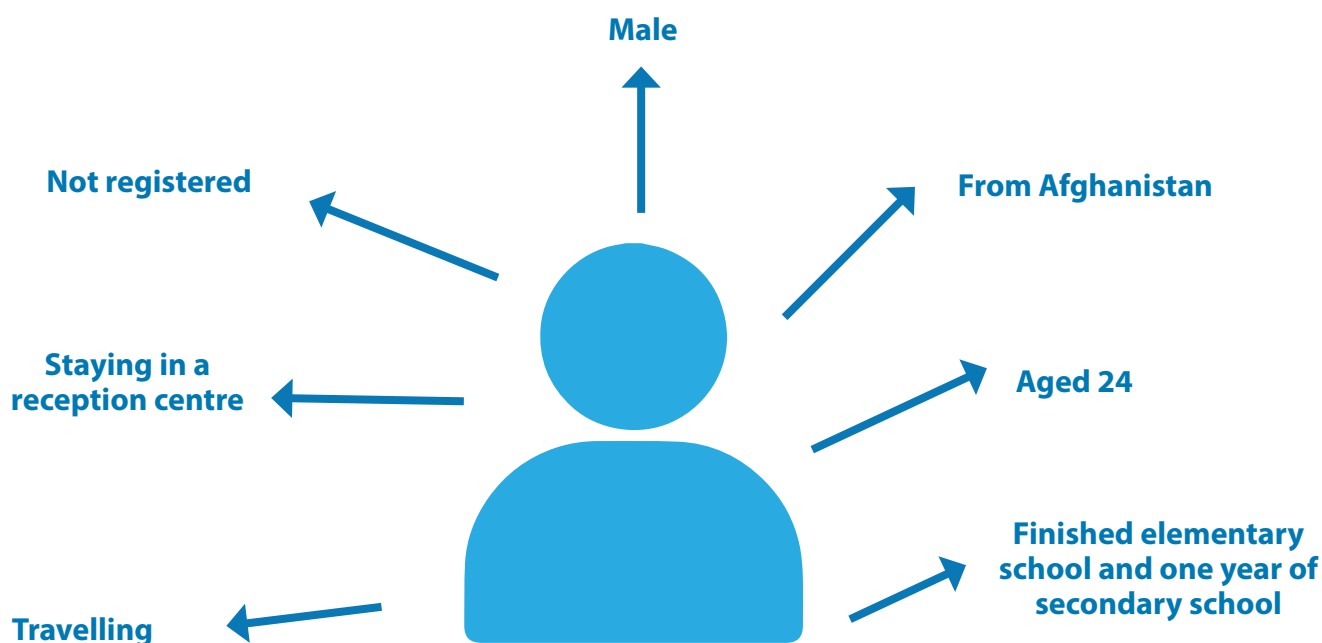


Figure 1: Characteristics of a typical respondent

## FINDINGS

The data obtained by interviewing the two groups of respondents – those from the exiled population and those from the relevant institutions – were subjected to a quantitative descriptive analysis and qualitative content analysis. As the KIRS indirectly declined to participate in the research, data on information provision activities in asylum and reception centres run by KIRS were collected from other available sources, such as respondents' interviews, meeting minutes, media reports, social media posts, etc. The results were presented and explicated separately in respect of each of the specific research objectives.

### *Level of awareness of COVID-19 symptoms and prevention measures among irregular migrants, asylum seekers and refugees*

Appropriate and thorough awareness is the first step in preventing COVID-19 and safeguarding public health. The section of the questionnaire designed for this purpose was aimed at providing an insight into how and to what extent irregular migrants, asylum seekers and refugees were informed about COVID-19, specifically about disease symptoms and protection methods. Interviews with relevant stakeholders enabled researchers to look into the measures introduced and activities performed to inform population of exiles regarding COVID-19.

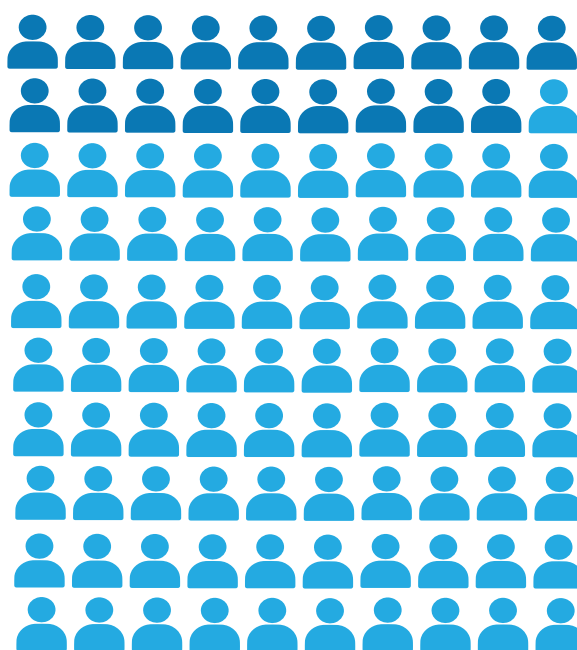
## 96.7% OF IRREGULAR MIGRANTS, ASYLUM SEEKERS AND REFUGEES KNOW WHAT COVID-19 IS AND HOW TO PROTECT THEMSELVES

regular hand washing and sanitizing. There was high awareness of the need for physical distance and avoidance of crowds, which was also often mentioned as the preferred way of preventing infection.

