Regional COVID-19 infection and death rates were on a downward trend until 20 February, when they stagnated at levels last recorded in October 2020. Movement and travel restrictions remained largely in place.

Despite tightened COVID-19 prevention measures limiting international travel due to the spread of new variants, access to territory for persons of concern is generally maintained.

Movement restrictions continue to impact UNHCR staff in country offices. To date, 35 offices are partially teleworking while two are on full telework mode.

Populations of Concern

Includes Serbia and Kosovo (S/RES/1244 (1999)). The boundaries and names shown, and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Operational Context

- All 49 countries and one territory in the region have reported COVID-19 cases among the general population. To date, 37 countries have reported cases among persons of concern at some point, and some of the concerned individuals have in the meantime recovered. However, any figures or estimates should be taken with caution due to varying approaches to testing, data segregation and reporting.

- According to WHO, infection and death rates in the European region stayed on a downward trend until 20 February, then stagnated at levels last recorded in October 2020, when rates were on the rise. Movement restrictions and social distancing measures remained largely in place, in particular in light of the higher transmissibility of the new COVID-19 variants. Some countries, however, were able to start staggered relaxation of measures based on significantly lower incidence rates, for example in Georgia. A number of countries saw cases increase in February, prompting the introduction of new travel restrictions, including tightening of EU internal border controls and mandatory hotel isolation upon arrival at the passengers’ cost. Exceptions for persons in need of international protection were included.

- Voluntary COVID-19 vaccination programmes are being rolled out, albeit at different pace, across the region. According to the WHO, Denmark, Malta and Poland had administered two jabs to more than 3% of their population by the end of February and Romania had met its 1 million vaccination target one month ahead of schedule. Other countries had not started vaccinating as of 1 March. In some countries, the overall lack of vaccines is starting to become concerning, slowing down vaccination rates. In the face of these challenges, some States have resorted to regional solidarity efforts: on 17 February, Montenegro received its first 2,000 doses through a donation from Serbia. Similarly, Romania responded to Moldova’s request for vaccines through the EU Civil Protection Mechanism by delivering 21,600 doses on 27 February, the first of 200,000 vaccines to be donated over coming months. The EU and the WHO launched on 19 February a regional mechanism worth over EUR 7 million to facilitate sharing of vaccines procured by Member States with the Western Balkans to support safe and effective vaccination of the populations.

- UNHCR shared its updated Key Calls to the EU on the COVID-19 response, with references to inclusion of persons of concern in national vaccination programmes, on the occasion of the European Council meeting on the COVID-19 situation and preparedness for health emergencies on 25 February. EU leaders agreed on the need to restrict non-essential travel for the time being and to accelerate the vaccination roll-out, reaffirming their solidarity with third countries and determination to step up their global response to the pandemic.

- As of 1 March, two UNHCR offices are on full telework mode, while 35 offices are in partial telework mode. Field and on-site visits to reception centres are strictly regulated, and some UNHCR and partner staff will have to show negative PCR tests before accessing centres in some countries.

UNHCR Areas of Intervention

**PROTECTION**

- Quarantine measures upon arrival: Testing and quarantine measures are in place in all countries registering significant numbers of sea arrivals. UNHCR has over the past months advocated and worked with authorities and centre management to ensure that UNHCR and partners’ access to persons of concern is not limited due to health protocols, notably to provide information on procedures and to identify people with special protection needs. In February, 3,995 individuals arrived by sea in Italy, at least 226 of whom reportedly tested positive for COVID-19. Compared to January, the number of arrivals was more than three times higher and authorities had to scale up from two to five quarantine vessels. As of 28 February, 1,434 persons were observing offshore quarantine. Following difficulties with referrals of persons with special needs and self-declared children aboard quarantine ferries in the past, UNHCR was able to strengthen monitoring and liaison with the Italian Red Cross management of the ferries and follow up on such cases. This month, UNHCR delivered its first of a series of monthly online trainings to Red Cross staff aboard quarantine ferries on information provision. Of concern remains the situation at the Lampedusa
hotspot, where, due to bad weather conditions, transfers to other locations were delayed, resulting in some 960 people sheltered in the 250-person hotspot by the end of February, including 46 who tested positive for COVID-19.