However, despite such high awareness level, it is concerning that somewhat below one fifth of all respondents stated that they had been informed by institutions in Serbia about COVID-19 and anti-COVID19 protection methods. On the other hand, through interviews with relevant stakeholders it was found out that information dissemination activities to irregular migrants, asylum seekers and refugees included oral and written provision of information, individual information sharing, organization of info-sessions and workshops, distribution of leaflets, provision of daily newsletters, etc. Additionally, representatives of the Ministry of Health and local health care institutions were also occasionally involved in dissemination of important information, mainly through group activities. In addition to information sharing to occupants of accommodation centres, representatives of the Palilula Municipality Primary Health Care Centre and the Institute of Public Health – "Dr Milan Jovanovic Batut", stated that those institutions had been involved in campaign of informing staff of accommodation centres regarding COVID-19 challenges – both KIRS staff and medical staff in centres' health infirmaries – who later passed the information on to camps' occupants. However, the scale, frequency and the number of irregular migrants, asylum seekers and refugees covered

Most respondents stated that they had heard about COVID-19 and were able to name some of the symptoms. Almost all respondents associated high body temperature, fever, cough and fatigue with the possibility of COVID-19 infection, while a few of them also mentioned more specific symptoms, such as loss of smell and taste. Fatigue, breathing difficulty and chest pain were also mentioned in some responses. Nevertheless, almost 6% of those who knew what COVID-19 was, could not name any of its symptoms.

As regards protection, absolutely all respondents referred to mask wearing as a necessary protection applied, together with



## 19% OF IRREGULAR MIGRANTS, ASYLUM SEEKERS AND REFUGEES REPORT RECEIVING INFORMATION ABOUT COVID-19

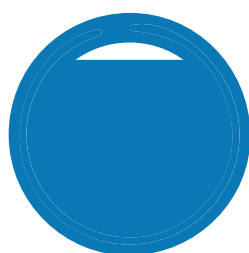

 29%

## DO NOT KNOW WHOM TO APPROACH IF THEY SUSPECT THEY HAVE COVID-19

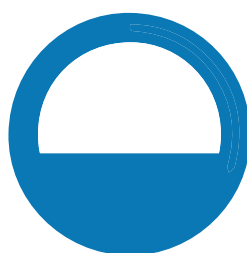
by these activities remained unclear.<sup>66</sup> Same dilemma regarding numbers of exiles informed on COVID-19 could be additionally illustrated with the KIRS's website news that were generally stating that "migrants in the centre are informed by various means about the pandemic situation in Serbia and worldwide" and that "daily newsletter in several languages is distributed to migrants daily, and that COVID19 informative videos are shown in communal areas of the accommodation centres", but failing to present concrete numbers of informed beneficiaries and results of same actions.<sup>67</sup>

According to centres for social work representatives, unaccompanied minors were informed about COVID-19 by outreach social workers at Miksalište, while KIRS provided minors with protective masks. Unaccompanied minors placed in social care institutions were provided with masks and sanitizers by that same institutions.

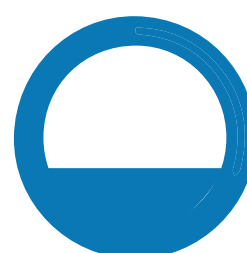
Almost a third of the respondents did not know whom to approach in case they suspected they were infected with COVID-19. Yet, a more detailed analysis of the data reveals that those who did not know whom to approach were mainly living/staying out of reception and asylum centres, in informal settlements, squats, forests, border areas, etc. An analysis of the content of responses provided by exiles who responded affirmatively and knew whom to approach in case of COVID-19, pointed out "doctor in the camp" as first instance to address, followed by the KIRS, i.e. "the Commissariat". On the other side, only a small number of those residing in private housing stated that they would visit a doctor (without specifying the institution) or go to a COVID-19 clinic.



**95.7%**  
KNOW ABOUT  
VACCINES



**30.4%**  
HAVE BEEN INFORMED  
ABOUT VACCINES IN SERBIA



**20.9%**  
HAVE BEEN OFFERING A  
VACCINE

As it was the case with the overall awareness of COVID-19, the awareness of the existence of vaccines was extraordinarily high. On the other hand, the number of those who were informed in Serbia about vaccines, different types of vaccines available, registration modalities, vaccination process, etc. was substantially lower.

According to the Serbian Institute of Public Health – "Dr Milan Jovanovic Batut" representative, information about vaccination was disseminated through info-sessions organized together with representatives of the KIRS, local public health centres and responsible local primary health care centres. After same sessions, vaccination started to be organized in reception and asylum centres.

<sup>66</sup> KIRS, Održana radionica o prevenciji infekcije virusom COVID-19 u CA Obrenovac, 27 December 2021. Available at: <https://kirs.gov.rs/cir/aktuelno/odrzana-radionica-o-prevenciji-infekcije-virusom-covid-19-u-ca-obrenovac/3853>.

<sup>67</sup> KIRS, Migranti u centrima pomažu u održavanju higijene i informišu se svakodnevno, 10 April 2020. Available at: <https://kirs.gov.rs/cir/aktuelno/migranti-u-centrima-pomazu-u-odrzavanju-higijene-i-informisu-se-svakodnevno/1698>.

## Current COVID-19 prevention measures in reception and asylum centres in Serbia

The representative of the Serbian Institute of Public Health – “Dr Milan Jovanovic Batut” stated that the general measures to be followed during the COVID-19 pandemic were adopted by the Serbian Crisis Response Team and the Government of the Republic of Serbia, while specific measures were adopted by the Institute itself. Those measures were then implemented by the KIRS in the field, in reception and asylum centres. The key measures during the state of emergency in 2020 had been “total lockdown”, i.e. a ban on leaving the centres, and intensified disinfection that continued throughout 2021.

**93.5% OF IRREGULAR MIGRANTS, ASYLUM SEEKERS AND REFUGEES RESIDING IN RECEPTION OR ASYLUM CENTRES REPORT THE EXISTENCE OF SOME MEASURES IN CENTRES**

Several articles on the KIRS website<sup>68 69</sup> stated that the COVID-19 prevention measures implemented in reception and asylum centres were regular disinfection of the premises, mask wearing and hand sanitization, as well as rapid response to onset of symptoms. No information was available as to whether masks, personal hygiene supplies and cleaning products were provided to occupants and in what quantities. The interview with the health care coordinator of the Krnjača asylum centre revealed that the measures implemented in this camp included keeping of physical distance during meals and entry into the kitchen and organized hand sanitizing at same occasions. The occupants were responsible for keeping their rooms clean, while communal areas and sanitation facilities were cleaned and disinfected by the KIRS camp staff. According to the representative of a social care institution that was housing unaccompanied minors, their

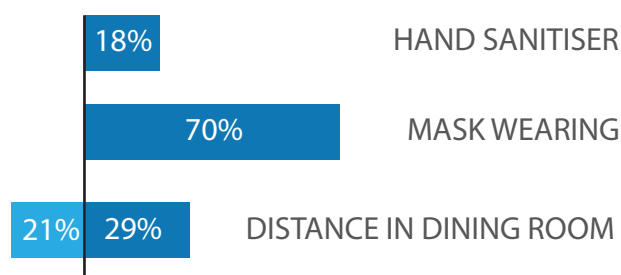
rules were similar with rules in asylum and reception centres and the institution itself regularly provided children with protective masks and sanitizers.

The data collected through interviews with irregular migrants, asylum seekers and refugees showed that half of the respondents (50.3%) had been provided with protective means – masks and sanitizers – by the KIRS at least once.

Almost all respondents with an experience of staying in a centre run by the KIRS named at least one COVID-19 prevention measure implemented in the centre. The majority stated that mask wearing was obligatory when entering the centre management office, going to see a doctor, going to the dining room, etc.



**25.7% OF IRREGULAR MIGRANTS, ASYLUM SEEKERS AND REFUGEES STATE THAT QUARANTINE MEASURES ARE IN PLACE IN THE CENTRE IN WHICH THEY STAY**



Half of the respondents also referred to keeping of distance while queueing for meals and in dining rooms, as a measure in effect in the centre in which they stayed. However, interestingly enough, 21% of the respondents, i.e. slightly below half of those referring to this measure, in fact stated that compliance was not possible owing to a shortage of space. Further analysis showed that the respondents referring to this measure in a negative context stayed in the Preševu reception centre. On the other side, organized hand sanitizing was mentioned least frequently, with only a fifth of the respondents, staying in the Krnjača asylum centre and the Šid and Principovac reception centres, referring to it in their responses.

68 KIRS, Mere prevencije protiv koronavirusa u prihvatnim i centrima za azil, 8 December 2020. Available at: <https://kirs.gov.rs/lat/aktuelno/mere-prevencije-protiv-koronavirusa-u-prihvatnim-i-centrima-za-azil/3452>.