- **In Spain**, 966 persons arrived in February, mostly by sea, less than a third of the arrivals in January. In a reversal of recent trends, the Canary Islands received only 27% of arrivals, while 44% arrived in the mainland’s Andalusian coast. None of the February arrivals in the mainland tested positive for COVID-19 (information on COVID-19 test results for arrivals in the Canary Islands were not available). In a positive development this month, UNHCR’s partner CEAR was able to provide information on access to procedures to virtually all new arrivals in Andalusia within 72 hours in the first-line registration/detention premises at the ports.

- **Reception conditions**: Lack of sufficient reception spaces, overcrowding and inadequate facilities continue to pose challenges to physical distancing, hygiene and other preventive measures in centres, increasing the risk of contagion. In **Bosnia and Herzegovina**, reception centres have reached capacity and people are now accommodated in isolation areas, meaning that residents testing positive will not be able to separate in case of contagions. Under these circumstances, social distancing measures are difficult to apply. In **Serbia**, the shelter capacity of 5,665 remains insufficient to safely accommodate the over 7,400 refugees and migrants currently present in the country. Protecting centre residents from COVID-19 spreads has become more difficult and after daily testing showed over 25% positivity rates, governmental reception centres have reintroduced up to 14-day quarantines upon arrival.

- **Outbreaks in reception and detention centres** occurred in several countries this month, such as in the Canary Islands, Spain, where 83 out of 161 residents of a temporary centre had tested positive for COVID-19 but had no options to separate from residents who tested negative. As a result, all centre residents will remain quarantined in the facility until all test negative and can be transferred. With two new accommodation centres for asylum-seekers affected by spreads, Ireland has to date registered 23 such outbreaks, and in the UK, authorities have confirmed that contagions continued in a shelter in Kent. In **Slovakia**, authorities have responded to two outbreaks in immigration detention centres by transferring some in removal detention to open centres. In **Cyprus**, both reception centres have remained closed and overcrowded since the end of October 2020. However, school-age children residing in the Kofinou Reception Centre were permitted to return to schools this month, following a report by the Child Commissioner issued in January and UNHCR’s continued expression of concerns.

- Prolonged stay in collective shelters that are often overcrowded is increasingly being reported as having **mental health consequences** on residents. In **Germany**, for example, UNHCR monitoring has found that the need for psychosocial support for residents of collective reception centres remains high due to additional stressors and repercussions of the pandemic.

- **Registration and asylum procedures**: In a welcome development, asylum authorities in **Bosnia and Herzegovina** began biometric registration of persons accommodated in temporary site Lipa and resumed issuing camp residence documentation during the reporting period. However, to date, only unaccompanied or separated children, families in two centres and persons in private accommodation are invited to register asylum claims. UNHCR continues to advocate for access to registration for residents in other centres.

- On 18 February, the European Commission sent a reasoned opinion to **Hungary** on the infringement procedure initiated on 30 October 2020 concerning the new asylum procedures introduced in response to COVID-19, requiring persons seeking international protection to apply for entry at one of the two designated Embassies in Belgrade or Kiev. The Commission considers it unlawful and contrary to EU law to preclude persons from applying for international protection on Hungary’s territory and at the border. The legislation in question was extended on 23 December 2020 until 30 June 2021. While it was introduced as COVID-19 prevention legislation, it follows a legislative trend that started years ago. UNHCR has long been calling for Hungary to withdraw these provisions and ensure that people who wish to seek international protection have effective access to its territory and to the asylum procedure.

- **Internally Displaced Persons (IDPs)**: In **Ukraine**, movements through Entry Exit Checkpoints (EECPs) remained restricted in February, with only two EECPs functioning: Stanyslia Luhanska (daily) and Novotroitske (twice a week). Over 38,000 crossings were registered in February through the two EECPs, a 32% increase compared to January, when harsh weather created major disruptions. Over 400 people were able to take a free COVID-19 test at the Novotroitske EECP. Those with negative results were exempted from the self-isolation requirement after crossing to the area controlled by the Government of Ukraine. While a positive development, free testing does not address the issue limiting the movement of those who are unable to install the mandatory mobile
COVID-19 related restrictions on freedom of movement has prevented hundreds of thousands of pensioners living in the non-government controlled (NGCA) area in Ukraine from undergoing verification procedures in person in the government-controlled area, required for them to receive their pensions. On 15 February, UNHCR finalized its note on legal and technical opportunities for remote verification of residents in NGCA and Crimea, to be shared with authorities to ensure residents in NGCA and Crimea can access administrative and banking services remotely. Pensions and other social benefits constitute the main source of income in NGCA, particularly for older persons.