69 KIRS, Halog za postupanje u Centrima za azil i Prihvatnim centrima tokom pandemije, 20 October 2020. Available at: <https://kirs.gov.rs/lat/aktuelno/halog-za-postupanje-u-centrima-za-azil-i-prihvatnim-centrima-tokom-pandemije/3449>.



How long	For whom	In which centre
7–14 days	New arrivals	Krnjača AC Šid RC Principovac RC
7–14 days	Occupants having stayed out of the centre for over 3 days	Šid RC Principovac RC Krnjača AC
7–14 days	Occupants having stayed out of the centre for over 3 days; no quarantine imposed on vaccinated individuals	Krnjača AC Šid RC Principovac RC
7–14 days	Occupants suspected to be infected with COVID-19	Subotica RC
*3 days	Occupants suspected to be infected with COVID-19, until test results are received (if negative – quarantine ends, if positive – quarantine continues)	Subotica RC
* AC – asylum centre * RC– reception centre		

In the questionnaire, quarantine as a measure was addressed with specific, direct closed- and open-ended questions, precisely because of its potential to be misused for arbitrary restriction of occupants' freedom of movement.

Slightly over a quarter of the respondents responded affirmatively to the question whether quarantine measures were implemented in the centre where they stayed.

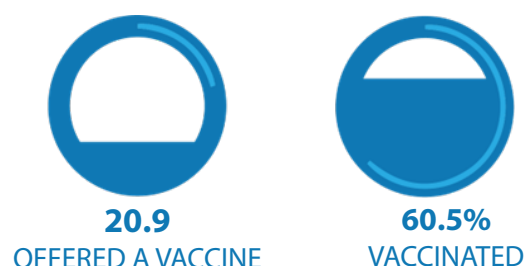
The responses to the open-ended question showed how this measure was enforced, i.e. what were the rules for quarantining occupants. The rules could be classified into three groups, depending on whether the person concerned was a newcomer, had stayed out of the centre for longer than three days, or was suspected to be infected with COVID-19.

A more detailed analysis of the data indicated a correlation between specific responses and the centre where respondents stayed, i.e. the existence of different quarantine rules in different centres.

The last COVID-19 prevention measure available to irregular migrants, asylum seekers and refugees in Serbia that was covered by the questionnaire was vaccination. According to the information received from the representative of the "Dr Milan Jovanovic Batut" Institute of Public Health, three rounds of vaccination had been organized for interested centres' occupants. In total 454 adult irregular migrants, asylum seekers and refugees were vaccinated, mainly with one dose.

In the first round, all exiles in the camps were offered Astra Zeneca vaccines, while no information on vaccine type was available to occupants for the subsequent rounds. When asked about the choice of vaccine to be offered to irregular migrants, asylum seekers and refugees staying in reception and asylum centres, the Institute representative responded that the vaccine available at the time had been used, but that exiles, as well as the domicile population, had the freedom to choose the type of vaccines they wished to receive among those available.

The experiences of the irregular migrants, asylum seekers and refugees participating in the research indicated that a fifth of all respondents had been offered vaccination in Serbia, while somewhat more than two thirds of them had accepted and had been vaccinated by a vaccine available at that moment.

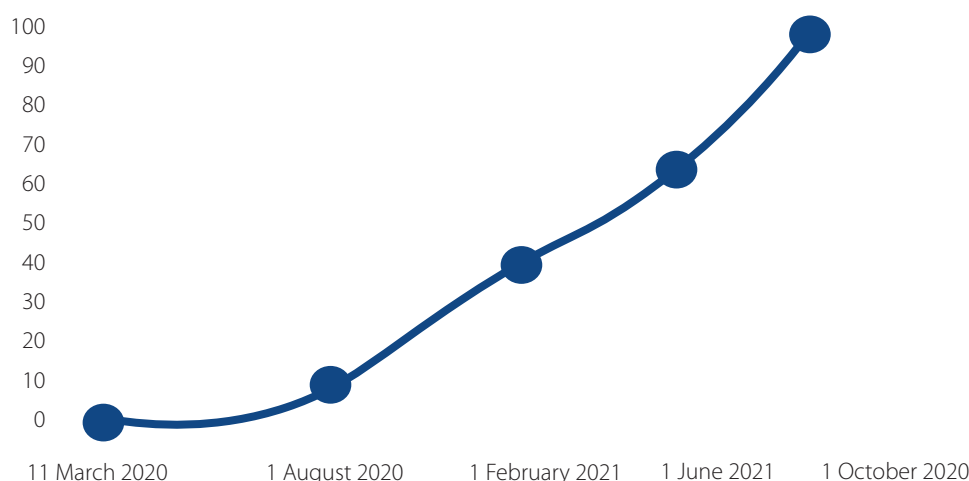


## ***Irregular migrants, asylum seekers and refugees ' right to health care in case of suspected or actual COVID-19 infection in Serbia***

Despite requests for data about the numbers of irregular migrants, asylum seekers and refugees tested, infected, hospitalized and deceased of COVID-19, no response was received from the competent institutions. However, the information shared at the Child Protection Working Group meetings attended, amongst others, by KIRS representatives, provided some rudimentary data on the subject.

Namely, KIRS reported that, from the onset of the pandemic to 1 October 2021, a total of 89 irregular migrants, asylum seekers and refugees staying in the centres run by KIRS had tested positive to COVID-19.

When same figure was compared to rough assessments of the number of people crossing the territory of Serbia since the onset of the pandemic, it was shown that an extremely small proportion of them were positive to COVID-19, accounting for 0.1% of that population. By way of comparison, in the same period, from the onset of the pandemic to 1 October 2021, 94,9260 positive COVID-19 cases were detected in the general Serbian population, representing 13.7% of the total Serbian population.



*Chart 7: Total number of COVID-19 positive irregular migrants, asylum seekers and refugees staying in reception and asylum centres*

The number of unaccompanied minors tested, infected, hospitalized and deceased of COVID-19 was missing as well. Respondents' experiences reflected the above data. More specifically, only nine respondents (5.9%) stated that they had suspected being infected with COVID-19, while 15 respondents (9.8%) knew someone who had been suspected to be infected. The majority of the respondents, whether they had suspected being infected with COVID-19 themselves or knew someone else who was infected, reported similar experiences and symptoms – fever, cough, fatigue, breathing difficulty, following which they had been tested and, depending on test results, isolated and treated. In cases of severe clinical picture, hospitalization followed. Respondents who had tested positive did not report any objections or negative experiences of treatment by doctors and availability of therapy.

It is important to note that those not tested despite symptoms were those staying out of reception and asylum centres, in squats, forests, and in the vicinity of the Sombor reception centre, without access to a doctor.

The Institute of Public Health "Dr Milan Jovanović Batut" representative attributed these figures and the extraordinarily low infection rate in collective facilities to the rigorous measures implemented, screening upon entry, full lockdown early in the pandemic and occasionally also later, as well as to intensified hygiene and epidemiological measures.

Centre for social work representatives added that possible explanation to low infection rates could be sought in beneficiaries' low-level of awareness regarding need for testing, especially in cases of COVID-19 mild symptoms interpreted as a common cold.

## Impact of the COVID-19 pandemic on access to the right to health care

Interviews with relevant stakeholders seemed to indicate that the COVID-19 pandemic had not brought about any changes whatsoever to exiles' access to health care. However, during the pandemic, depending on the numbers of people infected and depending on those in need of hospitalization, a number of hospitals periodically shifted to the "COVID-19 mode" partly or entirely, receiving only COVID-infected patients, as a result of which substantial numbers of citizens in need of secondary health care owing to other health problems were denied health care. In addition, excessive workload in primary health care was evident during that period.

Taking all into account, the exiles' access to health care could not have remained at the pre-pandemic level, and these responses seem to be socially desirable, rather than a reflection of reality. However, there is an additional explanation that may clarify such responses by relevant stakeholders. More specifically, from 2019 onwards, under the European Union project *EU Support in Migration Management in Serbia – Access to Health Services*, the exiled population's access to the health system was indeed enhanced through a better referral mechanism, provision of earmarked funds for health care service delivery to exiles, information provision to health care workers on the rights and procedures for the practical provision of these services to exiles were provided, etc.

As regards the experiences of irregular migrants, asylum seekers and refugees, the data indicate the following:

- **Half of the respondents (48.4%)** reported **having had a health problem** at least once during their stay in Serbia.
- **The majority had seen a doctor in the centre, while a quarter had also experienced seeing a doctor in the local primary health care centre (24.3%).**
- **12.2% had not sought a doctor's assistance at all;** these were people staying in squats and informal settlements in the border area, without access to a doctor.

**36.5% OF IRREGULAR MIGRANTS, ASYLUM SEEKERS AND REFUGEES RESIDING IN RECEPTION OR ASYLUM CENTRES ARE DISSATISFIED WITH THE HEALTH CARE SERVICES RECEIVED IN THE CENTRES**

working hours, as well as medical staff's conduct towards them, stating that they were rude, treated them with disrespect, shouted, were harsh. Some respondents reported feeling neglected by doctors, who had often cancelled or postponed the appointments or told them to come back later.

Yet, it is encouraging that **70.3% of the respondents had received appropriate therapy** and that the majority were satisfied with this.