Inclusion in vaccination plans: Refugees are generally included in national preparedness and response measures on a par with residents, and therefore included in national vaccination programmes. As a result, persons of concern having received the vaccination this month are those in the first priority groups due to age, profession or accommodation in collective shelters. In Montenegro, for example, refugees from former Yugoslavia residing in the home for older persons in Pljevlja, constructed through the Regional Housing Programme, were among the first to be inoculated. In Spain, a small number of persons under UNHCR’s mandate have been vaccinated as part of the risk groups due to medical conditions or disabilities. In Estonia, 17 asylum-seekers and refugees at the Vao accommodation centre have been vaccinated, and in Germany, authorities and organizations managing reception centres are drafting concepts for the vaccination of asylum-seekers in collective centres, while awaiting announcement of the vaccination start date for this second priority group.

Concerns remain regarding how to ensure the vaccination of those who are experiencing difficulties accessing documentation and local registration. Some actors are taking steps, for example in Switzerland, where concepts are being developed for the vaccination of persons without a residence permit, or in Denmark, where a February law includes asylum-seekers and persons without permits in the national vaccination plan. Elsewhere, advocacy will remain key to ensure inclusion of persons of concern without international protection status, such as in Bosnia and Herzegovina, where UNHCR, the Resident Coordinator’s Office and other agencies continue advocating in this regard with their counterparts.

In Greece, as of 28 February, 1,360 persons of concern had tested positive for COVID-19 since the beginning of the pandemic, nine more than at the beginning of the month. Of these, 602 were on the mainland and 758 on the islands. In the meantime, some of these people have recovered.

In February, UNHCR delivered 60,000 PPEs, including gloves, masks and disinfectants to authorities and actors supporting persons of concern in Greece. UNHCR also provided 65 portable WASH units (chemical toilets, showers and hand washing stations). Since mid-March 2020, UNHCR has distributed some 92,000 core relief items, 231,000 hygiene items and more than 752,000 PPEs to help mitigate risks of COVID-19 spread.

An estimated 6,900 people are hosted in the Mavrovou site on Lesvos as of 28 February. To prevent and mitigate the spread of the pandemic, asylum-seekers have undergone rapid COVID-19 testing by national health authorities before entering. According to the authorities, there have been no new confirmed COVID-19 cases since 25 December. There were no people quarantined in the site as of 28 February.

Communication with communities continued in 31 countries across the region to ensure their access to government information and vaccines, making use of different channels, as preferred and most relied on by respective communities. Jointly with partners and in support of government efforts, UNHCR developed, translated and disseminated information live in centres where possible, through online sessions, social media and group messaging. Supporting these efforts by country operations, UNHCR’s Regional Bureau for Europe continues
collecting and disseminating sample information material on vaccines for persons of concern in different languages. For example, UNHCR in Greece has developed with partner RefugeeInfo a Q&A document on the COVID-19 vaccine in five languages (Arabic, Farsi, French, English and Urdu). The office in Italy has translated with partner ARCI practical information on how to access vaccines in different regions in 20 different languages, retrievable on the JUMA Refugee Services Map. UNHCR Cyprus has also translated the national COVID-19 vaccination plan into Arabic, French and Somali and posted it on its UNHCR HELP page.

CASH-BASED AND IN-KIND ASSISTANCE

- **Cash-based interventions** remain important where livelihoods of refugee and asylum-seeking families have been compromised due to the pandemic and lockdown. UNHCR and authorities in North Macedonia provided one-time cash assistance to 23 asylum-seekers in a reception centre on 18 February, with more to follow, as part of the regional EU-funded project “Addressing COVID-related Challenges within the Migrant and Refugee Response in the Western Balkans.” In Turkey, UNHCR and the authorities continue working on the one-off COVID-19 emergency cash assistance, with some 108,000 households approved for payment, 87,000 of which received the cash by the end of February.