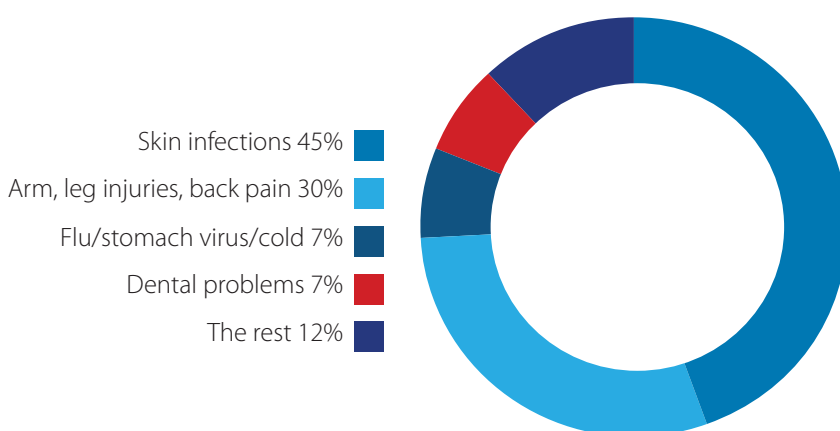
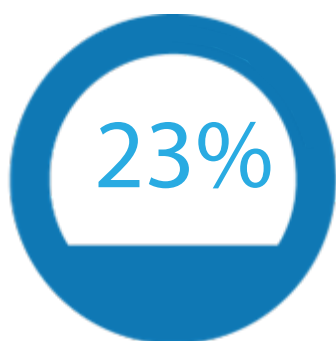


Chart 8: Overview of health problems reported

The most frequently reported health problems in the irregular migrant, asylum seeker and refugee population were skin infections, limb injuries, sprains and back pain. These data could be attributed to migration itself, as the journey is treacherous and physically demanding, often involving sleeping rough, without the bare essentials or hygiene facilities, as well as to people on the move's living conditions in Serbia's centres, where they also sometimes face austere or inadequate conditions for maintaining personal hygiene.

Somewhat more than a third of the respondents described their experiences with doctors in the centre in which they stayed as negative. The most common objections concern doctors' availability, stating that a doctor would not see them during



**DID NOT GET MEDICAL ASSISTANCE WHEN THEY NEEDED IT**

On the other hand, almost all of the 18 respondents (24.3%) who had an experience of health care services **in local primary health care centres** or responsible hospitals **described the health care experience as positive**.

More than a fifth of the respondents reported an experience of not receiving or being denied medical assistance when they needed it. A more detailed analysis of the data gives rise to the conclusion that almost half of the respondents stayed out of centres and thus had no access to health care, while the other half had such an experience from the relevant centre's infirmary or the responsible health care institutions. Part of them attributed this to discrimination and racism, part to unfamiliarity with administrative procedures, while the remaining respondents did not have an explanation for the failure of doctors to provide medical assistance.

As regards unaccompanied minors, social welfare institutions' representatives described their experience as positive, noting that access to health care was considerably easier compared to previous years.

## INSIGHTS GAINED THROUGH A PANEL DISCUSSION WITH REPRESENTATIVES OF RELEVANT INSTITUTIONS AND STAKEHOLDERS

This section presents the insights gained through a panel discussion on health care for migrants, asylum seekers and refugees during the COVID-19 pandemic,<sup>70</sup> organized following the completion of the research, involving representatives of relevant institutions and stakeholders.

- Information dissemination, as the first prevention measure, was additionally hindered by the fast flow of people and their short stays; it is, therefore, essential to ensure that information dissemination to migrants, especially in conjunction with vaccination, takes place continuously, in an uninterrupted cycle.
- The declaration of the pandemic initially resulted in the introduction and enforcement of extremely rigorous epidemiological measures in reception and asylum centres, in particular a ban on leaving and entering the centres. On the other hand, even those measures that were introduced later on, accompanied by detailed instructions for their implementation in the centres, resulted in an extraordinarily low number of COVID-19 infection cases among migrants, asylum seekers and refugees.
- According to health care institutions' representatives, the low number of migrants, asylum seekers and refugees infected with COVID-19 is further attributable to the presence of asymptomatic or mild disease forms, which are more common in younger populations, such as migrants, as well as to refraining from reporting the symptoms and seeing a doctor, given the isolation period of 14 days (currently 7 days), which was not conducive to migrants' primary drive to continue their journey as soon as possible and minimize their stay in the centres.
- Difficult or unfeasible compliance with physical distance measures in some centres is linked to the very nature of collective housing, where people are accommodated together and have meals together in a shared space; however, it may also be attributed to specific accommodation conditions in specific camps and, later on, after the state of emergency was lifted, to a nonchalant attitude on the part of Commissariat for Refugees and Migration staff with regard to hand sanitization, which was, amongst other things, a result of inadequate organization in the centres.
- The scope of migrant vaccination in the centres depends on multiple factors. The first is that migrants are a younger population showing a lower interest in vaccination, which is consistent with the same age group in the domicile population. Moreover, efforts towards full vaccination are hampered by high and fast turnover of occupants in the centres. Finally, weak involvement of responsible primary health care centres in the vaccination of migrant population, outside organized waves of vaccination in the centres, was also a factor affecting the overall scope of migrant vaccination in Serbia.

<sup>70</sup> APC/CZA, "Panel Discussion with Stakeholders on Health Care Challenges in Protection of Exiles in Serbia during COVID-19 Pandemic", Nova Iskra, Belgrade, 18 March 2021.



- Health care is provided uniformly to all migrants irrespective of their status and is covered by project-based funding from EU funds to a significant extent. Nevertheless, in practice, despite improvements, as witnessed by experiences of representatives of social care institutions accommodating unaccompanied minors, there are difficulties and situations where adequate health care provision was hindered, despite the small number of beneficiaries relative to Serbia's overall health care system capacities. Thus, according to field work experiences, language and cultural barriers have the potential to severely compromise and disrupt health care provision owing to an inability to collect relevant data and inform beneficiaries of the health care procedures needed, as well as to establish trust and facilitate their active participation in the treatment process. Another problem area concerns care after hospital discharge in cases requiring health care services that are not available in specific migrant accommodation facilities without health care workers.

## CONCLUSIONS AND RECOMMENDATIONS

The research aimed at assessing the position of irregular migrants, asylum seekers and refugees in Serbia during the COVID-19 pandemic, with primary focus on their personal experiences, while also looking into the experiences of relevant stakeholders (i.e. service providers) enabled valuable insights, which, in turn, served as the basis for recommendations on improving COVID-19 prevention and access to health care for this multiply vulnerable and marginalized population in the context of COVID-19 and beyond. The important insights gained have the potential to narrow the gap between the decisions, measures and procedures adopted for that purpose and the actual situation in practice (i.e. what exiles experience during their stay in Serbia).

In particular, it is important to notice the discernible non-transparency of the Serbian Commissariat for Refugees and Migration, which indirectly evades to participate in the research and provide the insights and information relevant to the research objectives, which could have significantly contributed to shedding light on its role regarding the issue at hand. In addition, other available information sources are rudimentary, insufficient and imprecise. In this respect, as at the time of finalization of this report, the public information request for the numbers of irregular migrants, asylum seekers and refugees tested, infected, hospitalized and deceased of COVID-19 remained unanswered by responsible institutions. Moreover, the public information requested to KIRS concerning the number and composition of occupants staying in reception and asylum centres across country, which would have provided a clearer and deeper insight into the population concerned, was not provided by KIRS either.

### *Level of awareness of COVID-19 symptoms and prevention measures*

The level of awareness among people on the move was found to be very high, with most of those arriving in Serbia already familiar with the virus, disease symptoms and protection methods. However, the proportion of those who had received COVID-19 information in Serbia was alarmingly low. Further, it was found that a third of the respondents were not familiar with the mechanisms for accessing the right to health care in case of suspected COVID-19 infection. These were respondents staying out of reception and asylum centres or private housing. Having this in mind, access to the health care system through health infirmaries in accommodation centres clearly did not suffice. Instead, it was essential to ensure access in local communities, through primary health care centres, COVID clinics, hospitals and other health care institutions. As regards COVID-19 vaccination, the number of those who were aware of it and had been offered vaccination in Serbia was extremely low, although exiles were entitled to it.

It is, therefore, essential to:

- design, organize and continuously implement different activities aimed at better and more thorough information dissemination on COVID-19 and protection measures, targeting both those staying in centres run by the KIRS and those out of centres, in forests, squats and private housing;
- inform exiles about the functioning of Serbia's health care system and modalities of accessing the right to health care in local responsible health care institutions;
- intensify information dissemination about COVID-19 vaccines and vaccination roll-out mechanisms in local health care institutions.

### ***Current COVID-19 prevention measures in reception and asylum centres in Serbia***

Almost all respondents staying in a centre reported the existence of measures in the centres. However, the successful implementation of those measures was questionable in practice, and even impossible in some centres. Moreover, living conditions and difficulties in maintaining personal hygiene and keeping the premises clean, as well as access to masks and sanitizers, were often the subject of occupants' complaints, which was directly correlated to the risk of contracting COVID-19. The special, most restrictive measure of quarantine was enforced differently in different centres, leaving scope for possible misuse.

It is, therefore, essential to:

- regularly provide COVID-19 protection means – masks, sanitizers and personal hygiene supplies;
- improve the living conditions in the centres so as to enable physical distance and better hygiene of premises and sanitation facilities;
- have relevant institutions, such as the “Dr Milan Jovanović Batut” Institute of Public Health, adopt a procedure for the enforcement of quarantine measures in all accommodation centres run by the KIRS;
- enforce quarantine uniformly and in conformity with the procedure for the enforcement of quarantine measures in all centres run by the KIRS.