- **In-kind**: UNHCR has been delivering COVID-19-related in-kind support, where needed, to persons of concern, host communities or authorities working with them. In Montenegro, with financial support from the EU, UNHCR donated 50,000 masks, 50,000 gloves, 4,000 bottles of hand gel and 1,500 litres of medical alcohol to the Interior Ministry on 26 February to protect refugees, asylum-seekers and Ministry staff from COVID-19 transmission. In Bosnia and Herzegovina, UNHCR provided 10,000 protective masks to the asylum authorities, complementing the 50 protective plexiglass panels distributed earlier to protect the employees. In addition, UNHCR provided hygiene products, PPE, sewing and cooking equipment to an IDP community in the town of Irpin in central Ukraine. The assistance will be used during leisure activities organized for children and older persons.

### UNHCR Response in Europe

- UNHCR’s response to the COVID-19 situation is focused on:
  - Continuing to **provide protection assistance**, including legal aid, support to registration, documentation, refugee status determination, protection counselling, prevention and response to gender-based violence, as well as child protection services;
  - Supporting national authorities in setting up **preparedness and response plans**, including improving access to water and sanitation where possible and enhancing reception capacity post disembarkation by establishing quarantine and isolation areas in reception centres to better monitor and isolate confirmed or suspected COVID-19 cases, as necessary;
  - Enhancing national and community-based **communication platforms** to interact with refugees and displaced communities and transmit quality information on hygiene, access to health care and other essential measures in a culturally appropriate manner and in relevant languages;
  - Supporting authorities, in some operations, in identifying alternative **accommodation** or bringing current housing for asylum-seekers up to acceptable protection and hygiene standards;
  - **Ensuring the inclusion** of persons of concern, host communities and service providers in the provision and distribution of adequate hygiene items;
  - **Advocating continuously** to ensure the inclusion of persons of concern in national COVID-19 preparedness and response plans, including vaccination campaigns;
  - **Providing additional one-off cash distributions** to persons of concern, to allow them to cope with the adverse economic impact of COVID-19 and related measures on their livelihoods and self-reliance.
Working in partnership

- UNHCR supports governments’ efforts to respond to the COVID-19 pandemic through existing coordination mechanisms and by working closely with WHO and other partners. In addition, UNHCR co-chairs the Issue-Based Coalition on Large Movements of People, Displacement and Resilience, steering collective advocacy efforts on COVID-19-related issues affecting persons of concern.

Financial Information

- UNHCR released in December 2020 its supplementary appeal for 2021 COVID response seeking an additional USD 455 million. While most of the pandemic-related activities amounting to USD 477 million have been already mainstreamed and included in UNHCR’s 2021 Global Appeal totalling USD 8.6 billion, the supplementary COVID-19 response focuses on exceptional socioeconomic and protection impacts related to COVID-19 as millions of refugees, internally displaced and stateless people fall into conditions of extreme hardship.

- The UNHCR Regional Bureau for Europe is grateful to donors who have provided generous and timely support for the Coronavirus Emergency Situation response globally, and in Europe in particular, including for non-COVID-19-related interventions, which are critical to ensure business continuity.

Requested for UNHCR’s COVID-19 response globally in 2021: USD 445 M

Total contributed or pledged to UNHCR COVID-19 appeal as of 2 March: USD 22,870,056 (5%)

including: African Development Bank | European Union | China | Education cannot Wait | UN Covid-19 MPTF | Unilever (UK) | Swedish Postcode Lottery | Sunshine forever limited | UNHCR Insamlingsstiftelse | Japan Association for UNHCR | Private donors USA | Other private donors

Unearmarked contributions to UNHCR’s 2021 global programme

Norway $80M | Sweden $66.9M | Netherlands $36.1M | Denmark $34.6M | Germany $22.1M | Switzerland $16.4M | Ireland $12.5M | Private donors Spain $13.3 million | Belgium $11.9M

Contributed without restrictions on its use, unearmarked funding allows UNHCR critical flexibility in how best to reach refugees and other populations of concern who are in the greatest need and at the greatest risk. Where a donor has contribution $10 million or more, the total amount of the contribution is shown.

Useful Links

UNHCR’s revised Coronavirus Emergency Appeal
UNHCR operations overview in Europe
COVID-19: UNHCR’s response

To subscribe to the mailing list of UNHCR’s Regional Bureau for Europe, please click here.

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