### ***Right to health care in case of suspected or actual COVID-19 infection in Serbia***

The number of irregular migrants, asylum seekers and refugees infected with COVID-19 was surprisingly low. Given the expected higher risk of infection in collective facilities, involving more difficulty in implementing prevention measures, including physical distance, the figure was suspected to be higher in reality. The causes of this phenomenon were not entirely clear; however, the inordinate problems with living conditions in the centres run by the KIRS and the severe shortage of hygiene supplies faced by exiles gave rise to the conclusion that the measures implemented in the centres and sporadic restrictions or full suspensions of occupants' freedom of movement did not lower the risk of COVID-19 infection. Rather, symptoms may have been under identified and the need for testing underreported. It was assumed that the COVID-19 symptoms (fever, cough, fatigue), very similar to the symptoms of common cold experienced by everyone, were simply not recognized as COVID-19 and medical assistance and testing were, hence, not sought.

It is, therefore, essential to:

- educate irregular migrants, asylum seekers and refugees about the importance of recognizing COVID-19 symptoms and about importance of COVID-19 testing;
- facilitate access to testing in local COVID clinics;
- organize more detailed screening of occupants in accommodation centres;
- keep detailed records of irregular migrants, asylum seekers and refugees tested, infected, hospitalized and deceased with a view to better prediction and timely response if the epidemiological situation changes.

### ***Impact of the COVID-19 pandemic on access to the right to health care***

Paradoxically, contrary to the expectation that access to the health care system would be hindered by the COVID-19 pandemic, relevant stakeholders stated in interviews that the situation in this regard was, in fact, better than in the past years. This conclusion was partly supported by the experiences of exiles themselves. More specifically, the centralization and project-based funding of health care services for irregular migrants, asylum seekers and refugees by the European Union, covered almost all health care services needed by this population. In addition, the European Union project “EU Support in Migration Management in Serbia – Access to Health Services” provided a better system for referrals to health care institutions, access to therapy or hospitalization when needed.

Moreover, the presence of Ministry of Health coordinators for health care delivery to this population largely facilitated overcoming the practical barriers faced by health care staff in their daily work. Nevertheless, despite system improvements

and smoother access to health care, it is worth recalling that project-based funding of health care system specifically serving exiles apart of existing local health care system, raises the issue of sustainability of such a system on a long run. In addition, opening health infirmaries in reception and asylum centres resulted in t segregation of exiles from the local population and to the establishment of a parallel health care system meant for exiles, is thus deepening the existing gap between locals and exiles and is substantially hampering the integration of irregular migrants, asylum seekers and refugees. Moreover, irregular migrants, asylum seekers and refugees staying out of the centres run by the KIRS are severely hindered or even precluded from accessing health care unless escorted and supported by local or international organizations or other intermediaries.

It is, therefore, essential to:

- enable access to local primary health care centres and the existing local health care system for all irregular migrants, asylum seekers and refugees;
- train and empower health care workers, especially in the area of cultural, social, religious, customary differences, and guidelines and procedures for action;
- recognize and support the role of technical and professional organizations in driving improvement of access to the health care system and overcoming barriers to including irregular migrants, asylum seekers and refugees in Serbia's existing health care system.

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APC/CZA (Asylum Protection Center) is a non-governmental, non-profit and independent local grassroots organization, specialized in the protection of asylum seekers, persons granted asylum and other exiles forced to flee to Serbia. APC/CZA was founded in December 2007 by a group of young professionals (lawyers, psychologists, pedagogues, political scientists and social workers) already involved in protection of refugees, with previous perennial experience gained in EU countries, linked with the common goals of protecting persons fleeing persecution, building and improving Serbian asylum and reception systems, fighting against xenophobia and prejudice against refugees, working on integration and building dialogue and interaction with refugees in local communities and in Serbian society as a whole.

APC/CZA provides legal and psychosocial aid and assistance to asylum seekers, refugees and other exiles in interaction, social inclusion, employment and integration throughout Serbia for more than 15 years and as such is recognized in the Migration Management Strategy of the Government of the Republic of Serbia (Official Gazette of the Republic of Serbia No. 59/2009).

APC/CZA is a member of ECRE (European Council for Refugees and Exiles) since 2011, a member of IDC (International Anti-Detention Coalition) since 2015, a member of the Serbian Convent (National Convention on the European Union - NCEU) and a member of EUAA (European Union Asylum Agency) Consultative Forum since 2016, a member of Advisory Group of the EUAA Vulnerability Experts' Network since 2018, a founder and member of BRN - Balkan Refugee Network since 2019 and a member of ESN (European Statelessness Network) since 2020.

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